



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

Provider⁴⁵ Operations Bulletin

JULY 2020

www.goldcoasthealthplan.org

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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.

Senior Director of Network Management:
Steve Peiser

Chief Medical Officer:
Nancy R. Wharfield, MD

Editor-in-Chief:
Susana Enriquez-Euyoque

Editor:
Calley Cederlof

SECTION 1:

Provider Directory Update

The Provider Directory is now updated on the GCHP website on a monthly basis with up-to-date provider data.

You can locate the printable directory [here](#).

SECTION 2:

New Provider Dispute Process

On April 27, Gold Coast Health Plan (GCHP) implemented a new provider dispute, grievance and appeals process to apply automation. This new process has streamlined the method for acknowledgements, research and resolutions, improving processing time.

The new automation is based on the new **Provider Claim Reconsideration form**. This form allows GCHP's system to automatically route the information to the correct reviewer's queue. Therefore, it is important that when you are submitting your disputes, grievances and appeals, that you attach the correct form and complete all of the required fields. If GCHP receives the incorrect form or the required fields on the new form are not completed, your request will be mailed back with a letter asking you to resubmit it with the correct document.

The old form on the left is titled: Provider Reconsideration Request Form. **Do not use this form.**

The new form on the right is titled: **Provider Claim Reconsideration Form.**

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PROVIDER RECONSIDERATION REQUEST FORM

PLEASE NOTE: IF ANY INFORMATION IS MISSING, THIS FORM AND ALL DOCUMENTATION WILL BE MAILED BACK TO YOU.

- 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.
- **APPEAL** 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 provider 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 9176, Oxnard, CA 93031
OR
Email to: grievances@goldchp.org

PROVIDER INFORMATION

Provider NPI Number _____ Provider Name _____ Provider TIN _____
 Provider Address _____ City _____ State _____ Zip _____

CLAIM TYPE

Check the one that applies:

Physician SNF / LTC Ambulance Dialysis Vision
 Hospital Inpatient/Outpatient High Risk OB Transportation Radiology
 Other (please specify) _____

RESOLUTION REQUEST TYPE

Check one: DISPUTE APPEAL GRIEVANCE

CLAIM INFORMATION SINGLE 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: _____

DISPUTE TYPE

Check the one that applies:

Claim Denial Claim Underpayment Contract Dispute
 Appeal of Medical Necessity / Utilization Management Decision (make selections below)
 Inpatient Outpatient
 Select one (medical records required):
 Inpatient Level of Care Lack of Information Denial Non-Contracted
 No Prior Authorization Obtained Additional Codes Requested for Authorization Review
 Other (please specify) _____

DESCRIPTION OF DISPUTE
(attach an additional sheet if needed)

EXPECTED OUTCOME

Contact Name _____ Title _____ Signature _____
 Phone Number _____ Fax Number _____ Date _____

CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED. (PLEASE DO NOT STAPLE ADDITIONAL INFORMATION)
 (When submitting medical documentation, please indicate the page number on which the clinical review starts for the dates you are requesting authorization. Page Number _____)

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Rev. August, 2016

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PROVIDER CLAIM RECONSIDERATION FORM

PLEASE NOTE: IF ANY INFORMATION IS MISSING, THIS FORM AND ALL DOCUMENTATION WILL BE MAILED BACK TO YOU.

- Please complete this form if you are seeking reconsideration of a previous determination.
- 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.
- **APPEAL** request is for reconsideration of a previously disputed claim in which the provider is not satisfied with the resolution.
- 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 9176, Oxnard, CA 93031
OR
Email the form to: grievances@goldchp.org

PROVIDER INFORMATION

Provider NPI Number _____ Provider Name _____ Provider TIN _____
 Provider Address _____ City _____ State _____ Zip _____

CLAIM TYPE

Check the one that applies:

Physician SNF / LTC Ambulance Dialysis Vision
 Hospital Inpatient/Outpatient High Risk OB Transportation Radiology
 Other (please specify) _____

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: _____

RESOLUTION REQUEST TYPE

Check one: DISPUTE APPEAL GRIEVANCE

DISPUTE TYPE

Claim Denial Claim Underpayment Contract Dispute
 Appeal of Medical Necessity / Utilization Management Decision (make selections below)
 Inpatient Outpatient
 Select one (medical records required):
 Inpatient Level of Care Lack of Information Denial Non-Contracted
 No Prior Authorization Obtained Additional Codes Requested for Authorization Review
 Other (please specify) _____

CLAIM INFORMATION: SINGLE MULTIPLE "LIKE" CLAIMS (complete the spreadsheet on Page 2)

DESCRIPTION OF DISPUTE AND EXPECTED OUTCOME
(attach an additional sheet if needed)

Contact Name _____ Title _____ Signature _____
 Phone Number _____ Fax Number _____ Date _____

CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED. (PLEASE DO NOT STAPLE)
 (When submitting medical documentation, please indicate the page number on which the clinical review starts for the dates you are requesting authorization. Page Number _____)

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Rev. 3/2020

The new Provider Claim Reconsideration form can be found on the GCHP website under the For Providers tab, Provider Resources, Grievance and Appeals, or by clicking [here](#).

Tips on completing the **Provider Claim Reconsideration Form**:

It is important to ensure that the form is completed correctly. Once the Provider Information and the Member Information sections of the form have been completed, follow the steps below to make sure the form has captured all the required information.

If your dispute type is the following, listed below are the required fields. (Please only fill out what is listed below.)

DISPUTE request is for reconsideration of an original claim that has been previously denied or underpaid.

OR

GRIEVANCE request is for reconsideration of a previously disputed claim in which the provider is not satisfied with the resolution.

- Dispute Type Selection:
 - » Claim Denial
 - » Claim Underpayment
 - » Contract Dispute
 - Claim Information:
 - » Single
 - » Multiple (please add the additional information of the second page)
 - Description of Dispute and Expected Outcome
-

APPEAL request is for reconsideration of an authorization denial or a notice of action.

- Dispute Type Selection:
 - » Appeal of Medical Necessity / Utilization Management Decision
 - Select: Inpatient or Outpatient
- Select one (**medical records required**):
 - » Inpatient Level of Care
 - » Lack of Information Denial
 - » Non-Contracted
 - » No Prior Authorization Obtained
 - » Additional Codes Requested for Authorization Review
 - » Other (please specify)
- Claim Information:
 - » Single
 - » Multiple (please add the additional information of the second page)
- Description of Dispute and Expected Outcome

SECTION 3:

Advice Nurse Line

Gold Coast Health Plan (GCHP) now has an Advice Nurse Line that Medi-Cal members can access 24 hours a day, seven days a week – especially now during the COVID-19 pandemic.

Members can speak to a registered nurse in their preferred language when they or a family member have medical questions. The nurse also can help them decide if they:

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

“Access to medical advice from a trusted source is more important now than ever,” said Dr. Nancy Wharfield, GCHP’s chief medical officer. “This hotline will help us ensure that the needs of our members are met at all times during this crisis.”

The advice line is a good alternative if members have medical questions, particularly when their primary care provider is not available or during the hours that their provider’s office is closed.

To reach the GCHP Advice Nurse Line, members can call 1-805-437-5001. The toll-free number is 1-877-431-1700. Those who use a TTY should call 711. When calling, members should have their GCHP ID Card or Medi-Cal Benefits ID Card (BIC) ready.

SECTION 4:

Pharmacy 90-Day Refills

Gold Coast Health Plan (GCHP) is committed to ensuring that Plan members have access to all necessary medications during the COVID-19 pandemic. To address pharmaceutical concerns, GCHP created a document with information for pharmacies and pharmacists regarding benefit status and formulary changes made to ensure necessary access for Plan members.

The document contains information about:

- Day Supply Limits and Refill-Too-Soon Edits.
- Utilization Management Edits (PA, ST, QL, AGE, etc.).
- Reported Drugs with Limited Inventory in Ventura County.

[Click here](#) to view the document. For questions regarding GCHP policies, contact Anne Freese, director of pharmacy, at AFreese@goldchp.org. To request any overrides, contact OptumRX at 1-855-297-2870.

SECTION 5:

Pharmacy Carve Out Notice

Medi-Cal RX

Overview

On Jan. 7, 2019, Gov. Gavin Newsom issued Executive Order N-01-19 which requires the state Department of Health Care Services (DHCS) to transition all Medi-Cal pharmacy services from managed care (MC) to fee for service (FFS) by Jan. 1, 2021.

The Medi-Cal pharmacy benefits and services administered by DHCS in the FFS delivery system will be identified collectively as “Medi-Cal Rx.”

Member Communication

The member communication strategy as outlined by DHCS is as follows:

- DHCS will send a 90-day AND a 60-day written notice to members.
- GCHP will send a 30-day written notice to members.
- GCHP will send new ID cards to members.
- GCHP will conduct a telephonic outreach campaign to members in November and/or December 2020.

Transition Policy

DHCS will offer a transition period for members to prevent any disruption. The full policy is available [here](#). Below are a few basic elements of that policy:

- DHCS will use “grandfathering” and defined “look back” periods to allow members to continue using medications that they were previously using.
- DHCS will gather approved Prior Authorization information from managed care plans (MCPs) and honor those authorizations until the expiration or one year from the date of dispensing, whichever is sooner.
- Submitting providers, (e.g., pharmacies, prescribing providers, etc.) will receive communication of the prior authorization requirements.

Gold Coast Health Plan’s Role

GCHP will be responsible for:

- Overseeing and maintaining all activities necessary for enrolled Medi-Cal beneficiary care coordination and related activities, consistent with contractual obligations.
- Providing oversight and management of all the clinical aspects of pharmacy adherence, including providing disease and medication management.
- Processing and payment of all pharmacy services billed on medical and institutional claims.
- Participating in meetings related to the Medi-Cal Global Drug Utilization Review Board and other department-driven pharmacy committee meetings.

GCHP will have access to Pharmacy Benefit Manager (PBM) liaisons who may assist GCHP and its providers with care coordination and clinical issues.

Training

DHCS, in collaboration with its PBM, Magellan Medicaid Administration, Inc., will provide a series of trainings and education materials. As soon as these materials are made available, GCHP will reach out to providers to ensure they have access to the materials and are aware of the new system(s) and processes that will be in place for Medi-Cal Rx.

Helpful Resources:

- [Medi-Cal Rx website](#): DHCS' dedicated website for more information about Medi-Cal Rx.
- [Medi-Rx Frequently Asked Questions \(FAQs\)](#): Additional guidance and clarification for Medi-Cal beneficiaries, providers, plan partners, and other interested parties.
- DHCS invites stakeholders to submit questions and/or comments regarding Medi-Cal Rx via email to rxcarveout@dhcs.ca.gov.

SECTION 6:

Prior Authorization Update

Gold Coast Health Plan (GCHP) will extend authorization expiration dates for members who have a pre-existing authorization in place but have not received services due to the COVID-19 pandemic. If a member has an authorization that expired prior to services being rendered, please call GCHP's Customer Service Department at 1-888-301-1288 to request an extension. Customer Service can also answer any other questions you have regarding GCHP's prior authorization process.

SECTION 7:

Prioritizing Immunizations and Well-Child Visits When Reopening Your Pediatric Medical Practice During the COVID-19 Pandemic

As the COVID-19 pandemic spread throughout the world, California and the rest of the United States took steps to limit the transmission and impact of the virus by implementing stay at home orders. Many parts of the health care system have been idled to preserve resources and capacity in the system, as well as limit opportunity for transmission or exposure of the virus. As a result, vaccination and well-child visit rates have dropped dramatically. Both providers and parents / guardians will need to adapt and be responsive to information regarding the priority and importance of immunizations and well-child visits. In light of these developments, the California Medical Association (CMA) offers best practice recommendations as providers safely and cautiously see patients for office visits.

Safety

Parents / guardians of children may be fearful about visiting a provider's office. However, with the proper safety precautions in place, the office is one of the safest places they can be. The CMA recommends the following safety and communication guidelines:

- Modified safety protocols to consider:
 - » Ask parents / guardians and patients to check in by phone or text message and wait in the car until an exam room is ready.
 - » Schedule so that only a few patients are in the office at any one time.
 - » Put away articles such as magazines, toys and water / coffee dispensers.
 - » Prohibit adults and teens from having guests or visitors. Only parents / guardians of younger children should be in the office with the patient.
- Communicate with parents / guardians, patients and staff about practice changes:
 - » Inform of safety protocols to help allay concerns and fears.
 - » Keep in mind that practice changes might require parents / guardians and patients to adjust their usual routines.
 - » Train staff to communicate and assure parents / guardians and patients about safety modifications.

Immunizations

The pandemic has caused many pediatric providers to quickly adjust to telemedicine. However, since vaccinations cannot be administered virtually, a large number of children have fallen behind on their immunization schedule. Wide-spread immunity will begin to wane and the likelihood of vaccine-preventable outbreaks will increase in the near future.

A [report](#) from the Centers for Disease Control and Prevention (CDC) provides information regarding the effects of the pandemic on pediatric immunizations. The California Department of Public Health (CDPH) [reports](#) that in comparing April 2019 and April 2020 data, the number of children in California who received immunizations, ages 0 through 18 years, decreased by more than 40%.

Well-Child Visits

The American Academy of Pediatrics (AAP) [recommends](#) that in-person well-child visits occur whenever possible. These visits will ensure that comprehensive physical exams, immunizations, lab, hearing, vision and oral health screenings, as well as fluoride varnish treatments, will be kept up to date. Skipping visits can have consequences beyond just falling behind on immunizations. Other health care needs could also be missed due to delays in appropriate screenings and referrals. The AAP provides further [guidance](#) on providing well-care during the COVID-19 pandemic.

Patient Outreach

Contacting patients directly during this time can be a successful way to not only put concerns and fears to rest, but to schedule essential appointments for immunizations, well-care and screenings. Ways to consider reaching out to patients include:

- Telephone calls made by staff who are trained to educate, address concerns and encourage and schedule appointments.
- Letters or postcards mailed to parents / guardians with reminders to schedule important appointments.
- Follow-up calls if unable to reach the parent / guardian or for "no shows."

Similar to the outreach effort conducted in 2019, Gold Coast Health Plan (GCHP) will again engage in member outreach Interactive Voice Response (IVR) calls aimed at closing preventive care gaps, with an anticipated launch this third or fourth quarter. These calls will offer the member the option to connect with a live agent for assistance in appointment scheduling.

Patient Education

Educating parents / guardians and patients about the importance of staying up to date with immunizations and well-care visits is essential. AAP, CMA, and CDHP strongly urge that parents / guardians be sure their children are current on vaccinations. Education for parents / guardians and patients could include:

- Notification of additional safety measures that are in place, as well as what to expect in the office experience, in order to encourage scheduling of necessary immunizations and well-care visits.
- Understanding that [unvaccinated](#) infants and children are more vulnerable to diseases like measles and whooping cough.
- Emphasize the importance of well-child visits and screenings, where development can be assessed and treatments, lab tests, and immunizations can be administered.

Additional Resources

[Recommended Child and Adolescent Immunization Schedule](#): Advisory Committee on Immunization Practices (ACIP) recommended immunizations for children 18 years of age and younger.

[Cleaning and Disinfection for Community Facilities](#): CDC guidelines for cleaning and disinfecting facilities.

[CMA website](#): Information about the latest news and most up-to-date tools.

SECTION 8:

COVID-19: Updated IHA and FSR Requirements

Gold Coast Health Plan (GCHP) is committed to issuing updates and state Department of Health Care Services (DHCS) guidance related to quality improvement activities and regulatory requirements as providers address the prioritization of COVID-19 services and precautions while resuming critical health care priorities.

Initial Health Assessment (IHA) requirements have been temporarily suspended to include any managed care plan (MCP) members that were newly enrolled in the Plan beginning Dec. 1, 2019 and continuing indefinitely during the COVID-19 emergency declaration. As noted in Revised APL 20-004, DHCS is allowing Plans to enact deferment of the IHA deadline, which is typically 120 days from the date of member enrollment. Please note that this is a temporary relief in the mandate, as DHCS has stated they will resume the IHA standards following the conclusion of the emergency declaration period, to include retroactive requirements for members that were newly enrolled during this suspension phase.

Facility Site Reviews (FSR) requirements have temporarily changed to mitigate the effects of the COVID-19 pandemic. In APL 20-011, DHCS has granted MCPs the ability to temporarily suspend the contractual requirement for in-person site reviews, which was further extended to include a period of six months beyond the rescission of the COVID-19 public health emergency declaration. MCPs have been encouraged to develop strategies to complete FSR components virtually, including corrective action plan monitoring where feasible. GCHP is evaluating a virtual strategy at this time and will inform impacted provider offices of the review logistics, as applicable. DHCS may require follow-up in-person site reviews as allowable under future guidance.

GCHP will continue to share updates regarding IHA and FSR expectations with our providers in a timely manner.

SECTION 9:

Guidance on Telehealth for Well-Child Visits during COVID-19

Well-child visits or regular checkups are an important way to monitor children's growth and development and ensure that children are up to date with their vaccinations. With California's stay at home guidance and federal guidance on non-essential medical procedures, the state Department of Health Care Services (DHCS) recognizes that members / parent caregivers may be cautious about making medical appointments for well-child visits. Under the Early and Periodic Screening, Diagnostic, and Treatment benefit, Gold Coast Health Plan (GCHP) covers vaccines, preventive care, and screening for infants and children as recommended by the American Academy of Pediatrics (AAP) Bright Futures, and in accordance with the AAP Periodicity Schedule.

In light of COVID-19, the AAP has developed guidance on the provision of pediatric well-care services via telehealth during the pandemic. This guidance, most recently updated on May 8, 2020, suggests that well-child care should occur in person whenever possible.

Recommendations

In its "Guidance on the Necessary Use of Telehealth During the COVID-19 Pandemic," AAP states, "Well visits for children may be initiated through telehealth, recognizing that some elements of the well exam should be completed in person. These elements include, at a minimum: the comprehensive physical exam; office testing including laboratory testing; hearing, vision, and oral health screening; fluoride varnish; and immunizations." The AAP encourages providers that have successfully implemented telehealth to provide appropriate elements of the well-child exam virtually to continue to support these well-child telehealth encounters, followed by a timely in-person visit.

In accordance with the AAP guidance, and to ensure continued adherence to the Bright Futures guidelines, GCHP encourages pediatric providers to follow the AAP guidance, as well as to discuss with members / parent caregivers the benefit of attending a well-child visit in person to receive necessary immunizations and screenings, in addition to the provision of services via telehealth.

Billing

To the extent there are components of the comprehensive well-child visit provided in-person (due to those components not being appropriately provided via telehealth) that are a continuation of companion services provided via virtual / telephonic communication, the provider should only bill for one encounter / visit.

GCHP Member Incentive: Well-Care Visits (Ages 3-21)

GCHP encourages providers to continue educating members on the importance of a well-child visit to maintain health and remain current with recommended vaccinations. GCHP continues to offer the Well-Care Member Incentive for members who are between 3 and 21 years of age. Members are eligible to receive a \$15 gift card to Target, Walmart or Amazon for completing a well-care exam in 2020. Providers are encouraged to promote this incentive to their eligible GCHP patients. Members will need to fill out a member incentive form and mail or fax the completed form to GCHP. The member incentive form is available on the GCHP [here](#).

If your office would like a supply of incentive forms or have any other questions, please contact the Quality Improvement team at QualityImprovement@goldchp.org.

SECTION 10:

Care Management for Gold Coast Health Plan Members

Gold Coast Health Plan's (GCHP's) team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the appropriate services. GCHP Care Management provides complex and non-complex care management, including a transition to adult services, disease-specific education and identification of social determinants of health, and connections to community resources.

To learn more, please call Care Management at 1-805-437-5777 or Customer Service at 1-888-301-1228. You can make a referral [here](#).

SECTION 11:

Managed Care Accountability Set (MCAS) 2019 Performance

Gold Coast Health Plan (GCHP) is pleased to report successful outcomes for the Managed Care Accountability Set (MCAS) performance for Measurement Year (MY) 2019. MCAS is a set of performance metrics, which include HEDIS® and CMS Core Set measures, that the state Department of Health Care Services (DHCS) selects for annual reporting by Medi-Cal managed care plans (MCPs).

Impact of COVID-19 on MCAS Project

We would like to recognize the diligent work of our provider community in the provision of quality medical care that contributed to GCHP's strong performance and acknowledge the added challenges of an efficient medical record collection process during a global pandemic. We thank you for the collaboration with GCHP and our external vendor under these challenging conditions. This continuous dedication and partnership have allowed GCHP to demonstrate the quality of care and services provided to GCHP members.

Measure Reporting for MY 2019

On April 30, 2020, DHCS released guidelines in supplement to APL 19-017 on reporting MCAS rates. To ensure MCPs and providers are able to focus on caring for members during this health emergency and to reduce risk to MCP staff who would normally travel to provider offices for data collection, DHCS made the following adjustments for hybrid measures which are consistent with National Committee for Quality Assurance (NCQA) allowances:

- Hybrid measures will not be required to meet the minimum performance level (MPL) for MY 2019.
- For existing hybrid measures that GCHP also reported for MY 2018, MCPs may choose to report MY 2019 or MY 2018 hybrid data or administrative data only for MY 2019.
- For measures reported in MY 2019 for the first time, MCPs may elect to report from MY 2019 hybrid data or administrative data only.

Please note, for measures reported with administrative data only, Plans are required to report as they normally would.

MY 2019 MCAS Performance Results

In MY 2019, GCHP reported 43 MCAS measures to DHCS. Of the 18 measures that were planned to be held to the 50th percentile MPL requirement, 14 (78%) performed at or above this standard, as seen in the table below.

Measure	MY 2018	MY 2019	2018-19 Rate Difference	2019 NCQA Percentile Ranking
Adolescent Well-Care Visits (AWC)		58.15		50 th
Adult BMI Assessment (ABA)		93.19		50 th
Antidepressant Medication Management (AMM)				
<i>Acute Phase Treatment</i>		63.18		75 th
<i>Continuation Phase Treatment</i>		46.78		75 th
Asthma Medication Ratio (AMR)	57.73	50.09	↓ 7.64	10 th
Breast Cancer Screening in Women (BCS)	60.78	61.84	↑ 1.06	50 th
Cervical Cancer Screening (CCS)	56.08	64.23	↑ 8.15	50 th
Childhood Immunization – Combo 10 (CIS)		42.09		75 th
Chlamydia Screening in Women (CHL)		56.02		25 th
Comprehensive Diabetes Care (CDC)				
<i>Hemoglobin A1c (HbA1c) Testing**</i>	89.29	87.10	↓ 2.19	50 th
<i>HbA1c Poor Control (>9.0%)**</i>	32.85	34.31	↓ 1.46	50 th
Controlling High Blood Pressure (CBP)**	63.26	61.56	↓ 1.70	50 th
Immunizations for Adolescents – Combo 2 (IMA)	34.06	37.96	↑ 3.90	50 th
Prenatal and Postpartum Care (PPC)				
<i>Timeliness of Prenatal Care</i>	86.15	97.32	↑ 11.15	90 th
<i>Postpartum Care</i>	77.39	86.86	↑ 9.47	90 th
Weight Assessment and Counseling - BMI Assessment (WCC)		94.89		90 th
Well-Child Visits in the First 15 Months of Life (W15)		54.99		10 th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	74.73	78.59	↑ 3.86	75 th

** MY 2018 hybrid data reported for these measures based on DHCS allowance.

Key Performance Highlights

- The declined rate for the Asthma Medication Ratio measure can be partly attributed to the NCQA measure specification changes, but this measure will be a performance improvement priority during 2020.
- Improvement in the Cervical Cancer Screening rate achieved the 50th percentile (compared to the 25th percentile in MY 2018).
- The Prenatal and Postpartum Care measures and the Weight Assessment and Counseling (BMI Assessment) were the highest performing measures at the 90th percentile. Note that NCQA measure specification changes positively impacted the PPC measures.
- Chlamydia Screening in Women and Well-Child Visits in the First 15 Months of Life measures were new reporting requirements for GCHP in MY 2019. MY 2019 served as a baseline measurement year, and these measures will also be performance improvement priorities during 2020.

Quality Improvement Collaboration Meeting

In an effort to align GCHP's Quality Improvement (QI) strategies with clinic partners, the QI team has begun hosting collaborative meetings. These meetings, held three times per year, invite clinic managers, medical directors and health care providers, and administrative staff to participate in information sharing and collaborative discussions related to the latest clinical strategy and DHCS quality updates, and participate in roundtable discussions and best practices exchange.

If you or a staff member would like to join the next meeting or have any questions about the MCAS measure rates or improvement strategies, please contact the Quality Improvement Department at QualityImprovement@goldchp.org.



SECTION 12:

Health Education

Telehealth


Gold Coast Health Plan (GCHP) has developed a tip sheet to help members understand the use of telehealth services. It offers tips for members when speaking with a provider. Below are telehealth tip sheets for members that may be downloaded for distribution.

- [English tip sheet](#)
- [Spanish tip sheet](#)

Tips for Telehealth Services

Gold Coast Health Plan (GCHP) created this tip sheet to help you when you talk with your health care provider by phone or video. Many health care professionals are using telehealth services to connect with patients during the COVID-19 pandemic.



What is telehealth?


Talking with a health care provider by phone or video is called telehealth. GCHP offers telehealth through a free advice nurse line. Nurses are available 24 hours a day, seven days a week. Many providers also offer telehealth services.

What are the benefits of telehealth?

Telehealth makes it easy to talk to your health care provider about non-urgent conditions. There is no need to leave your home.

Telehealth:

- Can take place in the comfort of your home.
- Does not require travel or childcare.
- Is flexible – you can use a phone or a video device.
- Has short wait times.
- Is available in your preferred language.



Do I need special electronic devices to connect to telehealth services?

Almost anyone with a home phone or cell phone can use telehealth services. If you prefer to connect to telehealth services by video, you will need a phone, computer, laptop or iPad with video capabilities.

What do I need to set-up a telehealth appointment?

If possible, you may want to be in a room that is private and quiet. Talking on the phone or having a video chat with a doctor or nurse can be hard at first.

GOLD COAST HEALTH PLAN • 1-888-301-1228 • TTY 1-888-310-7347




Consejos para los Servicios de Telesalud

Gold Coast Health Plan (GCHP) creó esta hoja con consejos para ayudarle cuando tenga una consulta con su proveedor de atención médica por teléfono o video. Muchos profesionales de la salud están utilizando los servicios de telesalud para conectarse con los pacientes durante la pandemia COVID-19.



¿Qué significa telesalud?

Telesalud significa el hablar con un proveedor de atención médica por teléfono o por video. GCHP ofrece telesalud a través de una línea de asesoramiento de enfermeras gratuita. Las enfermeras están disponibles las 24 horas del día, los siete días de la semana. Muchos proveedores también ofrecen servicios de telesalud.

¿Cuáles son los beneficios de telesalud?

Telesalud facilita el poder hablar con su proveedor de atención médica sobre condiciones de salud no urgentes. No hay necesidad de salir de su casa.

Telesalud:

- Puede suceder desde la comodidad de su hogar.
- No requiere viajes ni cuidado de los niños.
- Es flexible – puede usar un teléfono o un dispositivo de video.
- Tiene tiempos de espera cortos.
- Está disponible en el idioma que usted prefiera.



¿Necesito dispositivos electrónicos especiales para conectarme a los servicios de telesalud?

Casi cualquier persona con un teléfono en su casa o celular puede usar los servicios de telesalud. Si prefiere conectarse a los servicios de telesalud por video, necesitará un teléfono, computadora, computadora portátil o iPad que tenga capacidad de video.

¿Qué necesito para programar una cita de telesalud?

Si le es posible, hágalo en una habitación que sea privada y tranquila. El hablar por teléfono o tener una plática por video con un médico o enfermero puede ser difícil al principio.

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Provider Resources: Department of Health Care Services

The state Department of Health Care Services (DHCS) has shared the following resources to address pertinent preventive care and chronic disease management topics, including prenatal and postpartum care visits, well-child visits, diabetes, hypertension, and asthma during the COVID-19 pandemic.

The resources provided are short innovative postcards created by DHCS:

- [Asthma Management](#)
- [Managing Diabetes](#)
- [Managing Hypertension](#)
- [Prenatal and Postpartum Care Visits](#)
- [Well Visits and Immunizations](#)

Asthma Resources – Triggers and Medications

The Centers for Disease Control and Prevention (CDC) has provided information to help members understand asthma triggers. Asthma triggers can be very different for each member. Encourage members to find out what may trigger their asthma and how to avoid these triggers. Providers and members can visit the CDC website for more information in English and Spanish. [Click here](#) for more information.

The California Department of Public Health's Environmental Health Investigations Branch has health education resources for providers and members. The California Breathing Program provides an Asthma QuickTake video which discusses asthma controller and quick relief medications, the purposes for which they are used, and the devices used to take the medications. It also provides information on how to determine whether a person's asthma is under control. [Click here](#) to view and share the video with members in English.

For more information, [click here](#).



Additional Resources

- The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. Providers may refer members to learn more at the American Lung Association website in [English](#) or [Spanish](#).
- The American Diabetes Association is another great resource for members with type 1 or type 2 diabetes, or those who are helping someone with diabetes. The association provides a deeper understanding of how someone can live a healthier life with health tips and food ideas. Encourage members to visit the American Diabetes Association [website](#) for more information.

Childhood Obesity

One in five children and adolescents are affected by obesity in the United States, according to the Centers for Disease Control and Prevention (CDC). Childhood obesity is a serious problem in the US, putting children and adolescents at risk for poor health. Obesity affects children from low-income families more than children from high-income families. Children in low-income families are often served by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The CDC's Division of Nutrition, Physical Activity, and Obesity is committed to helping children and teenagers thrive. They provide a variety of resources with information to help children and teens maintain a healthy weight and prevent obesity. Please click on the topics below for resources in English and Spanish.

- [BMI calculator](#)
- [Child and teen BMI](#)
- [Rethink your drink](#)
- [Tips to help children maintain a healthy weight](#)

For additional resources and information on obesity, visit the CDC [website](#).

Food Insecurity

Studies have shown that food insecurity and a child's growth, including becoming overweight or underweight, tend to be more prevalent among households with children and single-parents. Household food insecurity affects the health and development of young children, including increased hospitalizations, poor health, iron deficiency, developmental risk and behavior problems, anxiety, depression, and attention deficit disorder.

You may direct members to the following resources for assistance with food resources in English and Spanish.

- [CalFresh Program](#): Supplemental Nutrition Assistance Program.
- [Food Share Ventura County](#): Find a food pantry.
- [Women, Infants, and Children \(WIC\)](#): Health and nutrition program.

Health Education Department and Services

Gold Coast Health Plan (GCHP) offers free health education services to help members achieve a healthy lifestyle. Health education services are designed to ensure that all members have access to health education programs, health promotion materials and classes. GCHP's Health Education Department makes certain that health education services are accessible to members through collaboration with local health agencies, clinics, hospitals and network providers.

For additional information or to request health education services, contact GCHP's Health Education Department at **1-805-437-5718, Monday through Friday from 8 a.m. – 5 p.m.** or email HealthEducation@goldchp.org. Download the Health Education Referral Form [here](#).

SECTION 13:

Cultural and Linguistic Services

New Guidelines on Non-discrimination and Language Assistance Requirements

The state Department of Health Care Services (DHCS) announced new guidelines on non-discrimination and language assistance requirements. For a full description of the regulatory requirements, see [All Plan Letter \(APL\) 20-015](#).

Language Assistance Services

Gold Coast Health Plan (GCHP) adheres to federal and state regulations that require health plans to provide Limited English Proficient (LEP), non-English speaking or monolingual members with free access to language assistance services at medical points of service.

Language Assistance Services include:

- Free interpreting and translation services.
- Translation (written) services, including alternative formats (Braille, text, audio, font size, etc.).
- American Sign Language (ASL) interpreting for deaf and hearing-impaired members.
- Interpreter services available 24 hours a day, seven days a week for medical encounters.

Members are **NOT** required to provide an interpreter or use a friend, family, including minors to interpret during medical appointments. This will avoid using untrained and unqualified interpreters.

Note: Interpretation services provided at a hospital facility are the responsibility of the hospital where the service is provided.

Readability and Suitability of Written Member Materials

The state Department of Health Care Services (DHCS) requires all written health education and member informing materials developed, adapted, purchased, or obtained free-of-charge for use by members must comply with DHCS requirements.

Materials for members must be written at a minimum or below a sixth grade reading level and use the required font size. Grade levels may differ by language and culture. The sixth grade reading level applies only to English language materials. For more information on DHCS requirements of written member materials, please see [All Plan Letter \(APL\) 18-016](#).

GCHP's Cultural and Linguistic Services is here to help you!

If you need help with language assistance services, determining a grade level or would like to bring a reading level lower to meet DHCS requirements, please contact Cultural and Linguistic Services at **1-805-437-5603, Monday – Friday, 8 a.m. to 5 p.m.** or email CulturalLinguistics@goldchp.org.

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**Gold Coast
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Provider Operations Bulletin

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For additional information, contact Customer Service at 1-888-301-1228.
Gold Coast Health Plan
711 East Daily Drive, Suite 106, Camarillo, CA 93010
www.goldcoasthealthplan.org