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In the January 2020 Provider Operations Bulletin, Gold Coast Health Plan (GCHP) included the following update for Home Health Billing Requirements. GCHP failed to include HCPCS code G0162. Please see the updated Home Health Care HCPCS / Revenue code combinations below.

In accordance with the GCHP policies and procedures and state regulations currently in effect and as outlined in the payment section of the provider contract, providers are required to adhere to the state Department of Health Care Services (DHCS) and Medi-Cal billing guidelines for home health services.

For purposes of standardization and ensuring prompt and accurate payment, GCHP will now require all providers to bill according to the intent of the Healthcare Common Procedure Coding System (HCPCS) / Revenue code as designed by DHCS and Medi-Cal. Previously, GCHP providers were individually informed to bill based on different requirements.

Note:

• The following HCPCS national codes continue to require prior authorization.
• Services will continue to be authorized in number of visits.
  » Example: A home health (HH) provider providing service three times a week for three weeks equates to nine visits.
• Each code unit will be billed by provider in 15-minute increments (1 Unit)
  » Example: 30-minute visit = two (2) units.
  » 60-minute visit = four (4) units.
• Providers are required to adhere to billing changes no later than February 1, 2020, at which time each unit will be reimbursed in 15-minute increments.
• Provider contracts will be amended as applicable to reflect this change.
Home Health Care HCPCS / Revenue Code Combinations:

- G0151 (Rev code 0421)
- G0152 (Rev code 0431)
- G0153 (Rev code 0441)
- G0155 (Rev code 0561)
- G0156 (Rev code 0571)
- **G0162 (Rev code 0583)**
- **G0162 (Rev code 0589)**
- G0299 (Rev code 0552)
- G0300 (Rev code 0551)

Further information can be found on the DHCS website by clicking here or by searching under “Home Health Agencies Billing Codes and Reimbursement.”

GCHP continues to evaluate and monitor the services that require prior authorization.

For questions regarding GCHP’s prior authorization process, please contact the Plan’s Customer Service Department at 1-888-301-1288.

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**SECTION 3:**

**Correct Format of National Drug Codes (NDC) on Paper Claim Submissions**

National Drug Code (NDC) information is required along with the appropriate HCPCS or Medi-Cal local code on all physician administered or physician dispensed drugs. To ensure accurate data capture of the NDC information on paper claim submissions, please follow the following guidelines.

**NDC Product ID Qualifier and NDC Unit of Measurement Qualifier**

For all claim types (CMS-1500, UB04), the NDC information must be preceded by the Product ID Qualifier (N4) and must also include the appropriate Unit of Measurement Qualifier:

- F2 = International Unit
- GR = Gram
- ML = Milliliter
- UN = Unit

**NDC Information on the CMS-1500**

![NDC Example Image]
The NDC Product ID Qualifier (N4) and NDC 11-digit number (without hyphens) will be entered in the shaded area of Box 24A (Dates of Service).

The NDC Unit of Measurement Qualifier and 10-digit numeric quantity administered will be entered in the shaded area of Box 24D (Procedures, Services or Supplies). The 10-digit numeric quantity consists of the seven-digit whole number (leading zeros), followed by the three-digit decimal (ending zeros), without the decimal point:

Example: Five units administered will be entered as shown:

![Example Image]

**NDC Information on the UB-04**

All NDC information will be entered in Box 43 (Description) of the UB-04 claim form:

- N4 Product ID Qualifier
- Immediately followed by the 11-digit (without hyphens) NDC number
- Immediately followed by the Unit of Measurement Qualifier
- Immediately followed by the nine-digit (six-digit whole number plus three-digit decimal) quantity

Example: Thirty Units of product with NDC 12345-123-12 will be entered in Box 43 (Description) as shown:
SECTION 4:

Drug Quantity for Physician Administered Drugs (PAD), Physician Dispensed Drugs or Drugs Dispensed by Specialty Pharmacies (HCFA-1500 or UB-04)

To streamline processing of physician administered drugs (PAD), physician dispensed drugs or drugs dispensed by specialty pharmacies, GCHP recommends providers bill drugs using the HCPCS unit value instead of the NDC volume / package units. If the drug is billed with the NDC volume / package unit value, the drug requires manual review to determine the correct number of HCPCS units that are eligible for payment. This recommendation does not apply to HCPCS codes J3490, J7999 and J3590 as these codes are unlisted.

Examples of billing in HCPCS units (the data below is for informational purposes only. Please verify the HCPCS unit value prior to submitting your claim.):

**J1439**: HCPCS Drug description 1 mg per HCPCS unit.
Therefore, 750 mg administered to the member equals 750 HCPCS units billed on the claim.

**J2469**: HCPCS Drug description 25 mcg per HCPCS unit.
Therefore, 500 mcg administered to the member equals 20 HCPCS units billed on the claim.

**J1170**: HCPCS Drug description 4 mg per HCPCS unit.
Therefore, 200 mg administered to the member equals 50 HCPCS units billed on the claim.

SECTION 5:

New Provider Dispute Resolution Process

Gold Coast Health Plan (GCHP) heard your concerns regarding the Provider Dispute Resolution (PDR) process. To address these concerns, the Plan has updated its Provider Claim Reconsideration Form to include additional options and directions to clarify what documentation is needed to quickly and efficiently process PDRs.

With your help, the new form will establish an efficient and expedited PDR process. When submitting the form, please include all required documentation to ensure your appeals and reconsiderations are processed as quickly as possible. **Submitting complete and accurate information will assist in the timely processing and adjudication of appeals and reconsiderations and will help prevent delays in resolving the issues.**

The new form is now available on the GCHP website [here](#).

**Click here** to watch a provider training video on how to fill out this form properly.

If you have any questions, please reach out to the Plan’s Provider Relations Department at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).
SECTION 6:

Member Eligibility

Gold Coast Health Plan (GCHP) reminds providers that if a member’s eligibility is terminated in the Provider Portal but the Medi-Cal website shows that the member is eligible and assigned to GCHP, they should submit a claim for the services rendered. The Plan will confirm the member’s eligibility and process the claim accordingly.

Providers will see the following message in the GCHP Provider Portal:

SECTION 7:

Coming Soon: Updated Gold Coast Health Plan (GCHP) Website

Gold Coast Health Plan (GCHP) is updating its website – with you in mind! The updated site will give providers easy access to important information.

On the website, you will be able to:

- Log into the Provider Portal.
- View the latest provider updates.
- Access and download GCHP forms and health guidelines.
- And more!

Stay tuned for more information.
SECTION 8: 24-Hour Advice Nurse Line for Members

To further Gold Coast Health Plan’s (GCHP) goal to provide members with quality care, the Plan has diligently worked to establish a 24-hour Advice Nurse Line. This line gives members access to a registered nurse 24 hours a day, seven days a week. The nurse can speak to members over the phone in their preferred language when they or a family member have any medical questions.

The advice nurse can help members decide if they:

- Need to go to urgent care.
- Can wait to see their doctor.
- Can take care of their symptoms at home.

The nurse can also answer questions or address concerns about the Coronavirus.

To reach the Advice Nurse Line, members can call 1-805-437-5001. The toll-free number is 1-877-431-1700. For TTY, members should dial 711.

GCHP hopes that you can help inform Plan members of this service. The Plan appreciates your service to its members.

SECTION 9: California Children’s Services

Gold Coast Health Plan (GCHP) and California Children’s Services (CCS) work together for the benefit of children and young adults living in Ventura County. CCS is a state-funded program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under 21 years of age with CCS-eligible medical conditions. CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS-eligible diagnoses are carved out of GCHP. Patients that have an active case in the CCS program are required to receive treatment from a CCS-paneled specialist for their CCS-eligible condition. The primary care provider (PCP) is responsible for providing routine care, immunizations and care outside of the care associated with CCS-eligible conditions. GCHP is still responsible for providing the member with primary care and prevention services not related to the CCS-eligible medical condition. All requests for CCS diagnostic and treatment services must be submitted using a CCS Service Authorization Request (SAR) form:

- CCS New Referral Client SAR form
- CCS Established Client SAR form

Providers are required to submit documentation to substantiate medical necessity at the time the SAR is submitted. To refer a new client or to request services for an existing CCS client, send the completed CCS SAR form to the CCS program with supporting documentation via fax at 1-805-658-4580, electronically via E-SAR (PEDI system), or by mail. To speak with a CCS representative regarding the services offered or to become CCS paneled, call 1-805-981-5239 or 1-805-981-5281. Click here to learn more about CCS. GCHP will send clinics a list via fax or email of their patients who have an active case. This list will be updated and sent monthly.
SECTION 10:

Diabetes Prevention Program

Gold Coast Health Plan (GCHP) offers a Diabetes Prevention Program benefit for members. The Diabetes Prevention Program is an evidence-based, lifestyle change program that is designed to prevent or delay the onset of type 2 diabetes among those who are diagnosed with prediabetes.

The Centers for Disease Control and Prevention (CDC) established the standards and guidelines for the Diabetes Prevention Program. A trained lifestyle coach leads the yearlong program with the goal of helping participants improve certain aspects of their lifestyles, such as eating healthier, reducing stress, and increasing physical activity. The program, which can be delivered in person or online in both English and Spanish, also includes support in a group environment where members can share common goals and struggles. GCHP has contracted with Solera to deliver the benefit.

Who is eligible for the Diabetes Prevention Program?

To be eligible, GCHP members must:

1. Be at least 18 years of age, AND
2. Be overweight (BMI >25 or >23 if Asian), AND
3. Have no previous diagnosis of type 1 or type 2 diabetes, AND
4. Have a blood test result in the prediabetes range within the past year:
   a. Hemoglobin A1C: 5.7% - 6.4%, OR
   b. Fasting plasma glucose: 100-125 mg/dl, OR
   c. Two-hour plasma glucose (after 75 gm glucose load): 140-199 mg/dl, OR
5. Have been diagnosed previously with gestational diabetes.

How can providers refer their patients to GCHP’s Diabetes Prevention Program?

Once you have identified GCHP members who may be eligible for the program, you may:

- Refer them directly to Solera’s website [here](#).
- Fill out the Diabetes Prevention Program Referral Form and email it to screen@soleranetwork.com or fax it to 1-602-650-0690.

Providers and members can also call Solera directly at 1-888-305-6008.

SECTION 11:

Care Management Program

Gold Coast Health Plan (GCHP) provides Care Management upon request for all eligible members. Making a referral is easy!

Members who may benefit from care management include those with:

- Complex acute and chronic diagnoses.
- Disabilities.
- Adherence concerns.
- End-of-life matters.
The Care Management team provides a consistent method for identifying, addressing and documenting the health care and psychosocial needs of GCHP’s members along the continuum of care. Once a member has been referred to Care Management, the team will work with them to:

- Determine risk and safety needs.
- Complete a comprehensive initial assessment.
- Determine what benefits and resources are available to them.
- Connect with community partners.
- Develop goals in partnership with them and their provider, family, caregiver and/or significant other.
- Identify barriers to care and determine strategies to reduce them.
- Monitor and follow-up on progress toward their goals.

A member of GCHP’s Care Management team will contact your patient to obtain their consent to participate in the program. Once your patient agrees, mutually agreed upon goals will be established and prioritized by the member. The frequency of contact is determined by the member and the team.

Once an individualized plan of care has been developed, the referring physician will be provided with the initial goals and identified barriers. You will be updated every two months on the member’s progress and again when the case is closed. Unless you specify otherwise, this correspondence will be sent to your office for inclusion in the member’s file and will include the name and telephone number of the care manager involved in your patient’s care.

To refer a member, complete the Care Management Referral Form. You will be providing the care manager with valuable information to address your concerns and facilitate an effective care plan. Please email the completed form to CareManagement@goldchp.org or fax it to 1-855-883-1552. Instructions are also provided on the second page of the form.

For more information about the program or on how to make a referral, please contact the Care Management Department at 1-805-437-5777.

SECTION 12:

**Routine Childhood Immunizations and Young Child Well Visits during the COVID-19 Pandemic**

The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) have issued the following recommendations for prioritizing childhood immunizations and young child well visits while balancing the risk of exposure across pediatric practices during the COVID-19 pandemic:

**Prioritize Immunization of Young Children**

- If a practice can provide only limited well child visits, **health care providers are encouraged to prioritize newborn care and vaccination of children 0 to 24 months of age.**
- Reschedule well visits for middle childhood and adolescents to a later date.
The following Gold Coast Health Plan (GCHP) Quality Improvement activities will be affected indefinitely due to the prioritization of COVID-19 service recommendations:

- **Facility Site Reviews (FSRs)**
  - The state Department of Health Care Services (DHCS) is allowing a delay of FSRs in 30-day increments. GCHP needs to notify DHCS about these requested extensions.

- **Initial Health Assessments (IHA) and Staying Healthy Assessment (SHA) Medical Record Audit**
  - During this time, DHCS understands that health care providers may need to delay or cancel routine / non-urgent care to ensure that services are available for those most in need of urgent care and to maintain a safe environment for health care workers. As a result, the Quality Improvement team will not audit medical records for IHA/SHA compliance until further notice.

- **HMS Eliza Telephonic Outreach for Preventative Care Gaps**
  - All telephone calls related to the gaps in care member outreach program are on hold. Interactive voice response (IVR) calls will continue to those who qualify for the Antidepressant Medication Management (AMM) performance measure – members 18 years of age and older who are prescribed antidepressant medication and had a diagnosis of major depression.

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**SECTION 13:**

**Impact of COVID-19 on Quality Improvement Activities**

The following Gold Coast Health Plan (GCHP) Quality Improvement activities will be affected indefinitely due to the prioritization of COVID-19 service recommendations:

- **Facility Site Reviews (FSRs)**
  - The state Department of Health Care Services (DHCS) is allowing a delay of FSRs in 30-day increments. GCHP needs to notify DHCS about these requested extensions.

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Chronic Conditions and COVID-19

Gold Coast Health Plan (GCHP) would like to provide additional resources for providers and Plan members with chronic conditions to use during the COVID-19 pandemic. According to the American Diabetes Association, people with diabetes face worse outcomes if they contract the virus. According to the American Heart Association, early reports indicated that 40% of COVID-19 patients who were hospitalized had cardiovascular disease or cerebrovascular disease (stroke).

Visit the following sites for additional information and resources:

- American Lung Association
- American Heart Association
- American Diabetes Association
- World Health Organization

COVID-19 Resources for Members

For more information and updates on COVID-19 please visit and encourage members to view the following sites:

- Centers for Disease Control and Prevention
- California Department of Public Health
- Ventura County Public Health
- Gold Coast Health Plan (GCHP)

Please continue to practice precautionary measures to help stop the spread of COVID-19. Providers may download materials in English and Spanish by clicking here. The Centers for Disease Control and Prevention (CDC) has a variety of easy-to-read infographics for Plan members.

COVID-19 Member FAQs

Providers may encourage members to visit GCHP’s website for additional information and answers to frequently asked questions (FAQs) about COVID-19.
To ensure the continuation of language assistance services during the COVID-19 pandemic, Gold Coast Health Plan (GCHP) is working closely with Plan vendors.

In accordance with social distancing guidelines from the Centers for Disease Control and Prevention (CDC), GCHP encourages providers to access GCHP's telephonic interpreting service during this period.

Pacific Interpreters Inc., also known as LanguageLine Solutions, will continue to provide telephonic interpreting services to GCHP's members, staff, and providers in more than 240 languages 24 hours a day, seven days a week. To access the telephonic interpreter service:

1. Dial: 1-866-421-3463
2. Provide: Access Code # 843014
3. Indicate: Language
4. Provide: Caller’s Full Name
   Provider Name or GCHP Staff Member
   Member’s Zip Code
   Member’s Nine-Digit CIN Number

**Sign Language Interpreting Services**

Providers requesting sign language interpreting services are encouraged to work directly with the vendor, LIFESIGNS, Inc., at 1-888-930-7776. Providers may fax request forms to LIFESIGNS at 1-888-227-5021 or email lifesigns@lifesignsinc.org.

**Translation Services**

Members have the right to receive free translation services and information in alternative formats such as Braille, text, large font size and audio. If you have a member who needs help understanding health care materials or translation services, please email GCHP's Cultural and Linguistic Services.

If you have any questions, please email GCHP's Cultural and Linguistic Services at CulturalLinguistics@goldchp.org or call 1-805-437-5603.
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