Gold Coast Health Plan
Presentation to
Intermediate Care Facilities

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County Organized Health System
(Ventura County Medi-Cal Managed Care Commission)

- Established by the County Board of Supervisors
- Governed by an Independent Commission
- Serves nearly entire Medi-Cal Population in the Region (some aid codes not covered)
- In year 2013 enrollment of nearly all Medi-Cal beneficiaries including seniors and persons with disabilities (SPD)
Services NOT Covered by Gold Coast Health Plan

- Mental Health (inpt and outpt)
- Dental
- Local Education Agency (LEA)
- California Children’s Services (CCS)
- Home and community-based waived services
- Special Programs: These aid codes include TB, pregnancy-only, minor-consent services and assistance for emergency care limited scope
Share of Cost (SOC)

- Individual obligation dependent on situation/earnings
- Monthly obligation; like commercial “deductible”
- Must be paid before eligible for Medi-Cal benefits during that month
- Paid directly to the facility
- Amount is determined through Ventura County eligibility worker at Ventura County Human Services Agency
www.goldcoasthealthplan.org

• Provider Directories
• Provider Manual
• Link to Provider Portal
• Drug Formulary
• Printable, Current Forms
• Member Handbook (English and Spanish)
Other Coverage

• GCHP is payer of last resort

• Blue Cross, Kaiser or any other health plan is always primary carrier; Medi-Cal is never primary

• Medi-Medi (Medicare/Medi-Cal “dual coverage”)
Pharmacy Benefits

- ScriptCare is the Pharmacy Benefits Manager (PBM) for Gold Coast Health Plan
- The PBM contracts with Plan pharmacies
- The PBM processes pharmacy claims
- The PBM helps the Plan set Rx policy
- The Plan Formulary is posted at the website: www.goldcoasthealthplan.org
Types of Medi-Cal Members

Case Managed or Linked - Assigned to PCP/Clinic

Full-scope - Coverage for the full range of Medi-Cal covered services, majority of GCHP Members; PCP selection required

Limited-Scope or Restricted – Example: Coverage for emergency services (not covered by GCHP). GCHP covers a few limited-scope aid codes such as Breast and Cervical Cancer Treatment Program (BCCTP)

Administrative Member - Not assigned to a specific PCP or clinic; may see any willing Medi-Cal provider (Example: Medi/Medi)
Medi-Cal Eligibility

- Determined by Ventura County Human Services Agency and the State of CA (may vary from month to month)

- GCHP does not determine covered aid codes

- GCHP covered aid codes are located in Appendix 4 of the Provider Manual

- State Medi-Cal handles aid codes not covered by GCHP
Eligible Beneficiary means any Medi-Cal beneficiary who is residing in the Contractor’s Service Area (County Code # 56) with one of the following aid codes:

<table>
<thead>
<tr>
<th>AID GROUP</th>
<th>AID CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY</td>
<td>01, 02, 03, 04, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 45, 47, 54, 59, 72, 82, 83, 0A, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 4A, 4C, 4F, 4G, 4K, 4M, 5K, 5X, 7A, 7J, 7X, 8P, 8R</td>
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<tr>
<td>DISABLED</td>
<td>20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 2E, 6A, 6C, 6E, 6H, 6J, 6N, 6P, 6V, 6W, 6X, 6Y</td>
</tr>
<tr>
<td>AGED</td>
<td>10, 14, 16, 17, 18, 1E, 1H</td>
</tr>
<tr>
<td>ADULT</td>
<td>81, 86, 87</td>
</tr>
<tr>
<td>LONG TERM CARE</td>
<td>13, 23, 53, 63</td>
</tr>
<tr>
<td>BREAST AND CERVICAL CANCER</td>
<td>0M, 0N, 0P, 0R, 0T, 0U</td>
</tr>
<tr>
<td>TREATMENT PROGRAM (BCCTP)</td>
<td></td>
</tr>
</tbody>
</table>
LTC Aid Codes Changes

- From acute care to permanent SNF
- Human Services Agency 1-888-472-4463
- Action is Generated by:
  - Facility Social Worker
  - Family
  - Responsible Party

Monday, April 09, 2012
Gold Coast Health Plan
www.goldcoasthealthplan.org
Provider Portal

Register for provider access to the Provider Portal at: www.goldcoasthealthplan.org

• Permissions will be maintained by providers
• Check eligibility
• Submit prior authorizations to GCHP
• Claims look up function
Claims (Process Daily; Pay Weekly)

- Preferred LTC 25-1 (will expedite)
- Bill max of a 7 day period per claim
- Mail to: Gold Coast Health Plan
  ATTN: CLAIMS
  PO BOX 9152
  Oxnard, CA 93031
- Payment within 30 days for clean claim
- Research 45 days after submission
- Telephone – 888-301-1228
- Portal – [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)
Adjustments and Disputes

- **Dispute Resolution Request Form**
- **Written dispute indicating reason for filing**
- **Request must be made within 365 days of action**
- **Gold Coast Health Plan**
  ATTN: Provider Relations Department
  PO BOX 9176
  Oxnard, CA 93031
- **Written response within 30 days**
Long Term Care Definitions

- Long-Term Care (LTC): longer than the month of admission +1 month
- Skilled Nursing Facilities (SNF): requires skilled nursing care
- Sub-acute Facilities: more intensive than skilled nursing care (ventilator dependent)
- Intermediate Care Facilities (CF): less intensive than skilled nursing care
Intermediate Care Facilities

- Intermediate Care Facility (ICF)
- ICF Developmentally Disabled (ICF/DD)
- ICF Developmentally Disabled-Habilitative (ICF/DD-H)
- ICF Developmentally Disabled-Nursing (ICF/DD-N)
Current ICF Members

• In Network:
  Member remains at LTC facility
  Existing TAR good until December 31, 2011
  No changes

• Out of Network:
  Member remains at LTC facility
  Letter of Agreement
  Existing TAR good until December 31, 2011
## Facilities with ICF/DD Services Rates

### ICF-DD HABILITATIVE RATES

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<thead>
<tr>
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<tr>
<td>61</td>
<td>$ 185.68</td>
<td>------</td>
<td>62</td>
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<td>63</td>
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<td>66</td>
<td>------</td>
<td>$ 220.03</td>
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<td>196.41</td>
<td>69</td>
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<td>214.49</td>
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</tbody>
</table>

### ICF-DD NURSING RATE

<table>
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<tr>
<th>Accom. Code</th>
<th>4 – 6 Beds</th>
<th>7 – 15 Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>$ 185.68</td>
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<tr>
<td>63</td>
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<td>------</td>
<td>196.41</td>
</tr>
</tbody>
</table>
Authorization for Services

- An LTC authorization is required when the Member:
  - Is a new admission to the facility
  - Has exhausted his/her Medicare benefits
  - Medicare or other insurance denies LTC
  - Is readmitted to LTC from acute care on or after day 8 of “bed hold days”
  - Returns to LTC from approved LOA beyond the approved return date
  - Is newly eligible with GCHP while residing in LTC
  - Changes LOC (ICF to SNF, SNF to ICF, etc.)
UM/CM Review

- UM Coordinator reviews request for Medical Necessity and LOC
- Deferred: to Chief Medical Officer for determination of Medical Necessity
- Approved:
  - Initial admission: 6-month maximum
  - Re-authorization: 1-year maximum
Preauthorization
Treatment Request
Form

Instructions: Preauthorization is required for all elective inpatient hospitalizations and for most procedures and services. Please check your Provider Manual for a listing or call 888-301-1228 for benefit coverage requirements. Note the preauthorization options include the following:

Electronic Requests: www.goldcoasthealthplan.org
Verbal Requests: Call center (888) 301-1228
Written Requests: Gold Coast Health Plan, P. O. Box 9153, Oxnard, CA 93031.
You may also fax to 888-310-3660.

For Out of Network Referrals, please fill out the bottom of this form and attach the Direct Referral Authorization Form.

MEMBER INFORMATION:

Member Name: __________________________ Member ID #: __________________________
Date of Birth: __________________________ Age: __________________________
Sex: Female Male
Primary Address: __________________________
City: __________________________ State: __________________________ Zip Code: __________________________
Primary Phone: __________________________ Secondary Phone: __________________________
Other insurance coverage: __________________________

PROVIDER INFORMATION:

Provider Name: __________________________ License #: __________________________
Provider #: __________________________
Tax ID #: __________________________ NPI #: __________________________
Provider Office Address: __________________________
City: __________________________ State: __________________________ Zip Code: __________________________
Office Phone: __________________________
Person completing form: __________________________ Phone: __________________________ Fax: __________________________

SERVICE/PROCEDURE REQUEST INFORMATION:

Member’s Diagnosis: __________________________ Date of procedure / service: __________________________
Location for service: □ INPT □ Outpatient Surgery □ SNF □ In- Home □ Other
Name of procedure/service: __________________________
ICD 9 Code: __________________________ CPT/HCPCS Code: __________________________
Quantity: __________________________ Duration: __________________________ Estimated In-Pt Length of stay: __________________________

HISTORY/ MEDICAL JUSTIFICATION FOR REQUEST:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
<table>
<thead>
<tr>
<th>Authorizations Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elective Inpatient Hospitalizations</strong></td>
</tr>
<tr>
<td>Acute Care and for Acute Rehabilitation: All elective inpatient admissions must be requested minimally five (5) business days prior to planned procedure/hospital inpatient admission. Please use the Preauthorization Treatment Request Form and provide sufficient clinical information and other relevant information so that there are no delays in obtaining authorization. Emergency inpatient admission requires notification (not prior authorization). Notification must be provided within 24 hours of admission but no later than the first business day following admission. Hospitals are required to notify Gold Coast Health Plan by submitting an &quot;Inpatient Notification Authorization Request&quot; form or faxing the Inpatient Face Sheet to the above fax number.</td>
</tr>
</tbody>
</table>

| **Surgeries** |
| Ambulatory: All outpatient surgical procedures at surgical-centers require prior authorization for payment. Office: Surgeries considered cosmetic in nature and procedures that require greater than $300 in Medi-Cal reimbursement rates. |

| **Long Term Care** |
| All planned admissions to Skilled Nursing Facilities and sub-acute care require prior authorization for payment. |

| **Home Health Care** |
| The first three visits following a hospital discharge do not require authorization. After 3 visits a Preauthorization Treatment Request Form is required with relevant information to justify additional visits with treatment plan. |

| **Outpatient Diagnostic Studies** |
| MRI, CT Scan, PET Scan, Nuclear Medicine Imaging, Transcranial Doppler, Sleep Studies/Polysonography, Lab Testing greater than $100 in Medi-Cal reimbursement rates (see codes following on page 6 and 7). |

| **Renal, Hemodialysis & Peritoneal Dialysis** |
| Initial authorization is limited to 90 days and extensions will be granted only after receipt of Medicare determination. If not eligible for Medicare = FFS. |

| **Phototherapy** |
| For dermatological condition |

| **DME** |
| All equipment, hearing aids, etc. Purchases great than $500; Rental greater than $200 per day |

| **Supplies** |
| Ostomy, incontinence, all other medical supplies will be authorized only upon physician justification for medical necessity greater than $200 per item per month in Medi-Cal reimbursement rates. |

| **Others** |
| Cochlear Implant |
| Dental Anesthesia for children under 21 years of age only. No coverage for dentist. Drugs / Pharmaceuticals: Contact Script Care |
| EPSDT – Early/Periodic Screening, Diagnosis & Treatment Supplemental Services for children under 21 years of age only. Identify & refer to qualifying agency |
| Home Infusion Therapy/TPN/Enteral Feeding |
| Hyperbaric Oxygen Pressurization |
| Non-Emergency Transportation based on setting |
| Nutritional Services including enteral feeding |
| Pain Management Epidural Injections |
| Phototherapy |
| Physical, Occupational, Rehabilitation and Speech Therapies. Medi-reservation = 3 visits/month (no authorization). Podiatric Office Procedures (limit $300 plus supplies in Medi-Cal reimbursement rates) |
| Prosthetics and Orthotics (limit $300 plus supplies in Medi-Cal reimbursement rates) |
| Radiation Therapy |

**NOTE:** All CCS Eligible Conditions are to be immediately referred to CCS. Any questions, please call Gold Coast Health Plan at 1-888-301-1228.
Timeframes & Guidelines

**Routine Requests**

- Determination usually made within 5 business days but *no longer* than 14 business days.
- Decisions are faxed within 1 business day of the decision being made.

**Expedited/Urgent Requests**

- Call or fax request to Health Services Dept.
- Reviewed within 72 hours (3 days) after receipt.
Timeframes & Guidelines

Post Service (retroactive) Authorization Requests

• Must be submitted to GCHP within 30 calendar days of the Date Of Service, *with* an explanation

Retroactive Eligibility

• Must be submitted to GCHP within 60 calendar days from the Member’s (retroactive) effective date
Supporting Agencies

- California Association Hospital Facilities (CAHF)  
  916-441-6400
- California Children’s Services (CCS)  
  805-981-5281,
- Child Health & Disability Prevention (CHDP)  
  805-981-5291
- Ventura County Behavioral Health Department (VCBHD)  
  805-981-6830
- Tri-Counties Regional Center (TCRC) for Developmentally Disabled/Delayed  
  805-485-3177
- Ventura County Public Health Department (VCPHD)  
  805-981-5101
- Ventura County Human Services Agency (HSA)  
  1-888-472-4463