



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

# Provider Operations Bulletin

OCTOBER 2016

# Table of Contents

SECTION 1: Managed Care Provider Data Improvement Project (MCPDIP)..... 3

SECTION 2: Cardiac Rehab Benefit..... 3

SECTION 3: Respiratory Syncytial Virus (RSV) Season ..... 3

SECTION 4: The Care Management Umbrella ..... 6

SECTION 5: What Adult Providers Should Know About Young Adults With Special Health Care Needs ..... 7

SECTION 6: Imaging Studies For Low Back Pain ..... 8

SECTION 7: Health Education, Cultural & Linguistics, and Outreach Updates ..... 9

SECTION 8: Health Effectiveness Data and Information Set (HEDIS®) Provider Tools ..... 12

SECTION 9: Grievance and Appeals Update ..... 12

SECTION 10: Primary Care Provider (PCP) Assignment ..... 13

SECTION 11: Consumer Advisory Committee ..... 13

SECTION 12: Member Benefit Information Meetings ..... 13



The Provider Operations Bulletin is published quarterly by Gold Coast Health Plan's Communications Department as a service for the provider community.

Information comes from GCHP and its partners. If you have any concerns or questions related to specific content, please contact the Provider Relations department at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org) or call the GCHP customer service line 1-888-301-1228 and request to speak to your Provider Relations Representative.

**Network Operations:**  
Harry Mapanda

**Chief Medical Officer:**  
C. Albert Reeves, MD

**Associate Chief Medical Officer:**  
Nancy R. Wharfield, MD

**Editor in Chief:**  
Steven Lalich

**Copy Editor:**  
Susana Enriquez

# Managed Care Provider Data Improvement Project (MCPDIP)

The Department of Health Care Services (DHCS) has issued a requirement change for provider data submission. The change replaces the current monthly health plan data submission previously governed by APL-14006. The new project work is being developed under the Managed Care Provider Data Improvement Project (MCPDIP), which will allow DHCS to monitor the Plan's provider network.

## How does this impact GCHP providers?

GCHP is required to collect from providers an enhanced set of data, as defined by DHCS. The project requirements, including an outline of the enhanced data (file layout and companion guide) and project timeline, will be distributed

to the Plan's contracted providers as soon as they are received from the state. Due to the tight timeline defined by DHCS, submission of production data to DHCS needs to be delivered by the end of the fourth quarter – an update made recently by DHCS.

Providers can register their contact information [here](#). Information on when meetings will be held to discuss this initiative will be distributed to the provided contacts. If you have not registered, please do so as soon as possible.

GCHP looks forward to working with its contracted providers on this effort. If you have any questions about MCPDIP, email [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

# Cardiac Rehab Benefit

GCHP will now be covering cardiac rehab services. Cardiac rehab is not a benefit covered under the Medi-Cal program; however, GCHP has decided to offer this service as a benefit enhancement to better meet the needs of its members. The following billing codes are applicable:

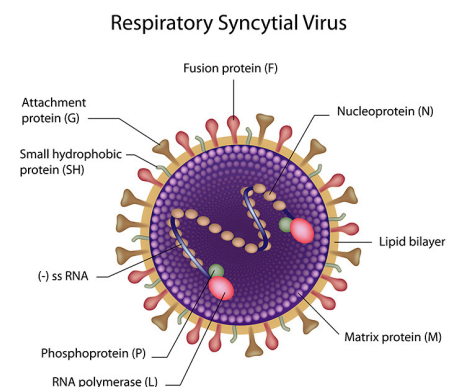
- 93797 Cardiac Rehabilitation
- 93798 Cardiac Rehabilitation/Monitor
- G0422 Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
- G0423 Intensive Cardiac Rehabilitation; with or without continuous ECG monitoring; without exercise, per session

# Respiratory Syncytial Virus (RSV) Season

Respiratory Syncytial Virus (RSV) is the leading cause of lower respiratory tract infections in infants and young children. Most susceptible are: Premature infants (<35wGA), children with bronchopulmonary dysplasia/chronic lung disease of prematurity (BPD/CLDP), and children with chronic heart disease (CHD).

GCHP has established authorization and Clinical Criteria Guidelines for the RSV season, which begins November 1 and ends on or about March 31 in the state of California. These guidelines were developed based on the recommendations of the American Academy of Pediatrics (AAP) and the Ventura County Health Department.

Palivizumab (Synagis®) is an RSV F protein inhibitor monoclonal antibody indicated for the prevention of serious lower respiratory tract disease caused by RSV in children at high risk of RSV disease.



The 2016-2017 AAP guidelines for palivizumab prophylaxis are not available at the time of this bulletin; however, the guidelines for the 2015-2016 season included:

## PREMATURITY

- Synagis® is recommended for infants born at or before 28 weeks and six days of gestation and who are at or below 12 months of age at the start of the RSV season.

## CHRONIC LUNG DISEASE

- Infants with chronic lung disease qualify for Synagis® only if they require supplemental oxygen for more than 28 days after birth.
  - » Chronic lung disease of prematurity is defined as infants born at or before 31 weeks and six days gestation who require > 21% oxygen for at least 28 days after birth.



## HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE (CHD)

- Infants with hemodynamically significant congenital heart disease (CHD) who are at or below 12 months of age at the start of the RSV season who are diagnosed with one of the following:
  - » Acyanotic heart disease with medication to control CHF and will require cardiac surgical procedures;
  - » Infants with moderate to severe pulmonary hypertension;
  - » Cyanotic heart defects and referred by Pediatric cardiologist;
- OR
- At or below 24 months of age at the start of RSV season;
- Cardiac transplantation during RSV season.

## NEUROMUSCULAR DISORDER, CONGENITAL AIRWAY ANOMALY OR PULMONARY ABNORMALITIES

- Neuromuscular disorder or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough for children who are at or below 12 months of age at the start of the RSV season.

## IMMUNOCOMPROMISED

- Immunocompromised due to chemotherapy or other conditions for children who are at or below 24 months of age at the start of the RSV season;
- Profoundly immunocompromised during the RSV season.

## CYSTIC FIBROSIS (CF)

- Cystic Fibrosis (CF): recommended if at or below 12 months of age at the start of RSV season and at least one of the following indications are present:
  - » Evidence of CLD;
  - » Nutritional compromise;
- OR
- If at or below 24 months of age at the start of RSV season with at least one of the following manifestations of severe lung disease:
  - » Previous hospitalization for pulmonary exacerbation in the first year of life;
  - » Abnormalities on chest radiography or chest computed tomography that persist when stable;
  - » Weight for length less than the 10th percentile.

\*\* Clinicians may administer up to a maximum of five monthly doses of Palivizumab during the RSV season to infants who qualify for prophylaxis in the first year of life. Qualifying infants born during the RSV season will require fewer doses.

After November 1, [click here](#) to check the AAP website for updated guidelines.

Requests for Synagis® can be submitted for initial screening to determine if the request meets medical-necessity criteria or eligibility criteria by California Children's Services (CCS). Please include the NICU discharge summary and any other supportive clinical documentation to expedite the review process.

Please use the [Synagis® request form](#) and fax or email it to:

**VCMC Pediatric Diagnostic Center**

Attention: Maria Perez

FAX: 1-805-652-3375

Email [maria.perez@ventura.org](mailto:maria.perez@ventura.org)

OR

If you will NOT be sending your patient to VCMC Pediatric Diagnostic Center for CCS eligibility screening for Synagis®, please call GCHP at 1-805-437-5634. GCHP can help you with screening for CCS eligibility.

<b>SYNAGIS REFERRAL 2015-2016</b>	<b>Pediatric Diagnostic Center Synagis Coordinator Kay Urban Phone: 652-6255 Please provide insurance information. Gray mail with records (NICU records are necessary) FAX 652-3375 Or email <a href="mailto:kay.urban@ventura.org">kay.urban@ventura.org</a></b>
Today's Date:	Referred By:
Phone #:	Fax #:
Patient Name:	Patient SSN:
DOB:	CCS #:
Parent/Caretaker Name:	Other Insurance:
Address:	Policy #:
City/State/Zip:	Ins. Phone #:
Phone:	Mothers SSN#:
Primary Care Physician:	Mother DOB:
<b>Statement of Medical Necessity</b>	
<b>Primary Diagnosis:</b>	
Gestational Age of Birth (Weeks): _____	Chronic Lung Disease? _____
Birth Weight (Kg): _____	On Oxygen in Last 6 months? _____
Congenital Heart Disease? _____	
<b>Diagnosis:</b>	
<input type="checkbox"/> P07.2 - P07.3 Gestational Age less than 29 weeks 0 days, less than 1 year of age at onset of RSV season	
<input type="checkbox"/> P27.8 Chronic Lung Disease of prematurity defined as <32 weeks, 0 days gestation and a requirement for >21% oxygen for at least 28 days after birth.	
<input type="checkbox"/> P23.9-P28.9 Other Respiratory Conditions arising in the newborn period	
<input type="checkbox"/> Q20.0-Q28.9 Hemodynamically significant heart disease	
<input type="checkbox"/> Other (Please indicate ICD 9 Code & Accurate diagnosis)	
Email of person submitting form: _____	
<b>SYNAGIS PRESCRIPTION</b>	
Rx: SYNAGIS 15mg per Kg IM.	Give Q25-30 days X _____ months
Current Weight: _____ Kg	Date of Current Weight: _____
Requesting Physician:	Physician Phone #:
Address:	
Physician DEA#	CA Lic. #
Physician Signature:	Date:
M.D.	
Revised 07.31.15	



# The Care Management Umbrella



At GCHP, Care Management is the umbrella that includes case management, care coordination, transition to adult services, disease specific education and social work.

The goal of the GCHP Care Manager is to simultaneously promote the member's wellness, autonomy, and appropriate use of services and financial resources. Our team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes.

We interact with the member, physicians, family, significant others, and associates of the health care team to implement a plan of care that is driven by the member's goals for health improvement.

Care coordination is an essential part of the care management process. It begins with the identification of key service providers in the community. Once they are identified, organization of services is facilitated by the Care Manager.

Close working relationships have been established between GCHP and its community partners, which include:

- Ventura County Public Health
- California Children's Services (CCS)
- Tri-Counties Regional Center (TCRC)

- Early Start
- Child Health and Disability Prevention Program (CHDP)
- Help Me Grow – First Five
- Ventura County Office of Education
- Ventura County Alcohol and Drug Program
- Perinatal Substance Abuse Taskforce
- Ventura County Area Agency on Aging (VCAAA)
- CATCH Program
- Health Insurance Counseling & Advocacy Program (HICAP)
- National Alliance on Mental Illness (NAMI)
- Mixteco / Indigena Community Organizing Project (MICOP)

Some GCHP members face multiple and often overlapping challenges in accomplishing their health care goals. Challenges may include: homelessness, behavioral or mental health issues, financial hardship, complex social needs, low health literacy, substance use disorders and end of life crises.

Our seasoned care managers and care coordinators use motivational dialogue and best practices to provide education to guide the member toward self-management and empowerment. Building trust is an essential part of achieving successful outcomes. The team coordinates with the Plan's behavioral health, community partners and county

agencies to proactively promote health improvement, independence and optimal functioning.

If you feel that your patient may benefit from GCHP's Care Management services, it is easy to make a referral! Completing the referral form on GCHP's website will provide the Care Manager with valuable information to address your concerns and facilitate an effective care plan. You will be notified of the outcome of your referral and receive the member's goals and progress routinely.

To make a referral, [click here](#) to fill out the GCHP Care Management Referral Form.

Please email the completed form to [CareManagement@goldchp.org](mailto:CareManagement@goldchp.org) or fax it to 1-855-883-1552. Instructions are also provided on the second page of the referral form.

For more information about the Care Management Program or for help making a referral, please contact the Care Management Department at 1-805-437-5634

## What Adult Providers Should Know About Young Adults with Special Health Care Needs

When a young adult ages out of CCS and transitions to an adult provider, a unique opportunity to build a lasting relationship can emerge.

The CCS Youth Advisory Council of Alameda County created a guide for adult providers who work with youth with special health care needs. Here are some of their tips:

### Be aware of what you say.

- Be sensitive about how you are speaking to me.
- Address me directly (not my parent or caregiver) and be respectful.
- Use person-first language like: Someone with depression, epilepsy, etc. NOT a depressed, epileptic person.

### Make time for extra check-ins regarding sensitivities I might have:

- Noisy machinery;
- Lights;
- IV access issues;
- Always check in about my comfort regarding questions: Ask if I want someone there with me, or if I can answer/continue to answer alone.

### Give me space to explain my disabilities or my condition as I experience it.

- I am the expert on my own life and how my condition affects me.
- I am the expert in my own care and management, so always ask me first.
- Don't assume that my disability is my priority to address or a primary concern for my appointment with you.

### Be willing to learn and to educate yourself on disabilities and specific conditions.

- You don't need to be an "expert" but be open minded and willing to learn.
- Never assume what is known.
- Take time to get to know the individual.
- Disabilities are different for every person experiencing them

### Think about how accessible your office is.

- What equipment can you accommodate (e.g. power wheelchairs, BiPAP machines)?
- Keep accessible space: Think about physical set up.
- Is location accessible to public transportation and to adaptive vehicles?
- Think about size and set up of treatment rooms.

### Offer education and support around medical information and records.

- What should I keep on my person and at my home?
- What do I need for transitioning to new providers?
- What is expected of me when I turn 18?



# Imaging Studies for Low Back Pain



Low back pain is a common reason for visits to outpatient clinical settings. While there are many options for the evaluation and management of low back pain, there remains a large variation in the use of diagnostic tests and treatments.

Clinical guidelines for treatment of non-specific acute low back pain strongly recommend against the routine use of imaging when the pain cannot be attributed to a specific disease or spinal abnormality following a history and physical examination.

Diagnostic imaging and testing should be performed when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected on the basis of a history and physical examination.

Many patients will experience substantial improvement in the first month after initial presentation. Imaging of the lower spine before six weeks does not improve outcomes and exposes patients to unnecessary radiation.

Clinical guidelines recommend a focused history and physical to evaluate:

- Duration of symptoms.
- Risk factors for potentially serious conditions.
- Symptoms that suggest radiculopathy or spinal stenosis.
- Presence and severity of neurologic deficits.
- Psychosocial risk factors.

If any potentially serious conditions are strongly suspected, perform diagnostic studies to identify the cause. If none are suspected and the back pain is mild with no substantial functional impairment then:

- Advise about self-care and discuss noninvasive treatment options (i.e., pharmacologic and non-pharmacologic treatment options);
- Arrive at shared decision regarding therapy trial;
- Provide patient with evidence-based information about their expected treatment course, advise patient to remain active, and provide information about effective self-care options.



# Health Education, Cultural & Linguistics, and Outreach Updates

GCHP's Health Education Department has a Health Navigation Team that works closely with members in a wide range of programs from our emergency room (ER) initiative to Disease Management as well as helping members get preventive care.

The ER initiative identifies frequent ER users. The Plan's health navigators then work with these members to redirect them to their primary care provider (PCP) for treatment and to connect them to additional services that they may need.

GCHP's Disease Management Program for Diabetes is available to members who have pre-diabetes or diabetes who are interested in managing their disease or preventing it altogether. The health navigator is the initial point of contact for GCHP members. The navigator will send health education materials to members in either English or Spanish and connect them to diabetes education classes that meet their language and location needs. There are classes available throughout Ventura County. GCHP members who meet eligibility requirements will be connected to a health coach who will work with the member on a personalized plan.

## Women's Health Initiatives

GCHP's health navigators are also advocates for women's health with such preventative care initiatives as the annual

Pap test or postpartum exam. Health Navigators will contact members in need of their annual Pap test and help them with appointment scheduling and also provide members with information on the importance of the Pap test. The GCHP Outreach Team is also available during hospital baby tours to provide information on the importance of postpartum visits.

For more information, please call 1-805-437-5000. You may also contact the Health Education Department at 1-805-437-5500 or [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

## Smoking Cessation Programs & Resources

DHCS requires that managed care plans provide all preventive services as identified by the United States Preventive Services Task Force (USPSTF). The recommendations require that all health care providers ask all individuals ages 18 and older about tobacco use. Providers are also required to offer cessation interventions to those who use tobacco products.

"The Great American Smokeout," which is sponsored by the American Cancer Society, is on November 17. It was started in the 1970s and continues to empower smokers to quit today. Providers can [click here](#) to access information about "The Great American Smokeout" and to obtain information on smoking cessation programs.



The California Smoker's Helpline is a free source available to members to quit smoking. The helpline offers cessation counseling via telephone in English and Spanish. Call 1-800-NO-BUTTS (1-800-662-8887); for Spanish call 1-800-NO-FUME (1-800-456-6386).

GCHP has a guide for members who want to access smoking cessation services and programs in Ventura County. The brochure is available in English and Spanish. For more information, contact the Health Education Department at 1-805-437-5500 or email at [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

## Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT)

As of January 1, 2014, California offers Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) benefits to adult Medi-Cal beneficiaries. SBIRT will be offered to all eligible Medi-Cal beneficiaries, within a primary care setting.

The SBIRT is a three-part process:

- Universal screening - Assesses alcohol use and identifies people with alcohol use problems.
- Brief intervention - Provided when a screening indicates moderate risk. Brief intervention uses motivational interviewing techniques focused on raising patients' awareness of alcohol use and its consequences and motivating them toward making a positive behavioral change.
- Referral to treatment - Provides a referral to specialty care for persons deemed to be high risk.

Providers interested in training may contact UCLA for more information. SBIRT online training options are available:

[Free Online Learning & Low-cost Continuing Education for Healthcare Providers](#)

[National Institute on Alcohol Abuse and Alcoholism, Clinician's Guide Online Training](#)

[SBIRT Training](#)

[SAMHSA-HRSA Center for Integrated Health Solutions Motivational Interviewing](#)

[SAMHSA-HRSA Center for Integrated Health Solutions Screening Tools](#)

Additional resources and technical manuals are also available at the sites below:

[National Institute on Alcohol Abuse and Alcoholism, Helping Patients Who Drink Too Much: A Clinician's Guide](#)

[Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment](#)

[Enhancing Motivation For Change in Substance Abuse Treatment](#)

[Quick Guide: Enhancing Motivation For Change in Substance Abuse Treatment](#)

## Health Education Materials and Resources

The Health Education Department has materials and resources available for providers. We have created a revised Provider Order Form listing the available materials that you can order for your GCHP members. If you would like to receive the form, please contact the Health Education Department at 1-805-437-5500 or [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

## Flu Vaccine

The seasonal flu shot will be available through various public and private agencies throughout Ventura County. For a list of locations and hours, contact the Health Education Department at 1-805-437-5500 or [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

## Cultural Competency, Sensitivity and Diversity Training

GCHP is committed to meeting the cultural and linguistic needs of its members. Ongoing training is available to GCHP staff and contracted providers. In previous trainings, the cultural and linguistic services included topics designed to ensure that all medically necessary covered services are available and accessible to all members regardless of language spoken, ethnicity/race, color, age, sexual orientation, gender identity, health status and disabilities. The cultural and linguistic trainings cover information in a culturally- and linguistically-appropriate manner. For more information, please email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

## Stay tuned for upcoming training dates!

Below is a list of resources available for Lesbians, Gay, Bisexual, Transgender and Queer (LGBTQ):

[Ventura County LGBTQ Resources](#)

[LGBTQ+ More Local Resources \(English\)](#)

[LGBTQ+ More Local Resources \(Spanish\)](#)

## Diabetes Prevention Workshop

GCHP will host its 4th annual Community Resource Fair in honor of Diabetes Awareness Month. The event will be held from 10 a.m. to 1 p.m. on Saturday, Nov. 19 at the Oxnard Public Library.

Gabriel Guillén, Community Health Education Supervisor for Dignity Health/St. John's Regional Medical Center, will be the guest speaker. The Community Resource Fair will also feature free health screenings, and resource booths. If you have questions about the health fair or if you would like to refer a member, please email [outreach@goldchp.org](mailto:outreach@goldchp.org).

## Binational Health Week

GCHP is also participating in [Binational Health Week](#) (BHW). BHW, now in its 16th year, is one of the largest mobilizations efforts in the Americas to improve the health of the underserved Latino population in the U.S. and Canada. The health fair will focus on infectious diseases, chronic diseases, access to health insurance, mental health and women's health.



# Health Effectiveness Data and Information Set (HEDIS®) Provider Tools

To help providers understand the annual Health Effectiveness Data and Information Set (HEDIS®) measure requirements, GCHP's Quality Improvement Department has developed provider tip sheets that provide key information on individual HEDIS® measures. These tip sheets are not intended to serve as clinical judgement but to serve as guides and be used as a resource to assist in understanding specific HEDIS® measures while providing guidance for measure compliance.

The provider tools can be found [here](#) on GCHP's website. Additional provider tools will soon be available.

## Grievance And Appeals Update

### New Provider Form

GCHP has streamlined the process of submitting a Provider Resolution Dispute, Provider Grievance or an Appeal. Previously, GCHP required providers to choose between the Provider Dispute Resolution Form and the Provider Grievance Form. GCHP has created one form that will allow you to indicate whether you are submitting one of the following:

- **Provider Dispute** - A request for reconsideration of an original claim that has been previously denied or underpaid.
- **Appeal** - A request for reconsideration of an authorization denial or a notice of action.
- **Grievance** - A request for reconsideration of a previously-disputed claim in which the provider is not satisfied with the resolution outcome.

This new Provider Reconsideration Request Form is available on GCHP's website [here](#).

**PROVIDER RECONSIDERATION REQUEST FORM**

Integrity - Accountability - Collaboration - Trust - Respect

Gold Coast Health Plan  
A Public Entity

Instructions:  
 • Please complete this form if you are seeking reconsideration of a previous determination.  
 • All fields must be completed. Please complete the full contact information or the resolution letter will be mailed to the address on file.  
 • DISPUTE request is for reconsideration of an original claim that has been previously denied or underpaid.  
 • APPEAL request is for reconsideration of an authorization denial or a notice of action.  
 • GRIEVANCE request is for reconsideration of a previously disputed claim in which the provider is not satisfied with the resolution outcome.  
 • If any information is missing, this form and all documentation will be mailed back.  
 • Multiple "Like" Claims are for Disputes and Grievances ONLY and indicates there are separate claims for the same reason from the same provider for different members and/or dates of service.  
 • Be specific when completing the Description of Dispute and Expected Outcome.

Mail completed form to:  
 Gold Coast Health Plan  
 Attn: Provider Disputes & Grievances  
 P.O. Box 9179, Concord, CA 95031  
 OR  
 Email to: [Grievances@goldchp.org](mailto:Grievances@goldchp.org)

PROVIDER INFORMATION  
 Provider Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Provider NPI Number \_\_\_\_\_  
 Provider Address \_\_\_\_\_  
 Check the one that applies:  
 Physician  SNF / LTC  Ambulance  Dialysis  Visits  
 Hospital Inpatient/Outpatient  High Risk OB  Transportation  Radiology

CLAIM TYPE  
 Other (please specify) \_\_\_\_\_

RESOLUTION REQUEST TYPE  
 Check one:  
 SINGLE  DISPUTE  APPEAL  GRIEVANCE

CLAIM INFORMATION  
 MULTIPLE "LIKE" CLAIMS

MEMBER INFORMATION  
 GCHP Member ID Number \_\_\_\_\_ Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Original Claim ID Number \_\_\_\_\_ Original Claim Amount Billed \_\_\_\_\_ Original Claim Amount Paid \_\_\_\_\_  
 (if multiple claims, use the attached form)  
 Service Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Contract Dispute

DISPUTE TYPE  
 Check the one that applies:  
 Claim Denial  Claim Underpayment  
 Appeal of Medical Necessity / Utilization Management Decision  
 Other (please specify) \_\_\_\_\_

DESCRIPTION OF DISPUTE  
 (attach an addendum sheet if needed)

EXPECTED OUTCOME  
 TPE \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

PROVIDER RECONSIDERATION REQUEST FORM  
 For use with multiple "Like" Claims (submit duplicate for the same reason)

	GCHP Member ID Number	Patient Name First	Patient Name Last	Date of Birth	Original Claim ID Number	Service From/To Date	Original Claim Amount Billed	Original Claim Amount Paid
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Page \_\_\_\_\_ of \_\_\_\_\_  
 CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED (Please do not staple)  
 711 East Daily Drive, Suite 106, Camarillo, CA 93010 | 1-888-301-1228 | [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)



## PCP Assignment



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's Member Services to select your PCP/Clinic as their PCP. The change will not be effective until the first day of the month following the requested change.

For more information, contact GCHP's Member Services Department at 1-888-301-1228 / TTY 1-888-310-7347, Monday-Friday 8 a.m. – 5 p.m.

## Consumer Advisory Committee

GCHP's Consumer Advisory Committee (CAC) met on October 19. Meetings are held quarterly in GCHP's Community Room, 711 E. Daily Drive in Camarillo.

Meetings are open to the public and typically last two hours. Agenda and meeting materials are published on GCHP's website, [www.GoldCoastHealthPlan.org](http://www.GoldCoastHealthPlan.org) under the MEMBERS tab.

## Member Benefit Information Meetings

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

At the meetings, members learn about their rights and responsibilities as GCHP members. They also learn how to:

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

Meeting times and locations vary monthly. Members can call GCHP Member Services at 1-888-301-1228 for the meeting times and dates. [Click here](#) for more information.

**Gold Coast Health Plan Member Benefit Information**  
You and Your Medi-Cal Benefits

Join us at a Member Benefits Information meeting to learn how to:

- Select a Primary Care Provider (PCP)
- Get medical services
- Access dental, vision and other benefits
- Get behavioral health assistance
- Maintain your Medi-Cal eligibility
- Learn about Medi-Cal
- Know your member rights and responsibilities
- Locate community resources
- Find out what health classes are offered by Gold Coast Health Plan (GCHP)
- Find out about classes and services offered by other agencies

**Meeting Dates and Locations**

**Oxnard Library**  
251 South "K" Street, Oxnard, CA 93030  
October 15, 2016, Saturday: English 12:30 pm, Spanish 2:00 pm  
November 6, 2016, Thursday: English 5:15 pm, Spanish 6:30 pm  
December 13, 2016, Tuesday: English 5:15 pm, Spanish 6:30 pm

**Camarillo - GCHP Office**  
711 E. Daily Drive, Suite 106, Camarillo, CA 93010  
October 26, 2016, Wednesday: English 1:30 pm, Spanish 3:00 pm  
November 16, 2016, Wednesday: English 1:30 pm, Spanish 3:00 pm  
December 14, 2016, Wednesday: English 1:30 pm, Spanish 3:00 pm

**Simi Valley Library**  
2069 Tapo Canyon Road, Simi Valley CA 93063  
November 19, 2016, Saturday: English 10:00 am, Spanish 11:15 am

**Ventura - Ventura Avenue Adult Center**  
550 N. Ventura Avenue, Ventura, CA 93001  
December 10, 2016, Saturday: English 10:00 am, Spanish 11:30 am

Questions?  
**Contact Member Services at:**  
**1-888-301-1228**  
**TTY 1-888-310-7347**

Gold Coast Health Plan  
[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)

Oxnard  
Camarillo  
Simi Valley  
Ventura

**NOTES:**

**NOTES:**



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

30

## Provider Operations Bulletin

OCTOBER 2016

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