Gold Coast Health Plan℠
### A Public Entity

Provider Operations Bulletin

OCTOBER 2015

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Provider Directory

On Oct. 1, Gold Coast Health Plan (GCHP) posted the most recent directory on its website. The directory goes through a regulatory approval process twice a year, and while it is being approved, much of the information changes.

With that in mind, GCHP's online provider finder has the most up-to-date information on the Plan's providers. Click here to choose a physician. The information is updated monthly and allows you to view both primary care physicians and specialists along with any ancillary provider and facility GCHP contracts with.

If you are unable to locate a provider in the directory or have any other questions, please contact the Provider Relations department at ProviderRelations@goldchp.org.
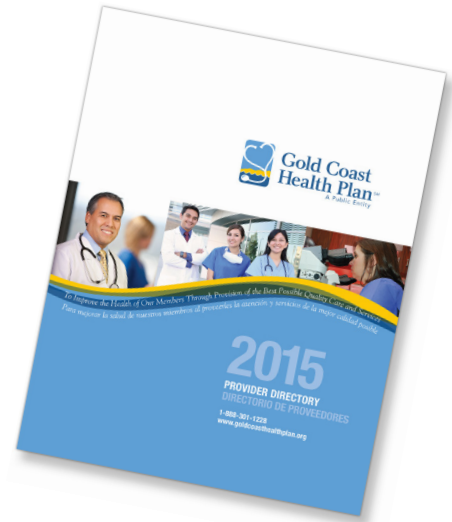
Check Primary Care Provider (PCP) Assignment

Before you schedule an appointment for a member, please check GCHP's provider portal, the Medi-Cal website or call the customer service number below to ensure that the member is currently assigned to your PCP/clinic. If the member is not assigned, have the member contact GCHP's Member Services to make a PCP selection. The PCP/clinic change will be effective the first day of the month following the request.

GCHP Member Services 1-888-301-1228/TTY 1-888-310-7347, Monday through Friday 8 a.m. to 5 p.m.

Member Benefit Information Meetings

GCHP conducts member orientation meetings three times a month for all members. These meetings are held throughout the county and presented in English and Spanish.

At the meetings, members will learn about their rights and responsibilities as GCHP members. They will also learn how to:

- Establish a medical home.
- Select a PCP.
- Get medical services.
- Get necessary medications.
- Locate and use resources available in the community.

Meeting times and locations vary monthly. Members can call Member Services for the meeting times and dates. Click here for more information. The upcoming meeting schedule is:

Oxnard Library
251 South "A" Street, Oxnard, CA 93030
Thursday, Oct. 22: Spanish 5:15 p.m., English 6:30 p.m.
Tuesday, Nov. 17: Spanish 5:15 p.m., English 6:30 p.m.
Saturday, Dec. 12: Spanish 10 a.m., English 11:30 a.m.

Camarillo – GCHP Office
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Thursday, Nov. 12: Spanish 1:30 p.m., English 3 p.m.
Wednesday, Dec. 9: Spanish 1:30 p.m., English 3 p.m.

Ventura – Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001
Saturday, Nov. 14: Spanish 10 a.m., English 11:30 a.m.

ICD-10 Coding and Quality Reporting

Complete and accurate medical records are the primary source for patient care planning and their maintenance is a requirement for all health care providers. High quality documentation provides an accurate history of clinical care provided, promotes better patient care, provides more accurate capture of the acuity, severity and risk of mortality, and improves accuracy of quality reporting.

Effective Oct. 1, ICD-9 diagnosis and procedure codes were replaced with ICD-10 codes. ICD-10 codes will improve the level of specificity for capturing a patient's condition and treatment, which will result in improved data for assessing patient severity, the quality of care received, and patient outcomes. It is important for clinicians to understand the changes to the ICD-10 coding structure so they can provide a greater level of detail in their clinical documentation, which will facilitate more accurate code assignment and improve the accuracy of quality reporting.

How ICD-10 Will Improve Capturing the Details of Clinical Care:

- **ICD-10 Diagnosis Codes**
  - » The volume of diagnosis codes increased and includes more characters to capture the etiology, anatomical site, and severity of illness.
    - ‣ ICD-9 diagnosis codes: 14,000 codes with 3 to 5 characters.
    - ‣ ICD-10 diagnosis codes: 70,000 codes with 3 to 7 characters.
  - » ICD-10 diagnosis codes include:
    - ‣ Combination codes for symptoms and manifestations.
    - ‣ An additional character to identify laterality.
    - ‣ An additional character to identify episode of care.
    - ‣ The trimester in obstetric codes.

- **ICD-10 Procedure Codes**
  - » The volume of procedure codes increased and includes more characters to capture the body system, root operation, body part, approach and device used in a procedure.
    - ‣ ICD-9 Procedure Codes: 3,000 codes with 2 to 4 characters.
    - ‣ ICD-10 Procedure Codes: 87,000 codes with seven characters.
  - » ICD-10 procedure codes will include:
    - ‣ Encounter type (e.g., initial, subsequent).
    - ‣ Weeks of gestation.
    - ‣ Severity.
    - ‣ Etiology.
    - ‣ Current vs. past condition.
    - ‣ Dominant vs. non-dominant.

Click here for more information on ICD-10 codes.

Grievance and Appeals Provider Grievance Process (PGR)

GCHP provides a mechanism for providers to submit formal grievances for review and resolution. If you have used the Provider Dispute Resolution (PDR) process and are not satisfied with the decision, you have the right to submit a grievance to the Grievance and Appeals department.

Grievances must be in writing and should include all supporting documentation. Grievances related to medical ne-

cessity decisions must be submitted within 60 calendar days from the date of the decision letter. Grievances related to claim decisions must be submitted within 180 calendar days from the date of the decision letter.

Click here to access the Provider Grievance & Appeals Form

Click here to access the Provider Dispute Resolution Form

Dental Anesthesia

GCHP covers medically-necessary services administered in connection with dental services that are not provided by dentists or dental anesthesiologists. As of Aug. 21, all Managed Care plans are required to provide prior authorization for IV sedation and general anesthesia for dental services. Please reference the grid below to determine whether to submit an authorization request to GCHP vs. Denti-Cal or the Dental Managed Care plan.

Intravenous Sedation and General Anesthesia:

Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios

Scenario 1: Dental Office

Beneficiary Enrolled in:	Dental Managed Care plan (DMC) + GCHP	Medi-Cal Dental FFS + GCHP
Medical Anesthesiologist	GCHP pays anesthesiologist	GCHP pays anesthesiologist
Submit Prior Authorization/Treatment Authorization Request to:	GCHP for anesthesia fees	GCHP for anesthesia fees
Dental Anesthesiologist	DMC plan pays anesthesiologist	Denti-Cal pays anesthesiologist
Submit Prior Authorization/Treatment Authorization Request to:	DMC plan for anesthesia fees	Denti-Cal for anesthesia fees

Scenario 2: Dental Only Surgery Center, Ambulatory Surgery Center and General Acute Care Hospitals

Beneficiary Enrolled in:	Dental Managed Care plan (DMC) + GCHP	Medi-Cal Dental FFS + GCHP
Medical Anesthesiologist or Certified Registered Nurse Anesthetist	• GCHP pays anesthesiologist • GCHP pays facility fee	• GCHP pays anesthesiologist • GCHP pays facility fee
Submit Prior Authorization/Treatment Authorization Request to:	• GCHP for anesthesia and facility fees	• GCHP for anesthesia and facility fees
Dental Anesthesiologist	• GCHP pays anesthesiologist • GCHP pays facility fee	• GCHP pays anesthesiologist • GCHP pays facility fee
Submit Prior Authorization/Treatment Authorization Request to:	• GCHP pays anesthesiologist • GCHP pays facility fee	• GCHP pays anesthesiologist • GCHP pays facility fee

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

Updates to the GCHP's Pre-Authorization Requirements

78800
through
79999

GCHP continues to evaluate and monitor the services that require pre-authorization. As a result, the following changes were made effective July 22:

• Procedure codes 78800 through 79999 will require authorization.

2015-16 Influenza Season Recommendations

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) released information on recommendations for the 2015-2016 influenza season. Highlights of the recommendations include:

1. All persons over the age of 6 months should receive the influenza vaccine annually. Influenza vaccination should not be delayed to procure a specific vaccine preparation if an appropriate one is already available.

2. For healthy children ages 2 through 8 who have no contraindications or precautions, either live attenuated influenza vaccine (LAIV) or inactivated influenza vaccine (IIV) is an appropriate option. No preference is expressed for LAIV or IIV for any person ages 2 through 49 years for whom either vaccine is appropriate. An age-appropriate formulation of vaccine should be used.

3. LAIV should not be used in the following populations:
    » Persons aged <2 years or >49 years;
    » Persons with contraindications listed in the package insert:
        ‣ Children ages 2 through 17 years who are receiving aspirin or aspirin-containing products;
        ‣ Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine;
    » Pregnant women;
    » Immunocompromised persons (see also "Vaccine Selection and Timing of Vaccination for Immunocompromised Persons");
    » Persons with a history of egg allergy;
    » Children ages 2 through 4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months. For persons aged ≥5 years with asthma, recommendations are described in item 4 of this list;
    » Persons who have taken influenza antiviral medications within the previous 48 hours.

4. In addition to the groups for whom LAIV is not recommended above, the "Warnings and Precautions" section of the LAIV package insert indicates that persons of any age with asthma might be at increased risk for wheezing after administration of LAIV. The package insert also notes that the safety of LAIV in persons with other underlying medical conditions that might predispose them to complications after wild-type influenza virus infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]), has not been established. These conditions, in addition to asthma in persons ages 5 or older, should be considered precautions for the use of LAIV.

5. Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for seven days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus to close contacts. Click here for more detailed information for health care professionals.

Changes To GCHP Pre-Authorization Requirements

GCHP continues to evaluate and monitor the services that require pre-authorization. As a result, the following changes are being made:

- Bevacizumab (Avastin), HCPC code J9035 will not require authorization for all provider types. However, HCPC code J9035 will only pay for provider type Ophthalmology when used to treat the following conditions:
    » Diabetic macular edema.
    » Central retinal vein occlusion.
    » Branch retinal vein occlusion.
    » Neovascular age-related macular degeneration.
    » Cystoid macular degeneration.
    » Retinal/macular edema.
- Ophthalmology providers must submit a claim with the associated ICD-10 code.
- As a reminder, all home health requests require an authorization. This includes home health skilled nursing, aide, physical therapy, occupational therapy and speech therapy.

Specialty Referrals Real Time Follow-up

GCHP is committed to providing the best care to its members. To reduce barriers to needed care, GCHP will no longer pre-authorize in-network/in-area specialty physician referrals for office consultations. The PCP should facilitate patient access to the health care system and appropriate treatment interventions and is responsible for arranging consultations with specialists.

To assist in the real-time identification of members who miss scheduled appointments with specialists, PCP are required to:

- Make follow-up calls to the member, reschedule the appointment and document the information in the medical record.

- Contact members to remind them of the upcoming appointment(s).

Specialty care access standards for GCHP Medi-Cal members are as follows:

- Specialist appointments must be scheduled within 15 business days of the request for the appointment.

Please note: If you are unable to obtain a specialist appointment within 15 business days of the request, an authorization request for the member to see an out-of-area contracted provider may be submitted to GCHP's Utilization Management department for review.

Thank you for continuing to provide excellent care to GCHP's community.

Health Education, Cultural and Linguistic Services, Outreach Events and Updates

Diabetes Prevention Workshop: Nov. 7

GCHP will host its 3rd Annual Community Resource Fair in honor of Diabetes Awareness Month. The event will be held from 10 a.m. to 1 p.m. on Saturday, Nov. 7 at the Oxnard Public Library.

GCHP's associate chief medical officer, Dr. Nancy Wharfield, will be the guest speaker. The Community Resource Fair will also feature free health screenings and resource booths. If you have questions about the health fair or you would like to refer a member please contact HealthEducation@goldchp.org.

Diabetes Education Classes

GCHP's Health Education department is continuing to host diabetes education classes throughout Ventura County. The classes, available in English and Spanish, focus on healthy eating, exercise and diabetes self-management. If you are interested in hosting classes at your office or clinic please contact HealthEducation@goldchp.org.

Diabetes education classes also are available at various hospital systems and contracted clinics throughout the county. The classes are available in English and Spanish and the majority of classes are free of charge. For a list of the various diabetes education classes available to Plan members, please contact HealthEducation@goldchp.org or visit GCHP's website for the calendar of events.

Cultural and Linguistic Program Services

GCHP's Cultural and Linguistic Services offers free sensitivity training to providers. If you are interested in having training at your location, call Cultural and Linguistic Services at 1-805-437-5603 or email CulturalLinguistics@goldchp.org.

To request sign language interpreters for GCHP members, please fill out the LifeSigns form and submit your request to both LifeSigns and GCHP. If you need a copy of the form, please contact CulturalLinguistics@goldchp.org. Please provide notice of five business days for face-to-face interpreter services.

Disease Management Program Targets Diabetics and Members at Risk of Developing Diabetes

GCHP aims to improve the health of its members and their families by partnering with its network of providers to deliver appropriate, evidence-based care. To assist in improving the health of the Plan's members and their families, GCHP is creating a Disease Management Program for Diabetes to provide educational resources and individualized action plans for members and their families managing challenging health conditions, such as diabetes.

The program is a free service to members and can connect members to classes throughout the county that can help them learn ways to stay healthy and be active, even with complicated medical issues to manage.

For members, the program will:
- Provide educational resources in English or Spanish.
- Connect them to classes in English or Spanish.
- Assign them to a RN coach to work on an individualized action plan.

Providers:
- Click here to access the Standards of Medical Care in Diabetes. Identify care gaps by providing data around quality metrics.
- Identify members in your practice whom you may want to refer.

Referring a member is easy. Click here to download the Provider Referral Form on GCHP's website and email or fax it to one of the contact locations listed on the form to recommend a member.

Performance Update on Well-Child Care Measures

Due to low rates reported for the 2012 and 2013 measurement years (MY), GCHP published a memorandum for providers on Nov. 2 titled "Measures for Children & Adolescent Wellness Exams" to inform them of the need to improve the rates of the following two HEDIS measures that scored below the 25th percentile/minimum performance level (MPL)*:

- Well-child visits in the 3rd, 4th, 5th, and 6th years of life (W34)
- Weight assessment and counseling for nutrition and physical activity in children and adolescents (WCC)

With the help of GCHP's providers and their staff, the HEDIS rates for these two measures improved and were above the 25th percentile for the 2014 MY. **However, these rates are still low and demonstrate that many children and adolescents are not having their annual well-child exams and screenings.**

Well-Child Screenings
2012, 2013 and 2014 MY Rates Compared to MPL

	Well-Child Exams	BMI Assessment	Counseling for Nutrition	Counseling for Physical Activity
MPL Baseline	65.97	41.85	50.00	41.67
2012	61.80	42.09	42.09	30.41
2013	64.23	43.80	43.31	28.71
2014	67.11	80.05	54.26	41.85
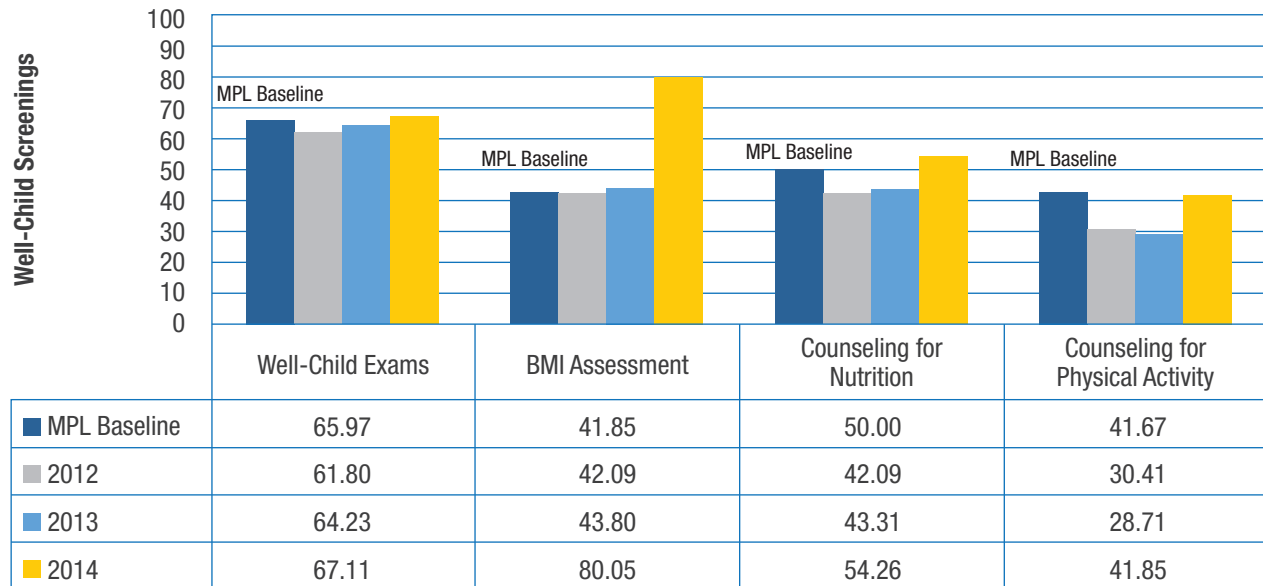
To improve rates for these well-child measures:

1. Schedule your patients for their annual well-child exams.

2. Record the appropriate clinical documentation in the medical record.
   - *Assess children 3 to 6 years of age for all of the following:*
     » Health and developmental history.
     » Physical exam.
     » Health education and anticipatory guidance.
   - *Assess children and adolescents 3 to 17 years of age for all of the following:*
     » BMI percentile.
     » Counseling for nutrition.
     » Counseling for physical activity.

3. Submit claims and encounter data in a timely fashion with the appropriate medical codes to capture the services that were performed.

Service	ICD-9-CM Codes	ICD-10-CM Codes	CPT Codes	HCPCS
Well-Child Visit	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02-6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9	99381-99385, 99391-99395, 99461	G0438, G0439
BMI Assessment	V85.51 – V85.54	Z68.51 – Z68.54		

Service	ICD-9-CM Codes	ICD-10-CM Codes	CPT Codes	HCPCS
Counseling for Nutrition	V65.3	Z71.3	97802-97804	G0270-G0271, G0447, S9449, S9452, S9470, S9449
Counseling for Physical Activity	V65.41			G0447, S9451
Outpatient Visits			99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456	G0402, G4038, G4039, G0463, T1015

* Medi-Cal Managed Care plans must meet or exceed the state's Department of Health Care Services (DHCS) established minimum performance level (MPL) for each required HEDIS measure. The MPL is equal to the 25th national percentile rankings reported by the National Committee for Quality Assurance (NCQA).

Member Incentives to Increase Preventive Care

To help increase preventive care, GCHP is offering member incentives for the following screenings:

- **Postpartum Visit:** As of July, GCHP has been giving away Newborn Gift Sets that include a knit cap and socks, baby wipes and two packages of new-born diapers to members who complete a postpartum exam within 21 to 56 days of delivery. Click here to download the incentive form.

- **Annual Well-Child Visit:** Until Dec. 31, members who have a well-child exam will be entered into a drawing to win a $25 gift card to either Target or Walmart. GCHP is raffling 20 gift cards each month – 10 gift cards to children and 10 gift cards to the parents of children who had well-child exams. Click here to download the incentive form.

- **Annual Diabetic Retinal Eye Exam:** GCHP is giving movie tickets to diabetic members who complete the recommended annual retinal eye exam screening by Dec. 31. Click here to download the incentive form.

To qualify for the incentives, members must send GCHP an incentive form that is completed and signed by the member and the provider who performed the examination. GCHP has mailed incentive forms describing the programs to eligible members. Providers can also download the incentive forms for their patients from GCHP's website www.goldcoasthealthplan.org/ under Provider Updates.

Access and Availability

When providing services to Medi-Cal members, there are access and availability standards that all providers must meet. The regulations associated to these requirements are:

A. Appointments

GCHP has established and maintains procedures for Medi-Cal members to obtain appointments for routine care, urgent care, routine specialty referral appointments, children's preventative periodic health assessments, and adult health assessments which providers need to implement and follow. Provid-

ers also need to establish and maintain procedures regarding follow-up care and missed appointments. Medi-Cal members cannot be charged for missed appointments. If a member develops a pattern of missing appointments please contact Provider Relations at ProviderRelations@goldchp.org.

B. First Prenatal Visit

Providers shall grant pregnant female Medi-Cal members the first prenatal visit within two weeks of the request.

C. Wait Times

GCHP has established and implemented a procedure to monitor wait times in providers' offices, on answering and returning phone calls and on the time it takes to obtain various types of appointments.

D. Telephone Procedures

GCHP requires that all providers maintain a procedure for triaging member phone calls, providing medical advice and accessing interpreters.

E. Urgent Care

All providers must ensure that members requiring urgent care that do not require prior authorization are seen within 24 hours of the request.

All requests for urgent care services that do require prior authorization are to be seen within 96 hours of the request.

F. PCP Appointments

Non-Urgent PCP appointments are to be given within 10 days of the request.

G. Specialist Appointments

All appointments with specialists are to be made within 15 days of the request.

H. Ancillary Appointments

Ancillary appointments for the diagnosis or treatment of injuries, illnesses or other health conditions are to be given within 15 days of the request.

Timeframes may be shortened or extended as clinically appropriate by a qualified health care professional acting within the scope of his or her practice consistent with professionally recognized standards of practice. If the timeframe is extended, it must be documented in the member's medical record that a longer timeframe will not have a detrimental impact on the member's health.

Non-Emergency Medical Transportation (NEMT) Requests

NEMT services are a Medi-Cal covered benefit. If a member is not able to ride public or private transportation, he or she may qualify for NEMT services under his or her Medi-Cal benefit.

Who qualifies for the Medi-Cal NEMT benefit?

NEMT is covered only when a member's medical and physical condition does not allow him or her to travel by bus, passenger car, taxicab or another form of public or private conveyance. A member meets the NEMT benefit if he or she:

- Is in a wheelchair and is not able to move in and out of the chair into a seat, or is not able to move the wheelchair without assistance.
- He or she needs to travel with specialized services, equipment or a caregiver.
- He or she is not able to sit up and must ride lying down.

How does the NEMT benefit work?

- A physician or specialist must provide a NEMT form, which constitutes a prescription and attestation of the medical necessity for transportation service.
- All non-emergency medical transportation services are subject to GCHP review and a NEMT form verification process.
- The verification process for the NEMT form takes no longer than five business days.
- Transportation requires at least 48-hour notice for all standard requests.
- If the transportation request is of an urgent nature and needs to occur in less than 48 hours, please call GCHP Member Services at 1-888-301-1228.
- Transportation is not covered if the member is seeking care that is not a Medi-Cal or Medicare covered service.

How to request NEMT services for a member:

1. Verify the member's eligibility using GCHP's Provider Portal, GCHP's IVR system, Medi-Cal's AEVS system or Medi-Cal's eligibility website.
2. The provider must complete the NEMT form. Click here to obtain a copy of the form.
3. Fax the NEMT form to the GCHP Health Services department at **1-855-883-1552**.
4. After GCHP receives the NEMT form, the Plan will begin the verification process.
5. Once the NEMT form is verified, GCHP will forward it to the transportation vendor.
6. The NEMT vendor will contact the member and provider to schedule and verify the medical appointment.

What is included on the NEMT Form?

These elements that must be completed on each NEMT form for each medical appointment:

1. The medical purpose of the trip.
2. The frequency of the necessary medical transportation or inclusive dates of the requested medical transportation.
3. The caregiver request and reason the member needs a companion for his or her medical appointment.
4. The medical or physical condition that makes normal public or private transportation inadvisable.
5. A physician's signature and date.

*Hospitals – When needing to transfer members from facility to facility, it is important that the above process is followed to avoid payment delays to another provider.

For questions, call GCHP Member Services at 1-888-301-1228.

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For additional information, contact
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711 East Daily Drive, Suite 106, Camarillo, CA 93010
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