



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

Provider Operations Bulletin

JULY 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:

Care Management for Gold Coast Health Plan (GCHP) Members

Gold Coast Health Plan's (GCHP's) team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the appropriate services. GCHP Care Management provides complex and non-complex care management, including a transition to adult services, disease-specific education and identification of social determinants of health, and connections to community resources.

To learn more, call the Plan's Care Management hotline at 1-805-437-5777 or Customer Service at 1-888-301-1228.

Make a referral [here](#).

SECTION 2:

Changes to Prior Authorization Requirements

Gold Coast Health Plan (GCHP) continues to monitor services that require prior authorization. As a result, the following diagnostic services will require prior authorization as of Sept. 1:

- Polysomnography studies
- Continuous Positive Airway Pressure (CPAP) titration

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

SECTION 3:

Nursing Facilities

Gold Coast Health Plan (GCHP) is responsible for Medi-Cal covered long-term care services. GCHP pays facility daily rates for members who need placement in a long-term care facility due to their medical condition. Medi-Cal does not pay for assisted living or board and care facility services. All nursing facility admissions require GCHP authorization.

Nursing facilities include:

- Long-Term Care (LTC) Facilities
- Skilled Nursing Facilities (SNF)
- Intermediate-Care Facilities (ICF)
- Intermediate-Care Facilities of the Developmentally Disabled (ICF / DD), Developmentally Disabled Habilitative (ICF / DDH), or Developmentally Disabled Nursing (ICF / DDN)
- Sub-acute Care Facilities

Bed Hold Days

If a member is residing in a nursing facility and their condition requires them to be admitted to an acute care hospital, the nursing facility may receive payment for bed hold days.

The following rules apply to bed hold days:

- The bed hold is limited to a maximum of seven consecutive days per hospitalization.
- Authorization is required for bed hold days for members admitted to a nursing facility at skilled or sub-acute levels of care.
- No authorization is required for bed hold days for members residing in a nursing facility for long-term care.

If a member is residing in an ICF / DD facility and leaves the facility on a temporary pass, bed hold days may be requested. Bed hold days are limited to seven consecutive days. Authorization is not required for bed hold days for members residing in an ICF / DD facility.

SECTION 4:

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.

Conditions that qualify are those that limit or interfere with physical function but can be cured, improved or stabilized and are defined in Title 22, California Code of Regulations (CCR), Section 41800. They include birth defects, handicaps present at birth or developed later in life, and injuries from accidents or violence. Injuries include 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 that 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 diagnostic and treatment services must be submitted using a CCS Service Authorization Request (SAR) form:

- [CCS New Referral Client SAR](#)
- [CCS Established Client SAR](#)

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

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

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 including 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 that were denied by CCS because the provider is not paneled by CCS.

To speak with a CCS representative regarding services offered or to become CCS paneled, call 1-805-981-5239 or 1-805-981-5281. [Click here](#) to learn more.

SECTION 5:

Developmental Screening

Only 36% of Medi-Cal children receive developmental screenings as recommended by the American Association of Pediatrics (AAP), according to a 2017 study by the state Department of Health Care Services (DHCS). Early identification of developmental disorders is critical to the well-being of children and their families. Developmental screenings are an integral function of the Primary Care Provider (PCP).

Developmental screenings for infants and toddlers at 9-, 18-, and 30-month well-child visits create an opportunity for effective early interventions that help children get on track and ready for school. All children enrolled in Medi-Cal are entitled to developmental screenings as required under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. The Bright Futures / American Academy of Pediatrics Periodicity Schedule can be viewed [here](#).

Members identified through a developmental screening as needing interventions can access resources and be referred to appropriate preventative services and care, including EPSDT services. As a PCP, you are required to provide or arrange medically-necessary care to correct or improve developmental disabilities, medically-necessary therapies and durable medical equipment.

For services beyond the scope of practice, providers can make necessary referrals and coordinate with the appropriate agencies, including the Early Start program for infants and toddlers, Tri-Counties Regional Centers (TCRC), California Children's Services, local education agencies, or the Ventura County Public Health Department. Providers can also refer patients to Gold Coast Health Plan (GCHP) Care Management by calling 1-805-437-5777, emailing CareManagement@goldchp.org, or accessing the CM referral form [here](#).

SECTION 6:

Fluoride Varnish (FV) Update

As of June 30, the Ventura County Child Health and Disability Prevention (CHDP) Program has discontinued the Oral and Fluoride Varnish incentive program due to changes in funding. CHDP will no longer provide practices with incentives, such as Fluoride Varnish (FV), toothbrushes, floss, etc.

The Ventura County CHDP administration office will continue to:

- Provide FV trainings and certifications to new providers and staff.
- Review oral health assessments with dental referral classification documentation through CHDP recertification and audit reviews.
- Monitor FV applications through clinic quarterly performance measures.
- Be a resource on oral health and FV applications.
- If you have any questions, call the CHDP Administration office at 1-805-981-5291 or contact your assigned CHDP nurse consultant.

GCHP provider role:

Gold Coast Health Plan (GCHP) promotes oral care and understands providers who routinely see pregnant women and children offer the best hope for preventing and controlling tooth decay among young children.

Dental caries (tooth decay) is the single most common chronic childhood disease, with striking disparities among disadvantaged and underserved populations. By kindergarten, more than half of the state's children have experienced tooth decay, with that number climbing to more than 70% by third grade. Children see medical providers, on average, nine times before they ever visit a dentist.

According to the All Medi-Cal Managed Care Health Plans Letter 07008 issued by the state Department of Health Care Services (DHCS), physicians, nurses and medical personnel are legally permitted to apply FV when the attending physician delegates the procedure and establishes protocol.

FV is a benefit of Medi-Cal for eligible children under 6 years of age. FV is a low-cost and highly effective treatment that can be applied in minutes during well-child and other medical visits. For members under 6 years of age, GCHP provides FV applications up to three times a year. The billing code for the topical application of fluoride for a child is Health Care Procedure Coding System (HCPCS) code 99188. The HCPCS code for FV is D1206. The current Medi-Cal rate for 99188 and D1206 is \$18.

GCHP requires network practitioners to provide timely periodic health assessments and dental screenings, including inspection of the mouth, teeth and gums. Dental screenings are part of the initial health assessment by the medical home. The assessment should also include recommendations for preventive pediatric health care in accordance to the Bright Futures / American Academy of Pediatrics Standard of Care and Periodicity Schedule, which may be accessed [here](#).

Members can access dental services through any provider enrolled in Denti-Cal, which is now known as Medi-Cal Dental. The Medi-Cal Dental program covers a variety of dental services for Medi-Cal beneficiaries, such as diagnostic and preventative dental hygiene, tooth extractions, and fillings. Medi-Cal Dental providers will advise members on the best course of treatment. If you have any questions or need assistance finding a dentist, call the Beneficiary Customer Service Line at 1-800-322-6384 or [click here](#) to learn more about Medi-Cal Dental Program services.

SECTION 7:

Members Showing a Subscriber County Other than Ventura in the Medi-Cal Automated Eligibility Verification System (AEVS)

When checking member eligibility in the Medi-Cal Automated Eligibility Verification System (AEVS), if the eligibility message shows: **Health Plan Member: Gold Coast Health Plan: Medical Call (888) 301-1228**, this indicates the member is assigned to Gold Coast Health Plan (GCHP).

When members have transferred from one county to another, the county information takes time to be updated in the Medi-Cal AEVS. If the member shows a “Subscriber County” other than “56–Ventura,” but the eligibility message indicates assignment to GCHP, contact the Plan at 1-888-301-1228 to confirm eligibility.

The screen shot below shows an example of a member assigned to GCHP but lists a subscriber county other than Ventura. The county indicator in the “Subscriber County” field should not be questioned when providing health care if the eligibility message shows GCHP.

Name:			[REDACTED]
Subscriber ID:			[REDACTED]
Service Date:	05/01/2019	Subscriber Birth Date:	[REDACTED]
Issue Date:	05/28/2019		
Primary Aid Code:	First Special Aid Code:		
Second Special Aid Code:	5K	Third Special Aid Code:	
Subscriber County:	31 - Placer	Medicare ID:	
Trace Number (Eligibility Verification Confirmation (EVC) Number):			
[REDACTED]			
Eligibility Message:			
SUBSCRIBER LAST NAME: [REDACTED] CNTY CODE: 31. 2ND SPECIAL AID CODE: 5K. MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: GOLD COAST HEALTH PLAN: MEDICAL CALL (888)301-1228.			

SECTION 8:

Provider Portal and Interactive Voice Response (IVR)

Gold Coast Health Plan's (GCHP) Provider Portal and Interactive Voice Response (IVR) System are available 24 hours a day, seven days a week to check member eligibility and claim status.

You can save time by using GCHP's two automated systems for information on member eligibility and claims.

To check member eligibility and claim status through the Provider Portal, begin by logging in [here](#).

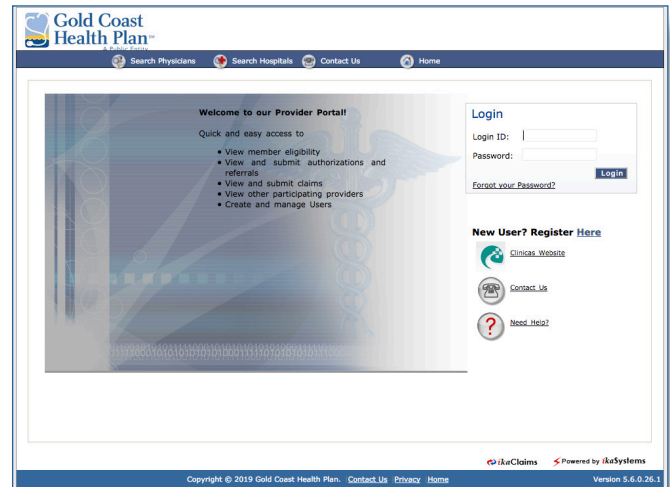
If you need help setting up a portal account, email ProviderRelations@goldchp.org.

To check member eligibility:

1. On the menu bar, click on **My Members**. The **Search Member Eligibility** window will open.
2. In the appropriate boxes, fill in *at least one* of the search fields requested and click on **Search**.
Note: The **Effective Date** defaults to today's date. It can be changed prior to clicking on Search to see a member's status on other effective dates.
3. From the search results, click on a member's name to view eligibility details.
Once a member's eligibility details are onscreen, an additional option becomes available at the bottom of the window. Clicking on this option will take you to the appropriate window:
 - Authorization
4. To return to the search results screen, click on the Back button. Your previous search results will still be available.

To search for, view, and print claims:

1. From the menu bar, click on **Claims**.
2. Type the search criteria to locate a member and click on **Search**.
3. From the list presented, check the **Status / EOP** column for the status of a claim. You can only view claims that have the status **Processed**.
4. To view the claim, click on the applicable **Processed** link. An **Explanation of Payment** appears.
5. To print the claim, right-click anywhere in the Explanation of Payment and select **Print** from the menu presented.



To check member eligibility and claim status through the IVR system, call GCHP Customer Service at 1-888-301-1228.

To check member eligibility:

1. Select Provider – press 2
2. Enter your NPI number
3. For eligibility status, press 2
4. To enter the GCHP ID number – press 1
5. Member identification number – eight-digit numeric ID
6. Member date of birth in a two-digit format (xx/xx/xx)
7. Requested information is provided

To check status of a claim:

1. Select Provider – press 2
2. Enter your NPI number
3. For claim status, press 1
4. To enter the GCHP ID number – press 1
5. Member identification number – eight-digit numeric ID
6. Member date of birth in a two-digit format (xx/xx/xx)
7. Enter Date of Service
8. Requested information is provided

Disclaimer: Eligibility in the IVR system and Provider Portal is as current as the information that is provided by the state Department of Health Care Services (DHCS).

SECTION 9:

Billing Instructions for 30-Month Well-Child Care (WCC) Visit

Every child should be seen for a 30-month Well-Child Care (WCC) exam. At a minimum, the exam should include the following elements:

- Eye exam
- Listening to the child's heartbeat
- Listening to the child's lungs / breathing pattern
- Evaluating the child's coordination and movements
- Assessing the child's social and interacting skills
- Assessing the child's ability to use language

An important part of the checkup involves a dialogue between the pediatrician and parents, which includes asking parents specific questions and offering guidance on aspects of childcare they might be struggling with.

Talking points include:

- How well is the child eating?
- How are the child's bathroom habits? Have you begun toilet training?
- How are the child's sleeping habits?
- Have you noticed any new achievements and milestones?

Providers completing the WCC exam should use the following when submitting a claim or encounter to Gold Coast Health Plan (GCHP):

- CPT Code: 99382
- ICD-10 Code: Z00.121 or Z00.129

Billing with this combination will provide GCHP the data to submit for quality and completeness reviews.

SECTION 10:

Health Education Materials and Resources

Gold Coast Health Plan's (GCHP) Health Education Department offers a list of materials and resources that meet readability requirements of the state Department of Health Care Services (DHCS). To the right is a sample list of materials that are available in English and Spanish. Providers can visit the website listed for each publication to order or preview materials.

To receive the list or for more information, contact the Health Education Department at 1-805-437-5607 or HealthEducation@goldchp.org.

The screenshot displays the Gold Coast Health Plan Health Education Department website. At the top, the logo for Gold Coast Health Plan is visible, along with the text 'A Public Entity' and the website URL 'www.goldcoasthealthplan.org'. Below the logo, the text 'Health Education Department' and 'SAMPLE Resource Materials for Providers' is displayed. The page lists three resources:

- Living with Diabetes:** A team of experts, developed a diabetes self management guide, Living with Diabetes: An Everyday Guide for You and Your Family. The guide covers diet, exercise, monitoring blood sugar, foot exams, insulin and other medicines. To order, visit www.acponline.org.
- Prediabetes - Your Guide to Reducing Your Risk for the Development of Diabetes:** Helps you and your family understand prediabetes, helps you talk to your doctor, encourages you to ask questions. To order, visit www.acponline.org.
- Make It Happen! - Helpful Ways to Lose Weight:** This weight loss guide has valuable information to help with losing weight, including practical tips on how to make healthier choices, increase activity, sleep well and stress less. To order, visit www.acponline.org.

At the bottom of the page, contact information is provided: 711 East Daily Drive, Suite 106, Canby, OR 97001-6602 | Member Services: 888-301-1228 | Administration: 855-437-5500 | Fax: 855-437-6132 | Page 1 | 4/19/2019

SECTION 11:

Healthcare Effectiveness Data and Information Set (HEDIS®) 2018 Performance

Gold Coast Health Plan (GCHP) is pleased to report successful outcomes for the Healthcare Effectiveness Data and Information Set (HEDIS®) project for Measurement Year (MY) 2018.

HEDIS, an industry standard developed by the National Committee for Quality Assurance (NCQA), is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service.

GCHP would like to thank its providers for collaborating with the Quality Improvement (QI) team and external vendor to ensure an efficient medical record collection process. It is through this strong collaboration that GCHP demonstrates the quality of care and services provided to the Plan's members.

MY 2018 HEDIS Performance Results

In MY 2018, GCHP was required to report 31 HEDIS measures as part of the state Department of Health Care Services (DHCS) External Accountability Set (EAS). GCHP is proud to report that all 31 measures met or exceeded the NCQA 25th percentile, which is the DHCS Minimum Performance Level (MPL). This is an achievement compared to MY 2017, when three measures fell below this required level. Furthermore, 26 of the 31 measures (84%) met or exceeded the NCQA 50th percentile. Overall, 25 (81%) of the measures improved while six measures (19%) decreased in MY 2018.

Scoring Highlights

Table 1 displays the HEDIS quality of care and performance metrics that demonstrated marked improvement of (>3%) in MY 2018 compared to MY 2017. A noteworthy achievement is the Postpartum Care measure, which improved more than 9% and scored in the 90th percentile (compared to 50th percentile scored the previous year).

Table 1: HEDIS Measures with a >3% improvement in MY 2018

HEDIS Measure / Data Element	MY 2017	MY 2018	2017-18 Rate Difference	2018 NCQA Percentile Ranking
Childhood Immunization Status (CIS)				
<i>Combination #3</i>	70.53	75.67	↑ 5.14	75 th
Annual Monitoring for Patients on Persistent Medications (MPM)				
<i>ACE Inhibitors or ARBs</i>	85.48	88.56	↑ 3.08	50 th
Prenatal and Postpartum Care (PPC)				
<i>Timeliness of Prenatal Care</i>	82.45	86.17	↑ 3.72	50 th
<i>Postpartum Care</i>	68.35	77.39	↑ 9.04	90 th

Table 2 shows the HEDIS quality of care and performance metrics that scored in the 25th percentile MPL or lower. Although there was a >3% increase in improvement for the Asthma Medication Ratio (AMR) measure, its low scoring highlights that other health care plans performed at higher levels. Despite meeting the DHCS required MPL (where applicable), the following measures have room for improvement and will continue to be of focus for GCHP.

Table 2: HEDIS Measures ranking in the 25th percentile or lower in MY 2018

HEDIS Measure / Data Element	MY 2017	MY 2018	2017-18 Rate Difference	2018 NCOA Percentile Ranking
Asthma Medication Ratio (AMR)	54.41	57.73	↑ 3.32	25 th
Cervical Cancer Screening (CCS)*	57.46	56.08	↓ 1.38	25 th
Children and Adolescents' Access to Primary Care Practitioners (CAP)*				
12-24 Months*	95.05	94.43	↓ 0.62	25 th
25 Months – 6 Years*	84.72	86.82	↑ 2.10	25 th
7-11 Years*	86.12	87.74	↑ 1.62	25 th
12-19 Years*	83.69	85.17	↑ 1.48	10 th
Comprehensive Diabetes Care (CDC)				
Medical Attention for Nephropathy	88.08	89.78	↑ 1.70	25 th
Immunizations for Adolescents (IMA)				
Meningococcal	77.13	79.32	↑ 2.19	50 th
Tdap/Td	87.10	86.37	↓ 0.73	25 th
Use of Imaging Studies for Low Back Pain (LBP)	69.01	69.90	↑ 0.89	25 th

*Indicates a HEDIS performance metric not held to DHCS MPL in MY 2018

DHCS Raises the Bar for Reporting Year 2020

As GCHP shifts gears to prepare for Reporting Year (RY) 2020, the Plan will be held to a new set of measures, known as Managed Care Accountability Set (MCAS), and an increase in the MPL to the 50th percentile. These changes underscore the need to strategize collaborative solutions to maintain the positive gains that GCHP has achieved in partnership with the provider community.

The GCHP QI team strives to be a source of support and collaboration to Plan providers by offering resources and tools to help improve your performance metrics, such as:

- Bi-monthly performance feedback (member-level gap reports).
- Prospective rate progress reports.
- Sharing best practices from other Medicaid plans.
- Performance analytics.
- Bridging relationships with community partners.
- Member incentive programs.
- Collaborating on clinic-level performance improvement project(s).

GCHP appreciates your continued partnership and participation in efforts to move the needle in performance outcomes. If you have any questions regarding HEDIS or quality improvement strategies you can implement within your practices, contact the QI Department at QualityImprovement@goldchp.org.

SECTION 12:

Department of Health Care Services (DHCS) Changes in Monitoring Quality in Managed Care

The state Department of Health Care Services (DHCS) recently announced changes to its Quality Improvement (QI) and Performance Monitoring Program. These changes are aligned with Governor Gavin Newsom's goal of strengthening all early childhood programs and services.

Performance Measure Changes to Measurement Year (MY) 2019 / Reporting Year (RY) 2020

For Measurement Year (MY) 2018, all Medi-Cal Managed Care Plans (MCPs) – including Gold Coast Health Plan (GCHP) – monitored and reported performance measures based on the Healthcare Effectiveness Data and Information Set (HEDIS), referred to as the External Accountability Set (EAS). Starting with MY 2019 / Reporting Year (RY) 2020, plans will report on a new set of performance measures.

The new set of metrics will be primarily based on the Centers for Medicare and Medicaid Services (CMS) Child and Adult Core Set Measures and will be referred to as the Managed Care Accountability Set (MCAS). In addition to a new set of measures, Plans will be held to a higher benchmark than previously required, increasing the Minimum Performance Level (MPL) from the 25th percentile to the 50th percentile.

There are 39 MCAS performance measures GCHP will monitor and report to DHCS. Table 1 displays the 19 measures that will be held to the 50th percentile MPL, while Table 2 lists the 20 measures that will be monitored for performance by DHCS.

Table 1: MCAS Performance Measures Held to MPL

#	Measure Acronym	Measure Steward	Measure
1	PCR	NCQA	Plan All-Cause Readmissions
2	AWC*	NCQA	Adolescent Well-Care Visits
3	ABA*	NCQA	Adult Body Mass Index Assessment
4	AMM – Acute*	NCQA	Antidepressant Medication Management – Acute Phase Treatment
5	AMM – Cont*	NCQA	Antidepressant Medication Management – Continuation Phase Treatment
6	AMR	NCQA	Asthma Medication Ratio
7	BCS	NCQA	Breast Cancer Screening
8	CCS	NCQA	Cervical Cancer Screening
9	CIS – 10*	NCQA	Childhood Immunization Status – Combo 10
10	CHL*	NCQA	Chlamydia Screening in Women Ages 16 to 24
11	CDC – HT	NCQA	Comprehensive Diabetes Care – HbA1c Testing
12	CDC – H9	NCQA	Comprehensive Diabetes Care – HbA1c Poor Control (>9.0%)
13	CBP	NCQA	Controlling High Blood Pressure <140/90 mm Hg
14	IMA – 2	NCQA	Immunizations for Adolescents – Combo 2 (Meningococcal, Tdap, HPV)
15	PPC – Pre	NCQA	Prenatal and Postpartum Care – Timeliness of Prenatal Care
16	PPC – Post	NCQA	Prenatal and Postpartum Care – Postpartum Care

#	Measure Acronym	Measure Steward	Measure
17	WCC – BMI*	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Body Mass Index Assessments for Children / Adolescents
18	W15*	NCQA	Well-Child Visits in the First 15 Months of Life – Six or More Well-Child Visits
19	W34	NCQA	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

* Indicates a performance metric not measured in MY 2018 / RY 2019

Table 2: MCAS Performance Measures Not Held to MPL

#	Measure Acronym	Measure Steward	Measure
20	AMB – ED	NCQA	Ambulatory Care: Emergency Department (ED) Visits
21	ADD – Init*	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications – Initiation Phase
22	ADD – C/M*	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications – Continuation and Maintenance Phase
23	CAP	NCQA	Children & Adolescents' Access to Primary Care Practitioners: 12 to 24 Months
24	CAP	NCQA	Children & Adolescents' Access to Primary Care Practitioners: 25 Months to 6 Years
25	CAP	NCQA	Children & Adolescents' Access to Primary Care Practitioners: Ages 7 to 11
26	CAP	NCQA	Children & Adolescents' Access to Primary Care Practitioners: Ages 12 to 19
27 28	CCW*	OPA	Contraceptive Care: All Women Ages 15 to 44 <ul style="list-style-type: none"> • Most or moderately effective contraception • Long Acting Reversible Contraception (LARC)
29 30 31 32	CCP*	OPA	Contraceptive Care: Postpartum Women Ages 15 to 44 <ul style="list-style-type: none"> • Most or moderately effective contraception – Three days • Most or moderately effective contraception – 60 days • LARC – Three days • LARC – 60 days
33	DEV*	OHSU	Developmental Screening
34	HIV*	HRSA	HIV Viral Load Suppression
35	MPM – Ace/Arb	NCQA	Annual Monitoring for Patients on Persistent Medications: ACE Inhibitors or ARBs
36	MPM – Diu	NCQA	Annual Monitoring for Patients on Persistent Medications: Diuretics
37	COB*	PQA	Concurrent Use of Opioids and Benzodiazepines
38	OHD*	PQA	Use of Opioids at High Dosage in Persons without Cancer
39	CDF*	CMS	Screening for Depression and Follow-Up Plan: Age 12 and Older

* Indicates a performance metric not measured in MY 2018 / RY 2019

Summary Comparison of MY 2018 EAS vs. MY 2019 MCAS Measures

While MY 2018 EAS measures were all based on National Committee for Quality Assurance (NCQA) HEDIS specifications, the MY 2019 MCAS measures are driven by CMS Child and Adult Core Set measures, with various measure stewards including NCQA, U.S. Office of Population Affairs (OPA), Oregon Health and Sciences University (OHSU), Health Resources and Services Administration (HRSA), Pharmacy Quality Alliance (PQA), and Centers for Medicare & Medicaid Services (CMS).

The introduction of MCAS for MY 2019 entails the following changes:

- Eight new measures where GCHP will be held to MPL (50th percentile) – see * measures in Table 1.
- Nine new measures not held to MPL – see * measures in Table 2.
- Eleven retired measures.

Preliminary Analysis of MCAS Performance

The recently completed HEDIS project for MY2018 provides GCHP a preliminary view of projected MCAS performance for MY 2019. While approximately 50% of the measures met the 50th percentile (based on MY 2018 benchmarks), the remaining 50% demonstrate a need for performance improvement to achieve the heightened benchmark for RY 2020. These measures include, but are not limited to, Adolescent Well-Care (AWC) Visits, Asthma Medication Ratio (AMR), Cervical Cancer Screening (CCS), Childhood Immunization Status (CIS), Chlamydia Screening (CHL), and Well-Child Visits in the First 15 Months of Life (W15).

Next Steps

The (QI) Department would like to engage with your QI teams as soon as possible to review the measure revisions and collaborate to support Plan providers with these new requirements. Currently, the GCHP QI team is working to update provider resources, including FAQ and tip sheets, to serve as educational materials to provide guidance for compliance. Starting in July, providers will receive bi-monthly member-level gap reports that will include the new MCAS measures.

GCHP's QI team looks forward to partnering with the Plan's provider community to gain feedback on challenges and working with clinic partners to develop strategies to achieve optimal outcomes for members. Through this collaborative approach, the QI team will be able to share best practices learned from other MCPs, review customized performance analytics for your clinic system, discuss upcoming programs designed to support Plan providers and members, and help brainstorm solutions to performance barriers.

Resources

The measure sets and specifications for the CMS Adult and Child Core metrics can be found via the following links:

- [CMS Adult Core Set](#)
- [CMS Adult Core Set Technical Specifications Manual](#)
- [CMS Child Core Set](#)
- [CMS Child Core Set Technical Specifications Manual](#)

To receive additional information regarding the quality metrics or to connect with the QI team, contact the GCHP QI Department at QualityImprovement@goldchp.org.

SECTION 13:

Improving Diabetic Nephropathy Screening with Electronic Health Record (EHR) Dot-Phrases

Most Electronic Health Records (EHR) have tools to increase the quality and use of clinical documentation and enhance communication between health care providers. The “dot-phrase” tool is an auto-populate functionality built into many EHRs that enables clinicians to quickly insert documentation into their patients’ clinic notes. This is done by typing a pre-defined dot-phrase, such as “.lab”. Based on the needs of each health care provider, dot-phrases can be customized to insert templates into clinic notes. Health maintenance or operative note templates improve documentation completeness and auto-populating existing clinical data or text, such as problem lists or lab results, improves the coordination of patient care.

Gold Coast Health Plan (GCHP) recently collaborated with a contracted provider to increase nephropathy screening for members diagnosed with diabetes. To increase clinician awareness on this initiative, an update was made to an existing diabetes dot-phrase to include a

message informing clinicians to order a microalbumin urine test if a nephropathy screening had not been completed within the last twelve months. When a clinician types the dot-phrase “.diabetes” into a patient’s clinic notes, the EHR will auto-populate a group of labs results. These include the last four charted labs values, and three new messages to inform the clinician on the status of three diabetic-related screenings for nephropathy, retinopathy and foot exam.

To evaluate the effectiveness of increasing nephropathy screenings, GCHP completed a review of patients who had a clinic encounter for diabetes management after the EHR update. The study revealed that more than 80% of clinicians that used the “.diabetes” dot-phrase ordered a microalbumin urine test. This indicates the dot-phrase enhancement was effective in increasing provider awareness and improving quality of care.

SECTION 14:

Provider Reconsideration Request Form

Please remember to attach the Provider Reconsideration Request Form to your Provider Resolution Dispute, Provider Grievance or 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 Gold Coast Health Plan (GCHP) of an Adverse Benefit Determination, which is a denial, deferral or limited authorization of a requested covered service. This includes determinations on the level of service, denials of medical necessity, and 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 15:

Corrected Claim

Consider the below information when submitting a correct claim for processing.

Corrected claim is a replacement of a previously submitted claim, such as changes or corrections to charges, clinical or procedure codes, dates of service, or member information. A corrected claim is not an inquiry or appeal. Do not submit a Provider Reconsideration Request Form with a corrected claim. You can, however, use the Claim Correction Form.

- **Please note:** Do not mark the claim as “**corrected**” if additional information is requested, such as medical records or primary carrier Explanation of Benefits (EOB), unless a change is made to the original claim submission.

Click [here](#) for the Claim Correction Form.

SECTION 16:

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 17:

Provider Grievance Response

- **Important Provider Notice:** Providers must cooperate with Gold Coast Health Plan (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 Grievance & Appeals representatives to assist with resolving the complaint in a reasonable manner. Please send back the Grievance and Appeals Provider Response form within the timeframe specified on the form.

SECTION 18:

Member Benefit Information Meetings

Gold Coast Health Plan (GCHP) conducts 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 learn about their rights and responsibilities as GCHP members. They will also learn 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 Member Services at 1-888-301-1228 for meeting times and dates. Click [here](#) for more information.

Gold Coast Health Plan
Member Benefit Information
You and Your Medi-Cal Benefits

Join us at a Member Benefit Information meeting to learn how to:

- Select a Primary Care Provider (PCP).
- Get medical services.
- Access dental, vision and other benefits.
- Get behavioral health assistance.
- Maintain your Medi-Cal eligibility.
- Learn about Medi-Cal.
- Know your member rights and responsibilities.
- Locate community resources.
- Access the health classes that are offered by Gold Coast Health Plan (GCHP).
- Access the classes and services that are offered by other agencies.

Questions?
Contact Member Services at:
1-888-301-1228
TTY 1-888-310-7347

Meeting Dates and Locations


Oxnard Library
251 South "A" Street, Oxnard, CA 93030 – Room A
July 25, 2019, Thursday: English 5:15 pm, Spanish 6:30 pm

Camarillo – GCHP Office
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
July 23, 2019, Tuesday: English 2:00 pm, Spanish 3:30 pm
August 21, 2019, Wednesday: English 2:00 pm, Spanish 3:30 pm
September 12, 2019, Thursday: English 5:30 pm, Spanish 6:45 pm
September 25, 2019, Wednesday: English 2:00 pm, Spanish 3:30 pm

Ventura – Ventura Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001 – Rincon Room
July 20, 2019, Saturday: English 10:00 am, Spanish 11:30 am

Simi Valley Library
2969 Tapo Canyon Road, Simi Valley CA 93063 – Community Room
August 24, 2019, Saturday: English 10:00 am, Spanish 11:15 am

Statement of Nondiscrimination and Language Assistance
Gold Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Gold Coast Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
Gold Coast Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-301-1228 (TTY: 1-888-310-7347).
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-301-1228 (TTY: 1-888-310-7347).
注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-301-1228 (TTY: 1-888-310-7347)。



www.goldcoasthealthplan.org

Gold Coast Health Plan
Información sobre Beneficios para Miembros
Usted y Sus Beneficios de Medi-Cal

Participe con nosotros en una reunión de Información sobre Beneficios para los Miembros para que aprenda como:

- Seleccionar a un Proveedor de Atención Primaria (PCP por sus siglas en inglés).
- Obtener servicios médicos.
- Tener acceso a servicios dentales, de la vista y otros beneficios.
- Obtener asistencia de salud mental.
- Mantener su elegibilidad para Medi-Cal.
- Aprender sobre Medi-Cal.
- Conocer sus derechos y responsabilidades como miembro.
- Localizar recursos comunitarios.
- Tener acceso a las clases sobre la salud que ofrece Gold Coast Health Plan (GCHP).
- Tener acceso a las clases y servicios que ofrecen otras agencias.

Preguntas?
Servicios para Miembros:
1-888-301-1228
TTY 1-888-310-7347

Fechas y Lugares de las Juntas

Biblioteca de Oxnard
251 South "A" Street, Oxnard, CA 93030 – Room A
25 de julio de 2019, jueves: en inglés a las 5:15 pm, en español a las 6:30 pm

Camarillo – Oficina de GCHP
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
23 de julio de 2019, martes: en inglés a las 2:00 pm, en español a las 3:30 pm
21 de agosto de 2019, miércoles: en inglés a las 2:00 pm, en español a las 3:30 pm
12 de septiembre de 2019, jueves: en inglés a las 5:30 pm, en español a las 6:45 pm
25 de septiembre de 2019, miércoles: en inglés a las 2:00 pm, en español a las 3:30 pm

Ventura – Ventura Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001 – Rincon Room
20 de julio de 2019, sábado: en inglés a las 10:00 am, en español a las 11:30 am

Biblioteca de Simi Valley
2969 Tapo Canyon Road, Simi Valley CA 93063 – Community Room
24 de agosto de 2019, sábado: en inglés a las 10:00 am, en español a las 11:15 am

Declaración de No Discriminación y Asistencia Lingüística
Gold Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Gold Coast Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
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Provider Operations Bulletin

JULY 2019

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