Gold Coast Health Plan℠
A Public Entity

Provider Operations Bulletin

JANUARY 2016

27

Table of Contents

SECTION 1: 2015 Year In Review 3
SECTION 2: Check Primary Care Physician (PCP)/Clinic Assignment 3
SECTION 3: Member Benefit Information Meetings 3
SECTION 4: Member Incentive to Increase Postpartum Care 4
SECTION 5: HEDIS® Update 4
SECTION 6: Grievance and Appeals Provider Grievance Process (PGR) 5
SECTION 7: Changes to GCHP's Prior Authorization Requirements 6
SECTION 8: Specialty Referrals Real Time Follow-up 7
SECTION 9: 2015-16 Influenza Season Recommendations 8
SECTION 10: Transitioning Members from Pediatric to Adult Providers 8
SECTION 11: 2015-2016 Respiratory Syncytial Virus (RSV) Season is Upon Us! 9
SECTION 12: Treatment Form for End-of-Life Options 11
SECTION 13: Disease Management Program Targets Members With Diabetes or Who are at Risk of Diabetes 12
SECTION 14: Billing Requirements for CMS 1500 Paper Claim Forms 12
SECTION 15: Access and Availability 12
SECTION 16: Managed Care Provider Data Improvement Project (MCPDIP) 13
SECTION 17: Health Education, Cultural & Linguistic Services, Outreach Events and Updates 14
SECTION 18: You Are Invited to Attend Telephonic Interdisciplinary Care Conferences (ICT) 14

POB 27

The Provider Operations Bulletin is published quarterly by the Gold Coast Health Plan's Communication 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 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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2015 Year In Review

Looking back, 2015 was a remarkable year for Gold Coast Health Plan (GCHP).

GCHP's membership, as of Jan. 1, is 202,036 – a spike of more than 13% in the past 12 months and a milestone the Plan reached two months earlier than expected. As membership has grown, GCHP's goal has also been to grow its provider network, which was also accomplished last year. The Plan's total physician count went from 987 in the first quarter of 2015 (1 physician per 180 members) to 1,161 in the fourth quarter (1 physician per 173 members).

This growth – along with conservative financial practices, enhancements to the Plan's claims processing and medical management, and improved administrative functions – have resulted in GCHP becoming a much more financially stable organization. This stability will allow GCHP to broaden its program offerings to improve the delivery and access to health care services for members.

As an organization, GCHP needs to continually improve its performance and interaction with its providers to make your partnership with us a rewarding and financially-viable venture. GCHP's financial stability will also afford the Plan some flexibility in compensating its providers for quality services.

In this issue of the Provider Operations Bulletin (POB), you will find administrative enhancements and changes occurring in the Medi-Cal program. It also highlights various 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.

Check Primary Care Physician (PCP)/Clinic 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 him/her contact GCHP's Member Services department to select your PCP/Clinic as their PCP. The change will be effective on the first day of the month following the requested change.

For more information, contact Member Services 1-888-301-1228/TTY 1-888-310-7347, Monday-Friday 8 a.m. – 5 p.m.

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 GCHP members. They will also learn how to:

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

The upcoming meeting schedule is:

Meeting times and locations vary monthly. For meeting dates, members can call Member Services. Click here for more information.

Oxnard Library
251 South "A" Street, Oxnard, CA 93030
Feb. 24, Wednesday: English 5:15 p.m., Spanish 6:30 p.m.
March 12, Saturday: English 10:30 a.m., Spanish 12 p.m.
March 30, Wednesday: English 5:15 p.m., Spanish 6:30 p.m.

Camarillo – GCHP Office
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Feb. 25, Thursday: English 1:30 p.m., Spanish 3 p.m.
March 24, Thursday: English 1:30 p.m., Spanish 3 p.m.

Simi Valley Library
2969 Tapo Canyon Road, Simi Valley CA 93063
Jan. 23, Saturday: English 10 a.m., Spanish 11 a.m.

Ventura – Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001
Feb. 27, Saturday: English 10 a.m., Spanish 11:30 a.m.

Member Incentive to Increase Postpartum Care

What is the reason for the postpartum care member incentive? For the 2012, 2013 and 2014 data measurement years, GCHP's rate for postpartum care ranked low, achieving only the minimum performance level, which equates to the 25th national percentile reported by the National Committee for Quality Assurance (NCQA).

What is the member incentive? To increase postpartum visits among new mothers, GCHP is offering Newborn Gift Sets to eligible members who complete their postpartum care visits within 21 to 56 days of delivery. The gift set includes a knit cap and socks, baby wipes and two packages of newborn diapers.

How are members notified about the incentive? Members are notified of the Newborn Gift Set incentive program through monthly mailings to members who are identified as being pregnant. Practitioners can also download the member incentive forms for their patients by clicking here. The incentive form is available in English and Spanish.

How do members qualify to receive the Newborn Gift Set? To qualify for the Newborn Gift Set, members must send GCHP an incentive form that is completed and signed by both the member and the practitioner who performed the postpartum examination. GCHP will review and verify the information on the form and, if all eligibility requirements are met, will mail the Newborn Gift Set to the member.

HEDIS® Update

What is HEDIS®

Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool created by the NCQA to measure GCHP's performance in important categories of care and services. Data collection and analysis for 2015 begins in February and will end in May.

GCHP's Quality Improvement Department has posted the updated presentation, Introduction to HEDIS® 2016, on GCHP's website. The updated presentation provides an overview of the HEDIS® measures that GCHP reports and the NCQA's updates and changes to these measures.

Click here to view the presentation, **Introduction to HEDIS® 2016**. Please email any HEDIS® questions to GCHP's Quality Improvement Department at hedis@goldchp.org.

HEDIS® Update

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

GCHP requires your assistance in obtaining medical record data in preparation for the 2016 HEDIS® season (for measurement year 2015).

HEDIS® is a nationally recognized report that relies on medical claims and medical record data to measure access, utilization and effectiveness of clinical care. GCHP has access to claims data, but will require help from its practitioners and facilities to obtain the required medical record data.

For the 2015 measurement year, medical record data is required for the following clinical performance measures:

- Childhood Immunization Status
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Immunization for Adolescents
- Cervical Cancer Screening
- Prenatal and Post-Partum Care
- Well-Child Visits
- Controlling High Blood Pressure
- Comprehensive Diabetes Care

Only a random sample of patients will be selected for medical record data collection. Based on the volume of medical record information needed from each site or facility, arrangements will be made for data collection via fax, mail, an upload to a secure portal, or through a GCHP courier.

GCHP appreciates your assistance and cooperation in providing medical record data within 5 days of the request.

Verisk Health, a GCHP business associate and vendor, will lead the data collection. Verisk Health is contractually bound to preserve the confidentiality of the Protected Health Information (PHI) obtained from the medical records of GCHP members and to operate in accordance with the privacy regulations of the Health Insurance Portability and Accountability Act. (HIPAA). Practitioners and facilities providing care to the selected patients will be contacted directly by Verisk Health to verify that medical record(s) exist and to arrange for their collection.

If you have questions about HEDIS®, please email hedis@goldchp.org or call 1-805-437-5600. For general information, you may also refer to the NCQA's website: http://www.ncqa.org.

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

Grievance and Appeals Provider Grievance Process (PGR)

GCHP has a mechanism for providers to submit formal grievances for review and resolution. If you have already gone through the Provider Dispute Resolution (PDR) process and are dissatisfied with the decision, you have the right to submit a grievance to the Grievance and Appeals Department.

Click here for the Provider Grievance & Appeals Form.

Grievances must be in writing and should include all supporting documentation. Grievances related to medical necessity decision disputes must be submitted within 60 calendar days of the date of the decision letter. Grievances related to claim decision disputes must be submitted within 180 calendar days of the date of the decision letter.


Gold Coast Health Plan

PROVIDER GRIEVANCE & APPEALS FORM

Changes to GCHP's Prior Authorization Requirements

GCHP continues to evaluate and monitor the services that require prior authorization. As a result, the following changes are being made and will become effective Feb. 1:

Procedure Code Updates

- Procedure code 90736, Zoster Vaccine will be removed from the prior authorization list. Contracted providers will no longer be required to obtain prior authorization for this service.
- Changes have been made to Radiation Oncology coding. Procedure codes 77418, IMRT and 0073T, Compensator-based IMRT are no longer Medi-Cal billable procedure codes and will be removed from the prior authorization list. The replacement procedure codes will require prior authorization:
  - » G6015, IMRT
  - » G6016, Compensator-based IMRT
  - » 77385, IMRT

Dental Anesthesia

GCHP covers medically-necessary services administered in connection with dental services that are not provided by dentists or dental anesthesiologists. Starting Feb. 1, the following changes will be made to the prior authorization list:

- Prior authorization is required prior to delivering intravenous sedation or general anesthesia for services not delivered in a state-certified skilled nursing facility or any category of intermediate care facility for the developmentally disabled. The anesthesia provider must submit documentation outlining the patient's need for intravenous sedation or general anesthesia.

- Prior authorization is NOT required prior to delivering intravenous sedation or general anesthesia as part of an outpatient dental procedure in a state-certified skilled nursing facility or any category of intermediate care facility for the developmentally disabled.

Chiropractic

As of Jan. 26, 2015, the state Department of Health Care Services (DHCS) restored chiropractic services to all Medi-Cal members on a limited basis. Chiropractic services are only covered when provided at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or for members eligible for services under Medi-Cal's Optional Benefits Exclusion Policy. Members eligible for chiropractic services under the Optional Benefits Exclusion Policy are members who are:

- 20 years of age and under.
- In a skilled nursing facility (long term care).
- Pregnant, to treat conditions that if left untreated, might cause difficulties for the pregnancy.

For all chiropractic services, the following rules apply:

- **CPT Codes:** Services are limited to treatment of the spine by means of manual manipulation. Only one chiropractic manipulative treatment code (98940-98942) is reimbursable when billed by the same provider, for the same member and date of service.
- **ICD-10 Codes:** Providers may be reimbursed for chiropractic services only when billed in conjunction with one of the following ICD-10 diagnosis codes.

ICD-10 Code	Description
M43.22 – M43.28	Fusion of spine
M43.6	Torticollis
M43.8X2 – M43.8X8	Other specified deforming dorsopathies

- **Frequency:** Providers may bill for two services per calendar month without obtaining prior authorization from GCHP.
- **Utilization Management:** Prior authorization is required when members exceed two services per calendar month. Utilization review will address the medical necessity (evidence of improvement, maximum therapeutic benefit), frequency, and duration of therapy.
- Evaluation and management (E&M) services provided by chiropractic providers are not a covered benefit and will not be reimbursed.

Chiropractic services are not a covered benefit when the above criteria is not met.

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

Specialty Referrals Real Time Follow-up

GCHP is committed to providing the best care to its members. To reduce barriers to needed care, GCHP has made the decision not to pre-authorize in-network/in-area specialist referrals for office consultations. PCPs should facilitate patient access to the healthcare system and appropriate treatment interventions and are responsible for arranging consultations with specialists.

To assist in the real time identification of members who miss scheduled appointments with specialists, the following is required of PCPs:

- Missed appointments require follow-up calls to the member, documentation in the medical record, and rescheduling of the appointment.
- GCHP recommends contacting members to remind them of their upcoming appointment(s).

Specialty care access standards for Medi-Cal members are as follows:

If you are unable to obtain a specialist appointment within 15 business days of request, an authorization request for the member to see an out-of-area contracted provider may be submitted to GCHP's Utilization Management Department for review.

2015-16 Influenza Season Recommendations

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) released recommendations for the 2015-2016 influenza season. Highlights of their recommendations are:

1. All persons aged ≥6 months should receive the influenza vaccine annually. Influenza vaccination should not be delayed to procure a specific vaccine preparation if an appropriate one is already available.
2. For healthy children ages 2 through 8 who have no contraindications or precautions, either live attenuated influenza vaccine (LAIV) or inactivated influenza vaccine (IIV) are appropriate options. No preference is expressed for LAIV or IIV for any person ages 2 through 49 for whom either vaccine is appropriate. An age-appropriate formulation of the vaccine should be used.
3. LAIV should not be used in the following populations:
   - Persons ages <2 years or >49 years;
   - Persons with contraindications listed in the package insert;
   - Children ages 2 through 17 who are receiving aspirin or aspirin-containing products;
   - Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine;
   - Pregnant women;
   - Immunocompromised persons (see also "Vaccine Selection and Timing of Vaccination for Immunocompromised Persons");
   - Persons with a history of egg allergy;
   - Children ages 2 through 4 who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months. For persons ages ≥5 years with asthma, recommendations are described in item 4 of this list;
   - Persons who have taken influenza antiviral medications within the previous 48 hours.
4. In addition to the groups for whom LAIV is not recommended above, the "Warnings and Precautions" section of the LAIV package insert indicates that persons of any age with asthma might be at increased risk for wheezing after administration of LAIV (29). The package insert also notes that the safety of LAIV in persons with other underlying medical conditions that might predispose them to complications after wild-type influenza virus infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]) (2), has not been established. These conditions, in addition to asthma in persons aged ≥5 years, should be considered precautions for the use of LAIV.
5. Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for seven days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus to close contacts.

Click here for more detailed information.

Transitioning Members From Pediatric to Adult Providers

Optimal health care is achieved when every person at every age receives medically and developmentally appropriate care. The goal of a planned health care transition is to maximize lifelong functioning and well-being for all youth, including those who have special health care needs.

Transition of care to adult providers for members who have qualifying California Children's Services (CCS) eligible conditions is a process that may begin in adolescence. Depending on the diagnosis and required support services, meetings with the member, providers and therapists can start as early as age 16. Young adults with special health care needs require an expanded transition-planning process.

CCS doctors and specialists are normally pediatric-only providers and may have been involved in the members care for most of their young lives. Many of these services are provided by out-of-area CCS-approved tertiary centers and may have been considered by the member to be the medical home.

GCHP and CCS work collaboratively with the member and/or personal representative, specialists and PCPs with the goal of successful transition to an adult model of care appropriate for the member's developmental level. Members with certain degenerative or disabling conditions may require legal documentation for personal representation. Therapy specialists and/or customized equipment may be required to support mobilization or activities of daily living.

For members with special health care needs, direct communication between pediatric and adult providers is essential. Transition goals must be individualized to account for variations in the complexity of a member's condition and in the member's intellectual ability and guardianship status.

Transitioning members to adult providers ideally should include:

- Collaboration between the PCP and pediatric provider.
  - » Transfer of appropriate medical records.
- Interview including the PCP, member and his/her parents or guardian.
- Initiation of a jointly-developed transition plan with the member and his/her parents or guardian should include:
  - » Components to obtain an accurate assessment of the member's ability to transition successfully.
  - » A needs assessment.
  - » Independence level setting.
  - » Transition goals.

Patients "age out" of CCS at age 21 and require transition to an adult in-network provider. At age 20, GCHP Care Managers will collaborate with the member, the CCS team, the pediatric provider and the GCHP PCP to facilitate a smooth transition.

The PCP will receive a letter and phone call from GCHP's Nurse Care Manager advising you that your member is about to turn 21 and will be transitioning to adult providers. The Plan's Care Management team will work with you and the CCS health care team to promote the best possible outcome for your patient.

2015-2016 Respiratory Syncytial Virus (RSV) Season is upon us!

RSV is the leading cause of lower respiratory tract infections in infants and young children. Those most susceptible are premature infants (<35wGA), children with bronchopulmonary dysplasia/chronic lung disease of prematurity (BPD/CLDP), and children with chronic heart disease (CHD).

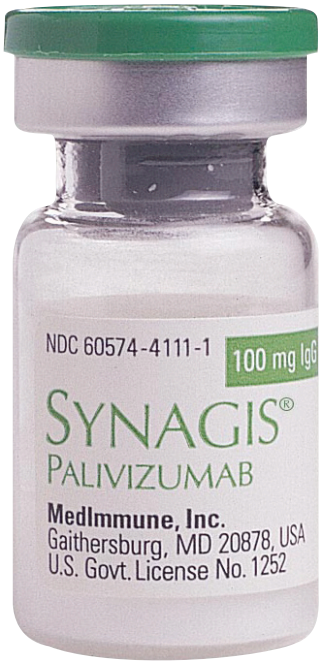
GCHP has established authorization and Clinical Criteria Guidelines for the 2015-2016 RSV season, which began Nov. 1 and ends on or about March 31 in California. These guidelines were developed based on the recommendations of the American Academy of Pediatrics (AAP) and the Ventura County Health Department.

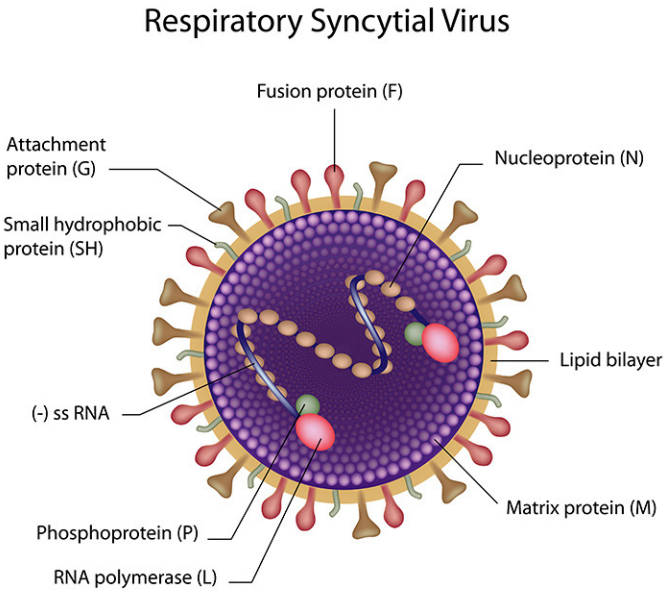
Palivizumab (Synagis®) is a respiratory syncytial virus (RSV) F protein inhibitor monoclonal antibody indicated for the prevention of serious lower respiratory tract disease caused by RSV in children at high risk of RSV disease.

The AAP guidelines for palivizumab prophylaxis for the 2015-2016 season:

PREMATURITY

- Synagis® is recommended for infants born at or before 28 weeks and 6 days of gestation and who are at or below 12 months of age at the start of the RSV season.





CHRONIC LUNG DISEASE

- Infants with chronic lung disease qualify for Synagis® only if they require supplemental oxygen for more than 28 days after birth.
  - » Chronic lung disease of prematurity is defined as infants born at or before 31 weeks and 6 days gestation who require > 21% oxygen for at least 28 days after birth.

HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE

- Infants with hemodynamically significant congenital heart disease (CHD) who are at or below 12 months of age at the start of the RSV season who are diagnosed with one of the following:
  - » Acyanotic heart disease with medication to control CHF and will require cardiac surgical procedures.
  - » Infants with moderate to severe pulmonary hypertension.
  - » Cyanotic heart defects and referred by pediatric cardiologist.

OR

- At or below 24 months of age at the start of RSV season.
- Cardiac transplantation during RSV season.

NEUROMUSCULAR DISORDER, CONGENITAL AIRWAY ANOMALY OR PULMONARY ABNORMALITIES

- Neuromuscular disorder or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough for children who are at or below 12 months of age at the start of the RSV season.

IMMUNOCOMPROMISED

- Immunocompromised due to chemotherapy or other conditions for children who are at or below 24 months of age at the start of the RSV season.
- Profoundly immunocompromised during the RSV season.

CYSTIC FIBROSIS (CF)

- Cystic Fibrosis: recommended if at or below 12 months of age at the start of RSV season and at least one of the following indications are present:
  - » Evidence of CLD.
  - » Nutritional compromise.

OR

- If at or below 24 months of age at the start of RSV season with at least one of the following manifestations of severe lung disease:
  - » Previous hospitalization for pulmonary exacerbation in the first year of life.
  - » Abnormalities on chest radiography or chest computed tomography that persist when stable.
  - » Weight for length less than the 10h percentile.

** Clinicians may administer up to a maximum of five monthly doses of Palivizumab during the RSV season to infants who quality for prophylaxis in the first year of life. Qualifying infants born during the RSV season will require fewer doses.

Synagis® is available through a limited distribution network as established by the manufacturer. Therefore, GCHP has identified the Synagis® Clinic at the Ventura County Medical Center (VCMC) Pediatric Diagnostic Center as the preferred provider for Synagis® administration to GCHP Members.

Requests for Synagis® can be submitted via FAX directly to the VCMC Pediatric Diagnostic Center, Attention: Kay, to **1-805-652-3375** for initial screening to determine if the request meets medical necessity criteria or CCS eligibility criteria. Please include with the request the NICU discharge summary and any other supportive clinical documentation to expedite the review process.

Click here for the VCMC Synagis Referral Form.

If you will NOT be sending your patient to VCMC Pediatric Diagnostic Center for review of medical necessity and CCS eligibility screening for Synagis®, please call GCHP at **1-805-437-5634**. GCHP can help with the review of medical necessity criteria and screen for CCS eligibility.

Treatment Form for End-of-Life Options

Physician Orders for Life-Sustaining Treatment (POLST) is a form that gives those who are seriously ill more control over their end-of-life care, including medical treatment, CPR, and extraordinary measures (such as a ventilator or feeding tube). POLST is a physician order that outlines a plan of care reflecting a patient's wishes. The form is voluntary and is intended to help:

- You and your patient discuss and develop plans that reflect his or her wishes.
- Physicians, nurses, healthcare facilities and emergency personnel honor a person's wishes for life-sustaining treatment.
- Prevent unwanted or ineffective treatments, reduce patient and family suffering and ensure that a patient's wishes are honored.

The POLST form has been approved by the California Emergency Medical Services Authority in cooperation with the POLST Task Force. The form should be signed by both the doctor and patient, printed on bright pink paper, posted in a prominent place where it can be readily accessed by emergency personnel, and sent with the patient whenever he/she is transferred or discharged.

At GCHP, care managers help their seriously ill members access the POLST form. Members are then encouraged to make an appointment to discuss their end-of-life wishes with their physician. Once the member feels comfortable with his/her decision, the physician and member sign the POLST.

The POLST does not replace an Advance Directive. An Advance Directive is necessary to appoint a legal healthcare decision-maker and is recommended for all adults, regardless of their health status. When available, the physician should review the Advance Directive and POLST form to ensure consistency and to update the forms appropriately to resolve any conflicts.

Click here to access the POLST form.

Resources available to physicians include:

- Coalition for Compassionate Care of California (CCCC)
- The California State University Institute for Palliative Care

Disease Management Program Targets Members With Diabetes or Who are at Risk of Developing Diabetes


Gold Coast Health Plan

DISEASE MANAGEMENT PROGRAM FOR DIABETES PROVIDER REFERRAL FORM

MEMBER INFORMATION

REFERRAL INFORMATION

CHECK ALL BOXES THAT APPLY

COMMENTS

GCHP aims to improve the health of its members and their families by partnering with its network of providers to deliver appropriate, evidence-based care. To improve the health of the Plan's members and their families, GCHP has created a Disease Management Program for Diabetes to focus educational resources and individualized action plans on members and their families managing challenging health conditions, such as diabetes.

GCHP's Disease Management program is a free service to members. The program can connect members to classes throughout Ventura County that can help them learn ways to stay healthy and be active, even while managing complicated medical issues.

For Members, the program:

- Provides educational resources in English or Spanish.
- Connects them to classes in English or Spanish.
- Teams them up with a nurse coach to create individualized action plans.

For Providers, the program helps:

- Identify care gaps by providing data around quality metrics.
- Identify members in your practice who you may want to refer.

Referring a member is easy. Click here to download the Provider Referral Form and email it to DM@goldchp.org or fax it to 1-855-883-1552. You can also call 1-805-437-5694 to recommend a member.

For more information, click here for the Diabetes Clinical Practice Guidelines.

Billing Requirements for CMS 1500 Paper Claim Forms

Providers who bill services on a CMS 1500 claim form should note that a signature is required in Box 31. The signature must match the name of the provider in Box 33 if the provider is a sole practitioner or Box 24J if the provider is billing under a group NPI. Claims that do not have a signature in Box 31 will be returned for correction.

Access and Availability:

All providers must meet access and availability standards when providing services to Medi-Cal members. The regulations associated with these requirements are:

A. **Appointments**
GCHP requires that providers implement and follow the Plan's established procedures for Medi-Cal members to obtain appointments for routine care, urgent care, routine specialty referral appointments, children's preventative periodic health assessments, and adult health assessments. Providers also need to establish and maintain procedures regarding follow-up care and missed appointments. Medi-Cal members cannot be charged for missed appointments. If a member develops a pattern of missing appointments, please contact GCHP's Provider Relations department.

B. **First Prenatal Visit**
GCHP requires that providers grant pregnant Medi-Cal members their first prenatal visit within two weeks of the request.

C. **Wait Times**
GCHP has established and implemented a procedure to monitor wait times in providers' offices, the time it takes to answer and return phone calls and the time it takes members to obtain various types of appointments.

D. **Phone Procedures**
GCHP requires all providers to maintain a procedure for triaging member's phone calls, providing medical advice over the phone and accessing telephone interpreters.

E. **Urgent Care**
All providers must ensure that members requiring urgent care that do not require prior authorization are seen within 24 hours of the request.
All requests for urgent care services that do require prior authorization must be seen within 96 hours of the request.

F. **PCP Appointments**
Members requesting non-urgent services from a PCP must be seen within 10 days of the request.

G. **Specialist Appointments**
All appointments with specialists are to be made within 15 days of the request.

H. **Ancillary Appointments**
All appointments for the diagnosis or treatment of an injury, illness or other health condition, must be made within 15 days of the request.

Timeframes may be shortened or extended as clinically appropriate by a qualified health care professional acting within the scope of his or her practice consistent with professionally recognized standards of practice. If the timeframe is extended, it must be documented in the member's medical record that a longer timeframe will not have a detrimental impact on the member's health.

Managed Care Provider Data Improvement Project (MCPDIP)

The state Department of Health Care Services (DHCS) issued a requirement change for provider data submission that replaces the current monthly health plan data submission previously governed by APL-14006. The new project work is being developed under the **Managed Care Provider Data Improvement Project (MCPDIP)**, which will allow DHCS the ability to monitor the Plan's provider network.

How does this impact GCHP's providers?
GCHP is required to collect an enhanced set of data as defined by DHCS. The project requirements, including an outline of the enhanced data (file layout and companion guide) and project timeline, will be rolled out to providers in the upcoming weeks. Due to the tight timeline defined by DHCS, providers should expect an accelerated timeline. The enhanced provider data for testing with DHCS must be delivered to GCHP by the end of the first quarter and implemented (submission of production data to DHCS) by the end of the second quarter.

GCHP looks forward to working with its providers on this effort. If you have any questions about the MCPDIP, please contact ProviderRelations@goldchp.org.

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

Diabetes Education Classes
The Health Education Department is continuing to host Diabetes Community Education Classes throughout Ventura County. The classes focus on healthy eating, exercise and diabetes self-management. Classes are available in English and Spanish. If you are interested in hosting classes at your office or clinic, please email HealthEducation@goldchp.org.

Diabetes education classes are also available at various hospital systems and contracted clinics throughout the county. The classes are available in English and Spanish and the majority of them are free. A list of diabetes education classes is available to members. For information, email HealthEducation@goldchp.org or visit GCHP's website for the calendar of events.

Cultural and Linguistic Program Services
GCHP's Cultural and Linguistic Services offers free sensitivity training to providers. If you are interested in having training at your location, contact Cultural and Linguistic Services at 1-805-437-5603 or email CulturalLinguistics@goldchp.org.

To request a sign language interpreter for GCHP members, please fill out the LifeSigns form and submit your request to both LifeSigns and GCHP. For a copy of the form, please contact CulturalLinguistics@goldchp.org. Please allow 5 business days for face-to-face interpreter services.

You Are Invited to Attend Telephonic Interdisciplinary Care Conferences (ICT)

Team-based health care is the provision of health services to individuals, families and/or their communities by at least two health providers who work collaboratively with patients and their caregivers.

Telephonic Interdisciplinary Care Team Rounds are available bi-weekly for GCHP Care Management enrollees. Team conferences are attended by GCHP's Care Management nurses, social workers, and the Associate Chief Medical Officer (by request); Beacon Behavioral Health case managers; and other pertinent team members. Patients are also invited to attend.

The purpose of the ICT is to identify barriers and discuss possible interventions or solutions to meet care needs.

You may receive a phone call from a GCHP Care Manager requesting your attendance in an ICT) for one of your patients. If you choose to participate, you will be provided with a call-in number and a 10-minute appointment.

If you have a GCHP patient that you would like to discuss at an ICT, please contact the Plan's Care Management Department at 1-805-437-5634.

We look forward to having you join us at the next ICT!

NOTES:

Gold Coast Health Plan℠
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27

Provider Operations Bulletin

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For additional information, contact
Provider Relations at 888-301-1228
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