Provider Training
Gold Coast Health Plan
New Claims/ Provider System

November 2021

Integrity

Accountability

Collaboration

Trust

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Housekeeping Items

- All participants will be muted during the presentation

- All questions should be asked in the Teams chat function

- Questions in the Teams chat function will be answered as time allows

- GCHP will create a Frequently Asked Questions (FAQ) document based upon questions asked during the provider training sessions
  - The FAQ document will be posted and maintained on the GCHP website.

Agenda

- Overview and Purpose
- Introductions
- Provider Portal Training
- Utilization Management
- Claims and Payments
- Medi-Cal Rx- Eff 1/1/2022
- Member Services
- Questions

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Overview and Purpose

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GHCP Representatives

Luis Aguilar, Member Services Manager
Thomas Cooper – Claims Manager
Anna Sproule – Senior Director of Operations
Nicole Kanter – Director, Health Services
Leslee Whaley – Manager, Health Services
Vicki Wrighster – Director, Network Operations
Anne Freese, Pharm.D. – Director of Pharmacy
Veronica Esparza – Provider Relations Representative

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Provider Portal

Provider Portal Training Information

- The updated Provider Portal will be available on November 15, 2021.

  - Detailed information regarding the new Provider Portal, including instructions on how to access it will be available on GCHP's website on November 12, 2021.
  - The below information will be available on the GCHP website
    - iTransact Portal User Guide
    - Copy of this presentation

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Utilization Management

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Utilization Management

The Utilization Management Program is designed to ensure that medically appropriate services are provided to all members of the Plan through a comprehensive framework that assures the provision of high quality, cost effective, medically appropriate healthcare services in compliance with the patient benefit coverage and in accordance with regulatory and accreditation requirements.

Within the UM department are the below processes:
- Prior Authorization
- Concurrent Stay Review
- Discharge Planning
- Clinical Appeals

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Prior Authorization

In certain circumstances, an authorization is required prior to rendering services. Prior authorization is performed on selected services to ensure that medically appropriate services are provided to members through a framework that assures the provision of high quality, cost effective, medically appropriate healthcare services

A list of the services requiring prior authorization can be found on the GCHP website.

Authorizations requests can be submitted:
- Through GCHP's Provider Portal*
  - User's Manual will be available on GCHP's website
- By Fax: 1-855-883-1552
  - Prior Authorization Form available on the GCHP website.

*Note: Only Outpatient Authorization requests may be submitted through GHCP's Provider Portal. Authorization status for all authorizations can be checked on the Provider Portal .

Claims and Payments

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Ways to Submit Claims

There are several options available for providers to submit claims.

- Electronic (EDI) Submission
- Paper Claim Submission
- Secure Provider Portal Submission:
  - The Provider Portal will be changing. Additional details discussed in Provider Network Section.

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Enrolling in EDI

GCHP encourages electronic claims submission for a variety of reasons. Electronic billing has many benefits, including:
- Ensures faster processing and payment of claims
- Elimination of the cost of sending paper claims or submitting claims via the Provider Portal
- Allows tracking of claims sent
- Minimizing clerical data entry errors

To enroll in EDI, visit our website and complete the enrollment process.

https://www.goldcoasthealthplan.org/for-providers/claims/

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Enrolling in EFT

GCHP encourages electronic funds transfer (EFT) to streamline payments to our providers. Electronic payments has many benefits, including:

- More efficient
- Safer and more secure

To sign up for EFT payments, visit our website, download and complete the eft enrollment form.

https://www.goldcoasthealthplan.org/for-providers/claims/

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New Claims Edits

GCHP has partnered with Optum to implement new claims (NCCI) edits.

- **Procedure-to-procedure edits** that define pairs of Healthcare Common Procedure Coding System (HCPCS) / Current Procedural Terminology (CPT®) codes that should not be reported together for a variety of reasons; and
- **Medically Unlikely Edits (MUE)**, which are units of service edits, that define for each HCPCS/CPT code identified, the allowable number of units of service; units of service in excess of this value are not feasible for the procedure under normal conditions.

Applying these new claims edits may result in claims being rejected or denied.

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Additional Changes

- Denial Reason Codes
  - Formatting has changed
  - Additional language added to further identify the denial reason
- Medicare Cross Over (Medi-Medi) Claims will no longer appear on separate Explanation of Benefits/Checks/EFTs.
- Claim Numbers
  - Historical claims that were processed in our retired claims system will be loaded into the new claims system
  - Claims that are processed in the new claims system will start with claim 1, claim2, claim 3, etc.

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Additional Changes (cont.)

- Claim Rejection Letters
  - Rejection Reasons updated to provide additional clarification
- 835 Remit Advise
  - Additional 835 segments
    - NM101-103, 108, 109
    - Primary Payer Information
    - These segments will be present when the claim is denied for missing EOB from the primary carrier.

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Timely Filing

Timely Filing Requirements

- Payment reduction penalties will be applied if a claim is submitted 7-12 months from the date of service or discharge date on an inpatient claim (UB-04).
- Months 7-9 will reimburse 75% of allowable covered charges.
- Months 10-12 will reimburse 50% of allowable covered charges.
- Claims submitted more than one year from the date of service or discharge date on an inpatient claim (on the 366th day) will not be paid.
- For coordination of benefits, the date on the primary carrier explanation of benefits will be used to calculate timely filing reductions.

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UB-04 Billing Instructions for Long Term Care (LTC) Claims

GCHP will no longer be accepting the Medi-Cal Long Term Care (LTC) 25-1 form for claim submission after 1st Quarter 2021. LTC providers will need to submit their claim on a UB-04 form thereafter.

LTC billing instructions for the UB-04 claim form can be found on the GCHP website:

https://www.goldcoasthealthplan.org/for-providers/claims/

The UB-04 form is the standard claim form that an institutional provider can use for billing of medical health claims.

LTC Patient Status Codes

- Patient Status Code
  - Patient Status 00 is no longer accepted. Patient Status 30 should be billed
  - BedHolds/LOA – Patient Status 06
  - A complete list of acceptable patient status codes can be found on our website : https://www.goldcoasthealthplan.org/for-providers/claims/

LTC Revenue Codes

- Gold Coast Health Plan has converted your applicable accommodation code to a revenue code. To ensure claims are not rejected or denied, please ensure you are billing the correct revenue code.
- Example:
  - Accommodation code 01 = Revenue code 0001
  - Accommodation code 62 = Revenue code 0062

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LTC vs SNF

- Ensure the level of care (LOC) requested during the prior authorization process matches the LOC billed on the claim.
- Authorizations that approve LTC LOC do not cover SNF claims. Authorizations that approve SNF LOC do not cover LTC claims.
- GCHP has recently denied claims for no authorization due to the LOC (SNF vs. LTC) being inconsistent between the claim and approved authorization.

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DHCS/Medi-Cal Local Codes

- Converted DHCS/Medi-Cal Local Codes will no longer be accepted after 1st Quarter 2021 regardless of the date of service.
  - Provider contracts containing the affected Local Codes have been updated to contain the acceptable codes.

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Share of Cost

- Share of Cost
  - Member Share of Cost validation will be applied during claims adjudication.
  - If the Share of Cost has not been met per the Medi-Cal eligibility validation, the claim will be denied.

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Encounter Data Submission

- Encounter data may only be submitted through the following clearinghouses:
  - Conduent EDI Gateway or Current Clearinghouse Used for Submissions
    - *New Clearinghouse Available - Office Ally- Encounter Payer ID – 77160*
- Converted Local Codes will no longer be accepted after 1st Quarter 2021
  - This applies to any encounters submitted after 1st Quarter 2021 regardless of date of service or date of discharge

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Medi-Cal Rx

Medi-Cal Rx:
New Effective Date: January 1, 2022

What is Medi-Cal Rx?

- When implemented, all pharmacy claims must be billed to Medi-Cal Rx, the new FFS pharmacy program
- GCHP can assist members and providers, but the pharmacy benefit will be administered by the state
- The formulary will change under Medi-Cal Rx and members may need new authorizations or to change medications
- There will be a 180-day transition period for grandfathering of medications

What Do I Need to Do?

- **Register** for and **access** the Medi-Cal Rx **secure provider portal**
- **Complete** any necessary training and education modules to know how to help members access their pharmacy benefits including how to submit a prior authorization or appeal
- **Education office staff** on new phones numbers, web portal, etc.

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Medi-Cal Rx Secure Provider Portal and Phone Number:

https://medi-calrx.dhcs.ca.gov/home/

1-800-977-2273

Information Available:

- Program Overview and FAQs
- Communication Schedules and Training REGISTER NOW!
- Details regarding Transition Policy
- Email subscription service alert sign up – SIGN UP NOW!

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Medi-Cal Rx
Questions

For questions and/or comments for GCHP regarding pharmacy benefits, please reach out to the GCHP pharmacy dept. at pharmacy@goldchp.org

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Member Services

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Member Identification Card Changes

- Updated Phone Numbers:
  - TTY phone numbers for Member Services and GCHP's partners such as Beacon Health Options and VSP, have been added to the card.
  - Changes to cover letter accompanying Member ID Cards:
  - The cover letter accompanying the Member ID Cards will change slightly when all members are provided newly formatted member ID cards.

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Questions

Feel free to send additional questions to:
ETPQuestions@goldchp.org

As previously noted, training documents will be published and maintained on GCHP's website at:

https://www.goldcoasthealthplan.org/for-providers/provider-updates/2021-claims-system-change

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