



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

Provider Operations Bulletin

JANUARY 2015

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The Provider Operations Bulletin is published quarterly as a service for the provider community of Gold Coast Health Plan.

Information comes from Gold Coast Health Plan and their partners. If you have any concerns or questions concerning specific content, please contact the Provider Relations department at ProviderRelations@goldchp.org or call the GCHP customer service line 1-888-301-1228 and request to speak to your Provider Relations Representative.

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2014 Year in Review

As we enter into a New Year, Gold Coast Health Plan (GCHP) would like to take a moment and look back at the prior year. In many ways it has been a remarkable year for GCHP, especially being such a young plan. Our membership as of January 2015 is over 178,000. This is a 40% growth percentage in the past 12 months, and is above what was budgeted for 2014. Much of this growth is attributed to the expansion of Medi-Cal to include single adults between the ages of 19 and 64. For this same period, over 40,000 new enrollees have joined GCHP through the Adult Expansion (AE) program. This growth along with enhancements to our claims processing and medical management areas, have resulted in our becoming a much more financially stable organization. This stability will permit GCHP to broaden our program offerings to not only improve the delivery, as well as access to health care services for our enrollees, but also in compensating our providers for the quality services provided.

At the end of 2013, GCHP sent out surveys to approximately 750 individual providers. These surveys asked providers to rank GCHP in the areas of Claims, Utilization Management, Quality Management, Network adequacies, our Call Center, and Provider Relations. The overall results for the major sections within the survey are below:

- 67% of responders are satisfied or above with Claims payment, accuracy of payments and resolution to claims issues.
- 85% of responders are satisfied or above with the number and quality of the provider network offered through GCHP.
- 83% of responders are satisfied or above with the pre-certification and authorization procedures.
- 84% of responders are satisfied or above with contacting GCHP regarding obtaining Member information, benefits, and in obtaining referrals.
- 82% of responders are satisfied or above with the Provider Relations staff and in the communications between GCHP and the provider community.

These results demonstrate that a number of improvements implemented by GCHP over the past few years are showing results. If some of the above listed percentages are broken down to their various components, it would show that there has been improvement in a number of areas. For instance, the survey shows that 70% of responders are satisfied or above with the accuracy of claims payments and 70% of responders are satisfied or above with the timeliness of claims payments. 91% of responders are satisfied or above with the quality of specialist participating in the network. These are encouraging numbers, but as an organization we need to continually improve our performance and interaction with our participating providers in order to make your association with us a rewarding and financially viable venture. It is due to the conservative financial arrangements established over the past few years, along with the growth in membership and improved administrative functions that has made GCHP much more stable financially. This stability will be rewarded back to our participating providers in a prudent manner to ensure the longevity of our Plan. A 2015 Provider Survey will be conducted during the second quarter of this year. The results of that survey will be reported in a future Provider Operations Bulletin (POB).

In this current edition of the POB we have included articles that you will hopefully find useful to both you and your staff. In every edition of the POB we will discuss administrative enhancements and changes occurring in the Medi-Cal program. Also, we will highlight various potential State and federal legislative actions that may impact your practice as well as how you interact with GCHP. We trust you will find this bulletin a useful guide in your interaction with GCHP.



Promote Your Product or Services to Other Network Providers

GCHP understands that many providers and vendors within our network may have services or products that would be of interest to others participating in our network. As a result, GCHP is making space available in upcoming editions of the POB to allow you to market your products or services. If you are interested in showcasing your product and/or services in future editions, please contact our Provider Relations department at ProviderRelations@goldchp.org.

Changes in Contact Information

If you are planning any change to your contact information regarding your practice and/or service location(s), telephone number(s), including any changes to your office hours, please contact GCHP so that we can maintain up to date information. On the GCHP web site you will find the Provider Relations tab which will have a link to the Provider Information Update Form. Once you have completed the form it can be emailed to us at ProviderRelations@goldchp.org. We would like to receive your updated information prior to your change as it may take several weeks for the updated information to be posted.

Member Billing

It has been brought to our attention that providers are still informing our members that they may receive a bill or are currently billing members for services due to a confusion regarding the responsible county code and/or because the member's managed care plan status is on hold. Providers have been informing members that 1) because the responsible county code in AEVS shows a different county number than where the beneficiary currently resides then the member is not enrolled with GCHP, or the member's managed care plan status is on hold and therefore the provider cannot bill GCHP, and we are being informed that 2) providers will not see a member unless they pay up front prior to rendering any services. As a result of this continuing issue we would like to remind all providers of the following:

- Providers should not bill a Medi-Cal beneficiary for any Medi-Cal service. 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".
- The county number in the AEVS message is the responsible county code, not the residence county. If the message shows the beneficiary is a member of GCHP then the plan will pay the provider. It is the residence county code, not the county code in AEVS, which determines plan enrollment.
- If a provider has a member that has had their managed care participation placed on hold, the provider should bill Fee-For Service Medi-Cal for those services.

Notification of Required Documents to GCHP for ACA 1202 PCP Increase Payments

GCHP has recently notified the remaining physicians who have only attested to the ACA Increased Medicaid Payment for Primary Care Physicians program, but have not also submitted their [W-9 Form](#) along with the [GCHP ACA Provider Information Form/Cover Letter](#). If you have received this notification please submit the required documents as soon as possible. You can send us the documents via fax to 1-888-310-3660.

Please remember that information on the W-9 submitted to GCHP must match information that was submitted to Medi-Cal on the ACA Self-Attestation Form. Please submit either your Social Security Number or Tax Identification Number – NOT BOTH.

If you have any questions, please e-mail ProviderRelations@goldchp.org or call GCHP Customer Service 1-888-301-1228.

How GCHP Care Management Benefits Your Patient

Care Management is provided to eligible members with specific diagnoses or special health care needs. This includes members with complex acute and chronic diagnoses, disabilities or specialty care management needs. These members may require extensive use of resources and need assistance in navigating the health care delivery system.

Care Management provides a consistent method for identifying, addressing and documenting the health care and social needs of our members along the continuum of care. Once the member has been identified for Care Management, a nurse will work with the member to:

- Complete a comprehensive initial assessment
- Determine benefits and resources available to the member
- Develop and implement an individualized plan of care in partnership with the member, his/her physician and family or caregiver.
- Identify barriers to care
- Monitor and follow-up on progress toward care plan goals



Making a referral to GCHP Care Management

By completing the referral form located on the GCHP website, you will be providing the Care Manager with valuable information to address your concerns and facilitate an effective care plan. The Care Management Nurse or Social Worker will contact the member to ascertain interest in Care Management and obtain the member's permission. Once the member agrees to participate, a mutually agreed upon care plan will be developed for goal attainment. The member will be contacted on a frequency determined by the member and Care Manager.

As the referring physician, you will be provided with the initial care plan which will include goals and identified barriers. You will be updated every 2 months as to the member's progress and when the case is closed. Unless you specify otherwise, this correspondence is sent to your office for inclusion in the member's file and will include the name and telephone number of the Care Manager involved in your patient's care.

[Click here](#) to access the GCHP Care Management Referral Form.

Please email the completed form to CareManagement@goldchp.org or fax the completed referral to 1-855-883-1552. Instructions are also provided on the second page.

For further information about the Care Management Program or how to make a referral, please contact the Care Management Department at 1-805-437-5653.

Low Performing HEDIS® Measures For Children & Adolescent Wellness Exams

GCHP's HEDIS® 2012/13 measurements for children and adolescent wellness fell below the National Committee for Quality Assurance's (NCQA) 25th percentile and the Department of Healthcare Services' (DHCS) minimum performance level (MPL). The categories covered the following:

- Well-Child Visits in the 3RD, 4TH, 5TH & 6TH Years of Life
- Weight Assessment and Counseling for Nutrition and Physical Activity in Children & Adolescents

HEDIS® is a widely used set of standardized performance measures developed and maintained by the NCQA and utilized by more than 90 percent of America's health plans to measure performance on quality of care and service indicators.

[Click here](#) to access information to help improve your HEDIS® rates for the Annual Children & Adolescent Wellness Measures.

If you have any HEDIS® questions, please contact the Quality Improvement Department (QI) at hedis@goldchp.org.



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

GCHP requires your assistance in obtaining medical record data in preparation for the 2015 Healthcare Effectiveness Data Information Set (HEDIS®) quality reviews.

HEDIS® is a nationally recognized and standardized set of performance measures that rely on medical claims and medical record data to measure utilization, effectiveness and access to clinical care. GCHP has access to claims data, but still needs assistance with obtaining medical record data from our practitioners and facilities in order to review clinical records for the following HEDIS® measures:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Ages 3 to 17)
- Childhood Immunization (Birth to age 2)
- Adolescent Immunization (Ages 10 to 13)
- Cervical Cancer Screening (Ages 21 to 64)
- Prenatal & Postpartum Care
- Well-Child Visits (Ages 3 to 6)
- Controlling High Blood Pressure (Ages 18 to 85)
- Comprehensive Diabetes Care (Ages 18 to 75)

For each measure, only a random sample of patient records will be selected for review. However, based on the volume of medical record information requested from each clinic or facility, providers will have the following options to submit medical record data: (1) facsimile, (2) mail, (3) uploading records via a secure portal or (4) making an appointment with a GCHP courier to collect the records. GCHP appreciates your assistance and cooperation with providing medical record data within the timelines requested.

Verisk Health, a business associate and vendor of GCHP will lead the data collection process. Practitioners and facilities caring for selected patients will be contacted directly by Verisk Health to verify that medical record(s) exist and to arrange for obtaining them. Verisk Health is contractually bound to preserve the confidentiality of 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).

If you have questions or concerns about the HEDIS® medical record data collection process, please contact the Quality Improvement Department at hedis@goldchp.org or by phone at 1-805-437-5592. For general information about HEDIS®, you may also refer to the National Committee for Quality Assurance (NCQA) website at <http://www.ncqa.org>.

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

Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT):

Effective January 1, 2014, the Department of Health Care Services (DHCS) required providers to screen for alcohol use among adults, and then, provide appropriate intervention services. The method used to screen for alcohol disorders is called the Screening, Brief Intervention, and Referral to Treatment (SBIRT).



GCHP in collaboration with the University of California Los Angeles, (UCLA) Integrated Substance Abuse Programs (ISAP) and the California Department of Health Care Services is pleased to announce an SBIRT Training to be held on May 20, 2015 from 12:45 pm – 5:00 pm., at the Family Medicine Residency and Specialty Care Center in Ventura.

The SBIRT training is designed for healthcare professionals including but not limited to the following: Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Psychologists, MFTs, LCSWs, Medical Assistances, Health Educators, Certified Substance Use Disorder Treatment Counselors, and other Behavioral Health Clinicians.

This training meets the qualifications for the provisions of 4.0 continuing education credits hours for healthcare professionals who attend and complete the training. To view the most up-to-date training list, visit www.uclaisap.org/sbirt.

Behavioral Health Treatment for Autism

As of September 15, 2014, Medi-Cal plans are responsible for providing Behavioral Health Therapy (BHT) services to individuals under the age of 21 who have an Autism Spectrum Disorder (ASD) diagnosis.

The GCHP's Behavioral Health Benefits Manager, [Beacon Health Strategies](#) now manages this benefit for GCHP members. All new referrals will go to Beacon. The state is currently defining the continued care process for members being followed by the Regional Centers. Please refer any members that meet the eligibility criteria and are not already being served through a regional center to Beacon at 1-855-765-9702.

Role of Primary Care

Often a pediatrician, physician or child-adolescent psychologist will make the initial diagnosis if excesses and/or deficits of behaviors that significantly interfere with home or community activities are detected.

These can include: poor understanding of social relationships, significant language and communication problems, high need for sameness and predictability, impaired thinking abilities, organizational problems and uneven patterns of development. The role of the PCP is particularly important in securing an ASD diagnosis as well as providing medical follow-up for the commonly co-occurring medical disorders that complicate treatment.



How Beacon Can Help

1. Medi-Cal members are eligible for coordination of behavioral health services. Beacon Health Strategies in partnership with GCHP will help coordinate these services by offering support and guidance to pediatricians/primary care physicians serving members with Behavioral Health needs.
2. Primary care physicians can gain access to consultation and coordination services conveniently through any of our existing systems, including directly calling the designated health plan Customer Service line, submitting by fax a simple referral form or contacting our care managers integrated within the primary health plan case management team.
3. Primary Care Physicians can access variety of services for patients with behavioral health needs, including psychiatric consultations for treatment decisions, outpatient BH referral and access, assessment and triage for members at risk, care management, behavioral health treatment (BHT) for Autism Spectrum Disorders and psychological evaluations for prescreening of medical procedures.
4. The GCHP's Behavioral Health Benefits Manager, **Beacon Health Strategies** will manage and coordinate service for these Medi-Cal beneficiaries. All requests and referrals for behavioral health services can be submitted to Beacon, or members can be directed to contact Beacon's Customer Service Department at 1-855-765-9702.

Quest Diagnostics Patient Service Centers/ CA Prenatal Screening Program (PNS):

As a reminder to a notice GCHP sent out to providers this past December, the California Department of Public Health (CDPH) has notified all insurance plans that Quest Diagnostics has revised their policy to indicate they will no longer draw any specimens related to the California Prenatal Screening Program (PNS) effective December 1, 2014. This currently impacts Medi-Cal fee-for-service use of Quest Diagnostics Patient Service Centers in the Southern California region.

Please note all other services with Quest Diagnostics for GCHP remains unchanged.

For Prenatal related specimen collection and laboratory screenings, please use the [Gold Coast Health Plan Provider Directory](#) to identify additional laboratories in-network.

If you have any questions, please contact the GCHP Provider Relations Department at ProviderRelations@goldchp.org or call GCHP customer service line 1-888-301-1228 and request to speak to your Provider Relations Representative.

Cultural and Linguistic Services

GCHP is committed to meeting the cultural and linguistic needs of our members. GCHP provides interpreting and translation services free of charge to members. For more information about how to request an interpreter or to have materials translated, please call Cultural and Linguistic Services at 1-805-437-5604 for assistance or please send an email to CulturalLinguistics@goldchp.org

GCHP Government Affairs 2014 Legislative Session – Signed September 30, 2014

The following is a list of recently enacted legislation that may impact your practice. Any questions, please contact our Provider Relations department.

Bill	Summary	Comments
Medi-Cal		
AB 505 (Nazarian): Medi-Cal: Translation Services	Requires all Medi-Cal Plans to provide language assistance services on a 24 hour basis to limited English proficient Medi-Cal Beneficiaries.	Signed into law on September 30, 2014
SB 1004 (Hernandez): Medi-Cal: Palliative Care	Requires DHCS to establish palliative care standards and requires that Medi-Cal managed care plans offer palliative care services.	Signed into law on September 25, 2014. Becomes effective on plans and provider January 1, 2015.
SB 1053 (Mitchell): Medi-Cal: Contraceptives	Requires health plans to cover a variety of FDA approved contraceptive drugs, devices, follow up services, and voluntary sterilization procedures. Requires utilization controls for family planning services for Medi-Cal managed care plans to be subject to cost-sharing requirements.	Signed into law on September 25, 2014. Becomes effective on plans and provider January 1, 2015.
SB 1340 (Hernandez): Medi-Cal: Granting providers 30 days to review data released by insurer.	This law would require a health plan or insurer to allow a provider at least 30 days to review the methodology and data regarding the cost of procedures or the quality of services to be released to enrollees, and to allow the provider to make related, conforming changes.	Signed into law on July 7, 2014.

New NEMT Process Effective March 1, 2015

Effective March 1, 2015 there will be a change in the way GCHP members obtain Non-Emergency Medical Transportation (NEMT).

Members who believe they are eligible for NEMT will be directed to request their providers fill out the **NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) PRESCRIPTION/ATTESTATION OF MEDICAL NECESSITY** form. Completion of this form by providers will ensure that a physician has reviewed the requirements for NEMT under Title 22. For a period of six (6) months after the effective date, this change will only impact new request for nonemergency transportation rides; any previously authorized trips will not need to be re-verified even if the transportation occurs on or after March 1, 2015. After September 1, 2015, all NEMT services will be required to follow this process, even those approved prior to March 1, 2015.

If a member qualifies for NEMT as of March 1, 2015, the provider should complete the form and fax it to GCHP at 1-855-883-1552. GCHP will review the form for completeness and communicate NEMT eligibility to Ventura Transit System (VTS). The verification process will not take longer than five (5) business days. Once verified, VTS will then contact the member within forty-eight (48) hours to arrange transportation. If the transportation request is of an urgent nature and needs to occur in less than forty-eight (48) hours, please call GCHP Customer Service at 1-888-301-1228. To answer questions providers may have regarding this new process we have included on our web site a list of Frequently Asked Questions (FAQ) to



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NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) PRESCRIPTION/ATTESTATION OF MEDICAL NECESSITY

In order to process your request, **complete all form fields** below including **physician signature** and **date of signature**. If any field is incomplete, further documentation may be requested. **This form constitutes a prescription and attestation of the medical necessity for transportation services.**

Fax completed form to 1(855)-883-1552

1. Patient Name: _____
2. Medi-Cal I.D. Number: _____
3. Servicing Provider/Facility: _____
4. Member's Preferred Contact Number: _____
5. Date of Service (DOS): _____
6. Appointment Time: _____

From: _____ To: _____ Start: _____ am pm End: _____ am pm

7. Days of the week transported to above appointment(s):
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

8. Member attests no transportation resources: Yes

9. Diagnosis specific to visit(s): _____

10. Medical purpose/justification for visit(s): _____

11. Patient mobilizes via:
 Wheelchair Walker Cane Other (describe): _____

12. Functional limitations, (specific physical or mental), that preclude the patient's ability to ambulate without assistance or to be transported by private or public conveyance:
 Beneficiary is wheelchair bound and unable to self-transfer Hemodialysis
 Mental Confusion Visual Impairment
 Respiratory Disorder Other (please describe): _____

13. Based on 11 and 12, above, the required mode of transport is: Wheelchair Van Gurney or Litter Van

14. Physician Signature: _____

15. Date: _____

16. Physician Name (print or type): _____

17. License Number: _____

18. Physician Specialty (print or type): _____

19. Telephone (Area Code and Number): _____

20. Physician Address (number, street, city, zip code): _____

Fax completed form to 1(855)-883-1552

711 East Daily Drive, Suite 106, Camarillo, CA 93010-6082 | Member Services: 888-301-1228 | Administration: 805-437-5500 | Fax: 805-512-8599 www.goldcoasthealthplan.org

assist providers in better understanding this change in procedure. [Click here](#) to access the FAQs.

The NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) PRESCRIPTION/ATTESTATION OF MEDICAL NECESSITY form will be available on the GCHP website

in February 2015. We have included the form in this POB for informational purposes.

Questions can be directed to the Provider Relations shared mailbox at ProviderRelations@goldchp.org.

Claim Correction Form

If you have received a claim denial indicating that you need to correct data on a claim and re-submit, please use the Claim Correction Form located on the GCHP website under the Provider tab. The form can be found by clicking on “Resources” and then clicking on “Forms and Documents.” When submitting a Claim Correction Form, you must also submit a copy of the corrected claim along with the form. The form by itself is insufficient to correct a claim that was previously submitted.



Correct Format Of National Drug Codes (NDC) On Paper Claim Submissions

NDC information is required along with the appropriate HCPC or Medi-Cal Local Code on all physician administered or physician dispensed drugs. In order to ensure accurate data capture of the NDC information on paper claim submissions please follow the following guidelines.

NDC Product ID Qualifier and NDC Unit of Measurement Qualifier

For all claim types (CMS-1500, UB04), the NDC information must be preceded by the Product ID Qualifier (N4) and must also include appropriate Unit of Measurement Qualifier:

- F2 = International Unit
- GR = Gram
- ML = Milliliter
- UN = Unit

NDC Information on the CMS-1500

The NDC Product ID Qualifier (N4) and NDC 11-digit number (without hyphens) will be entered in the shaded area of Box 24A (Dates of Service)

The NDC Unit of Measurement Qualifier and 10-digit numeric quantity administered will be entered in the shaded area of Box 24D (Procedures, Services or Supplies). The 10-digit numeric quantity consists of the seven-digit whole number (leading zeros), followed by the three-digit decimal (ending zeros), without the decimal point:

Example: 5 Units administered will be entered as shown:



24. A. DATE(S) OF SERVICE		PL
From	To	
MM DD YY	MM DD YY	
1 N498765004321		

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)
From To			Modifier
MM DD YY MM DD YY			
1 N498765004321			UN0000005000

NDC Information on the UB-04

All NDC information will be entered in Box 43 (Description) of the UB-04 claim form:

- N4 Product ID Qualifier
- Immediately followed by the 11-digit (without hyphens) NDC number
- Immediately followed by the Unit of Measurement Qualifier
- Immediately followed by the 9-digit (6-digit whole number plus 3-digit decimal) quantity

Example: Thirty Units of product with NDC 12345-123-12 will be entered in Box 43 (Description) as shown:

43 DESCRIPTION	
N412345012312UN000030000	
N4 Product Qualifier followed by 11-digit NDC	Unit of Measurement Qualifier (UN) followed by 9-digit (6 digits plus 3-digit decimal) quantity

ICD-10 Update

As has been reported in previous editions of the POB, the ICD-10 compliance date has been extended to October 1, 2015. GCHP would like to thank those providers who took the time to respond to the survey sent out last year inquiring about your readiness for ICD-10 and your willingness to participate in training with GCHP. Currently, GCHP has been developing provider training tools and these tools will be rolled out by the third quarter of 2015. Additionally, for those of you who are participating in the testing with GCHP, we should have already reached out to you regarding the testing session. However, if you did respond to our survey but still have not heard from GCHP, please contact your Provider Relations representative.

For additional resource information, including the latest news, please visit the providers' resources page on the CMS website.

