

The purpose of these bulletins is to assist you and your office staff in understanding some of the operational processes that Gold Coast Health Plan (GCHP) has in place. We hope these bulletins prove useful and would greatly appreciate feedback from you. We want to provide you with all the information you need to make your relationship with GCHP collaborative in all respects. If there are topics you feel you would like us to include in these bulletins, please contact the Provider Relations Department at providerrelations@goldchp.org.

CONTENTS

Section 1: New Dedicated Fax Number for Health Services.....1

Section 2: Claims Editing System.....1

Section 3: New Non-Emergency Medical Transportation Provider.....2

Section 4: Payment for CHDP Services – EP Modifier2

Section 5: HEDIS Update.....3

Section 6: Unlisted Codes/CPT Codes That End in “99”.....3

Section 7: Long Term Care (LTC) Billing – Share of Cost3

Section 8: Completion of Pre-authorization Treatment Form.....4

Section 9: Corrected Claims.....4

Section 10: Flu Updates.....4

Section 11: Provider Grievance Form4

Section 12: Modifiers UA and UB.....5

SECTION 1: NEW DEDICATED FAX NUMBER FOR HEALTH SERVICES

Starting (**January, 2013**), the Health Services Department will have a new dedicated fax number for providers to utilize when submitting pre-authorization requests, medical records and inpatient reviews. The new fax number is **855-883-1552**. In order to better serve our providers to ensure improved response times toward all requests, GCHP has staffed this fax with two indexing team members to ensure efficient and accurate filing.

In order to ensure a smooth transition to the new fax number, **GCHP will be disabling 805-512-8551 and slowly reduce the continued use of 888-310-3660.**

SECTION 2: CLAIMS EDITING SYSTEM

GCHP will be implementing a claims editing system beginning January, 2013. Please be aware that claims for dates of service prior to January 1, 2013 will not be affected.

The addition of this editing system will enable GCHP to better manage cost effective health care, delivery and reimbursement and to assist the payer and provider community in complying with Federal and State guidelines. If you have any questions regarding our new

system, please contact Customer Service Department at 888-301-1228.

SECTION 3: NEW NON-EMERGENCY MEDICAL TRANSPORTATION PROVIDER (NEMT)

Gold Coast Health Plan has contracted with Ventura Transit System (VTS) to provide NEMT services for GCHP members effective February 1, 2013. This means VTS will be responsible for determining eligibility of the recipient, receiving requests, managing authorization of NEMT services and coordinating and making arrangements for transportation. All Gold Coast Health Plan members should have received notification by mail advising them about the direct service program with VTS.

- The month of January will be considered a transition month to VTS for members who are currently receiving NEMT services, with full transition to VTS to be completed by February 1, 2013.
- Beginning February 1, 2013, all new requests will be made by the member contacting VTS directly – ***A written prescription will no longer be required; however, there may be circumstances whereby VTS may contact you to determine and validate the medical necessity for the ride.*** . Members can contact Ventura Transit System toll free at 1-855-628-7433 (1-855-628-RIDE).

SECTION 4: PAYMENT FOR CHDP SERVICES

Last month, Gold Coast Health Plan rescinded the decision stated in the August 2012 Provider Operations Bulletin stating CHDP payments are included in the Primary Care Provider's (PCP) monthly capitation. CHDP payments are not included in PCP capitation.

GCHP made the decision to make the change effective Immediately. Additionally it was communicated that encounters and claims should be submitted using the American Medical Association (AMA) Current Procedural Terminology (CPT) codes along with the PM-160 Information Only form for appropriate reporting to the State.

To further clarify, the following Preventative CPT codes are to be billed in place of the previous CHDP Codes:

New Patient

99381	Initial Evaluation and Management of Healthy Individual < 1yr or age
99382	Early Childhood – age 1 to 4 years
99383	Late Childhood – age 5 to 11 years
99384	Adolescent – age 12 to 17 years
99385	18 – 39 years (up to age 21 years)

Established Patient

99391	Periodic Reevaluation and management of Healthy Individual < 1yr of age
99392	Early Childhood – age 1 to 4 years
99393	Late Childhood – age 5 to 11 years
99394	Adolescent – age 12 to 17 years
99395	18 – 39 years (up to age 21 years)

Effective February 1, 2013, the above codes, when billed as a CHDP service, should be submitted with the EP Modifier to show that it was a CHDP service. Claims that are submitted without the EP Modifier will not be paid.

SECTION 5: HEDIS UPDATE

What is HEDIS?

Healthcare Effectiveness Data and Information Set (**HEDIS®**) is a tool created by the National Committee on Quality Assurance (**NCQA**) to measure the performance of health plans in clinical preventive and chronic care measures. **HEDIS®** measures ensure that health plans are offering quality care and service to their members.

Data abstraction for the 2012 data begins in February 2013 and will end mid May 2013.

What does this mean for you as a GCHP provider?

HEDIS® rates tell us how well our provider network is doing in delivering excellent care to our members.

How you can help?

- By making your office and medical records available when it's time to abstract data for **HEDIS®**.
- Gold Coast Health Plan has contracted with Record Flow to collect medical records for the 2012 HEDIS reviews.
- Record Flow will begin contacting providers next month to request medical records.

SECTION 6: UNLISTED CODES/CPT CODES THAT END IN 99

Gold Coast Health Plan is requesting that providers NOT bill with unlisted procedure codes. Claims that are submitted with unlisted procedure codes will be returned for correction. Unlisted codes do not have pricing and create problems for our claims area in paying accurately and timely.

The only CPT codes that end in 99 that are exceptions to the above rule are for services or items that require an invoice such as implants or new drugs that have not been assigned a JCODE; in place of the JCODE, claims should be submitted with the NDC code.

SECTION 7: LONG TERM CARE (LTC) BILLING – SHARE OF COST

When billing UB Claims for members with Share of Cost (SOC) you must use one of the approved value codes RL, 23, 02, 31 or FC. When using these value codes the monetary amount submitted should only be the net for the claims statement period being billed. When billing Professional claims SOC should be reported in box 19 on a paper claim and in field AMT*F5 on EDI submissions.

[Click here](#) for detailed instructions on billing SOC.

SECTION 8: COMPLETION OF PRE-AUTHORIZATION TREATMENT FORM

When completing the Pre-authorization Treatment Form, please fill out ALL information on the form. This will help the Gold Coast Health Plan's Clinical Staff to process your request more quickly. Missing information delays approval of your request and necessitates phone calls to your office to gather the missing information. Your assistance with this would be greatly appreciated.

SECTION 9: CORRECTED CLAIMS

Gold Coast Health Plan has a new claims correction form to be used when submitting corrected claims. Effective immediately, please discontinue the use of the Provider Dispute Resolution form for submitting corrected claims. Corrected claims should be either stamped with "CORRECTION" or "CORRECTED CLAIM", or submitted with the new form to ensure appropriate routing and processing.

On the CMS-1500 Form, use Box 22. Enter the frequency code "7" in the "Code" field and the original claim number in the "Original Ref No." field.

On the UB-04 (CMS 1450) Form, corrected claims should be submitted with a '7' as the third position of the bill type (XX7). [Click here](#) to access the GCHP claims correction form.

SECTION 10: FLU UPDATES

The number of flu cases nationwide is on the rise, and is expected to impact California soon. According to the U.S. Department of Health and Human Services, Center for Disease Control and Prevention (2012-2013) Vaccine Information Statement, reports that getting flu vaccine can protect one from influenza and may also avoid spreading influenza to others. Dr. Charles Cho, Chief Medical Officer for GCHP, recommends providers prepare for the influx of members seeking the flu shot. For more information about the Influenza and the testing guidelines for the vaccine, please go to The California Department of Public Health website at www.cdph.ca.gov or The Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/flu/about/qa/vaccine-selection.htm> for the most up-to-date information. If your office or clinic will be hosting flu shot clinic hours, please contact our health education department at healtheducation@goldchp.org and we will work with your office to post the information on our website under our community calendar of events.

SECTION 11: PROVIDER GRIEVANCE FORM

Gold Coast Health Plan is working to make the grievance resolution process available to providers in accordance with various regulations that govern the health plan. Many concerns can be addressed by using the new grievance form. This form is replacing our Provider Dispute Resolution (PDR) form and will be made available on our website. [Click here](#) to access the form.

SECTION 12: MODIFIERS “UA” AND “UB”

In November, 2010, HCPCS Level II modifiers “UA” and “UB” replaced modifiers “ZM” and “ZN” to comply with the provisions of HIPAA. We strongly urge Providers to use “UA” and “UB” modifiers on claims.

“**UA**” is a Medicaid level of care 10, as defined by each state to be used for surgical or non-general anesthesia related supplies and drugs, including surgical trays and plaster casting supplies, provided with a surgical procedure code.

“**UB**” is a Medicaid level of care 11, as defined by each state to be used for surgical or general anesthesia related supplies and drugs, including surgical trays and plaster casting supplies, provided in conjunction with a surgical procedure code.