



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



Gold Coast Health Plan Provider Operations Bulletin

April 16, 2014
Edition : POB-020



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SECTION 1: ACA 1202 PCP Rate Increase Update

Gold Coast Health Plan (GCHP) is happy to announce that we have made payments to eligible and attested providers for the ACA 1202 PCP Rate increase for the period of January 1, 2013 to June 30, 2013. Subsequent payments will be processed as funding is received from DHCS.

There are many providers that have not yet attested. If providers do not attest, GCHP cannot provide payment. If we do not provide payment to providers, GCHP will be required to return the money to California Department of Health Care Services (DHCS).

It is important to note that you do not have to be a Primary Care Provider to qualify. There are over sixty (60) subspecialties that may be eligible to receive the increased payments.

To be eligible for the ACA and 42 CFR 447 enhanced payments, the physician rendering or supervising the service must personally attest to be the following:

- A physician, as defined in 42 CFR 440.50 with a specialty designation of family medicine, general internal medicine, pediatric medicine or a subspecialty within one of the listed specialties.

AND

- Meeting at least one of the following qualifications:
 - Board certified in a specialty or subspecialty that is recognized by the **American Board of Medical Specialties** (ABMS), **American Board of Physician Specialties** (ABPS) or **American Osteopathic Association** (AOA).

OR

- At least 60 percent of total claim volume for the most recently completed calendar year or, for newly eligible physicians, the prior month, were for E&M (99201 – 99499) and Vaccine Administration (90460, 90461, 90471 – 90474, or their successors) services or local codes that correspond to these E&M and Vaccine Administration codes.



[Click here](#) to access the Medi-Cal self-attestation form if you are an eligible provider and have not yet attested.

***All Providers Are Required To Self-Attest Prior To Receiving Payment
For The ACA PCP Rate Increase***

The Medi-Cal self-attestation mechanism will expire December, 2014.

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](#)."

Remember:

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

Completed forms must be faxed to 1-888-310-3660.

SECTION 2: ICD 10 Looking Ahead

As you may be aware, the senate passed a bill that extends the transition from ICD 9 to ICD 10 by one year to October 1, 2015. Health and Human Services (HHS) mandates that all covered entities (including providers, clearing houses and health plans) must transition to the new code set.

The extension provides GCHP and our provider network ample time to become prepared for these changes. GCHP intends to provide a series of training seminars to assist our providers in making this a smooth transition.

To assist GCHP in preparing training materials, we are asking you to participate in a brief survey to gauge the readiness and evaluate the needs of our network, as it relates to testing and training.

[Click here](#) to take the GCHP ICD 10 readiness survey.



SECTION 3: Changes to the GCHP Plan Preauthorization Requirements

GCHP continues to evaluate and monitor services requiring pre-authorization. Effective May 1, 2014, the following changes are being made:

- No prior authorization will be required for supplies provided by contracted vendors (all eligibility criteria still apply)
- Podiatry - All services with provider type PO require authorization with the exception of the following services:
 - Pregnant members
 - Members under the age of 21
 - Members who reside in a Long Term Care Facility
- The following changes will be made to the list of injectables requiring authorization:
 - The following **J codes** will be a pharmacy benefit **ONLY** and will **NOT** be reviewed by the medical prior authorization team. They are:
 - » J0725- Chorionic Gonadotropin
 - » J8499- Prescription Drug Oral
 - » J1110- Dehydroergotam
 - » J3357- Ustekinumab
 - The following injectable codes are a medical benefit and will no longer require prior authorization. They are:
 - » J1950- Leuprolide
 - » J2325- Nesiritide
 - » J0775- Collagenase
 - » J9303- Pantumumab
 - » J9228- Ipilimumab
 - » C9287- Brentuximab Vedotin
 - » C9286- Belatacept
 - The following injectable codes are not a covered benefit under GCHP Medi-Cal. They are:
 - » J3355- Urofollitropin
 - » J2315- Naltrexone
 - » S0122- Menotropins
 - » S0126- Follitropin Alfa
 - » S0128- Follitropin
 - » S0132- Ganirelix Acetat
 - The following injectable codes are a medical benefit and will require prior authorization:
They are:
 - » J1459- IVIG
 - » J1556- IVIG



- » J1557- Gammaplex
- » J1559- Hzentra
- » J1561- Gamunex
- » J1562- Vivaglobin
- » J1566- Immune Globulin, Powder
- » J1568- Octagam
- » J1569- Gammagard Liquid
- » J1572- Flebogamma
- » J9035- Bevacuizumab
- » C9257- Bevacuizumab
- » J0585- Botulinum Toxin
- » J0586- Abobotulinumtoxina
- » J0587- Botulinum Toxin Type B,P
- » J0588- Incobotulinumtoxin A
- » J7321- Hyalgan
- » J7323- Euflexxa
- » J7324- Orthovisc
- » J7325- Synvisc or Synvisc-One
- » J7326- Gel-one

SECTION 4: Medi-Cal Expansion Updates

Since the start of the year GCHP has seen a growth in membership with the addition of 16,916 ACA expansion members. The chart below shows the growth by member since December 31, 2013.

“Traditional” MediCal	4333
LIHP Members (L1)	8134
ACA Expansion (M1)	4514
CalFresh: 19-64 (7U)	3584
CalFresh: Under 19 (7W)	684
Total Growth	21,249



SECTION 5: HEDIS® Tips to Help Us Help You Improve your HEDIS® Scores for the Obstetric Measure

The HEDIS® measure related to obstetrical care is the Prenatal and Postpartum Care (PPC) measure which identifies:

- The percentage of members who had prenatal care visits during their first trimester or within 42 days of enrollment in a health plan.
- The percentage of members who had a postpartum care visit within 21 to 56 days after delivery.

Provider Tips to Improve HEDIS® scores

1. Schedule PPC visits.
 - Start scheduling your patients' prenatal care visits during the first trimester or within 42 days of enrollment in a health plan.
 - Schedule your patients' postpartum care visits within 21 to 56 days after delivery.
2. Primary care physicians need to diagnose pregnancy and order the initial prenatal blood test prior to referring patient to OBGYN.
3. Medical codes that identify prenatal and partum visits.

Obstetric Visit	Need at least one ICD-9-CM and one E&M Code for Prenatal Visits		Code Screenings Performed	
	ICD-9-CM	CPT (E/M Codes)	CPT	HCPCS
Prenatal visits to:	640.x3, 641.x3	99201-99205	76801,	H1000-H1004
• OBGYN	642.x3, 643.x3	99211-99215	76805	
• PCP	644.x3, 645.x3	99241-99245	76811,	
• Family Practitioner	646.x3, 647.x3		76813	
	648.x3, 649.x3	99500 (Home visit Only)	76815 - 76821	
	651.x3, 652.x3		76825 - 76828	
	653.x3, 654.x3		80055,	
	655.x3, 656.x3		86644	
	657.x3, 658.x3		86694,	
	659.x3, 678.x3		86695	
	679.x3		86696,	
	V22-V23, V28		86762	
			86777,	
			86900,	
			86901	



Postpartum visits to: • OBGYN • PCP • Family Practitioner	V24.1	99501 (Home Visit Only)	57170, 58300	G0101
	V24.2		59430, 88141	G0123
	V25.1		88142, 88143	G0124
	V25.11		88147, 88148	G0141
	V25.12		88150, 88152	G0143
	V25.13		88153, 88154	G0144
	V72.3		88155, 88164	G0145
	V72.31		88165, 88166	G0148
	V72.32		88167, 88174,	P3000
	V76.2		88175, 99501	P3001 Q0091

4. Medical Record Documentation

- Prenatal care clinical documentation must include the date of the prenatal visit(s) and **at least one of the following from each visit:**
 - A basic physical obstetrical exam that includes:
 - » Auscultation for fetal hear tone, **or**
 - » Pelvic exam with obstetric observations, **or**
 - » Measurement of fundus height
 - Evidence that a prenatal care procedure was performed such as:
 - » Screening test in the form of an obstetric panel, **or**
 - » TORCH antibody panel alone, **or**
 - » A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
 - » Echography of a pregnant uterus
 - Documentation of LMP or EDD in conjunction with **either** of the following:
 - » Prenatal risk assessment and counseling/education, **or**
 - » Complete obstetrical history
- Postpartum clinical documentation must include the date of the postpartum visit and **one of the following:**
 - Pelvic exam
 - Evaluation of weight, blood pressure, breasts and abdomen
 - Notation of “postpartum care”

5. Record the *Last Menstrual Period (LMP) date* in “Box 14” of the CMS-1500 claim form

The diagram shows a portion of a CMS-1500 claim form. A blue arrow points to box 14. Box 14 is titled '14. DATE OF CURRENT: MM | DD | YY' and includes a sub-section for 'ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)'. Below box 14 is box 17, '17. NAME OF REFERRING PROVIDER OR OTHER SOURCE', and below that is box 19, '19. RESERVED FOR LOCAL USE'. The word 'SIGNED' is written above box 14.



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; and, continued accepting both the 08/05 and 02/12 versions of the CMS-1500 through March 31, 2014.

Effective April 1, 2014, Providers are Required to Only Use 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: Authorization Required for - CORRECTION

The March 19th edition of the Provider Operations Bulletin incorrectly stated that starting May 1, 2014 — in addition to HCPCS code Z7106 — GCHP would require prior authorization for Revenue Code 0658.

This Information was Incorrect.

Only HCPCS code Z7106 requires authorization. **Do not** request prior authorization for Revenue Code 0658.



SECTION 8: Updated Provider Relations Contact Listing

<p>Erika Reyes External Provider Relations Representative ereyes@goldchp.org 805 437-5567</p>	<p>Monica Hernandez External Provider Relations Representative mhernandez@goldchp.org 805 437-5569</p>
<p>Sonia Zarazua Internal Provider Relations Representative szarazua@goldchp.org 805 437-5617</p>	<p>Veronica Esparza Internal Provider Relations Representative vesparza@goldchp.org 805 437-5565</p>
<p>93001 93003 93004 93012 93015 93022 93023 93030 93041</p> <p>CMH St. Johns</p>	<p>91320 91360 91361 91362 91377 93010 93021 93031 93033 93035 93036 93060 93063 93065</p> <p>VCMC Simi Valley Los Robles</p>