



**Gold Coast
Health Plan**SM
A Public Entity

Provider Operations Bulletin

APRIL 2020

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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 Network Operations Department at ProviderRelations@goldchp.org or call the GCHP customer service line 1-888-301-1228 and request to speak to your Provider Relations representative.

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SECTION 1:

State Department of Health Care Services (DHCS) Audit

Gold Coast Health Plan (GCHP) is scheduled to go through a medical audit by the state Department of Health Care Services (DHCS). Although a date has not yet been given, GCHP wanted to provide advanced notice. During the audit, you may be contacted by DHCS nurse evaluators and/or visited on-site by the auditors to ensure that you are abiding by state standards. Among the Plan's responsibilities when doing site visits is to ensure that materials for members are readily available and that any concerns providers are having are brought to the Plan's attention.

SECTION 2:

Uniform Home Health Billing Requirements

In the January 2020 Provider Operations Bulletin, Gold Coast Health Plan (GCHP) included the following update for Home Health Billing Requirements. GCHP failed to include HCPCS code G0162. Please see the updated Home Health Care HCPCS / Revenue code combinations below.

In accordance with the GCHP policies and procedures and state regulations currently in effect and as outlined in the payment section of the provider contract, providers are required to adhere to the state Department of Health Care Services (DHCS) and Medi-Cal billing guidelines for home health services.

For purposes of standardization and ensuring prompt and accurate payment, GCHP will now require all providers to bill according to the intent of the Healthcare Common Procedure Coding System (HCPCS) / Revenue code as designed by DHCS and Medi-Cal. Previously, GCHP providers were individually informed to bill based on different requirements.

Note:

- The following HCPCS national codes continue to require prior authorization.
- Services will continue to be authorized in **number of visits**.
 - » Example: A home health (HH) provider providing service three times a week for three weeks equates to nine visits.
- **Each code unit will be billed by provider in 15-minute increments (1 Unit)**
 - » Example: 30-minute visit = two (2) units.
60-minute visit = four (4) units.
- Providers are required to adhere to billing changes no later than **February 1, 2020, at which time each unit will be reimbursed in 15-minute increments**.
- **Provider contracts will be amended as applicable to reflect this change.**

Home Health Care HCPCS / Revenue Code Combinations:

- G0151 (Rev code 0421)
- G0152 (Rev code 0431)
- G0153 (Rev code 0441)
- G0155 (Rev code 0561)
- G0156 (Rev code 0571)
- **G0162 (Rev code 0583)**
- **G0162 (Rev code 0589)**
- G0299 (Rev code 0552)
- G0300 (Rev code 0551)

Further information can be found on the DHCS website by [clicking here](#) or by searching under “Home Health Agencies Billing Codes and Reimbursement.”

GCHP continues to evaluate and monitor the services that require prior authorization.

For questions regarding GCHP’s prior authorization process, please contact the Plan’s Customer Service Department at 1-888-301-1288.

SECTION 3:

Correct Format of National Drug Codes (NDC) on Paper Claim Submissions

National Drug Code (NDC) information is required along with the appropriate HCPCS or Medi-Cal local code on all physician administered or physician dispensed drugs. To ensure accurate data capture of the NDC information on paper claim submissions, please follow the following guidelines.

NDC Product ID Qualifier and NDC Unit of Measurement Qualifier

For all claim types (CMS-1500, UB04), the NDC information must be preceded by the Product ID Qualifier (N4) and must also include the appropriate Unit of Measurement Qualifier:

- F2 = International Unit
- GR = Gram
- ML = Milliliter
- UN = Unit

NDC Information on the CMS-1500

24. A.	DATE(S) OF SERVICE						PI
	From				To		
	MM	DD	YY	MM	DD	YY	8
1	N498765004321						

The NDC Product ID Qualifier (N4) and NDC 11-digit number (without hyphens) will be entered in the shaded area of Box 24A (Dates of Service).

The NDC Unit of Measurement Qualifier and 10-digit numeric quantity administered will be entered in the shaded area of Box 24D (Procedures, Services or Supplies). The 10-digit numeric quantity consists of the seven-digit whole number (leading zeros), followed by the three-digit decimal (ending zeros), without the decimal point:

Example: Five units administered will be entered as shown:

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		
From		To				PLACE OF		(Explain Unusual Circumstances)		
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPCS	MODIFIER	
N498765004321						UN0000005000				

NDC Information on the UB-04

All NDC information will be entered in Box 43 (Description) of the UB-04 claim form:

- N4 Product ID Qualifier
- Immediately followed by the 11-digit (without hyphens) NDC number
- Immediately followed by the Unit of Measurement Qualifier
- Immediately followed by the nine-digit (six-digit whole number plus three-digit decimal) quantity

Example: Thirty Units of product with NDC 12345-123-12 will be entered in Box 43 (Description) as shown:

43 DESCRIPTION	
N412345012312UN000030000	
<p>N4 Product Qualifier followed by 11-digit NDC</p>	<p>Unit of Measurement Qualifier (UN) followed by 9-digit (6 digits plus 3-digit decimal) quantity</p>

SECTION 4:

Drug Quantity for Physician Administered Drugs (PAD), Physician Dispensed Drugs or Drugs Dispensed by Specialty Pharmacies (HCFA-1500 or UB-04)

To streamline processing of physician administered drugs (PAD), physician dispensed drugs or drugs dispensed by specialty pharmacies, GCHP recommends providers bill drugs using the HCPCS unit value instead of the NDC volume / package units. If the drug is billed with the NDC volume / package unit value, the drug requires manual review to determine the correct number of HCPCS units that are eligible for payment. This recommendation does not apply to HCPCS codes J3490, J7999 and J3590 as these codes are unlisted.

Examples of billing in HCPCS units (the data below is for informational purposes only. Please verify the HCPCS unit value prior to submitting your claim.):

J1439: HCPCS Drug description 1 mg per HCPCS unit.

Therefore, 750 mg administered to the member equals 750 HCPCS units billed on the claim.

J2469: HCPCS Drug description 25 mcg per HCPCS unit.

Therefore, 500 mcg administered to the member equals 20 HCPCS units billed on the claim.

J1170: HCPCS Drug description 4 mg per HCPCS unit.

Therefore, 200 mg administered to the member equals 50 HCPCS units billed on the claim.

SECTION 5:

New Provider Dispute Resolution Process

Gold Coast Health Plan (GCHP) heard your concerns regarding the Provider Dispute Resolution (PDR) process. To address these concerns, the Plan has updated its Provider Claim Reconsideration Form to include additional options and directions to clarify what documentation is needed to quickly and efficiently process PDRs.

With your help, the new form will establish an efficient and expedited PDR process. When submitting the form, please include all required documentation to ensure your appeals and reconsiderations are processed as quickly as possible.

Submitting complete and accurate information will assist in the timely processing and adjudication of appeals and reconsiderations and will help prevent delays in resolving the issues.

The new form is now available on the GCHP website [here](#).

[Click here](#) to watch a provider training video on how to fill out this form properly.

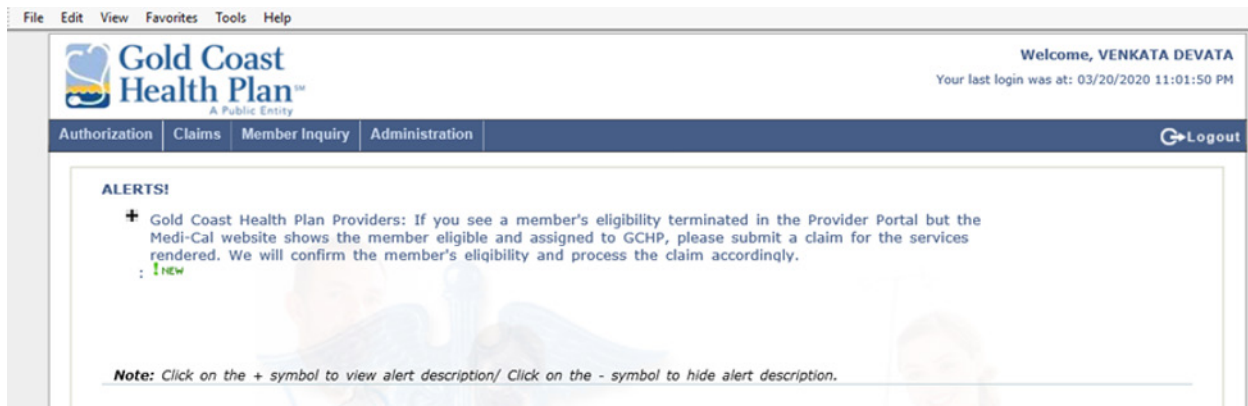
If you have any questions, please reach out to the Plan's Provider Relations Department at ProviderRelations@goldchp.org.

SECTION 6:

Member Eligibility

Gold Coast Health Plan (GCHP) reminds providers that if a member's eligibility is terminated in the Provider Portal but the Medi-Cal website shows that the member is eligible and assigned to GCHP, they should submit a claim for the services rendered. The Plan will confirm the member's eligibility and process the claim accordingly.

Providers will see the following message in the GCHP Provider Portal:



SECTION 7:

Coming Soon: Updated Gold Coast Health Plan (GCHP) Website

Gold Coast Health Plan (GCHP) is updating its website – with you in mind! The updated site will give providers easy access to important information.

On the website, you will be able to:

- Log into the Provider Portal.
- View the latest provider updates.
- Access and download GCHP forms and health guidelines.
- And more!

Stay tuned for more information.

SECTION 8:

24-Hour Advice Nurse Line for Members

To further Gold Coast Health Plan's (GCHP) goal to provide members with quality care, the Plan has diligently worked to establish a 24-hour Advice Nurse Line. This line gives members access to a registered nurse 24 hours a day, seven days a week. The nurse can speak to members over the phone in their preferred language when they or a family member have any medical questions.

The advice nurse can help members decide if they:

- Need to go to urgent care.
- Can wait to see their doctor.
- Can take care of their symptoms at home.

The nurse can also answer questions or address concerns about the Coronavirus.

To reach the Advice Nurse Line, members can call 1-805-437-5001. The toll-free number is 1-877- 431-1700. For TTY, members should dial 711.

GCHP hopes that you can help inform Plan members of this service. The Plan appreciates your service to its members.

SECTION 9:

California Children's Services

Gold Coast Health Plan (GCHP) and California Children's Services (CCS) work together for the benefit of children and young adults living in Ventura County. CCS is a state-funded program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under 21 years of age with CCS-eligible medical conditions. CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS-eligible diagnoses are carved out of GCHP. Patients that have an active case in the CCS program are required to receive treatment from a CCS-paneled specialist for their CCS-eligible condition. The primary care provider (PCP) is responsible for providing routine care, immunizations and care outside of the care associated with CCS-eligible conditions. GCHP is still responsible for providing the member with primary care and prevention services not related to the CCS-eligible medical condition. All requests for CCS diagnostic and treatment services must be submitted using a CCS Service Authorization Request (SAR) form:

- [CCS New Referral Client SAR form](#)
- [CCS Established Client SAR form](#)

Providers are required to submit documentation to substantiate medical necessity at the time the SAR is submitted. To refer a new client or to request services for an existing CCS client, send the completed CCS SAR form to the CCS program with supporting documentation via fax at 1-805-658-4580, electronically via E-SAR (PEDI system), or by mail. To speak with a CCS representative regarding the services offered or to become CCS paneled, call 1-805-981-5239 or 1-805-981-5281. [Click here](#) to learn more about CCS. GCHP will send clinics a list via fax or email of their patients who have an active case. This list will be updated and sent monthly.

SECTION 10:

Diabetes Prevention Program

Gold Coast Health Plan (GCHP) offers a Diabetes Prevention Program benefit for members. The Diabetes Prevention Program is an evidence-based, lifestyle change program that is designed to prevent or delay the onset of type 2 diabetes among those who are diagnosed with prediabetes.

The Centers for Disease Control and Prevention (CDC) established the standards and guidelines for the Diabetes Prevention Program. A trained lifestyle coach leads the yearlong program with the goal of helping participants improve certain aspects of their lifestyles, such as eating healthier, reducing stress, and increasing physical activity. The program, which can be delivered in person or online in both English and Spanish, also includes support in a group environment where members can share common goals and struggles. GCHP has contracted with Solera to deliver the benefit.

Who is eligible for the Diabetes Prevention Program?

To be eligible, GCHP members must:

1. Be at least 18 years of age, AND
2. Be overweight (BMI >25 or >23 if Asian), AND
3. Have no previous diagnosis of type 1 or type 2 diabetes, AND
4. Have a blood test result in the prediabetes range within the past year:
 - a. Hemoglobin A1C: 5.7% - 6.4%, OR
 - b. Fasting plasma glucose: 100-125 mg/dl, OR
 - c. Two-hour plasma glucose (after 75 gm glucose load): 140-199 mg/dl, OR
5. Have been diagnosed previously with gestational diabetes.

How can providers refer their patients to GCHP's Diabetes Prevention Program?

Once you have identified GCHP members who may be eligible for the program, you may:

- Refer them directly to Solera's website [here](#).
- Fill out the [Diabetes Prevention Program Referral Form](#) and email it to screen@soleranetwork.com or fax it to 1-602-650-0690.

Providers and members can also call Solera directly at 1-888-305-6008.

SECTION 11:

Care Management Program

Gold Coast Health Plan (GCHP) provides Care Management upon request for all eligible members. Making a referral is easy!

Members who may benefit from care management include those with:

- Complex acute and chronic diagnoses.
- Disabilities.
- Adherence concerns.
- End-of-life matters.

- Children with special needs.
- High-risk pregnancies.
- Social determinants of health needs.

The Care Management team provides a consistent method for identifying, addressing and documenting the health care and psychosocial needs of GCHP's members along the continuum of care. Once a member has been referred to Care Management, the team will work with them to:

- Determine risk and safety needs.
- Complete a comprehensive initial assessment.
- Determine what benefits and resources are available to them.
- Connect with community partners.
- Develop goals in partnership with them and their provider, family, caregiver and/or significant other.
- Identify barriers to care and determine strategies to reduce them.
- Monitor and follow-up on progress toward their goals.

A member of GCHP's Care Management team will contact your patient to obtain their consent to participate in the program. Once your patient agrees, mutually agreed upon goals will be established and prioritized by the member. The frequency of contact is determined by the member and the team.

Once an individualized plan of care has been developed, the referring physician will be provided with the initial goals and identified barriers. You will be updated every two months on the member's progress and again when the case is closed. Unless you specify otherwise, this correspondence will be sent to your office for inclusion in the member's file and will include the name and telephone number of the care manager involved in your patient's care.

To refer a member, complete the [Care Management Referral Form](#). You will be providing the care manager with valuable information to address your concerns and facilitate an effective care plan. Please email the completed form to CareManagement@goldchp.org or fax it to 1-855-883-1552. Instructions are also provided on the second page of the form.

For more information about the program or on how to make a referral, please contact the Care Management Department at 1-805-437- 5777.

SECTION 12:

Routine Childhood Immunizations and Young Child Well Visits during the COVID-19 Pandemic

The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) have issued the following recommendations for prioritizing childhood immunizations and young child well visits while balancing the risk of exposure across pediatric practices during the COVID-19 pandemic:

Prioritize Immunization of Young Children

- If a practice can provide only limited well child visits, **health care providers are encouraged to prioritize newborn care and vaccination of children 0 to 24 months of age.**
- Reschedule well visits for middle childhood and adolescents to a later date.

Strategies to Modify Clinic Structure for Ensuring Delivery of Prioritized Care

- Schedule well visits in the morning and sick visits in the afternoon.
- Separate patients spatially, such as by placing patients with sick visits in different areas of the clinic.
- Clinics with multiple practice sites may consider using one office location to see all well visits (staffed by those in higher risk categories) and another location for sick visits.
- Collaborate with providers in the community to identify separate locations for holding well visits for children.
- If available, pediatricians are encouraged to deliver telehealth and use dedicated drive-through COVID-19 testing sites.

Temporary Relocation of Vaccines for Children (VFC) Participation Location

The Vaccines for Children (VFC) program will expedite the enrollment of temporary alternative sites and grant approval of the relocation of immunization services for an enrolled location. [Click here](#) for guidance.

CDC and AAP Guidance

- [AAP guidance](#)
- [CDC guidance](#)

Contacts for Questions

- VFC Customer Service Center: 1-877-243-8832
- Gold Coast Health Plan's (GCHP) Quality Improvement Department: QualityImprovement@goldchp.org.

SECTION 13:

Impact of COVID-19 on Quality Improvement Activities

The following Gold Coast Health Plan (GCHP) Quality Improvement activities will be affected indefinitely due to the prioritization of COVID-19 service recommendations:

- **Facility Site Reviews (FSRs)**
 - » The state Department of Health Care Services (DHCS) is allowing a delay of FSRs in 30-day increments. GCHP needs to notify DHCS about these requested extensions.
- **Initial Health Assessments (IHA) and Staying Healthy Assessment (SHA) Medical Record Audit**
 - » During this time, DHCS understands that health care providers may need to delay or cancel routine / non-urgent care to ensure that services are available for those most in need of urgent care and to maintain a safe environment for health care workers. As a result, the Quality Improvement team will not audit medical records for IHA/SHA compliance until further notice.
- **HMS Eliza Telephonic Outreach for Preventative Care Gaps**
 - » All telephone calls related to the gaps in care member outreach program are on hold. Interactive voice response (IVR) calls will continue to those who qualify for the Antidepressant Medication Management (AMM) performance measure – members 18 years of age and older who are prescribed antidepressant medication and had a diagnosis of major depression.

- **Member Incentive Programs: Well-Care and Cervical Cancer Screening**

- » The Well-Care Exam and Cervical Cancer Screening member incentive programs remain active, although it is understood that there will be decreased participation as providers prioritize COVID-19 care and pause non-urgent preventive care services. Please note, members will experience longer than the anticipated four-to-six-week timeframe to receive their gift card for qualifying visits.

The Quality Improvement Department will continue to communicate updates to Plan providers. Please contact the Quality Improvement Department at QualityImprovement@goldchp.org for additional information or questions.

SECTION 14:

Health Education

Chronic Conditions and COVID-19

Gold Coast Health Plan (GCHP) would like to provide additional resources for providers and Plan members with chronic conditions to use during the COVID-19 pandemic. According to the American Diabetes Association, people with diabetes face worse outcomes if they contract the virus. According to the American Heart Association, early reports indicated that 40% of COVID-19 patients who were hospitalized had cardiovascular disease or cerebrovascular disease (stroke).

Visit the following sites for additional information and resources:

- [American Lung Association](#)
- [American Heart Association](#)
- [American Diabetes Association](#)
- [World Health Organization](#)

COVID-19 Resources for Members

For more information and updates on COVID-19 please visit and encourage members to view the following sites:

- [Centers for Disease Control and Prevention](#)
- [California Department of Public Health](#)
- [Ventura County Public Health](#)
- [Gold Coast Health Plan \(GCHP\)](#)

Please continue to practice precautionary measures to help stop the spread of COVID-19. Providers may download materials in English and Spanish by [clicking here](#). The Centers for Disease Control and Prevention (CDC) has a variety of easy-to-read infographics for Plan members.

COVID-19 Member FAQs

Providers may encourage members to visit GCHP's website for additional information and answers to frequently asked questions (FAQs) about COVID-19.



To view the member webpage in English, [click here](#).

To view the member webpage in Spanish, [click here](#).

For additional information, please contact GCHP's Health Education Department at **1-805-437-5718** or HealthEducation@goldchp.org.

Gold Coast Health Plan
Integrity • Accountability • Collaboration • Trust • Respect

Coronavirus Disease 2019 (COVID-19)
Frequently Asked Questions for Gold Coast Health Plan Members

Gold Coast Health Plan (GCHP) está vigilando los desarrollos de COVID-19. Your health, wellness and safety are important to us. During this pandemic, we will keep you informed with the latest recommendations and help you navigate the health care system.

About COVID-19

Q: What is Coronavirus Disease 2019 (COVID-19)?
A: COVID-19 is a respiratory illness that can spread from person to person. The virus that causes COVID-19 was first identified in Wuhan, China.

Q: What are the symptoms of COVID-19?
A: The following symptoms may appear 2-14 days after exposure:

- Fever
- Cough
- Shortness of breath

Q: Is there a vaccine to prevent infection?
A: No. The best way to prevent illness is to avoid being exposed to the virus.

Q: How can I protect myself from getting COVID-19?
A: The best way to prevent illness is to avoid being exposed to this virus.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth.
- Wash your hands often with soap and water for at least 20 seconds, ideally after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Q: I have a chronic condition that puts me at high risk for COVID-19. What should I do?
A: According to the CDC, if you are at higher risk of getting sick from COVID-19, you should:

- Stick up on soaples.
- Take extra precautions to keep spaces between yourself and others.
- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- Avoid crowds as much as possible.
- During a COVID-19 outbreak in your community, stay home as much as possible.

711 East Daly Drive, Suite 106, Carrollton, GA 30011 | 1-800-201-1228 | www.goldcoasthealthplan.org

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Integrity • Rendición de Cuentas • Colaboración • Confianza • Respeto

Enfermedad por Coronavirus 2019 (COVID-19)
Preguntas frecuentes de los Miembros de Gold Coast Health Plan

Gold Coast Health Plan (GCHP) está vigilando la evolución de COVID-19. Para nosotros es importante su salud, bienestar y seguridad. Durante esta pandemia, le mantendremos informado sobre las últimas recomendaciones y le ayudaremos a navegar por el sistema de atención médica.

Acerca de COVID-19

P: ¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?
R: COVID-19 es una enfermedad respiratoria que puede propagarse a persona a persona. El virus que ocasiona COVID-19 fue identificado por primera vez en Wuhan, China.

P: ¿Cuáles son los síntomas de COVID-19?
R: Los siguientes síntomas pueden aparecer 2-14 días después de haber estado expuesto:

- Fiebre
- Tos
- Dificultad para respirar

P: ¿Existe una vacuna para prevenir la infección?
R: No. La mejor manera de prevenir la enfermedad es evitar estar expuesto a este virus.

P: ¿Cómo puedo protegerme de contraer COVID-19?
R: La mejor manera de prevenir la enfermedad es evitar exponerse a este virus.

- Evite el contacto cercano con personas que estén enfermas.
- Cuando toques los ojos, la nariz o la boca.
- Lávete frecuentemente las manos con agua y jabón durante por lo menos 20 segundos, principalmente después de ir al baño, antes de comer, o después de sonarse la nariz, toser o estornudar.
- Limpie y desinfecte objetos y superficies que se tocan con frecuencia utilizando un aerosol usual de limpieza del hogar o una toallita.

P: Tengo una afección crónica que me pone en alto riesgo de contraer COVID-19. ¿Qué debo hacer?
R: De acuerdo con el CDC, si usted está en un mayor riesgo (dependiendo de enfermedades de COVID-19, usted debe:

- Abstenerse de salir afuera.
- Tomar las precauciones diarias para mantener el espacio entre usted y los demás.
- Cuando vaya en público, manténgase alejado de otras personas que estén enfermas, limite el contacto cercano y lívete las manos frecuentemente.
- Evite las grandes multitudes lo más posible.
- Durante un brote de COVID-19 en su comunidad, quédese en casa lo más que pueda.

711 East Daly Drive, Suite 106, Carrollton, GA 30011 | 1-800-201-1228 | www.goldcoasthealthplan.org

SECTION 15:

Cultural and Linguistic Services

To ensure the continuation of language assistance services during the COVID-19 pandemic, Gold Coast Health Plan (GCHP) is working closely with Plan vendors.

In accordance with social distancing guidelines from the Centers for Disease Control and Prevention (CDC), GCHP encourages providers to access GCHP's telephonic interpreting service during this period.

Pacific Interpreters Inc., also known as LanguageLine Solutions, will continue to provide telephonic interpreting services to GCHP's members, staff, and providers in more than 240 languages 24 hours a day, seven days a week. To access the telephonic interpreter service:

- Dial: **1-866-421-3463**
- Provide: **Access Code # 843014**
- Indicate: **Language**
- Provide: **Caller's Full Name**
Provider Name or GCHP Staff Member
Member's Zip Code
Member's Nine-Digit CIN Number



Sign Language Interpreting Services

Providers requesting sign language interpreting services are encouraged to work directly with the vendor, LIFESIGNS, Inc., at **1-888-930-7776**. Providers may fax request forms to LIFESIGNS at **1-888-227-5021** or email lifesigns@lifesignsinc.org.

Translation Services

Members have the right to receive free translation services and information in alternative formats such as Braille, text, large font size and audio. If you have a member who needs help understanding health care materials or translation services, please email GCHP's Cultural and Linguistic Services.

If you have any questions, please email GCHP's Cultural and Linguistic Services at CulturalLinguistics@goldchp.org or call **1-805-437-5603**.

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