



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

Provider Operations Bulletin

JULY 2018

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SECTION 1:

Proposition 56 – Supplemental Payment for Physician Services

Gold Coast Health Plan (GCHP) issued checks last month to eligible providers under Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016.

Proposition 56 increased the excise tax rate on cigarettes and tobacco products and provides funding for existing health care programs administered by the Department of Health Care Services (DHCS).

Assembly Bill 120 appropriates Proposition 56 funds for state fiscal year (SFY) 2017-18, including a portion to be used for directed payments for specified services in managed care according to the DHCS developed payment methodology outlined below. On February 21, DHCS obtained federal approval from the Centers for Medicare & Medicaid Services (CMS) for this directed payment.

Proposition 56 funds resulted in directed payments by Managed Care Plans (MCP) and their delegated entities and subcontractors (as applicable) to individual providers rendering specified services between July 1, 2017 and June 30, 2018. DHCS requires MCPs to make payments for qualifying services for 13 Current Procedural Terminology (CPT) codes.

Eligible network providers are those who are qualified to provide and bill for the CPT codes in the table below.

Federally Qualified Health Centers, Rural Health Clinics, American Indian Health Programs, and Cost-Based Reimbursement Clinics are not eligible network providers. A qualifying service is one provided by an eligible network provider where a specified service is provided to a member enrolled in the MCP who is not dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D). The MCP is responsible for ensuring qualifying services reported using the specified CPT codes are appropriate for the services being provided and reported to DHCS in encounter data.

CPT	Description	Directed Payment
99201	Office/Outpatient Visit New	\$10.00
99202	Office/Outpatient Visit New	\$15.00
99203	Office/Outpatient Visit New	\$25.00
99204	Office/Outpatient Visit New	\$25.00
99205	Office/Outpatient Visit New	\$50.00
99211	Office/Outpatient Visit New	\$10.00
99212	Office/Outpatient Visit New	\$15.00
99213	Office/Outpatient Visit New	\$15.00
99214	Office/Outpatient Visit New	\$25.00
99215	Office/Outpatient Visit New	\$25.00
90791	Psychiatric Diagnostic Eval	\$35.00
90792	Psychiatric Diagnostic Eval with Medical Services	\$35.00
90863	Pharmacologic Management	\$5.00

SECTION 2:

Prior Notification Requirements for Provider Terminations

State regulatory requirements and the current contractual terms of your agreement require providers to notify GCHP with **at least sixty (60) days prior written notice of any provider terminations**. This is critically important to ensure that the Plan has sufficient time to notify all members affected by a provider's termination and to ensure that these members are transitioned to other providers without any disruption in their care.

Failure to provide prior notification of termination as specified in the terms of your Provider Agreement with GCHP

significantly impacts the Plan's ability to meet the state's regulatory requirements, to provide timely notification to the Plan's members and is a violation of the agreement. Such actions could result in the Plan being sanctioned by the state regulator.

Please help GCHP ensure the timely notification of provider terminations. Your continued collaboration and partnership is greatly appreciated.

SECTION 3:

DHCS Network Certification - Random Sampling of GCHP Provider Network

DHCS performs an annual network certification process for each of its Managed Care Plans (MCP). As part of this process, DHCS will be contacting a random sampling of GCHP providers within the next month to confirm that they are contracted with the Plan.

Providers will be contacted by DHCS by email or phone. Chosen providers will receive a roster from DHCS that lists the provider's name, location, and NPI number. If there are multiple providers in a group, there may be more than one provider listed on the roster.

DHCS will be confirming:

- The location of the individual provider site(s) / office(s).
- That the provider has a current executed contract with GCHP.

Please advise your staff that your office may be contacted by DHCS and remind them that they need to verify that your office has an executed contract with GCHP. Also, confirm that they know the other required information.



If your office is chosen, it is critical that your office responds quickly and accurately. DHCS will consider unresponsive providers to be invalidated, which may result in GCHP failing the provider validation portion of the annual certification.

SECTION 4:

All Contracted GCHP Providers Must Enroll in the Medi-Cal Program

GCHP received an all-plan letter (APL) from DHCS stating that all contracted Managed Care Plan (MCP) providers are required to be enrolled in the Medi-Cal program by **December 31**.

Per APL 17-019, to remain under contract with GCHP, **all providers** must enroll in the Medi-Cal program. To ensure GCHP's compliance with the APL, the Plan will be screening records to determine which providers are enrolled. Going forward, the Plan will be re-validating its records on a monthly basis to ensure compliance.

All providers who are not enrolled in the Medi-Cal program must have submitted their enrollment form to DHCS by May 1 to allow time for DHCS to process the application. Providers who are not enrolled in the program by December 31 will be terminated from the GCHP network.

DHCS has different enrollment applications depending on the type of provider or facility. You can find more information on the Medi-Cal Provider Enrollment page under **'Paper Applications, Instructions and Requirements'** (Figure 1).

[Click here](#) to access the page.

The screenshot shows the 'Provider Enrollment' page on the CA.GOV website. The page is titled 'Provider Enrollment' and contains the following sections:

- Provider Enrollment:** Welcome to the Medi-Cal Provider Enrollment page and thank you for your interest in becoming a provider in the Medi-Cal program. The Department of Health Care Services (DHCS) Provider Enrollment Division (PED) is responsible for the timely enrollment and re-enrollment of eligible fee-for-service health care providers in the Medi-Cal program.
- PAVE PROVIDER PORTAL:** PAVE is a secure, web-based Provider Portal that simplifies and accelerates enrollment processes, including completion and submission of new enrollment applications (Medi-Cal Provider e-Form Application (e-Form)), reporting changes to existing enrollments and responding to PED's released requests for re-enrollment or revalidation. PAVE offers intuitive guidance, social collaboration and many other user-friendly features.
- PAPER APPLICATIONS, INSTRUCTIONS AND REQUIREMENTS:**
 - Application Forms by Form Name and Number
 - Application Packages Alphabetical by Provider Type
 - Enrollment Instructions and Requirements
 - Application Type
- STATUTES, REGULATIONS, MORATORIA AND BULLETINS:**
 - Statutes and Regulations
 - Moratoria
 - Provider Bulletins
- RESOURCES:**
 - Medi-Cal Provider Application Fees
 - Preferred Provider Status
 - Returned Warrants
 - Provider Reminders
 - Top Provider Denial Reasons
 - Contact Us
 - Suspended and Ineligible Provider List

Figure 1: Medi-Cal Provider Enrollment Page

SECTION 5:

Check Primary Care Provider (PCP) Assignment

Before you schedule an appointment for a member, please check eligibility to ensure that the member is currently assigned to your Primary Care Provider (PCP) / clinic. If your PCP / clinic is not assigned as the member's PCP, have the member contact GCHP's Member Services Department at 1-888-301-1228, TTY 1-888-310-7347 Monday through Friday between 8 a.m. and 5 p.m. to select your PCP / clinic as their PCP. The PCP / clinic change will not be effective until the first day of the month following the change request.

SECTION 6:

Referrals to Specialists

GCHP is committed to providing the best care to its members. In order to reduce barriers to care, GCHP has made the decision to not require prior authorization for in-network / in-area specialty physician referrals for office consultations. Whenever possible, specialty care should be provided by GCHP contracted providers within the Plan's service area of Ventura County.

Out-of-area referrals

Prior authorization must be obtained when a member is being referred to an out-of-area specialist that is contracted with the plan. The Plan may authorize a consultation outside of Ventura County if:

- The necessary procedure or service is not available through one of the Plan's in-area network providers.
- The expertise required for consultation is beyond what is available through the Plan's in-area provider network.
- The member's medical needs are sufficiently complex to require service out of the area.

Second medical opinions

GCHP often receives requests for second medical opinions. Members may request a second opinion about a recommended procedure or service from a contracted provider with the same specialty experience as that of the provider who issued the first opinion. GCHP honors all requests for second opinions without the need for a prior authorization as long as the like-provider is within the GCHP network and Ventura County service area.

Requests for a second medical opinion with a like-provider outside of the GCHP service area should only be requested when GCHP does not have a second specialist contracted in the county that is qualified to provide a second opinion.

Any referrals to specialists outside of Ventura County require prior authorization.

Ongoing treatment with out-of-area provider

The initial approval for an out-of-area specialist is only for a consultation. The specialist is responsible for informing the PCP of the patient's status and proposed interventions. When the proposed interventions are available in-network / in-area, the member should be directed to receive care locally.



SECTION 7:

Grievance & Appeals Update

Provider Reconsideration Request Form

Please remember to attach the Provider Reconsideration Request Form to your Provider Resolution Dispute, Provider Grievance, or Appeal when you are submitting your request.

The Provider Reconsideration Request Form allows you to choose from the following:

- **Provider Dispute** – A request for reconsideration of an original claim that has been previously denied or underpaid.
- **Appeal** – A review of an Adverse Benefit Determination, which is a denial, deferral or limited authorization of a requested covered service, including: determinations on the level of service; denials of medical necessity; reduction, suspension, or termination of a previously-authorized service.
- **Grievance** – A request for reconsideration of a previously-disputed claim in which the provider is not satisfied with the resolution outcome.

[Click here](#) for the Provider Reconsideration Request Form.

SECTION 8:

Palliative Care Update



In an effort to focus on patient choice and optimize quality of life, GCHP implemented a new palliative care benefit on January 1 in accordance with state Senate Bill 1004 and DHCS APL 17-015. The Plan's new program is called *MyGoldCare*.

- ▶ **What is the difference between palliative care and hospice care?**
Both palliative care and hospice care provide comfort. However, palliative care can begin at diagnosis and take place at the same time as treatment. Hospice care begins after treatment of the disease has stopped and when it is clear that the person is not going to survive the illness.
- ▶ **New Eligibility Criteria for MyGoldCare**

To qualify for palliative care, GCHP members must meet all of the general criteria and at least one of the four disease-specific eligibility criteria:

- **General Eligibility Criteria**

All of the following must apply in order for GCHP members to be eligible to receive palliative care:

1. Likely to or have started to use the hospital or emergency department as a means to manage late stage disease;
2. In a late stage of illness, as defined below, and not eligible for or declines hospice enrollment;
3. Death within a year would not be unexpected based on clinical status;
4. Has received either appropriate patient-desired medical therapy, or for whom patient-desired medical therapy is no longer effective. Patient is not in reversible acute decompensation; and,
5. The member and, if applicable, the family / patient-designated support person, agrees to:
 - a. Attempt in-home, residential-based or outpatient disease management instead of first going to the emergency department; and
 - b. Participate in Advance Care Planning discussions.

- **Disease-Specific Eligibility Criteria**

At least one of the four must apply:

1. Congestive Heart Failure (CHF): Must meet (a) and (b).
 - a. The member is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned OR meets criteria for New York Heart Association (NYHA) heart failure classification III or higher, and
 - b. The member has an Ejection Fraction <30% for systolic failure or significant co-morbidities.
2. Chronic Obstructive Pulmonary Disease (COPD): Must meet (a) or (b).
 - a. The member has a Forced Expiratory Volume (FEV)1 less than 35% predicted and 24-hour oxygen requirement of less than 3 liters (L) per minute, or
 - b. The member has a 24-hour oxygen requirement of greater than or equal to 3L per minute.
3. Advanced Cancer: Must meet (a) and (b).
 - a. The beneficiary has a stage III or IV solid organ cancer, lymphoma, or leukemia, and
 - b. The beneficiary has a Karnofsky Performance Scale (KPS) score less than or equal to 70 OR has failure of two lines of standard chemotherapy.
4. Liver Disease: Must meet (a) and (b) combined or (c) alone.
 - a. The beneficiary has evidence of irreversible liver damage, serum albumin less than 3.0, and International Normalized Ratio (INR) greater than 1.3, and
 - b. The beneficiary has ascites, spontaneous bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices, or
 - c. The beneficiary has evidence of irreversible liver damage and has a Model for End Stage Liver Disease (MELD) score of greater than 19.

- ▶ **New Prior Authorization Requirement**

As of January 1, a Preauthorization Palliative Care Request Form will be required to bill for services.

[Click here](#) for the form.

- ▶ **New Upcoming Certification Requirement for Providers**

GCHP is required to maintain a network of qualified palliative care providers who will offer care in the appropriate setting based on member needs. Therefore, as of February 1, practitioners may be eligible to be listed as MyGoldCare palliative care providers if they meet one of the following criteria:

1. **American Board of Medical Specialties (ABMS) subspecialty certificate**

Practitioners with a primary board certification from the American Board of Medical Specialties (ABMS) AND a subspecialty Certification in Hospice and Palliative Medicine

OR

2. **American Osteopathic Association (AOA) Certificate of Added Qualification**

Practitioners with an American Osteopathic Association (AOA) certification in family medicine, internal medicine, neurology and psychiatry, or rehabilitation medicine AND a Certificate of Added Qualification in Hospice and Palliative Medicine

OR

3. Practitioners without either ABMS or AOA hospice and palliative care certificates

The GCHP Credentials / Peer Review Committee may waive the above requirements after review of at least five years of relevant work history.

▶ Who is in GCHP's palliative care network?

GCHP's Palliative Care network consists of inpatient, outpatient, and homebound agencies. The various network and authorization requirements are:

- Inpatient Network: No authorization necessary (occurs with appropriate therapy).
- Outpatient Network: Authorization required.
- Homebound Agencies: Authorization required and only appropriate if homebound.

▶ Who can bill for palliative care services?

Billing by the following provider types and settings will be considered for palliative care:

1. Hospitals
2. Long-term care facilities
3. Clinics
4. Hospice agencies
5. Home health agencies
6. Other types of community-based providers that include licensed clinical staff

▶ How do I bill?

To process your payment correctly as palliative care services, please submit all palliative care billing with **Modifier PE**. If you do not include the modifier with your bill, you will not receive payment and it will default to a capitated service.

▶ Opportunities available for a limited time

• Workforce Development

In an effort to improve palliative care under SB1004, DHCS is offering workshops, training, and certifications for palliative care *free of cost for a limited time*.

Education classes are available for a variety of classifications, including physicians, social workers, nurses, and clinic staff. GCHP highly recommends that its providers take advantage of this opportunity.

[Click here](#) for more information.

• Funding Opportunity

Multiple leadership organizations recognize that passionate leaders who can move the field forward come from diverse backgrounds and multiple disciplines. [Cambia Health Foundation](#) has expanded its Grant Leadership Program to include emerging leaders in palliative care who are physicians, nurses, social workers, physician assistants, chaplains, psychologists, pharmacists, and other health system leaders.

If you have any questions regarding the palliative care benefit, email ProviderRelations@goldchp.org.

SECTION 9:

Non-Medical Transportation (NMT)

As of October 1, GCHP covers Non-Medical Transportation (NMT) for all medically-necessary services. NMT coverage includes transportation for a member and one attendant, such as a parent, guardian, or spouse, to accompany a member in a vehicle or on public transportation, subject to prior authorization at the time of the initial NMT request.

NMT does not include transportation of sick, injured, invalid, convalescent, infirmed or otherwise incapacitated members who need to be transported by ambulance, litter vans, or wheelchair vans. NMT does not cover trips to a non-medical location or to appointments that are not medically necessary.

NMT includes transportation to and from:

- A medical appointment for treatment or screening.
- A location to pick up prescriptions for drugs that cannot be mailed directly to the member.
- A location to pick up medical supplies, prosthetics, orthotics and other medical equipment.

GCHP's contracted vendor, Ventura Transit System (VTS), will provide transportation using sedan vehicles at no cost to members. Members must contact VTS directly at 1-855-628-7433. No authorization is required; however, members must attest to having no other means of transportation.

If you have any questions, call GCHP's Customer Service Department at 1-888-301-1228.

SECTION 10:

Member Incentives

GCHP values the health of its members. To encourage healthy behavior, GCHP is offering rewards to members who complete the following preventive care exams:

- **Postpartum Care Exam**
New mothers who complete a postpartum care exam within 3 to 8 weeks of the delivery can receive a large pack of diapers.
- **Annual Well-Child Exam for 3- to 6-Year-Old Children**
Children between the ages of 3 to 6 can receive a \$15 gift card to Target or Walmart if a well-child exam is completed between January 1, 2018 and December 31, 2018.

To apply for a member reward, GCHP must receive a form that is signed by both the member and the practitioner performing the examination.

The member reward forms (Figure 2) can be found on the Plan's website under Members > Resources. [Click here](#) to bookmark the page.

To download the member reward forms, click on the links below:

- [Postpartum Care Exam](#)
- [Annual Well-Child Exam for 3- to 6-Year-Old Children](#)



Figure 2: Member Reward Forms

If you have any questions, please contact GCHP's Quality Improvement Department at 1-805-437-5592 or hedis@goldchp.org.

SECTION 11:

Healthcare Effectiveness Data and Information Set (HEDIS®) 2017 Performance

GCHP successfully completed the Healthcare Effectiveness Data and Information Set (HEDIS®) project for measurement year (MY) 2017.

HEDIS®, an industry standard methodology developed by the National Committee for Quality Assurance (NCQA), is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service. Strong performance on HEDIS® measures enables GCHP and its providers to demonstrate the quality of care and services provided to the Plan's members.

Thank you for your assistance in providing the required medical record data in a timely fashion to GCHP's vendor partner and/or the Plan's Quality Improvement Department.

The ability to retrieve complete medical record information within the tight timeframes of the HEDIS® project is paramount in demonstrating positive outcomes.

GCHP is pleased to report that 80% of HEDIS® measures improved in MY 2017 compared to the prior year. Of the HEDIS® measures reported in the DHCS 2018 External Accountability Set, 29 measures (81%) of metrics met or exceeded the NCQA's 25th percentile and the DHCS required minimum performance level (MPL). Seven measures (19%) fell below the desired performance level.

The following HEDIS® quality of care and performance metrics demonstrated marked improvement (>5%) in MY 2017 compared to MY 2016.

GCHP's measures demonstrating marked improvement for MY 2017

HEDIS® Measure / Data Element	MY 2016	MY 2017	2016-17 Rate Difference	2017 NCQA Percentile Ranking
Weight Assessment / Counseling for Nutrition and Physical Activity for Children / Adolescents				
Counseling for Nutrition	54.50	79.56	↑ 25.06	75 th
Counseling for Physical Activity	48.66	74.94	↑ 26.28	75 th
Childhood Immunization Status				
Combination #3	64.96	70.53	↑ 5.57	25 th
Immunizations for Adolescents				
Tdap/Td	81.75	87.10	↑ 5.35	50 th
HPV	27.25	37.71	↑ 10.46	90 th
Combination #2	22.08	33.58	↑ 11.50	90 th
Controlling High Blood Pressure	45.01	54.50	↑ 9.49	25 th
Comprehensive Diabetes Care				
HbA1c Poor Control (>9.0%)*	54.50	35.77	↓ 18.73	50 th
HbA1c Control (<8.0%)	36.98	55.96	↑ 18.98	75 th
Eye Exam (Retinal) Performed	50.61	57.91	↑ 7.30	50 th
Blood Pressure Control (<140/90 mm Hg)	48.66	65.94	↑ 17.28	50 th
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	66.18	75.47	↑ 9.29	50 th

* Inverted measure – lower rate indicates better performance

The following HEDIS® quality of care and performance metrics fell below the NCQA's 25th percentile and the DHCS required MPL:

1. Asthma Medication Ratio (AMR) measure
2. Medical Attention for Nephropathy [a component of the Comprehensive Diabetes Care (CDC) measure]
3. Monitoring of Angiotensin Converting Enzyme Inhibitors (ACE) / Angiotensin II Receptor Blockers (ARBs) [a component of the Annual Monitoring for Patients on Persistent Medications (MPM) measure]
4. Children and Adolescents' Access to Primary Care Practitioners (CAP) measure for children ages 25 months-6 years, 7-11 years, and 12-19 years

The table below shows GCHP's rates and the NCQA percentile trends for the MY 2016-2017 for these measures:

GCHP's measures ranking in the 10th percentile for MY 2017

HEDIS® Measure / Data Element	MY 2016	2016 NCQA Percentile	MY 2017	2017 NCQA Percentile
Asthma Medication Ratio	51.24	25 th	54.41	10 th
Medical Attention for Nephropathy	89.05	25 th	88.08	10 th
Monitoring of ACE / ARBs	85.09	10 th	85.48	10 th
Children and Adolescents' Access to Primary Care Practitioners				
25 months-6 years	85.52	25 th	84.72	10 th
7-11 years	84.54	10 th	86.12	10 th
12-19 years	82.32	<10 th	83.69	10 th

Providers can improve these rates through appropriate coding, thorough documentation, and timely follow-up with patients. GCHP encourages practitioners to:

- Use the bi-monthly performance feedback reports / report cards to reach out to members with gaps in care.
- Schedule patients for annual screenings and tests at least once per year.
- Conduct routine follow-up and management of patients with diabetes, including annual screening or monitoring tests showing medical attention to nephropathy.
- Monitor lab tests annually for patients taking ACE / ARBs.

GCHP appreciates your continued partnership in the annual HEDIS® project and your participation in efforts to move the needle in performance outcomes.

If you have any questions regarding HEDIS® or the quality improvement strategies you can implement within your practices, please contact GCHP's Quality Improvement Department at hedis@goldchp.org.

SECTION 12:

Health Education

GCHP's Health Education Department has a list of diabetes education classes and support groups throughout Ventura County that are available to GCHP members. If there is a class that you think one of your members can benefit from, contact the Health Education Department at **1-805-437-5500** or HealthEducation@goldchp.org for help finding a program that meets the needs of your members.

When you refer a member for classes or materials, please complete a [Health Education Referral Form](#) and efax it to **1-805-248-7481** or email it to HealthEducation@goldchp.org.

Health Education Materials & Resources

Quit Smoking

The California Smokers' Helpline is a free resource available to members to help them quit smoking. The helpline offers telephone counseling in English and Spanish. Members can call 1-800-NO-BUTTS (1-800-662-8887) or 1-800-45-NO-FUME (1-800-456-6386) for help in Spanish.

The helpline has new brochures available in English and Spanish at no cost (Figure 3). To request brochures, contact GCHP's Health Education Department at 1-805-437-5500 or HealthEducation@goldchp.org or [click here](#) to order them directly from the helpline.

In addition, GCHP covers Nicotine Replacement Therapy (NRT) products.

You and Your Back

The brochure, "You and Your Back," from Channing Bete (Figure 4) explains back pain and helps members understand and manage their pain.

This brochure, along with other health education materials, are from a DHCS-approved list, which includes Channing Bete and Krames. For more information, call 1-805-437-5500 or email HealthEducation@goldchp.org.

Hospital Labor and Delivery Tours

GCHP's Health Education team participates in monthly labor and delivery hospital tours at Ventura County Medical Center and Santa Paula Hospital. [Click here](#) for GCHP's calendar, which includes the Plan's upcoming tours.



Figure 3: California Smokers' Helpline Brochures

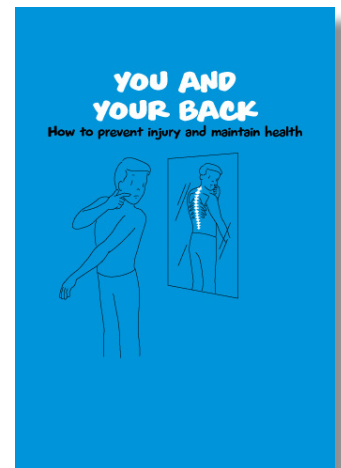


Figure 4: "You and Your Back" Brochure

SECTION 13:

Language Assistance Services

GCHP adheres to federal and state guidelines that require health plans to provide free access to interpreter and translation services at all key points of covered services to Medi-Cal members. GCHP strongly discourages the use of unqualified interpreters, including bilingual office staff and friends or family members – especially minors.

GCHP provides interpreter services:

- In person.
- Over the phone (24 hours a day, seven days a week). More than 240 languages are available.
- In American Sign Language.

The Plan also offers translation services – written information and alternative formats (large print, audio, accessible electronic formats, other formats).

GCHP's Cultural & Linguistic Services is available to help you Monday through Friday from 8:30 a.m. to 4:30 p.m. You can call **1-805-437-5603** or email CulturalLinguistics@goldchp.org.

GCHP routinely distributes information promoting language assistance to the Plan's providers. The materials are free of charge. Please note that Pacific Interpreters is now LanguageLine Solutions. Contact Cultural & Linguistic Services to request updated materials.

Need to cancel a scheduled interpreter request?

It is important to notify GCHP of any scheduling changes or cancellations at least 25 business hours in advance. Please email your cancellation to CulturalLinguistics@goldchp.org or send it via eFax to **1-805-248-7481**.



SECTION 14:

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 will learn about their rights and responsibilities as GCHP members, as well as 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's Member Services Department at 1-888-301-1228 for meeting dates and times.


[Click here](#) for the current schedule (Figure 5).

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

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



www.goldcoasthealthplan.org

Meeting Dates and Locations

Oxnard Library
251 South "A" Street, Oxnard, CA 93030 – Room A
July 26, 2018, Thursday: English 5:15 pm, Spanish 6:30 pm
August 21, 2018, Tuesday: English 5:15 pm, Spanish 6:30 pm
September 15, 2018, Saturday: English 10:00 am, Spanish 11:30 am

Camarillo – GCHP Office
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
July 24, 2018, Tuesday: English 1:30 pm, Spanish 3:00 pm
August 23, 2018, Thursday: English 1:30 pm, Spanish 3:00 pm
September 11, 2018, Tuesday: English 5:30 pm, Spanish 6:45 pm
September 26, 2018, Wednesday: English 1:30 pm, Spanish 3:00 pm

Simi Valley Library
2969 Tapo Canyon Road, Simi Valley CA 93063 – Community Room
July 21, 2018, Saturday: English 10:00 am, Spanish 11:15 am

Ventura – Ventura Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001 – Rincon Room
August 18, 2018, Saturday: English 10:00 am, Spanish 11:15 am

Statement of Nondiscrimination and Language Assistance
Gold Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Gold Coast Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
Gold Coast Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-301-1228 (TTY: 1-888-310-7347).
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-301-1228 (TTY: 1-888-310-7347).
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-301-1228 (TTY: 1-888-310-7347)。

Gold Coast Health Plan
Información sobre Beneficios para Miembros
Usted y Sus Beneficios de Medi-Cal

Particpe con nosotros en una reunión de Información sobre Beneficios para los Miembros para que aprenda como:

- Seleccionar a un Proveedor de Atención Primaria (PCP por sus siglas en inglés)
- Obtener servicios médicos
- Tener acceso a servicios dentales, de la vista y otros beneficios
- Obtener asistencia de salud mental
- Mantener su elegibilidad para Medi-Cal
- Aprender sobre Medi-Cal y Gold Coast Health Plan (GCHP)
- Conocer sus derechos y responsabilidades como miembro
- Localizar recursos comunitarios
- Saber qué clases sobre la salud ofrece Gold Coast Health Plan (GCHP)
- Saber qué clases y servicios ofrecen otras agencias

Preguntas?
Servicios para Miembros:
1-888-301-1228
TTY 1-888-310-7347



www.goldcoasthealthplan.org

Fechas y Lugares de las Juntas

Biblioteca de Oxnard
251 South "A" Street, Oxnard, CA 93030 – Room A
26 de julio de 2018, martes: en inglés a las 5:15 pm, en español a las 6:30 pm
21 de agosto de 2018, jueves: en inglés a las 5:15 pm, en español a las 6:30 pm
15 de septiembre de 2018, sábado: en inglés a las 10:00 am, en español a las 11:30 am

Camarillo – Oficina de GCHP
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
24 de julio de 2018, martes: en inglés a las 1:30 pm, en español a las 3:00 pm
23 de agosto de 2018, jueves: en inglés a las 1:30 pm, en español a las 3:00 pm
11 de septiembre de 2018, martes: en inglés a las 5:30 pm, en español a las 6:45 pm
26 de septiembre de 2018, miércoles: en inglés a las 1:30 pm, en español a las 3:00 pm

Biblioteca de Simi Valley
2969 Tapo Canyon Road, Simi Valley CA 93063 – Community Room
21 de julio de 2018, sábado: en inglés a las 10:00 am, en español a las 11:15 am

Ventura – Ventura Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001 – Rincon Room
18 de agosto de 2018, sábado: en inglés a las 10:00 am, en español a las 11:15 am

Declaración de No Discriminación y Asistencia Lingüística
Gold Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Gold Coast Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
Gold Coast Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-301-1228 (TTY: 1-888-310-7347).
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-301-1228 (TTY: 1-888-310-7347).
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-301-1228 (TTY: 1-888-310-7347)。

Figure 5: Member Benefit Information Meetings



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

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Provider Operations Bulletin

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