Gold Coast Health Plan
Provider Operations Bulletin

December 19, 2013
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Table of Contents

SECTION 1: Low Income Health Program (LIHP) Transition

As a reminder, approximately 9,000 Low Income Health Program (LIHP) individuals (currently known as the ACE for Adults Program [ACE]) that qualify under Medi-Cal Expansion (MCE) program will transition to Gold Coast Health Plan (GCHP) on January 1, 2014. GCHP has been working closely with VCHCA to ensure a smooth transition. Currently, these members are assigned to a PCP and GCHP anticipates a 100% linkage to occur.

Members will be assigned to a Primary care provider (PCP); however, reimbursement for LIHP members will be on a fee-for-service (FFS) basis until an appropriate capitation rate can be developed. This is similar to how GCHP currently reimburses for administrative members. Specialist reimbursement will be at current FFS Medi-Cal Rates.

LIHP members can be identified by their aid code – L1. Members may retain this aid code through 2015; however, the aid code may change if there is a change in their circumstances that triggers an aid code change.

It is important to note that these members will be classified as newly enrolled Medi-Cal Members. PCP providers will be required to complete the Initial Health Assessment (IHA) within 180 days for enrollment, as well as a Staying Health Assessment (SHA) (see Section 3 below for further instructions).

LIHP Pharmacy Formulary Changes to the GCHP Formulary

For a smooth transition and continuity of care there will be a 60-day (or 2 months) grace period in which the same medications that the members are on will be allowed. GCHP suggests that providers refill these medications for one month (30 or 31 days) with another refill. You must convert all medications to conform to GCHP formulary policy during the time frame mentioned above.

SECTION 2: Behavioral Health Benefits

Effective January 1, 2014, all health plans are required to provide behavioral health benefits. Therefore, GCHP will provide this benefit as a covered Medi-Cal managed care plan. The new benefits provide for an expanded benefit for mild to moderate behavioral health conditions, as well as an expanded substance abuse benefit.

GCHP has entered into an agreement with a managed behavioral health organization vendor (MBHO), Beacon Health Strategies (Beacon), to implement and administer behavioral health benefits to GCHP members. GCHP and Beacon are working together toward developing a network of providers.

Providers will be expected to utilize a depression rating tool to determine when to make a behavioral health referral (the form will be made available before the January 1, 2014 on the GHCP website). Additionally, providers will be expected to utilize substance use disorder trigger questions in the Staying Healthy Assessment (SHA or IHEBA – see Section 3 below) to determine which members will benefit from the SBIRT (screening, brief intervention, and referral for treatment).

To contact Beacon Health Strategies:

Beacon Health Strategies
Phone: 1-855-765-9702
Hours: Monday – Friday 8:30am –5pm
For assistance with translation and hearing impaired callers may
call TTY number directly at 800-735-2929

Website: **www.beaconhs.com**
Email: Go to **general.information@beaconhs.com**
Hours/Horas: M-F 8:30am-5pm

SECTION 3: Staying Healthy Assessment (SHA) for 2014

The Department of Health Care Services (DHCS) developed the Staying Healthy Assessment (SHA). The SHA is also known as the Individual Health Education Behavior Assessment (IHEBA). The IHEBA is a required part of the Individual Health Assessment (IHA). The SHA is the DHCS's sponsored and approved IHEBA.

The updated SHA has added more age groups for kids and teens, as well including additional questionnaires specifically for adults and seniors. There are a total of nine age-specific questionnaires.

Providers are required to use and administer the SHA to all Medi-Cal beneficiaries as part of the Initial Health Assessment (IHA) and periodically re-administer the questionnaire during subsequent age-specific visits.

Please refer to future Provider Operation Bulletins for updates on the SHA and provider education training.

You can download the SHA questionnaire English, Spanish, and other languages through a link on the GCHP website **www.goldcoasthealthplan.org** or directly at the Department of Health Care services (DHCS) website at **www.dhcs.ca.gov**. The DHCS has also prepared an instruction sheet for the provider office that can also be downloaded from their website. Please refer to specific instructions on how to document the SHA in the medical record, in addition to documentation procedures for members who elect to refuse the completion of the SHA.

The New SHA forms must be implemented by April 1, 2014.

SECTION 4: ACA PCP Rate Increase Update

GCHP has not yet received funding from California DHCS for the affordable care act (ACA) 1202 PCP Rate increase. We have received information indicating that DHCS does not expect to receive funding from CMS until early 2014. GCHP will retroactively payout the increase once funding is received.

In the meantime, the Medi-Cal self-attestation form is available for your access and completion on the Medi-Cal website. **Click here** to access the form.

All providers are required to self-attest prior to receiving payment for the ACA PCP Rate Increase.

In addition to completing the Medi-Cal self-attestation, all attested providers must also complete and return a "W9 form" and the "GCHP ACA Provider Information form".

Click here to access the W-9 form.

Click here to access the 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 number—not both.

NOTE: GCHP needs to receive your completed forms as quickly as possible in order to make payment.

Once you have completed all necessary steps, as indicated above, and GCHP has received the supplemental payment from the state, you will receive your payment soon.

As part of the ACA and expanding Medi-Cal services to those individuals that may not have qualified in the past. Individuals with income up to 138% of the federal poverty level will be moved into Medi-Cal Managed care effective January 1, 2014. For individuals with income between 138% TO 200% of the federal poverty level can apply for health care through Covered California.

Plan	Who is Eligible	When Available	Where to Apply
Current Medi-Cal Program	There are several qualifying populations. To learn more go online to www.vchsa.org	Ongoing	Ventura County Human Service Agency 888-472-4463 Online: www.vchsa.org
New Medi-Cal Program	Additional qualifying populations include: Up to 138% of the federal poverty level. Childless adults under 65 years old; Children, married, and unmarried adults; Foster youth up to age 26.	March 13, 2014	Ventura County Human Service Agency For Intake and Eligibility locations or to apply: 888-472-4463. Online: www.vchsa.org
Covered California	All income levels may seek health benefits coverage through Covered California. Up to 400% of the federal poverty level receive tax credit or subsidies (Ventura County Human Services Agency, Health Care Reform Handout 2013)	March 13, 2014	Covered California Call: 800-300-1506 Online: www.coveredca.com

* Adapted from Ventura County Human Service Agency, Health Care Reform Flyer 2013.

If you have patients that now qualify for Medi-Cal under the new guidelines, please help by directing them to the appropriate resources listed above. Be sure that you also provide guidance on how to choose your practice as PCP.

SECTION 6: Crossover Claims Processing

For claims received on or after January 1, 2014, GCHP will change the way crossover claims are processed. A crossover claim is a claim for a member who is eligible for both Medicare and Medi-Cal, where Medicare pays a portion of the claim and Medi-Cal is billed for any remaining deductible and/or coinsurance. These members are often referred to as "Medi-Medi" or dually eligible members.

California law limits Medi-Cal reimbursement for a crossover claim to an amount that when combined with the Medicare payment should not exceed Medi-Cal's maximum allowed for similar services. (Refer to *Welfare and Institutions Code*, Section 14109.5.) The following provides three different examples of crossover claims processing results (dollar amounts are for demonstration only and do not reflect actual allowed amounts for either Medicare or Medi-Cal):

CPT Code	Billed Amount	Medicare Allowed	Deductible/ Coinsurance	Medicare Paid	Medi-Cal Allowed	Medi-Cal Paid
99215	300.00	100.00	20.00	80.00	50.00	0.00
No payment is due under Medi-Cal as the Medicare payment exceeds the Medi-Cal allowance. This is referred to as a "zero pay" claim.						
71020	100.00	80.00	16.00	64.00	70.00	6.00
$6.00 of the Medicare deductible/coinsurance can be picked up under Medi-Cal as that is the difference between what Medicare paid and the Medi-Cal allowance.						
10160	50.00	25.00	5.00	20.00	35.00	5.00
The entire Medicare deductible/coinsurance amount of $5.00 can be picked up as that amount combined with the Medicare paid amount of $20.00 does not exceed the Medi-Cal allowance.						

Providers who accept persons eligible for both Medicare and Medi-Cal cannot bill them for the Medicare deductible and coinsurance amounts. These amounts can be billed only to Medi-Cal for consideration. Providers should, however, bill Medi-Cal members for any Share of Cost (SOC).

> **Note:** Providers are strongly advised to wait until they receive the Medicare payment before collecting SOC to avoid collecting amounts greater than the Medicare deductible and/or coinsurance.

Claims for Medi-Medi members must be submitted to Medicare prior to billing GCHP, except for services that Medicare does not cover. GCHP may reimburse providers for non-covered, exhausted or denied services when billed to GCHP with the appropriate Medicare denial attached. At this time, claims do not automatically crossover to GCHP so until further notice, please submit claims directly to GCHP upon receipt of the Medicare EOB.

SECTION 7: GCHP Portal Authorization Requests

When submitting authorization requests through the GCHP portal, please do not separate the professional and technical components of the procedure into separate lines. Both components of the procedure are covered by the one authorization.

SECTION 8: GCHP Portal Authorization Requests

Beginning with dates of service January 1, 2014, GCHP will implement a Special Claims Review process. This process is being implemented to provide the most appropriate care for our members. Providers will be notified of the overutilization pattern and Special Claims Review status. This means that identified service requests will undergo a post service, pre-payment review.

SECTION 9: HEDIS® Tips to Help Us Help You Improve Your HEDIS® Scores for the Obstetric Measure:
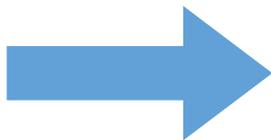
The HEDIS® measure related to obstetrical care is the prenatal and postpartum care (PPC) measure which identifies:

- The percentage of members who had prenatal care visits during the first trimester or within 42 days of enrolment into Medi-Cal.
- The percentage of patients who had a postpartum care visit within 21 to 56 days after delivery.

How can providers help improve their performance metrics and quality of care for the PPC measure?

1. Schedule Prenatal and Postpartum Care Visits
   • Start scheduling your patients' prenatal care visiting during the first trimester or within 42 days of enrollment in Medi-Cal.
   • Schedule your patients' postpartum care visits within 21 to 56 days after delivery.
2. Medical Record Documentation
   • Prenatal care
   • Postpartum medical record documentation must include the date of the postpartum visit and one of the following:
     ‣ Pelvic exam
     ‣ Evaluation of weight, blood pressure, breasts and abdomen
     ‣ Notation of "postpartum care"
3. Record the **Last Menstrual Period (LMP) date** in "Box 14" of the CMS-1500 claim form.

SECTION 10: HEDIS® 2014

As 2013 comes to a close, GCHP is preparing for the 2014 HEDIS® quality review audits that evaluate the quality of care and services provided to our GCHP members. DHCS requires all Medicaid Managed Care Plans to submit selected HEDIS® performance measures that are developed by the National Committee for Quality Assurance (NCQA).

Claims, encounter and medical record data are reviewed to evaluate the quality of care and services provided to our GCHP member. GCHP has access to claims and encounter data submitted by providers but may also need to request copies of medical records for further review. Copied records can be sent via fax, paper or digital format.

GCHP has contracted with Verisk Health to lead the data collection effort for the medical record data collection. Verisk Health is contractually bound to preserve the confidentiality of Protected Health Information (PHI) obtained from medical records, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to the relationship [45 CFR 164.506(c)(4)]. Please visit **http://www.hhs.gov/ocr.privacy** for more information on the HIPAA privacy rule.

If you have any questions about the HEDIS® medical record data collection process, please contact the Quality Improvement Department at (805) 981-6660.

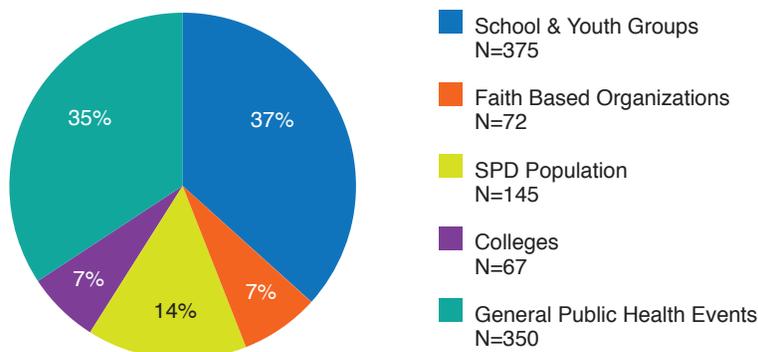## SECTION 11: Quit Smoking Resources

Prevention is an important part of health care. To better assist members who want to quit smoking, the California Smokers' Helpline may offer Medi-Cal members a $20 gift card if they call the Helpline.

As a New Year's resolution, please help members and refer them to the Helpline. The California Smoker's Helpline at 1-800-NO-BUTTS for free, effective, telephone based cessation counseling in English and for Spanish, call 1-800-NO-FUME.

SECTION 12: Outreach Activities

The health education and outreach team reached over 1000 individuals and families during the outreach and health education fairs. The chart below highlights the groups and organizations reached during the reporting period. Additionally, over 1400 pieces of health education materials were distributed and approximately 639 Affordable Care Act (ACA) related literature was handed out during outreach events. Approximately 46% of all outreach events related to information about health care reform and the Medi-Cal Program.

Total Outreach Encounters

- School & Youth Groups
  N=375
- Faith Based Organizations
  N=72
- SPD Population
  N=145
- Colleges
  N=67
- General Public Health Events
  N=350

SECTION 13: Outreach Calendar

GCHP's Education and Outreach Department would like to hear from you, if you have an event that you would like for GCHP to be part of or if you have a question about upcoming events please contact us the GCHP Outreach Department at 805-981-6698 or send us an email at **Outreach@GCHP.org**.

SECTION 14: Provider Advisory Committee Meeting

GCHP Provider Advisory Committee Meeting will be held:

January 15, 2013
3:30 pm – 5pm
2240 E. Gonzales Rd. – Suite 200 – Large Conference Room
Oxnard, CA 93034