



January 18, 2019

Dear Providers,

We hope you all had a nice holiday season and are feeling invigorated in the New Year.

In 2018, you and CMU collaborated on over 4,668 requests for authorization, 10,042 phone contacts, and 58,343 distinct services. You provided services to 5,556 Medi-Cal beneficiaries and their families in the past year. You have done impactful and meaningful work in our county, and we at CMU are happy to continue supporting you in your efforts to serve our community.

NEW & NOTEWORTHY:

CommunityConnect:

Whole Person Care (WPC) is a statewide waiver pilot program for vulnerable Medi-Cal recipients, with the goals of improving health outcomes and reducing utilization of high-cost services. CCHS has termed the program "CommunityConnect," as the core goal of WPC is to increase linkages and services outside of the health system into the larger community. Typically, a consumer would qualify if they have had multiple 5150s in the past 12 months, 3 or more chronic diseases, or have been in detention within the past 3 years. They will either be assigned a medical case manager, social worker, or Community Health Worker. CommunityConnect can also provide transportation vouchers and legal assistance with SSI/SDI or eviction. If your client qualifies for and opts into CommunityConnect, you will see their care provider listed on the Care Team in Provider Portal.

| Care Team and Communications | |
|------------------------------------|---------------------|
| PCPs | Type |
| West County | Patient Location |
| Alfreda Lattier | Care Coordinator |
| Alfonso Sepulveda, RN PHN | CommunityConnect |
| Patient Eligibility | Patient Eligibility |
| Amy S Gordon, MD | General |
| No other patient care team members | |

You can call the Intake Line at 925-608-5100 to obtain the care provider's phone number, as it will not show up in your view. More information about Community Connect can be found on the attached flier and at: <https://cchealth.org/care/>



Presumptive Transfer AB1299 for Out-of-County Foster Youth:

Assembly Bill 1299 requires social workers to transfer Medi-Cal to the county of residence where the foster youth is placed via an eligibility process called a "Presumptive Transfer." As a treatment provider for foster youth, it is important to track changes in residency, as this impacts your authorization for services. If your client moves out of the county, you must work towards transitioning services out to the new county of residence, or otherwise coordinate with that new county for continuity of care. Since a Presumptive Transfer assigns authority and responsibility for services to a specific county, it is your responsibility to inform CMU of any residency changes as soon as possible so we can determine if your authorization is still valid and help avoid denial of your claims.

DACA renewals:

There is a free immigration workshop for general immigration screenings and DACA renewals on January 26th in Brentwood. See attached flier.

Upcoming Provider Trainings:

CMU Review Trainings
30 Douglas Drive, Martinez
9 am – 12 pm
Friday, February 8th, 2019
Friday, March 15th, 2019

CMU Documentation and Audit Prep Training
30 Douglas Drive, Martinez
9 am – 12:30 pm
Wednesday, February 27th, 2019

REMINDERS:

Availability:

Currently, we only have 4 providers available across the entire county to serve our Medi-Cal beneficiaries. We receive and make around 18-20 referrals a day. Please let us know if you have openings. Even though we can't manage your slots, it's helpful to know roughly how many you have. We continue to pilot new things to try to address the capacity issue and barriers to accessing services.

New CMU Website:

Please visit our new website at <https://cchealth.org/mentalhealth/network-provider> to obtain copies of clinical forms, get info on upcoming trainings, and more! This month, we are featuring our network provider, Isaac Burns, and his experience with using the phone interpreter to serve clients who speak languages other than English.

Timely Access to Care & Contract reminders

Many of you know that there is an increased focus and attention from the state on Timely Access to Care and Network Adequacy, which means having a provider available within 15 miles or 30 minutes of a beneficiary's residence. Currently, we have capacity issues. In the past few months, out of our 190 contracted outpatient providers, only about 10—or 5%—have openings at any given time. Sometimes, there are no available providers in parts of the county.

I am strongly advocating for a modest raise of up to \$10 per unit for our providers who are committed to serving the community and who agree to take on higher caseloads or currently have higher caseloads (ranging between 10-30+ Medi-Cal clients per year). In this tenuous political climate, with threats to eliminate the Affordable Care Act and attached funding, the county Finance department will not approve a higher increase and, as it is, we have to justify this current raise by attaching it to outcomes (caseloads).

There is increased focus to monitor caseloads and ensure providers are meeting their contract language around minimum caseloads. The state also wants to see proof of tracking and oversight around timely access to care, so it's critical that if you have indicated you are available for new referrals and you receive a call, to return the call within one business day and offer an appointment within 10 business days. We will have to begin issuing denials, or Notice of Adverse Benefit Determination, to beneficiaries if they are not offered an appointment within 10 business days of the request. This will be difficult since we don't manage network providers schedules, but it's all the more reason to give us the date the client contacted you and the appointment offered date (if different than appointment accepted/scheduled) when you call for your initial authorization.

For contract renewals, we will be making a better effort to manage the allocated funds by using the amount of your previous year's expenditures to project your upcoming allocated amount. If you anticipate that you will increase your services, please let us know so we can factor in additional funds; however, don't let the contract limit impact your availability. We monitor your funds and can do a contract amendment to add funds if necessary.

Prop 56 update

For clients deemed CCHP/Mild-Moderate at the time of service for eligible service codes, payments have continued to be made up through the end of last fiscal year June 30, 2018.

| CPT Code | |
|----------|----------|
| 99201 | \$18.00 |
| 99202 | \$35.00 |
| 99203 | \$43.00 |
| 99204 | \$83.00 |
| 99205 | \$107.00 |
| 99211 | \$10.00 |
| 99212 | \$23.00 |
| 99213 | \$44.00 |
| 99214 | \$62.00 |
| 99215 | \$76.00 |
| 90791 | \$35.00 |
| 90792 | \$35.00 |

The proposed new Prop 56 rates for 2019 have yet to be approved by the Centers for Medicare and Medicaid, but CCHP has recently decided to continue with the new rates as if they were approved. The new rates will start for services rendered July 1, 2018 and are anticipated to be covered through June 30, 2019. The new rates will be paid the next quarter cycle, projected around March. The Prop 56 payments are fixed amounts to be paid *per encounter* (so if a provider bills 3 99205s on the same day, only one payment of \$107 will be issued). Here are the applicable codes and new rates (with the exception of 99205, all other codes are for MDs only).

In Closing...

With each of these Provider Services updates, we express our appreciation for services you provide to Contra Costa beneficiaries. We are constantly reminded anew of the genuine care and concern with which you offer treatment to the clients you serve. We never take it for granted. Thank you for all you do.

With gratitude,
Katy White and the Care Management Unit