



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



Provider Operations Bulletin

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www.goldcoasthealthplan.org



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SECTION 1: ACA 1202 PCP Rate Increase Update

Gold Coast Health Plan (GCHP) is happy to announce that we have received funding from the California Department of Health Care Services (DHCS) for the ACA 1202 PCP Rate increase for claims incurred during the period of August 1, 2013 through December 31, 2013. Providers can expect payments within the next six weeks. Subsequent payments will be processed as funding is received from DHCS.

It's important to note that payout of provider claims will be based on the lesser of billed charges or the current Medicare equivalent. This is a change from the previous ACA 1202 PCP Rate payout that you may have received. The Centers for Medicare & Medicaid Services (CMS) announced a clarification to the final ACA rule. The corrected language indicates that states must pay the **lesser of** (1) the Medicare Part B fee schedule rate in effect at the beginning of CY 2013 and CY 2014 (using the 2009 conversion factor) or (2) the provider's actual billed charge for the service. DHCS has clarified with GCHP that the **lesser of** the two is the correct payment methodology.

If you an eligible provider and have not yet attested, the Medi-Cal self-attestation form is available for your access and completion on the [Medi-Cal Website](#).

All Providers Are Required To Self-Attest Prior To Receiving Payment For The ACA PCP Rate Increase.

The Medi-Cal self-attestation mechanism will expire December, 2014.

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 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.



SECTION 2: Medi-Cal Member Billing

The California Department of Health Care Services (DHCS) recently informed GCHP that providers are informing members that they may receive a bill or are actually billing members for services. DHCS further related that they have been informed that the reason providers are billing or warning members they may receive a bill is for the following reasons:

- The member has moved into a new county that has not been updated in the Medi-Cal Eligibility System;
- The member's annual redetermination is in process and/or paperwork has not been completed;
- The member's managed care status is on hold and therefore the provider cannot bill the Plan.

We would like to remind GCHP providers, that per Section 51002 (a) of Title 22, CCR:

“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...”

Should a provider have a member that had their managed care placed on hold, the provider should bill Fee-For Service Medi-Cal for those services.

SECTION 3: Bevacizumab (Avastin) Codes

Bevacizumab (Avastin) can be billed with two different procedure codes, depending on the condition of the patient. They are:

- C9257 – Injection, Bevacizumab, 0.25 mg
- J9035 – Injection, Bevacizumab, 10 mg

The difference for each of these injections is the strength. When used for chemotherapy, it is dosed 5 to 15 mg/kg, so J9035 is the appropriate code to use. When used for macular degeneration (for the eyes), it is dosed 1.25 mg each month so C9257 should be used.

SECTION 4: Billing For Bilateral And Multiple Surgical Procedures

Bilateral Procedure Modifier 50:

Modifier 50 is used to identify a bilateral procedure that is more complex and/or requires additional significant time at a single operative session.

In the example below, CPT code 40701 (plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure) is the primary procedure and CPT-4 code 69436 (tympanostomy [requiring insertion of ventilating tube], general anesthesia) is the secondary procedure. Both procedures are bilateral.

- **Line 1:** Enter code “40701” with modifier AG (primary surgeon) in the *Procedures, Services or Supplies* field (Box 24D). (This code does not require a 50 modifier because this is the primary surgery and the CPT-4 descriptor designates this is a bilateral procedure.)
- **Line 2:** Enter code “69436” with modifier 51 (multiple procedures) in the *Procedures, Services or Supplies* field (Box 24D) to signify this is the secondary procedure.
- **Line 3:** Enter code “69436” a second time with modifier 50 (bilateral procedure) in the *Procedures, Services or Supplies* field (Box 24D) to signify the procedure requires additional significant time at a single operative session.

In this example, ICD-9-CM code 749.24 (bilateral, incomplete cleft palate with cleft lip) is entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21, Number 1). This is the primary diagnosis.

ICD-9-CM code 744.3 (unspecified anomaly of the ear) is entered as the secondary diagnosis code to support the need for the tympanostomy.

The figure below shows the use of modifier 50 to identify a bilateral procedure that requires additional significant time.

19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO					\$ CHARGES														
LINES 2 AND 3 - BILATERAL MYRINGOTOMIES																													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE					ORIGINAL REF. NO.														
1. 749.24																													
2. 744.3															23. PRIOR AUTHORIZATION NUMBER														
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPBDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From To										SERVICE				CPT/HCPCS				MODIFIER											
MM DD YY MM DD YY																													
1										06 21 07		22		40701 AG						4120.00		1		NPI					
2										06 21 07		22		69436 51						600.00				NPI					
3										06 21 07		22		69436 50						600.00				NPI					

Bilateral and Multiple Procedure Modifiers AG, 50 and 51:

In this example, CPT code 28290 (hallux valgus [bunion] correction, with or without sesamoidectomy; simple exostectomy [Silver type procedure]) is the primary procedure.

- **Line 1:** Enter code 28290” with modifier AG (primary surgeon) in the *Procedures, Services or Supplies* field (Box 24D).
- **Line 2:** Enter code “28290” with modifier 50 (bilateral procedure) in the *Procedures, Services or Supplies* field (Box 24D) to signify the procedure requires additional significant time.
- **Line 3:** Enter code “28080” with modifier 51 (multiple procedures) in the *Procedures, Services or Supplies* field (Box 24D) to signify this is the secondary procedure.

In this example, information explaining the procedures billed on claim lines 1 through 3 is entered in the Reserved for Local Use field (Box 19). This information is optional but is recommended as it can help claim examiners identify the location of bilateral procedures.

19. RESERVED FOR LOCAL USE LINE 1: BUNIONECTOMY, RT FOOT. LINE 2: BUNIONECTOMY, LT FOOT. LINE 3: EXCISION OF MORTON'S NEUROMA										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
1. _____ 3. _____										23. PRIOR AUTHORIZATION NUMBER									
2. _____ 4. _____																			
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER										F. \$ CHARGES		G. DAYS OR UNITS		H. EPDPT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
1 06 15 07 21 28290 AG										16171		1				NPI			
2 06 15 07 21 28290 50										16171		1				NPI			
3 06 15 07 21 28080 51										12128		1				NPI			

The above figure shows Primary, Bilateral and Multiple Procedure Modifiers AG, 50 and 51.

Multiple Bilateral Procedure Modifiers AG, 50, 51 and 99:

In this example, three bilateral procedures are performed on the patient’s eyes and nose by the same physician during the same operative session.

- **Line 1:** Enter code “68720” with modifier AG (primary surgeon) in the *Procedures, Services or Supplies* field (Box 24D). This is the primary procedure.
- **Line 2:** Enter code “68720” with modifier 50 (bilateral procedure) in the *Procedures, Services or Supplies* field (Box 24D) to signify this is bilateral to the primary procedure.
- **Line 3:** Enter code “31200” with modifier 51 (multiple procedures) in the *Procedures, Services or Supplies* field (Box 24D) to signify this is the secondary procedure.
- **Line 4:** Enter code “31200” with modifier 99 (multiple modifiers) in the *Procedures, Services or Supplies* field (Box 24D) to signify this procedure is billed with multiple modifiers.

- **Line 5:** Enter code “30130” with modifier 51 (multiple procedures) in the *Procedures, Services or Supplies* field (Box 24D) to signify this is the third procedure.
- **Line 6:** Enter code “30130” with modifier 99 (multiple modifiers) in the *Procedures, Services or Supplies* field (Box 24D) to signify this procedure is billed with multiple modifiers.

In addition, “SEE ATTACHMENT” is entered in the *Reserved for Local Use* field (Box 19). The attachment is included with the claim because there is not enough room in the *Reserved for Local Use* field (Box 19) to explain the procedures billed on claim lines 1 through 6. This information is optional but is recommended because it helps claim examiners identify the location of bilateral procedures.

19. RESERVED FOR LOCAL USE LINES 4 AND 6: MODIFIERS 50 + 51. SEE ATTACHMENT.										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.				
23. PRIOR AUTHORIZATION NUMBER																
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY											
06	15	07				21		68720	AG			16171	1		NPI	
06	15	07				21		68720	50			16171	1		NPI	
06	15	07				21		31200	51			12128	1		NPI	
06	15	07				21		31200	99			12128	1		NPI	
06	15	07				21		30130	51			10000	1		NPI	
06	15	07				21		30130	99			10000	1		NPI	

The above figure shows Modifiers AG, 50, 51 and 99 to Identify Multiple Bilateral Procedures.

SECTION 5: ICD-10

As a reminder, the ICD-10 compliance date has changed been extend to October 1, 2015. GCHP would to thank those of you who took the time to respond to our recent survey inquiring about your readiness for ICD-10 and willingness to participate in training with GCHP.

GCHP has been working on provider training deliverables with a presentation to occur in 2015, during the third quarter. Additionally, for those of you who are interested in participating in testing with GCHP, we will be reaching out to you separately to strategize and coordinate the effort in late 2014 to prepare for testing during second quarter of 2015.

For additional resource information, including the latest news, please visit the provider resources page on the [CMS website](http://www.goldcoasthealthplan.org).



SECTION 6: 2014 – 2015 Influenza Season Recommendations

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) has released information on recommendations for the 2014-2015 influenza season. Highlights of their recommendations are shown below.

- Influenza vaccine is recommended for all persons 6 months or older who do not have contraindications.
- Vaccination should be offered as soon as the vaccine becomes available (by October, if possible).
- For children 6 months – 8 years who require 2 doses, the first dose should be received as soon as the vaccine is available and the second dose should be administered 4 or more weeks later.
- To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations when vaccine is available.
- For 2014–15, U.S.-licensed influenza vaccines will contain the same vaccine virus strains as those in the 2013–14 vaccine.
- When immediately available, live attenuated influenza vaccine (LAIV) should be used for healthy children aged 2 through 8 years who have no contraindications or precautions. If LAIV is not immediately available, inactivated influenza vaccine (IIV) should be used. Vaccination should not be delayed to procure LAIV.
- LAIV should not be used in the following populations:
 - Persons <2 or >49 years old
 - Children 2 – 17 years old taking aspirin or aspirin-containing products
 - Persons who have experienced severe allergic reactions to the vaccine or its components
 - Pregnant women
 - Immunosuppressed persons
 - Persons with egg allergy
 - Children 2 – 4 years who have asthma or have had a wheezing episode in the past year
 - Persons who have taken influenza antiviral medication within 48 hours
- A regular dose flu vaccine and a newer flu vaccine with a higher dose associated with a stronger immune response are both available for people 65 years of age and older. ACIP has not expressed a preference for either vaccine.
- All health care workers should get the influenza vaccine. (Health care workers include physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from health care workers and patients.

Health care professionals can access more detailed information by visiting the Flu.gov website.

SECTION 7: New Medi-Cal Autism Treatment Benefit Effective September 15, 2014

Applied Behavioral Analysis (ABA) for the treatment of autism spectrum disorder (ASD) is a new Medi-Cal managed care benefit effective 9/15/2014. Beacon Health Strategies will administer this benefit for Gold Coast Health Plan (GCHP). Beacon has experience in administering ABA benefits and has been working to develop a network in Ventura County.

This benefit was mandated on very short notice and at this time policy is still being developed with stakeholder input. GCHP is positioning itself to respond to these directives and rapidly changing environment. While some details may change, the following elements appear definite.

- Any GCHP member diagnosed with ASD up to age 21 will be eligible for ABA services. The ASD must be severe enough to significantly interfere with home or community activities.
- After a diagnostic work-up and prescription from a physician or psychologist is obtained, ABA therapy can be provided by a qualified autism service provide or a service professional or paraprofessional supervised by a qualified autism service provider.
- The diagnosis of ASD must be made by a physician or psychologist. A prescription for ABA therapy is necessary before services can be provided. If a physician feels qualified to make this diagnosis, a prescription for ABA must be written and a referral to Beacon should be made.

Beacon providers will then perform an assessment and develop an ABA treatment plan. If a physician does not feel comfortable making this diagnosis, the member can be referred to Beacon Health Strategies to obtain the diagnosis from a licensed psychologist.

You can call Beacon Health Strategies at 1-855-765-9702.

- There are several tools physicians may use in diagnosing ASD depending upon the age of the child. Some of the tools mentioned by UpToDate are listed below. You can learn more about them on the web.
 1. **Tools for Children <3 Years Old**
 - [Modified Checklist for Autism in Toddlers](#) (M-CHAT) is a two-stage tool for children 16 – 30 months old.
 2. **Tools for Preschool and School-Age Children**
 - Social Communication Questionnaire (SCQ)
 - Childhood Autism Syndrome Test (CAST)
 - Autism Spectrum Screening Questionnaire (ASSQ)



- At this time, members receiving ABA therapy through Tri-Counties Regional Center (TCRC) will continue to receive ABA there; however, the California Department of Health Care Services (DHCS) is working to develop a plan to transition members to ABA therapy through GCHP in the future.
- If a member has received ABA services from an out of network licensed provider within the preceding 12 months, the member will be able to continue seeing that provider if the provider is willing to contract with GCHP.
- If a member paid out of pocket for ABA services from a qualified provider from July 7, 2014 through September 14, 2014, they can be reimbursed by submitting proof of the expenditure to the [State Fiscal Intermediary](#).
- Reimbursement is only available for services incurred between July 7, 2014 and September 14, 2014.
- Some ASD services will not be covered. These include respite care, custodial care and educational services. Services cannot duplicate care received by other agencies such as those outlined in an Individualized Educational Program (IEP) from a Local Educational Agency (LEA).

SECTION 8: 24 Hour Provider Access for Post Stabilization

Gold Coast Health Plan (GCHP) now offers 24 hour provider access for post stabilization activities and an on-call medical management nurse during non-business hours weekdays from 5:00 PM to 8:00 AM PST. Access is available 24 hours/day 365 days per year on weekends and holidays for assistance with member transfers and urgent discharge needs.

**To access our 24 hour services,
please call the GCHP after-hours answering service at 877-627-9411.**

Frequently Asked Questions

Q. Is prior authorization required for emergency admissions?

A. GCHP does not require prior authorization for emergency care or resulting admissions. To report an admission, please fax face-sheet and inpatient clinical information to 855-883-1552. Clinical information will be reviewed the next business day.

Q. How is authorization obtained for SNF and Acute Care Rehab placement?

A. For planned discharges please work with GCHP's discharge planner during normal business hours to ensure appropriate authorizations are in place upon discharge.

- GCHP's discharge planner can be reached at 805-437-5659.
- If an authorization is needed for a weekend transfer contact GCHP's after-hours answering service at 877-627-9411. A nurse will return your call with-in 30 minutes and will work telephonically to obtain necessary clinical information and provide authorization.

SECTION 9: HEDIS® 2013 Children & Adolescent Wellness Measures That Did Not Meet the 25th Percentile

Gold Coast Health Plan's (GCHP) HEDIS® 2013 scores for the following two children and adolescent wellness measures **fell below NCQA's 25th percentile** and the Department of Healthcare Services (DHCS) Minimum Performance Level (MPL):

HEDIS® Measure		GCHP 2013 Rates	MPL 25 th Percentile
1	Weight Assessment & Counseling for Nutrition & Physical Activity in Children/Adolescents		
	BMI Percentile*	43.80	37.96
	Counseling for Nutrition	43.31	47.45
	Counseling for Physical Activity	28.71	34.55
2	Well-Child Visits in the 3 rd – 6 th Years of Life	64.23	67.40

* Rate surpassed the MPL

Compliance with these two annual screenings is measured if the following documentation and billing code requirements are documented in the medical records and claims:

HEDIS® Measure	Documentation	Billing Codes
1 Weight Assessment & Counseling for Nutrition & Physical Activity in Children/Adolescents	Documentation for ALL of the following: <ul style="list-style-type: none"> BMI percentile (ages 3-15) or BMI value (ages 16-17) Counseling for nutrition Counseling for physical activity 	Codes to indicate BMI: ICD-9 Codes: V85.5 – V85.54 Codes to Indicate Counseling for Nutrition: ICD-9: V65.3 CPT: 97802-97804 HCPCS: G0270-G0271, G0447, S9449, S9452, S9470 Codes to Indicate Counseling for Physical Activity: ICD-9: V65.41 HCPCS: G0447, S9451



	HEDIS® Measure	Documentation	Billing Codes
2	Well-Child Visits in the 3 rd – 6 th Years of Life	Documentation for ALL of the following: <ul style="list-style-type: none"> • Health and developmental history • Physical exam • Health education and anticipatory guidance 	Codes to Indicate Well-Child Exams: ICD-9 Codes: V20.0, V70.0, V70.3, V70.5, V70.6, V70.8, V7096 CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439

Providers can help improve their HEDIS® rates for these two measures by:

- Scheduling patients for their annual children and adolescent wellness exams;
- Recording the appropriate clinical documentation in the medical record;
- Submitting claims with the appropriate billing codes.

**If you have any questions,
please contact the Quality Improvement Department at 805-437-5592.**

SECTION 10: Health Education Resources, Events and Updates

New Educational Materials

The Health Education Department at Gold Coast Health Plan (GCHP) has new materials from the Dairy Council of California, Healthy Eating Made Easier. The materials are on the Department of Health Care Services, Medi-Cal Managed Care approved list of health education materials. The Dairy Council is making the literature available to ensure that everyone receives enough dairy, many individuals of all ages are lacking in Vitamin D and other essential nutrients that dairy can provide.

The GCHP Health Education Department has the following materials available:

- **Activity + Eating** – This booklet provides information about healthy weight, serving sizes, and basic physical activities.
- **Making Meals Matter (ages 2 to 5 & ages 6 to 12)** – These booklets provide an overview of serving size corresponding to each child’s age. It also highlights age specific physical activity.
- **Calcium Connection** – This booklet stresses the importance of calcium intake for adults and 50 plus, emphasizing the different forms of calcium.
- **Pregnancy** – This booklet reviews healthy eating for pregnant women and maintaining an adequate calcium intake. It also provides tips for managing constipation, heartburn, and nausea.

Materials from the Dairy Council are available in English and Spanish. If you would like to receive these materials please send an email to healtheducation@goldchp.org or [click here](#) to visit the Dairy Council of California website.

Upcoming Health Education Activities

GCHP will be hosting a series of Health Education Workshops throughout the county beginning in October. Each month the theme will be in conjunction with the national observances calendar.

- **October is Breast Cancer Awareness Month** – GCHP will host four Breast Cancer Awareness Workshops, speakers will focus on prevention, early detection, and treatment.
- **November is Diabetes Awareness Month** – GCHP will host two Diabetes Awareness Workshops, speakers will focus on diabetes prevention and information about maintaining a healthy lifestyle. The series will culminate in December with speakers providing tips for healthy eating through the holidays.

Diabetes Prevention Workshop - November 8, 2014

GCHP will host a Community Resource Fair in honor of Diabetes Awareness Month. The event will be held on Saturday, November 8, 2014, at the Oxnard Public Library from 10 a.m. to 12 p.m. The Community Resource Fair will feature guest speakers, free health screenings, resource booths, and demonstrations on how to use a glucose meter. If you have additional questions about the health fair or you would like to refer a member please contact healtheducation@goldchp.org.

Retinal Eye Exam Promotion

GCHP has instituted a member incentive program to encourage diabetic members to have the recommended retina screening exam. The Plan has mailed an informational bulletin to all eligible diabetic members informing them that they will receive two (2) free movie tickets to the theater of their choice if they complete a retina screening exam and have it documented by their doctor. Members must return their signed document to GCHP in the SASE envelope before the end of 2014.

When the signed form has been received by GCHP, the Health Education staff will mail the movie tickets to the member. [Click here](#) to view the form.

Department of Health Care Services Tobacco Prevention

The Department of Health Care Services requires their Managed Care Plans to provide all preventive services as identified by the United States Preventive Services Task Force (USPSTF). The recommendations require all health care providers to ask all individuals ages 18 and older about tobacco use and providers are also required to offer cessation interventions to those who use tobacco products.



Effective November 1, 2014 all Managed Care Plans are required to implement and cover payment of the following tobacco cessation services:

1. Initial and annual assessment of tobacco use for each adolescent and adult member.
2. FDA-approved tobacco cessation medications (non-pregnant adults of any age).
3. Individual, group, and telephone counseling for members of any age who use tobacco products.
4. Services for pregnant tobacco users.
5. Prevention of tobacco use in children and adolescents.
6. Provider training.

GCHP has revised the pharmacy formulary to reflect the new changes which can be found in the September 17, 2014 issue of the [GCHP Pharmacy Newsletter](#). Please continue to refer members to the many smoking cessation programs and telephonic counseling services that are available to them.

Staying Healthy Assessment (SHA) for 2014

The SHA forms are now available in a fillable format. SHA forms are also available for all age groups and can be accessed for download at the [GCHP website](#) or directly at the [DHCS website](#). Additionally, if you would like to order Health Education materials that will assist you in your SHA education efforts, please contact the health education at healtheducation@goldchp.org.

SBIRT (Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training)

Effective January 1, 2014, DHCS began offering Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) benefits to adult Medi-Cal beneficiaries. [Click here](#) to view the most up-to-date training list (hosted by UCLA ISAP) or visit the [DHCS](#) home page.

Cultural and Linguistic Program Services

Cultural and Linguistic Services offers free sensitivity training to providers. If you are interested in having training at your location contact Cultural and Linguistic Services at 805-437-5604 or send an email to culturallinguistics@goldchp.org.

On October 23, 2014, GCHP's Cultural and Linguistic Services will be offering a free provider training on how to access a telephonic interpreter. Training will be held at 2240 E. Gonzales Road, Conference room 200, Oxnard from 1:30 pm – 2:30 pm.

To request a sign language interpreter for GCHP members please fill out the LifeSigns form and submit your request to LifeSigns and GCHP. If you need a copy of the form, please contact us at culturallinguistics@goldchp.org.



SECTION 11: 2014-2015 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.

Gold Coast Health Plan has established authorization and Clinical Criteria Guidelines for the 2014-2015 RSV season, which begins November 1, 2014 and ends on or about March 31, 2015, in the state of Calif. These guidelines were developed based on recommendations of the American Academy of Pediatrics (AAP) and Ventura County Health Department.

Changes to the American Academy of Pediatrics guidelines for Synagis[®] for the 2014-2015 season include:

- Palivizumab prophylaxis is recommended for infants born at less than 29 weeks gestation;
- Infants with chronic lung disease qualify for prophylaxis only if they require supplemental oxygen for more than 28 days after birth;
- With rare exception as defined in this policy statement, prophylaxis is not recommended during the second year of life;
- Monthly prophylaxis should be discontinued in any infant or young child who experiences a breakthrough RSV hospitalization.

For more information to or to view the updated guidelines visit [Red Book Online](#) or the [AAP](#) website.

Synagis[®] is available through a limited distribution network as established by the manufacturer. 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.

Fax your information for initial screenings to determine coverage eligibility for Synagis[®] to:

VCMC Pediatric Diagnostic Center
Attention: Kay: FAX: 805-652-3375

Along with your request, please include the following information:

- NICU discharge summary and any other supportive clinical documentation to expedite the review process;
- A completed Synagis[®] request form. [Click here to access the form.](#)

Fax the information to:

VCMC Pediatric Diagnostic Center
Attention: Kay: FAX: 805-652-3375

Administration of Synagis[®] in a medical office or in the home setting by a nurse for high risk infants will require prior authorization from GCHP.

Synagis[®] 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 GCHP's Pharmacy Benefits Manager (PBM), ScriptCare.

All requests for Synagis[®] received by GCHP will be reviewed for possible California Children's Services (CCS) eligibility. For questions regarding this benefit, please contact GCHP at 805-437-5653.

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