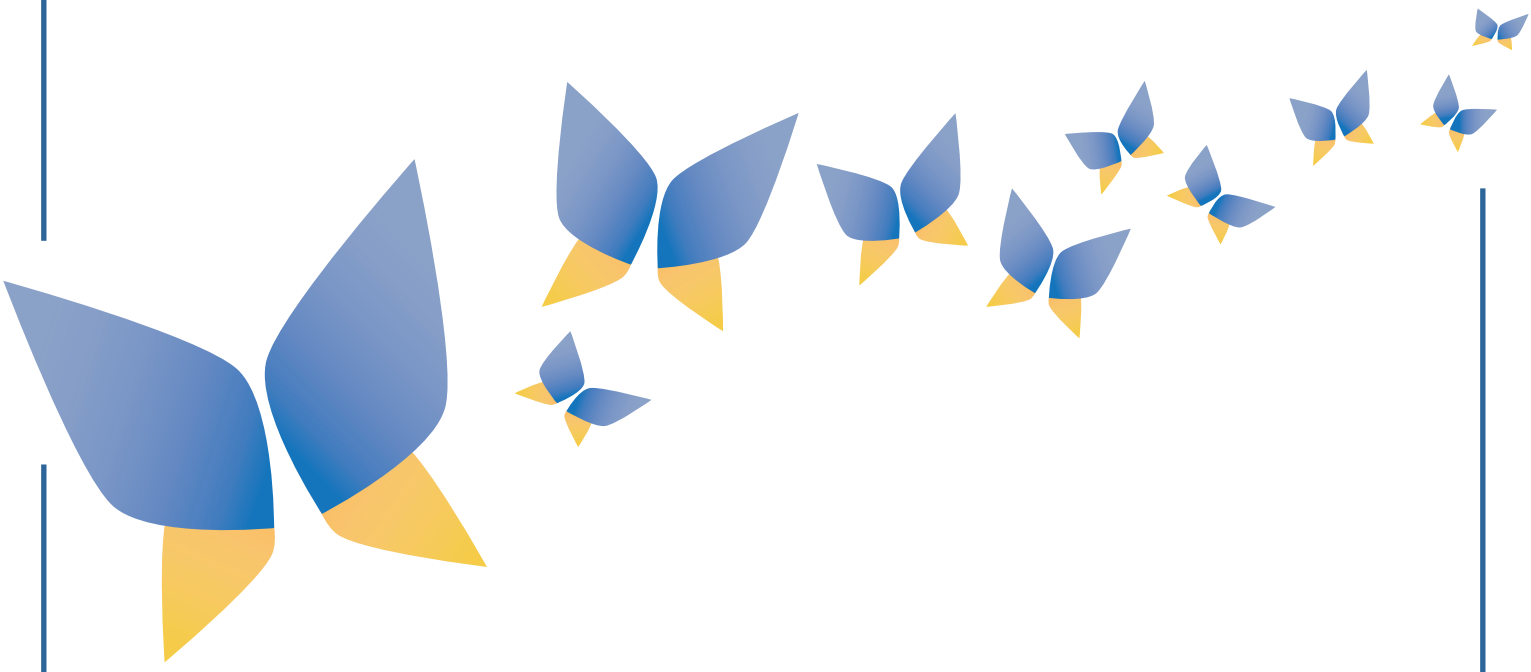
Gold Coast Health Plan℠
A Public Entity



# Enterprise Transformation Initiatives

## Provider Resource Guide 2021

This multi-part guide will inform providers about the changes prompted by Gold Coast Health Plan's Enterprise Transformation Initiatives.

Rev. 6/2021

# Introduction

Gold Coast Health Plan (GCHP) is transitioning two health care information systems enabling health plan operations:

- Claims administration system
- Provider credentialing and contracting management system

These transitions will be effective in 2021.

We developed this guide to inform you of changes that will be visible to you as a provider who is contracted with GCHP and to help you navigate these changes. In each section, we have recommended action steps that you will want to consider when preparing for these changes. We will notify you of any additional updates and will provide new content for this Resource Guide as appropriate.

In addition to this Resource Guide, the latest information regarding GCHP's systems' transitions can be found on our website.

We understand that there are many changes and hope this Resource Guide enables you to take necessary action to embrace them. We appreciate the value you provide and your commitment as we work together. If you have questions about any of the information provided in this guide, please contact us at ProviderRelations@goldchp.org.

Thank you!
Gold Coast Health Plan
Provider Relations Team

# Table of Contents

# Changes to GCHP Contact Information

## Effective May 3, 2021

### Updated Web URLs:

| | |
|---|---|
| GCHP Website | www.goldcoasthealthplan.org |
| GCHP 2021 Claims System Change Website | https://www.goldcoasthealthplan.org/for-providers/provider-updates/2021-claims-system-change/ |
| Provider Portal | https://gchphsp.services.conduent.com/HSP/iTransact/Logon/Logon.aspx |
| Forms | < url tbd > |

### Updated Claims Mailing Addresses:

| | |
|---|---|
| Medical Claims | Gold Coast HealthPlan<br>ATTN: Claims<br>P.O. Box 9152<br>Oxnard, CA 93031 |
| Pharmacy Claims | **Optum Rx**<br>BIN 610011<br>PCN GCHP<br>Group GCHP |

### Updated Email Addresses:

| | |
|---|---|
| Provider Relations | ProviderRelations@goldchp.org |
| Provider Contracting | ProviderContracting@goldchp.org |
| Provider demographic updates | < email tbd > |
| Encounter data operations team | EncounterData@goldchp.org |
| Electronic Funds Transfer (EFT) or ERA enrollment questions | < email tbd > |
| Appeals and Grievances | < email tbd > |

### Updated Phone Numbers:

| | |
|---|---|
| Dedicated Provider Line | (888) 301-1228 |
| Advice Nurse Line | (805) 437-5001 or (877) 431-1700 (toll free)<br>Those who use a TTY should call 711. |

# Changes to GCHP Provider Identification Numbers

## Effective May 3, 2021

We will issue new Provider Identification Numbers to all contracted providers. Providers were asked to call GCHP's dedicated Provider Line at (888) 301-1228 to provide them with instructions on how to create a new user account for GCHP's new Provider Portal. See the "Changes to Provider Portal" section for more information. Effective May 3, 2021, all providers will have one valid Provider ID.

### Provider ID Distribution:

| Change | Action Required |
|---|---|
| **A new provider ID will be issued to all contracted providers who call the dedicated Provider Line at (888) 301-1228.** | Use the new Provider ID to access the new GCHP Provider Portal. |

# Changes to Provider Contracting

**Effective May 3, 2021**

There are some changes to the contracting of providers administered by GCHP.

- **What changed:**
  - Department of Health Care Services (DHCS) / Medi-Cal converted Local Codes may no longer be billed.
    - Provider contracts containing the affected Local Codes have been updated to contain the acceptable codes.
    - Valid DHCS / Medi-Cal Local Codes can be accessed at: https://files.medi-cal.ca.gov/pubsdoco/hipaacorrelations_home.aspx
  - GCHP is using a new information system, eVIPS, for provider credentialing (effective late 2021).
    - Providers may view and update their demographics via a new system called eApply, which may be accessed via https://gchpeapply.evips.com/Prod.
- **What did not change:**
  - The way you communicate with GCHP will remain the same, which is through ProviderRelations@goldchp.org or the dedicated Provider Line: (888) 301-1228.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Inform all impacted staff of the changes outlined above. | Use this document and updated provider contract(s) to train staff. | As soon as possible. |
| Discontinue billing for DHCS converted Local Codes. | Review updated contract(s) for affected Local Codes. | As soon as possible. |

# Changes to Provider Directory

**Effective Quarter 3, 2021**

GCHP's online Provider Directory will be enhanced.

- **What changed:**
  - GCHP's online provider search capability is being updated to provide enhanced search capabilities.
- **What did not change:**
  - GCHP's online Provider Directory will continue to be updated monthly.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Inform staff of the changes outlined above. | Use this document to train staff. | As soon as possible. |

# Changes to Enrollment and Eligibility Verification

**Effective May 3, 2021**

GCHP introduced a new Provider Portal through which member enrollment and eligibility may be verified once the transition is complete. Providers will need to establish new user accounts in order to access the new Provider Portal. Instructions are provided below.

- **What changed:**
  - GCHP introduced a new Provider Portal through which providers will be able to perform many functions, including member enrollment and eligibility verification. See the "Changes to Provider Portal" section for more information.
- **What did not change:**
  - Providers may continue verifying member enrollment and eligibility via the dedicated Provider Line: (888) 301-1228.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Inform all impacted staff of the changes outlined above. | Use this document to train staff. | As soon as possible. |
| Register to create a new user account to gain access to the new Provider Portal. | Call the dedicated Provider Line: (888) 301-1228. | Beginning mid-April 2021. |

# Changes to Provider Portal

**Effective May 3, 2021**

On May 3, 2021, GCHP introduced a new Provider Portal through which providers will be able to perform many functions, including member enrollment and eligibility verification, claims submission and status verification, and the submission of prior authorizations and referrals. As of April 30, 2021, the former IKA Provider Portal is no longer available. **Providers will need to establish new user accounts in order to access the new Provider Portal**. Instructions are provided below.

- **What changed:**
  - GCHP introduced a new Provider Portal on May 3, 2021.
    - On April 30, 2021, GCHP emailed providers to inform them of the new i-Transact Provider Portal (Portal) and included instructions on how to create a new user account for the Portal. New user accounts and passwords are required to access the Portal. To obtain your provider sign-on information:
      - Assign someone in your office to call GCHP's Customer Service Department at 1-888-301-1228.
      - The Customer Service Representative (CSR) will help that person identify the predetermined "Superuser" in your office. The Superuser is the only person who can obtain an 'access code' that will allow the Superuser to create user accounts for the Superuser's office.
      - The CSR will help the Superuser register for a Portal account using a unique access code that can only be used by the Superuser one time per the Superuser's provider office.
      - Once the Superuser is registered, the Superuser will be able to create accounts for providers in the Superuser's office and assign specific capabilities to each account holder.
      - For providers with multiple offices, the "Superuser" in each office must establish user accounts for the users at each office location. Users who work out of multiple offices will have different logins for each office location.
    - After establishing a new user account, providers may log into the new Portal via https://gchphsp.services.conduent.com/HSP/iTransact/Logon/Logon.aspx
  - The new Portal online user experience will be different than the experience providers have been accustomed to. However, similar capabilities will be available within the Portal – e.g.,
    - Member enrollment and eligibility verification
    - Claims submission and status verification
      - Note: Historical claims with dates of service from July 1, 2018 onward may be viewed within the new Portal.
    - Submission of prior authorizations and referrals and related status verification
      - Note: The ability to enter five or more procedure codes when submitting an authorization and the ability to add associated attachments to an authorization in PDF format persist.
  - Provider communications can be viewed in the Portal.

- **What did not change:**
  - Current functions of the Provider Portal (e.g., eligibility verification, claims status) are limited until further notice.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Inform all impacted staff of the changes outlined above. | Use this document to train staff. | As soon as possible. |
| Register to create a new user account to gain access to the new Provider Portal. | Call the dedicated Provider Line: (888) 301-1228. | Beginning mid-April 2021. |

# Changes to Claims Submission

**Effective May 3, 2021**

There are some changes regarding the submission of claims to GCHP as summarized below.

- **What changed:**
  - The 25-1 Long-Term Care (LTC) claim form will no longer be accepted effective May 3, 2021. All LTC services must be billed on the UB-04 claim form or via a HIPAA 5010 837i.
  - Converted DHCS / Medi-Cal Local Codes will no longer be accepted after May 3, 2021 regardless of the date of service.
    - Provider contracts containing the affected Local Codes have been updated to contain the acceptable codes.
- **What did not change:**
  - The clearinghouses through which electronic claims may be submitted to GCHP.
  - Claims mailing address:

    Gold Coast Health Plan
    ATTN: Claims
    P.O. Box 9152
    Oxnard, CA 93031

**Note:** GCHP has informed the clearinghouses used by our contracted providers of necessary changes and related implications.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Inform all impacted staff of the changes outlined above. | Use this document and updated provider contract(s) to train staff. | As soon as possible. |
| Discontinue billing for affected Local Codes. | Review updated contract(s) for affected Local Codes. | As soon as possible. |

# Changes to Claims Processing

**Effective May 3, 2021**

There are some changes regarding the processing (adjudication) of claims.

- **What changed:**
  - 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.
  - Explanation of Benefits 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.
  - DHCS / Medi-Cal Local Codes
    - Converted DHCS / Medi-Cal Local Codes will no longer be accepted after May 3, 2021 regardless of the date of service.
      - Provider contracts containing the affected Local Codes have been updated to contain the acceptable codes.
  - Denial Reason Codes
    - Denial verbiage has been updated to provide a more detailed description of the denial reason(s).
    - Explanation of Benefit codes have changed formatting. The language associated with the code has been updated to include further clarification regarding the denial / payment.
  - Provider Identification Number
    - Medicare Crossover Claims will no longer appear on a separate explanation of benefits / check / EFT.
  - Claim Number
    - Historical claims that were processed in our retired claims system are being loaded into the new claims system.
    - Claims that are processed in the new claims system will start with claim number 1 and proceed in numerical order.
  - Claim Rejection Letter
    - The claim rejection letter has been updated to further describe the reason for the rejection
  - National Correct Coding Initiative (NCCI) Edits Update
    - Our claim editing system has been updated to reflect the most current Medi-Cal specific NCCI edits. These edits include, but are not limited to, the following:
      - Procedure-to-procedure edits that define pairs of Healthcare Common Procedure Coding System (HCPCS) / Current Procedure 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 (e.g., claims for excision of more than one gall bladder or more than one appendix).

- **What did not change:**
  - Share of Cost billing requirements for CMS1500 and UB04 claims and EDI equivalent

**Note:** GCHP has informed the clearinghouses used by our contracted providers of necessary changes and related implications.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Inform all impacted staff of the changes outlined above. | Use this document and updated provider contract(s) to train staff. | As soon as possible. |
| Discontinue billing for affected Local Codes. | Review updated contract(s) for affected Local Codes. | As soon as possible. |
| Ensure that claims are submitted within six months after the date of service or discharge. | Use this document and updated provider contract(s) to train staff. | As soon as possible. |

# Changes to Provider Customer Service / Relations

**Effective May 3, 2021**

There are no changes regarding Provider Customer Service administered by GCHP.

- **What changed:**
  - N/A
- **What did not change:**
  - You may contact us at ProviderRelations@goldchp.org or via the dedicated Provider Line: (888) 301-1228.

**Required Actions:**

| Action | How | When |
|---|---|---|
| No action required. | N/A | N/A |

# Changes to Encounter Data Submission

**Effective May 3, 2021**

There are several changes to encounter data and encounter data submission prompted by the systems transition.

- **What changed:**
  - Encounter data may only be submitted through the following clearinghouses:
    - Office Ally: Encounter Payer ID - EC1CA
    - Conduent EDI Gateway
  - Converted Local Codes will no longer be accepted after May 3, 2021
    - This applies to any encounters submitted after May 3, 2021, regardless of date of service or date of discharge.
- **What did not change:**
  - Contact information for our Encounter Data Team: EncounterData@goldchp.org.
  - Encounter data submission timeliness requirements.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Inform all impacted staff of the changes outlined above. | Use this document and updated provider contract(s) to train staff. | As soon as possible. |
| Discontinue submitting DHCS / Medi-Cal converted Local Codes. | Review updated contract(s) for affected Local Codes. | As soon as possible. |

# Changes to Delegation Oversight Documents

**Effective May 3, 2021**

There are no changes to the delegation oversight compliance documents that must be submitted to GCHP. GCHP will continue to have a dedicated delegation oversight team. Delegation oversight requirements remain unchanged based on your contract.

Audit requests and other forms will be posted on our website at: < url tbd >

**Required Actions:**

| Action | How | When |
|---|---|---|
| Review these forms with staff responsible for submitting compliance forms. | Use these forms as a resource and distribute accordingly. | As soon as possible. |

# Changes to Utilization Management: Authorization Letters, Processing and Reporting

**Effective May 3, 2021**

There are no changes to the Utilization Management process.

- **What changed:**
  - GCHP's new Provider Portal will have the capability of performing many functions, including the submission of outpatient prior authorizations. See the "Changes to Provider Portal" section for more information. **Until further notice, providers should fax all authorization requests directly to GCHP at 1-855-833-1552.**
- **What did not change:**
  - Requests for any type of authorization must be submitted using our Prior Authorization Treatment Request Form, available here.
  - A list of services requiring authorization may be found here.

**Required Actions:**

| Action | How | When |
|---|---|---|
| No action required. | N/A | N/A |
| Register to create a new user account to gain access to the new Provider Portal. | Call the dedicated Provider Line: (888) 301-1228. | Beginning mid-April 2021. |

# Changes to Authorization Request Forms

**Effective May 3, 2021**

- **What changed:**
  - GCHP's Prior Authorization Treatment Request Form has been updated. The updated form is available here.

**Required Actions:**

| Action | How | When |
|---|---|---|
| No action required. | N/A | N/A |

# Changes to Pharmacy Services

There will be changes to the administration of pharmacy benefits prompted by DHCS' Medi-Cal Rx initiative. DHCS and GCHP will inform stakeholders of this change as more information becomes available.

Visit https://medi-calrx.dhcs.ca.gov/home/ for more information regarding DHCS' Medi-Cal Rx initiative, including details regarding the transition policy, prior authorizations, and appeals.

# Updated Provider Manual

**Effective Quarter 3, 2021**

We continually update GCHP's Provider Manual when warranted. The purpose of the Provider Manual is to provide guidance for the provision of covered health care services to GCHP Members.

GCHP's Provider Manual contains policies, procedures, information on quality and utilization management, encounter reporting, health education, member and provider grievances, and other administrative guidelines to comply with state and federal regulations, which have been updated.

- **What changed:**
  - The GCHP Provider Manual will be updated with the information cited herein in Quarter 3, 2021.

GCHP's Provider Manual can be accessed and downloaded on our website here.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Download the updated provider manual(s) and review for any changes that may impact you. | Access the link above to download updated provider manuals. | In Quarter 3, 2021 |

# Managed Care Accountability Set (MCAS) / Healthcare Effectiveness Data and Information Set (HEDIS)

There are no changes to the processes for measuring and reporting performance measures, called the Managed Care Accountability Set (MCAS). MCAS measures are derived from select Centers for Medicare and Medicaid Services (CMS) Adult and Child Health Care Quality Measures for Medicaid, as well as the Healthcare Effectiveness Data and Information Set (HEDIS) performance measures.

**MCAS Resources**

Providers can find MCAS resources on the GCHP website. Materials include MCAS Frequently Asked Questions, MCAS Measures Quick Reference Guide, and tip-sheets for MCAS measure specifications. Providers can download these materials here.

**Required Actions:**

| Action | How | When |
|---|---|---|
| Continue with MCAS / HEDIS reporting processes. | See above. | N/A |

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