



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



Gold Coast Health Plan Provider Operations Bulletin

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SECTION 1: ACA PCP Rate Increase Update

As a reminder, the Medi-Cal self-attestation form is available for your access and completion on the Medi-Cal website. [Click here](#) to access the site.

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. Both forms must be faxed to 1-888-310-3660.

- *W9 Information Submitted to Gold Coast Health Plan (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 – preferably by Friday, October 25, 2013.

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 after. GCHP is anticipating provider payments to be made around the fourth quarter, 2013.

SECTION 2: Enteral Nutrition Billing

- GCHP will now accept your enteral nutrition billing in cans, as well as ml units, and grams.
- No more than one month's supplies may be billed prospectively.
- BO modifier is needed when billing codes B4149 – B4162 to identify being administered by mouth.
- If two enteral nutrients described by the same HCPCS are supplied at the same time, Item 24G should reflect the total units for both nutrients.
- When billing nutrients, 100 calories = 1 unit of service or 1 can.
- Nutrients and supplies must be billed using a date span.



SECTION 3: Important Notice: Deletion of Modifier “ZS”

As part of the continuing effort to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), the Department of Health Care Services (DHCS) will discontinue use of local modifier ZS as of December 1, 2013. Modifier “ZS” is used to bill for the full professional (26) and technical (TC) components of a procedure and is a Medi-Cal-only modifier.

To offer our providers ample time to adjust to this change, GCHP is ready to begin accepting claims without modifier ZS and recommends that Providers immediately discontinue the use of modifier ZS and follow either one of the billing guidelines outlined below.

- Scenario 1: Submit two separate claim lines with the first line containing the split-billable procedure code and one of the two modifiers (26 or TC). The second line contains the same procedure code and the corresponding modifier (26 or TC). Append any other applicable modifier as needed.
- Scenario 2: Submit one claim line with the split-billable procedure code (without modifier ZS). Append any other applicable modifier as needed. Claims received without modifier ZS will be considered the full component claim and will be processed as such.

There is no other change to the use of modifier 26 and TC. Providers should continue to use these modifiers appropriately when submitting claims for professional services only or technical services only.

Please note that claims submitted with modifier ZS with dates of service on and after December 1, 2013 will be denied.

SECTION 4: Important Billing Reminder for All Providers

When submitting claims to GCHP, please be sure to always include a procedure code and billed amount for each claim line. Observations have been made that indicates a large amount of denials for “no billed amount” and “procedure code invalid”. Upon closer review, it was determined that claims are often being billed without a procedure code and/or billed amount, even though a date of service, place of service and quantity appear on the same claim line.



In order for GCHP to process your claim appropriately, we need all of the applicable fields populated with valid information for each line on the claim.

If you have questions related to this issue or any other claim issues, please contact your Claims Customer Service Representative.

SECTION 5: Long Term Care Providers continue to bill with Manifestation Codes as Principal or Admin Diagnosis

Manifestation codes describe the manifestation of an underlying disease, not the disease itself, and therefore, should not be used as a principal diagnosis. Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions, the ICD-9-CM has a coding convention that requires the underlying condition to be sequenced first followed by the manifestation. Wherever such a condition exists, there is a “use additional code” note at the etiology code and a “code first” note at the manifestation code. A list of Manifestation codes were provided in the February issue of the POB.

DO NOT USE MANIFICATION CODES AS THE PRINCIPAL, PRIMARY OR ADMIN DIAGNOSIS

SECTION 6: ICD-10 Provider Readiness Survey

The Department of Health Care Services (DHCS) has recently posted an ICD-10 Provider Readiness Survey on their website. Although participation is not required, GCHP, along with DHCS encourages survey submissions.

[Click here](#) for additional details and to access the survey.



SECTION 7: Member Orientation Meetings

GCHP is now presenting complimentary member orientation meetings. These meetings are being held monthly and presented in English and Spanish.

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

- Establish a medical home
- Select a new Primary Care Provider
- Get medical services
- Get necessary medications
- Use resources available in the community

The meeting location is 2220 E. Gonzales Road, Suite 200, Oxnard, CA 93036.

English meetings are being presented:

- October 22, 2013 at 6:00 p.m. to 7:00 p.m.
- November 19, 2013 at 6:00 p.m. to 7:00 p.m.

Spanish meetings are being presented:

- October 24, 2013 at 6:00 p.m. to 7:00 p.m.
- November 21, 2013 at 6:00 p.m. to 7:00 p.m.

Member should call to register for these meetings at 805-981-6690, or attend the meeting of choice.



SECTION 8: Consumer Advisory Committee is Seeking a Beneficiary Member

GCHP is actively seeking a current Medi-Cal member to serve on its Consumer Advisory Committee (CAC). This member will be the voice of Medi-Cal beneficiaries on the CAC.

CAC meetings are held quarterly and are open to the public. Volunteers on the CAC must be able to commit to attendance at these meetings. At the meetings, GCHP staff present information on new programs and seeks committee input on how the Plan is serving the community and what can be done to improve the programs.

The term is for one or two years. There are no term limits. The applicant must be a current GCHP Medi-Cal beneficiary.

If you know of a GCHP Member that you feel would be interested in representing the Medi-Cal members, please ask them to submit an application by 5:00 p.m., October 17, 2013. The application can be found on our website at www.GoldCoastHealthPlan.org in the "Contact Us" tab or by calling Connie Harden at (805) 981-5285. Please send your application along with any additional information you would like to provide to:

ConsumerAdvisoryCommittee@goldchp.org, or mail it to:

Clerk of the Board
Gold Coast Health Plan
2220 E. Gonzales Road, Suite 200
Oxnard, CA 93036



SECTION 9: High Risk Pregnancy Care Management

Statistics indicate that Ventura County has a high rate of pre-term deliveries. In an effort to be proactive, GCHP Care Management provides perinatal services for our members with high risk pregnancies.

To enhance improved outcomes, GCHP nurses and LCSW begin by building a trusting relationship with each high risk mother. Our nurse will facilitate communication with providers, link to community resources, provide education and psychosocial support.

Consider Care Management for your members with high risk pregnancies that are less than 35 weeks gestation and have diabetes, chronic hypertension, pre-eclampsia, pre-term labor, placenta previa, IUGR, oligo or polyhydramnios, polypharmacy, seizure or bleeding disorder, severe fetal anomalies or non-adherence to the medical plan.

Click here to access the Care Management Referral form. Fax the completed the form to 855 883 1552.

SECTION 10: 2013-2014 Respiratory Syncytial Virus (RSV) Season is upon us!

Respiratory Syncytial Virus (RSV) is the leading cause of lower respiratory tract infection in infants and young children. Almost all children have been infected with RSV by age 2 years, and severe RSV disease requiring hospitalization occurs most commonly, among infants age 1 to 3 months. RSV is estimated to account for 57,500 annual hospitalizations among children younger than 5 years of age and accounts for approximately 1 out of every 334 hospitalizations in this age group yearly (Hall, 2009). RSV is usually transmitted by direct or close human contact. Risk factor reduction is important in the prevention of RSV. Infants should never be exposed to tobacco smoke and should be kept away from crowds and from situations in which exposure to infected individuals cannot be controlled. Participation in group childcare should be restricted, during the RSV season for high-risk infants whenever feasible. It is especially important for caregivers to follow good hand hygiene practices.

GCHP has established authorization and clinical criteria guidelines for the 2013-2014 RSV season, which begins November 1, 2013 and ends on or about March 31, 2014 in the state of California. These guidelines were developed based on recommendations of the American Academy of Pediatrics (AAP) and Ventura County Health Department.



Synagis[®] is available through a limited distribution network as established by the manufacturer; therefore, GCHP has identified the Synagis[®] Clinic at the Ventura County Medical Center (VCMC) Pediatric Diagnostic Clinic as the preferred provider for Synagis[®] administration to GCHP Members.

Beginning immediately, all completed requests for Synagis[®] should be submitted directly to the VCMC Pediatric Diagnostic Center Attention: Kay **FAX: (805) 652-3375** for initial screening to determine if the request meets criteria for coverage. Please include with the request the NICU discharge summary and any other supportive clinical documentation to expedite the review process.

All requests for Synagis[®] received by GCHP will be reviewed for California Children's Services (CCS) for current or potential eligibility.

Special circumstances may require administration at other locations such as in a medical office or home health administration for a particularly high risk and/or home-bound child. In these special situations, Synagis[®] will require preauthorization through GCHP and will be available only through GCHP's contracted specialty pharmacy and shipped to the appropriate provider office location. All injectable products will be billed directly to GCHP by the specialty pharmacy through ScriptCare (our Pharmacy Benefits Manager) and shipped to your office.

- *Remember you must use the attached Synagis[®] request form and fax directly to:
VCMC Pediatric Diagnostic Center Attention: Kay **FAX: (805) 652-3375**.*

[Click here](#) to access the form.

For questions regarding this benefit, please contact Dr. Charles Cho at (805) 981-5315.



SECTION 11: Upcoming Town Hall Events

GCHP will be holding two town hall meetings in November. Topics will include:

- ICD-10 Readiness
- ACA – Healthcare Reform
- Initial Health Assessment Guidelines

Please mark your calendars and join us at one of the following events (registration information will be sent out in the next couple of weeks):

November 12, 2013
10 am – 12 pm

November 13, 2013
3 pm – 5 pm

SECTION 12: Provider Satisfaction Survey

GCHP has contracted with The Meyers Group to perform our first ever Provider Satisfaction Survey. The purpose of the survey is to elicit provider feedback on how GCHP is doing, as well as to identify areas where we can do better in servicing our provider network. The survey will be released mid-October. GCHP cares about our providers and is committed to providing superior customer service. We hope that you will please take a few minutes to complete the survey to let us know how we are doing.