



Provider Operations Bulletin

APRIL 2019

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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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SECTION 1:

State Department of Health Care Services (DHCS) Audit

Gold Coast Health Plan (GCHP) is scheduled to go through a medical audit by the state Department of Health Care Services (DHCS) in June. You may be contacted by DHCS nurse evaluators and/or visited on-site by the auditors to ensure that you are abiding by state standards. Among the Plan's responsibilities when doing site visits is to ensure that materials for members are readily available and that any concerns providers are having are brought to the Plan's attention.

SECTION 2:

Provider Information Update Request

In an effort to improve operations, Gold Coast Health Plan (GCHP) has entered into an agreement with BetterDoctor, a primary source verified data management service that is used by health plans across the country.

BetterDoctor, which some of you may have already worked with, will help GCHP obtain updated demographic information for the Plan's contracted provider network. As you know, having correct information in GCHP's systems ensures that communication between the Plan and providers flows as smoothly as possible. This information is critical for proper claims administration, authorization of services, and other operational functions performed by the Plan to support its provider network.

With more than 6,000 individual providers contracted with GCHP, BetterDoctor offers the Plan an opportunity to gather data quickly and efficiently.

Representatives from BetterDoctor will be reaching out to GCHP's provider network via the Provider Portal, email, fax, and telephone. Please respond to those requests as quickly as possible so that GCHP's systems can updated expeditiously.

If you have any questions regarding this, please reach out to GCHP's Provider Relations Department at ProviderRelations@goldchp.org.

SECTION 3:

Provider Portal

Registered providers may access the Gold Coast Health Plan (GCHP) Provider Portal to verify the eligibility of GCHP members, check the status of a claim and query, and submit prior authorizations. Providers must register using their GCHP Provider Identification Number (PIN) to access the portal. To start using these services, go to the Provider Web Portal and complete the registration process. For assistance, please contact the Plan's Customer Service Department at 1-888-301-1228 or e-mail ProviderRelations@goldchp.org.





SECTION 4:

Important Reminders when Submitting Authorization Requests via the Provider Portal

When creating an authorization through the Gold Coast Health Plan (GCHP) Provider Portal, please make sure to use the comments section to enter the name and phone number of the contact person for the request. This information helps GCHP's Health Services Department direct questions to the right person and ask for additional information, if needed. Doing this prevents delays in processing.



When you have a request that is urgent and needs to be expedited because the standard timeframe for review will seriously jeopardize the member's life, health or the ability to attain, maintain, or regain maximum function, GCHP's Health Services Department recommends that the request be faxed to the Plan at 1-855-883-1552 instead of submitting it through the Provider Portal. Faxing an expedited or urgent request can prevent delays in processing.

Only services that meet the definition of urgent should be submitted as expedited. When non-urgent requests are submitted as expedited, processing times may be delayed for services that are truly urgent.

SECTION 5:

Resources on GCHP's website

Visit the Gold Coast Health Plan (GCHP) website to access resources and tools, such as:

- **Provider Directory:** The GCHP Provider Directory is available in PDF format to download and print at your convenience.
- **Drug Formulary:** GCHP's List of Covered Drugs is available along with other pharmacy information.
- Forms and Documents: GCHP's various forms and documents are available on the website.

If you have suggestions on ways GCHP can improve its service to providers or members, please email them to ProviderRelations@goldchp.org.





SECTION 6:

Affirmative Statement about Utilization Management

The mission of Gold Coast Health Plan (GCHP) is "To improve the health of our members through the provision of high quality of care and services." GCHP supports its mission through its vision, "Compassionate care, accessible to all, for a healthy community." In accordance with that, GCHP's Utilization Management (UM) Department has an affirmation statement about UM incentives that is understood by all those involved in UM decision-making:

- UM decision-making is based only on appropriateness of care and services and existence of coverage.
- GCHP does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

Clinical Criteria

The UM Department uses criteria that is clinically sound, nationally developed and accepted to make decisions about medical necessity. The clinical criteria used includes, but is not limited to:

- MCG Care Guide Quality Improvement Guidelines
- Other nationally-recognized criteria: Occasionally, a service is requested for which a GCHP clinical guideline is not available. In these instances, GCHP's medical directors and physician reviewers will review guidelines from other national professional organizations. Resources may include, but are not limited to:
 - UpToDate: An evidence-based physician-authored clinical decision support resource.
- GCHP Clinical Guidelines

The above criteria are available to you upon request by contacting GCHP's Customer Service Department at 1-888-301-1228.



SECTION 7:

Low Back Pain

According to the National Committee for Quality Assurance (NCQA), nearly 2.5 million Americans visit outpatient clinical settings for low back pain each year. Often, providers perform unnecessary or routine imaging (X-rays, MRIs, CT scans) for low back pain despite evidence showing that this is not associated with improved outcomes. The NCQA contends that the majority of individuals with severe low back pain show improvement within the first two weeks of initial pain and that the use of imaging can adversely expose patients to unnecessary radiation, further unnecessary treatments, as well as contribute to health care costs.

Healthcare Effectiveness Data and Information Set (HEDIS®) Measure: Use of Imaging Studies for Low Back Pain (LBP)

The NCQA HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), examines the percentage of members 18 years and older with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis. This measure is inverted, meaning that the higher the number of members who do not receive unnecessary imaging for low back pain, the higher the rate.

In measurement year (MY) 2017, GCHP's LBP rate ranked at the minimum performance level (NCQA 25th percentile), as it had fallen 4.88% from the previous measurement year.

Measurement Year	2015	2016	2017
LBP rate	73.51	73.89	69.01
NCQA National Percentile Rank	50 th	50 th	25 th

GCHP is currently working on compiling data to assess the LBP rate for MY 2018 and aims to achieve the 75th percentile.

LBP Best Practices:

- Imaging should be used when other noninvasive regimens have failed and injections or surgery are being considered.
- Effective treatments for acute low back pain are:
 - Nonsteroidal anti-inflammatory drugs, acetaminophen, and muscle relaxants.
- Recommend that the patient stay as active as possible, within their pain limits, and return to normal activities as soon as possible.
- Patients should avoid bed rest, lifting, twisting, and bending.
- Provide patient education, which is vital to decreasing the patient's anxiety about back pain, improve discomfort and help eliminate the possibility of re-injury. The links below can help providers better educate their patients about low back pain:
 - National Institute of Neurological Disorders and Stroke
 - MedlinePlus
 - Mayo Clinic

Additional HEDIS® Resources

For additional information on appropriate documentation for the Low Back Pain HEDIS® measure, <u>click here</u>. If you have any questions, please contact the Quality Improvement Department at hedis@goldchp.org.



SECTION 8:

Provider Reconsideration Request Form

Please remember to attach the Provider Reconsideration Request Form to your Provider Resolution Dispute, Provider Grievance or an Appeal when you are submitting your request.

The Provider Reconsideration Request Form allows you to choose from the following:

Provider Dispute: A request for reconsideration of an original claim that has been previously denied or underpaid.

Appeal: A review by GCHP of an Adverse Benefit Determination, which is a denial, deferral or limited authorization of a requested covered service, including determinations on the level of service; denials of medical necessity; reduction, suspension, or termination of a previously authorized service.

Grievance: A request for reconsideration of a previously disputed claim in which the provider is not satisfied with the resolution outcome.

Click here for the Provider Reconsideration Request Form.

SECTION 9:

Corrected Claim

A corrected claim is a replacement of a previously-submitted claim (e.g., changes or corrections to charges, clinical or procedure codes, dates of service, member information, etc.). Because a corrected claim is not an inquiry or appeal, please do not submit a Provider Reconsideration Request Form with a corrected claim; however, you can use the Claim Correction Form.

Please Note: Do not mark a claim as "corrected" if additional information is requested, such as medical records or an Explanation of Benefits (EOB) from a primary carrier, unless a change is made to the original claim submission.

Click here for the Claim Correction Form.

SECTION 10:

Balance Billing Member

Balance billing occurs when the provider or billing company, acting on behalf of the provider, bills the member the difference between the provider's charge and the allowed amount.

Please Note: A provider of health care services who obtains proof of Medi-Cal eligibility may not seek payment from the beneficiary for covered services. If the provider receives notice, the provider and any debt collector must cease debt collection and correct any reports to consumer reporting agencies.

Reference: Cal. Welf. & Inst. Code § 14019.4

SECTION 11:

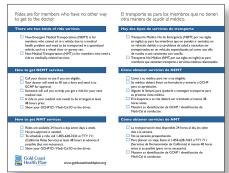
Provider Grievance Response

Important Provider Notice: Providers must cooperate with GCHP in identifying, processing and resolving all member complaints. Cooperation includes, but is not limited to, completing a Provider Response Form, providing pertinent information related to the complaint, and/or speaking with GCHP's Grievance & Appeals representatives to assist with resolving the complaint in a reasonable manner. Please remember to send back the Grievance & Appeals Provider Response Form within the specified timeframe.

SECTION 12:

New Brochure on Dialysis Transportation





Gold Coast Health Plan's (GCHP) brochure on dialysis transportation highlights the two different types of transportation services that are available to members at no cost. It also explains how members can schedule a ride to and from appointments and how to cancel a ride if it is no longer needed.

Click here for the dialysis transportation brochure, which is in English and Spanish.

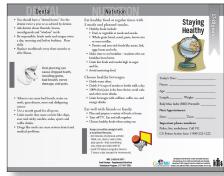
SECTION 13:

Growing Up Healthy and Staying Healthy Brochures

The state Department of Health Care Services (DHCS), Child Health and Disability Prevention (CHDP) Program provides educational materials for parents on the health, nutrition, dental care, and safety of their children. The brochures also explain what parents can expect from a newborn up to the age of 20. There are 14 age-appropriate brochures in English and Spanish.

Click here to access the English "Growing Up Healthy" and "Staying Healthy" brochures; click here for the Spanish brochures.







SECTION 14:

Pregnancy and New Parent E-Newsletters

Gold Coast Health Plan (GCHP) has e-newsletters on pregnancy and parenting. Please encourage pregnant members and new parents to subscribe.

The Pregnancy e-newsletter provides information for expectant mothers (and fathers) through the various stages of pregnancy, offering timely tips, articles and practical interactive tools that can help alleviate worries.

To subscribe to the Pregnancy e-newsletter, click here.

The New Parent e-newsletter is specially-designed for new parents. Parents will receive monthly information related to the growth of the baby from birth through three years of age.

Click here to subscribe to the New Parent e-newsletter.





SECTION 15:

Flu and Vaccine Clinic Hours

Ventura County Public Health continues to offer free flu clinics on Mondays, Wednesdays and Fridays from 8:30 -11 a.m. and 1 - 4 p.m.

- Most services are offered on a walk-in basis. It is advised that people arrive early to ensure that they are helped.
- No services are provided from 12 1 p.m. or after 4:30 p.m.
- For questions, call the Ventura County Public Health Appointment Desk at 1-805-981-5221 or toll-free at 1-888-285-5012.

For additional information, <u>click here</u>.



SECTION 16:

Immunization Brochure – Reminders

Gold Coast Health Plan (GCHP) is encouraging its members to get their children vaccinated and up-to-date on any shots on which they may be behind. The Plan's Health Education Department has booklets available about the importance of protecting children with immunizations. You can find free resources for immunization schedules here and here.







SECTION 17:

Las vacunas:

Postpartum Project

Gold Coast health Plan's Health Education and Quality Improvement departments have teamed up to promote timely postpartum visits. GCHP's health navigators have been conducting hospital visits at Ventura County Medical Center since October.

GCHP members receive a packet of information, a parenting kit from First 5 and a lunch bag upon their discharge from the hospital. Members also receive the GCHP postpartum incentive form and are encouraged to bring the form to their postpartum visit.

Providers can help increase postpartum visits by reminding members of the importance of timely exams.

For more information on the First 5 Kit for New Parents, please contact GCHP's Health Education Department at 1-805-437-5606.



SECTION 18:

Cultural and Linguistics Services

Language Assistance Services

Gold Coast Health Plan (GCHP) is committed to delivering culturally- and linguistically-appropriate services to members. GCHP offers translation and telephone, in-person and sign language interpreting services at no cost to members.

Translated Materials and Alternative Formats

Upon request, GHCP provides at no cost:

- Written materials in the member's preferred lan-
- Materials in alternative formats, such as large print, Braille or audio.

Telephone Interpreting Services

GCHP contracts with Pacific Interpreters / LanguageLine Solutions to offer members and providers telephone interpreting services in more than 240 languages. Providers and their staff can access a telephone interpreter 24 hours a day, seven days a week.

To access a telephone interpreter, you will need an access code. The code is provided during GCHP's New Provider Orientation. If you do not have an access code, please contact the Plan's Cultural and Linguistic Services.



To access a telephone interpreter:

- Dial 1-866-421-3463.
- 2. Provide the following information to the operator when prompted:

- Access code
- Language needed
- Caller's name, along with the name of the facility
- Member's GCHP ID number and zip code

You can begin your conversation after the operator connects you to the interpreter.

In-person or Sign Language Interpreters

In-person interpreters are available for GCHP members during medical appointments with at least 5-7 days of advance notice.

To schedule an in-person interpreter:

- 1. Complete the In-Person Interpreter Services Request Form.*
- 2. Fax the form to Cultural and Linguistic Services at 1-805-248-7481 or email it to <u>CulturalLinguistics@</u> goldchp.org.

To schedule a sign language interpreter:

- 1. Complete the Sign Language Interpreter Request Form.*
- 2. Fax the form to Cultural and Linguistic Services at 1-805-248-7481 or email it to CulturalLinguistics@ goldchp.org.
- 3. Fax the form to LIFISIGNS, Inc., at 1-888-227-**5021** or email it to <u>lifesigns@lifesignsinc.org</u>.



If you need to cancel or make a change to a request, please notify GCHP's Cultural and Linguistic Services at least 25 hours in advance via email at CulturalLinguistics@goldchp.org or fax the changes to 1-805-248-7481.

* Contact GCHP's Cultural and Linguistic Services for the forms.

SECTION 19:

Resources for Cultural Competency Training in Health Care

Providers and their staff are required to complete cultural competency training. For information about available trainings and resources, contact GCHP's Cultural and Linguistics Services at 1-805-437-5603 or email CulturalLinguistics@goldchp.org.

Those who have already completed cultural competency training may fill out the Cultural Competency Training Acknowledgement Form and submit it to GCHP's Cultural and Linguistic Services.

To access the form, please contact Cultural and Linguistic Services.

For additional resources from the U.S. Department of Health and Human Services' Think Cultural Health program, click here.

To access The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards), click here.



SECTION 20:

Language Assessment for Health Care Providers and Staff

The state Department of Health Care Services (DHCS) requires the use of qualified interpreters and discourages the use of family members, especially minors, as interpreters. DHCS requires that bilingual staff be competent interpreters in order to communicate directly with Limited English Proficiency (LEP) individuals in their language. If bilingual staff interprets between English speakers and those with LEP or interprets written documents from English to another language, they should be competent in the skill of interpreting.

GCHP understands the importance of using qualified interpreters at each point of medical care. If you need assistance, please contact GCHP's Cultural and Linguistics Services at 1-805-437-5603 or email CulturalLinguistics@goldchp.org.



SECTION 21:

Member Benefit Information Meetings

Gold Coast Health Plan (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, as well as how to:

- Establish a medical home.
- Select a Primary Care Provider (PCP).
- Get medical services.
- Get necessary medications.
- Locate and use 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 the meeting times and dates.

Click here for the current meeting schedule.





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For additional information, contact Network Operations at 888-301-1228 Gold Coast Health Plan 711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org