



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

# Provider Operations Bulletin

JULY 2015

25

# Table of Contents

SECTION 1: Executive Management Team Update ..... 3

SECTION 2: “ICD-10, Changing the Billing Landscape” A Town Hall Discussion and Informational Session ..... 3

SECTION 3: ICD-10 Coding and Quality Reporting ..... 4

SECTION 4: Provider Portal Reminder ..... 5

SECTION 5: GCHP Provider Portal and the HIPAA Privacy Rule ..... 6

SECTION 6: Preauthorization Treatment Request Form ..... 6

SECTION 7: Updates to the Gold Coast Pre-Authorization Requirements ..... 6

SECTION 8: Monitor Blood Levels for Patients on Digoxin, Ace Inhibitors and Diuretics ..... 7

SECTION 9: Focus on Childhood Lead Poisoning Prevention and Screening ..... 7

SECTION 10: VC Children’s Oral Health Collaborative ..... 9

SECTION 11: Fight Antibiotic Resistance ..... 9

SECTION 12: Opioid Use..... 10

SECTION 13: Prior Authorization Process..... 10

SECTION 14: Balance Billing ..... 11

SECTION 15: Crossover Claims for Dual Eligible Members..... 11

SECTION 16: Access and Availability ..... 12

SECTION 17: Non-Emergency Medical Transportation (NEMT) Requests ..... 12

SECTION 18: Health Education Resources, Events and Updates ..... 14

SECTION 19: Check PCP Assignment ..... 15

SECTION 20: Consumer Advisory Committee is Seeking a Beneficiary Member ..... 15

SECTION 21: Member Benefit Information Meetings ..... 15

SECTION 22: For Immediate Release ..... 16

# Executive Management Team Update

Gold Coast Health Plan (GCHP) welcomed two new leaders to its executive management team.

After a nationwide search, the Ventura County Medi-Cal Managed Care Commission (VCMMCC) named Dale Villani as GCHP's chief executive officer. Mr. Villani has more than 34 years of operations experience in managing large health care and business transaction activities. Most recently, he served as chief operating officer of Arizona Priority Care, which is affiliated with Heritage Provider Network in Phoenix, Ariz. A retired lieutenant colonel in the U.S. Air Force's Medical Services Corps, Mr. Villani joined GCHP in June.

One of Mr. Villani's first courses of business was to hire a new chief financial officer. He selected Patricia Mowlavi. Ms. Mowlavi joins GCHP with more than 20 years of experience in managed health care. For seven years she worked as the senior director of accounting and financial services at L.A. Care Health Plan, the nation's largest publicly operated health plan. Prior to her work there, she spent nearly 10 years as the finance director of Blue Shield of California in Woodland Hills. Ms. Mowlavi's first day is July 28.



## “ICD-10, Changing the Billing Landscape” A Town Hall Discussion and Informational Session

GCHP is pleased to announce two upcoming “ICD-10, CHANGING THE BILLING LANDSCAPE” informational sessions. Each of these sessions will inform and educate providers on how the change to ICD-10 codes will affect how they bill for services provided and how they will be compensated for those services.

Beginning October 1 and beyond, claims will need to be submitted utilizing a new and improved international standard of coding. Prior to October 1, providers should submit claims using the current ICD-9 coding methodology. For claims with dates of service beginning October 1, the claim(s) will

need to include the required ICD-10 code(s) and no longer use ICD-9. If the claim submitted on or after October 1 does not include the appropriate ICD-10 code, the claim will be denied and the provider will not be paid. It is extremely important that providers correctly bill utilizing ICD-10 codes in order to be paid timely and accurately for dates of service as of October 1.

To better assist our providers during this transition, GCHP has scheduled informational sessions (see dates below). Please register on the GCHP website or contact us by email with the date(s) the provider and/or office staff will be attending.

**DATES/LOCATIONS:**

**August 17 & August 20**  
 Ventura County Health Services  
 2240 E. Gonzales Rd., Suite 200  
 Oxnard, CA 93036  
 12:30 – 2 p.m.

Click on the following dates to register for the [August 17](#) or [August 20](#) meeting.

As seating is limited, we recommend that you register as soon as possible.

If you have any questions or concerns, please call GCHP Customer Service at 1-888-301-1228 or email GCHP Network Operations at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).



## ICD-10 Coding and Quality Reporting

The maintenance of complete and accurate medical records is a requirement of all healthcare providers since they are the primary source for patient care planning. High quality documentation provides an accurate history of clinical care provided, promotes better patient care, provides more accurate capture of the acuity, severity and risk of mortality and improves accuracy of quality reporting.

Effective October 1, ICD-9 diagnosis and procedure codes will be replaced with ICD-10 diagnosis and procedure codes. ICD-10 codes will improve the level of specificity for capturing a patient's condition and treatment, which will result in improved data for assessing patient severity, the quality of care received, and patient outcomes. It is important for clinicians to understand the changes to the ICD-10 coding structure so they can provide a greater level of detail in their clinical documentation which will facilitate more accurate code assignment and improve the accuracy of quality reporting.

### Examples of How ICD-10 Will Improve Capturing the Details of Clinical Care

- ICD-10 Diagnosis Codes
  - » The volume of diagnosis codes will increase and include more characters to capture the etiology, anatomical site, and severity of illness.
    - ICD-9 Diagnosis Codes: 14,000 codes with 3-5 characters
    - ICD-10 Diagnosis Codes: 70,000 codes with 3-7 characters
  - » ICD-10 diagnosis codes will include:
    - Combination codes for symptoms and manifestations
    - Additional character to identify laterality
    - Additional character to identify episode of care
    - Inclusion of trimester in obstetric codes
- ICD-10 Procedure Codes
  - » The volume of procedure codes will increase and include more characters to capture the body system, root operation, body part, approach and device used in a procedure.
    - ICD-9 Procedure Codes: 3,000 codes with 2-4 characters
    - ICD-10 Procedure Codes: 87,000 codes with 7 characters

- » ICD-10 procedure codes will include:
  - Encounter type (e.g. initial, subsequent)
  - Weeks of gestation
  - Severity
  - Etiology
  - Current vs. past condition
  - Dominant vs. non-dominant



[Click here](#) for more information on ICD-10.

## Provider Portal Reminder

Health Services has been receiving incomplete Provider Portal requests. Please remember to complete the Ordering Provider and Authorized Provider fields when entering requests through the portal. See instructions and form examples below:

### Physician Info:

This information is automatically populated based on your login. If your login is associated with multiple physicians, the associated physicians are listed in the dropdown menu for Physician ID. Choosing a physician from the menu populates the rest of the information in the ordering provider section.

### Provider Info:

If the ordering provider is associated with more than one provider, the details are reflected in the drop down menu and by choosing the required Provider ID, the system populates the remaining details.

Ordering Providers						
	ID	Name		Tax ID	NPI	Taxonomy
Physician info	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider info*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Authorized Providers:

Completing this section is mandatory if the Ordering Provider is not the PCP of the member OR Service Type = Other and Other (Provider). All fields are automatically populated based on the information you enter.

- a. Physician info: Type the ID or the physician's name in the ID field.
- b. Provider info: Type the ID or the first few letters of the last name of the Provider. If a physician is associated with more than one provider, the drop-down menu lists all of the associated providers. Selecting a provider automatically populates the remaining fields.
- c. Facility Info: Type the ID or facility name. Select an ID from the list presented to auto-populate the remaining fields.

Authorized Providers					
	ID	Name			
Physician info	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coverage Pool	<input type="text"/>
Provider info	<input type="text"/>	OR	<input type="text"/>	<input type="text"/>	
Facility info	<input type="text"/>	<input type="text"/>			

Additional information for the Provider Portal can be found in the [Provider Web Portal User Guide](#) located on the GCHP website.

# GCHP Provider Portal and the HIPAA Privacy Rule



In the first quarter of 2015, GCHP's membership has grown to more than 188,000. With that increase in membership, providers need a fast and reliable method for submitting authorizations, obtaining claims inquiries and checking on member eligibility.

The GCHP Provider Portal is quickly becoming the method of choice for the vast majority of providers. Claims and eligibility issues have always been a very popular feature when it comes to the portal; however, access to the information on the Portal must remain limited to those who require the personal information of GCHP members.

The number of new registrations to gain access to the portal has also grown. This number reflects new providers coming on board as well as current providers who may have had staffing changes. After you and your staff have access to the portal, it is your responsibility to inform GCHP

of all changes to those in your office or practice that should have access to the portal. This is important to prevent ex-employees, or those whose access to such information is no longer required, from accessing personal information on patients who are being treated in your office or practice.

It is a HIPAA Privacy Rule requirement that all information regarding a patient remain confidential. There can be substantial fines and penalties imposed on any individuals who access a patient's confidential medical information without the proper authority. To protect your practice from any HIPAA Privacy Rule violations, please review frequently the list of people in your office or practice who should have access to the GCHP Provider Portal and report any changes immediately to GCHP by contacting our Customer Service department at 1-888-301-1228 or email GCHP Network Operations at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

## Preauthorization Treatment Request Form

The Preauthorization Treatment Request Form was revised in January 2013. Please make sure to use the correct version of the form when submitting requests for preauthorization. [Click here](#) to access the form.

## Updates to the Gold Coast Pre-Authorization Requirements

GCHP continues to evaluate and monitor the services that require pre-authorization. As a result, the following changes are being made and will become effective July 22:

The following PET scan codes will require authorization:

Procedure codes 78800 through 79999

**78800**  
through  
**79999**

# Monitor Blood Levels for Patients on Digoxin, ACE Inhibitors and Diuretics

It is recommended that patients on certain medications have monitoring of laboratory values on a periodic basis. This monitoring recommendation is made for patients on digoxin, ACE inhibitors and diuretics.

Yearly laboratory monitoring for members on these drugs is included in the HEDIS Measures. In past years, GCHP has done well on these measures; however, in the 2015 HEDIS

Survey, the Plan failed to achieve the 25th percentile required by the Department of Health Care Services.

It is good medicine to monitor your patients on digoxin for their blood level of digoxin in addition to measuring the creatinine, and electrolytes. Also, for patients on ACE inhibitors and diuretics, it is recommended that the creatinine and electrolytes are measured on a yearly basis.

# Focus on Childhood Lead Poisoning Prevention and Screening

Lead poisoning is still an environmental health problem facing many children, including those in Ventura County. Some think that lead poisoning is a problem that disappeared decades ago – along with leaded gasoline or lead-based paints – but lead can be found everywhere in our environment. The problem persists in approximately 450,000 children in the United States. Between 2011 and 2014, approximately 1,000 children were found to have elevated blood lead levels (EBLL) in Ventura County.

No level of lead in the body is known to be safe. Even a blood lead level of less than 5 mcg/dL can have adverse effects. Health care providers need to continue to be concerned about lead poisoning. As the primary source of anticipatory guidance for prevention of childhood lead exposure, HCPs play a vital role by providing education to families with young children about lead poisoning testing, risks and prevention.

## Who should worry about lead poisoning?

Children under six years old and fetuses are at the greatest risk of harmful health effects from lead poisoning.

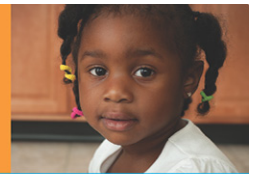
- Their brains and nervous systems are still forming.
- They frequently crawl on floors or furniture contaminated with lead dust and put their hands or other objects in their mouths.
- More of the lead that gets into their mouth is absorbed by their bodies.
- Much of the lead is stored in their bones.
- Lead can be measured in their blood and remains in their bodies for a long time.

## How does lead harm a child?

- Lead can lead to a low blood count (anemia).
- Small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

### How safe is your child?

More than half a million U.S. children are now believed to have lead poisoning. A child can have lead poisoning and not look or act sick. Lead hurts a child's brain and causes problems that can't be reversed.



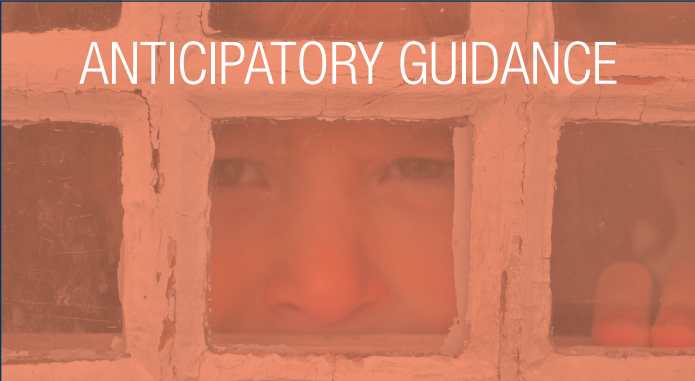

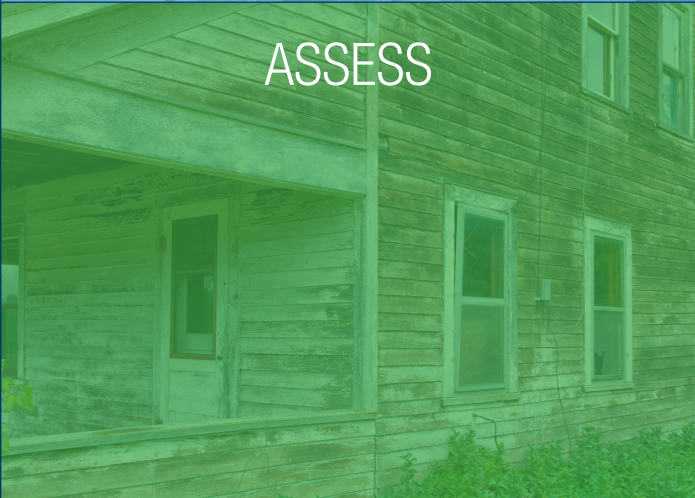
## Lead Poisoning Prevention

Primary treatment for all blood lead levels (BLLs) is prevention of lead exposure and timely and effective reduction of any exposure that may have occurred. In addition to long-known sources of lead exposure (lead-contaminated paint, dust and soil), other potential sources are being recognized. The Ventura County Childhood Lead Poisoning Prevention Program offers ongoing coordination with medical providers for effective follow-up of lead exposed children, blood lead finger stick training, clinic in-service, community outreach, and case management.

California has mandated a standard of care for the medical management of lead-exposed children which requires anticipatory guidance and BLLs at specified times.

California State regulations require health care providers to provide primary prevention of lead exposure through anticipatory guidance at each CHDP well-child exam starting at 6 months of age through 72 months of age and routine blood lead testing at 1 and 2 years of age for all children in publicly supported programs including Medi-Cal, GCHP, CHDP, CalFresh and WIC.

Guidelines on Childhood Lead Poisoning for California Health Care Providers Standard of Care  
Regulations for California Providers Caring for Children 6 months to 6 years

 <p>ANTICIPATORY GUIDANCE</p>	<p>At each periodic assessment from 6 months to 6 years, give oral or written Anticipatory Guidance to a parent or guardian, including, at a minimum:</p> <ul style="list-style-type: none"> <li>• Children can be harmed by lead.</li> <li>• Children are particularly at risk of lead poisoning from the time they begin to crawl until 72 months of age.</li> <li>• Children can be harmed by deteriorating or disturbed paint and lead-contaminated dust.</li> </ul>
 <p>SCREEN (blood lead test)</p>	<ul style="list-style-type: none"> <li>• Children in publicly supported programs* at both 12 months and 24 months.</li> <li>• Children age 24 months to 6 years in publicly supported programs* who were not tested appropriately.</li> </ul> <p>* Publicly supported programs include Medi-Cal, CHDP, Healthy Families, and WIC.</p>
 <p>ASSESS</p>	<ul style="list-style-type: none"> <li>• If the child is not in publicly supported program:             <ul style="list-style-type: none"> <li>» Ask: “Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?” Blood lead test if the answer is “yes” or “don’t know.”</li> </ul> </li> <li>• If a change in circumstances has put the child at risk of lead exposure.</li> <li>• <i>Other indications for a blood lead test:</i> <ul style="list-style-type: none"> <li>» Parental request.</li> <li>» <i>Suspected lead exposure (see possible sources of lead exposure).</i></li> <li>» <i>History of living in or visiting a country with high levels of environmental lead.</i></li> </ul> </li> </ul>



# VC Children's Oral Health Collaborative

## *Building Healthy Smiles Centralized Dental Referral Line*

Since its inception in 2011, the VC Children's Oral Health Collaborative has been very active in addressing oral health concerns since many different agencies started working together.

In order to address challenging issues on access to dental care, the collaborative has – with a grant from the Kaiser Foundation – initiated the development of the county's first centralized dental referral line. Providers can refer their clients with dental treatment challenges to be connected with a dental provider for treatment.

Under the leadership of Santa Barbara Ventura Dental Foundation, this centralized referral line hopes to ease concerns with access to oral health care – especially for those needing acute dental treatment.

Providers can request the [Dental Treatment Referral Form](#) through VC Oral Health Collaborative partner organizations like United Way, SBV Dental Foundation, First Five Ventura County, and Public Health CHDP. For additional questions, please call the Oral Health Coordinator at 1-805-427-2634, or the CHDP administration line at 1-805-981-5291.



## Fight Antibiotic Resistance

According to the CDC, antibiotic resistance is one of the world's most pressing public health threats. Of the patients receiving antibiotics, half of them receive unnecessary therapy, resulting in the overuse of antibiotics. In the ambulatory setting, antibiotics are frequently prescribed unnecessarily for upper respiratory tract infections of viral origin.

Clinical findings alone do not adequately distinguish Strep versus non-Strep pharyngitis since signs and symptoms overlap too broadly. Most pharyngitis cases are viral in nature. Conjunctivitis, cough, rhinorrhea, diarrhea and absence of fever are uncommon with group A strep.

To avoid antibiotic resistance:

- Treat only proven group A strep. A group A strep test (rapid antigen detection or throat culture) is the definitive test of group A strep pharyngitis.

- Acute bronchitis – antibiotics are not indicated in patients with uncomplicated bronchitis.
- Upper Respiratory Infection – antibiotics are not indicated. However, patients often present expecting some treatment. Discourage antibiotic use and explain appropriate non-pharmacologic treatment.

Guideline summaries and informational materials for members are available through:

### Centers for Disease Control and Prevention

[Get Smart: Know When Antibiotics Work](#)

[Pediatric Treatment Recommendations](#)

[Adult Treatment Recommendations](#)

[Alliance Working for Antibiotic Resistance Education](#)

## Opioid Use

The use of opiates for chronic conditions continues to be a concern by the medical, law enforcement, and legislative communities. The state legislature is currently considering requiring providers to consult the Controlled Substance Utilization Review and Evaluation System (CURES) database before prescribing controlled medications.

Fatal overdoses in Ventura County were the topic of a June 6 article in the Ventura County Star. In 2012, the most recent year for which statistics were available, there were 103 deaths in the county from fatal overdoses. Of those, 43 were from heroin overdoses; the rest were from other drugs, many of which were prescribed medications.



Substance use and abuse pose significant problems to Medicaid and GCHP member populations.

In May, the No. 1 prescribed medication for GCHP members was Hydrocodone/APAP. It's followed by narcotic analgesics, which closely trail anti-diabetic medications in the number of prescriptions (7500 vs. 7079).

We would like to make our providers aware of a resource on the Medical Board of California's website. It is titled "[Guidelines for Prescribing Controlled Substances for Pain](#)".

This set of guidelines, published in November, has valuable information and tools that can be used for evaluating patients with pain who may be candidates for pain medications. Please take the time to review this resource and consider incorporating some of the tools included in the guideline.



## Prior Authorization Process

GCHP employs the following types of formulary utilization management edits:

- **Prior Authorization:** Approval will be needed from GCHP before the medication can be covered.
- **Quantity Limit:** This limits the amount of drug that GCHP will cover.
- **Step Therapy:** GCHP requires that certain drugs to treat the condition are tried before another drug for that condition can be covered.

All drugs that have a limit or require authorization are listed on the formulary. [Click here](#) to access the List of Covered Drugs.

In order to exceed the quantity limit, bypass the step therapy, or get authorization, a prior authorization must be completed by the prescribing physician. GCHP's Pharmacy Benefits Manager (PBM), Script Care LTD., handles the prior authorization process. Below are the steps taken to complete a prior authorization:

- The member goes to the pharmacy with a prescription.
- The pharmacy processes the prescription that is rejected for one of the above reasons.
- The pharmacy informs the MD that an authorization is necessary.
- The MD contacts Script Care LTD. At 1-888-531-0998 to start the prior authorization process.
- Script Care LTD. faxes a blank prior authorization form to the MD.
- The MD completes the form and faxes it back to Script Care LTD, at 1-888-392-4890.
- Script Care LTD. receives the completed authorization request form.

- The authorization request form is reviewed for compliance with the formulary guidelines and is approved or denied.
- The MD and pharmacy receive faxes documenting the outcome of the request as approved or denied within one business day of receipt of the completed form.
- The member receives a letter, if denied, with the outcome and reason for denial.

Tips to help the prior authorization process work smoothly:

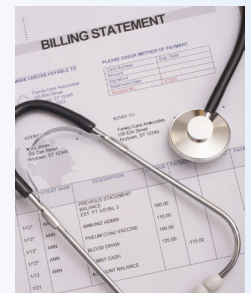
- Ensure that the form is completed and is signed by the physician.
- Ensure that the writing is legible.
- Ensure that a diagnosis is listed.
- List all prior tried-and-failed medications; state doses, dates, and outcomes.
- List common drugs that might be used to treat the condition that are contraindicated in the member and state why.
- List all pertinent medical information such as allergies, co-morbid conditions, etc. that affected the selection of the particular drug product.
- Include chart notes, lab values/results, etc. to further document the medical necessity of the drug product requested.

## Balance Billing

As a reminder to all providers and vendors of Medi-Cal Covered Services:

- Regulatory requirements prevent you from directly requesting payments from Medi-Cal enrolled members for services or treatments.
- You have contractually agreed to seek and receive payments from GCHP; never from a Medi-Cal Member.
- Roughly one percent of all Medi-Cal enrollees may be enrolled as a Share of Cost (SOC) Medi-Cal member. In those cases, you will need to access the Medi-Cal website to determine whether that SOC member has satisfied their monthly out-of-pocket amount. If the GCHP Member is a SOC member and you submit

a CMS 1500 form, please add the amount the patient is responsible for in boxes 10D and 29. If you are a facility submitting a UB04 claim form please place the information in boxes 39 through 41.



Directly billing a Medi-Cal enrollee may impact your ability to participate in the GCHP network. If you have any questions regarding billing of Medi-Cal members enrolled with GCHP, please email Network Operations at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

## Crossover Claims for Dual Eligible Members

For providers electronically billing Medicare Part B Medi-Medi Crossover claims, GCHP began accepting electronic Crossover Claims for Dual Eligible Members (Medi-Medi) for Medicare Part B claims with dates of service on and after April 1.

As of April 1, GCHP is automatically receiving a Medicare Part B Medi-Medi Crossover Claims file from the Department of Health Care Services (DHCS). As a result, providers will no longer need to submit to GCHP hardcopy (paper) claims for Part B services with the Medicare Explanation of Benefits (MEOB) attached to their claim.

GCHP will only be receiving a Part B electronic claims file from DHCS. Providers who need to submit claims for Part A services for Medi-Medi Members should continue to do so in a hardcopy format with the MEOB attached (for more information please refer to the GCHP Provider Manual).

For questions regarding Medi-Medi Crossover Claims, please call GCHP Customer Service at 1-888-301-1228 or email GCHP Network Operations at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

# Access and Availability



There are access and availability standards that all providers must meet when providing services to Medi-Cal members. The regulations associated with these requirements are the following:

## A. Appointments

GCHP established and maintains procedures for Medi-Cal members to obtain appointments for routine care, urgent care, routine specialty referral

appointments, children's preventative periodic health assessments, and adult health assessments which providers need to implement and follow. Providers will also need to establish and maintain procedures regarding follow-up care and missed appointments. Medi-Cal members cannot be charged for missed appointments. If a member develops a pattern of missing appointments, please contact Provider Relations.

## B. First Prenatal Visit

GCHP will ensure that providers grant (female) Medi-Cal members the first prenatal visit within two weeks of the request.

## C. Wait Times

GCHP has established and implemented a procedure to monitor wait times in providers' offices, on telephone calls (to answer and return) and time to obtain various types of appointments.

## D. Telephone Procedures

GCHP must require all providers to maintain a procedure for triaging member's telephone calls, providing

telephone medical advice and accessing telephone interpreters.

## E. PCP Appointments

Non-Urgent Primary Care Physician (PCP) services are to be given within 10 days of the request.

## F. Specialist Appointments

All appointments with specialists are to be made within 15 days of the request.

## G. Ancillary Appointments

All ancillary appointments for the diagnosis or treatment of an injury, illness or other health condition are to be made within 15 days of the request.

Timeframes may be shortened or extended as deemed clinically appropriate by a qualified health care professional acting within the scope of his or her practice consistent with professionally recognized standards of practice. If the timeframe is extended, it must be documented in the member's medical record that a longer timeframe will not have a detrimental impact on the member's health.

# Non-Emergency Medical Transportation (NEMT) Requests

Non-emergency medical transportation (NEMT) services are a Medi-Cal covered benefit. If a GCHP member is unable to ride public or private transportation, he or she may qualify for NEMT services under his or her Medi-Cal benefit.

## Who qualifies for the NEMT benefit?

NEMT is covered only when a member's medical and physical condition does not allow the member to travel by bus, passenger car, taxicab or another form of public or private conveyance. A member meets the NEMT benefit if he/she:

- Is in a wheelchair and is unable to move in and out of the chair into a seat, or is unable to move the wheelchair without assistance.
- Needs to travel with specialized services, equipment or a caregiver.
- Is unable to sit up and must ride lying down.

### How does the NEMT benefit work?

There are a few other important points to understand about the NEMT benefit:

- A physician or specialist must provide an NEMT form which constitutes a prescription and attestation of the medical necessity for transportation service.
- All NEMT services are subject to GCHP review and NEMT form verification process.
- The verification process for the NEMT form takes no longer than five business days.
- Transportation requires at least 48-hour notice for all standard requests.
- If the transportation request is of an urgent nature and needs to occur in less than 48 hours, please call GCHP Member Services at 1-888-301-1228.
- Transportation is not covered if the member is seeking care that is not a Medi-Cal or Medicare covered service.



## HOW TO REQUEST NEMT SERVICES FOR A MEMBER

1. Verify the member's eligibility using GCHP's Provider Portal, GCHP's IVR system, Medi-Cal's AEVS system or Medi-Cal's eligibility website.
2. Complete the NEMT form. [Click here](#) to access the form.
3. Fax the NEMT form to GCHP's Health Services department at 1-855-883-1552.
4. After GCHP receives the NEMT form, GCHP will begin the verification process.
5. Once the NEMT form is verified, GCHP will forward the form to the transportation vendor.
6. The NEMT vendor will contact the member and provider to schedule and verify the medical appointment.

### What is included on the NEMT Form?

Here are some key elements that must be completed on each NEMT form for each medical appointment:

1. The medical purpose of the transportation trip.
2. The frequency of the necessary medical transportation or inclusive dates of the requested medical transportation.
3. The caregiver request and the reason the member requires a companion for his or her medical appointment.
4. The medical or physical condition that makes normal public or private transportation inadvisable.
5. The NEMT form must be signed by a physician and dated.

**\* Hospital Facilities – when transferring members from facility to facility, it is important that the above process is followed to avoid payment delays to another provider.**

**For questions, call GCHP's Member Services at 1-888-301-1228.**

# Health Education Resources, Events and Updates



## Community Education Classes

The Health Education Department will be hosting Diabetes Community Education Classes throughout Ventura County beginning in July. The classes focus on healthy eating, exercise and diabetes self-management. For a detailed list of diabetes education, please visit the GCHP website for the calendar of events. Classes are available in English and Spanish.

Below is a list of the classes in July:

### Community Diabetes Self-Management Classes

Santa Clara Valley NfL - First 5  
217 N. 10th Street, Santa Paula  
Tues., July 28  
9:30 - 11 a.m.  
Language: Spanish

### Disease Prevention - Diabetes Self-Management Classes

The Health Education Department will also provide Diabetes Self-Management classes in the clinic and/or provider offices. The department will partner with Conejo Valley Family Medical Group and Moorpark Family Medical Clinic. If you are interested in hosting a Diabetes Self-Management class at your clinic, contact the Health Education Department at [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

### Cultural and Linguistic Services

Cultural and Linguistic Services offers free sensitivity training to providers and staff. If you are interested in having a training at your location, contact Cultural and Linguistic Services at [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

To request a sign language interpreter for GCHP members, please fill out the LifeSigns request form and email your request to LifeSigns and GCHP. If you need a copy of the form, please contact us at [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

## Check PCP Assignment

Reminder to Primary Care Physicians (PCP)/Clinics: Before you schedule an appointment for a member, please check eligibility to ensure that the member is currently assigned to your PCP/Clinic. If your PCP/Clinic is not assigned, have the member contact GCHP Member Services to select your PCP/Clinic as their PCP. The PCP/Clinic change will be effective on the first day of the month following the requested change.

**Member Services 1-888-301-1228, TTY 1-888-310-7347, Monday-Friday 8 a.m. – 5 p.m.**

## Consumer Advisory Committee is Seeking a Beneficiary Member

GCHP is seeking a current Medi-Cal member to serve on the Plan's Consumer Advisory Committee (CAC). This member will be the voice for Medi-Cal beneficiaries on the CAC.

CAC meetings are held quarterly and are open to the public. Volunteers on the CAC must be able to commit to attending these quarterly meetings. At meetings, GCHP staff present information on new programs and seek the committee's input on how the Plan is serving the community and what can be done to improve programs.

The term is for two years and there are no term limits. The applicant must be a current GCHP Medi-Cal beneficiary or the parent/guardian of a Medi-Cal beneficiary.

If you know of a GCHP member who may be interested in representing Medi-Cal members, please ask them to submit an application by September 15 at 5 p.m. [Click here](#) to access the application. The application can be emailed to [ConsumerAdvisoryCommittee@goldchp.org](mailto:ConsumerAdvisoryCommittee@goldchp.org) or mailed to:

**Clerk of the Board**  
**Gold Coast Health Plan**  
711 E. Daily Drive, Suite 106  
Camarillo, CA 93012

Interested members can also call Connie Harden at 1-805-437-5562 for more information.

## Member Benefit Information Meetings

GCHP conducts 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 GCHP members. They will learn how to:

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

Meeting times and locations vary. Call Member Services at 1-888-301-1228 or [click here](#) to access meeting times and dates.

The upcoming meeting schedule is:

**Camarillo – GCHP Office**

**711 E. Daily Drive, Suite 106, Camarillo, CA 93010**

Thurs., July 23 – Spanish 1:30 p.m., English 3 p.m.

Wed., Aug. 19 – Spanish 1:30 p.m., English 3 p.m.

Thurs., Sept. 24 – Spanish 1:30 p.m., English 3 p.m.

**Newbury Park Library**

**2331 Borchard Road, Newbury Park, CA 91320**

Sat., Sept. 19 – Spanish 10:30 a.m., English 12 p.m.

**Oxnard Library**

**251 South “A” Street, Oxnard, CA 93030**

Sat., Aug. 8 – Spanish 2 p.m., English 3:30 p.m.

Tues., Aug. 25 – Spanish 5:15 p.m., English 6:30 p.m.

Mon., Sept. 21 – Spanish 5:15 p.m., English 6:30 p.m.

## For Immediate Release...

JUNE 2015 — Did you know that Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death in the nation? COPD is an umbrella term that includes chronic lung diseases such as emphysema, chronic bronchitis and, in some cases, asthma. In Ventura County, there are 28,000 people that suffer from COPD but the number may actually be higher since 50% of people with compromised lung function are not even aware of it. Identifying and treating COPD in its early stages can drastically change/slow the progression of the disease. A simple test called a Pulmonary Function Test (PFT) can be performed to determine if someone has COPD.



**VENTURA COUNTY  
HEALTH CARE AGENCY**

The COPD Access to Community Health (CATCH) Program is funded by a Health Care Innovations Award (HCIA) grant from the Centers for Medicaid and Medicare Services (CMS). Ventura County is honored to be one of 39 HCIA grant recipients nationwide. With the HCIA grant funding, the Ventura County Health Care Agency (HCA) is implementing new treatment guidelines for preventing, diagnosing and treating COPD throughout our health care system. To date, CATCH has purchased spirometers for our Ambulatory Care Medical Offices and the Respiratory Department at Ventura County Medical Center (VCMC). Additionally, providers have been trained to diagnose and stage patients using the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines in order to improve patient care. CATCH grant staff will be working with Ambulatory Care Medical Offices, VCMC and Santa Paula hospitals to develop a new approach to managing COPD in Ventura County. Some of the benefits that the CATCH Program offers patients at no-cost to them include:

- Home Health
- Care Planning
- Medication Management
- Smoking Cessation
- Nutritional Consult
- Telemedicine & Care Messaging
- Transportation Assistance
- Pulmonary Rehabilitation
- Community Referrals
- Depression Counseling
- Environmental Assessment
- File of Life

The CATCH team can travel county-wide and includes a Project Director, two Registered Nurses, two Respiratory Therapists, a two Community Health Workers, a Medical Office Assistant and contracts with numerous specialists throughout the community. CATCH can be reached at (805) 677-5162 or [catchgrant@ventura.org](mailto:catchgrant@ventura.org).

The project described was supported by Grant Number 1C1CMS331320 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.



**NOTES:**

**NOTES:**

**NOTES:**



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

25

## Provider Operations Bulletin

JULY 2015

For additional information, contact  
Provider Resources at 888-301-1228  
Gold Coast Health Plan  
711 East Daily Drive, Suite 106, Camarillo, CA 93010  
[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)