



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity



# Gold Coast Health Plan Provider Operations Bulletin

**March 19, 2013**

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## **SECTION 1: Provider Relations Town Hall Meetings Coming in April**

Gold Coast Health Plan (GCHP) Provider Relations Department will be hosting a series of Town Hall meetings in April to discuss the following topics:

- Affordable Care Act (ACA) Rate increases
- Health Families Plan transition to Medi-Cal
- Overview of the GCHP Website and Portal
- Billing Q&A

Please watch for announcements of dates and times both by email and on the GCHP website!

[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)

## **SECTION 2: Random PCP Site Reviews**

The Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (MMCD) oversees and monitors all site review activities of the Medi-Cal managed care health plans, including Gold Coast Health Plan (GCHP). The purpose of conducting site reviews is to ensure that all primary care provider (PCP) sites used by plans for delivery of services to plan members have sufficient capacity to:

- 1) provide appropriate primary health care services;
- 2) carry out processes that support continuity and coordination of care;
- 3) maintain patient safety standards and practices; and
- 4) operate in compliance with applicable federal, state and local laws and regulations.

One of the monitoring activities that both GCHP and MMCD participate in is the conduction of random full-scope Facility Site Review (FSR) and Medical Record Review (MRR). While the provider sites are generally notified in advance of the review, inspection of plan facilities or other elements of a survey may be conducted without prior notice, either in conjunction with the medical survey or as part of an unannounced inspection program (Title 28, CCR, section 1300.80).



The Medical Monitoring Unit (MMU) of DHCS has notified GCHP of their upcoming plans to conduct required random full-scope FSR and MRR in April 2013. The GCHP Facility Site Review RN and GCHP Provider Relations staff will inform the individual provider sites of the review date and time.

### **SECTION 3 : Subsidized Technical Assistance to Reach Meaningful Use**

Additional Subsidized Technical Assistance is now available to practices and **eligible providers\*** needing help with electronic health records (EHR) and meeting the measures and objectives of Meaningful Use.

This assistance also includes Meaningful Use Audit File preparation as well as Security Risk Analysis.

Meaningful Use experts will provide subsidized assistance to help practices:

- Meet all individual Meaningful Use measures;
- Successfully Attest;
- Prepare for Stage 2;
- With Audit File preparation; and,
- Conduct a Security Risk Analysis.

\*Eligible providers – The Office of the National Coordinator has now expanded the eligible provider group to include Internal Medicine, Family Practice, General Practice, OB/GYN, Gynecology, Pediatrics, Adolescent Medicine, and Geriatrics.

**Space is limited with 100 grants available to GCHP providers. [Click here](#) to complete the form and fax ASAP to take advantage of this offer.**

### **SECTION 4 : Nutrition In-Service for Providers**

Child Health and Disability Prevention Program (CHDP) is sponsoring an in-service training for CHDP providers, clinical staff, and office staff, Public Health staff, school and community partners on “Understanding & Recording Body Mass Index (BMI).” This training is designed for health care staff and community members who interact with children and their families. The training is scheduled on Thursday, March 28, 2013 from 12 noon to 1:00 pm. The location of the training is: Health Care Services Conference Room, 2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036. Please contact Pauline Preciado, PHN Resources Specialist with CHDP at 805-981-5291. The training is free.



## **SECTION 5 : Childhood Oral Health**

To help prevent and control tooth decay among young children, health care providers who routinely see pregnant women and children offer the best hope for preventing and controlling tooth decay through the application of topical fluoride varnish (California Department of Health Care Services, All Plan Letter 07008). According to the Department of Health Care Services, All Medi-Cal Managed Care Health Plans Letter 07008, physicians, nurses and medical personnel are legally permitted to apply fluoride varnish when the attending physician delegates the procedure and establishes protocol. The billing code for the topical application of fluoride for child is HCPCS code D1203. If you would like more information about the topical fluoride varnish, please contact the Health Education Department at 805-981-5367.

## **SECTION 6 : Affordable Care Act – PCP Rate Increases**

In compliance with Section 1202 of the Affordable Care Act, effective for dates of service on and after January 1, 2013 through December 31, 2014, Medi-Cal reimbursement to qualifying providers for specified primary care services will be at the same level as that service is reimbursed by Medicare. However, because of the questions that remain regarding the final rule released in November 2012, and available funding from CMS to the State; the increased reimbursements will not be immediately available. Managed care plans are not required to make higher payments to their primary care providers until they receive additional funding from the State and retro-active payments are not subject to timely filing requirements. Gold Coast Health Plan expects implementation to occur during the summer of 2013. The increases will be retroactive and will apply to all services provided on or after January 1, 2013.

The rate increase applies for eligible physicians for specified primary care services. Per the final rule released by the Center for Medicare and Medicaid Services, the applicable primary care services include Evaluation and Management codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473, or their successor codes. In order to be eligible, physicians must self-attest they are board certified in family medicine, general internal medicine, pediatric medicine, or a related subspecialty. Physicians are also eligible if 60 percent of the services they bill Medi-Cal fall within the designated Evaluation and Management and vaccine administration codes.



The increased reimbursement will also be provided to non-physician practitioners who work under the direct supervision of an eligible physician. The California Department of Health Care Services will be developing a mechanism for providers to self-attest and there will be an established timeframe for providers to attest. Qualifying providers who self-attest during the specified timeframe will be eligible for the increased payments.

To access listings of qualified subspecialties visit the following websites:

- American Board of Medical Specialties – [www.abms.org](http://www.abms.org)
- American Osteopathic Association – [www.osteopathic.org](http://www.osteopathic.org)
- American Board of Physician Specialties – [www.abps.org](http://www.abps.org)

***It is important for providers (especially capitated providers) to submit claims with all services/encounter included. Without this information, Gold Coast Health Plan will not be able to adequately identify services that are eligible for retro-active payment.***