



**Ventura County Medi-Cal Managed
Care Commission (VCMCC) dba
Gold Coast Health Plan
Provider Advisory Committee Meeting**

2240 E. Gonzales, Suite 200, Oxnard, CA 93036
**Tuesday, May 21, 2013
3:30 p.m.**

**DUE TO A LACK OF QUORUM THE
MEETING HAS BEEN CANCELLED**

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMISSION AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE CLERK OF THE BOARD, 2220 E. GONZALES ROAD, SUITE 200, OXNARD, CA.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT REBEKAH AT 805/981-6691. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING



**Ventura County Medi-Cal Managed
Care Commission (VCMCC) dba
Gold Coast Health Plan
Provider Advisory Committee Meeting**

2240 E. Gonzales, Suite 200, Oxnard, CA 93036
Tuesday, May 21, 2013
3:30 p.m.

AGENDA

CALL TO ORDER / ROLL CALL

PUBLIC COMMENT

1. **APPROVE MINUTES**
Regular Meeting of February 12, 2013
2. **INTRODUCTIONS**
3. **DISCUSSION ITEMS**
 - a. Provider Relations Updates
 - b. Town Hall Meetings
 - c. 1Q2013 Quarterly Network Report
 - d. Provider Operations Bulletin
 - e. Administrative Members – Presentation
 - f. ICES Edits
4. **INFORMATIONAL ITEMS**
 - a. ACA PCP Rate Increase Update
 - b. Healthy Families Plan Transition Update
 - c. Narrow Bridge Proposal

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

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**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba
Gold Coast Health Plan February 12, 2013
Provider Advisory Committee Meeting Agenda (continued)**
PLACE: 2240 E. Gonzalez, Room 200, Oxnard, CA
TIME: 3:30 p.m.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined, the next regular meeting of the Provider Advisory Committee will be held on July 20, 2013 at 3:30 p.m. at 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

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**Ventura County Medi-Cal Managed Care Commission
(VCMACC) dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee Meeting Minutes
February 12, 2013
(Not official until approved)**

CALL TO ORDER

Provider Network Manager Sherri Bennett called the meeting to order at 3:45 p.m. in Suite 200 at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

ROLL CALL

COMMITTEE MEMBERS PRESENT

Antonio Alatorre, Clinicas del Camino Real, Inc.

Kimberly Bridges, RN, BSN, Centers for Family Health, Community Memorial Health System

Alger Brion, Maywood Acres SNF

Mark Minnis, Livingston Memorial VNA Home Health & Hospice

Clive Salmon, DPM, Podiatrist

Joyce Weckl, RN, Certified Nurse Midwife

EXCUSED / ABSENT COMMITTEE MEMBERS

C. Albert Reeves, MD, Ventura County Health Care Plan

John Roughan, Simi Valley Hospital & Health Care Services

Brett Zaer, Superior Mobility

Joan Araujo, VCMC Ambulatory Care Administrator

STAFF IN ATTENDANCE

Michael Engelhard, CEO

Debbie Rieger, Interim IT Director

Dr. Charles Cho, Chief Medical Officer

Jenny Palm, Health Services Director

Sherri Bennett, Provider Network Manager

Traci R. McGinley, Clerk of the Board

PUBLIC COMMENT

None.

1. **APPROVE MINUTES – August 22, 2012**

Committee Member Minnis moved to approve the Meeting Minutes of August 22, 2012. Committee Member Brion seconded the motion. The motion carried. **Approved 6-0.**

2. **INTRODUCTIONS**

Staff and Committee Members were introduced.

3. **INFORMATION ITEMS**

a. **Corrective Action Plan**

CEO Engelhard reported that Gold Coast Health Plan (GCHP) received a Corrective Action Plan (CAP). Department of Health Care Services' (DHCS) primary concerns are regarding areas in operations that need improvement: The IBNR, claims inventory / processing, refunds, leadership / staffing, and financing.

CEO Engelhard highlighted some of the areas, stating that the claims processing has been progressively attacked and the number of claims have been drastically reduced. Claims processing turn around needs to be improved. The TNE is the biggest concern, but the State also wishes the Plan to identify additional cost savings through utilization measures. The last piece of the CAP is the submission of encounter data; as there has been formatting issues. GCHP has responded to these issues and believes the Plan is showing great progress and is becoming stable.

Discussion was held regarding the Plan working with a recovery vendor and how that process will work with the Providers.

b. **Ventura Transportation System**

Provider Network Manager Bennett advised the Committee Members on the RFP process completed by GCHP. The Plan now has a full risk contract with the vendor for transportation services. Members must contact the vendor and then the vendor is required to follow the guidelines.

c. **ACA PCP Rate Increase**

Provider Network Manager Bennett reviewed the presentation with the Committee and noted that the Plan is waiting for additional guidance from the State on some of the items, as well as the fee schedule. It will be imperative that Providers provide encounter information as the Plan will be required to reconcile with the Providers quarterly.

Committee Member Weckl asked about Nurse Practitioner services to which Provider Network Manager Bennett responded that she would research those services and provide the information to Committee Member Weckl.

d. Healthy Families Plan Transition

Provider Network Manager Bennett advised that effective January 2013 they are individuals are no longer enrolled into "Healthy Families" and by the end of the year it will be fully phased in. Eligibility will be determined by Human Services and benefits will mirror Medi-Cal Services.

Committee Member Alatorre raised concern that GCHP is only recognizing Ventura County Mental Health for mental health services, but it should be any Medi-Cal provider such as Clinicas.

Discussion was held regarding the contracting and the phase-in period for continuity of care.

Provider Network Manager Bennett advised the Committee that the Plan is setting up meetings with the Networks to discuss the issues and the contracts. GCHP will be doing 90, 60 and 30-Day notices as well as media outreach. The desire is to have minimal or no disruption in coverage.

COMMENTS FROM COMMITTEE MEMBERS

Committee Member Alatorre noted that VSP treats large groups differently than small groups. Interim COO Undlin was to check into the situation, but Clinicas has not heard back regarding this issue. Provider Network Manager Bennett noted that she would check into the matter.

CMO Cho responded that he was not aware of the issues with VSP, but will work with Committee Member Alatorre to work through the issues.

Committee Member Minnis raised concerns regarding services for home health and office visits and asked if there is written documentation. Health Services Director Palm responded that all Home Health services require authorization. Committee Member Minnis stressed that there were certain visits that were allowed. Health Services Director Palm noted that the information is on the website and she would provide the information to him.

ADJOURNMENT

Meeting adjourned at 4:40 p.m.

Here are the current Provider Rep Assignments, by zip code:

<p>Kathleen Garner kgarner@goldchp.org External Provider Relations Representative 805 889-3239</p> <p>Monica Hernandez mhernandez@goldchp.org Internal Provider Relations Representative 805 889-4671</p>	<p>Velma Washington vashington@goldchp.org External Provider Relations Representative 805 3962</p> <p>Vicky Connaughton vconnaughton@goldchp.org Internal Provider Relations Representative 805 889-4768</p>
<p>93001 93003 93004 93015 93022 93023 93030 93041</p> <p>CMH St. Johns</p>	<p>91320 91360 91361 91362 91377 93010 93021 93031 93033 93035 93036 93060 93063 93065</p> <p>VCMC Simi Valley Los Robles</p>



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Provider Relations Town Hall Meeting

April 30, 2013



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Presentation



- Gold Coast Health Plan Overview
- ACA Primary Care Payment Increase
- Health Families Program Transition
- Access to Services
- Future Meetings



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Primary Care Payment Increase

ACA Section 1202 Implementation



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Overview

- Section 1202 of the Affordable Care Act increases payments to the Medicare equivalent for specified services for qualified providers.
- Final rule was published in Federal Register November 6, 2012
- For CY2013 and CY2014, States must pay Medicare rates to qualified providers for specified primary care services.
- The increased payments are retroactive to January 1, 2013 for both FFS Medi-Cal and Managed Care.



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Eligible Providers



- Board certification in family medicine, internal medicine and/or pediatric medicine. (OB/GYN and Emergency physicians are not categorically eligible), or
- Board certified in subspecialty related to one of the listed specialties, or
- At least 60 percent of billed services to Medi-Cal must fall within the E&M or vaccine administrative codes covered by the regulation
- Nurse Practitioners and other physician extenders are eligible if they work under the direct supervision of a qualified physician.



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Eligible Providers



- Providers must be enrolled in Medi-Cal
- Clinics or outpatient departments that are reimbursed according to physician fee schedule are eligible for the increase if the rendering provider is eligible to receive the increase.
- The increase must be passed on to the rendering provider and cannot be retained by the clinic.
- FQHCs, RHCs, and CBRCs receive wrap-around payments through fee-for-service, so they are not eligible.



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Eligible Providers

➤ **Recognized boards :**

- American Board of Medical Specialties – www.abms.org
- American Osteopathic Association- www.osteopathic.org
- American Board of Physician Specialties – www.abps.org

**A listing of qualified subspecialties is available at each web site.*



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Eligible Providers



- Physician's must "self-attest" their eligibility.
- Once the self attestation mechanism is developed by DHCS, there will be an established timeframe for providers to attest.
- Qualified providers who self-attest during the established timeframe will receive payments retro-active to January 1, 2013.
- Physicians cannot receive additional payments until they self-attest.



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Services and Fee Schedule

- E&M Codes 99201 – 99499 and their successor codes.
- Vaccine administrative codes 90460, 90461, and 90471-90474 and their successor codes.
- Codes that are not covered by Medi-Cal are not eligible for the increase.
- The increase does not apply to services provided to beneficiaries dually eligible for Medicare and Medi-Cal.



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Claims Payment / Methodology

Funding

- The State will pay GCHP prospectively, based on past claims experience and will reconcile retrospectively.
- Plans are not required to pay enhanced payments until they receive funding from DHCS (estimate June/July 2013)
- Retroactive payments are not subject to timely filing requirements.



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Claims Payment / Methodology

- **DHCS has proposed the following to CMS:**
 - Medicare office-setting rate for all services (unless there is not an office rate – then the facility rate would be used)
 - Medicare geographic locality rates – Ventura County is located in area 17
 - CMS will provide equivalent rates to codes that are not covered by Medicare.



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Next Steps



- Providers to “self-attest” (further information pending guidance from DHCS on timeline and method)
- Providers must be diligent in submitting claims **with all encounter information** within the timely filing limits.
- Claims must be submitted with the **rendering provider information** to ensure that payments are distributed appropriately.



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Questions



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Healthy Families Program Transition to Medi-Cal



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Background

- **California Assembly Bill (AB)1494, Chapter 28, Statutes of 2012**
 - Provides for the transition of HFP subscribers to Medi-Cal commencing no sooner than January 1, 2013.
 - Ceases all new enrollments into HFP
 - Newly Enrolled – Aid Codes H1-H5
 - Transition – Aid Codes 5C and 5D
 - Coverage and enrollment of these children under Medi-Cal
 - HFP previously administered by Managed Risk Medical Insurance Board (MRMIB), serves over 863,000 children with health, dental and vision coverage.



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Statewide Timeline One Year/Four-Phase Period

- **Phase 1a** Started January 1, 2013
- **Phase 1b** Starting March 1, 2013
- **Phase 1c** Starting April 1, 2013
- **Phase 2** Starting no sooner than April 1, 2013
- **Phase 3** *Starting no sooner than August 1, 2013 – Ventura County*
- **Phase 4** Starting no sooner than September 1, 2013



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Healthy Family Program Transition

➤ **Ventura County**

➤ Phase 3 – August 1, 2013

➤ About 20,000 lives

➤ Newly enrolled members, as of January 1, 2013 will be enrolled directly into Medi-Cal



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HFP Transition to Medi-Cal

HFP Enrollment in Ventura County

Health Plan	Number of Members	% of Total
Anthem Blue Cross - EPO	43	0.2 %
Anthem Blue Cross - HMO	5,876	29.0%
Kaiser Permanente	3,185	15.7%
Ventura County Health Plan	11,162	55.1%
Total	20,266	100%

Source: MRMIB – 12/2012



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Eligibility

- Eligibility will be determined through the Ventura County Human Services Agency (previously through MRMIB)
- Family income level 138%-250% of the Federal Poverty Level.
- Family income levels of > 150% will continue to pay premiums.
 - Example: Family of four - \$34,500/year
 - \$13/child per month / maximum \$39/family per month.
- Premiums will continue to be collected through a third party vendor – Maximus.



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Benefit Changes

- Benefits will mirror Medi-Cal - GCHP
- Access to services through CHDP and Vaccines for Children (VFC) - GCHP
- Dental Services covered through Denti-Cal program
- Behavioral Health Services covered through any Medi-Cal Behavioral Health/Mental Health Provider.
- No Co-payments



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Goals for Smooth Transition

- Continuity of Care
- Minimize Disruptions
- Network Adequacy



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Continuity of Care Goals

- Maintain current PCP connection
- Continue ongoing established treatment plan without disruption
- If provider transition is needed, ensure that transition is smooth
 - Provide medical record transfer to facilitate ongoing care
 - Facilitate coordination of care with carved out services



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Network Adequacy

- Meetings with providers to keep them up to date on changes and to ensure network adequacy.
- Meetings with Kaiser, Anthem and Ventura County Health Care Plan (VCHCP)
- Identifying providers that are providing services to HFP families and are not currently in the GCHP provider network for contracting



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Notification to Members



➤ **MRMIB**

- MRMIB Mailed General Information 90-day Notices to HFP Members Statewide in Late October 2012.

➤ **DHCS**

- Will provide guidance to members with 60 and 30-day notices.

➤ **GCHP**

- GCHP will utilize media, newsletters and community resources to reach out to Members.



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Outreach to Members

- GCHP staff will conduct communication and outreach efforts to Members.
- GCHP is committed to ensuring that children have minimal or no disruptions in coverage.
- Provider resources to assist members in choosing a PCP – watch for updates and communications at www.goldcoasthealthplan.org



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Assistance & Service

- HSA Enrollment Assistance 1 805 385-9363
- State HFP Member Line 1 886 848-9166
- Ventura County Behavioral Health 1 866 998-2243
- Dent-Cal 1 800 322-6384
- Denti-Cal TTY Line 1 888 310-7347



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Assistance & Service

- GCHP Member Services 1 888 301-1228
- TDD/TTY Line 1 888 310-7347
- Website: www.goldcoasthealthplan.org



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Questions



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Health Education, Cultural and Linguistic Services



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Health Education



- GCHP works with local public health department, clinics, hospitals, and community organizations to promote health education activities
- The GCHP Health Education Referral Form can be found on GCHP website (sample included in packets).
- GCHP Member Newsletter is used to promote health education topics – (sample included packets, previous copies on website)
- GCHP Health Library can be found on the website – variety of health topics
- GCHP E-Newsletter on parenting and pregnancy development can be found on the GCHP Website.



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Linguistic Services

- GCHP offers telephonic and sign language interpreters at no cost to Members

- Pacific Interpreters – Telephonic interpretation available 24/7
 - Call 1-866-421-3463
 - Access Code: 84XXXX (See ID Badge for code)
 - Information Question - Call's name, Agency, Zip Code, CIN#, and Language Needed)



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Sign Language



- Sign Language Interpreting Services - GCHP contracts with LifeSigns
- Providers can call the GCHP Call Center or Health Education, Cultural and Linguistic Services Department for assistance 1-888-301-1228.
- Request for Sign Language Interpreter - Instructions sheet and Request form can be found in the packet. Billing information is already completed.
- LifeSigns direct phone number 1-888-930-7776
 - 5-7 days advance notice
 - Cancellation at least 25 hours notice
 - LifeSigns – Emergency/last minute request 1-323-550-4210



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Point of Contact & Access to Care

- Ensure that members have access to interpreters at key points of contact
- Materials available in English and Spanish
- Best not to use family members or minors as interpreters
- Assess the linguistic capability of employees
- GCHP is working with health plan partners to provide sensitivity and/or diversity trainings



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Individual Health Education Behavioral Assessment (IHEBA)

- IHEBA – is a series of age specific questions designed to evaluate a member’s risk factor for developing preventable illness
- “Staying Healthy” Assessment is the DCHS approved tool
- IHEBA – conducted within 120 days of notice of enrollment. Annually thereafter
- IHEBA is available in English and Spanish
- <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>



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Questions



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Gold Coast Health Plan's Mission

To Improve the Health of Our Members
Through the Provision of the Best Possible
Quality Care and Services

Contact GCHP
888-301-1228
www.goldcoasthealthplan.org

April 23, 2013

Sheila Kirchner
Contract Manager
County Organized Health Systems Unit
Medi-Cal Managed Care Division
1501 Capitol Ave. Ste. 71.4008
MS-4407
Sacramento, CA 95814-5005

RE: Report of Changes in Provider Network, 1st Quarter 2013 (January 1- March 31, 2013)

This information is provided to comply with Exhibit A Attachment 6, Provision 10 of our contract (Provider Network Report) to deliver services to Medi-Cal beneficiaries in Ventura County.

There were (13) primary care provider(s) added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (January 1- March 31, 2013).

There were (2) primary care provider terminations.

Primary Care Provider Additions for Ventura County			
Provider	Location	Specialty	Languages
*Hong, Teresa	Oxnard	FNP	Spanish
*Parola, Kenneth	Oxnard	Family Medicine	Spanish
*Andrews, Elena	Ventura	Family Medicine	Spanish
*Johal, Amandeep	Ventura	Family Medicine	Spanish
*Lyou, Tracey	Ventura	FNP	Spanish
*Meyer, Wanda	Ventura	FNP	Spanish
*Byun, Jaehyn	Santa Paula	Family Medicine	Spanish
*Kondal, Udit	Oxnard	Family Medicine	Spanish
*Ryan, Robert	Oxnard	Pediatrics	Spanish
*Shore, Kathleen	Ventura	Family Medicine	Spanish
*Suresh, Anagha	Oxnard	Pediatrics	
*Choe, Won	Simi Valley	Family Medicine	Spanish
Thurman, Amy	Ventura	Family Medicine	Spanish

*Safety Net Provider

Primary Care Provider Terminations for Ventura County

Provider	Location	Specialty	Languages	Reason
Villasenor, Rocio	Ventura	Family Medicine	Spanish	Leaving group
*Sorlie-Aguilar, Victoria	Oxnard	Family Medicine	Spanish	Resigned
*Safety Net Provider				

There were (5) specialty care providers added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (January 1- March 31, 2013). There were (4) specialty providers terminations from Gold Coast Health Plan Medi-Cal provider network.

Specialty Care Provider Additions for Ventura County

Provider	Location	Specialty	Languages Spoken (Other than English)
Barrett, Mark	Ventura	Pediatrics(non PCP)	
Bowman, Ryan	Ventura	Urology	Spanish
Bray, Darren	Ventura	Pediatrics (non PCP)	Spanish
Sugasawara, Roy	Camarillo	Urology	
Schooler	Ventura	Plastic Surgeon	Spanish

Specialty Care Provider Terminations for Ventura County

Provider	Location	Specialty	Languages	Reason
Wilkinson, Douglas	Ventura/Oxnard	Cardiology	Spanish	Deceased
Seidman, Donald	Oxnard	Dermatology	Spanish	Resigned
Heng, Madeline	Oxnard	Dermatology	Spanish	Leaving Group
Cary, Alberstone	Ventura	Neurosurgery	Spanish	Leaving Group

There were (0) CBAS providers added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (January 1 – March 31, 2013). There were (0) CBAS provider terminations.

CBAS Providers - Adds	Service Type	County
None	CBAS	Ventura

CBAS - Terms	Service Type	County
None	CBAS	Ventura

There were (0) other services providers added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (January 1- March 31, 2013). There were (0) other services provider terminations.

Other Services Traditional Providers - Adds	Service Type	County
None		

Other Services Traditional Providers - Terms	Service Type	County
None		

There were (16) pharmacy providers added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (January 1- March 31, 2013). There were (0) pharmacy provider terminations.

Pharmacy Providers - Adds	County
DOS Caminos Pharmacy	Ventura
Regency Medical Pharmacy	Ventura
Sav-On Pharmacy	Ventura
Ojai Valley Community Hospital	Ventura
Buena Medical Pharmacy	Ventura
Herbay Pharmacy North	Ventura
Medical Plaza Pharmacy	Ventura
Walmart Pharmacy	Ventura
Golden Life Pharmacy	Ventura
Medicine Shoppe	Ventura
Sav-On Pharmacy	Ventura
Sav-On Pharmacy	Ventura
Sav-On Pharmacy	Ventura
Simi Pharmacy	Ventura
Sav-On Pharmacy	Ventura
Pharmerica	Ventura

Other Services Traditional Providers - Terms	County
None	

- I. **Geographic Access to Members:** The additions and deletions to Gold Coast Health Plan provider network and service alternatives described below pertain to Gold Coast Health Plan's contracts with providers for First Quarter of this year (January 1 – March 31, 2013):

Contracted Providers in Gold Coast Health Plan Network					
Region	a Providers Terminated	b Providers Added	c Existing Providers Physicians	d Existing Providers Ancillary	c + d Net Region Total
Ventura County	6	18	559	152	711
<i>Note: Physicians are counted once per doctor per county. Ancillary providers are counted once per county. CBAS, Vision and Pharmacy not included.</i>					

- II. **Cultural and Linguistic Services:** Gold Coast Health Plan provider network has the capability to communicate with members in the following threshold languages: English and Spanish.

Within the First Quarter of this year (January 1 – March 31, 2013), Gold Coast Health Plan noted minimal changes in the number of PCP offices that can communicate in threshold languages. This can be attributed to no significant changes in the PCP network. In addition, all providers have access to Interpreter Services, which offers translation services in 180 languages, free of charge, through Gold Coast Health Plan.

- III. **Traditional and Safety-Net Providers:** Network at March 31, 2013. ***Safety-Net Providers PCP % of network (58%). Traditional Providers PCP % of network (42%):***

Clinic Safety-Net Providers for Ventura County members (Primary Care only)	Location(s)
Clinicas del Camino Real, Inc – 13 Sites FQHC ***	Ventura County
CMH Centers for Family Health – 3 Sites RHC	Ventura County
Ventura County Medical Center – 15 Sites FQHC	Ventura County
Sespe Medical, Inc – 1 Site	Ventura County
Valley Medical Group – 1 Site	Ventura County
Salida del Sol Family Health Medical Center – 2 Sites	Ventura County
127 providers	
<i>There were 12 new providers added and 1 termed provider (see above under PCP)</i>	

Network at March 31, 2013. ***Traditional Hospital Providers:***

Traditional Hospital Providers	Location
Community Memorial Hospital	Ventura County
Los Robles Hospital and Medical Center	Ventura County

Ojai Valley Community Hospital	Ventura County
Santa Paula Hospital	Ventura County
Simi Valley Hospital and Healthcare Services	Ventura County
St. John's Regional Medical Center	Ventura County
St. John's Pleasant Valley Hospital	Ventura County

In addition to the above-noted traditional Hospital Providers, during the period of January 1 – March 31, 2013 Gold Coast Health Plan was contracted with the following number of **Tertiary Hospital Providers**:

Tertiary Hospital Providers	Location
Ventura County Medical Center	Ventura

Traditional Providers	Number of Termed Providers	Number of New Providers	Number of Existing Providers
Primary Care Physicians	2	13	218
Specialty Providers	4	5	341
Other Services Providers	0	0	152
CBAS	0	0	5
Pharmacy Providers	0	16	107
Vision Providers	0	0	37

- IV. **Members Assigned to Primary Care Physicians:** As of March 31, 2013, there were 71,786 Gold Coast Health Plan members assigned to Primary Care Physicians.
- V. **Percentage of Members Assigned to Traditional and Safety-Net Providers:** 69.4% of members are assigned to Traditional and Safety-Net providers.
- VI. **Providers Who Are Not Accepting New Patients:** As of March 31, thirteen (13) individual and small group providers are not accepting new Gold Coast Health Plan members.
- VII. **Providers and Staff Language Capability:** Gold Coast Health Plan tracks language capabilities for Primary Care and Referral Providers (see section II).



**Gold Coast
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Gold Coast Health Plan Provider Operations Bulletin

May 15, 2013
Edition : POB-009



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SECTION 1: Treatment of CCS Eligible Conditions

California Children's Services (CCS) covers certain conditions that are physically disabling or that require medical, surgical, or rehabilitative treatment up to 21 years of age. CCS approved conditions are not covered by Gold Coast Health Plan (GCHP). CCS requires that the treating physician be CCS-paneled and the treating facility be CCS-approved. It is the responsibility of the provider and/or facility to initiate a CCS case by sending a Service Authorization Request (SAR) to CCS. It is also the responsibility of the provider and/or facility to ensure that care is provided by CCS-paneled physicians and in CCS-approved facilities.

GCHP will help identify possible CCS-eligible conditions, facilitate the CCS referral process, and identify CCS-paneled physicians and CCS-approved facilities. GCHP can also help educate providers about the CCS panel process.

INPATIENT CARE IN A NON-CCS PANELED FACILITY

When a child with a CCS-eligible condition is admitted to a facility that is not CCS approved, GCHP will advise the admitting facility upon notification of admission, to transfer the patient to a CCS-approved facility once stabilized. GCHP will authorize up to 2 days of acute inpatient stay under certain circumstances, to allow identification of a CCS-eligible diagnosis and transfer.

INPATIENT OR OUTPATIENT CARE BY A PROVIDER WHO IS NOT CCS-PANELED

GCHP cannot authorize inpatient or outpatient requests for treatment of CCS-eligible conditions by a non-CCS-paneled provider. Care should be directed to a CCS-paneled provider. The Ventura County CCS Provider Relations Office at 805-981-5289 is happy to assist physicians in becoming CCS paneled.



SECTION 2: GCHP HEDIS Documentation Tips

By Julie Booth Director, Quality Improvement

Our 2013 Healthcare Effectiveness Data and Information Set (HEDIS), which is based on 2012 data, will be the baseline year for GCHP and our providers.

To help with documentation this year for great outcomes next year see the GCHP HEDIS documentation tips below!

1. For patients 2 years old and younger – All 10 vaccines must be completed on or BEFORE the 2nd birthday or the measure is non-compliant. Also, we cannot count a vaccination given prior to 42 days after birth.
2. One exception, two influenza vaccines must be given between 180 days after birth and 2 years old.
3. If there is an exclusion for a vaccine, clearly document it.
4. For all measures, if you're a capitated provider: submit encounter data including lab and x-ray. All claims/encounter data is checked first for compliance with the measures using the CPT codes.
5. For the measure on controlling high blood pressure, the latest reading must be used. Measure will only be compliant if blood pressure is less than 140/90, however, you can take multiple readings during the visit. We are allowed to use the lowest systolic and the lowest diastolic reading from multiple entries if on the same date of the visit.
6. For the Postpartum Care Measure - the visit must be documented on or between 21 and 56 days after delivery.
7. For patients 3 to 17 years old, the following must be documented:
 - a. BMI **percentile** (height, weight and percentile must be documented)
 - b. Counseling for nutrition
 - c. Counseling for physical activity

Note: documentation stating "health education" and/or "anticipatory guidance" cannot be accepted. Tip: Document "Nutrition and physical activity discussed."



SECTION 3: No Prior Authorization is Required for Family Planning and Sensitive Services

GCHP would like to remind our providers that GCHP Members may self-refer to any willing Medical Provider for family planning and sensitive services ***without prior-authorization***.

Family planning services include birth control, pregnancy testing and counseling. Sensitive services include pregnancy testing and counseling, birth control, AIDS/HIV testing, sexually transmitted disease testing and treatment, and termination of pregnancy. These services are listed alphabetically below:

- Abortion (legal, unspecified, failed)
- Candidiasis/monilia
- Condyloma acuminatum
- Contraception and contraceptive management
- Diagnosis and treatment of STDs if medically indicated
- Dysplasia
- Follow-up care for complications associated with contraceptive methods issued by the family planning provider.
- Genital herpes
- Health education and counseling necessary to make informed choices and understand contraceptive methods
- High-risk sexual behavior
- Inflammatory disease of uterus, except cervix
- Laboratory tests, if medically indicated as part of decision-making process for choice of contraceptive methods
- Limited history and physical examination
- Observation following alleged rape or seduction
- Phthirus pubis (pubic lice)
- PID — unspecified organism
- Pregnancy exam or test, pregnancy unconfirmed
- Provision of contraceptive pills/devices/supplies
- Rape examination
- Scabies
- Screening, testing and counseling of at-risk individuals for HIV and other STDs and referral for treatment Syphilis and other venereal diseases
- Termination of pregnancy
- Trichomonas
- Tubal ligation



SECTION 3: No Prior Authorization is Required for Family Planning and Sensitive Services

- Vasectomy
- Viral warts, both specified and unspecified

SECTION 4: Balance Billing Members

This is a reminder that services that are not the financial responsibility of a GCHP Medi-Cal member under Title 22 may not be billed to the member.

Title 22 states the following:

(a) A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program's scope of benefits in addition to a claim submitted to the Medi-Cal program for that service, except to:

(1) Collect payments due under a contractual or legal entitlement pursuant to Section 14000.

(b) of the Welfare and Institutions Code.

(2) Bill a long-term care patient for the amount of his liability.

(3) Collect copayment pursuant to Welfare and Institutions Code Section 14134.

(b) In the event that a beneficiary willfully refuses to provide current other health care coverage billing information as described in Section 50763 (a) (5) to a provider, upon giving the beneficiary written notice of intent, the provider may bill the beneficiary as a private pay patient. This shall not apply for beneficiaries covered under Medi-Cal capitated contracting arrangements. Capitated contractor or subcontractor billing beneficiaries covered under Medi-Cal capitated contracting arrangements shall be governed by applicable laws including Welfare and Institutions Code and by; the terms of the contract.



SECTION 5: Affordable Care Act – PCP Rate Increase Updates

GCHP has been talking about the Affordable Care Act (ACA) PCP rate increase for some time now. While we still have not received funding from the State, we wanted to pass along some updates to the GCHP Provider Network.

The ACA requires certain primary care services to eligible providers be reimbursed at parity with Medicare for dates of service during calendar years 2013 through 2014. The purpose of the increase is to improve quality outcomes and to increase access in preparation for Medi-Cal expansion in 2013.

Here is what you need to know:

- The rate increase applies for eligible physicians for specified primary care services.
- Per the final rule released by the Center for Medicare and Medicaid Services, the applicable primary care services include Evaluation and Management codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473, or their successor codes.
- In order to be eligible:
 - o Physicians must self-attest they are board certified in family medicine, general internal medicine, pediatric medicine (OB/GYN and Emergency Physicians are not eligible), or
 - o Board certified in a related subspecialty, or
 - o At least 60 percent of the services they bill Medi-Cal fall within the designated Evaluation and Management and vaccine administration codes.
 - o Nurse Practitioners and other physician extenders who work under the direct supervision of an eligible physician.
 - o *FQHC, RCH and CBRCs that receive wrap-around payments through fee-for-service are not eligible.*
- Providers must be enrolled in Medi-Cal
- The California Department of Health Care Services (DHCS) will be developing a mechanism for providers to self-attest and there will be an established timeframe for providers to attest. Qualifying providers who self-attest during the specified timeframe will be eligible for the increased payments. As soon as GCHP is notified that the self-attestation mechanism has been developed, we will pass the information along to you.
- Plans are not required to pay enhanced payments until they receive finding from DHCS (estimated June/July 2013) – Retroactive payments are not subject to timely filing
- Payments must be passed through to the individual provider rendering the service.



CMS guidance regarding the physician qualification criteria and other frequently asked questions can be found on the CMS website at the following link:

<http://medicaid.gov/State-Resource-Center/>

[Frequently-Asked-Questions/Downloads/Q-and-A-on-Increased-Medicaid-Payments-for-PCPs.pdf](#)

GCHP is participating in calls with the State and CMS regarding this provision and will continue to provide updates in the Provider Operations Bulletin when they become available.

SECTION 6: Healthy Families Program (HFP) Transition to Medi-Cal

California Assembly Bill (AB) 1494, Chapter 28, Statutes of 2012 provides for the transition of HFP subscribers to Medi-Cal commencing no sooner than January 1, 2013.

As of January 1, 2013 all newly eligible enrollees in Ventura County have been enrolled into Medi-Cal and subsequently have become GCHP members. The remaining enrollees (approximately 20,000 members) will be transitioned to GCHP on August 1, 2013. The newly enrolled members will appear as any other GCHP member.

What Changes:

- Eligibility will be determined through the Ventura County Human Services Agency (previously through MRMIB)
- Benefits will mirror Medi-Cal – GCHP
- Members will have access to CHDP and Vaccine for Children (VFC)
- Dental Services will be covered through Denti-Cal program
- Behavioral health services will be covered through any Medi-Cal behavioral health/mental health provider
- There will no longer be co-payments
- Payment to providers will be at Medi-Cal rates

GCHP is committed to a smooth transition of these members to ensure continuity of care, minimal disruptions and network adequacy. As such, we will make every effort to assist members in maintaining their current Primary Care Provider (PCP) and in continuing ongoing established treatment plans. If provider transition is needed, GCHP wants to ensure that there is no disruption in care.



Reclassification of Administrative Members

HISTORY – THE ADMINISTRATIVE MEMBER CATEGORY INCLUDES MANY UNRELATED TYPES OF MEMBERS WHO ARE NOT CAPITATED.

GOAL – IN ORDER TO IMPROVE PRIMARY CARE SERVICES AND BETTER MANAGE INPATIENT UTILIZATION, GOLD COAST HEALTH PLAN WOULD LIKE TO RE-CATEGORIZE ADMINISTRATIVE MEMBERS.



	Direct member in network	Estimated members	Primary Care Provider Assignment	No PCP Assignment, encourage medical management	Capitation	
Share of Cost	Yes	4,000				Monthly deductible ranges from a low of \$2 to a high of \$10,000
Long Term Care						Full Scope
BCCTP	Yes	250				Full Scope
BCCTP						Restricted Benefits
Medicare Part A						Inpatient coverage only
Medicare no Part A	Yes	1,300				No Inpatient coverage
Hospice	No					Restricted Benefits
Other commercial health coverage	No					Responsible for coinsurance and copay's up to Medi-Cal allowable



iCES edits

History

AT GO LIVE GCHP HAD LIMITED CLAIMS EDITING ABILITY.

IMPLEMENTATION OF A FRONT END EDIT SYSTEM WAS DELAYED.

CLAIMS SYSTEM PERFORMED MANY EDITS BUT ALSO MANY WERE MANUAL.

THE DELAY IMPACTED OUR AUTO-ADJUDICATION RATE AND GAVE ROOM FOR HUMAN ERROR IN THE MANUAL PROCESS.

THE PLAN PROCESSES ABOUT 20,000 CLAIMS PER WEEK.



GOAL

Implement a claims editing software, iCES, that will check for claims and medical management business requirements on the front end, prior to claims adjudication. Pend codes established will review for Medical Management and claims payment reasons:

CCS potential

Medically unlikely

Investigational

Denial codes established for contract and billing issues:

Missing information

Duplicate claim

Multiple Assistant Surgeon

Cosmetic

Bundling

AGENDA ITEM 4a

Memorandum

To: Gold Coast Health Plan Commissioners

From: Sherri Tarpchinoff Bennett, Provider Network Manager

Date: May 21, 2013

RE: Primary Care Payment Increase – ACA Section 1202 Implementation Update

SUMMARY:

Effective for dates of service on and after January 1, 2013 through December 31, 2014, Medi-Cal reimbursement to qualifying providers for specified primary care services will be at the same level as that service is reimbursed by Medicare.

BACKGROUND / DISCUSSION:

A presentation outlining the ACA Primary Care Payment Increase was presented to the Provider Advisory Committee on February 12, 2013 and a copy of the presentation was included in the February 25, 2013 Gold Coast Health Plan (GCHP) Commission Agenda Packet.

The State recently updated the health plans on the following information:

Additional Federal Guidance

- Clinics or outpatient departments that are reimbursed according to the physician fee schedule are eligible for the increase if the rendering provider is an eligible physician or non-physician medical practitioner (NMP). ***The increase must be passed along to the rendering provider and cannot be retained by the clinic.***
- FQHCs, RHCs, and CBRCs receive wrap-around payments through fee-for-service, so they are not eligible even if the MCO reimburses them based on the physician fee schedule.
- There is still limited guidance regarding how to adjust payments for qualified physicians who are sub- capitation or salaried.
- Physician eligibility is based a physician attesting that he/she meets the following criteria:
 - Practices in an area of a covered specialty or subspecialty, and
 - Board certified in an eligible specialty/subspecialty or

- Meets a 60% primary care billing threshold for all managed care and fee-for-service Medi-Cal claims. The 60% threshold is based on codes – not revenue.
- NMP providers for whom the physician accepts professional responsibility are eligible.

State Level Issues

- DHCS is using the office-setting rate for all services (unless there is not office rate – then the facility rate would be used).
- DHCS is using the geographic locality rate in statewide.
- DHCS is proposing option 2 for the managed care rate methodology. This means that the State will include an estimated increase in the capitation rates and follow with a retrospective reconciliation.

FISCAL IMPACT:

Not expected to have a fiscal impact since increases to payments made to the Plan will be passed onto the qualifying providers who provide the specified primary care services.

ATTACHMENTS:

None



Agenda Item 4b

MEMORANDUM

To: Provider Advisory Committee

From: Guillermo Gonzalez , Director of Government Relations

Re: Healthy Families Program Transition to Medi-Cal Update

Date: May 21, 2013

Summary

Ventura County is scheduled to transition approximately 18,000 children enrolled in the Healthy Families Program (HFP) to Medi-Cal managed care, specifically Gold Coast Health Plan (GCHP) beginning August 1, 2013.

GCHP staff are working collaboratively with community stakeholders and appropriate agencies to facilitate a smooth transition, minimize disruption in access to services, maintain existing eligibility gateways, and maintain access to continuity of care for all children involved in this transition.

Background

Assembly Bill (AB) 1494 was approved by the Legislature and signed by the Governor in 2012. This measure mandated the transition of approximately 860,000 HFP subscribers to the Medi-Cal Program beginning January 1, 2013 in four Phases throughout 2013. Ventura County's HFP children will transition to GCHP in Phase Three which begins on August 1, 2013. Some children in HFP will transition into Medi-Cal's new optional Targeted Low Income Children's Program (TLICP) covering children with income up to and including 250 percent of federal poverty level (FPL).

Current Status

Inquiries have been made to the Department of Health Care Services (DHCS) concerning HFP children receiving autism services. Specifically, whether children with a diagnosis of autism will continue to receive Applied Behavioral Analysis or Applied Behavioral Therapy (ABA/ABT) upon their transition to Medi-Cal?

Current Status-continued

A number of cases have been brought to the attention of DHCS regarding families who were informed by their health plan that their ABA/ABT services would not continue post transition for those children who transition into Medi-Cal. Currently the Medi-Cal Program does not have a set of services specifically designated as “autism services”.

Services provided to children under Medi-Cal with a diagnosis of autism must meet medical necessity requirements and the acuity level of their given diagnosis will dictate the level and amount of services to be provided. Such services may be provided through the Medi-Cal home and community-based services waiver program provided by the Department of Developmental Services (DDS) or, through the county mental health plan if the child is dually diagnosed with a condition eligible for specialty mental health services or the regional center. DHCS is reaching out to psychiatrist and psychologist associations to recruit providers for autism services.

GCHP has requested data from DHCS and HFP plans to better identify HFP children who are currently receiving autism services, and work with the families and providers to address continuity of care issues.

Recommendation

This memo was provided for information purposes only. No action is requested at this time.



Agenda Item 4c

MEMORANDUM

To: Provider Advisory Committee

From: Guillermo Gonzalez , Director of Government Relations

Re: Narrow Bridge Health Plan

Date: May 21, 2013

Summary

On February 26, 2013 the California Health Exchange Board, now known as Covered California, met and approved the Medi-Cal Narrow Bridge Plan Proposal. This Proposal would allow individuals who become ineligible for Medi-Cal due to an increase of income to remain with the same Medi-Cal plan pending their transition into the health benefit exchange. The Narrow Bridge Plan must still receive approval from the Legislature and Governor before it can be implemented.

Background

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA). In accordance with the ACA, states have the option to establish health benefit exchanges to facilitate the purchase of qualified health plans (QHPs) by individuals and employers by January 1, 2014. Under the ACA, states have the flexibility to offer basic health plans that provide minimum essential coverage. The ten essential health benefits that plans must include are:

- Ambulatory patient services and Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision care

The basic health program (BHP) is an optional coverage program under the ACA that would allow states to use federal tax subsidy dollars to offer subsidized coverage for

individuals with incomes between 139-200% of the federal poverty level (FPL). These individuals would otherwise be eligible to purchase coverage through state health insurance exchanges. The federal Department of Health and Human Services (HHS) has indicated that they will delay implementation of the BHP option until 2015. Instead the California Legislature is considering and is expected to approve a “narrow bridge plan” proposal.

Medi-Cal Narrow Bridge Plan Discussion

Under the Medi-Cal narrow bridge proposal those who become ineligible for Medi-Cal due to an increase of income would be permitted to stay with the same Medi-Cal plan. Proponents argue that Medi-Cal narrow bridge plans would facilitate continuity of care, allow family members to enroll in the same plan, and keep families together.

Narrow bridge plans would offer the lowest-cost silver plan so that eligible enrollees could obtain the federal cost sharing subsidies. Bridge plans will be required to offer both silver and gold tier products. Covered California will offer five levels of health plan coverage: platinum, gold, silver, bronze, and a catastrophic plan. The bronze plan pays 60 percent of expected health care costs. The silver plan will pay 70 percent; gold, 80 percent and platinum, 90 percent.

State legislation (SBX1 3) was introduced to include the narrow bridge plan proposal and is set for hearing in the State Senate Health Committee on March 20th. Additionally DHCS and the Centers for Medicare and Medicaid (CMS) are involved in on-going discussions regarding the implementation of a broad bridge program in future years. The broad bridge plan would make enrollment available to anyone with incomes up to 200% of FPL regardless of their connection to Medi-Cal. The California Exchange Board has recommended that individuals eligible for the narrow bridge plan between January 2014 and April 2014 be eligible for 4 months of transitional Medi-Cal coverage and be given the option to enroll in any other QHP through the Covered California website. A UC Berkeley-UCLA study estimates that over 670,000 people will be eligible for the narrow bridge program in 2014.

Recommendation

Staff recommends further analysis of federal rules concerning Medicaid bridge plans as they become available. This memo was provided for information purposes only. No action is requested at this time.