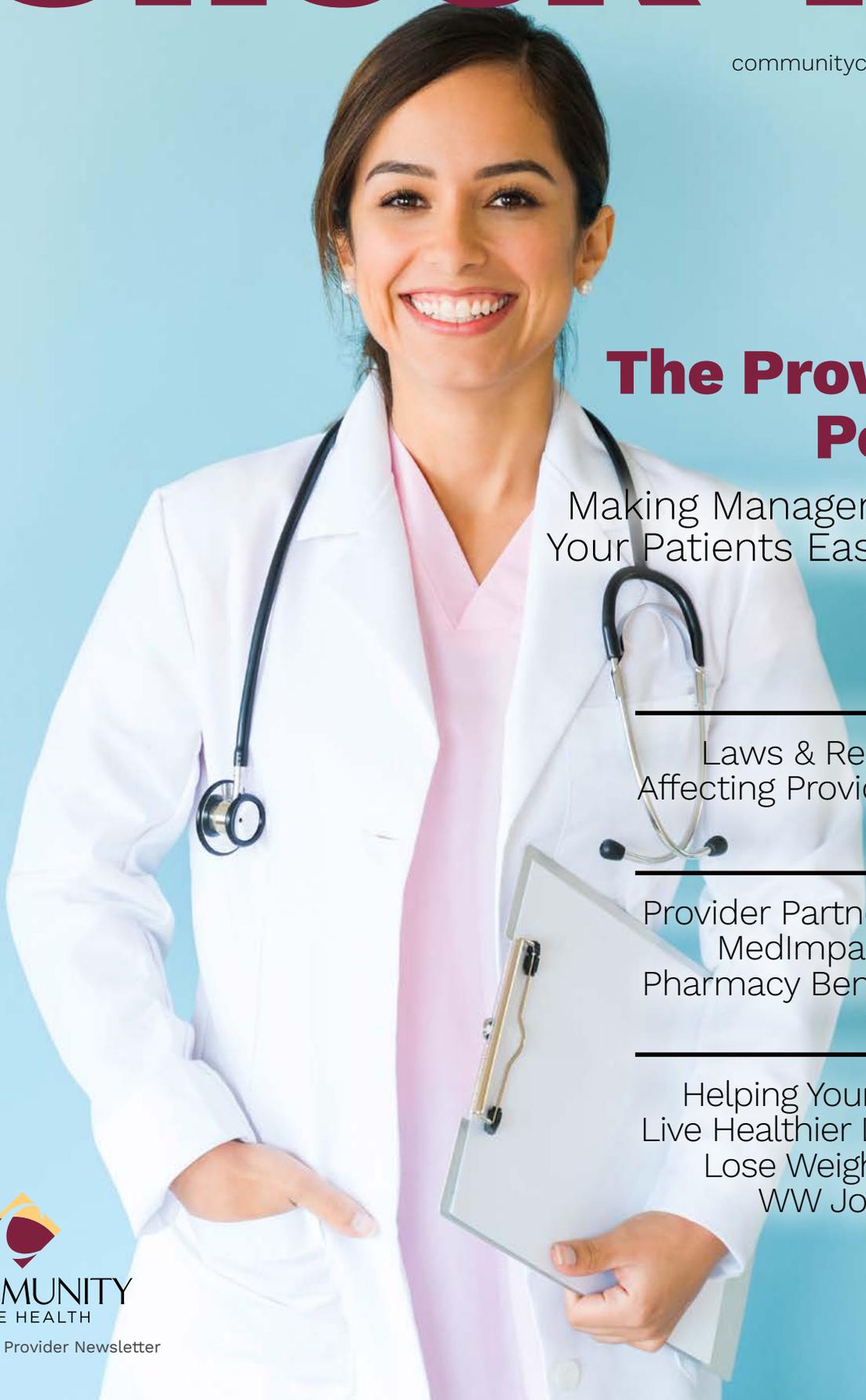


THE

# Check-In

FALL 2020

[communitycarehealth.org](http://communitycarehealth.org)



## The Provider Portal

Making Management of Your Patients Easier PAGE 6

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Laws & Regulations Affecting Providers PAGE 5

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Provider Partner Focus: MedImpact: CCH's Pharmacy Benefit PAGE 10

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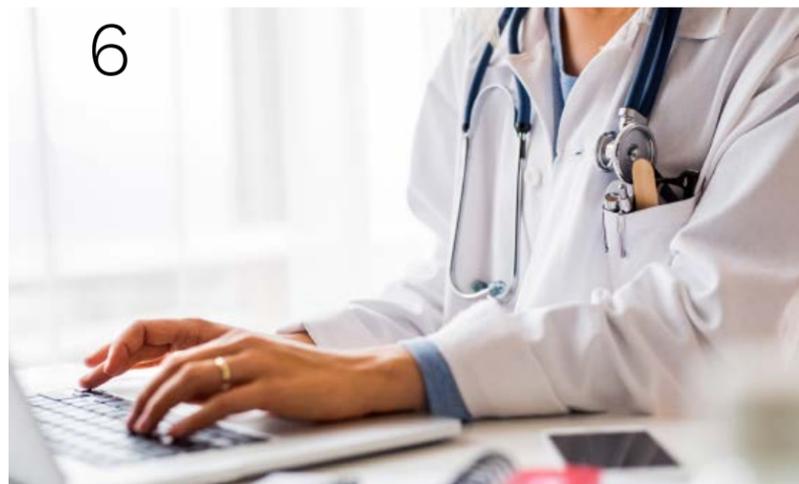
Helping Your Patients Live Healthier Lives and Lose Weight. CCH & WW Join Forces

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COMMUNITY  
CARE HEALTH

CCH Quarterly Provider Newsletter



**Fall 2020**

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## Introducing “The Check-In”

Welcome to “The Check-In,” Community Care Health’s (CCH) provider-focused newsletter. As a health plan, we recognize that we are only as strong as the team of network providers that deliver outstanding care to each and every one of our members. For that, we are so appreciative to have you as part of our network.

You are also a critical conduit in helping deliver important health information to our members. As trusted advisors, our members look to you for advice, counsel, encouragement and so much more. “The Check-In” is just one way we can share information with you so you can in turn, share it with them. Importantly, this newsletter has been designed with you in mind - full of information and resources to help make your and your staffs’ jobs easier. We will use it to share newly available content, introduce recently released technologies, promote new partnerships and programs - along with other news that we hope allows you to focus on the care you provide patients.

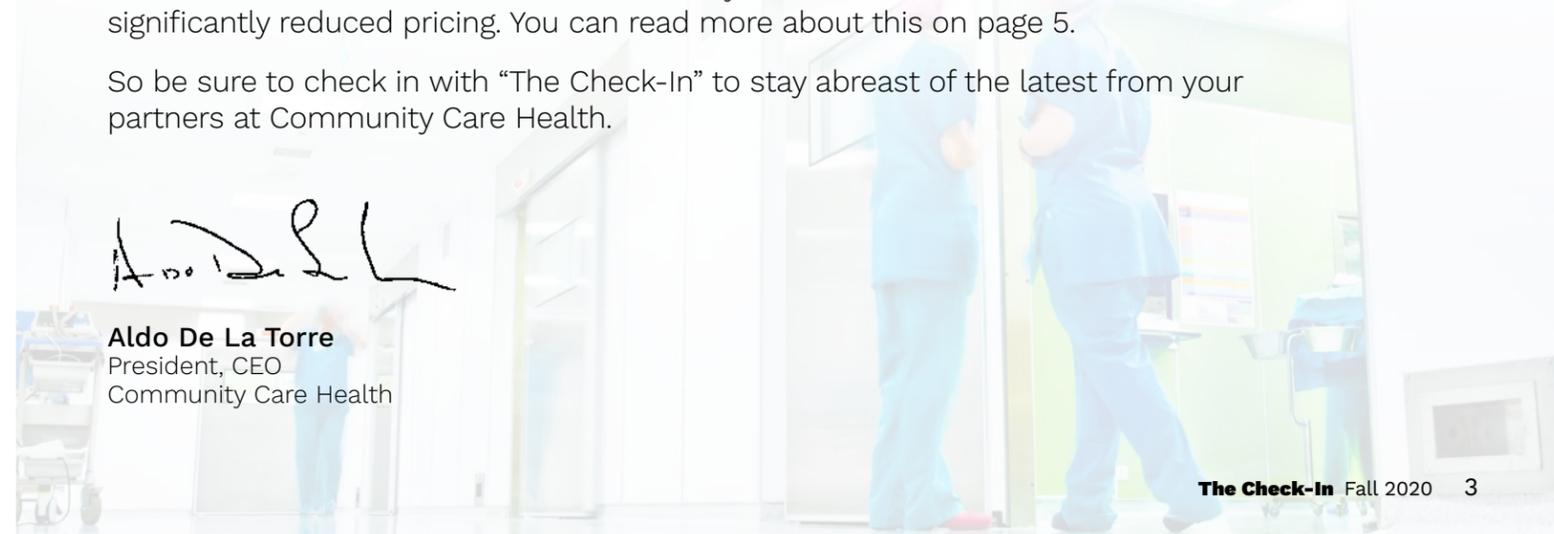
We are also excited to introduce the Provider Portal, available on [communitycarehealth.org](http://communitycarehealth.org), where you can login and access detailed information regarding your patients’ healthcare coverage, benefits and more. Importantly, this information is updated daily, ensuring you have and are able to share with your patients the most reliable data available.

CCH will continue to deliver and promote more programs, tools and services for both members and providers alike, including mobile app updates, web site enhancements, new partnerships and more. One such program we are very excited about is our partnership with WW (Weight Watchers re-imagined). Now, CCH members have access to three powerful programs, including traditional myWW for weight loss and maintenance, WW for Diabetics and Kurbo by WW for adolescents and teens – at significantly reduced pricing. You can read more about this on page 5.

So be sure to check in with “The Check-In” to stay abreast of the latest from your partners at Community Care Health.



**Aldo De La Torre**  
President, CEO  
Community Care Health



The Check-In is a quarterly newsletter brought to you from Community Care Health. Designed to keep physicians abreast of the latest information in healthcare, we hope you find this a valuable resource.





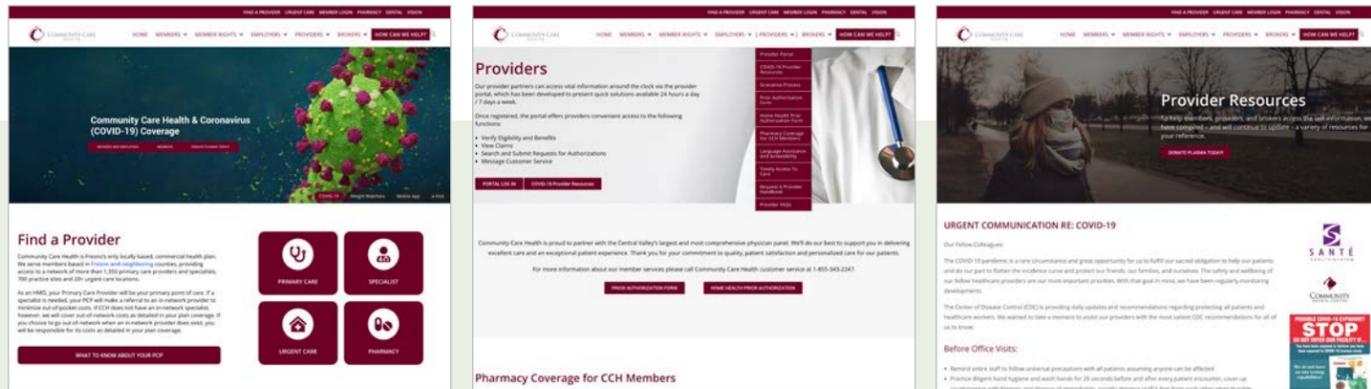
# Message from the CMO

Michael Synn, MD  
Chief Medical Officer, Community Care Health

Welcome to “The Check-In,” Community Care Health’s newsletter created solely for you – partners in our provider community. In this and future issues, we will share news, information, tools and more in an effort to help your practice run more smoothly while serving as a resource you can rely on as you continue to provide the best in patient care.

## CCH Web Site: For Real-Time

As you may have noticed, we launched the all-new Community Care Health web site earlier this fall. An invaluable tool for members, brokers, employers – as well as for you, our provider community. In addition to timely and topical content, the site has a dedicated Providers section built specifically with you in mind, providing one-click access to a variety of information and tools.



### Provider Portal

Accessible from the Providers landing page, the Portal is updated daily and delivers real-time patient eligibility and benefit information, claims, authorizations status – and more. Check out page 6 to learn more about this important resource.



### COVID-19 Information

Resources, Announcements & Coverage for Testing, Screening & Treatment.



### Forms

Save time with on-demand and editable Grievance Prior Authorization, Home Health and additional forms to facilitate your work processes.



### Pharmacy Coverage

Member coverage options, formulary guides & preferred drug lists.



### Regulatory News

Important regulatory information that providers need to be aware of, including Language Assistance, Timely Access to Care, Appointment Wait Time Requirements, and more.



### Provider Handbook

Visit the web site to request a handbook, which details how the plan is organized and serves as an important resource to address your questions.

Once again, we’d like to welcome you to the “Check-In.” We hope this becomes an invaluable resource. If you have ideas and suggestions as to what you’d like to see included, please do not hesitate to email [customerservice@communitycarehealth.org](mailto:customerservice@communitycarehealth.org) and let us know.

# Laws & Regulation Impacting Providers



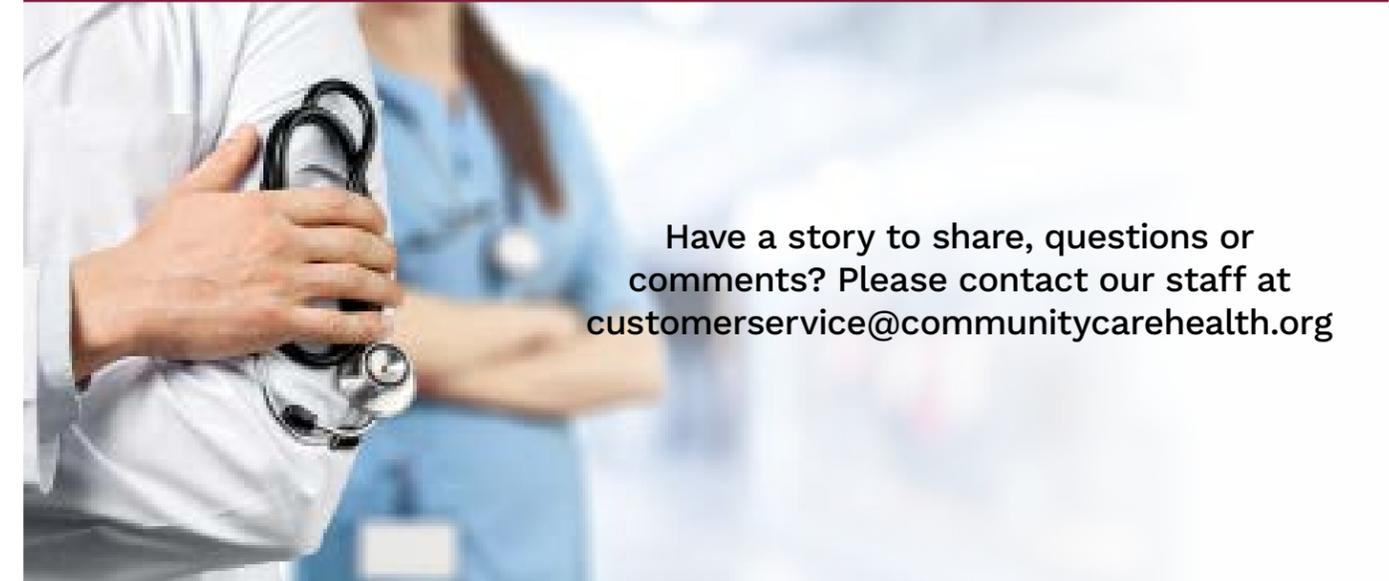
## Preventative Health Services Coverage for HIV Pre-exposure Prophylaxis (PrEP)

As of January 1, 2020, CCH is covering preventative health services coverage for human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) for medical necessary antiretroviral drugs (e.g. Truvada) with no cost sharing to its members. In addition, CCH is not requiring prior authorization or step therapy for antiretroviral drugs including PrEP, unless there are FDA approved therapeutic equivalents to prevent HIV. CCH also provides coverage for HIV testing, even if unrelated to a primary diagnosis. CCH’s Pharmacy Benefit Manager, MedImpact, has implemented procedures on claims eligibility for PrEP medications and network pharmacies have been made aware of this change. When writing a prescription for covered antiretroviral medications please refer to CCH’s Formulary, which can be found on our website [www.communitycarehealth.org](http://www.communitycarehealth.org) under Providers, Pharmacy Coverage.

## Maternal Mental Health

**AB 2193 - Maternal Mental Health** requires a licensed health care practitioner who provides prenatal or postpartum care for a patient to ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions. The law also requires health plans to develop a maternal mental health program designed to promote quality of care consistent with accepted clinical principles and processes. CCH recommends administering the Patient Health Questionnaire 9 (PHQ-9) and the Edinburgh Postnatal Depression Screening (EPDS) tools when screening pregnant and postpartum members for mental health issues. The PHQ-9 tool can be administered during the second or third trimester and the EPDS tool can be used for postpartum screening. These tools and additional information are available on our website [www.communitycarehealth.org](http://www.communitycarehealth.org) under Providers, Maternal Mental Health.

# Check-In with Us!



Have a story to share, questions or comments? Please contact our staff at [customerservice@communitycarehealth.org](mailto:customerservice@communitycarehealth.org)

# Provider & Member Portal

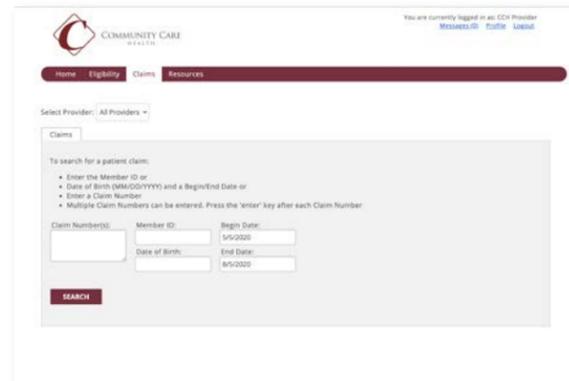
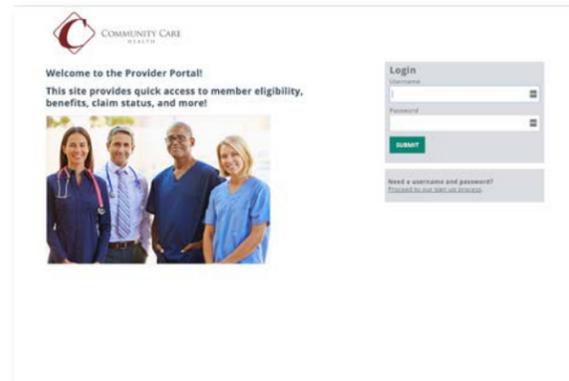
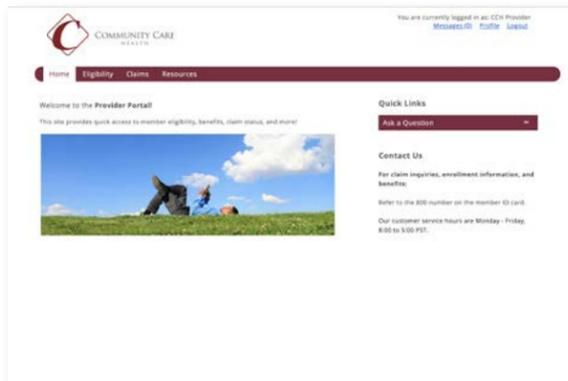
Accessible from the CCH web site, both the Provider and Member Portals are secure, credential-accessed sites that deliver a variety of resources to get you and your members the information they need.

## Provider Portal

The provider portal is available around the clock and once registered, offers real time (updated daily) convenient access to the following tools and services:

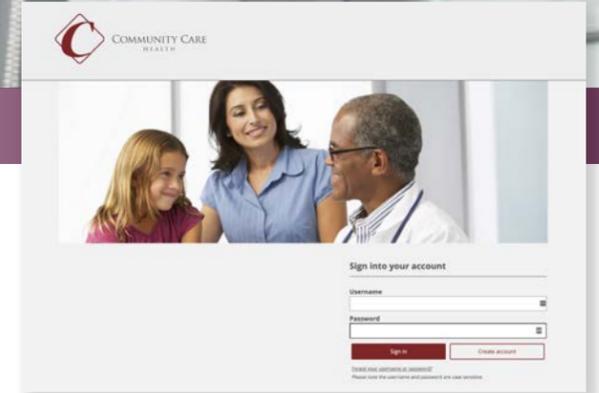
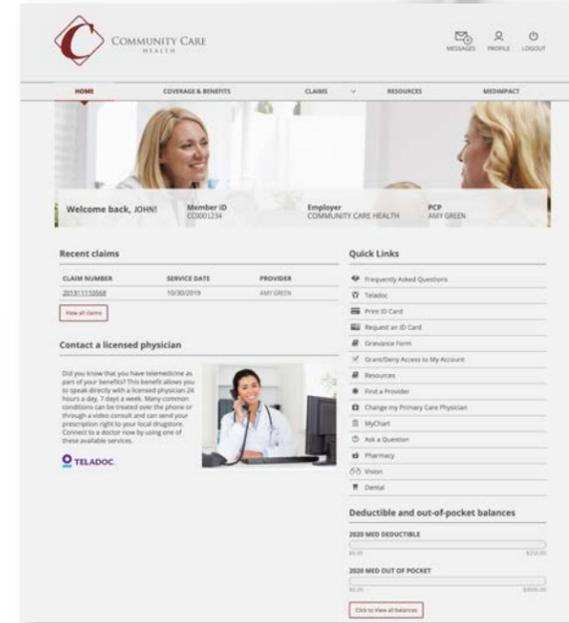
- Verify Patient Eligibility and Benefits
- View Patient Eligibility Cards
- View Claims/Explanation of Benefits (EOB)
- Message CCH Customer Service

If you are not already registered, please visit [communitycarehealth.org](http://communitycarehealth.org) > [Providers](#) > [Portal Login](#) to set up your account today.



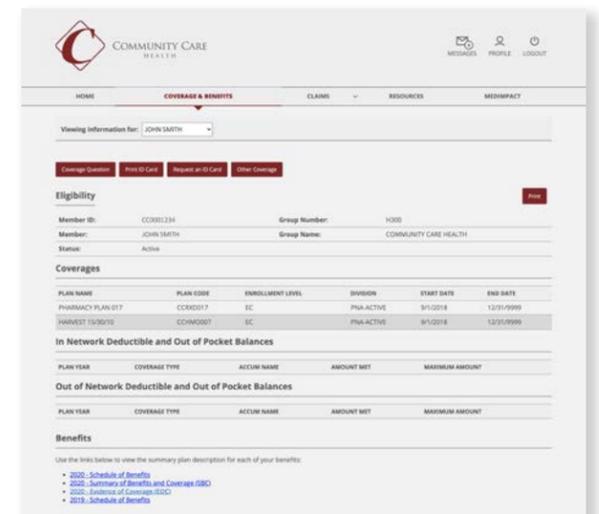
## Member Portal

We understand your patients are constantly asking about their insurance coverage, options and benefits. To help them navigate available services while relieving your staff from having to address these same questions, direct them to the Member Portal.



CCH strives to set itself apart by offering a variety of customer-focused tools. Following a simple registration process during which they only need to enter their member ID to get started, let your patients know they can use the portal to access:

- Schedule of Benefits that details their share of cost for services received
- Claims Activity for Both Medical and Pharmacy
- Ability to Change their Primary Care Physician
- Request a Member ID Card
- Message CCH's Customer Service Team



**DID YOU KNOW...**

# Improving Patient Experience



## Appointment Wait Times & Timely Access to Care

Health Plans in California must ensure that members have timely access to their physicians and other providers when seeking care. This means that there are limits on how long patients have to wait to get an appointment and telephone advice. The wait times are shown in the chart below. Some exceptions to the wait times apply. Sometimes waiting longer for care is not a problem. You may give a longer wait time if it would not be harmful to your patient's health. It must be noted in their record that a longer wait time will not be harmful to their health.

Appointment Type	Standard
Emergency Care (life threatening)	Seek immediate care at the nearest hospital
Urgent Care (non-life threatening) – no prior authorization required	Appointment is offered within 48 hours from time of the request
Urgent Care (non-life threatening) – prior authorization required	Appointment is offered within 96 hours from time of the request
Non-urgent appointments with a primary care physician (PCP) for regular and routine primary care services	Appointment is offered within 10 business days from time of the request
Non-urgent care appointments with a specialist	Appointment is offered within 15 business days from time of the request
Non-urgent appointment with a mental health provider (who is not a physician)	Appointment is offered within 10 business days from time of the request
Non-urgent appointments for ancillary services for the diagnosis or treatment of an injury, illness or other health condition	Appointment is offered within 15 business days from time of the request
Telephone triage and advice*	No greater than 30 minutes

### BEHAVIORAL HEALTH EMERGENT & NON-EMERGENT APPOINTMENT ACCESS STANDARDS

Appointment Type	Standard
Non-urgent appointments with a physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent Care appointments with a non-physician mental health care provider	Must offer the appointment within 10 business days of request
Urgent Care appointments	Must offer the appointment within 48 hours of request
Access to Care for Non-Life Threatening Emergency	Within 6 hours
Access to Life-Threatening Emergency Care	Immediately
Access to Follow Up Care After Hospitalization for mental illness	Must Provide Both: <ul style="list-style-type: none"> <li>• One follow-up encounter with a mental health provider within 7 calendar days after discharge</li> </ul> Plus <ul style="list-style-type: none"> <li>• One follow-up encounter with a mental health provider within 30 calendar days after discharge</li> </ul>

**DID YOU KNOW...**

### What are the timely access regulations?

The Department of Managed Health Care's (DMHC) Timely Access Regulations require health plans to ensure members are provided timely access to care. This means that there are limits on how long members wait for to receive health care appointments and telephone advice.

### How does DMHC evaluate health plan compliance with timely access requirements?

Every year the DMHC reviews compliance reports and provider network data submitted by each health plan to ensure members are receiving timely access to care. The DMHC analyzes Community Care Health, CCH, contracted provider network to determine the time and distance members travel for primary care and hospital services, capacity of providers available

to members, and appointment wait times to receive certain health care services.

### Why is this important and how does this impact you?

CCH is required by law to obtain information from our contracted providers regarding appointment availability by surveying providers annually. The Surveys are conducted each Fall by CCH's vendor, QMetrics. The Provider Appointment Availability survey (PAAS) requests when the next available appointment is for urgent and not urgent services. The data is then collected and calculated to measure appointment wait



times and how long members must wait for appointments. In addition, the Provider Satisfaction Survey (PSS) assesses providers' satisfaction with the Timely Access Regulations, and includes questions about CCH's prior authorization and referral process and Language Assistance Program.

### How can you help?

When your office receives a provider survey please take 5 minutes to complete it. CCH will be communicating additional information to your office prior to the Fall surveys being conducted.

### Thank you!

Your continued participation with these surveys is important as it demonstrates CCH's ability to ensure members are receiving timely appointments to health care services. We appreciate your participation and will share more information about upcoming surveys in future newsletters.

### Want to learn more?

Please visit the CCH's website, <https://www.communitycarehealth.org/for-providers/timely-access-to-care/>.



## Notice of Language Assistance and Accessibility

CCH offers a no-cost telephonic interpreter service to health plan members, both directly and through your offices, to provide language assistance to members with limited English proficiency. To get an interpreter, or to ask about written information in a non-English language for a member, please contact the CCH's Customer Services department by phone at 1 (855) 343-2247.

All CCH members are entitled to full and equal access to covered services, including members with disabilities, as required under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. CCH Customer Service representatives are accessible by phone at 1 (855) 343-2247. Speech and hearing impaired individuals may use the California Relay Service's (CRS) toll-free telephone number 1 (800) 735-2929 or 1 (888) 877-5378 (TTY) and provide the CRS operator CCH's Customer Service number, 1 (855) 343-2247.



## PARTNER FOCUS

### MedImpact (Pharmacy)

MedImpact is Community Care Health's (CCH) pharmacy benefit manager who works with CCH members that provides essential information to members about their medicine, including how to take it correctly, potential side effects, lower-cost options, and more.

To access the CCH formulary please visit our website at [www.communitymedical.org](http://www.communitymedical.org). Information on the formulary can be found on both the "For Members" and "For Providers" pages under Pharmacy Coverage.



### MESVision

CCH offers vision plan options through our partnership with MESVision. As one of the largest providers of vision coverage, MESVision provides members access to a broad and diverse network. Importantly, be sure to let your patients know that MESVision coverage is accepted at optical chain locations, including:

- LensCrafters
- Sam's Club
- Costco
- Sears Optical
- Visionworks
- Pearle Vision
- Wal-Mart
- Target Optical
- And many more...



### Important Pharmacy Resources

**Mail-Order Program:** CCH members are able to obtain a 90-day supply of ongoing medications through the mail-order program with MedImpact Direct. To submit a prescription, simply complete the MedImpact Direct Medication Order Form and submit electronically via ePrescribing or fax to 888-783-1773.

**Formulary Guide:** Updated monthly, the Formulary Guide provides a list of covered generic and brand name drugs selected by physician and pharmacist subject matter experts.

**Preferred Drug List:** MedImpact has created a list of commonly prescribed medications within select classes to promote clinically appropriate utilization of medications in a cost-effective manner.

**Formulary Exception Request Process:** MedImpact has established a process for providers to obtain non-preferred drugs (Formulary Exception) for members. Visit [www.communitycarehealth.org/for-providers/](http://www.communitycarehealth.org/for-providers/) to learn more.

## PARTNERING FOR HEALTH

CCH Partners with WW (Weight Watchers Re-Imagined)

# Helping Your Patients Lead Healthier Lives and Lose Weight

Now that Community Care Health (CCH) has partnered with WW (Weight Watchers re-imagined), there are an array of programs that can help your patients improve their overall health.

### myWW

For the WW signature program – myWW – members have the option to participate completely online or combine online tools with in-person, weekly workshops (as well as virtual workshops during COVID). With an easy-to-use app that offers a variety of tools, including food and activity tracking, thousands of recipes, 24/7 Chat with a WW Coach and so much more, a new approach to health is just a click away.

### WW for Kids and Teens - Completely FREE

Kurbo by WW is an online, simple, proven program that helps kids and teens adopt good habits and reach a healthier weight. Why kids and teens love Kurbo:

- They get to pick what they eat: All foods are allowed, they just follow the traffic lights!
- They use their phones to track: The fun app keeps them on track so that parents don't have to.
- They connect with a personal coach: Regular check-ins deliver all the tips and encouragement.

### WW for Diabetes

This offer combines the proven WW approach with confidential, unlimited, one-to-one email and phone support from a Certified Diabetes Educator (CDE). As a WW member, your patients receive:

- Personalized food plan and unlimited coaching from a dedicated CDE/RD.
- Tailored materials to address weight loss & to maintain healthy blood sugar levels.
- Unlimited access to in-person WW workshops and digital tools, including the WW app.
- Weekly CDE emails to tailor workshop room topics to members with Type-2 Diabetes.



All CCH members can join WW and receive special discounted pricing of at least 50%. And more, Kurbo for Teens and Kids is absolutely FREE for your CCH member patients.





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# **YOUR CHANCE TO JOIN THE FIGHT AGAINST COVID-19!**

During this unprecedented time, the Central California Blood Center is proud to serve as a resource to our medical professionals in the fight against the COVID-19 virus. CCH supports this mission and would like your help in getting the word out to - and the plasma from - patients who have recovered from COVID-19. For more information, please visit: [www.donateblood.org/convalescent-plasma/](http://www.donateblood.org/convalescent-plasma/)

For details and donation criteria, please call the Central California Blood Center at (559) 240-9359 or visit [www.donateblood.org/convalescent-plasma](http://www.donateblood.org/convalescent-plasma) to complete the Donor Eligibility Form.

