Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan Provider Operations Bulletin

February 18, 2014

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www.goldcoasthealthplan.org

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SECTION 1: Medi-Cal Expansion Updates

Gold Coast Health Plan (GCHP) had approximately 7,800 Low Income Health Program (LIHP) individuals (previously known as the ACE for Adults Program or ACE in Ventura County) and approximately 180 Medi-Cal Expansion Members become GCHP members on January 1, 2014.

Although these Members are assigned to a primary care provider (PCP), reimbursement will be on a fee-for-service (FFS) basis until sufficient utilization and cost data can be obtain and an appropriate capitation rate can be developed (including members that are assigned to Clinicas del Camino Real). This is similar to GCHP's current reimbursement method for administrative members. Specialist reimbursement will be at current FFS Medi-Cal Rates.

LIHP and Medi-Cal Expansion Members can be identified by Aid Codes L1 or M1. If you are utilizing the Medi-Cal website to verify eligibility, you will see the L1 or M1 Aid Code on the member information screen. You can also verify the Aid Code by calling the GCHP call center at **(888) 301-1228**. Members will likely keep their L1 or M1 Aid Code for up to one year unless there is a change in their qualifications for benefits.

It is important to note that these members may be classified as newly enrolled Medi-Cal Members. PCP providers will be required to complete the initial health assessment (IHA) within 180 days of enrollment, as well as a staying health assessment (SHA).

SECTION 2: ACA 1202 PCP Rate Increase Update

GCHP is happy to announce that we have received funding from California Department of Health Care Services (DHCS) for the ACA 1202 PCP rate increase for period of January 1, 2013 to June 30, 2013. GCHP will begin to process retroactive payments to eligible, attested providers within the next thirty (30) days. Subsequent payments will be processed as funding is received from DHCS.

If you are an eligible provider and have not yet attested, the Medi-Cal self-attestation form is available for your access and completion on the Medi-Cal website. **Click here** to access the site.

All providers are required to self-attest prior to receiving payment for the ACA PCP Rate Increase.

In addition to completing the Medi-Cal self-attestation, all attested providers must also complete and return a "**W9 form**" and the "**GCHP ACA Provider Information form**." Both forms must be faxed to 1-888-310-3660.

- W9 information submitted to GCHP must match information that was submitted to Medi-Cal on the self-attestation form.
- Please submit either your social security number or your tax identification number—not both.

NOTE: GCHP needs to receive your completed forms as quickly as possible in order to make payment.

SECTION 3: California Medi-Cal Encouner Data Validation Study

DHCS has contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. The goal of the study is to determine if the encounters submitted to DHCS by its contracted managed care plans (MCPs) are complete and accurate. GCHP is a MCP and is required to participate in this study.

Accurate and complete encounter data are critical to the success of any managed care program. State Medicaid agencies rely on the quality of encounter data submissions from their contracted health plans to monitor and improve the quality of care, establish performance measure rates, generate accurate and reliable reports, and obtain utilization and cost information. Accurate and complete encounter data are critical to the success of each MCP's oversight of its Medicaid managed care program and in demonstrating the MCP's responsibility and stewardship.

Since medical records are considered the "gold standard" for documenting Medicaid members' access to services and the quality of services they receive, HSAG will evaluate encounter data completeness and accuracy by reviewing medical records for physician services rendered in calendar year (CY) 2012. These cases will be drawn from DHCS' Medi-Cal encounter data files and will include members who had an encounter in CY 2012.

HSAG has contracted with Datafied, a California-based medical record procurement vendor, to retrieve and code the medical record documentation for the study. Datafied staff will be contacting providers by telephone to discuss the most efficient way for providers to submit the required medical records for the study. Datafied staff members are highly trained to collect medical records using the least intrusive and most confidential means.

Datafied staff members have also been trained to properly handle protected health information (PHI) and adhere to strict member confidentiality requirements. Datafied and HSAG comply with State requirements and regulations outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Medi-Cal member's application for coverage and GCHP's agreement with the Medi-Cal Managed Care program allows the release of medical record information to the State or its designee; thus, a separate authorization for release of information is not necessary for this record review request.

If you are contacted by Datafied with a request to submit medical records for any of your patients, please comply with the request and within the time frame specified.

SECTION 4: Podiatry Services Expanded

Traditional podiatry services (see table below) are limited to pregnant women (if related to their pregnancy) and children under 21 years of age who are eligible for full scope Medi-Cal benefits.

Podiatry Services	Provider type PO with the Following Codes
(Services are limited to the following: Prgnant women if related to their pregnancy; children under 21 years of age with full scope Medi-Cal; members who live in SNF or ICF; those who are Developmentally Disabled living in an ICF or Sub-acute facility. All Podiatry requires an authorization.)	10060 10160 10180 99201-99203 99211-99213 11720-11721 11730-11732 27650-27654 27658-27698 27704 27760-27766 27786-27829 27840-27848 28415 28430-28515 28190 28192-28193

In addition to traditional Podiatry Services, GCHP has extended the scope of services that a Podiatrist can perform for all members. **Click here to access the CPT Codes and Descriptions**. Expanded services are limited to the foot and ankle and require a prior authorization.

SECTION 5: ICD-10 Looking Ahead: Claim Form Highlights

Claim form use and claim field completion will change for Medi-Cal billers in 2014. The changes are due to implementation of ICD-10-CM and procedure coding system (PCS) codes, which will be required on claims for dates of service on or after October 1, 2014.

Providers can expect:

- That all claim forms must be submitted with an ICD indicator. A "0" will indicate the claim was submitted with ICD-10-CM codes. A "9" will indicate ICD-9-CM codes.
- To enter the ICD indicator on the new 02/12 version of the *CMS-1500* claim form in the *Diagnosis or Nature of Illness or Injury* field (Box 21). No ICD indicator will be required on the 08/05 version of the CMS-1500 claim form (the 08/05 version of the CMS-1500 form will not be accepted after April 1, 2014).
- To enter the ICD indicator on the UB-04 claim form in the *Diagnosis Code* field (Box 66).
- Long Term Care claims to be submitted on the UB-04 claim form rather than the current *Payment Request for Long Term Care* (25-1) claim form. The 25-1 claim form will be discontinued.

To avoid claim denials, providers should not use ICD-10-CM diagnosis or ICD-10 PCS codes on claims with dates of service prior to October 1, 2014.

SECTION 6: New CMS 1500 Claim Form

GCHP began accepting the new 02/12 version of the *CMS-1500* claim form on January 6, 2014. GCHP will continue to accept both the 08/05 and 02/12 versions of the CMS-1500 through March 31, 2014. Starting April 1, 2014, providers must submit only the new 02/12 version to avoid claim denials.

Providers can access the New CMS-1500 Medi-Cal Guide, which shows the fields that have changed on the new 02/12 claim version.

SECTION 7: 2014 CPT-4 and HCPCS Codes Not Yet Adopted

The 2014 updates to the Current Procedural Terminology – 4th Edition (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) Level II codes became effective for Medicare on January 1, 2014. However, Medi-Cal has not yet adopted the 2014 CPT-4 and 2014 HCPCS updates. Providers should not use the 2014 codes to bill for Medi-Cal services until notified to do so in a future Provider Operations Bulletin. Providers are also encouraged to monitor the Medi-Cal website for monthly Medi-Cal Provider Bulletins for updates on this topic.

SECTION 8: Updates on Preauthorization Requirements

GCHP's health services department wants to ensure that all providers are up to date on the latest list of services requiring prior authorization. We have provided updates in the last few Provider Operations Bulletins in changes but realized that the list posted on the GCHP website has not been updated. We are currently looking at the entire prior authorization list for possible changes but want to summarize changes that have already been made which are not reflected in the current list. The following changes went into effect in 2013.

The following codes/services have been REMOVED from the prior authorization list:

- 76801-76819 (OB ultrasounds)
- All Dialysis

The following services have been added to the prior authorization list:

- 78811-78999 and 79999 (Pet scans- 79999 is a generic non-specific code. Please be specific when requesting prior auth. If you must use 79999 we will need information on the specific test you are ordering for your patient.)
- J1566 – (IVIG)

We will be posting a new revised list of services requiring prior authorization by the end of the first quarter of 2014.

SECTION 9: Release of Information (ROI) Request for HEDIS® Quality Reviews

GCHP requires your assistance in obtaining medical record data in preparation for the 2014 healthcare effectiveness data information set (HEDIS®) report.

HEDIS® is a nationally recognized report that relies on medical claims and medical records data to measure access, utilization, and effectiveness of clinical care. GCHP has access to claims data, but still needs help from our practitioners and facilities to obtain the required medical record data. The HEDIS® 2014 report requires medical record data for the following clinical performance measures:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Ages 3 to 17)
- Childhood Immunization (Birth to age 2)
- Adolescent Immunization (Ages 10 to 13)
- Cervical Cancer Screening (Ages 21 to 64)
- Prenatal & Postpartum Care
- Well-Child Visits (Ages 3 to 6)
- Controlling High Blood Pressure (Ages 18 to 85)
- Comprehensive Diabetes Care (Ages 18 to 75)

Although we are sending this letter to notify all contracted practitioners and facilities of the HEDIS® reporting process, only a random sample of patients will be selected for medical record data collection. Based on the volume of medical record information needed from each practice site or facility, arrangements for data collection will include requests for data by facsimile or mail. GCHP appreciates your assistance and cooperation in providing medical record data within the timelines requested.

Verisk Health, a business associate and vendor of GCHP will lead the data collection effort of medical record data. They are contractually bound to preserve the confidentiality of protected health information (PHI) obtained from the medical records of GCHP members and operate in accordance with the privacy regulations of the health insurance portability and accountability act (HIPAA). Practitioners and facilities caring for selected patients will be contacted directly by Verisk Health to verify that medical record(s) exist and to arrange for obtaining them.

If you have questions or concerns about the HEDIS® medical record data collection process, please contact Helen Chtourou by e-mail at **hchtourou@goldchp.org** or by phone at (805) 981-6660. For general information about HEDIS®, you may also refer to the National Committee for Quality Assurance (NCQA) website at **http://www.ncqa.org**.

GCHP is committed to improving the health of our members through the provision of the best possible quality care and services. Thank you for the excellent care you provide to our members and for your continued partnership.

SECTION 10: Gold Coast Health Plan Access and Availability Survey Results

The Myers Group (TMG) was selected by GCHP to conduct its 2013 Provider Access Appointment Availability Audit. Through daytime telephone interviews with the scheduling staff of providers that have contracted with GCHP, the audit aimed to determine if providers are adhering to their contract obligations. This report summarizes results from the audit as collected from 111 providers (specialists and PCP). Below is a summary of the results:

Overall Appointment Availability:

- 80% of provider offices (PCP and Specialists) surveyed reported appointment availability within 48 hours of request.

Urgent Appointment (within 48 hours) Availability:

- 70% of PCPs were able to provide an urgent appointment within 48 hours.
  - If the PCP was not available, 88.9% were able to provide an urgent appointment with a back-up provider within in 48 hours.
- 84.6% of Specialists were able to provide an urgent appointment within 48 hours.
  - If the Specialist was not available, 60% were able to provide an urgent appointment with a back-up provider within in 48 hours.

Non-Urgent Appointment Availability:

- 87.5% of PCPs were able to offer a non-urgent appointment within ten (10) business days.
  - If the PCP was not available, 100% were able to provide a non-urgent appointment with a backup provide within ten (10) business days.
- 94.6% of Specialist providers were able to offer a non-urgent appointment within fifteen (15) business days.
  - If the Specialist was not available, 25% were able to provide a non-urgent appointment with a backup provider within fifteen (15) business days.

GCHP's provider relations team will be reaching out to individual provider offices that did not meet required Access to Care standards.

We encourage you to please take time to review the Access to Care standards provided in "Section 6 of the GCHP Provider Manual" for detailed guidelines. The manual is located on the GCHP **website**.

The table below provides a summary of the timely access standards:

Type of Care	Wait Time
Emergency Services	Immediately
Urgent Care	Within forty-eight (48) hours (No Preauthorization Required)
Primary Care	Within ten (10) business days of request for appointment.
Specialty Care	Within fifteen (15) business days of request for appointment.
Telephone Wait Time	Within three to five (3-5) minutes whenever possible
Ancillary Services for diagnosis or treatment	Within fifteen (15) business days of request for appointment.
Initial Health Assessments (IHA), Staying Healthy Assessment (SHA), and Individual Health Education Behavioral Assessments (IHEBA)	Within one-hundred-twenty (120) calendar days after enrollment.
Waiting Time in Office	Not to exceed forty-five (45) minutes after time of appointment
Sensitive Services	Ensure confidentiality and ready access to sensitive services in a timely manner an without barriers – (NO AUTHORIZAITON IS REQUIRED)

SECTION 11: Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) Training Opportunities

Effective January 1, 2014, California offers Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) benefits to adult Medi-Cal beneficiaries. SBIRT will be offered to all Medi-Cal beneficiaries, 18 years and older, in primary care settings.

In order to educate and train providers on how to effectively administer this new benefit, the DHCS, in partnership with SBIRT experts from the University of California, Los Angeles (UCLA) and L.A. Care Health Plan, will be offering tailored SBIRT webinars to primary care providers and non-healthcare professionals (such as counselors and health educators).

By participating in a webinar, primary care providers and non-healthcare professionals will learn more about the SBIRT benefit, will receive training on how to administer the universal screening, and will learn techniques on how to administer a brief intervention. Upon successful completion and participation in the webinar, participants will earn one (1.0) Continued Medical Education (CME) credit or continuing education (CE) credit for MFTs, LCSWs, and certified alcohol and drug counselors (CADCs, CATCs, CASs, and RASs).

The webinars will be tailored to the specific needs and skill-sets of different types of providers, so we encourage you to participate in the webinar most relevant to you.

Webinars Tailored to Primary Care Providers:

- Friday, February 28, 2014 from 12-1pm PT. To register, **click here**:
- Monday, March 24, 2014 from 12-1pm PT. To register, **click here**:

Webinars Tailored to Non-Healthcare Professionals:

- Monday, March 10, 2014 from 12-1pm PT. To register, **click here**:
- Thursday, April 3, 2014 from 12-1pm PT. To register, **click here**:

SECTION 12: Upcoming Events

GCHP's Provider Relations Department will host two town hall meetings on Thursday, February 20th and Wednesday, February 26th. GCHP staff will be on-hand to discuss the following topics:

- ACA 1202 PCP Rate Increase Update
- LIHP Transition and Medi-Cal Expansion Updates
- Mental Health Benefits – Beacon Health Strategies Presenting
- Staying Healthy Assessment (SHA) Requirements
- CCS Referrals and Requirements

Dates/Locations:

February 20, 2014
Ventura County Health Services
2240 E. Gonzales Rd. Suite 200
Oxnard, CA 93036
8:00 am – 9:30 pm

Click here to register

February 26, 2014
Ventura County Health Services
2240 E. Gonzales Rd. Suite 200
Oxnard, CA 93036
3:30 pm – 5:00 pm

Click here to register