Gold Coast Health Plan℠

A Public Entity

Provider Operations Bulletin

APRIL 2016

28

Table of Contents

Department of Health Care Services (DHCS) Audit

Gold Coast Health Plan (GCHP) will be going through a DHCS Medical Audit from April 25 to May 6. You may be contacted by DHCS nurse evaluators and/or visited on-site by the auditors to ensure that you are abiding by state standards. Among the Plan's responsibilities when doing site visits is to ensure that materials for members are readily available and that any concerns providers are having are brought to the Plan's attention.

GCHP CAQH CORE

GCHP has achieved Phase III CAQH Committee on Operating Rules for Information Exchange (CORE®) Certification, a voluntary certification program widely viewed as the industry's gold standard.

In an effort to ensure that large amounts of data can be shared electronically across the health care system in a fast and efficient way, the Affordable Care Act (ACA) mandated national operating rules for HIPAA administrative transactions. The Department of Health and Human Services (HHS) selected CAQH CORE as the entity to develop these operating rules, which specify the actions needed to ensure uniform, reliable electronic data transmission.

In order to streamline provider payment and claim reconciliation, these operating rules establish national expectations for the flow and format of electronic funds transfer (EFT) and electronic remittance advice (ERA) to make electronic transactions as seamless as possible. The health care industry currently conducts about 1.2 billion of these transactions every year, with many still conducted manually.

This certification demonstrates that GCHP is on the leading edge of simplifying payment processing, streamlining the accounts receivable process, and improving the accuracy and timeliness of information exchange.

The CAQH CORE Certification seal was awarded after GCHP successfully completed testing by an independent

CORE-certified testing vendor and confirms that the Plan can now exchange electronic health care information with health care providers for EFT and ERA in conformance with the Phase III CAQH CORE Operating Rules. This certification is an example of how GCHP is using technology to improve administrative efficiency across the health care system. Participation in the CAQH CORE operating rules and processes are entirely voluntary. Providers who do not wish to participate do not need to do anything.

The operating rules apply to the 270/271 (eligibility file, batch and real time), 276/277 (claim status file, batch and real time) and 835 (electronic remittance advice) transactions. These rules are outlined in the updated EDI 5010 Companion Guides found in the CORE Channel section of the Provider Resources page on GCHP's website. Information on enrolling and participating in the program can be found there.

Member Incentive to Increase Postpartum Care

What is the reason for the postpartum care member incentive? For the 2012, 2013, and 2014 measurement years, GCHP's rate for the postpartum care measure has ranked low, achieving only the minimum performance level, which equates to the 25th national percentile reported by the National Committee for Quality Assurance (NCQA).

What is the member incentive? As an incentive to increase postpartum visits among new mothers, GCHP is offering Newborn Gift Sets to eligible members who complete their postpartum care visits within four to six weeks of delivery. The Newborn Gift Set includes a baby knit cap, knit socks, baby wipes and two packages of newborn diapers.

How are members notified about the incentive? Members are notified of the Newborn Gift Set incentive program through monthly mailings to members who are identified as being pregnant. Practitioners can also download the member incentive forms for their patients from GCHP's website. The incentive form is available in English and Spanish. Click here to access the form.

How do members qualify to receive the Newborn Gift Set? To qualify for the Newborn Gift Set, members must send GCHP a completed member incentive form that is signed by both the member and the practitioner who performed the postpartum exam. GCHP will review and verify the information on the form and mail the member the Newborn Gift Set if all eligibility requirements are met.

In an effort to encourage healthy behavior, GCHP is offering rewards to members who complete preventive care exams.

Click here to access the Member Rewards section on the website.

Standardized Developmental Screening Tools During Well-Child Exams

Importance of Using Standardized Screening Tools

The American Academy of Pediatrics (AAP) recommends including standardized developmental and behavioral screenings tools during preventive care exams when a child is 9, 18, 24 and 30 months of age. Screening tools should include collecting information about the child from the parent(s), since the home is the ideal setting for detecting developmental issues. Standardized screening tools that are completed by the parent and scored by the clinician can improve the assessment of a child's development status. The early detection of problems provides an opportunity for early interventions and referrals to needed services.

Care Management for Children with Developmental Concerns

Children identified with developmental concerns can be re-ferred to GCHP's Care Management team for help coordinating care and referrals to the services children need.

Click here for more information on GCHP's Care Management team.

Coding for Developmental Screening Tools During Office Visits

The following CPT codes are used to bill for developmental screenings:

- 96110 - Developmental Screening; Limited
    » Includes standardized instrument form (e.g. PEDS, ASQ) - with interpretation and report
    » Usually performed with preventive care visit or other services such as follow-up visits
    » May be performed by a physician, nurse, or other trained non-physician staff

- 96111 – Developmental Screening; Expanded
  » Includes standardized instrument form with assessment of motor, language, social, adaptive, and/or cognitive functioning - with interpretation and report
  » Usually performed independent of other services
  » Performed by physician or other trained professional

Additional Information on Developmental Screening Tools

For more information about the importance of standardized developmental and behavioral screening tools, visit:

- American Academy of Pediatrics
- Help Me Grow Ventura

Healthcare Effectiveness Data and Information Set (HEDIS®) Update

What is HEDIS®?
HEDIS® is a tool created by NCQA to measure the performance of the Plan on important dimensions of care and services. Data abstraction for measurement year 2015 began in February and will end in May.

GCHP's Quality Improvement Department has posted the updated Introduction to HEDIS® 2016 presentation on GCHP's website.

The updated presentation provides an overview of the HEDIS® measures that GCHP reports and NCQA's updates and changes to these measures. Click on Introduction to HEDIS® 2016 to view the presentation. Please email any HEDIS® questions to the Quality Improvement Department at hedis@goldchp.org.

HEDIS® Update

Release of Information (ROI) Request for HEDIS® Quality Reviews

Gold Coast Health Plan (GCHP) requires your assistance in obtaining medical record data in preparation for the 2016 HEDIS® season (for measurement year 2015).

HEDIS® is a nationally-recognized report that relies on medical claims and medical record data to measure access, utilization and effectiveness of clinical care. GCHP has access to claims data, but needs help from the Plan's practitioners and facilities to obtain the required medical record data. For HEDIS® 2015 measurement year, medical record data is required for the following clinical performance measures:

2015

- Childhood Immunization Status
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Immunization for Adolescents
- Cervical Cancer Screening
- Prenatal and Post-Partum Care
- Well-Child Visits
- Controlling High Blood Pressure
- Comprehensive Diabetes Care

Only a random sample of patients will be selected for medical record data collection. Based on the volume of medical record information needed from each site or facility, arrangements can be made for data collection by fax, mail, uploading records via a secure portal, making an appointment with the GCHP courier to collect the records. GCHP appreciates your assistance and cooperation in providing medical record data within five days of the request.

Verisk Health, a business associate and vendor of GCHP is leading the data collection. Verisk Health is contractually bound to preserve the confidentiality of the Protected Health Information (PHI) obtained from the medical records of GCHP members and operate in accordance with the privacy regulations of the Health Insurance Portability and Accountability Act. (HIPAA). Practitioners and facilities caring for selected patients will be contacted directly by Verisk Health to verify that medical record(s) exist and to make arrangements for obtaining them.

If you have questions about HEDIS®, email hedis@goldchp.org or call 1-805-437-5600. For general information about HEDIS®, you may also refer to the NCQA website: http://www.ncqa.org.

GCHP is committed to improving the health of its members through the provision of quality care and services. Thank you for the excellent care you provide and for your continued partnership.

Member Benefit Information Meetings

GCHP conducts member orientation meetings three times a month for all members. These meetings are held throughout the county and are 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 available community resources.

Meeting times and locations vary monthly. Members can call Member Services at 1-888-301-1228 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
April 27, Wednesday: English 5:15 p.m., Spanish 6:30 p.m.
May 16, Monday: English 5:15 p.m., Spanish 6:30 p.m.
June 18, Saturday: English 10:30 a.m., Spanish 12 p.m.
June 29, Wednesday: English 5:15 p.m., Spanish 6:30 p.m.

Simi Valley Library
2969 Tapo Canyon Road, Simi Valley CA 93063
April 30, Saturday: English 10 a.m., Spanish 11 a.m.

Camarillo – GCHP Office
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
April 28, Thursday: English 1:30 p.m., Spanish 3 p.m.
May 17, Tuesday: English 1:30 p.m., Spanish 3 p.m.
June 15, Wednesday: English 1:30 p.m., Spanish 3 p.m.

Ventura – Ventura Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001
May 21, Saturday: English 10 a.m., Spanish 11:30 a.m.

Changes to Pre-Authorization Requirements

GCHP continues to evaluate and monitor the services that require prior authorization. As a result, the following services will no longer require an authorization and will be removed from the prior authorization list effective May 1. Please note, for members under 21 years of age, CCS eligibility criteria applies.

Sleep Studies: The following procedure codes will be removed from the prior authorization list:

- 95800-95801
- 95805-95811

Genetic Counseling: The following procedure code will be removed from the prior authorization list:

- S0265

Hearing Aids: The following procedure codes will be removed from the prior authorization list:

- V5030
- V5050
- V5070
- V5120
- V5140
- V5170
- V5190
- V5220
- V5265
- V5267
- V5269
- V5271
- V5273
- V5275
- V5040
- V5060
- V5080
- V5130
- V5150
- V5180
- V5210
- V5230
- V5266
- V5268
- V5270
- V5272
- V5274
- V5298

GCHP Coordination of Care with County and Community Agencies for Members with Special Health Care Needs

Care coordination at GCHP is designed around an individual's specific needs and is focused on bridging gaps in the continuum of care. Care coordination addresses gaps in interrelated medical, social, developmental, behavioral, educational, financial or end-of-life issues. The focus is on adding and integrating services, avoiding duplication of services, and facilitating the reduction of barriers that may reduce the efficacy of treatment.

GCHP nurses, social workers and care coordinators work with providers and county or community agencies such as California Children's Services (CCS), Tri-Counties Regional Center (TCRC), the Ventura County Public Health Department (VCPHD) and others to facilitate coordination of care for your patients.

CCS

CCS eligibility is diagnosis driven. A child with a CCS diagnosis can be co-managed by GCHP and CCS. GCHP Care Management follow-up for non-adherence, social issues, transportation issues or other identified barriers may be necessary. These members may be enrolled in GCHP Care Management services with ongoing coordination and communication between GCHP Care Managers and county CCS nurses.

When you send a Treatment Request Form to GCHP, a nurse reviews the request. If a possible CCS-eligible condition is identified, the nurse will contact your office and advise that a Service Authorization Request (SAR) be sent by your office to CCS. If your office staff is unfamiliar with this process, the GCHP nurse can provide assistance. However,

GCHP does not submit SAR requests directly to CCS. SAR requests can be faxed to CCS at 1-805-658-4580.

For questions about CCS, go to the DHCS website at: http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx

TCRC

Eligibility for TCRC is established through diagnosis and assessment performed by regional centers. TCRC provides person- and family-centered supports for individuals with developmental disabilities. TCRC provides overall coordination for eligible persons and their families to promote access to health, developmental, social, educational and vocational services. GCHP provides screening, preventive, medically necessary and therapeutic covered services to members with developmental disabilities.

If you identify a patient who should be receiving resources from TCRC and who also needs help with coordination of care for a medical problem, please click here to complete a GCHP Care Management Referral Form.

If you have a patient you feel may be eligible for TCRC services, please contact TCRC at 1-805-485-3177 or 1-800-664-3177.

For more information, visit the TCRC website: http://www.regionalcenter.org/california/tri-counties-regional-center

Early Start

Early Start is a program that provides early intervention services to infants and children ages 0-3 with developmental disabilities or who are at risk for developmental disabilities, including vision, hearing and severe orthopedic impairments.

If a parent or provider has concerns, TCRC should be contacted at 1-805-485-3177. If appropriate, the service coordinator will make a referral for an assessment by a qualified assessor.

GCHP and Early Start collaborate in scheduled meetings and as needed on a case-by-case basis regarding children transitioning from Early Start to a school district and TCRC Pediatrics. TCRC provides overall coordination for eligible persons; GCHP provides all medically-necessary services. GCHP Care Managers are available for coordination of care activities as identified by Early Start staff.

VCPHD

GCHP collaborates with (VCPHD) nurses to facilitate efficient and effective care coordination. Referrals to VCPHD by GCHP nurses are made for members identified as having special health care needs. Public health nurses have direct communication with GCHP nurses for requests for assistance with care coordination or Care Management needs.

Transitioning Members From Pediatric to Adult Providers

Optimal health care is achieved when each person at every age receives medically- and developmentally-appropriate care. The goal of a planned health care transition is to maximize lifelong functioning and well-being for all youth, including those who have special health care needs.

Transition of care to adult providers for the Plan's members who have qualifying CCS-eligible conditions is a process that may begin in adolescence. According to diagnosis and required support services, meetings with the member, providers and therapists can start as early as age 16. Young adults with special health care needs require an expanded transition-planning process.

CCS doctors and specialists are normally pediatric-only providers and may have been involved in the member's care

for most of his/her young life. Many of these services are provided by out-of-area CCS-approved tertiary centers and may have been considered by the member to be the medical home.

GCHP and CCS work collaboratively with the member and/or personal representative, specialists and primary care physicians with the goal of a successful transition to an adult model of care appropriate for the member's developmental level. Members with certain degenerative or disabling conditions may require legal documentation for personal representation. Therapy specialists and/or customized equipment may be required to support mobilization or activities of daily living.

For members with special health care needs, direct communication between pediatric and adult providers is essential. Transition goals must be individualized to account for variations in the complexity of a member's condition and in the member's intellectual ability and guardianship status.

Transitioning members to adult providers ideally should include:

- Collaboration between primary care provider and pediatric provider.
  » Transfer of appropriate medical records
- An interview including the primary care provider, member and his/her parents or guardian.
- The initiation of a jointly-developed transition plan with the member and his/her parents or guardian.
  » Include components to obtain an accurate assessment of the member's ability to transition successfully

- » Needs assessment
- » Independence level setting
- » Transition goals

Patients "age out" of CCS at age 21 and require transition to an adult in-network provider. At age 20, GCHP Care Managers will collaborate with the member, the CCS team, the pediatric provider and the GCHP Primary Care Provider (PCP) to facilitate a smooth transition.

The PCP will receive a letter and phone call from GCHP's Nurse Care Manager advising you that your member is about to turn 21 and will be transitioning to adult providers. The Plan's Care Management team will work with you and the CCS Health Care team to promote the best possible outcome for your patient.

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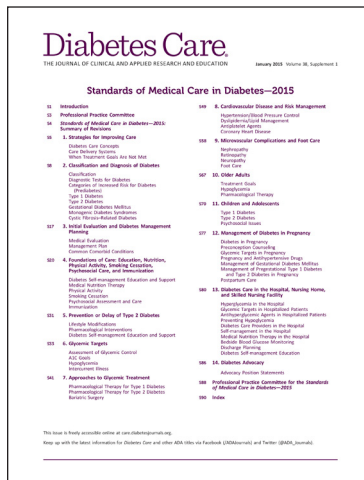
GCHP aims to improve the health of its members and their families by partnering with its network of providers to deliver appropriate, evidence-based care. To assist in improving the health of the Plan's members and their families, GCHP created a Disease Management Program for Diabetes to focus educational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

The program is a free service for the Plan's members and provides them with targeted interventions to help manage complex, chronic conditions like diabetes. The program can connect members to classes located 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:
- Provides educational resources in English or Spanish.
- Connects them to classes in English or Spanish.
- Allows them to work with a nurse coach on an individualized action plan.

For Providers, the program identifies:
- Care gaps by providing data around quality metrics.
- Members in your practice who you may want to refer.

You can also access the Diabetes Clinical Practice Guidelines here.

Referring a member is easy. Simply fill out the Provider Referral Form on GCHP's website and call, email or fax it to one of the contact locations listed on the form.

Group Needs Assessment (GNA) Survey

GCHP is preparing to conduct a GNA Survey. The GNA is a regulatory requirement from DHCS. The GNA survey will be mailed to the Plan's members and will be available in English and Spanish. The survey findings will be used to develop and implement culturally- and linguistically-appropriate health education programs and services for GCHP's members. The survey will be mailed to members in the early summer. Providers will receive notification that the survey has been mailed.

Should you have members asking questions about the GNA survey, please direct them to GCHP's Cultural & Linguistic Services at CulturalLinguistics@goldchp.org.

Thank you. We look forward to sharing the results of the GNA in the winter.

Access and Availability:

There are access and availability standards that all providers must meet when providing services to Medi-Cal members. The regulations associated with 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. Providers will 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.

B. **First Prenatal Visit**
GCHP will ensure that providers grant pregnant female Medi-Cal members their 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 phone calls (to answer and return) and on the time it takes to obtain various types of appointments.

D. **Telephone Procedures**
GCHP requires all providers to maintain a procedure for triaging members' phone calls, providing telephone medical advice and accessing telephone 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 seen within 96 hours of the request.

F. **PCP Appointments**
Non-Urgent PCP appointments are scheduled within 10 days of the request.

G. **Specialist Appointments**
All appointments with specialists are made within 15 days of the request.

H. **Ancillary Appointments**
All ancillary appointments for the diagnosis or treatment of injury, illness or other health condition are made 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.

Managed Care Provider Data Improvement Project (MCPDIP)

DHCS has issued a requirement change for provider data submission. The change replaces the current monthly health plan data submission previously governed by APL-14006. The new project work is being developed under MCPDIP, which will allow DHCS to monitor the Plan's provider network.

How does this impact GCHP providers? GCHP is required to collect from providers an enhanced set of data as defined by DHCS. The project requirements, including an outline of the enhanced data (file layout and companion guide) and project timeline will be rolled out to the Plan's contracted providers in the coming weeks. Due to a tight timeline defined by DHCS, submission of production data to DHCS needs to be delivered by the end of the third quarter, which is a recent update made by DHCS from our previously-released bulletin.

We look forward to working with the Plan's contracted providers on this effort. If you have any questions about MCPDIP, email ProviderRelations@goldchp.org.

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

Diabetes Education Classes

GCHP is continually hosting diabetes classes throughout the county. The classes focus on healthy eating, exercise and diabetes self-management. Classes are available in both English and Spanish. If you are interested in hosting classes at your office or clinic, or if you would like to learn more, please email HealthEducation@goldchp.org.

New Educational Materials

The Plan's Health Education Department has materials available on healthy eating, diabetes, smoking cessation resources, and tooth decay. If you would like these materials or are searching for materials on a particular topic, please contact the Health Education Department at HealthEducation@goldchp.org.

Outreach – GCHP's 5th Annual Community Resource Fair

GCHP will host its 5th Annual Community Resource Fair at Plaza Park in Oxnard, on Saturday, May 14 from 10 a.m. – 2 p.m. Free health screenings and resources will be offered by various health and community agencies.

- Emergency Medical Services will be doing sidewalk CPR.
- The Oxnard Fire Department will have a truck there with firefighters answering questions.

- Clinicas del Camino Real will be on site with their mobile unit doing diabetes screenings.
- The Community Action Commission will be helping with Medi-Cal applications.
- Ventura County Medical Center, Magnolia Clinic will be doing blood pressure screenings.
- Ventura College nursing students will be conducting blood pressure and BMI consultations.
- Mariachi INLAKECH and Ballet Folklorico will be performing.

This event is for children and adults. If you have any questions, or are interested in participating in the event, please contact outreach@goldchp.org.

Cultural & Linguistic Program Services

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

To request a sign language interpreter 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 email CulturalLinguistics@goldchp.org. Please allow advance notice of five business days for face-to-face interpreter services.

Billing Requirements for CMS 1500 Paper Claim Forms

Providers who bill services on a CMS 1500 claim form should note that a signature is required in Box 31. The signature must match the name of the provider in Box 33, if the provider is a sole practitioner, or Box 24J, if the provider is billing under a group NPI. Claims that do not have a signature in Box 31 will be returned for correction.

You Are Invited to Attend Telephonic Interdisciplinary Care Team Conferences (ICT)

Team-based health care is the provision of health services to individuals, families and/or their communities by at least two health providers who work collaboratively with patients and their caregivers.

Telephonic Interdisciplinary Care Team Rounds are available on a bi-weekly basis for GCHP Care Management enrollees. Team conferences are attended by Care Management nurses, GCHP social workers, Beacon Behavioral Health case managers, GCHP's Associate Chief Medical Officer (by request) and other pertinent team members. Patients are also invited to attend.

The purpose of the ICT is to identify barriers and discuss possible interventions or solutions to meet care needs.

You may receive a telephonic invitation from a GCHP Care Manager requesting your attendance in Case Rounds (ICT) for one of your patients. If you choose to participate, you will be provided with a call-in number and a 10-minute appointment.

If you have a GCHP patient that you would like to discuss at an ICT, please contact the Plan's Care Management Department at 1-805-437-5634. We look forward to having you join us at the next ICT!

NOTES:

NOTES:

NOTES:

Gold Coast Health Plan℠
A Public Entity

28

Provider Operations Bulletin

APRIL 2016

For additional information, contact
Provider Relations at 888-301-1228
Gold Coast Health Plan
711 East Daily Drive, Suite 106, Camarillo, CA 93010
www.goldcoasthealthplan.org