



CONTRA COSTA  
**HEALTH**

# PROVIDER NETWORK NEWS

November 2025 — Q4 Fall Issue Volume 26

## A Message from the Chief Executive Officer (Interim)

### Strengthening Our Partnership for the Road Ahead

As we look toward the year ahead, Contra Costa Health Plan (CCHP) remains committed to strengthening our partnership with the providers, clinics, and community partners who make our shared mission possible. Together, we've navigated an extraordinary period of growth and change — refining processes, expanding programs, and aligning our work to better serve the people of Contra Costa County.

Over the past year, we've worked to enhance systems, streamline processes, and strengthen collaboration to better support your work. Every improvement has been guided by your feedback and by our shared commitment to improving the health and well-being of our members.

We also recognize that the road ahead will bring continued complexity. The health care landscape is evolving — with new regulatory requirements, federal and state developments, and rising expectations for quality and accountability. These shifts are significant, but they also present opportunities for us to grow stronger together. By maintaining open communication, mutual respect, and shared purpose, we can continue to adapt and deliver the care our community deserves.

Looking ahead, our priorities remain clear:

- **Operational Excellence:** Continuing to strengthen systems that support timely and accurate claims processing, data exchange, and provider communication.
- **Collaboration and Communication:** Expanding provider education sessions, newsletters, and direct engagement opportunities to ensure we're aligned in expectations and outcomes.

- Quality and Equity: Advancing initiatives that improve preventive care, close gaps in access and outcomes, and support equitable, person-centered care for every member.

As CCHP prepares to launch its Medicare-Medi-Cal Plan (D-SNP) in January 2026, our partnership will be more important than ever. Your collaboration, insight, and dedication to our shared community are what make our network strong.

Thank you for continuing to stand with us as we face change, pursue progress, and move forward together — strengthening our partnership for the road ahead.

Warmly,

Irene Lo, MD  
Interim Chief Executive Officer  
Contra Costa Health Plan  
[Irene.Lo@cchealth.org](mailto:Irene.Lo@cchealth.org)



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## Contra Costa Health Plan Pharmacy & Therapeutics (P&T) Committee



The CCHP P&T committee met on 9/12/2025. Updates from the meeting are outlined below:

### Updates/Announcements:

#### 1. Medi-Cal Rx Physician Administered Drugs (PADs) Policy Changes:

Medi-Cal Rx would like to share an update regarding physician administered drugs (PADs), as previously communicated. Medi-Cal Rx is revising the policy as it pertains to coverage of PADs. Medical benefit PADs are drugs administered by any health care provider other than a pharmacy provider in a pharmacy setting or not self-administered by the member or caregiver. These drugs would primarily be considered a medical benefit by merit of the administration by a medical provider. For additional information, please refer to the member's Medi-Cal managed care or Fee-for-Service (FFS) medical benefits.

Medi-Cal Rx will continue to deny claims when submitted for a medical benefit PAD with NCPDP Reject Code 816 - Pharmacy Benefit Exclusion, May Be Covered Under Patient's Medical Benefit with a new supplemental message "Submit claim to medical benefit. This is excluded as a pharmacy benefit unless a PA exception is obtained." Providers should submit claims for these denied PAD drugs to the member's medical benefit.

Rare exceptions for Medi-Cal Rx coverage of these exempted PAD drugs can be made on a case-by-case basis by submitting a PA to Medi-Cal Rx demonstrating medical necessity and clinical justification as to why coverage via the member's medical benefit is not applicable.

#### 2. Physician Administer Medications for CCHP Medi-Cal Members:

As a reminder, please note that physician administered medications can be billed to CCHP using the member's medical benefit with CCHP. CCHP Medi-Cal members have their retail pharmacy medications billed to Medi-Cal Rx and their medical benefit billed to CCHP which includes physician administered medications.

#### 3. Real Time Benefit Check Tools:

Please remember that providers and members have access to online pharmacy benefits checks. Providers can check a member's pharmacy benefit coverage via the prescribing provider's EMR/EHR platform. Please contact the CCHP Pharmacy Department for further information or if there are any questions about access.

## 4. Medi-Cal Rx Formulary Changes:

Medi-Cal Rx has been updating their Contract Drug List (CDL) on a monthly basis.

These updates can be found on the DHCS Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news> or contact the CCHP Pharmacy Department for additional details.

## 5. Regulatory Updates:

The Centers for Medicare & Medicaid Services' (CMS) Cell and Gene Therapy (CGT) Access Model aims to improve and streamline access to innovative medications for Medi-Cal members diagnosed with rare and severe diseases, such as sickle cell disease. CGT medications included as part of the CGT Access Model are not covered under Medi-Cal Rx as a pharmacy benefit. Instead, they are covered as a medical benefit and reimbursed directly by the Department of Health Care Services (DHCS) through Medi-Cal fee-for-service (FFS). These medications are carved out of Medi-Cal Managed Care Plan (MCP) contracts only when used for the treatment of sickle cell disease. The following products used for the treatment of sickle cell disease are covered under the CGT Access Model: LYFGENIA™, effective July 1, 2025 and CASGEVY®, effective October 1, 2025

## 6. Upcoming Changes to Medi-Cal Rx:

Effective January 1, 2026, Medi-Cal Rx will implement the following policy updates:

### **Over-the-Counter (OTC) COVID-19 Antigen Tests**

OTC COVID-19 antigen tests will require a prior authorization (PA) request for all Medi-Cal members unless written by a California Children's Services (CCS) Panel Provider for a pediatric member younger than 21 years of age (refer to the Now Available: CCS Panel Authority Policy Exclusions on the Medi-Cal Rx Approved NDC List alert for more information). Pharmacy claims for these tests may be approved on a case-by-case basis with medical justification demonstrating the need for suspected COVID-19 exposure or infection.

### **GLP-1 Drugs**

GLP-1 drugs used for weight loss and weight loss-related indications will be excluded from Medi-Cal Rx coverage for all Medi-Cal members. DHCS will issue letters directly to Medi-Cal members to inform them of the change in coverage. Note: Medi-Cal Rx will continue to cover GLP-1 drugs that are indicated for type 2 diabetes or other non-weight loss-related indications using a clinically appropriate ICD-10 code diagnosis.

Medi-Cal Rx will review PA requests for these drugs for medical necessity in the following situations, on a case-by-case basis:

For FDA-approved indications, limited to:

- – Wegovy when used for non-cirrhotic metabolic dysfunction-associated steatohepatitis (MASH) or cardiovascular disease.
- – Zepbound when used for obstructive sleep apnea (OSA).

# Pharmacy & Therapeutics (Cont.)

## Continuing Care

Continuing care for certain drugs and products that are currently paying as continuation of care exceptions will no longer be covered without an approved PA demonstrating medical necessity. This policy will apply to all Medi-Cal members. The following drugs and products are impacted:

- Chlorpromazine 25 mg/ml and 50 mg/2 ml ampules and vials
- Fluphenazine 2.5 mg/ml vial
- Haloperidol deconate 50 mg/ml and 100 mg/ml ampules
- Haloperidol lactate 5 mg/ml ampules, vials, and syringes
- Timolol 0.25% and 0.5% gel-solution
- Timolol maleate 0.25% and 0.5% eye solution
- Bimatoprost 0.03% eye drops
- Adhansia XR (methylphenidate) 25 mg, 35 mg, 45 mg, 55 mg, 70 mg, and 85 mg capsules

## Coverage Policies for Select OTC Products

### Select OTC Products

- Coverage policies for select OTC products for Medi-Cal members 21 years of age and older under Medi-Cal Rx will be updated as follows:
  - Multivitamin combination products will no longer be covered.
  - Certain single-ingredient vitamins and dry eye products will require a PA demonstrating medical necessity.
  - First- and second-generation antihistamines coverage are restricted to generic formulations.

### OTC Prenatal Vitamins

- OTC prenatal vitamins will be limited to use during pregnancy or lactation conditions for Medi-Cal members between 10 and 60 years of age.

## CCHP Commercial Member Formulary Changes:

Quick reference table for all changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria (for full details of each change, please see individual drugs listed below this table or contact the CCHP Pharmacy Department):

<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	inclisiran (Leqvio) Encelto (revakinagene taroretcel) Ocrevus (ocrelizumab) Xdemyv (lotilaner)
Modified PA criteria:	Pegfilgrastim Isotretinoin
ADDED to the CCHP formulary:	Miudella IUD Rosyrah oral tablet Galbriela oral tablet Promethazine oral syrup Averi oral tablet GNP Naloxone nasal liquid
Removed from CCHP formulary:	None

## Pharmacy & Therapeutics (Cont.)

- **New Pharmacy Criteria for inclisiran:** a diagnosis of heterozygous familial hypercholesterolemia with a baseline LDL-C of >190 or ASCVD or primary hyperlipidemia AND tried and failed at least two high potency statins AND tried and failed a PCSK9 inhibitor for at least 12 weeks
- **New Pharmacy Criteria for Encelto:** prescriber is an ophthalmologist or a specialist in the treatment of macular telangiectasia (MacTel) type 2 AND a diagnosis of idiopathic MacTel type 2 AND the member has not previously received an Encelto implant for the treated eye
- **New Pharmacy Criteria for Ocrevus:** prescriber is a neurologist or a specialist in multiple sclerosis AND a diagnosis of Primary-Progressive MS or a diagnosis of Relapsing MS
- **New Pharmacy Criteria for Xdemvy:** prescriber is an ophthalmologist, optometrist or a specialist in eye conditions AND a diagnosis of Demodex blepharitis
- **Modification of pharmacy criteria for pegfilgrastim:** removed criteria requirement that filgrastim must be tried and failed before approval of pegfilgrastim
- **Modification of pharmacy criteria for isotretinoin (Accutane):** changed criteria to trial and failure or intolerance to two of the following treatments for at least three months: oral antibiotic, topical therapies (topical retinoid or topical antibiotic), hormonal contraceptives, spironolactone

### **There are numerous ways to view the CCHP Preferred Drug List:**

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

- An interactive searchable formulary is available within Epic (contact the Epic team with any questions related to functionality).
- A printable copy of the CCHP PDL can be found here: [Preferred Drug List | Contra Costa Health \(cchealth.org\)](https://www.conracostahealth.org/Preferred-Drug-List)
- A searchable copy of the CCHP PDL can be found here: [Preferred Drug List | Contra Costa Health \(cchealth.org\)](https://www.conracostahealth.org/Preferred-Drug-List)

Providers may request a copy of CCHP pharmacy management procedures or specific drug PA criteria by contacting the pharmacy unit directly at 925-957-7260 x1, or via the email listed below:

P&T updates and DUR educational bulletins can be viewed online at  
[Pharmacy and Therapeutics | Contra Costa Health \(cchealth.org\)](https://www.conracostahealth.org/Pharmacy-and-Therapeutics)

Questions and comments may be directed to CCHP Pharmacy by emailing  
[joseph.cardinalli@cchealth.org](mailto:joseph.cardinalli@cchealth.org)

## Annual Notification Regarding Provider Practice Changes

Contra Costa Health Plan (CCHP) is required by the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) to ensure all provider information listed in our Provider Directories is accurate. Provider Directory information can be viewed online at [Provider Directory | website for Contra Costa Health](#). If incorrect data is displayed, updates can be made online at [Provider Directory | website for Contra Costa Health](#) by clicking on the button labeled report an error in provider directory. This allows a provider to list the correct information which is automatically sent directly to CCHP for correction. CCHP reviews and makes the appropriate corrections.

In addition, please notify us immediately about upcoming changes to your practice, such as a new address or suite number, phone, fax, tax identification number\* (TIN), ownership or group name change\*, provider additions or deletions, or any new practice limitations through e-mail, fax or mail:

Contra Costa Health Plan | Provider Relations  
595 Center Ave., Ste. 100, Martinez, CA 94553  
Fax (925) 646-9907 | [ProviderRelations@cchealth.org](mailto:ProviderRelations@cchealth.org)

CCHP also sends quarterly electronic Provider/Facility Network Update surveys through email as another method of having providers confirm the accuracy of their data. This process is also required by DHCS and DMHC and failure to respond may result in delay of payment or reimbursement of a claim and removal from the provider directories.

If you have any questions, please contact Provider Relations at [Providerrelations@cchealth.org](mailto:Providerrelations@cchealth.org).

- An updated W-9 form is required for any changes to a group name, new ownership, or TIN.



### Universal Provider Manual—New!

CCHP has published a revised Provider Manual (“Universal Provider Manual”) which is available on CCHP’s website.

The new Universal Provider Manual includes CCHP requirements for all health plan lines of business:

- Medi-Cal
- Commercial
- Medicare Advantage (D-SNP). The Universal Provider Manual contains new health plan requirements related to the new Medicare Advantage DSNP line of business effective as of January 1, 2026.

The new Universal Provider Manual can be located on the website here:

<https://www.cchealth.org/universalprovidermanual>

### Care Plus Dual Special Needs Plan (D-SNP) Contracted Provider Model of Care (MOC) Required Provider Training

**DUE BY 11/30/2025**

#### Model of Care (MOC) Training

In preparation for the rollout of CCHP's Dual Eligible Special Needs Plan (D-SNP) in 2026, providers serving Medicare members must also complete the Model of Care (MOC) training. This training outlines care coordination, member-centered services, and provider responsibilities under the D-SNP program.

Training can be found here:

[CCHP Provider Trainings](#)

Please complete the attestation form below after training:

[CCHP Model of Care \(MOC\) Training Confirmation](#)

Thank you for your time, your participation in these training courses plays a vital role in improving health outcomes for all CCHP members.

### Notice to Practitioners of Credentialing Rights and Responsibilities

#### Right of Review

A Provider has the right to review information obtained by Contra Costa Health Plan for the purpose of evaluating that Provider's credentialing or recredentialing application. This includes non-privileged information obtained from any outside source (e.g. malpractice insurance carriers, state licensing boards), but does not extend to review of information, references, recommendations, Peer review protected information, or materials protected by law from disclosure.

A Provider may request to review such information at any time by sending a written request to the Credentialing Unit via e-mail to [cchpcredentialing@cchealth.org](mailto:cchpcredentialing@cchealth.org), fax (925) 608-9411 or mail to Contra Costa Health Plan Attn: Provider Relations Credentialing Unit 595 Center Ave, Ste 100, Martinez, CA 94553. The Credentialing Supervisor or Clerk will notify the provider within seventy-two (72) hours after receiving the request of the date and time when such information will be available for review at the Credentialing Unit located in Martinez, CA.

#### Notification of Discrepancy

Providers will be notified by the Credentialing Supervisor or Clerks when information obtained by sources varied from information provided on the Provider's application. Examples of information include reports of a Provider's malpractice claims history, actions taken against a Provider's license/certificate, suspension or termination of hospital privileges or board certification. Providers will be notified of the discrepancy at the time of primary source verification. Sources will not be revealed if information obtained is not intended for verification of credentialing elements or is protected from disclosure by law. The Provider will be expected to resolve and respond in writing by e-mail, fax, or mail within thirty (30) days. Receipt of corrections is documented in the Provider Management Information Systems (PMIS) database.

#### Correction of Erroneous Information

If a Provider believes that erroneous information has been supplied by primary sources, the provider may correct such information by submitting written notification to the Credentialing Unit by e-mail, fax or mail as noted in Section I. Notification must occur within forty-eight hours (48) hours of the notification to the Provider of a discrepancy as provided in Section II or within twenty-four (24) hours of Provider's review of his/her credentials file as provided in Section I. The Credentialing Unit is not required to reveal the source of information that was not obtained to meet verification requirements or if federal or state law prohibits disclosure.

Upon receipt of notification from the Provider, the Credentialing Unit Supervisor or Clerks will re-verify the primary source information in dispute. If the primary source information has changed, correction will be made immediately to the Provider's credentials file. The Provider will be notified in writing, via letter or fax, that the correction has been made to his/her credentials file.

## Provider Relations (Cont.)

Upon receipt of notification from the Provider, the Credentialing Unit Supervisor or Clerks will re-verify the primary source information in dispute. If the primary source information has changed, correction will be made immediately to the Provider's credentials file. The Provider will be notified in writing, via letter or fax, that the correction has been made to his/her credentials file. If upon re-review primary source information remains inconsistent with Provider's notification, the Credentialing Unit Supervisor or Clerk will notify the Provider via letter or fax. The Provider may then provide proof of correction from the primary source to the Credentialing Unit via letter or fax within ten (10) working days.

### Right to be Informed of Application Status

Providers have the right to be informed of the status of their credentialing application upon request. The Credentialing Unit can share non-privileged information obtained from any outside source (e.g., malpractice insurance carriers, state licensing boards), but does not extend to review of information, references, recommendations, Peer review protected information or materials protected by law from disclosure . Providers can request the status from the Credentialing Unit by phone, mail, e-mail, or fax as provided in Section I. The Credentialing Supervisor or Clerks will respond by phone, e-mail or fax within five (5) business days of the Provider's request.



## Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for Medi-Cal Members under the age of 21 aka Medi-Cal for Kids & Teens

Providers, you play a crucial role in ensuring the provision of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to our Medi-Cal members under 21! EPSDT, or Medi-Cal for Kids and Teens as it is alternatively known, is a vital component of our commitment to providing comprehensive healthcare to children and adolescents, aimed at early detection and intervention to address health issues effectively.

As outlined in [All Plan Letter \(APL\) 23-005](#), all providers must undergo EPSDT-specific training at least once every two years. CCHP uses the DHCS developed training program, which can be accessed at:

<https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/EPSDT-Provider-Training-BD-June-2024.pdf>

If you have taken this training for any other Medi-Cal Managed Care plan, you do not need to take it again for CCHP. You only need to complete the attestation form sent out in the first quarter electronic Provider Network Update (ePNU) survey.

Key points for providers:

- EPSDT services must be provided according to the AAP/Bright Futures periodicity schedule. The periodicity schedule can be found at: [downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).
- Providers should inform Medi-Cal beneficiaries or their caregiver about:
  - Why preventive services & screenings are important.
  - What services are offered under Medi-Cal for Kids & Teens.
  - Where and how to get services.
  - Services are free.
  - Free transportation and help scheduling are available.

Medi-Cal for Kids & Teens information and resources are available on DHCS' website: [dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Provider-Information.aspx](https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Provider-Information.aspx)

### Blood Lead Screening of Young Children

CCHP would like to remind providers that California Department of Health Care Services (DHCS) considers all children receiving Medi-Cal benefits, including CCHP members, at-risk for lead exposure.

#### Don't Forget

- Offer written/oral anticipatory guidance at every visit from 6 months to 6 years of age.
  - [Anticipatory guidance & member education materials](#) may be downloaded and printed **or** email [Leadprogram@cchealth.org](mailto:Leadprogram@cchealth.org) to have these materials printed & sent to your clinic at no cost.
- Order & perform Blood Lead Level (BLL) screening at:
  - 1 Year visit
  - 2 Year Visit
  - If a child is <6 years old and has not had a BLL
  - If a member is at increased risk or the caregiver requests.
  - If the member is a refugee - [CDC Lead Screening for Refugees](#)
- Follow up elevated capillary or POCT tests with venous test to confirm results.
- If a member has elevated results, coordinate with Contra Costa Lead Program by sending an encrypted email to [Leadprogram@cchealth.org](mailto:Leadprogram@cchealth.org) or calling (925) 608-5318. RMC providers may InBasket message PH Child Lead Poisoning Prevention Pool.
- Document refusals in member's medical record.
- If using POCT, you are considered a laboratory and must report test results via the CDPH Electronic Blood Lead Reporting System.
- Filter paper blood lead testing is not accepted by the State of California.

#### We Can Help!

CCHP can help support your lead screening efforts. The following are available:

- [An outreach toolkit](#) with sample text messages, letter/email, robocall scripts, and sample social media messages.
- Health education handouts for patients ([English](#) | [Spanish](#) | [Chinese](#))
- Gap in Care lists that detail members who need screening.

Email [CCHP.quality@cchealth.org](mailto:CCHP.quality@cchealth.org) to request any of the above materials/resources.

## All Plan Letters Summary

Department of Health Care Services (DHCS) has recently issued APLs. This is a summary of the recent APLs. For full APL content please click here: [Managed Care All Plan Letters - 1998 to Current](#)



DHCS APL #	APL Title	Issue Date	Executive Summary
<a href="#">APL 25-006</a>	Timely Access Requirements	4/25/2025	<p>DHCS establishes new, enforceable Minimum Performance Levels (MPLs) for timely patient access effective January 1, 2025, with phased-in compliance thresholds for appointment wait times, member services, and provider data quality.</p> <ul style="list-style-type: none"> <li>• Effective January 1, 2025, Managed Care Plans must meet new Minimum Performance Levels for appointment wait times, member services, and provider data quality, subject to annual increases and enforcement actions.</li> <li>• For provider agreements executed or amended after January 1, 2025, plans must include language requiring providers and subcontractors to fully participate in all DHCS Timely Access Surveys.</li> <li>• Plans must continuously monitor provider compliance, maintain policies for ensuring timely access, and arrange for out-of-network services when in-network providers cannot meet access standards.</li> <li>• Plans must correct all provider data errors identified by DHCS during Timely Access Surveys in their provider files, directories, and member handbooks.</li> </ul>

## Compliance (Cont.)

<a href="#"><u>APL 25-007</u></a>	<p>Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions</p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Attachment A- Network Adequacy Enforcement</u></a></li> <li>• <a href="#"><u>Attachment B- Timely Access Standards Enforcement</u></a></li> <li>• <a href="#"><u>Attachment C- Managed Care Accountability Set Monetary Sanction Methodology</u></a></li> </ul>	<p>4/25/2025</p>	<ul style="list-style-type: none"> <li>• DHCS clarifies the enforcement actions, including monetary sanctions, Corrective Action Plans, and contract termination, that Medi-Cal plans face for non-compliance with state, federal, and contractual obligations.</li> <li>• Medi-Cal Managed Care Plans (MCPs) are responsible for ensuring their own and their subcontractors' full compliance with all contractual obligations and applicable laws and regulations.</li> <li>• MCPs must develop, submit for DHCS approval, and complete Corrective Action Plans (CAPs) within specified timeframes to remedy any identified deficiencies, providing regular status updates until closure.</li> <li>• DHCS may impose a range of enforcement actions, including significant monetary sanctions, for non-compliance, with penalties increasing for subsequent violations or those resulting in member harm.</li> <li>• MCPs are required to meet or exceed Minimum Performance Levels (MPLs) for quality measures in the Managed Care Accountability Set (MCAS) and will face tiered enforcement actions for failing to meet them.</li> </ul>
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## Compliance (Cont.)

<a href="#"><u>APL 25-008</u></a>	Hospice Services and Medi-Cal Managed Care	5/5/2025	<p>This letter outlines requirements for Medi-Cal managed care plans to ensure timely provision of hospice services, covering updated payment, election, and program integrity rules.</p> <ul style="list-style-type: none"> <li>Managed Care Plans must review and submit updated Policies &amp; Procedures (P&amp;Ps) or an attestation to the state portal to comply with these updated hospice requirements.</li> <li>Plans must apply rigorous compliance protocols upon receiving a hospice election or claim, including examining documentation to verify member qualification and prevent fraud, waste, and abuse.</li> <li>Plans must pay for covered hospice services at a rate no less than the Medicare rate and update their payment rates annually to align with federal changes.</li> <li>For children enrolled in California Children Services (CCS), plans must coordinate with the CCS program to facilitate continuity of care and adhere to all Whole Child Model program requirements.</li> </ul>
<a href="#"><u>APL 25-009</u></a>	Community Advisory Committee	5/12/2025	<p>DHCS clarifies and expands requirements for your Community Advisory Committee (CAC) to enhance member engagement and ensure representative feedback in plan operations.</p> <ul style="list-style-type: none"> <li>Managed Care Plans must convene a dedicated selection committee to appoint a Community Advisory Committee whose membership is primarily composed of plan members and is reflective of the plan's service area demographics, including specific populations like LTSS recipients.</li> <li>Plans are required to provide significant support for the CAC, including appointing a dedicated CAC coordinator, ensuring meetings are accessible with accommodations, and holding public meetings at least quarterly.</li> </ul>

## Compliance (Cont.)

<a href="#"><u>APL 25-009</u></a>	Community Advisory Committee (Cont.)	5/12/2025	<ul style="list-style-type: none"> <li>The Community Advisory Committee must provide input and make recommendations on key plan functions including quality of care, health equity, population health management, and be involved in developing Cultural and Linguistically Appropriate Services policies.</li> <li>Plans must report annually on CAC demographics and the impact of its input, submit meeting minutes to DHCS, and review and update or attest to their Policies and Procedures to ensure compliance with this guidance.</li> </ul>
<a href="#"><u>APL 25-010</u></a>	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services (Supersedes APL 22-028)	6/3/2025	DHCS updates requirements for Medi-Cal managed care plans on using standardized screening and transition tools for members' mental health referrals to ensure timely, coordinated care. <ul style="list-style-type: none"> <li>Medi-Cal Managed Care Plans (MCPs) must use the standardized Adult and Youth Screening Tools and the Transition of Care Tool as specified for members seeking or transitioning mental health services.</li> <li>MCPs must adhere to the tools' scoring for referral determinations, although specified practitioners may override scores with a documented rationale that must be provided to DHCS upon request.</li> <li>MCPs and Mental Health Plans must establish policies to share the minimum necessary data, including behavioral and physical health data, to facilitate referrals and coordinate care.</li> </ul>

## Compliance (Cont.)

<a href="#">APL 25-011</a>	H.R. 1 – Federal Payments to Prohibited Entities	7/3/2025  <b>Revised</b> 09/17/2025	DHCS provides critical guidance on claim processing for providers affected by H.R. 1, which restricts federal funding to certain entities, and subsequent court orders. <ul style="list-style-type: none"> <li>Managed care plans must process claims from "Prohibited Entities" based on specific submission rules that vary by date of service and the provider's legal relief status under recent court orders</li> <li>Providers defined as a "Prohibited Entity" must submit claims for specified abortion services on a separate claim or encounter, as these services are reimbursed with State General Funds</li> <li>Managed care plans are responsible for ensuring these new payment and claim processing requirements are communicated to all applicable subcontractors, downstream subcontractors, and network providers.</li> </ul>
<a href="#">APL 25-012</a>	Targeted Provider Rate Increases	8/19/2025	DHCS directs Medi-Cal Managed Care Plans to implement new Targeted Rate Increases and updated family planning rates, effective for services starting January 1, 2024. <ul style="list-style-type: none"> <li>Managed Care Plans must pay eligible network and out-of-network providers for specified services at newly defined rates based on the Targeted Rate Increases (TRI) and Legacy Fee Schedules.</li> <li>Payments to contracted FQHCs and RHCs must adhere to the Payment Parity Requirement, which now incorporates the TRI minimum fee schedule for applicable services.</li> </ul>

## Compliance (Cont.)

<a href="#">APL 25-012</a>	Targeted Provider Rate Increases (Cont.)	8/19/2025	<ul style="list-style-type: none"> <li>• Plans must ensure providers under capitated arrangements receive reimbursement that is at least equal to the TRI Fee Schedule rate and attest to compliance with all payment requirements in a manner specified by DHCS.</li> <li>• MCPs must communicate these new payment requirements and processes to their Network Providers, including itemized details for any retroactive adjustments.</li> </ul>
<a href="#">APL 25-013</a>	Medi-Cal Rx Pharmacy Benefits, And Cell and Gene Therapy Coverage (Supersedes APL 22-012)  <a href="#">Appendix A - Medi-Cal Rx Transition and NCOA Requirements</a>	9/18/2025	DHCS clarifies MCP responsibilities for the Medi-Cal Rx pharmacy benefit, including new coverage rules for cell and gene therapy and ongoing duties for care coordination and utilization review. <ul style="list-style-type: none"> <li>• Managed Care Plans must not subject specified carved-out cell and gene therapies for sickle cell disease to utilization management, but must cover associated medical services and care coordination.</li> <li>• MCPs remain responsible for covering Physician Administered Drugs (PADs) as a medical benefit and must publish their policies and procedures for provider access.</li> <li>• MCPs are required to perform retrospective Drug Utilization Review (DUR), participate in the Global Medi-Cal DUR Board, and submit an annual DUR report to DHCS.</li> <li>• All contracted MCPs must establish data sharing arrangements with their Network Providers and Subcontractors to support pharmacy adherence and medication management activities.</li> </ul>

## Compliance (Cont.)

<a href="#">APL 25-014</a>	Update to Provider Directory Requirements	9/26/2025	<p>Medi-Cal Managed Care Plans must update public provider directories with new provider data, such as telehealth availability and disability access, effective July 1, 2025, to comply with federal law.</p> <ul style="list-style-type: none"><li>• Effective July 1, 2025, Medi-Cal managed care plans must update their public, online searchable, and printed provider directories to include provider group affiliation, telehealth availability, disability accommodations, and CHIP patient acceptance status.</li><li>• Plans must include links on their provider directory websites to the separate Medi-Cal Rx, Denti-Cal, and Fee-for-Service provider directories to help members locate carved-out services.</li><li>• Plans are responsible for ensuring their subcontractors comply with all provider directory rules and must maintain policies and procedures demonstrating directory accuracy and compliance, which DHCS may request at any time.</li></ul>
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## Compliance (Cont.)

<a href="#">APL 25-015</a>	Data Sharing and Quality Rate Production for Directed Payment Initiatives and Alternative Payment Methodology Programs	10/2/2025	<p>Medi-Cal Managed Care Plans must adhere to new requirements for producing quality rates and sharing data with providers involved in directed payment and alternative payment methodology programs.</p> <ul style="list-style-type: none"><li>• Managed Care Plans must either produce quality performance rates on behalf of providers or supply them with specified data to calculate their own rates, adhering to required formats and turnaround times.</li><li>• Plans must establish a formal dispute resolution process for providers regarding data accuracy, resolve disputes within 90 days, and designate program-specific subject matter experts for inquiries.</li><li>• To demonstrate compliance, MCPs must review their Policies and Procedures and, within 90 days, submit either the updates or an attestation of no changes to the MCO-MCP Submission Portal.</li><li>• MCPs are responsible for communicating these requirements to, and ensuring compliance from, all subcontractors, downstream subcontractors, and network providers.</li></ul>
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## All Plan Letters Summary

Department of Managed Health Care (DMHC) has also released the following APL's,

For full APL content click here: [DMHC All Plan Letters](#)



APL # - Title (Issue Date)	Executive Summary
<p><a href="#">APL 25-015 – Assembly Bill 144 and Coverage of Preventive Care Services (9/18/2025)</a></p>	<p>California Assembly Bill 144 expands health plan obligations to cover preventive services, including immunizations recommended by federal bodies as of January 1, 2025, and new recommendations by the California Department of Public Health (CDPH).</p> <ul style="list-style-type: none"> <li>• Health plans must cover without cost-sharing or utilization management all preventive items, services, and immunizations recommended by the USPSTF or ACIP as of January 1, 2025.</li> <li>• Plans are required to cover any modifications or supplements to federal preventive care recommendations made by the California Department of Public Health (CDPH) within 15 business days of publication.</li> <li>• Health plans must cover CDPH-recommended immunizations for COVID-19, influenza, and RSV without cost-sharing or utilization management, even if doing so is considered 'off-label' use.</li> </ul>
<p><a href="#">APL 25-014 – Provider Appointment Availability Survey Manual and Report Form Amendments Beginning RY 2027/MY 2026 and Continuing Thereafter (09/04/2025)</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Amendments to Rule 1300.67.2.3</a></li> </ul>	<p>Health plans must adopt amended Provider Appointment Availability Survey (PAAS) manuals and forms for reporting on timely access compliance, effective for Measurement Year 2026.</p> <ul style="list-style-type: none"> <li>• Health plans must use the amended Provider Appointment Availability Survey (PAAS) Manual, Report Forms, and TA Instruction Manual for compliance reporting submissions beginning May 1, 2027.</li> <li>• Plans are required to review and update internal policies and procedures to ensure alignment with the updated timely access regulations and associated manuals.</li> <li>• If revisions are made to documents filed as part of the health plan's license, such as Exhibit J-13-A, the plan must submit these changes to the DMHC for review.</li> </ul>

## Compliance (Cont.)

### [APL 25-013 – Amendments to Rules 1300.51, 1300.52, 1300.52.4, and 1300.67.2.2 and the Incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for Reporting Year 2026 and Continuing Thereafter \(09/04/2025\)](#)

- Rule 1300.67.2.2 – Notice of Changes: [Amendments to Rule 1300.67.2.2 – With edits](#)
- Rules 1300.51, 1300.52, 1300.52.4 – Notice of Changes:
  - o [Amendments to Rule 1300.51 – With edits](#)
  - o [Amendments to Rule 1300.52 – With edits](#)
  - o [Amendments to Rule 1300.52.4 – With edits](#)

DMHC has amended rules for the RY 2026 Annual Network Report, impacting all health plans with new definitions like 'combination networks,' updated instructions, and revised reporting forms.

- Health plans must comply with amended rules for Annual Network Report submissions for Reporting Year 2026, which include updated network definitions, standardized terminology, and revised report forms.
- Health plans seeking to offer 'combination networks' must file a Notice of Material Modification, receive DMHC approval, and use a new specific report form for annual filings.
- Plans must revise existing policies and procedures on file with the DMHC, such as Annual Network Data Collection Policies, to align with the new requirements.

### [APL 25-012 – Closure of Rite Aid Pharmacies \(6/9/2025\)](#)

Following Rite Aid pharmacy closures, health plans must act to ensure enrollees maintain timely access to prescription drugs and report their mitigation strategies to the DMHC.

- Health plans must ensure enrollees have timely access to prescription drugs by maintaining a network of pharmacies within a reasonable distance of primary care providers.
- Plans must inform impacted enrollees about alternative pharmacies and update provider directories and formularies with accurate information.
- Health plans are required to submit a filing to the DMHC detailing the impact of the closures and the steps being taken to ensure continued access for enrollees.

## Compliance (Cont.)

[APL 25-011 – Health Plan Coverage of HIV Preexposure Prophylaxis \(PrEP\)](#)  
(5/23/2025)

California health plans must cover oral and injectable HIV PrEP medications and all necessary related services without cost-sharing, prior authorization, or restrictive frequency limits.

- Health plans must cover all FDA-approved PrEP medications, including both daily oral and long-acting injectable forms, without imposing any cost-sharing on enrollees.
- Prior authorization and step therapy are prohibited for PrEP medications, with plans required to cover at least one oral and one injectable formulation without these restrictions.
- Coverage must extend to all integral services for PrEP, such as lab testing and counseling, without cost-sharing and with frequency limits no more restrictive than CDC guidelines.

[APL 25-010 – Sections 1357.503 and 1357.505 MEWA Registration and Annual Compliance Requirements](#) (5/20/2025)

- [DMHC 10-283 MEWA Registration Form](#)

This letter details new state registration and annual compliance requirements for Multiple Employer Welfare Arrangements (MEWAs) to offer large group health coverage under newly established exemptions.

- Effective June 1, 2025, health plans shall not provide large group coverage to any Multiple Employer Welfare Arrangement (MEWA) unless the MEWA is registered with and found compliant by the DMHC.
- Health plans offering large group coverage to a MEWA under a qualifying exemption must submit a detailed amendment filing to the DMHC to demonstrate compliance with statutory requirements.
- Associations and MEWAs seeking to offer large group coverage under a qualifying exemption must apply for registration with the DMHC by submitting required documentation.
- Health plans and registered MEWAs must submit separate annual filings to the DMHC to demonstrate ongoing compliance with all applicable requirements.

## Compliance (Cont.)

[APL 25-009 - 2025 Health Plan Annual Assessments \(4/15/2025\)](#)

The DMHC has announced the requirements for the FY 2025-26 annual assessment, which will be based on enrollment data you must submit by May 15, 2025.

- Health plans are annually assessed for the DMHC's regulatory costs based on enrollment as of March 31, 2025, as required by California Health and Safety Code section 1356
- Health plans must electronically file the Report of Enrollment Plan to provide the necessary data for calculating the annual assessment
- Plans must file their March 31, 2025 quarterly financial statements before submitting the Report of Enrollment Plan, and no refunds will be issued for assessments based on overestimated enrollment.

## Annual UM Affirmative Statement

As part of the NCQA requirements (UM4-G), CCHP's Utilization Management (UM) operations, which includes the Authorization & Utilization Management, Behavioral Health, and Pharmacy Management departments writes to remind all providers:

- UM Decisions are made solely on the basis of appropriateness of care/service and existence of coverage.
- Contra Costa County and the Health Plan do not reward practitioners or other individuals for issuing denials of coverage.
- There are no financial incentives for UM decision makers to make decisions that result in underutilization.

When requested services are denied or modified, providers may have an opportunity to discuss the UM decision with the Physician responsible for the decision. Providers are informed (via Notice of Action, Notice of Non-Coverage, etc.) on steps to contact the UM reviewer, and when the reviewer is available to discuss the decision.

Additionally, Providers can request, free of charge, copies of clinical guidelines used for decision-making, through any of the following distribution methods: Phone, Email, Internet Access, Mail, or in person.

### Contact the CCHP UM Department at:

Phone: (925) 957-7260  
Email: [ProviderRelations@cchealth.org](mailto:ProviderRelations@cchealth.org)  
CCHP website: <https://www.cchealth.org/healthplan/providers>  
Mail/Location: CCHP Utilization Management Department  
595 Center Avenue, Suite 100, Martinez, CA 94553

## Criteria of UM Decisions

“Utilization review criteria” means any criteria, standards, protocols, or guidelines used by a health care service plan to conduct utilization review. Contra Costa Health Plan (CCHP) draws and follows recommendations from a number of nationally recognized sources in the development of clinical authorization guidelines and the application of criteria in the decision-making process.

These recommendations and guidelines are used to evaluate the medical necessity for preventive care, admissions, outpatient surgeries, diagnostic and therapeutics, and ancillary services, such as durable medical equipment, orthotics, and prosthetics. Quality Council (QC) approves the following organizations and resources for the Utilization Management Department to use in the decision-making process unless otherwise mandated by federal/state law, policies, or regulations.

The guidelines listed below demonstrate the breadth of guidelines that CCHP uses but is not exhaustive.

- State Department of Health Care Services-DHCS (Medi-Cal) \*- *Medi-Cal product line*
- Noridian Administrative Services-DMERC Reg D\*- *Medicare and commercial product lines*
- Center for Medicare/Medicaid Services (CMS)\*- *Medicare and commercial product lines*
- Health Plan established clinical authorization guidelines\*
- Apollo guidelines or InterQual Intensity of Service and Severity of Illness Criteria\*
- National Guideline Clearinghouse ([http://guidelines.gov/resources/guideline\\_index.aspx](http://guidelines.gov/resources/guideline_index.aspx))
- Contra Costa County Health Services' Approved Electronic Library Web-Based Resources (Including Up-to-Date and other resources)
- American Academy of Pediatrics (<http://pediatrics.org>)
- American Congress of Obstetricians and Gynecologists (<https://www.acog.org>)
- National Comprehensive Cancer Network (<https://www.nccn.org>)
- National Institute for Health (<http://www.nih.gov/>)
- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Sleep Medicine
- American College of Physicians
- American Psychiatric Association
- American Psychological Association
- Council of Autism Service Providers
- Canadian National Network for Mood and Anxiety Treatments
- American Society of Addiction Medicine
- American Association for Community Psychiatry
- American Academy of Child and Adolescent Psychiatry
- World Professional Association for Transgender Health
- American Medical Association Practice Parameters
- National Committee for Quality Assurance
- Joint Commission Accreditation for Hospital Organizations
- Guidelines from other national societies and nonprofits, as appropriate

## Utilization Management (Cont.)

Please note for CCHP commercial mental health and substance abuse services, Health and Safety Code (HSC) Section 1374.721(b) requires CCHP to apply the criteria and guidelines set forth in the most recent versions of treatment criteria developed by the nonprofit professional association for the relevant clinical specialty. Section 1374.721(c) prohibits CCHP from applying different, additional, conflicting, or more restrictive utilization review criteria than the criteria developed by the nonprofit professional associations, unless the criteria are outside the scope or are related to advancements in technology or types of care not yet covered in the nonprofit professional association criteria. Section 1374.721(d) requires, if CCHP purchases or licenses utilization review criteria pursuant to HSC §1374.721 paragraph (1) or (2) of subdivision (c), CCHP shall verify and document before use that the criteria were developed in accordance with HSC §1374.721 subdivision (a)





### Reminder! Contra Costa Health Plan Provider Manual has been updated!

The manual has undergone a complete overhaul with new formatting and updated information that will make it easier to navigate and read.

Please go to the link below to see the new changes:

[CCHP Provider Manual | Contra Costa Health](#)

### Interpreter Services

Providers needing help with In Person interpreter services or face-to-face American Sign Language may call:

**877-800-7423 Option 4**

### Electronic Claims Submissions

- Contra Costa Health Plan (CCHP) uses [Availity](#) as our clearinghouse.
- You must register with Availity in order to submit EDI claims to CCHP. You may begin your registration process on the [Availity site](#).
- The CCHP payer ID is CCHS.

## Primary Care Providers

Provider	Group Name, Cities	Specialties
Danielle Tucker, DO	John Muir Physician Network, Pleasant Hill	Family Medicine
Rachael McNiff, MD	John Muir Physician Network, Alamo	Pediatrics
Jennifer Patterson, NP	Lifelong Medical Care, Berkeley	Mid-level - Family Medicine
Stephanie Byrne, MD	John Muir Physician Network, Alamo	Pediatrics
Julia Schroggin, NP	Jiva Health, Hayward	Mid-level - Family Medicine
Robert Rowley, MD	Jiva Health, Hayward	Family Medicine
Bhavin Doshi, MD	Jiva Health, Concord	Pediatrics
Harshil Modi, MD	Jiva Health, Walnut creek	Internal Medicine
Annemary Franks, MD	Berkeley Pediatrics Medical Group, Berkeley	Pediatrics
Katrina Michel, MD	Berkeley Pediatrics Medical Group, Berkeley	Pediatrics
Olivia Lang, MD	Berkeley Pediatrics Medical Group, Berkeley	Pediatrics

## Specialty Care Providers

Provider	Group Name	Specialties
Adam Howard, DPM	Bay Area Foot Care, San leandro, Castro valley	Podiatry
Adriana Chong, SLP	Expressable Speech-Language Pathology, PC, Los angeles	Speech Pathology
Aiesha Clayton, PA	Community Behavioral Health, Redding	Mid-level - Psychiatry
Alison Young, CNM	Planned Parenthood, Vallejo	Certified Nurse Midwife
Amanda Wall, CNM	BASS Medical Group, Inc., Walnut creek	Certified Nurse Midwife
Ando Muneno, PA	Community Behavioral Health, Redding	Mid-level - Psychiatry
Andrea Hall, NP	Brain Health USA, Inc, Walnut creek, Concord	Mid-level - Psychiatry
Andrew Bosomworth, DO	Sutter East Bay Medical Group, Oakland	Hospice and Palliative Medicine
Anna Smith, PA	Community Behavioral Health, Redding	Mid-level - Psychiatry
Atenea Petrucci, PA	Community Behavioral Health, Redding	Mid-level - Psychiatry
Chia-Hua Chan, DC	Lifelong Medical Care, Oakland	Chiropractor
Christine Kim, LPCC	SANKOFA HOLISTIC COUNSELING SERVICES, APLCSW, CORP, Oakland	Licensed Professional Clinical Counselor
Crystal Maciel, PA	Community Behavioral Health, Redding	Mid-level - Psychiatry
Daniela Saenz, SLP	Expressable Speech-Language Pathology, PC, Los angeles	Speech Pathology
Darin Gould, MD	Community Behavioral Health, Redding	Psychiatry
Dawn Brown, MD	Brain Health USA, Inc, Walnut creek, Concord	Psychiatry
Divya Gupta, MD	Jiva Health, Walnut creek	Sleep Medicine
Elayne Faucett-Maples, NP	John Muir Physician Network, Berkeley	Gastroenterology
Elena Zidaru, RD	Alameda Nutrition, Alameda	Dietitian
EMMANUEL OREGEL, PA	Community Behavioral Health, Oxnard, Redding	Psychiatry
Erin Wolf, MD	John Muir Physician Network, Walnut creek	Gastroenterology
Ethan Garofalo, PA	Community Behavioral Health, Redding	Mid-level - Psychiatry
Hadeel Al-Marsumi, MD	Jiva Health, Pleasanton, Concord	Endocrinology
Ian Livingston, LPCC	Community Behavioral Health, Fairfield, Redding	Licensed Professional Clinical Counselor
Isaiah Starr, LPCC	Community Behavioral Health, Redding	Licensed Professional Clinical Counselor
Jayla Watkins, MD	Sutter East Bay Medical Group, Antioch, Brentwood	Obstetrics And Gynecology

## Specialty Care Providers (Cont.)

Provider	Group Name	Specialties
Jessica Hamilton, MD	Planned Parenthood, Concord	Family Planning
Ji Chae, MD	John Muir Physician Network, Berkeley, Concord	Endocrinology, Diabetes and Metabolism
Joana Loeza, MD	Planned Parenthood, Concord	Family Planning
Jonathan Pai, MC	JMPN - John Muir Cancer Services, Walnut creek	Hematology/Oncology
Jose Basora-Rovira,	Springhill Medical Group, Pittsburg, Brentwood	Pulmonary Disease
Karianne Beltran, SLP	Expressable Speech-Language Pathology, PC, Los angeles	Speech Pathology
Khaled Azizi, DC	Boomerang Healthcare - Integrated Pain Management, Brent-	Chiropractor
Laura Londono, PA	Community Behavioral Health, Redding	Mid-level - Psychiatry
Macayla Ponce, PA	Community Behavioral Health, Fairfield, Redding	Mid-level - Psychiatry
Mackenzie Zoller, SLP	Expressable Speech-Language Pathology, PC, Los angeles	Speech Pathology
Michael O'Connor, MD	Jiva Health, Pinole	Endocrinology, Endocrinology, Diabetes and
Morgan Chadderton, NP	Community Behavioral Health, Oxnard, Redding	Mid-level - Psychiatry
Natalie Mendez, RD	TeleMed2U, Roseville	Dietitian
Nathaniel Gamsky, MD	BASS - Pain Medicine Consultants, Pleasant hill, Pleasanton	Pain Medicine
Nicole Daisa, NP	BASS Medical Group, Inc., Walnut creek	Mid-level - Surgery -
Nicole Sayd, RD	TeleMed2U, Roseville	Dietitian
Onagh MacKenzie,	Planned Parenthood, Walnut creek	Family Planning
Ornella Addonizio,	Community Behavioral Health, Redding, Oxnard	Psychiatry
Paul Marinos, DPM	BASS Medical Group, Inc., Walnut creek, Antioch	Podiatry
Remington Stanley	Sun Healthcare and Surgery Group, Inc., Martinez, Antioch	Podiatry
Robert Dubois, L.Ac.	Lifelong Medical Care, Berkeley	Acupuncture
Sarah Semaan, MD	Golden State Dermatology Associates, Inc., Walnut creek	Dermatology
Shehla Godbole, Au.D.	Center For Early Intervention on Deafness, Berkeley, Oakland	Audiology
Spencer Crooks, Psy.D	John Muir Physician Network, Walnut creek	Psychology
Svetlana Troitskaia-Williams, MD	Community Behavioral Health, Redding	Psychiatry
Sydney Nygaard, SLP	Expressable Speech-Language Pathology, PC, Los angeles	Speech Pathology

## Specialty Care Providers (Cont.)

Provider	Group Name	Specialties
Teresa Del Toro Gallegos, PA	Planned Parenthood, Walnut creek	Mid-level - Family Planning
Tiffany Murphy,	, Martinez	Doula
Travis Johnson, MD	Community Behavioral Health, Red-	Psychiatry
Yesenia Palacios, RD	La Clinica de La Raza, Concord, Oak-	Dietitian

# Behavior Analysts

Provider Name	Group Name, Cities	Specialties
Kristi Flegal, BCBA	John Muir Physician Network Berkeley, Concord	Qualified Autism Provider
Mila Dewitt, BCBA	Community Behavioral Health, Redding	Qualified Autism Provider
Karla Vasquez Flores, BCBA	Community Behavioral Health, Redding	Qualified Autism Provider
Emily Orellana Cook, BCBA	Community Behavioral Health, Redding	Qualified Autism Provider
Cristina Ahumada, BCBA	Center For Early Intervention on Deafness Berkeley, Oakland	Qualified Autism Provider
Jessica Hershberger, BCBA	Planned Parenthood Concord	Qualified Autism Provider
Allison Howell, BCBA	Center for Autism and Related Disorders, Walnut creek, Brentwood, Vacaville	Qualified Autism Provider
Erik Godinez, BCBA	Center for Autism and Related Disorders, Brentwood, Vacaville, Walnut creek	Qualified Autism Provider
Laura Ali, BCBA	Community Behavioral Health Redding	Qualified Autism Provider
Serena Rivard, BCBA	3Prong Health Fremont	Qualified Autism Provider
Reema Merchant, BCBA	Community Behavioral Health Oxnard, Redding	Qualified Autism Provider
Evelyn Kung, BCBA	Community Behavioral Health Redding	Qualified Autism Provider
Naysha Sexton, BCBA	Autism Learning Partners, LLC, San jose, Daly city, San leandro	Qualified Autism Provider
Sarah Sumner, BCBA	Center for Autism and Related Disorders, Walnut creek, Brentwood, Vacaville	Qualified Autism Provider
Bryn Barnes, BCBA	Boomerang Healthcare - Integrated Pain Management Brentwood, Oakland	Qualified Autism Provider
Alma Rodriguez, BCBA	Sutter East Bay Medical Group Oakland	Qualified Autism Provider
Adrienne Fairchild, BCBA	Brain Health USA, Inc Walnut creek, Concord	Qualified Autism Provider
Athena Abegail Elaog, BCBA	Planned Parenthood Vallejo	Qualified Autism Provider
Karen Buenrostro Contreras, BCBA	Martinez	Qualified Autism Provider
Vardui Chilingaryan, BCBA	Community Behavioral Health Oxnard, Redding	Qualified Autism Provider
Micaela Deloney, BCBA	Community Behavioral Health Oxnard, Redding	Qualified Autism Pro-

## Behavior Analysts (Cont.)

Provider Name	Group Name, Cities	Specialties
Claire Hansen, BCBA	Community Behavioral Health, Redding	Qualified Autism Provider
Jasha Woodall, BCBA	Community Behavioral Health, Oxnard, Red-	Qualified Autism Provider
Melanie Spence, BCBA	Community Behavioral Health, Redding	Qualified Autism Provider
MARY PITT, BCBA	Jiva Health, Walnut creek	Qualified Autism Provider
Rachael Verzi, BCBA	Community Behavioral Health, Redding	Qualified Autism Provider

# Behavioral Health Providers

Provider Name	Group Name, Cities	Specialties
Amilcar Ramirez, ASW	Community Behavioral Health, Redding	Clinical Social Work
Andrew Lu, MFTI	Community Behavioral Health, Redding	Mental Health Therapist/ Counselor
Andrzej Karwacki, MFT	, Martinez	Mental Health Therapist/ Counselor
Angelene Musawwir, LCSW	Royal Emotional Care, Antioch	Clinical Social Work
Ashley Ganem, APCC	Bright Heart Health Medical Group, Walnut Creek	Associate Professional Clinical Counselor
Christopher Silvey, LCSW	Community Behavioral Health, Redding	Clinical Social Work
Claudia Carlos, MFTI	3Prong Health, Fremont	Mental Health Therapist/ Counselor
Claudius Johnson, LCSW	Sankofa Holistic Counseling Services, Oakland	Clinical Social Work
Consuelo Marquez, MFTI	Community Behavioral Health, Redding	Mental Health Therapist/ Counselor
Cynthia Martinez, MFTI	Community Behavioral Health, Redding	Mental Health Therapist/ Counselor
Daniel Perez, MFT	Hope Springs Psychotherapy and Consulting, Antioch	Mental Health Therapist/ Counselor
Diode De Dios, LCSW	SWEET MANGO THERAPY GROUP, INC., San Ramon	Clinical Social Work
Eliot Lev, ASW	Community Behavioral Health, Redding	Clinical Social Work
Elizabeth Robertson, MFT	SANKOFA HOLISTIC COUNSELING SERVICES, APLCSW, CORP, Oakland	Mental Health Therapist/ Counselor
Felize Lopez, ASW	Community Behavioral Health, Redding	Clinical Social Work
Georgia Clode, MFTI	Community Behavioral Health, Redding	Mental Health Therapist/ Counselor
Gina Steffens, ASW	Community Behavioral Health, Redding	Clinical Social Work
Giovanni Camacho, MFTI	Community Behavioral Health, Redding	Mental Health Therapist/ Counselor
Gustavo Fuentes, APCC	Community Behavioral Health, Redding	Associate Professional Clinical Counselor
Hanaa Dauodi, MFTI	Community Behavioral Health, Redding	Mental Health Therapist/ Counselor
Hector Lomeli, MFT	Community Behavioral Health, Redding	Mental Health Therapist/ Counselor
Ian Vianu, MFT	Lifelong Medical Care, Berkeley	Mental Health Therapist/ Counselor
Juliana Collaso, APCC	3Prong Health, Fremont	Associate Professional Clinical Counselor
		Mental Health Therapist/ Counselor

## Behavioral Health Providers (Cont.)

Provider Name	Group Name, Cities	Specialties
Laura Salas Medina, MFTI	3Prong Health, Fremont	Mental Health Therapist/Counselor
Leah Veloso, MFTI	Community Behavioral Health, Redding	Mental Health Therapist/Counselor
Lina Rappoport, MFT	TeleMed2U, Roseville	Mental Health Therapist/Counselor
Luciana DeCamargo, MFTI	Community Behavioral Health, Oxnard, Redding	Mental Health Therapist/Counselor
Mahalia Hijada, MFT	Community Behavioral Health, Redding	Mental Health Therapist/Counselor
Makenna Ferguson, MFTI	3Prong Health, Fremont	Mental Health Therapist/Counselor
Marilyn Flanigan, MFT	Community Behavioral Health, Redding	Mental Health Therapist/Counselor
Mary Alls, LCSW	TeleMed2U, Roseville	Clinical Social Work
Matthew Gomez, MFT	Community Behavioral Health, Redding	Mental Health Therapist/Counselor
Melizza Zarazua, ASW	Community Behavioral Health, Oxnard,	Clinical Social Work
Michael Chaney, LCSW	Community Behavioral Health, Redding	Clinical Social Work
Monica Autrey-Madden, MFT	, Brentwood	Mental Health Therapist/Counselor
Natasha Vargas, ASW	, San diego	Clinical Social Work
Nicole Abeleda, LCSW	Sweet Mango Therapy Group, Inc., San ramon	Clinical Social Work
Olivia Hanley, LCSW	Community Behavioral Health, Oxnard,	Clinical Social Work
Patricia Torres, MFT	Community Behavioral Health, Redding	Mental Health Therapist/Counselor
Randy Andrews, LCSW	Community Behavioral Health, Redding	Clinical Social Work
Rocio Diaz Hernandez, MFT	Community Behavioral Health, Redding	Mental Health Therapist/Counselor
Samantha Weise, LCSW	Lifelong Medical Care, Pinole, Rodeo	Clinical Social Work
Samuel Mendoza, MFTI	Community Behavioral Health, Oxnard, Redding	Mental Health Therapist/Counselor
Schuyler Bright, ASW	Community Behavioral Health, Redding	Clinical Social Work
Selena Castro Viorato, ASW	Community Behavioral Health, Fairfield,	Clinical Social Work
Sherman Cherry, ASW	Community Behavioral Health, Fairfield,	Clinical Social Work
Soledad Hernandez, ASW	Community Behavioral Health, Redding	Clinical Social Work
Stacey Burk, MFT	Community Behavioral Health, Redding	Mental Health Therapist/Counselor
Starla Kissinger, ASW	Community Behavioral Health, Redding	Clinical Social Work
Stephanie Nuno, MFTI	Community Behavioral Health, Oxnard, Redding	Mental Health Therapist/Counselor
Stephanie Silva, ASW	Community Behavioral Health, Redding	Clinical Social Work
Tanya Plath, MFTI	Community Behavioral Health, Fairfield, Redding	Mental Health Therapist/Counselor
Theresa Johnson, ASW	Community Behavioral Health, Fairfield,	Clinical Social Work
Valerie Barrack, MFT	Community Behavioral Health, Redding	Mental Health Therapist/Counselor

## Behavioral Health Providers (Cont.)

Provider Name	Group Name, Cities	Specialties
Vicente Garcia, MFTI	Community Behavioral Health, Oxnard, Redding	Mental Health Therapist/Counselor
Victoria Lira, MFTI	Community Behavioral Health, Oxnard, Redding	Mental Health Therapist/Counselor
Zachary Anast, ASW	Community Behavioral Health, Redding	Clinical Social Work

# Welcome Contra Costa Regional Medical Center Providers

Provider Name	Specialties
Connor Byrne, MD	Orthopaedics
Denise Trinh, MD	Family Medicine
Elizabeth Hollandberry, MD	Family Medicine
Jagveer Kaur, NP	Family Medicine
Jennifer Stanger, MD	Family Medicine
John Wang, DO	Pediatrics
Jonathan Ochoa, MD	Orthopaedics
Leena Suleiman, MD	Neurology
Mackenzie Jones, MD	Psychiatry
Mary Zuniga, MD	Neurology
Matthew McLaughlin, MD	Diagnostic Radiology
Natalie Neale, MD	Neurology
Peter Chung, DMD	
Peter Robbins, MD	Nuclear Medicine
Rosemarie Tarampi, NP	Family Medicine
Shadi Boutros, DDS	Surgery - Oral and Maxillofacial
Shane Hall, DPM	Podiatry
Shervin Rafie, MD	Diagnostic Radiology
Yue Feng, MD	Family Medicine



# Welcome New Facilities

FacilityName	FacilityType
John Muir	Diagnostic Imaging Center
EPIC Care	Outpatient Infusion
California Pacific Medical Center, Van Ness Campus	Behavioral Health
Stanford Health Care - ValleyCare Pleasanton	Cardiac Surgery Program
Hanger Prosthetics & Orthotics West, Inc.	Orthotic & Prosthetic



# CCHP KEY CONTACTS

595 Center Avenue, Suite 100

Martinez, CA 94553

WWW.CCHEALTH.ORG

## PROVIDER ONLINE FORMS AND RESOURCES

<https://www.cchealth.org/health-insurance/information-for-providers>

CCHP Department	Phone Number	Fax Number	Email Address or Website URL
Advice Nurse Unit	1-877-661-6230, Option 1	1-925-313-6397	
	1-925-957-7542, Priority Line		
Behavioral Health Department	1-877-661-6230, Option 4	1-925-313-6196	<a href="mailto:cchpbhd@cchealth.org">cchpbhd@cchealth.org</a>
	1-888-678-7277, Mental Health Access Line		
CalAIM Programs (ECM, Community Supports)	1-925-313-6887	1-925-252-2609	<a href="mailto:CCHPCalAIM@cchealth.org">CCHPCalAIM@cchealth.org</a>
			<a href="mailto:CCHPCalAIMReferrals@cchealth.org">CCHPCalAIMReferrals@cchealth.org</a>
Case Management	1-925-313-6887	1-925-252-2609	<a href="mailto:CCHP.CaseManagement@cchealth.org">CCHP.CaseManagement@cchealth.org</a>
Claims	1-877-800-7423, Option 5 Monday-Friday 8 am - 12 pm		<a href="mailto:Claimstatus@cchealth.org">Claimstatus@cchealth.org</a>
Clinical Quality Auditing		1-925-608-9453	<a href="mailto:QualityConcerns@cchealth.org">QualityConcerns@cchealth.org</a>
Compliance HIPAA Reporting	1-800-659-4611, Privacy Hotline		<a href="mailto:Compliance@cchealth.org">Compliance@cchealth.org</a>
Facility Site Review			<a href="mailto:CCHPfsr@cchealth.org">CCHPfsr@cchealth.org</a>
Fraud Waste Abuse Reporting	1-800-304-9490, FWA Hotline		<a href="mailto:Compliance@cchealth.org">Compliance@cchealth.org</a>
Health Education	1-925-608-9781	1-925-313-6870	<a href="mailto:HealthEducation@cchealth.org">HealthEducation@cchealth.org</a>
Interpreter & Translation Services Use email for other interpreter requests or document translations	1-877-800-7423, Option 4		<a href="mailto:CCHP.Quality@cchealth.org">CCHP.Quality@cchealth.org</a>
	1-866-874-3972, Telephonic Interpreter Services		
Member Eligibility and PCP Assignment	1-877-800-7423, Option 1		
Member Services	1-877-800-7423, Option 7		
Pharmacy	1-877-800-7423, Option 2	1-925-313-6412	
Provider Portal Support ccLink application, access, or questions	1-925-957-7272, Technical Support, Reset Password	1-925-252-2600	<a href="mailto:CCHPportalsupport@cchealth.org">CCHPportalsupport@cchealth.org</a>
	1-925-608-8222, Escalations		
Provider Portal: ccLink Provider Portal Web-based eligibility checks			<a href="https://cclinkproviderportal.cchealth.org/">https://cclinkproviderportal.cchealth.org/</a>
Provider Portal: ccLink Portal Application			<a href="#">ccLink Provider Agreement</a>
Provider Relations	1-877-800-7423, Option 6	1-925-608-9411	<a href="mailto:ProviderRelations@cchealth.org">ProviderRelations@cchealth.org</a>
Provider Relations: Contracting	1-877-800-7423, Option 6	1-925-608-9411	<a href="mailto:cchpcontracts@cchealth.org">cchpcontracts@cchealth.org</a>
Provider Relations: Credentialing	1-877-800-7423, Option 6	1-925-608-9411	<a href="mailto:cchpcredentialing@cchealth.org">cchpcredentialing@cchealth.org</a>
Provider Relations: Network Management	1-877-800-7423, Option 6	1-925-608-9411	<a href="mailto:networkmanagementteam@cchealth.org">networkmanagementteam@cchealth.org</a>
Quality Concerns, Potential Quality Issues		1-925-608-9453	<a href="mailto:Qualityconcerns@cchealth.org">Qualityconcerns@cchealth.org</a>
Quality, Health Equity, Population Health	1-925-608-9781	1-925-313-6870	<a href="mailto:CCHP.Quality@cchealth.org">CCHP.Quality@cchealth.org</a>
Utilization Management	1-877-800-7423, Option 3		<a href="mailto:CCHPauthorizations@cchealth.org">CCHPauthorizations@cchealth.org</a>
			For general inquiries and updates, do NOT email authorization requests <a href="mailto:Auth-Umsupport@cchealth.org">Auth-Umsupport@cchealth.org</a> Urgent issues, escalations

# CCHP KEY CONTACTS

## *...Authorization Fax Info*

### **Prior Authorization Requests**

Please use cLink or the cLink Provider Portal for all communication with the following exceptions:

- Noncontracted providers and out-of-area hospitals:

**Fax: 1 (925) 313-6645**



**ELIGIBLE**

### **Member Authorizations**

#### **Medi-Cal:**

- Out of Area (Hospital) Face Sheet:

**Fax: 1 (925) 313-6645**

- Mental Health (only if not yet on portal):

**Fax: 1 (925) 313-6196**

#### **Commercial:**

- Confidential Mental Health (if not on portal):

**Fax: (925) 313-6196**