



Provider Operations Bulletin

AUGUST 2022

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The Provider Operations Bulletin is published bi-monthly 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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Provider Resources | 1-888-301-1228

SECTION 1:

Grievance and Appeals Information

PROVIDER CLAIM RECONSIDERATION FORM

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

Tips on completing the Provider Claim Reconsideration form:

It is important to ensure that the form is completed correctly and that the required fields are populated. Once the "Provider Information" and the "Member Information" sections of the form have been completed, follow the steps below to make sure all required information has been provided.

If your dispute type is the one of following, you must fill out the required fields listed below. (Please only fill out what is listed below.)

DISPUTE request for reconsideration of an original claim that has been previously denied or underpaid.

OR

GRIEVANCE request for reconsideration of a previously disputed claim in which the provider is not satisfied with the resolution.

- Dispute Type Selection:
 - Claim Denial
 - Claim Underpayment
 - Contract Dispute
- Claim Information:
 - Single
 - Multiple (please add the additional information on the second page)
- Description of Dispute and Expected Outcome

APPEAL request for reconsideration of an authorization denial or a notice of action.

- Dispute Type Selection:
 - Appeal of Medical Necessity / Utilization Management Decision Select: Inpatient or Outpatient
- Select one (medical records required):
 - Inpatient Level of Care
 - Lack of Information Denial
 - Non-Contracted
 - No Prior Authorization Obtained
 - Additional Codes Requested for Authorization Review
 - Other (please specify)
- Claim Information:
 - Single
 - Multiple (please add the additional information on the second page)
- Description of Dispute and Expected Outcome

Note: If the appeal is for pre-service request, the "Service Date" fields will only require a "From" date. A future date added to the "To" field will cause the request to be rejected. Please see the example below.

| MEMBER INFORMATIO | N . | | |
|-------------------------------------|---------------|------------------------------|----------------------------|
| GCHP Member ID Number | required | Patient Name required | Date of Birth required |
| Original Claim ID Number | | Original Claim Amount Billed | Original Claim Amount Paid |
| (if multiple claims, use the attack | | | |
| Service Dates F | rom: required | To: not required | |

Click here for the Provider Claim Reconsideration Form.

CORRECTED CLAIM

Below is information to consider when submitting a corrected claim for processing.

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.). A corrected claim is not an inquiry or appeal. Do not submit a Provider Claim Reconsideration Form with a corrected claim. Instead, please use the <u>Claim Correction Form</u>.

Important: Do not mark claim "corrected" if additional information is requested, such as medical records or primary carrier EOB, unless a change is made to the original claim submission

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.

Important: 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

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 and Appeals representatives to assist with resolving the complaint in a reasonable manner. Please remember to send back the Grievance and Appeals Provider Response Form within the timeframe specified on the form.

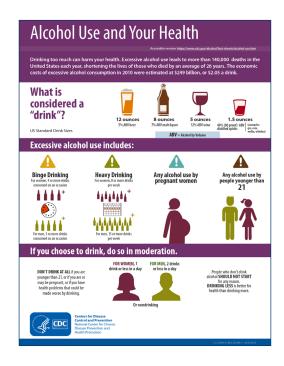
SECTION 2:

Alcohol and Drug Screening

Alcohol and substance use disorder Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT) are important steps in the early identification and treatment of these serious health threats. There are many resources available to assist you in maintaining compliance with APL 21-014 "Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment," while applying best practices regarding SABIRT for the benefit of your patients. The state Department of Health Care Services (DHCS) requires use of an approved standardized tool for the screening and assessment components of this activity. DHCS offers an expanded listing of approved standardized screening and assessment tools within APL 21-014. GCHP encourages you to use the training resources provided below in tandem with these mandated tools to ensure best outcomes.

Screening Tools: The most commonly used tools are the Audit-C, for alcohol use, and the DAST-10 for substance use.

Assessment Tools: The most commonly used tools are the AUDIT, for alcohol use, and the DAST-20 for substance use. DHCS offers videos by Dr. Corey Waller, an expert in the field of addiction medicine, for training purposes in discussing frequently asked questions about addiction and medication-assisted treatment (MAT). For more information and resources, visit the DHCS website. For additional resources for members, providers may visit the Centers for Disease Control and Prevention (CDC) website, which includes an Alcohol Use and Your Health fact sheet, available in English and Spanish.





SECTION 3:

Clinic Member Incentive Program Quarter Two Winners

At the March 2022 Quality Improvement Collaborative meeting, Gold Coast Health Plan's (GCHP) Quality Improvement (QI) Department announced a clinic incentive program to award the clinics with the highest submission of incentive forms with a lunch for clinic staff. GCHP has received nearly 1,500 submission forms for the Child and Adolescent Well-Care Exam, Cervical Cancer Screening and Asthma Exam member incentive programs. Participation in each program has been higher than last year. We want to thank all of our clinics for providing these important screenings to our members!

Several clinics excelled in utilizing the member incentive program to provide these preventive services. Clinic winners are based on the highest ratio of forms submitted to total assigned members according to GCHP's care gaps data from INDICES®.

It is our pleasure to recognize West Ventura Medical Clinic for the highest submission of forms in both the Child and Adolescent Well-Care Exam and Asthma Exam member incentive program and Moorpark Family Medical Clinic for the highest submission of forms for the Cervical Cancer Screening incentive program.

Thank you again for your hard work and participation!







SECTION 4:

Cultural and Linguistic Services

Alternative Format Selection (AFS)

Providers contracted with Gold Coast Health Plan (GCHP) are required to ensure effective communication with members with visual impairments or other disabilities by providing alternative formats and auxiliary aids. GCHP can support providers by offering information or training on effective communication requirements, technical assistance, and language assistance services.

Below are descriptions of each Alternative Format Selection (AFS) format:

- **Large print:** Large print (20-point Arial) font size.
- Audio CD: Audio format, which lets members hear the information as it is read.
- **Data CD:** This provides member materials in text format, which can then be read by specially adapted computer software.
- **Braille:** Written information in raised dots that can be read with finders.

For more information, visit the state Department of Health Care Services (DHCS) Alternative Format page.

Providers may refer members to request AFS materials through the <u>Alternative Format Selection Application System</u>.

Members may also call the DHCS AFS Helpline at 1-833-284-0040. Please direct members to these resources as needed or contact GCHP's Member Services Department at 1-888-301-1228 / TTY 1-888-310-7347 if you have additional questions or need additional information.

To learn more about this regulation, click here.



Cultural and Linguistic Services and Provider Material Requests

GCHP offers free services and materials to support the linguistic needs of members. They are easy to access and use. To improve the process to request language assistance services for members, GCHP combined the translation and interpreting services request form into one new form. The Language Assistance and Auxiliary Services Request Form includes all modes of language assistance and auxiliary services. For more information, visit the GCHP website or contact the Cultural and Linguistic Services Department at 1-805-437-5603, Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays), or email <u>CulturalLinguistics@goldchp.org</u>.





SECTION 5:

Measurement Year (MY) 2021 Managed Care Accountability Set (MCAS) Measure Performance

Gold Coast Health Plan (GCHP) is pleased to announce the successful completion of Measurement Year (MY) 2021 Managed Care Accountability Set (MCAS) reporting and audit-approval. The MCAS is a set of quality-of-care performance metrics, including Healthcare Effectiveness Data and Information Set (HEDIS®) and Centers for Medicare & Medicaid Services (CMS) Core Set measures. Each year, the state Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Plans (MCPs) to report MCAS quality-of-care rates.

Thank you for your collaboration during the MCAS data collection project and for your timely response to our requests. The rates below demonstrate provider's continued commitment to delivering high quality care to our members despite the challenges created by the ongoing COVID-19 pandemic.

MY 2021 Performance

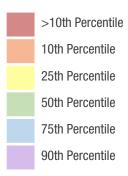
For MY 2021, GCHP reported 36 quality of care performance measures to DHCS. Of these, 15 measures were held to the 50th percentile Minimum Performance Level (MPL) requirement. Ten measures met or exceeded the MPL as shown in the table below. High performing metrics of note include BMI Assessment in the 75th percentile and Timeliness of Prenatal and Postpartum Care in the 90th percentile.

| MCAS Measure/Data Element | MY2020 Rate | MY2021 Rate | MY2020-MY2021 Rate Difference |
|---|----------------|----------------|----------------------------------|
| Cervical Cancer Screening (CCS) | 56.69 | 59.37 | ↑ 2.68 |
| Childhood Immunization Status - Combo 10 (CIS-10) | 39.66 | 42.82 | ↑ 3.16 |
| HbA1c Poor Control (>9.0%)*(CDC >9) | 40.88 | 38.93 | ↓ -1.95 |
| Controlling High Blood Pressure (CBP) | 54.26 | 55.96 | ↑ 1.7 |
| Immunizations for Adolescents - Combo 2 (IMA-2) | 41.85 | 41.36 | ↓49 |
| Timeliness of Prenatal Care (PPC-Pre) | 90.02 | 92.46 | ↑ 2.44 |
| Postpartum Care (PPC-Post) | 88.81 | 88.08 | ↓73 |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents | | | |
| BMI Assessment (WCC-BMI) | 88.32 | 85.64 | ↓ -2.68 |
| Nutrition (WCC-N) | 72.26 | 75.43 | ↑ 3.17 |
| Physical Activity (WCC-PA) | 69.10 | 72.75 | ↑ 3.65 |
| Breast Cancer Screening (BCS) | 57.29 | 52.78 | ↓ -4.51 |
| Child and Adolescent Well-Care Visits (WCV)** | 30.89 | 33.94 | ↑ 3.05 |
| Well-Child Visits in the First 30 Months of Life** | | | |
| First 15 Months - Six or more visits (WCC-15) | 21.28 | 21.12 | ↓ -0.16 |
| 15 to 30 months - Two or more visits (WCC-30) | 67.83 | 60.40 | ↓ -7.43 |

| MCAS Measure/Data Element | MY2020 | MY2021 | MY2020-MY2021 |
|------------------------------------|--------|--------|-----------------|
| | Rate | Rate | Rate Difference |
| Chlamydia Screening in Women (CHL) | 52.72 | 53.48 | ↑ 0.76 |

^{*} Lower rate is better

^{**} Not previously held to MPL, MY 20 percentile unavailable



The Quality Improvement (QI) Team will evaluate the results for MY 2021 and conduct a barrier analysis for low performing measures to inform project improvement plans for measures that did not meet the MPL. Each provider system will receive a scorecard detailing their performance on these measures in the coming months (anticipated distribution is August / September). GCHP will work with our data platform vendor, Inovalon, to explore improvements in the reporting process to increase efficiency and tracking. Provider training will be provided regarding how to use INDICES®, the Inovalon data platform, to ensure our clinic partners are able to monitor their performance on an ongoing basis, as data is refreshed monthly. We look forward to partnering with you to continue providing the best possible care for our members.

If you have any questions, please contact the Quality Improvement Team at Quality Improvement@goldchp.org.

SECTION 6:

National Immunization Awareness Month 2022

Get your patients back on track with routine vaccinations! August is National Immunization Awareness Month (NIAM), and this year it is an important reminder to catch up on routine visits and vaccinations that may have been disrupted by the COVID-19 pandemic.

This annual observance highlights the efforts of Gold Coast Health Plan (GCHP) providers to protect their patients against vaccine-preventable diseases through on-time vaccination. During August, encourage your patients to schedule appointments to ensure they are up to date on recommended vaccines. Research has consistently shown patients rely on their doctor as the most trusted source of vaccine information and that a strong message from their doctor increases vaccination uptake.

Use NIAM as an opportunity to talk with your patients about staying on track with routine vaccinations today! Don't forget to discuss COVID-19 vaccination with those patients who are eligible for the vaccine and HPV vaccines for adolescents. The HPV vaccine is the only cancer-preventing vaccine available.

Resources and more information:

- National Immunization Awareness Month
- How I Recommend Video Series
- 2022 Pediatric Immunization Schedule
- 2022 Adult Immunization Schedule

If you have any questions, contact the Quality Improvement Team at QualityImprovement@goldchp.org.



National Immunization Awareness Month

SECTION 7:

New Managed Care Accountability Set (MCAS) Measures

The state Department of Health Services (DHCS) released the updated Managed Care Accountability Set (MCAS), which lists the 39 measures that Gold Coast Health Plan (GCHP) will be reporting for Measurement Year (MY) 2022 / Reporting Year (RY) 2023.

Key Updates to the MY2022 / RY 2023 MCAS list include:

- 15 measures must meet a Minimum Performance Level (MPL) benchmark.
- 11 new measures were added (measures highlighted in blue).
- GCHP will be able to select which reporting method to use for measures assigned a Hybrid / Administrative reporting method.
- A new reporting method called Electronic Clinic Data Systems (ECDS) will be used to report rates for a subset of MCAS measures.

To help providers understand the new measures and updates to existing measures, GCHP will be updating the MCAS reference material (MCAS FAQs, MCAS Quick Reference Guide, MCAS Tip Sheets) located on the GCHP website.

Table 1: MY 2022 MCAS Measures Held to MPL

| Measure Name | Abbreviation | Reporting Method |
|--|--------------|------------------|
| Breast Cancer Screening | BCS | Admin |
| Cervical Cancer Screening | CCS | Hybrid / Admin |
| Child and Adolescent Well-Care Visits | WCV | Admin |
| Childhood Immunizations Status: Combo 10 | CIS-10 | Hybrid / Admin |
| Chlamydia Screening in Women | CHL | Admin |
| Controlling High Blood Pressure | CBP | Hybrid / Admin |
| Follow-Up After ED Visit for Mental Illness-30 Days | FUM-30 | Admin |
| Follow-Up After ED Visit for Substance Abuse-30 Days | FUA-30 | Admin |
| Hemoglobin A1c Control for Patients with Diabetes: Poor Control (>9%) | HBD | Hybrid / Admin |
| Immunizations for Adolescents: Combo 2 | IMA-2 | Hybrid / Admin |
| Lead Screening in Children | LSC | Hybrid / Admin |
| Prenatal and Postpartum Care: Prenatal Care | PPC-Pre | Hybrid / Admin |
| Prenatal and Postpartum Care: Postpartum Care | PPC-Post | Hybrid / Admin |
| Well-Child Visits in the First 30 Months of Life: 6+ Well-Child Exams in the First 15 Months of Life | W30-15 | Admin |
| Well-Child Visits in the First 30 Months of Life: 2+ Well-Child exams 15 to 30 Months of Life | W30-30 | Admin |

Table 2: MY 2022 MCAS Measures Not Held to MPL

| Measure Name | Abbreviation | Reporting Method |
|---|--------------|------------------|
| Ambulatory Care: ED Visits | AMB-ED | Admin |
| Antidepressant Medication Management: Acute Phase Treatment | AMM-Acute | Admin |
| Antidepressant Medication Management: Continuation Phase Treatment | AMM-Cont. | Admin |
| Asthma Medication Ratio | AMR | Admin |
| Adults' Access to Preventive / Ambulatory Health Services | AAP | Admin |
| Colorectal Cancer Screening | COL | Hybrid / Admin |
| Contraceptive Care – All Women: Most or Moderately Effective Contraception | CCW-MMEC | Admin |
| Contraceptive Care – Postpartum Women: Most or Moderately Effective Contraception – 60 Days | CCW-MMEC60 | Admin |
| Depression Remission or Response for Adolescents and Adults | DRR-E | ECDS |
| Depression Screening and Follow-Up for Adolescents and Adults | DSF-E | ECDS |
| Developmental Screening in the First Three Years of Life | DEV | Admin |
| Diabetes Screening for People with Schizophrenia Bipolar Disorder Using Antipsychotic Medications | SSD | Admin |
| Follow-Up After ED Visit for Mental Illness – 7 days | FUM-7 | Admin |
| Follow-Up After ED Visit for Substance Use – 7 days | FUA-7 | Admin |
| Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase | ADD-Init | Admin |
| Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase | ADD-C&M | Admin |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics | APM | Admin |
| Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate | NTSV CB | Admin |
| Pharmacotherapy for Opioid Use Disorder | POD | Admin |
| Plan All-Cause Readmissions | PCR | Admin |
| Postpartum Depression Screening and Follow-Up | PDS-E | ECDS |
| Prenatal Depression Screening and Follow-Up | PND-E | ECDS |
| Prenatal Immunization Status | PRS-E | ECDS |
| Topical Fluoride for Children | TFL | Admin |

If you have any questions about the MCAS measures, please contact the Quality Improvement Team at QualityImprovement@goldchp.org.

SECTION 8:

Health Education



State Department of Health Care Services (DHCS) Population Needs Assessment

Gold Coast Health Plan (GCHP) recognizes the importance of providing services that are culturally and linguistically appropriate to its members. To truly assess member needs, GCHP conducted a Population Needs Assessment (PNA). The goal of the PNA is to improve health outcomes for members and ensure that Managed Care Plans (MCPs) are meeting member needs by:

- Identifying health needs and disparities.
- Evaluating health education, cultural and linguistic (C&L) needs, quality improvement activities, and available resources to address identified concerns.
- Implementing targeted strategies for health education, C&L, and quality improvement programs and services.

The PNA identifies health status and behaviors, C&L needs, and health disparities. The information is used to make an action plan that addresses the barriers and gaps in care. For 2022, GCHP identified eight areas of focus and made an action plan with specific intervention strategies. The areas of focus include:

- Chlamydia Screenings in Women
- **Breast Cancer Screenings**
- Tobacco and Alcohol Use Screenings
- Well-Child Visits: First 30 Months (W-30)
- Lead Screening in Children
- Dental Fluoride Varnish
- Behavior Health
- Chronic Conditions Chronic Disease Self-Management Program

Once completed, the PNA report will be posted to the GCHP website. If you have any questions, please contact the Health Education Department at HealthEducation@goldchp.org.

Lead Poisoning Prevention



Protecting children from exposure to lead is important as there is no safe blood lead level for children. Even low levels of lead in blood have been shown to affect learning, ability to pay attention, and academic achievement. While the effects of lead exposure may be permanent, if caught early there are things that can be done to prevent further exposure and reduce damage to their child's health. Providers can assist by performing lead screenings.

Resources:

- Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers
- Ventura County Childhood Lead Poisoning Prevention Program

Chronic Disease Self-Management Program (CDSMP)

The Health Education Department offers Chronic Disease Self-Management Program (CDSMP) workshops for members in English and Spanish. Classes are being held virtually or telephonically. Each workshop is six weeks long, and meets once a week virtually for 2.5 hours virtually or over the phone for 30 minutes.





Download the CDSMP flyer in English and Spanish. Upcoming workshops can be viewed on the GCHP website calendar.

> GCHP's Health Education Program is committed to helping members stay well. We work with local clinics, providers and hospitals to provide quality health education resources to members.

For more information, call 1-805-437-5718, Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays) or email HealthEducation@goldchp.org.





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AUGUST 2022

For additional information, contact Customer Service at 1-888-301-1228. Gold Coast Health Plan $\,$

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