



**Gold Coast
Health PlanSM**
A Public Entity

Provider Operations Bulletin

OCTOBER 2017

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The Provider Operations Bulletin is published quarterly by Gold Coast Health Plan's Communications Department as a service for the provider community.

Information comes from GCHP and its partners. If you have any concerns or questions related to specific content, please contact the Network Operations 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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Non-Medical Transportation (NMT)

As of October 1, Gold Coast Health Plan (GCHP) covers Non-Medical Transportation (NMT) for all medically-necessary services. NMT coverage includes transportation for a member and one attendant, such as a parent, guardian, or spouse, to accompany a member in a vehicle or on public transportation, subject to prior authorization at the time of the initial NMT request.

NMT does not include transportation of sick, injured, invalid, convalescent, infirmed or otherwise incapacitated members who need to be transported by ambulance, litter vans, or wheelchair vans. NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.

NMT Includes:

- Transport to and from a medical appointment for treatment or screening.
- Picking up prescriptions for drugs that cannot be mailed directly to the member.
- Picking up medical supplies, prosthetics, orthotics and other medical equipment.



GCHP's contracted vendor, Ventura Transit System (VTS), will provide transportation using sedan vehicles. NMT services are provided at no cost to members. Members must contact VTS directly for services. No authorization is required; however, members must attest to having no other means of transportation.

If you have any questions, call GCHP's Customer Service Department at 1-888-301-1228.

Cardiac Rehab Benefit

GCHP now covers cardiac rehab services. While cardiac rehab is not a covered benefit under the Medi-Cal program, GCHP is offering the services as a benefit enhancement to better meet the needs of the Plan's members.



The following billing codes are applicable:

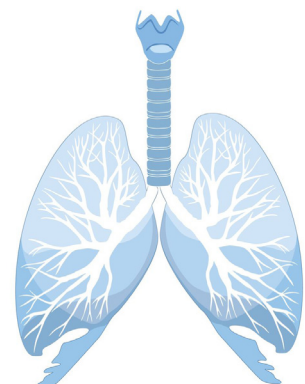
- 93797 Cardiac Rehabilitation
- 93798 Cardiac Rehabilitation / Monitor
- G0422 Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, Per Session
- G0423 Intensive Cardiac Rehabilitation; with or without continuous ECG monitoring; without exercise, Per Session

Pulmonary Rehab Benefit

Pulmonary rehab is now a covered benefit for GCHP members. This service requires prior authorization.

The following procedure codes have been added to the prior authorization list:

- G0237
- G0238
- G0239
- G0424



Ambulatory Surgical Center Authorization Alignment



Outpatient surgeries still require prior authorization when performed in an Ambulatory Surgical Center. Additional services performed at the center may or may not require authorization, as outlined in GCHP's list of [Services Requiring Prior Authorization](#). The Plan's system has been aligned

with the list to prevent services from being incorrectly denied for lack of authorization.

If you have any questions, contact the Plan's Provider Relations Department at ProviderRelations@goldchp.org.

Home Health Code Update

As of April 30, code G0154 has been phased out by the state. Please start using codes G0299 and G0300, which have been crosswalked to G0154. It is imperative that all home health providers start using these codes for services rendered.

If any claims were submitted after May 1 and have been denied for having an invalid procedure code, please resubmit corrected claims with either code G0299 or G0300 for processing.

If you have any questions, email ProviderRelations@goldchp.org.

Grievance & Appeals – Centers for Medicare and Medicaid Services (CMS) Final Rule

On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) issued a final rule that made changes to appeals and state hearings that went into effect on July 1.

Important changes:

- Filing an appeal must be received within 60 calendar days from the date of notice of action.
- Any oral appeal filed by a member needs to be followed by a signed written appeal.
- If a provider is submitting an appeal on behalf of a member, they will need the member's written consent.
- Expedited Resolution is required to be resolved in 72 hours.
- Effectuation of Overturned Decisions are granted within 72 hours from the decision.
- Members are required to exhaust GCHP's internal appeal process prior to proceeding to a State Hearing.

If you have any questions regarding the new changes, email GCHP's Grievance & Appeals (G&A) Department at grievances@goldchp.org.

Check Primary Care Provider (PCP) Assignment

Before scheduling an appointment for a member, please check eligibility to ensure that the member is currently assigned to your PCP/Clinic. If the member is not assigned, have the member contact GCHP's Member Department at

1-888-301-1228 to select your PCP/Clinic. The change will not go into effect until the first day of the month following the change request.

Healthcare Effectiveness Data and Information Set (HEDIS®) Performance Measures That Evaluate Adequate Control of Blood Pressure

GCHP reports the percentage of members with adequate control of blood pressure in the following two Healthcare Effectiveness Data and Information Set (HEDIS®) measures:

- **Controlling Blood Pressure (CBP):** Measures the percentage of members 18-85 years of age with hypertension whose blood pressure (BP) was adequately controlled during the measurement year.
- **Comprehensive Diabetes Care (CDC):** Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had the following screenings during the measurement year:
 - ✓ HbA1c testing
 - ✓ HbA1c control (8.0%)
 - ✓ Retinal eye exam
 - ✓ Medical attention to nephropathy
 - ✓ **Blood pressure (BP) adequately controlled**

GCHP's CBP and CDC-BP rates for the 2013 to 2016 measurement years are displayed below in Table 1. These rates represent the percentage of GCHP members diagnosed with diabetes and/or hypertension who had adequately controlled blood pressure during the measurement year (MY). The rates in red indicate that in 2016, GCHP failed to achieve the 25th percentile/minimum performance (MPL) level required by the state Department of Health Care Services (DHCS).

Table 1: HEDIS® Rates

HEDIS® Rates	2013 MY Rate	2014 MY Rate	2015 MY Rate	2016 MY Rate
CBP	54.01	55.01	64.72	45.01*
CDC – BP	61.31	63.75	65.69	48.66*

Adequate Control of Blood Pressure

The guidelines that define the adequate control of blood pressure for the CBP and CDC measures are published by the National Committee for Quality Assurance (NCQA). Table 2 shows the blood pressure levels that must be maintained to show blood pressure control.

Table 2: NCQA HEDIS® Measure Guidelines That Define Adequate Control of BP

HEDIS® Measure	Age Group & Diagnosis	Adequate Control
CBP	18-59 Years Old with HTN	<140/90 mm Hg
	60-85 Years Old with HTN	<150/90 mm Hg
	60-85 Years Old with HTN and Diabetes	<140/90 mm Hg
CDC- BP	18-75 Years Old with Diabetes	<140/90 mm Hg

Criteria for Collecting Blood Pressure Readings for HEDIS® Reporting

- For both the CBP and CDC measures, blood pressure readings are collected through medical record reviews.
- Types of clinic documentation that can be collected:
 - Acceptable clinic documentation: BP taken during outpatient or non-acute inpatient visits.
 - Non-acceptable clinical documentation: BP taken during acute inpatient visits, ED visits, taken on the same day as diagnostic tests or diagnostic/therapeutic procedures, or BP readings reported by patients.
- If there are multiple BPs recorded for a single date, the lowest systolic and diastolic can be collected.
- The member's last blood pressure reading of the year is collected to determine if the member's blood pressure was controlled – See Table 3 for example.

Table 3: Example Blood Pressure Readings

Clinic Visit Date	Patient A's BP Scores in 2017
03/15/17	130/70 mm Hg
07/16/17	128/60 mm Hg
10/20/17	142/91 mm Hg – most recent BP used for HEDIS® reporting

Tips to Improve the Blood Pressure Measures

- Ensure clinic staff use proper blood pressure technique.
- Calibrate the sphygmomanometer annually.
- Use correct cuff size and place cuff on bare arm.
- Ensure patient is positioned correctly:
 - Back and arm are supported
 - Feet are flat on the floor
 - Legs are not crossed
- Patient is not talking and has rested for at least five minutes before BP is taken.
- Patient has an empty bladder.

- Use exact BP values – do not round up.
- Collect, document and date BP readings during each clinic encounter.
- Review hypertensive medication history.
- Review patient compliance with treatment plans.
- Reassess medication, treatment plans and patient compliance periodically until BP is controlled.

For more information on the NCQA HEDIS® guidelines for the CBP and CDC measures, and other HEDIS® measures, visit the [HEDIS® resource section](#) on GCHP's website.

If you have any questions, please contact the Quality Improvement Department at 1-805-437-5592 or hedis@goldchp.org.

Monitoring Blood Levels of Patients on ACE Inhibitors / ARBs and Diuretics

Annual Drug Monitoring

It is recommended that patients on ACE inhibitors / ARBs and diuretics have periodic labs, such as metabolic or renal function panels, to monitor serum potassium and serum creatinine levels.

The clinical benefits of annual drug monitoring include:

- Guidance for therapeutic decision making
- Opportunities to improve the quality of care
- Patient safety

HEDIS® Measure that Evaluates Compliance with Annual Drug Monitoring

Annual monitoring for patients on these medications is reported in the HEDIS® Measure: *Annual Monitoring for Patients on Persistent Medications (MPM)*. The table below shows GCHP's MPM rates for the 2013 to 2016 measurement years. The rates in red indicate that in 2014 and 2016 GCHP failed to achieve the 25th percentile/minimum performance (MPL) level required by the state Department of Health Care Services (DHCS).

Drug Monitored	2013 MY Rate	2014 MY Rate	2015 MY Rate	2016 MY Rate
ACE Inhibitors/ARBs	88.47	82.14*	86.94	85.09*
Diuretics	89.51	83.27*	87.37	85.14*

*Rates that fell below the DHCS MPL 25th percentile

Tips to Improve Annual Monitoring for Patients on Persistent Medications

- Order labs annually
- Ensure your patients complete their labs
- Submit claims with appropriate codes that report lab panels completed

For more information on the documentation and coding guidelines for the MPM measure and other HEDIS® measures, visit the [HEDIS® resource section](#) on the GCHP's website.

If you have any questions, please contact the Quality Improvement Department at 1-805-437-5592 or hedis@goldchp.org.

Requesting an Explanation of Benefits (EOB) Through the Automated System

To use the automated system to get a copy of an EOB of a specific claim, call 1-888-301-1228 and follow these prompts:

1. Provider, press 2.
2. Provider Authentication < Enter 10-digit NPI number >
3. For claim status, including detailed payment information, press 1.
4. Enter the eight-digit numeric portion of the GCHP member ID number.
5. Enter the date of birth using two digits for the month, two digits for the day and four digits for the year.
6. Enter the date of service using two digits for the month, two digits for the day and four digits for the year – all claims with the date of service entered will be played one by one.
7. Once the desired claim is played, press 1 for more detailed information.
8. For a duplicate EOB, press 2.



If you have any problems obtaining this information, please do not hesitate to contact GCHP's Customer Service Department at 1-888-301-1228.

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

Tobacco Education & Programs

The American Cancer Society's Great American Smokeout event is November 16! Encourage your members to stop smoking and let them know about the many resources that are available to them to help them quit.

As part of its tobacco education program, GCHP's Health Education Department is giving away coasters printed with the California Smokers' Helpline phone number to members and the public at workshops, events and resource fairs.

The helpline is a free resource available to members to help them quit smoking. The helpline offers telephone counseling in English and Spanish. Members can call 1-800-NO-

BUTTS (1-800-662-8887) or 1-800-45-NO-FUME (1-800-456-6386) for help in Spanish. The Health Education Department also is mailing post cards to members with this information.

Providers can contact the Health Education Department for a form to order educational materials directly from GCHP. The California Smokers' Helpline also has materials available to the public on its [website](#), like the pamphlet on the "Top 10 tips to Quit Smoking." Providers can also contact GCHP's Health Education Department for more information by calling 1-805-437-5500 or emailing HealthEducation@goldchp.org.

Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2017

In February 2017, the Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2017 became effective, as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). The 2017 adult immunization schedule was also reviewed and approved by the following professional medical organizations:

- American College of Physicians (www.acponline.org)
- American Academy of Family Physicians (www.aafp.org)
- American College of Obstetricians and Gynecologists (www.acog.org)
- American College of Nurse-Midwives (www.midelliance.org)

CDC announced the availability of the 2017 adult immunization schedule at www.cdc.gov/vaccines/schedules/hcp/index.html in the *Morbidity and Mortality Weekly Report (MMWR)*.¹ The schedule is published in its entirety in the *Journal of Internal Medicine*.²

The adult immunization schedule describes the age groups and medical conditions and other indications for which licensed vaccines are recommended. The 2017 adult immunization schedule consists of:

- Figure 1: Recommended immunization schedule for adults by age group
- Figure 2: Recommended immunization schedule for adults by medical condition and other indications
- Footnotes that accompany each vaccine containing important general information and considerations for special populations
- Table: Contraindications and precautions for vaccines routinely recommended for adults

Consider the following information when reviewing the adult immunization schedule:

- The figures in the adult immunization schedule should be read with the footnotes that contain important general information and information about vaccination of special populations.
- When indicated, administer recommended vaccines to adults whose vaccination history is incomplete or unknown.
- Increased interval between doses of a multi-dose vaccine does not diminish vaccine effectiveness; therefore, it is not necessary to restart the vaccine series or add doses to the series because of an extended interval between doses.
- Adults with immunocompromising conditions should generally avoid live vaccines, e.g., measles, mumps, and rubella vaccine. Inactivated vaccines, e.g., pneumococcal or inactivated influenza vaccine, are generally acceptable.
- Combination vaccines may be used when any component of the combination is indicated and when the other components of the combination vaccine are not contraindicated.
- The use of trade names in the adult immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Details on vaccines recommended for adults and complete ACIP statements are available at www.cdc.gov/vaccines/hcp/immunization. Additional CDC resources include:

- A summary of information on vaccination recommendations, vaccination of persons with immunodeficiencies, preventing and managing adverse reactions, vaccination contraindications and precautions, and other information can be found in *General Recommendations on Immunization* at www.cdc.gov/mmwr/preview/mmwrhtml/r6002a1.htm.

- Vaccine Information Statements that explain benefits and risks of vaccines are available at www.cdc.gov/vaccines/hcp/vi/index.html.
- Information and resources regarding vaccination of pregnant women are available at www.cdc.gov/vaccines/adultrec/vacpregnant.html.
- Information on travel vaccine requirements and recommendations is available at www.cdc.gov/travel/destinations/list.
- CDC Vaccine Scheduler App for clinicians and other immunization service providers to download is available at www.cdc.gov/vaccines/schedules/hcp/vaccine-app.html.
- Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger is available at www.cdc.gov/vaccines/schedules/hcp/index.html.

Report suspected cases of reportable vaccine-preventable diseases to the local or state health department.

Report all clinically significant post-vaccination reactions to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or by telephone, 800-822-7967. All vaccines included in the 2017 adult immunization schedule except herpes zoster and 23-valent pneumococcal polysaccharide vaccine are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-238-2382.

Submit questions and comments regarding the 2017 adult immunization schedule to CDC through www.cdc.gov/cdc-info or by telephone, 800-CDC-INFO (800-232-4636), in English and Spanish, 800am-800pm ET, Monday–Friday, excluding holidays.

The following acronyms are used for vaccines recommended for adults:

HepA	hepatitis A vaccine
HepA-HepB	hepatitis A and hepatitis B vaccines
HepB	hepatitis B vaccine
Hib	Haemophilus influenzae type b conjugate vaccine
HPV vaccine	human papillomavirus vaccine
HZV	herpes zoster vaccine
IV	inactivated influenza vaccine
LAIV	live attenuated influenza vaccine
MM	meningococcal conjugate vaccine
MMW	meningococcal polysaccharide vaccine
MMWR	13-valent pneumococcal conjugate vaccine
PCV13	23-valent pneumococcal polysaccharide vaccine
PPSV23	recombinant influenza vaccine
RV	tetanus and diphtheria toxoids
TD	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine
MMWR	MMWR
MMWR	MMWR

¹MMWR Morbidity and Mortality Weekly Report. 2017;66(3). Available at www.cdc.gov/mmwr/preview/mmwrhtml/r6603a1.htm.

²Ann Intern Med. 2017;166:209–218. Available at annals.org/aim/article/doi/10.7326/M16-2936.

Immunizations & Flu

Immunization and preventive care guidelines change yearly. Now that flu season is here, GCHP is encouraging PCP's to provide the flu shot to the Plan's members. All Public Health clinics are providing flu shots during regular clinic hours and can be accessed by GCHP members.

The Centers for Disease Control and Prevention has immunization guidelines for [children](#) and [adults](#) as well as [general information on the flu](#) and [immunization schedules](#).

Cultural & Linguistics Services

GCHP provides free language assistance to members for the following interpreter and translation services:

- Sign language interpreter services (**advance notice is needed**)
- In-person (face-to-face) interpreter services (**advance notice is needed**)
- Telephone interpreter services
- Translation of medical documents into GCHP's threshold language(s).
- Written information in other formats

It is important to use qualified interpreters at medical appointments. GCHP discourages the use of family or friends – especially children – as interpreters.

If you need these services, please call GCHP's Cultural & Linguistics Services at **1-805-437-5500** or email CulturalLinguistics@goldchp.org.

Please remember to notify GCHP at least 25 hours in advance for any cancellations or changes to the interpreter request(s).


October is Health Literacy Month

Health Literacy Month is a time for organizations and individuals to promote the importance of understandable health information. The Institute for Healthcare Advancement (IHA) recognizes this annual worldwide, awareness-raising event.

You can help promote health literacy by assuring that any member-informing documents have a maximum reading level of 6th grade.


If you need assistance, please contact GCHP Cultural & Linguistics Services at **1-805-437-5603** or email to CulturalLinguistics@goldchp.org.

To learn more about health literacy, please click [here](#).


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Understanding Health Literacy



Health Literacy Affects Everyone

Health literacy is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services.

Taking care of our health is part of everyday life, not just when we visit a doctor, clinic, or hospital. Health literacy can help us prevent health problems and protect our health, as well as better manage those problems and unexpected situations that happen.

Even people who read well and are comfortable using numbers can face health literacy issues when:

- They aren't familiar with medical terms or how their bodies work.
- They have to interpret statistics and evaluate risks and benefits that affect their health and safety.
- They are diagnosed with a serious illness and are scared and confused.
- They have health conditions that require complicated self-care.
- They are voting on an issue affecting the community's health and relying on unfamiliar technical information.

Why Do We Have a Health Literacy Problem in the U.S. and Many Other Countries?

When organizations or people create and give others health information that is too difficult for them to understand, we create a health literacy problem. When we expect them to figure out health services with many unfamiliar, confusing or even conflicting steps, we also create a health literacy problem.

How Can We Help People Now?

We can help people use the health literacy skills they have. How? We can:

- create and provide information and services people can understand and use most effectively with the skills they have. See [Develop and Test Materials](#).
- work with educators and others to help people become more familiar with health information and services and build their health literacy skills over time. See [Collaborate](#).
- build our own skills as communicators of health information. See [Find Training](#) for free, online options.

Limited Health Literacy Reports and Evidence

People need information they can understand and use to make the best decisions for their health. "Limited health literacy" happens when people's literacy and numeracy skills are poorly matched with the technical, complex, and unfamiliar information that organizations make available or health services are too complex and difficult to understand and use effectively.



People need information they can understand and use to make the best decisions for their health.

Consumer Advisory Committee (CAC)

GCHP's Consumer Advisory Committee (CAC) meets quarterly in GCHP's Community Room, located at 711 E. Daily Drive in Camarillo.

Meetings are open to the public and typically last two hours. Agenda and meeting materials are published on the Plan's [website](#).

Member Benefit Information Meetings

GCHP holds 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 well as how to:

- Establish a medical home.
- Select a PCP.
- Get medical services.
- Get necessary medications.
- Locate and use the resources available in the community.

Meeting times and locations vary monthly. Members can call GCHP's Member Services Department at 1-888-301-1228 for meeting times and dates.

[Click here](#) for the current schedule.





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For additional information, contact
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