



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



Gold Coast Health Plan Provider Operations Bulletin

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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 California Department of Health Care Services (DHCS) for the ACA 1202 PCP Rate increase for period of January 1, 2013 to June 30, 2013. Providers can expect payments the first week of April, 2014. Subsequent payments will be processed as funding is received from DHCS.

If you are 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. [Click here](#) to access the site.

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.

SECTION 2: ICD 10 Looking Ahead – Is Your Practice Ready?

The transition from ICD 9 to ICD 10 takes place effective October 1, 2014. While this may seem to be a ways in the future, it really is just around the corner with much to do before the deadline. Health and Human Services (HHS) mandates that all covered entities (including providers, clearing houses and health plans) must transition to the new code set.

ICD- 10 major objectives include:

- Increased coding accuracy, standardization, and expandability
- Better identification of members for care management
- Potential for deeper population-level analytics for public health
- Improved quality and outcomes data
- Improved communication between physicians



ICD-10 represents a major change in the medical coding system:

- New code structure and coding rules
- New terminology to define medical procedures (CPT/HCPC not impacted)
- Much greater specificity in IDC-10
- Necessitates more detail in clinical documentation

CMS has issued guidelines that state a claim or encounter, electronic or paper, cannot contain both ICD-9 and ICD-10 codes. The CMS-1500 claim form has been updated to accommodate these changes; therefore, GCHP will reject and require providers to submit a corrected claim for non-compliant claims and encounters.

- ICD- 9 codes will no longer be accepted on claims with a date of service after September 30, 2014
- ICD-10 codes will not be accepted for claims with a date of service prior to October 1, 2104

GCHP will be holding a series of training sessions beginning later this year – stay tuned for dates and times. The sessions will be provider type specific and geared toward providing your practice with resources and direction to help you become prepared for the transition.

GCHP has developed an FAQ that you can access on the GCHP website: [Click here](#) to download the ICD-10 FAQs.

ICD-10 Websites and Resources:

| | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| CMS: ICD-10 General Information | www.cms.gov/ICD10 |
| National Center for Health Statistics | www.cdc.gov/nchs/icd.htm |
| World Health Organization (WHO) ICD-10 Interactive Self-Learning Tool | http://apps.who.int/classifications/apps/icd/icd10training/ |
| AHIMA | www.ahima.org/icd10 |
| American Hospital Association | http://www.ahacentraloffice.org/codes/ICD10.shtml |

IDC-10 Funnies: T63.621A – Toxic effect of contact with other jellyfish, accidental, initial encounter.



SECTION 3: New CMS 1500 Claim Form

GCHP began accepting the new 02/12 version of the CMS-1500 claim form on January 6, 2014. GCHP will continue to accept both the 08/05 and 02/12 versions of the CMS-1500 through March 31, 2014. Starting April 1, 2014, providers must submit only the new 02/12 version to avoid claim denials.

Providers can access the [New CMS-1500 Medi-Cal Guide](#), which shows the fields that have changed on the new 02/12 claim version.

SECTION 4: Authorization Required for Hospice Services

Effective May 1, 2014, GCHP will require all HOSPICE Room & Board (Revenue Code 0658 services, and HCPCS code Z7106 to require prior authorization. Previously, under the Medi-Cal guidelines, HCPCS code Z7106 was the only code requiring authorization. This change is being made effective to ensure GCHP captures the census of all members and for appropriate internal reporting.

SECTION 5: Staying Healthy Assessment

As a follow-up to the provider training at the last two GCHP Town Hall Meetings, the Staying Healthy Assessment (SHA) is the Individual Health Education Behavioral Assessment (IHEBA) developed by the Department of Health Care Services (DHCS). The IHEBA is a required component of the Initial Comprehensive Health Assessment (IHA).

The SHA is important as a tool to help reduce the prevalence of chronic disease for plan members and decrease costs over time. Providers should use the SHA to identify health-risk behaviors and evidence-based clinical prevention interventions that should be implemented. MCPs should use interventions that combine patient education with behaviorally oriented counseling to assist members with acquiring the skills, motivation, and support needed to make healthy behavioral changes. Within the Medi-Cal population, a higher incidence of chronic and/or preventable illnesses, injuries, and disabilities exists. Examples of these include cancer, heart disease, stroke, chronic obstructive pulmonary disease, and diabetes. Many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption can increase the risk for these illnesses and conditions. According to the Centers for Disease Control and Prevention (CDC), a small number of chronic diseases account for a disproportionately large



share of the annual federal Medicaid budget. Overall, the CDC estimates that 75 percent of all health care dollars are used for the treatment of diseases that could otherwise be prevented.

Please see the SHA Periodicity Table below indicating the age appropriate intervals for performing the SHA. During years when a SHA is not administered, the PCP must review previously completed SHA questionnaires with the patient. [Click here](#) to download the SHA forms directly from the DHCS website. The SHA forms are available in multiple languages.

Table 1. SHA Periodicity

| Periodicity | Administer | Administer/Re-Administer | | Review |
|-------------|-------------------------------|---------------------------------------------------------------|-----------------|------------------------------|
| Age Groups | Within 120 Days of Enrollment | 1 st Scheduled Exam (after entering new age group) | Every 3-5 Years | Annually (intervening years) |
| 0-6 Months | ✓ | ✓ | | |
| 7-12 Months | ✓ | ✓ | | |
| 1-2 Years | ✓ | ✓ | | ✓ |
| 3-4 Years | ✓ | ✓ | | ✓ |
| 5-8 Years | ✓ | ✓ | | ✓ |
| 9-11 Years | ✓ | ✓ | | ✓ |
| 12-17 Years | ✓ | ✓ | | ✓ |
| Adult | ✓ | | ✓ | ✓ |
| Senior | ✓ | | ✓ | ✓ |



SECTION 6: HEDIS[®] Topics

Training Opportunity for CHDP Providers:

In collaboration with Ventura County Public Health, GCHP's Quality Improvement (QI) Department will provide the Child Health and Disability Prevention Program (CHDP) staff training on National Quality Committee on Quality Assurance's (NCQA) HEDIS[®] clinical quality measures which are standardized metrics health plans use to determine the quality of care and services provided to their members.

The training will be on April 16, 2014 from 12:00 – 1:15pm at the Ventura County Public Health Department on 2240 E. Gonzales, Suite 200 Oxnard, CA 93036. If you would like to attend, please contact CHDP at (805) 981-5291.

HEDIS 2012 Performance Metrics Reported in 2013 that did not meet the State's Required Minimum Performance Level (MPL)

The following seven HEDIS quality of care and performance metrics fell below the NCQA's national 25th percentile and below the DHCS's required minimum performance level (MPL).

1. Weight Assessment & Counseling for Nutrition & Physical Activity
2. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
3. Children & Adolescent Access to Primary Care Practitioners
4. Cervical Cancer Screening
5. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
6. Comprehensive Diabetes Care HgA1c Control < 8.0%
7. Comprehensive Diabetes Care Annual Retinal Eye Exam

Providers can help improve their HEDIS rates by using the following coding, billing and documentation tips

- See your assigned members for their annual screenings at least once per year; especially members 2-6 years of age and adolescents.
- Do not prescribe antibiotics for viral bronchitis (ICD9 Code 466.0).
- Make sure retinal eye exam results (positive or negative) are documented in your patient's medical record.
- Make sure the results of the HbA1c test are documented in your patient's medical record.
- For children and adolescents, document "counseled on nutrition" at least once per year.



- For children and adolescents, document “exercise for a least an hour per day or several times per week” or similar when you counsel for physical activity.
- Code and bill for all services performed.
- Submit claims AND encounter forms for all services performed.
- Document all services provided: If services are not documented they will not be coded and providers will not receive reimbursement or recognition for services performed.

DHCS MPL Requirements for 2013 HEDIS Performance Metrics Reported in 2014

| HEDIS Quality of Care & Performance Measures | Minimum Performance Level (MPL) & NCQA 25th National Percentile |
|-------------------------------------------------------------------|-----------------------------------------------------------------|
| Annual Monitoring for Patients on Persistent Meds | |
| <i>ACE inhibitors or ARBs</i> | 84.58 |
| <i>Digoxin</i> | 87.50 |
| <i>Diuretics</i> | 83.76 |
| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis | 17.92 |
| Cervical Cancer Screening | 58.99 |
| Childhood Immunizations (Combo 3) | 66.08 |
| Child & Adolescents' Access to PCP | |
| <i>12-24 Months</i> | 95.51 |
| <i>25 Months – 6 Years</i> | 86.37 |
| <i>7-11 Years</i> | 87.77 |
| <i>12-19 Years</i> | 86.09 |



| | |
|---------------------------------------------------------------------------------------------|-------|
| Comprehensive Diabetes Care | |
| <i>Eye Exam (Retinal) Performed</i> | 44.37 |
| <i>LDL-C Screening Performed</i> | 71.03 |
| <i>LDL-C Control (100 mg/Dl)</i> | 27.90 |
| <i>HbA1c Testing</i> | 79.23 |
| <i>HbA1c Poor Control (>9.0%)</i> | 52.58 |
| <i>HbA1c Control (<8.0%)</i> | 39.80 |
| <i>Medical Attention to Nephropathy</i> | 75.00 |
| <i>Blood Pressure Control (140/90 Mm Hg)</i> | 53.74 |
| Controlling High Blood Pressure | 50.00 |
| Immunizations for Adolescents (Combo 1) | 58.06 |
| Medication Management for People with Asthma | |
| <i>Medication Compliance 50% Total</i> | 44.83 |
| <i>Medication Compliance 75% Total</i> | 22.17 |
| Timeliness of Prenatal Care | 79.85 |
| Postpartum Care | 57.91 |
| Use of Imaging Studies for Low Back Pain | 71.52 |
| Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents | |
| <i>BMI Percentile</i> | 37.96 |
| <i>Counseling for Nutrition</i> | 47.45 |
| <i>Counseling for Physical Activity</i> | 34.55 |
| <i>Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life</i> | 67.40 |



SECTION 7: Claims/Coding Updates

CPT 90673 (FLUBLOK) RIV3

For dates of service beginning January 1, 2014, Medi-Cal Benefits Division has established the flu vaccine (Flublok) RIV3 as a Medi-Cal benefit utilizing CPT code 90673. This vaccine is a benefit for patients from 18 to 49 years of age. At the same time, HCPCS code Q2033 (Flublok) will be end dated. Please be sure to utilize CPT 90673 when submitting claims for Flublok for dates of service on and after January 1, 2014.

CPT CODES 90672, 90685, 90686 and 90688

Influenza Virus Vaccine codes 90685, 90686 and 90688 are new benefits with age restrictions effective October 1, 2013 and not January 3, 2013 as previously published by Medi-Cal. Code 90672 has had the age restriction updated to 2 – 49 years.

CPT CODES 81508 and 81511

New Diagnosis restrictions have been added for Biochemical Assays (CPT-4 Codes 81508 & 81511) effective March 1, 2014. These codes are only billable with ICD-9-CM diagnosis code V28.89 (other specified antenatal screening). However, if the service dates of CPT-4 codes 81508 and 81511 are within 70 days for the same recipient, the second claim will be denied.

HCPCS CODES: INCREASE IN ALLOWABLE QUANTITY OF UNITS

Effective March 1, 2014, the “per day quantity units” have been increased for specific Transplant, Respiratory and Oral Anti-Cancer medications.

[Click here](#) to refer to specific details.



SECTION 8: Gold Coast Health Plan is Moving to Camarillo

Effective April 7, 2014, GCHP will be moving our offices to Camarillo.

New Physical Address:

**Gold Coast Health Plan
711 E. Daily Drive
Suite 106
Camarillo, CA 93010-6082**

Post Office Boxes Remain the Same:

**Gold Coast Health Plan
Attn: Claims
P.O. Box 9152
Oxnard, CA 93031-9152**

**Gold Coast Health Plan
Attn: Correspondence
P.O. Box 9153
Oxnard, CA 93031-9153**

**Gold Coast Health Plan
Attn: Grievances
P.O. Box 9176
Oxnard, CA 93031-9176**

**** Correction to February 2014 Provider Operations Bulletin:** Section 1: Medi-Cal Expansion Updates incorrectly notes PCP providers will be required to complete the Initial Health Assessment (IHA) within 180 days of enrollment, as well as a Staying Health Assessment (SHA). **The requirement should read within 120 days of enrollment.**