



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



Gold Coast Health Plan Provider Operations Bulletin

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SECTION 1: ACA 1202 PCP Rate Increase Update

Gold Coast Health Plan (GCHP) has not yet received funding from California's Department of Health Care Services (DHCS) for the ACA 1202 PCP Rate increase, however, we have received information indicating that we should receive payment for the first six (6) months of 2013 sometime in January, 2014. GCHP will make every effort to retroactively payout the increase within 30 days once funding is received.

In the meantime, 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 2: Improving Your HEDIS Data: Decrease Prescribing Antibiotics for Acute Bronchitis

The prescribing of an antibiotic for a patient with uncomplicated acute bronchitis is considered inappropriate. The use of antibiotics in treating acute bronchitis is a measure that is used to grade appropriate health care by health plans through the Health Effectiveness Data and Information Set (HEDIS[®]) measures. GCHP scored relatively low in our 2013 HEDIS[®] score which was for the calendar year 2012. In an effort to improve patient care and to improve the Plan's results, ***do not prescribe an antibiotic for uncomplicated acute bronchitis***. It is possible that the prescribing of an antibiotic for the patient was appropriate but the diagnosis code was not appropriate. The following ICD-9 code is the one that is considered to be inappropriately treated by an antibiotic: 466.0



GCHP is interested in the highest quality of care possible for our members. GCHP considers recommendations and guidelines which have been made based upon scientific evidence to be guidelines that the Plan considers appropriate care for our members. Sometimes it is the expectation of patients that they receive an antibiotic for an infection that does not respond to an antibiotic. We would hope that our providers would educate the patient (member) that an antibiotic is not effective for a viral illness and is inappropriate and counterproductive to be prescribed for an illness that is most likely viral.

SECTION 3: How GCHP Care Management Benefits Your Patient

Care management is provided to eligible members with specific diagnoses or special health care needs. This includes members with complex acute and chronic diagnoses or specialty care management needs. These members may require extensive use of resources and need assistance in navigating the health care delivery system.

Care management provides a consistent method for identifying, addressing and documenting the health care and social needs of our members along the continuum of care. Once the member has been identified for care management, a nurse will work with the member to:

- Complete a comprehensive initial assessment
- Determine benefits and resources available to the member
- Develop and implement an individualized plan of care in partnership with the member, his/her physician and family or caregiver
- Identify barriers to care
- Monitor and follow-up on progress toward care plan goals

Making a referral to GCHP Care Management

By completing the referral form located on the GCHP website, you will be providing the care manager with valuable information to address your concerns and facilitate an effective care plan. The care management nurse or social worker will contact the member to ascertain interest in care management and obtain the member's permission. Once the member agrees to participate, a mutually agreed upon care plan will be developed with specific dates for goal attainment. The member will be contacted on a frequency determined by the member and care manager.

As the referring physician, you will be provided with the initial care plan which will include goals and identified barriers. You will be updated every 2 months as to the member's progress and



when the case is closed. Unless you specify otherwise, this correspondence is faxed to your office for inclusion in the member's file and will include the name and telephone number of the care manager involved in your patient's care.

To make a referral, [click here](#) to access the GCHP care management referral form from the GCHP website.

Please complete the requested information, print and fax the referral to 855-883-1552.

For further information about the Care Management Program or how to make a referral, please contact the Care Management Department at 805-981-6685.

SECTION 4: Changes to Prior Authorization Requirements for Inpatient Procedures

GCHP has implemented a new medical management system. As a result, the following changes are now in effect.

- GCHP will pre-approve the requested procedure with a service location as inpatient
- Pre-approval for the inpatient procedure will be valid for 90 days.
- The admitting facility will be required to fax in a face sheet notifying GCHP of the admission along with medical records for concurrent stay review
- Inpatient days will be reviewed concurrently

SECTION 5: Behavioral Health Benefits

GCHP has entered into an agreement with a managed behavioral health organization vendor (MBHO), Beacon Health Strategies (Beacon), to implement and administer behavioral health benefits to GCHP members. Together, GCHP and Beacon are working together toward developing a network of providers.

Providers will be expected to utilize a depression rating tool to determine when to make a behavioral health referral. Additionally, providers will be expected to utilize substance use disorder trigger questions in the Staying Healthy Assessment to determine which members will benefit from the SBIRT (screening, brief intervention, and referral for treatment).



To contact Beacon Health Strategies:

Beacon Health Strategies

Phone: 1-855-765-9702

Hours: Monday – Friday, 8:30am – 5:00pm

TTY number: 800-735-2929

Website: www.beaconhs.com

Email: Go to general.information@beaconhs.com

Hours: Monday – Friday, 8:30am – 5:00pm

SECTION 6: Hold the Dates - Upcoming Town Hall Meetings

Hold the following dates for upcoming Town Hall Meetings. Topics will include:

- Behavioral Health Benefits
- Self-Health Assessment (SHA) Training
- SBIRT
- Medi-Cal Expansion

February 20, 2014

8:00am – 9:30am

February 26, 2014

3:30pm – 5:00pm

Both meetings will be held at:

2240 E. Gonzales Road, Suite 200
Oxnard, CA 93036

Registration information to follow