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Non-Medical Transportation (NMT)

As of October 1, Gold Coast Health Plan (GCHP) covers Non-Medical Transportation (NMT) for all medically-necessary services. NMT coverage includes transportation for a member and one attendant, such as a parent, guardian, or spouse, to accompany a member in a vehicle or on public transportation, subject to prior authorization at the time of the initial NMT request.

NMT does not include transportation of sick, injured, invalid, convalescent, infirm or otherwise incapacitated members who need to be transported by ambulance, litter vans, or wheelchair vans. NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.

NMT Includes:
- Transport to and from a medical appointment for treatment or screening.
- Picking up prescriptions for drugs that cannot be mailed directly to the member.
- Picking up medical supplies, prosthetics, orthotics and other medical equipment.

GCHP’s contracted vendor, Ventura Transit System (VTS), will provide transportation using sedan vehicles. NMT services are provided at no cost to members. Members must contact VTS directly for services. No authorization is required; however, members must attest to having no other means of transportation.

If you have any questions, call GCHP’s Customer Service Department at 1-888-301-1228.

Cardiac Rehab Benefit

GCHP now covers cardiac rehab services. While cardiac rehab is not a covered benefit under the Medi-Cal program, GCHP is offering the services as a benefit enhancement to better meet the needs of the Plan’s members.

The following billing codes are applicable:
- 93797 Cardiac Rehabilitation
- 93798 Cardiac Rehabilitation / Monitor
- G0422 Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, Per Session
- G0423 Intensive Cardiac Rehabilitation; with or without continuous ECG monitoring; without exercise, Per Session

Pulmonary Rehab Benefit

Pulmonary rehab is now a covered benefit for GCHP members. This service requires prior authorization.

The following procedure codes have been added to the prior authorization list:
- G0237
- G0238
- G0239
- G0424
Ambulatory Surgical Center Authorization Alignment

Outpatient surgeries still require prior authorization when performed in an Ambulatory Surgical Center. Additional services performed at the center may or may not require authorization, as outlined in GCHP’s list of Services Requiring Prior Authorization. The Plan’s system has been aligned with the list to prevent services from being incorrectly denied for lack of authorization.

If you have any questions, contact the Plan’s Provider Relations Department at ProviderRelations@goldchp.org.

Home Health Code Update

As of April 30, code G0154 has been phased out by the state. Please start using codes G0299 and G0300, which have been crosswalked to G0154. It is imperative that all home health providers start using these codes for services rendered.

If any claims were submitted after May 1 and have been denied for having an invalid procedure code, please resubmit corrected claims with either code G0299 or G0300 for processing.

If you have any questions, email ProviderRelations@goldchp.org.
Grievance & Appeals – Centers for Medicare and Medicaid Services (CMS) Final Rule

On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) issued a final rule that made changes to appeals and state hearings that went into effect on July 1.

Important changes:

• Filing an appeal must be received within 60 calendar days from the date of notice of action.
• Any oral appeal filed by a member needs to be followed by a signed written appeal.
• If a provider is submitting an appeal on behalf of a member, they will need the member’s written consent.
• Expedited Resolution is required to be resolved in 72 hours.
• Effectuation of Overturned Decisions are granted within 72 hours from the decision.
• Members are required to exhaust GCHP’s internal appeal process prior to proceeding to a State Hearing.

If you have any questions regarding the new changes, email GCHP’s Grievance & Appeals (G&A) Department at grievances@goldchp.org.

Check Primary Care Provider (PCP) Assignment

Before scheduling an appointment for a member, please check eligibility to ensure that the member is currently assigned to your PCP/Clinic. If the member is not assigned, have the member contact GCHP’s Member Department at 1-888-301-1228 to select your PCP/Clinic. The change will not go into effect until the first day of the month following the change request.

Healthcare Effectiveness Data and Information Set (HEDIS®) Performance Measures That Evaluate Adequate Control of Blood Pressure

GCHP reports the percentage of members with adequate control of blood pressure in the following two Healthcare Effectiveness Data and Information Set (HEDIS®) measures:

• **Controlling Blood Pressure (CBP):** Measures the percentage of members 18-85 years of age with hypertension whose blood pressure (BP) was adequately controlled during the measurement year.

• **Comprehensive Diabetes Care (CDC):** Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had the following screenings during the measurement year:
  - HbA1c testing
  - HbA1c control (8.0%)
  - Retinal eye exam
  - Medical attention to nephropathy
  - Blood pressure (BP) adequately controlled
GCHP’s CBP and CDC-BP rates for the 2013 to 2016 measurement years are displayed below in Table 1. These rates represent the percentage of GCHP members diagnosed with diabetes and/or hypertension who had adequately controlled blood pressure during the measurement year (MY). The rates in red indicate that in 2016, GCHP failed to achieve the 25th percentile/minimum performance (MPL) level required by the state Department of Health Care Services (DHCS).

Table 1: HEDIS® Rates

<table>
<thead>
<tr>
<th>HEDIS® Rates</th>
<th>2013 MY Rate</th>
<th>2014 MY Rate</th>
<th>2015 MY Rate</th>
<th>2016 MY Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBP</td>
<td>54.01</td>
<td>55.01</td>
<td>64.72</td>
<td>45.01*</td>
</tr>
<tr>
<td>CDC – BP</td>
<td>61.31</td>
<td>63.75</td>
<td>65.69</td>
<td>48.66*</td>
</tr>
</tbody>
</table>

Adequate Control of Blood Pressure

The guidelines that define the adequate control of blood pressure for the CBP and CDC measures are published by the National Committee for Quality Assurance (NCQA). Table 2 shows the blood pressure levels that must be maintained to show blood pressure control.

Table 2: NCQA HEDIS® Measure Guidelines That Define Adequate Control of BP

<table>
<thead>
<tr>
<th>HEDIS® Measure</th>
<th>Age Group &amp; Diagnosis</th>
<th>Adequate Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBP</td>
<td>18-59 Years Old with HTN</td>
<td>&lt;140/90 mm Hg</td>
</tr>
<tr>
<td></td>
<td>60-85 Years Old with HTN</td>
<td>&lt;150/90 mm Hg</td>
</tr>
<tr>
<td></td>
<td>60-85 Years Old with HTN and Diabetes</td>
<td>&lt;140/90 mm Hg</td>
</tr>
<tr>
<td>CDC- BP</td>
<td>18-75 Years Old with Diabetes</td>
<td>&lt;140/90 mm Hg</td>
</tr>
</tbody>
</table>

Criteria for Collecting Blood Pressure Readings for HEDIS® Reporting

- For both the CBP and CDC measures, blood pressure readings are collected through medical record reviews.
- Types of clinic documentation that can be collected:
  » Acceptable clinic documentation: BP taken during outpatient or non-acute inpatient visits.
  » Non-acceptable clinical documentation: BP taken during acute inpatient visits, ED visits, taken on the same day as diagnostic tests or diagnostic/therapeutic procedures, or BP readings reported by patients.
- If there are multiple BPs recorded for a single date, the lowest systolic and diastolic can be collected.
- The member’s last blood pressure reading of the year is collected to determine if the member’s blood pressure was controlled – See Table 3 for example.

Table 3: Example Blood Pressure Readings

<table>
<thead>
<tr>
<th>Clinic Visit Date</th>
<th>Patient A’s BP Scores in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/17</td>
<td>130/70 mm Hg</td>
</tr>
<tr>
<td>07/16/17</td>
<td>128/60 mm Hg</td>
</tr>
<tr>
<td>10/20/17</td>
<td>142/91 mm Hg – most recent BP used for HEDIS® reporting</td>
</tr>
</tbody>
</table>

Tips to Improve the Blood Pressure Measures

- Ensure clinic staff use proper blood pressure technique.
- Calibrate the sphygmomanometer annually.
- Use correct cuff size and place cuff on bare arm.
- Ensure patient is positioned correctly:
  » Back and arm are supported
  » Feet are flat on the floor
  » Legs are not crossed
- Patient is not talking and has rested for at least five minutes before BP is taken.
- Patient has an empty bladder.
• Use exact BP values – do not round up.
• Collect, document and date BP readings during each clinic encounter.
• Review hypertensive medication history.
• Review patient compliance with treatment plans.
• Reassess medication, treatment plans and patient compliance periodically until BP is controlled.

For more information on the NCQA HEDIS® guidelines for the CBP and CDC measures, and other HEDIS® measures, visit the HEDIS® resource section on GCHP’s website.

If you have any questions, please contact the Quality Improvement Department at 1-805-437-5592 or hedis@goldchp.org.

Monitoring Blood Levels of Patients on ACE Inhibitors / ARBs and Diuretics

Annual Drug Monitoring
It is recommended that patients on ACE inhibitors / ARBs and diuretics have periodic labs, such as metabolic or renal function panels, to monitor serum potassium and serum creatinine levels.

The clinical benefits of annual drug monitoring include:
• Guidance for therapeutic decision making
• Opportunities to improve the quality of care
• Patient safety

<table>
<thead>
<tr>
<th>Drug Monitored</th>
<th>2013 MY Rate</th>
<th>2014 MY Rate</th>
<th>2015 MY Rate</th>
<th>2016 MY Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE Inhibitors/ARBs</td>
<td>88.47</td>
<td>82.14*</td>
<td>86.94</td>
<td>85.09*</td>
</tr>
<tr>
<td>Diuretics</td>
<td>89.51</td>
<td>83.27*</td>
<td>87.37</td>
<td>85.14*</td>
</tr>
</tbody>
</table>

*Rates that fell below the DHCS MPL 25th percentile

HEDIS® Measure that Evaluates Compliance with Annual Drug Monitoring
Annual monitoring for patients on these medications is reported in the HEDIS® Measure: Annual Monitoring for Patients on Persistent Medications (MPM). The table below shows GCHP’s MPM rates for the 2013 to 2016 measurement years. The rates in red indicate that in 2014 and 2016 GCHP failed to achieve the 25th percentile/minimum performance (MPL) level required by the state Department of Health Care Services (DHCS).

Tips to Improve Annual Monitoring for Patients on Persistent Medications
• Order labs annually
• Ensure your patients complete their labs
• Submit claims with appropriate codes that report lab panels completed

For more information on the documentation and coding guidelines for the MPM measure and other HEDIS® measures, visit the HEDIS® resource section on the GCHP’s website.

If you have any questions, please contact the Quality Improvement Department at 1-805-437-5592 or hedis@goldchp.org.
Requesting an Explanation of Benefits (EOB) Through the Automated System

To use the automated system to get a copy of an EOB of a specific claim, call 1-888-301-1228 and follow these prompts:

1. Provider, press 2.
2. Provider Authentication < Enter 10-digit NPI number >
3. For claim status, including detailed payment information, press 1.
4. Enter the eight-digit numeric portion of the GCHP member ID number.
5. Enter the date of birth using two digits for the month, two digits for the day and four digits for the year.
6. Enter the date of service using two digits for the month, two digits for the day and four digits for the year – all claims with the date of service entered will be played one by one.
7. Once the desired claim is played, press 1 for more detailed information.
8. For a duplicate EOB, press 2.

If you have any problems obtaining this information, please do not hesitate to contact GCHP’s Customer Service Department at 1-888-301-1228.

Health Education, Cultural & Linguistic Services, Outreach Events and Updates

Tobacco Education & Programs
The American Cancer Society’s Great American Smokeout event is November 16! Encourage your members to stop smoking and let them know about the many resources that are available to them to help them quit.

As part of its tobacco education program, GCHP’s Health Education Department is giving away coasters printed with the California Smokers’ Helpline phone number to members and the public at workshops, events and resource fairs.

The helpline is a free resource available to members to help them quit smoking. The helpline offers telephone counseling in English and Spanish. Members can call 1-800-NO-BUTTS (1-800-662-8887) or 1-800-45-NO-FUME (1-800-456-6386) for help in Spanish. The Health Education Department also is mailing post cards to members with this information.

Providers can contact the Health Education Department for a form to order educational materials directly from GCHP. The California Smokers’ Helpline also has materials available to the public on its website, like the pamphlet on the “Top 10 tips to Quit Smoking.” Providers can also contact GCHP’s Health Education Department for more information by calling 1-805-437-5500 or emailing HealthEducation@goldchp.org.
Provider Training
The 5 As Basic Tobacco Intervention Skills Certification Program training is available throughout Ventura County. The training is conducted by the Ventura County Public Health Tobacco Education and Prevention program. The 5 As training can be used for motivating members to implement a wide range of behavioral changes, including quitting smoking. Training for providers can be found here.

Health Education
Asthma training is available online here. Some training may offer CMU / CEU’s. For more information about asthma or asthma education, contact the Health Education Department at 1-805-437-5602.

The Health Education Department has a variety of materials available, including materials on prediabetes. The department uses materials from the DHCS-approved list, which includes Channing Bete and Krames. For more information about the DHCS-approved list or if you would like a copy of the list, contact the Plan. The materials are available in both English and Spanish.

The Health Education Department has a health education referral form available online for providers to complete on behalf of their members. Once the health education referral is completed, please fax it to 1-805-248-7481 or email it as an attachment to HealthEducation@goldchp.org.

Health Education Classes & Workshops
For Diabetes Awareness Month in November, GCHP will be holding its Fifth Annual Diabetes Workshop and Resource Fair. The event features speakers from the community, health screenings and community resources.

The Plan’s Health Education Department is collaborating with Centers for Family Health – CMH to provide classes on diabetes, healthy living, and eating healthy during the holidays. The classes are free and are open to members and the public. If you have a topic that you would like to learn more about, please contact the Plan. GCHP offers classes in both English and Spanish as well as classes that are bilingual.
Immunizations & Flu

Immunization and preventive care guidelines change yearly. Now that flu season is here, GCHP is encouraging PCP’s to provide the flu shot to the Plan’s members. All Public Health clinics are providing flu shots during regular clinic hours and can be accessed by GCHP members.

The Centers for Disease Control and Prevention has immunization guidelines for children and adults as well as general information on the flu and immunization schedules.

Cultural & Linguistics Services

GCHP provides free language assistance to members for the following interpreter and translation services:

- Sign language interpreter services (advance notice is needed)
- In-person (face-to-face) interpreter services (advance notice is needed)
- Telephone interpreter services
- Translation of medical documents into GCHP’s threshold language(s).
- Written information in other formats

It is important to use qualified interpreters at medical appointments. GCHP discourages the use of family or friends – especially children – as interpreters.

If you need these services, please call GCHP’s Cultural & Linguistics Services at 1-805-437-5500 or email CulturalLinguistics@goldchp.org.

Please remember to notify GCHP at least 25 hours in advance for any cancellations or changes to the interpreter request(s).

October is Health Literacy Month

Health Literacy Month is a time for organizations and individuals to promote the importance of understandable health information. The Institute for Healthcare Advancement (IHA) recognizes this annual worldwide, awareness-raising event.

You can help promote health literacy by assuring that any member-informing documents have a maximum reading level of 6th grade.

If you need assistance, please contact GCHP Cultural & Linguistics Services at 1-805-437-5603 or email CulturalLinguistics@goldchp.org.

To learn more about health literacy, please click here.
Consumer Advisory Committee (CAC)

GCHP’s Consumer Advisory Committee (CAC) meets quarterly in GCHP’s Community Room, located at 711 E. Daily Drive in Camarillo.

Meetings are open to the public and typically last two hours. Agenda and meeting materials are published on the Plan’s website.

Member Benefit Information Meetings

GCHP holds member orientation meetings three times a month for all members. These meetings are held throughout the county and are presented in English and Spanish.

At the meetings, members will learn about their rights and responsibilities, as well as how to:

- Establish a medical home.
- Select a PCP.
- Get medical services.
- Get necessary medications.
- Locate and use the resources available in the community.

Meeting times and locations vary monthly. Members can call GCHP’s Member Services Department at 1-888-301-1228 for meeting times and dates.

Click here for the current schedule.
For additional information, contact Network Operations at 888-301-1228
Gold Coast Health Plan
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www.goldcoasthealthplan.org