Gold Coast Health Plan ℠
A Public Entity

Provider⁴⁶
Operations
Bulletin

OCTOBER 2020

www.goldcoasthealthplan.org

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SECTION 1:

Medi-Cal Rx Update

The state Department of Health Care Services (DHCS) has started to release information about Medi-Cal Rx, including announcements, news, and portal training / registration. Below are links to the website, provider page and registration for the training sessions. Gold Coast Health Plan (GCHP) encourages providers to visit the portal, sign up for the email subscription service and register for the secure portal and training sessions. DHCS will release important information over the coming months, which will be key to ensuring a smooth transition for GCHP members and will help alleviate any member disruption during the transition.

- Medi-Cal Rx Website
- Medi-Cal Rx Provider Page
- Web Portal and Training Registration Information

SECTION 2:

Provider Dispute Process

On April 27, Gold Coast Health Plan (GCHP) implemented a new provider dispute, grievance and appeals process to apply automation. This new process has streamlined the method for acknowledgements, research and resolutions, improving processing time.

The new automation is based on the new **Provider Claim Reconsideration Form**. This form allows GCHP's system to automatically route the information to the correct reviewer's queue. Therefore, it is important that when you are submitting your dispute, grievance and appeals that you attach the correct form and complete all of the required fields. If GCHP receives the incorrect form or the required fields on the new form are not completed, your request will be mailed back with a letter requesting you to resubmit with the correct document.

The old form on the top right is titled: Provider Reconsideration Request Form. **Do Not Use This Form**.

The new form on the bottom right is titled: **Provider Claim Reconsideration Form**.

The new **Provider Claim Reconsideration Form** can be found on the GCHP website under the For Providers tab, Provider Resources, Grievance and Appeals.

Tips on completing the **Provider Claim Reconsideration Form**:

It is important to ensure that the form is completed correctly. Once the Provider Information and the Member Information sections of the form have been completed, follow the steps below to make sure all required information has been captured.

If your dispute type is one of the following, see the required fields listed below. (Please only fill out what is listed below.)

DISPUTE request is for reconsideration of an original claim that has been previously denied or underpaid.

OR

GRIEVANCE request is for reconsideration of a previously disputed claim in which the provider is not satisfied with the resolution.

- Dispute Type Selection:
  - » Claim Denial
  - » Claim Underpayment
  - » Contract Dispute
- Claim Information:
  - » Single
  - » Multiple (please add the additional information on the second page)
- Description of Dispute and Expected Outcome

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APPEAL request is for reconsideration of an authorization denial or a notice of action.

- Dispute Type Selection:
  - » Appeal of Medical Necessity / Utilization Management Decision
    Select: Inpatient or Outpatient

- Select one **(medical records required)**:
  - » Inpatient Level of Care
  - » Lack of Information Denial
  - » Non-Contracted
  - » No Prior Authorization Obtained
  - » Additional Codes Requested for Authorization Review
  - » Other (please specify)
- Claim Information:
  - » Single
  - » Multiple (please add the additional information of the second page)
- Description of Dispute and Expected Outcome

Common Rejection Issues:

1. Selecting the incorrect Resolution Request Type. We have received multiple submissions with Appeal selected as the Resolution Request Type.

   When disputing a denial / underpayment of a claim you may only select:
   - Dispute
   - Grievance

2. Selecting multiple Resolution Request Types
   Only select Dispute or Grievance resolution type when making a submission.

3. Inaccuracies or missing information
   Please ensure that you are submitting accurate and complete information.

SECTION 3:

UB-04 Billing Instructions for Long-Term Care Claims

Starting in December, Gold Coast Health Plan (GCHP) will no longer accept the Medi-Cal Long-Term Care (LTC) 25-1 form for claim submission. LTC providers will need to submit their claim on a UB-04 form. The UB-04 form is the standard claim form that an institutional provider can use for the billing of medical health claims.

For additional information, please click here.

SECTION 4:

Incontinence Supplies Billing Guideline Update

Beginning Nov. 7, Gold Coast Health Plan (GCHP) will use the Claims Editing System for Medi-Cal. In doing so, billing of incontinence supplies will need to adhere to the Medi-Cal billing guideline for diagnosis requirement.

Code I Restriction: Incontinence supplies are reimbursable only for use in chronic pathologic conditions causing the recipient's incontinence. The primary ICD-10-CM and the secondary ICD-10-CM code must be entered on claims to reflect the condition causing the incontinence and the type of incontinence. Refer to the list of the acceptable secondary diagnosis. When incontinence is only a short-term problem and/or when there is no underlying pathologic condition causing the incontinence, providers will not be reimbursed for incontinence supplies without authorization.

The primary ICD-10-CM and the secondary ICD-10-CM diagnosis codes must be entered on claims to reflect the conditioning causing the incontinence and the type of incontinence. Please refer to the Code I Restriction.

Only the following ICD-10-CM diagnosis codes are acceptable as a secondary diagnosis:

F98.0	R15.2
F98.1	R15.9
N39.3	R30.1
N39.41 – N39.46	R32
N39.490 – N39.492	R39.2
N39.498	R39.81 – R39.9

SECTION 5:

Proposition 56 and Value Based Payments and Reconciliation

If you have received a Proposition 56 or Value Based supplemental payment, please email PROP56@goldchp.org for inquires, questions or reconciliation report requests.

Proposition 56 and Value Based payments will be identified by the following codes on your Explanation of Payment (EOP):

Code	Description
PR56D	Prop 56 Developmental Screening
PR56H	Prop 56 Sensitive Services
PR56L	Prop 56 LTC
PR56S	Prop 56 LTC Subacute
PR56F	Prop 56 Family Planning
PR56T	Prop 56 Adv. Child Trauma
P56P1	Bundle Prenatal Pertussis
P56P2	Bundle Prenatal Care Visit
P56P3	Bundle Postpartum Care Visits
P56P4	Bundle Postpartum Birth Control
P56E1	Well Child Visits in First 15 Months of Life
P56E2	Well Child Visits in 3rd – 6th Years of Life
P56E3	All Childhood Vaccines for 2-Year-Olds
P56E4	Blood Lead Screening
P56E5	Dental Fluoride Varnish
P56C1	Bundle Controlling High Blood Pressure
P56C2	Bundle Diabetes Care
P56C3	Bundle Control of Persistent Asthma
P56C4	Bundle Tobacco Use Screening
P56C5	Bundle Adult Influenza ('Flu') Vaccine
P56B1	Bundle Screening for Clinical Depression
P56B2	Bundle Management of Depression Medication
P56B3	Bundle Screening for Unhealthy Alcohol Use
PRP56	Prop 56 Directed Payment

SECTION 6:

Authorization Extensions

Gold Coast Health Plan (GCHP) will continue to extend authorization expiration dates for members who have a pre-existing authorization in place but have not been able to receive services due to the COVID-19 pandemic. If a member has an existing authorization that has expired prior to services being rendered, please call GCHP's

Customer Service Department at 1-888-301-1288 to request an extension of the authorization.

For any questions regarding GCHP's prior authorization process, please contact the Customer Service Department at 1-888-301-1288.

SECTION 7:

California Children's Services (CCS) Referral Process

California Children's Services (CCS) is a statewide program managed by the state Department of Health Care Services (DHCS) and administered by the Ventura County Health Care Agency's (VCHCA) CCS office. This program assures the delivery of specialized diagnostic, treatment, and therapy services to financially- and medically-eligible children under the age of 21 who have CCS-eligible conditions, as defined in Title 22, California Code of Regulations (CCR), Section 41800.

Conditions that qualify for CCS coverage are those that limit or interfere with physical function but can be cured, improved or stabilized. CCS-qualifying conditions include birth defects, handicaps present at birth or later developed, and injuries from accidents or violence, such as congenital heart disease, endocrine disorders (including diabetes), organ transplant, prematurity, AIDS, major trauma, craniofacial anomalies, inherited metabolic disorders, chronic renal disease and hemophilia. These are conditions that tend to be relatively uncommon, chronic rather than acute, and are costly. They generally require the care of more than one health care specialist.

When submitting a request for services for a member who has been identified as having or potentially having a CCS-qualifying condition, providers are required to submit the request for services directly to CCS for case certification. All requests for CCS diagnostic and treatment services must be submitted using a CCS Service Authorization Request (SAR) Form:

- CCS New Referral Client SAR Form
- CCS Established Client SAR Form

Providers are required to submit documentation to substantiate medical necessity at the time the SAR is submitted. To refer a new client or to request services for an existing CCS client, send the completed CCS SAR Form to the CCS program with supporting documentation via fax at 1-805-658-4580, electronically via E-SAR (PEDI system), or by mail.

CCS reimbursement is separate from any reimbursement under GCHP and is billed directly through the CCS program. Only providers who have been approved by CCS are eligible for reimbursement under the CCS program.

CCS services are not the financial responsibility of GCHP and should be billed directly to fee-for-service Medi-Cal. Original claims billed with a CCS diagnosis and/or CCS-eligible condition will be returned to you with a denial letter that includes CCS billing instructions. A denial will also appear on a subsequent Explanation of Payment (EOP). GCHP's review of potential CCS claims is based on the member's diagnosis.

GCHP will not cover CCS-eligible services denied by CCS because the rendering provider is not paneled by CCS.

To speak with a CCS representative regarding the services offered or to become CCS paneled, call 1-805-981-5239 or 1-805-981-5281. Click here to learn more about CCS.

SECTION 8:

CalHOPE: A Crisis Support Program and Other Local Mental Health Resources

Many adults and children are feeling increased stress due to the COVID-19 pandemic and may benefit from additional resources to help them cope with these new frustrations and worries. Gold Coast Health Plan (GCHP) encourages providers to continue prioritizing patient mental health and to share the following free resources with their patients.

CalHOPE

California HOPE (CalHOPE), a state Department of Health Care Services (DHCS) program, delivers crisis support services for communities impacted by a national disaster, such as the COVID-19 pandemic. CalHOPE builds community resiliency and helps people recover from disasters through free outreach, crisis counseling, and support services that are offered in English and Spanish.

Services include:

- Individual and group crisis counseling and support
- Individual and public education
- Community networking and support
- Connection to resources
- Media and public service announcements

These services are offered to all California residents by contacting the **CalHOPE Warm Line at 1-833-317-HOPE (4673)**.

Free Ventura County Mental Health Resources

- **Beacon Health Options:** 1-855-765-9792
  - » Behavioral Health Care Management Referral form
- **Ventura County Behavioral Health Referral Line:** 1-866-998-2243 (24 hours per day, seven days per week)
- **Ventura County Behavioral Health Crisis Team:** 1-866-998-2243 (24 hours per day, seven days per week)
  - » Ventura County Behavioral Health provides crisis intervention services for psychiatric emergencies. The Crisis Team operates 24 hours per day, seven days per week and is accessible to the entire community.
- **Senior Support Line:** 1-800-235-9980
  - » The Senior Support Line is for residents 60 years of age and older who are living alone, feeling isolated and/or depressed, have few or no connections to family and/or friends, are at risk of losing their independence, have been recently discharged from a hospital setting or have been recently discharged from an adult day health care service that may have been impacted by funding reductions.
  - » The Senior Support Line is operated by the Camarillo Health Care District. Clinically trained interns and volunteers staff the Senior Support Line Monday through Friday from 8 a.m. to 5 p.m.
- **Ventura County Community-Based Counseling and Mental Health Resources**
  - » Provides a list of community resources and events related to health, social and basic needs services that are available for support and assistance.

- **National Suicide Hotline:** 1-800-273-TALK (8255) (24 hours a day, seven days a week)
    - » This network of local crisis centers provides free and confidential emotional support to people in suicidal crisis or emotional distress.

SECTION 9:

Health Education

Lead Poisoning Prevention Week: October 25 – 31

The harmful effects of lead have been widely recognized and action has been taken to prevent exposure. Still, exposure to lead, particularly in childhood, remains a concern for health care providers and public health officials. This year's lead poisoning campaign message is, "Even small amounts of lead can harm a child's health. Ask your child's doctor about a blood lead test."

The Childhood Lead Poisoning Regulations for California Providers Caring for Children apply to all physicians, nurse practitioners, and physician's assistants – not just Medi-Cal or Child Health and Disability Prevention (CHDP) Program providers.

Anticipatory guidance for lead screening:

- At each periodic assessment from 6 months to 6 years of age, conduct a blood lead test.
- Screen children in publicly supported programs for low income children at both 12 months and 24 months of age.
- Screen children 24 months to 6 years of age in publicly supported programs who were not tested at 24 months of age or later.
- If the child is not in a publicly supported program:
    - » Ask: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?"
    - » Conduct a blood lead test if the answer to the question is "yes" or "I don't know."
- Conduct a screening if a change in circumstances has put the child at risk of lead exposure.
- Other indications for a blood lead test (not regulations, but should be considered):
    - » Parental request.
    - » Suspected lead exposure.
    - » History of living in or visiting a country with high levels of environmental lead.

For additional information, please contact the Ventura County Childhood Lead Poisoning Prevention Program at **1-805-981-5291**. The Gold Coast Health Plan (GCHP) Health Education Department will provide lead resources to providers for members this fall. For more information, contact the Health Education Department at 1-805-437-5718 or HealthEducation@goldchp.org.

Well-Child and Immunizations Visits

GCHP encourages parents and/or guardians to get their children vaccinated, including catching up on immunizations they may be behind on. Well-child visits or regular checkups are an important way to monitor a child's growth and development and ensure that they are up-to-date with their screenings and vaccinations, including:

- Health History
- Physical Exam
- Height, Weight, Body Mass Index
- Hearing and Vision
- Physical and Mental Development
- Labs

- Physical Activity
- Eating Habits
- Behavior
- Immunizations
- Health Education and Safety
- Oral Health

Skipping visits can have consequences, such as falling behind on immunizations and other health care needs due to delays in appropriate screenings and referrals.

During the pandemic, many parents have been afraid to take their children to the doctor for immunizations and well-child visits. GCHP asks providers and their staff to communicate the measures being taken to protect members and to stress the importance of not missing appointments. GCHP also encourages providers to follow up with parents if children are missing well-child visits and immunizations, especially for children 0 to 24 months of age.

Well-Child Visit Schedule									
3-5 days	1 month	2 months	3 months	4 months	6 months	9 months	12 months	18 months	24 months	30 months

For more information about well-child measures and immunizations, please visit the state Department of Health Care Services (DHCS) website.

Health Education Department and Services

GCHP offers free health education services to help members achieve a healthy lifestyle. Health education services are designed to ensure that all members have access to health education programs, health promotion materials and classes. GCHP makes certain that health education services are accessible to members by collaborating with local health agencies, clinics, hospitals and network providers.

For additional information or to request health education services, contact GCHP's Health Education Department at **1-805-437-5718, Monday through Friday from 8 a.m. to 5 p.m.** or email HealthEducation@goldchp.org. Download the Health Education Referral Form here.

SECTION 10:

Cultural and Linguistic Services

Provider Education and Cultural Competency Training

The Gold Coast Health Plan (GCHP) Cultural and Linguistic Services Department has implemented five online cultural competency training modules for network providers and staff. The training modules are available on the GCHP website, listed under the For Providers tab.

The training is mandated by the state Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) to ensure staff, providers and delegated entities are meeting the unique and diverse needs of all members. All providers and GCHP staff must complete this training.

There are five training modules:

- Module 1: Language Assistance Services
- Module 2: Seniors and Persons with Disabilities (SPD)
- Module 3: Cultural Competency and Patient Engagement
- Module 4: Gender Identity and Transgender Health Care
- Module 5: Additional Training Resources
  - » GCHP Website
  - » Industry Collaboration Effort (ICE) – ICE Cultural Competency and Patient Engagement Presentation

» U.S. Department of Health and Human Services – Think Cultural Health – National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
» Harris Family Center for Disability & Health Policy (Seniors and Persons with Disabilities Resources)
» Centers for Disease Control and Prevention (CDC) (Health Literacy)
» Health Literacy Guide
» Lesbian, Gay Bisexual, and Transgender Health

Upon completion of the training, providers will be able to define:

- "Cultural Competency" in the health care setting.
- "Health Literacy" in the health care setting.
- "Clear Communication" in patient / provider encounters.

Providers must sign and return the GCHP cultural competency training acknowledgment form upon completion of each module via email to CulturalLinguistics@goldchp.org or fax to **1-805-248-7481**. Click here to access the form. If you have already completed a cultural competency training through another organization, please indicate in the appropriate section and return the acknowledgement form. GCHP hopes you enjoy the training modules and encourages you to share them with your staff and other providers.

October: 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 event.

Health literacy is defined in the Institute of Medicine report, Health Literacy: A Prescription to End Confusion as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

Health literacy is important because everyone needs to be able to find, understand, and use health information and services. Health literacy can help prevent health problems and protect a person's health, as well as manage those problems and unexpected situations that happen. Even people who read well and are comfortable using numbers can face health literacy issues.

You can help promote health literacy by assuring that any member-information document is at a 6th grade reading level or below.

Here are few points to keep in mind about health literacy:

1. Nine out of 10 adults struggle to understand and use health information when it is unfamiliar, complex or jargon-filled.
2. Limited health literacy costs the health care system money and increases morbidity and mortality.
3. Health literacy can be improved by practicing clear communication strategies and techniques.
4. Clear communication means using familiar concepts, words, numbers and images presented in ways that make sense to the people who need the information.
5. Testing information with the audience before it is released and asking for feedback are the best ways to know if you are communicating clearly. It is important to test and ask for feedback every time information is released to the general public.

To learn more about health literacy or for resources, please click here.

Population Needs Assessment (PNA) Findings:

In June, GCHP's Health Education Cultural and Linguistic Services Department, in collaboration with a team of multi-disciplinary individuals, completed the DHCS 2020 Population Needs Assessment (PNA) report. As part of All Plan Letter 19-011, the PNA identifies member health status and behaviors, member health education and cultural and linguistic needs, health disparities, and gaps in services related to these issues.

Managed Care Plans (MCPs) like GCHP must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), members with limited English proficiency (LEP), and other member subgroups from diverse cultural and ethnic backgrounds in the PNA findings. MCPs must use the PNA findings to identify and act on opportunities for improvement.

Below are two main cultural and linguistic areas of opportunity for improvement identified during the PNA stakeholder engagement and the 2019 Provider Satisfaction Survey findings:

1. **Decision-Making**
    Patients cannot effectively participate in shared decision-making if they do not fully understand their current health condition, treatment options, and the potential side effects of each treatment option.

    Health care professionals should rely on their patient-provider communication skills to drive better patient education. Providers who clearly communicate key health and disease concepts are more apt to inform the patient of key topics. Also, implementing a valuable and patient-centered shared decision-making strategy will hinge on strong and successful patient engagement.

2. **Administrative Overview**
    To ensure the continuation of uninterrupted and timely access to quality health care, GCHP reminds providers about the importance of providing your office voicemail greetings in English and Spanish. This will ensure providers comply with GCHP's threshold language.

If you have any questions or need assistance, please contact Cultural and Linguistic Services at **1-805-437-5603, Monday through Friday from 8 a.m. to 5 p.m.** or email CulturalLinguistics@goldchp.org.

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For additional information, contact Customer Service at 1-888-301-1228.
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