



**Gold Coast
Health Plan**SM
A Public Entity



Gold Coast Health Plan Provider Operations Bulletin

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SECTION 1: Affordable Care Act (ACA) – Primary Care Payment Increase Updates

Medi-Cal has released the Self-Attestation form and instructions on the Medi-Cal Website. [Click here](#) to access the form.

Gold Coast Health Plan (GCHP) is required to provide payment directly to the eligible rendering provider. Therefore, all providers must provide GCHP with a **W9** and complete the **GCHP ACA Provider Information Form** in addition to completing the **Medi-Cal Self-Attestation**.

GCHP cannot make the increased payments to providers until they have completed the Medi-Cal Self-Attestation and submitted a W9 and GCHP ACA Provider Information Form.

- **W9 information submitted to GCHP must match information that was submitted to Medi-Cal on the self-attestation form.**
- **Please submit either your social security number or your tax identification – not both.**

Payment to providers that have met all criteria will be made once GCHP receives payment from the State. A one-time payment to providers will be made retroactive to January 1, 2013. Subsequent payments will be made monthly.

SECTION 2: Changes to Preauthorization Requirements

GCHP continues to evaluate and monitor which services will require preauthorization. As a result, the following changes are being made and will become effective November 1, 2013.

- No prior authorization will be required for dialysis performed by contracted providers (all eligibility criteria still apply)
- No prior authorization will be required for obstetrical ultrasounds performed by contracted providers (all eligibility criteria still apply)
- Direct referral forms are no longer need to be sent to the health plan for in-network/in-area referrals
- The following injectables will now require authorization:
 - J1566 - IVIG
 - J7321 - Hyalgan injections
 - J9035 - Bevacizumab
- The following PET scans will now require authorization:
 - Procedure codes 78800 through 79999



SECTION 3: Procedure Update for Organ Transplant Members

GCHP has a specialty nurse who assists members in all phases of organ or bone marrow transplant procedures. The goal of this process is to facilitate communication and expedite the pre-authorization process between transplant centers, referring doctors, primary care doctors and GCHP. Our Transplant Care Manager is available to assist you Monday through Friday 8 A.M to 5 P.M. at (805) 981-6644.

To streamline the transplant process, we have developed a **Treatment Pre-authorization Request Form**, which is available on our website. [Click here](#) to access the form. Fax the completed form to (855) 883-1552.

In order for the transplant nurse to review the request, records must include signed orders from the transplant center and relevant medical records.

Please follow your normal procedure for testing that is to be done locally. Some imaging tests may require prior authorization from GCHP. [Click here](#) for services requiring prior authorization:

GCHP encourages collaboration and communication between the transplant centers and primary care providers to facilitate positive outcomes for our fragile transplant members.

SECTION 4: Missed Member Appointments

This is a reminder to all physician offices and clinics that a follow-up process must be in place to contact members who miss or do not show up for their appointment. Please ensure that your office or clinic has a process in place. This requirement will be monitored during your next site audit.

Remember:

- Missed appointments must be noted in the medical record
- Missed Appointments require a follow-up call to the member
- Documentation is required in the medical record of the call and the outcome of the call
- The member's appointment should be rescheduled and documented in the record

Suggestion (*not required*): Have a process to contact the member the day before the visit to remind them of the appointment time. Post care reminders are also a good option.



SECTION 5: September is Childhood Obesity Awareness Month

Recent studies have shown that childhood obesity is on the rise and quickly becoming an epidemic in the United States. According to a statement by Secretary of Health and Human Services Kathleen Sebelius, childhood obesity puts many children at greater risk for developing serious health problems later in life, including Type 2 diabetes and heart disease.

There are several programs and national health initiatives to help parents, educators, and doctors with ways to reduce and prevent child obesity. To learn more about resources available to you and your staff, please visit the following websites for more information:

- [Centers for Disease Control and Prevention](#)
- [MyPlate](#)
- [The We Can!](#)

To learn more about state and local resources available and programs within the county, please go the following websites:

- [California Department of Public Health](#)
- [Gold Coast Health Plan, Health Education and Health Library](#)
- [Network for a Healthy California, Gold Coast Region](#)
- [“ReThink Your Drink”](#)

GCHP’s Health Education staff is available to provide training and resources to network provider staff regarding the “ReThink Your Drink” program and materials available to providers.

To learn more about programs, resources and educational tools to prevention childhood obesity, please contact the GCHP Health Education Department at [**HealthEducation@goldchp.org**](mailto:HealthEducation@goldchp.org) or contact us at 805-981-5367.



SECTION 6: Protect Vulnerable Infants from Pertussis – Immunize Mothers with Tdap during Every Pregnancy

Pertussis is a continuing threat to Californians, though the magnitude of the threat can vary by year. Over 9,100 cases of pertussis were reported in California during 2010, the most in more than a half-century. Consistent with historical cycles of 3-5 years between years of higher incidence, cases are likely to increase between 2013 and 2015 in comparison to 2012 (1).

Young Infants at Highest Risk of Severe Pertussis

Infants younger than two months of age are most susceptible to hospitalization or death from pertussis, but immunization against pertussis is not recommended until at least 6 weeks of age. However, infants can be protected by maternal antibodies that are transferred through the placenta. Early evidence suggests that maternal immunization with Tdap during the third trimester of pregnancy can prevent pertussis in young infants.

Optimal Timing of Maternal Tdap Administration

To maximize protection of young infants, the federal Advisory Committee on Immunization Practices (ACIP) recommends that all women should be administered Tdap during every pregnancy, preferably between 27 and 36 weeks' gestation:

- Women immunized with Tdap during a prior pregnancy or during the first or second trimester of a current pregnancy appear to have low levels of pertussis antibodies at delivery.
- Transplacental transport of antibodies occurs mainly after 30 weeks' gestation.
- At least two weeks are needed for a maximal response to immunization.

If Tdap is not administered during pregnancy, it should be given immediately postpartum. This will not provide direct protection to the infant, but may prevent transmission of pertussis from mother to infant.

Other Close Contacts

Everyone (e.g., parents, siblings, grandparents, childcare providers, and healthcare personnel) who anticipates close contact with an infant younger than 12 months of age should receive Tdap if they have not already done so. ACIP is currently considering whether Tdap boosters are indicated for contacts of infants.



References

1. California Department of Public Health. Pertussis summary reports. <http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReports.aspx>
2. CDC. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine in Pregnant Women-Advisory Committee on Immunization Practices, 2012. MMWR, 2013; 62 (7): 131-135. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>
3. Healy CM, Rench MA, Baker CJ. Importance of timing of maternal Tdap immunization and protection of young infants. Clin Infect Dis 2013;56:539-44.

SECTION 7: The Affordable Care Act Hits Full Stride

January 1, 2014 will be more than the beginning of the New Year in 2014. It will also mark the date when many key provisions of the Affordable Care Act take effect.

These provisions are intended to make it easier for you to purchase health insurance. They'll also provide new protections if you already have health care coverage. For instance:

Health exchanges will offer affordable insurance options. The exchanges are online marketplaces where you can shop for health plans. All of the plans must meet certain standards for benefits and costs. Some of the exchanges will be run by the federal government. Others will be run by individual states. Coverage won't begin until January. But you can sign up online starting October 1, 2013. Go to www.healthcare.gov.

Tax credits will help many people buy insurance. These credits will be available to people with incomes between 100 and 400 percent of the poverty guidelines who can't afford coverage elsewhere. You can get the credit before tax time, which should make it easier to pay for insurance premiums.

Access to Medicaid increases. If you are a California legal resident and earn less than 138 percent of the federal poverty level, you'll be eligible to enroll in Medi-Cal, a government-based insurance program.

Coverage can't be denied because of pre-existing conditions. This protection applies if you're seeking new coverage or renewing an existing policy.



Annual benefit caps will be banned. This means insurance companies can no longer put limits on the benefits you receive in any given year.

You cannot be denied coverage if you choose to take part in clinical trials. This will apply to all trials that involve cancer or other life-threatening diseases.

Originally, another key aspect of the law was expected to kick in on January 1, 2014: Large employers were supposed to begin offering their workers affordable health coverage or face fines. That provision has now been delayed a year in order to help businesses comply with the law.

Sources: Healthcare.gov; U.S. Department of the Treasury