

Provider Operations Bulletin

From Gold Coast Health Plan

EDITION: POB-002

OCTOBER, 2012

The purpose of these bulletins is to assist you and your office staff in understanding some of the operational processes that Gold Coast Health Plan (GCHP) has in place. The Plan hopes these bulletins prove useful and provide you with all the information you need to make your relationship with GCHP collaborative in all respects. If there are topics you feel should be included in these bulletins please contact the Provider Relations Department at providerrelations@goldchp.org.

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Provider Letter - Fee-for-Service Medi-Cal vs. Gold Coast Health Plan Enrollment

GCHP Community Resource Fair October 21, 2012 - Flyers for Posting (English and Spanish)

SECTION 1: COMMUNITY-BASED ADULT SERVICES (CBAS)

Effective October 1, 2012 GCHP is managing the CBAS benefit for Ventura County Medi-Cal members. The State eliminated the Adult Day Health Care benefit (ADHC) benefit and replaced it with the new Medi-Cal benefit called Community-Based Adult Services (CBAS). For more information about CBAS benefits, eligibility for CBAS benefits, and referral to CBAS providers see the "CBAS FAQs" under provider resources at www.goldcoasthealthplan.org.

SECTION 2: SPECIALTY CONTRACT WITH CLINICAS DEL CAMINO REAL

Gold Coast Health Plan and Clinicas del Camino Real, Inc. have reached an agreement on a specialty provider contract that designates Clinicas as a Professional Risk Bearing Organization. The effective date is Monday, October 15, 2012. In this new arrangement

Clinicas will arrange for certain specialty care services to GCHP members who have selected Clinicas as their primary care provider. Under this arrangement those specialty providers who are contracted with Clinicas follow Clinicas prior approval process for outpatient services, obtain authorization from Clinicas, and submit claims for payment directly to Clinicas. GCHP continues to receive and manage authorizations for hospitals and other facilities; there is no change in current procedure. If you have questions or concerns, please contact our Provider Relations Department at (888) 301-1228 or by email to providerrelations@goldchp.org.

SECTION 3: SURGICAL MODIFIER TABLE

Modifier	Description	Compensation Impact
50	Bilateral procedure	150% of Gold Coast Health Plan fee schedule. <i>100% of the allowed for the first procedure</i> <i>50% of the allowed for the second procedure</i>
51	Multiple procedures	100% of allowed amount for procedure with highest allowable then 50% of allowed for all additional procedures of Gold Coast Health Plan fee schedule.
53	Discontinued procedure	20% of Gold Coast Health Plan fee schedule
54	Surgical Procedure Only	70% of Gold Coast Health Plan fee schedule
62	Two Surgeons	62.5% of Gold Coast Health Plan fee schedule
78	Return to operating room	70% of Gold Coast Health Plan fee schedule
80	Assistant Surgeon	20% of Gold Coast Health Plan fee schedule

SECTION 4: TIMELY SUBMISSION OF CLEAN CLAIMS

GCHP will be enforcing the timely filing requirement per provider contract.

SECTION 5: ELECTRONIC FUNDS TRANSFER (EFT)

Providers can receive their claims and capitation payments electronically by completing and returning the EFT Provider Enrollment Form. The form and instructions for completion are available in the provider resources section at www.goldcoasthealthplan.org.

SECTION 6: OVERPAYMENT RECOVERY

GCHP appreciates your cooperation as we resolve claims processing issues that occurred with the start-up of the Plan. Some of these issues created overpayment of claims. GCHP wants to remind providers, overpayments not refunded to GCHP are State Medi-Cal funds being withheld. If the overpayment is not refunded voluntarily, or a dispute is not filed, the State provides the Plan with guidelines and avenues for recovery. Those recovery options include, offset(s) against current Medi-Cal claims payments, and seeking a statutory judgment in Superior Court recording liens against real and personal property that the provider owns.

The procedures for filing a dispute can be found in the GCHP Provider Manual at www.goldcoasthealthplan.org.

SECTION 7: REQUEST FOR PROPOSAL (RFP) NON-EMERGENCY TRANSPORTATION

Gold Coast Health Plan is sending out Request for Proposal (RFP) for Non-Emergency Transportation. Our objective is to work with transportation provider(s) that will assume risk for and manage all non-emergent transportation benefits for eligible Gold Coast Health Plan members. This will not only improve utilization and reduce costs, but will also mainstream the process for our members and providers. The RFP is available to view at www.goldcoasthealthplan.org/providers/resources.aspx

SECTION 8: FRAUD AND ABUSE IS AGAINST THE LAW

Compliance

Gold Coast Health Plan has various methods in place in which Providers, Members, vendors and employees can report suspected fraud, waste or abuse. Reports can be made anonymously.

- Toll-free hotline available 24/7: **866.672.2615**
- Via internet: gchp.alertline.com
- Written report: Attention: Compliance Officer–Fraud Investigation
2220 E. Gonzales Road, Suite 200
Oxnard, CA 93036-8294

Please provide as much information as possible such as:

- Name of person(s), facility, vendor, etc., suspected of fraud, waste or abuse. Identifying information, such as: Member/Provider/Facility name, address or telephone number.
- Description and details of the suspected fraud, waste or abuse: who, what, where, when, and date and time of incident or incident(s).
- Documentation (any) that is related to the report.
- Person filing the report: name and telephone number if you do not wish to remain anonymous.

Fraud

An intentional deception or misrepresentation made with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law. (Title 42 CFR 455.2; Welfare and Institutions Code 14043.1(i))

Waste

Overutilization of services and/or misuse of resources not caused by a violation of law.

Abuse

Provider practices that are inconsistent with sound fiscal, business or medical practices, and

result in an unnecessary cost to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (Title 42 CFR 455.2; Welfare and Institutions Code 14043.1(a))

Attention Providers: You are required to report incidents of fraud to Gold Coast Health Plan within 10 days from the date you became aware of such activity.

SECTION 9: UPDATES FOR SERVICES REQUIRING PRIOR AUTHORIZATION

OB Ultrasounds: Two (2) ultrasounds per pregnancy are allowed **without** prior authorization. After that prior authorization is required demonstrating medical necessity.

Injections: There have been codes for injections added the List of Services Requiring Prior Authorization. The most current list is available at www.goldcoasthealthplan.org.

SECTION 10: RETRO-ACTIVE MEMBER ELIGIBILITY & FEE-FOR-SERVICE MEDI-CAL

The Ventura County Human Services Agency (HSA) wants you to be reminded that new Ventura County Medi-Cal beneficiaries who are granted retroactive eligibility now have their services covered through State Medi-Cal fee-for-service (FFS) until enrollment is effective with GCHP. The effective date of enrollment is based on Medi-Cal Eligibility Data System (MEDS) renewal each month. For providers verifying member eligibility via the online MEDS, the Medi-Cal retroactive eligible beneficiaries' Subscriber County code will indicate "56 – Ventura." However, the Eligibility Message will indicate "Medi-Cal." Providers should submit their claims to Medi-Cal Fee-For-Service for processing. For providers verifying member eligibility via GCHP's eligibility portal, the member will not appear in our system until they are eligible with GCHP. At the direction of the HSA and DHCS, the letter included in this Operations Bulletin provides you with information about what steps are taken to verify eligibility for these members. If you have any questions about this notification, or need assistance, please contact customer service at 888-310-1228.

SECTION 11: CALIFORNIA SMOKERS' HELPLINE 1-800-NO-BUTTS

Helpline Celebrates 20 Years with *Top 10 Tips to Help Smokers Quit* Webinar

As the California Smokers' Helpline celebrates 20 years of helping smokers quit, it will be offering a free webinar for health professionals on the *Top 10 Tips to Help Smokers Quit*.

Featured speaker will be Jesus Calleros, a Counseling Supervisor and 8-year veteran with the Helpline. A free tip sheet for smokers will also be available after the webinar in English, Spanish, Chinese, Korean, and Vietnamese.

DATE: Wednesday, October 24, 2012

TIME: Noon to 12:45 pm PST

For more information, please contact Kirsten Hansen at k3hansen@ucsd.edu or (858) 300-1012.

SECTION 12: SENIORS AND PERSONS WITH DISABILITIES (SPDS)

GCHP providers and staff are required to have sensitivity training to meet the needs of SPDS. The Plan offers web-based training materials developed by The Department of Health Care Services. The training modules are posted at www.goldcoasthealthplan.org.

NOTICE REGARDING FEE-FOR-SERVICE MEDI-CAL vs. GOLD COAST HEALTH PLAN ENROLLMENT

The State Medi-Cal Managed Care enrollment process was changed effective July 2012. The new process may increase the length of time it takes for a new Medi-Cal beneficiary to be enrolled in Gold Coast Health Plan (GCHP).

Eligibility must be verified each time a member requests services from any provider, pharmacy, or hospital. If GCHP membership is not indicated at the State site, the beneficiary is Fee-For-Service Medi-Cal and the State is billed directly for their services. Fee-For-Service beneficiaries are eligible to receive services from any willing Medi-Cal provider.

When a new Medi-Cal beneficiary becomes a GCHP member they will receive a welcome packet from GCHP. At the time of services, a GCHP member will present their Medi-Cal Benefits Identification Card (BIC), their GCHP identification card and any other health care card they may have for verification.

For questions about beneficiary eligibility in the Medi-Cal program, please contact the Ventura County Human Services Agency (HSA) at 888.472.4463.

Things to remember about eligibility and GCHP:

- GCHP does not determine eligibility for Medi-Cal; it is determined by Ventura County HSA.
- GCHP cannot change a member's information, (i.e., address, phone number, etc.). Members are responsible for changing any information with Ventura County HSA (Medi-Cal) and/or Social Security Administration (Medicare) directly.
- Providers must ask members for all insurance cards (Medicare, Medi-Cal, GCHP, Kaiser, etc.).
- Providers must verify Medi-Cal and GCHP eligibility for members at every visit.
- Providers will verify eligibility by:
 - Swiping the members BIC card or utilizing the Automated Eligibility Verification System/Real Time Internet Eligibility systems; if enrolled, check the following:
 - Check the GCHP portal; or if necessary
 - Call the GCHP Member Services Call Center at 888.301.1228.

PROVIDERS WILL BILL THE STATE DIRECTLY FOR SERVICES RENDERED PRIOR TO GCHP ENROLLMENT

Join Us For
A Day Of Fun



Gold Coast
Health Plan™
A Public Entity

Free Health
Screenings

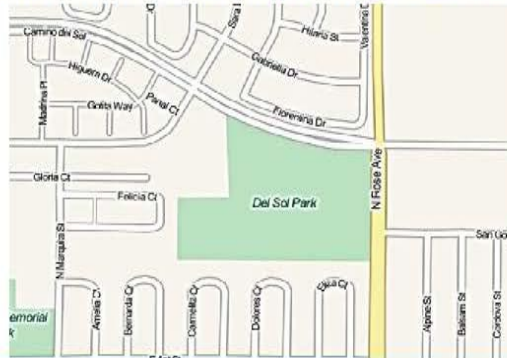
Community Resource Fair

Sunday, October 21, 2012

10:00am-3:00pm

Del Sol Park

1500 Camino Del Sol, Oxnard CA 93030



Free Health Screening Will Be Available!

- ✓ Blood Pressure
- ✓ Blood Sugar
- ✓ Cholesterol
- ✓ Body Mass Index



Member Services: 888-310-3170
www.goldcoasthealthplan.org

**Accompanenos
Para Un Dia
De Diversion**



**Exámenes De
Salud
Gratuitos**

Feria De Recursos Para La Comunidad

Domingo, Octubre 21, 2012
10:00am-3:00pm
Del Sol Park
1500 Camino Del Sol, Oxnard, CA 93030



Exámenes de Salud Gratuitos!

- ✓ **Presión Arterial**
- ✓ **Glucosa**
- ✓ **Cholesterol**
- ✓ **Índice de Masa Corporal**



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