



VHP Valley Health Plan

PROVIDER BULLETIN | **Fall 2022**

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Welcome Dr. Gupta, Medical Director for VHP



We are thrilled to introduce our new medical director, Dr. Nidhi Gupta! She is a board-certified internal medicine physician and an American Board of Lifestyle Medicine (ABLM) diplomate. She moved to California from the East Coast in 2009 and was a Medical Director at UnitedHealthcare for 10 years before coming to VHP. Dr. Gupta also previously served as a provider at North East Medical Services (NEMS), one of our contracted federally qualified health centers, caring for underserved populations.

Dr. Gupta will be working closely with our Chief Medical Officer, Dr. Ghislaine Guez, to provide leadership and direction for case management, utilization management, clinical quality management, and strategic improvement functions.

Dr. Gupta has a strong background in lifestyle medicine, which involves therapeutic interventions to prevent, treat, and reverse chronic illnesses, such as diabetes, hypertension, and obesity. She will be working to expand the comprehensive diabetes care for our population, focusing on increasing health education outreach to members and improving access to the Diabetes Prevention Program.

When we asked Dr. Gupta about the future vision for VHP, she shared some overarching goals. We want VHP to be one of the leaders in providing quality health care, and we want to increase our engagement with the provider community. As we continually strive to improve our National Committee for Quality Assurance (NCQA) and Healthcare Effectiveness Data and Information Set (HEDIS) measures, we share the responsibility with our providers in identifying gaps, recognizing care opportunities, and developing measures to intervene on health disparities. We understand the need to increase our access to specialties and are dedicated to expanding our network, especially behavioral health services.

Dr. Gupta further revealed one of VHP's other priorities for 2023. "As we prepare to launch Epic Tapestry early next year, we hope to improve the quality and efficiency of our system and enhance the experience for both providers and members. It requires a bi-directional process that's seamless, and that's what we are hoping we'll establish with Epic," Dr. Gupta said.

Important CPT Code Updates

Update to Evaluation and Management (E&M) Codes Submission

Please be advised that it is no longer necessary to request multiple E&M Current Procedural Terminology (CPT) codes at various levels of care, prior to a patient visit. If any E&M code is approved, the claim will be processed regardless of the final E&M code entered on the claim. CPT codes entered on claims must still accurately describe the level of service provided at the visit and be supported by clinical documentation.

Important Information Related to Telehealth From CMS

Service (POS) Codes for Telehealth MLN Matters Number: MM12427

Related Change Request (CR) Number: 12427
Effective Date: January 1, 2022
Implementation Date: April 4, 2022

Provider Types Affected

This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for telehealth services they provide to Medicare patients. [MM12427 - New/Modifications to the Place of Service \(POS\) Codes for Telehealth \(cms.gov\)](#)

Provider Action Needed

CR 12427 provides updates to the current POS code set by revising the description of existing POS code 02 and adding new POS code 10. Ensure your billing staff is aware of the updates.

Background

The POS code set provides setting information necessary to pay claims correctly. At times, the health care industry has a greater need for specificity than Medicare. While Medicare does not always need this greater specificity to appropriately pay claims, it adjudicates claims with the new codes. This eases coordination of benefits and gives other payers the setting information they need. The POS Workgroup is revising the description of POS code 02 and creating a new POS code 10 to meet the

overall industry needs, as follows:

1. POS 02: Telehealth Provided Other than in Patient's Home

Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

2. POS 10: Telehealth Provided in Patient's Home

Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is in their home (which is a location other than a hospital or other facility) when receiving health services or health related services through telecommunication technology.

Medicare has not identified a need for new POS code 10. Our Medicare Administrative Contractors will instruct their providers to continue to use the Medicare billing instructions for Telehealth claims in Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 190.





appropriate level of care and providers. The Behavior Health Case Management team can be reached at VHPCaseMgmt@vhp.sccgov.org or **1.408.885.2600**.

Improved Behavioral Health Access

As of January 1, 2022, VHP no longer requires prior authorization for outpatient behavioral health visits with contracted providers, except for services provided at Stanford and Lucile Packard. This change includes counseling and therapy visits rendered by in-network psychiatrists. Prior authorization is required for outpatient behavioral health visits with Lucile Packard and Stanford.



Mid-Level Behavioral Health Provider Rate Increase

VHP has changed reimbursements for mid-level behavioral health providers treating Medi-Cal members.

Effective date: 1/1/2022
Applicable programs: Medi-Cal

Rate Increase

There are two levels of rates in the Medi-Cal Fee Schedule identified by proc type Q & N. VHP is now allowing mid-level providers to select the N proc type.

Claims for dates of service on or after 1/1/2022 for mid-level providers will be allowed to be reimbursed at the N proc type.

Case Management – Behavioral Health

As the demand for behavioral health care is at an all-time high, VHP continues to expand our behavioral health network to meet our members’ needs. Identifying the appropriate level of care and correct provider in a timely manner can be difficult. VHP now has a Behavioral Health Case Management team to assist you and VHP members in identifying the

Get Certified for Adverse Childhood Events (ACEs)

California is leading the way to screen for Adverse Childhood Events (ACEs) that impact health and well-being. VHP will reimburse for ACE screening. ACEs Aware (<https://www.acesaware.org/learn-about-screening/training/>) provides free training and a link to Medi-Cal attestation.

Medi-Cal codes:	Commercial codes:
HCPCS: G9919	99420
HCPCS: G9920	96161

VHP will reimburse for ACEs for all VHP members. Get trained and certified now!

Medical Record Review

After pausing the primary care physician medical record review audits in response to the COVID-19 pandemic in March 2020, VHP's Quality Management (QM) Department resumed audits in the spring and summer of 2022. QM staff is following the same audit process used in the past. VHP is selecting primary care physicians to coordinate with annual re-credentialing.

A QM representative will contact you or your clinic representative to schedule an electronic or onsite audit. A minimum of 30 days' notice will be given prior to the audit. The QM team is completing audits electronically when possible. However, onsite audits are still available. As part of the audit process, a confirmation letter with the date and time, the medical record audit tool and the guidelines will be sent prior. The medical record audit tool and guidelines are also available on the VHP website:

<https://bit.ly/3OdWbTX>.

If you have any questions, please email: VHPQMImprovement@vhp.sccgov.org.



Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) Changes

VHP implemented changes to requirements for claims billed by physical therapy, occupational therapy and speech therapy providers. To ease the process for patients and providers, no prior authorization is required for the first 12 visits in a calendar year.

Effective date: 11/1/2021

Applicable programs: Covered California/ Individual and Family Plan, Commercial Classic/Preferred and Medi-Cal

Limits: Medically necessary treatment

Prior Authorization: For contracted

providers (tertiary or quaternary / specialized care providers not included), the first 12 visits per calendar year do not require prior authorization. Starting with the 13th visit in a calendar year, prior authorization is required and will be reviewed based on medical necessity.

Coding: Within the scope of practice. Must use Medi-Cal valid billing code for Medi-Cal members.

Member Cost Share: For Commercial Classic/ Preferred and Covered California/Individual and Family Plan member deductibles, coinsurance and copayments may apply. This information is contained in the Summary of Benefits/Evidence of Coverage documentation.

Acupuncture and Chiropractic Update

VHP has implemented changes to requirements for claims billed by acupuncture and chiropractic providers. To ease the process for patients and providers, no prior authorization is required for the first 12 visits in a calendar year.

Effective date: 8/1/21

Applicable programs: Covered California/ Individual and Family Plan, Commercial and Medi-Cal

Limits: VHP is allowing 24 visits per calendar year. There are no age or diagnosis limits. For Medi-Cal members, the two-visit-per-month limit is no longer applicable.

Prior Authorization: For contracted providers, the first 12 visits do not require prior authorization. Starting with the 13th visit, prior authorization is required.

Acupuncture

Coding: Reimbursable codes include the following: 97810, 97811, 97813, 97814. Any other services billed including office visits, x-rays and therapies, will not be reimbursed and may be denied.

Member Cost Share: For Covered California/ Individual and Family Plan and Commercial members, deductibles, coinsurance and copayments may apply. Deductibles, coinsurance and copayments can be \$0 (no charge). Refer to the Summary of Benefits/

Evidence of Coverage documentation for amounts.

Chiropractic

Coding: Reimbursable codes include the following: 98940, 98941, 98942, 98943. Any other services billed including office visits, x-rays and therapies will not be reimbursed and may be denied.

Member Cost Share: For Commercial members, copayments may apply. Refer to the Summary of Benefits/Evidence of Coverage documentation for amounts.

Note: Chiropractic services are not included for Covered California/Individual and Family Plans.

VHP Health Insurance Coverage Updates

What's New in Medi-Cal? Medi-Cal Older Adult Expansion

Effective May 1, 2022, adults aged 50 and over are eligible for full-scope Medi-Cal regardless of their immigration status. This means they will have access to services including primary care, pharmacy, behavioral health, vision, dental and more.

People who are not currently enrolled in Medi-Cal and meet eligibility requirements may apply by completing an application online at [Covered California Website](#).

Adults who were enrolled in restricted-scope Medi-Cal because of their immigration status will automatically transition to full-scope Medi-Cal. They will receive a packet in the mail from Health Care Options prompting them to choose a managed care health plan and primary care provider. Ensure they have the appropriate information to select you so they can continue to receive care from you.

Pregnancy and Postpartum Coverage

Previously, Medi-Cal offered coverage during pregnancy and up to 60 days after giving birth for those who otherwise did not qualify for Medi-Cal. As of April 1, 2022, individuals who are eligible for pregnancy and postpartum services under Medi-Cal will be able to retain that coverage for up to 12 months.

Medi-Cal Redeterminations

The Public Health Emergency (PHE) declared in January 2020 is expected to be ending soon.

Under the PHE, annual redeterminations for Medi-Cal eligibility were suspended so that everyone could maintain health coverage throughout the COVID-19 pandemic. While the suspension was expected to expire in October 2022, it is now anticipated to expire at some point in 2023. As the managed care health plans, Social Security Administration (SSA), and Department of Health Care Services (DHCS) prepare for the lifting of this suspension, it is important to ensure that beneficiaries' information is up to date so that they receive all communications.

Over the 12 months following the conclusion of the PHE, DHCS will verify approximately 75,000 beneficiaries each month based on when they would have been eligible for redetermination if the PHE had not been implemented. You can help by:

- spreading the word about the upcoming restart of redeterminations and confirming if a notice has been received
- becoming a DHCS Coverage Ambassador [Join the DHCS Coverage Ambassador mailing list](#)
- verifying your patients' contact and mailing information

Patients can report any changes to their name, address, phone number or email address by contacting their local county SSA office via phone, in-person, email or online at: www.mybenefitscalwin.org.

Qualifying Life Events Happen, Are Your Patients Ready for Them?

At times when open enrollment is not available for your patients, they may be eligible for Special Enrollment. During Special Enrollment, applicants must have a Qualifying Life Event to change coverage or enroll in a new plan.

Special Enrollments require proof of a Qualifying Life Event within 60 days to enroll in new coverage or amend coverage. Events such as having a baby, moving to a new city, or losing employer coverage may qualify patients for Special Enrollment. Unfortunately, getting sick or in an accident is not a qualifying event, so it is important for patients to avoid gaps in coverage.



As a VHP Provider serving Covered California members, your patients are off to a great start. Covered California members are saving more than ever with VHP. If your patient experiences a change of income, it is important to report that change to Covered California within 30 days. Changes to income or household size may affect eligibility – resulting in a Qualifying Life Event. If your patient’s family is expanding or if they have high medical needs, switching to the silver or gold plan could potentially save them money over the course of the year.

The State of California requires everyone to have health insurance coverage year-round. Those uninsured may be subject to penalties unless they qualify for an exemption.

Our team is happy to help your patients review options and update coverage if they qualify for a Special Enrollment. For assistance, contact a VHP Broker or the VHP Sales team by emailing: BrokerRelations@vhp.sccgov.org or calling **1.408.885.3560**.

Santa Clara County Offers Healthcare Solutions



If you have patients who are not covered by health insurance they may be eligible for the Primary Care Access Program (PCAP). PCAP provides health coverage for primary care, preventive care, pharmacy and some diagnostic services for adults who live in Santa Clara County, are uninsured and have low to medium income. The Board of Supervisors in 2021 voted to increase the eligibility to 400% of the federal poverty limit, which means medium-income individuals may be eligible if they have no other insurance options.

Who is Eligible for PCAP?

- Age 19 or older
- Resident of Santa Clara County
- Household income less than or equal to 400% of the Federal Poverty Level
- Not eligible for and not currently covered by insurance including:
 - Other health insurance coverage
 - Full Scope Medi-Cal coverage
 - Covered California or Covered California subsidies
 - Employer-sponsored health insurance or dependent care coverage
 - Individual and Family Plan
 - Medicare

How Patients Can Apply for PCAP

Patients may determine if they are eligible to enroll in PCAP by applying in-person, calling Patient Access at 1-866-967-4677 or by scheduling appointments at participating clinics:

Participating Hospitals and Clinics

- AACI - Asian American for Community Involvement
- BACH – Bay Area Community Health
- GFHN - Gardner Family Health Network
- Indian Health Center of Santa Clara Valley
- EVCC -East Valley Community Clinic dba Mar Monte Community Clinic
- NEMS - North East Medical Services
- PPM - Planned Parenthood Mar Monte
- Ravenswood Family Health Network
- Roots Community Health Center
- School Health Clinics of Santa Clara
- Valley Health Centers
- County of Santa Clara Health System
 - Santa Clara Valley Medical Center
 - O'Connor Hospital
 - St Louise Regional Hospital

MedAssist Grant Program Offers Financial Assistance

Do you have patients with a current prescription for one of the following medications?

- Insulin
- Asthma Inhaler
- Epinephrine auto-injector

If so, they may qualify for grant assistance, even if their income is too high for other programs and even if they did not pay out-of-pocket costs for these prescriptions. VHP is partnering with the County of Santa Clara, to bring awareness to residents who may benefit from this County-sponsored program.

To apply, patients must be residents of Santa Clara County, have valid prescriptions and meet income eligibility requirements. Patients can sign up here: www.scvmc.org/medassist.

Provider Relations Team



Mary J. Del Plato
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- Buncke Clinic
- Clinica de Salud
- El Camino – Los Gatos
- El Camino – Mountain View
- Lucile Packard
- Natividad Medical Center (NMC)
- San Benito Medical Associates (SBMA)
- Hazel Hawkins Hospital
- Stanford Medical Center
- Sutter (PAMF & SGMF)
- Silicon Valley Medical Development (SVMD)
- Urgent Care



Vivian Than
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- Acupuncture
- Anesthesiology
- Audiology
- Chiropractors
- Individual Contracted Provider
- BASS Medical Group
- NCPN (aka NCAMG)
- Physicians Medical Group of San Jose (PMGSJ)
- SNF/Home Health



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- Occupational Therapy
- Speech Therapy
- Mental Health
- Fremont Hospital
- Radiology Centers
- Durable Medical Equipment (DME)
- Prosthetics/Orthotics
- School Health Clinic
- SCCIPA
- Pathology
- Labs
- Dialysis- Satellite: DaVita



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- O'Connor Hospital
- St. Louise Regional Hospital
- Santa Clara Valley Medical Center (SCVMC)
- Asian Americans for Community Involvement (AACI)
- Foothill/Tri Cities/ BACH
- Gardner Health Center
- Indian Health Centers
- North East Medical Services (NEMS)
- Planned Parenthood
- Ravenswood/ MayView/Roots
- Surgery Centers
- Plastic Surgery Institute

Welcome Our New Provider Relations Team Members!



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Confidentiality of Medical Information Act Changes



Changes to the California Confidentiality of Medical Information Act

This notice pertains to changes to the California Confidentiality of Medical Information Act (CMIA; [California Civil Code 56 et seq.](#)) as amended by State Assembly Bill 1184 (2021) and based on guidance by the California Department of Managed Health Care (DMHC; see [DMHC APL 22-010](#) for further details).

Based on these changes to the CMIA, Valley Health Plan providers must:

1. NOT require a protected individual to obtain the primary subscriber or other enrollee's authorization to receive sensitive services or to submit a claim for sensitive services if the protected individual has the right to consent to care.
2. Direct communications regarding a protected individual's receipt of sensitive services in the manner of their choosing to protect privacy. These communications include any bills or other attempts by providers to collect payment.
3. Honor any requests for confidential communication within seven calendar days (if the request was received by phone or email) or within 14 calendar days (if received by mail).
4. NOT disclose any medical information related to the sensitive services to ANYONE (INCLUDING the PRIMARY SUBSCRIBER) without the expressed written consent of the protected individual. *Protected individual* is defined as any adult covered by the subscriber's health care service plan or a minor who can consent to a health care

service without the consent of a parent or legal guardian, pursuant to state or federal law. "Protected individual" does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code ([California Civil Code section 56.05\(l\)](#)).

Sensitive services are defined as all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and includes services described in Sections [6924](#), [6925](#), [6926](#), [6927](#), [6928](#), [6929](#), and [6930](#) of the Family Code, and Sections [121020](#) and [124260](#) of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section ([California Civil Code section 56.05\(n\)](#)).

Valley Health Plan will update its provider orientation material and its Provider Manual to reflect these changes.

COVID-19 Testing, Vaccinations and Therapeutics

No Prior Authorization Required

No prior authorization is required for COVID-19 diagnostic and screening testing and for related health care services for granted emergency use authorization by the federal Food and Drug Administration. Covered testing includes members who:

- have symptoms of COVID-19
- have recent known or suspected exposure to SARS-CoV-2
- are asymptomatic and do not have recent known or suspected exposure to SARS-CoV-2 if the COVID-19 test reflects an "individualized clinical assessment." (All Plan Letter 22-014)

For details, visit: [APL 22-014 - SB 510 COVID-19 Testing and Vaccination Coverage Guidance \(ca.gov\)](#)

In addition, no prior authorization is required for COVID-19 therapeutics for VHP members who test positive.