



**Ventura County Medi-Cal Managed  
Care Commission (VCOMMCC) dba  
Gold Coast Health Plan  
Consumer Advisory Committee Meeting**

2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036  
**Wednesday June 12, 2013**  
**5:00 p.m.**

**AGENDA**

**CALL TO ORDER**

**PUBLIC COMMENT**

1. **APPROVE MINUTES**
  - a. [Regular Meeting of March 13, 2013](#)
  
2. **DISCUSSION ITEMS**
  - a. [Staff Update on Items Brought Forward at March 13, 2013 Meeting](#)
  - b. Healthy Families Transition
  - c. [Medi-Cal Expansion, Ace / LIHP](#)
  - d. Resource Fairs and Outreach
  - e. [Newsletter](#)
  - f. [Health Education / Cultural and Linguistics](#)
  - g. [Members Rights and Responsibilities](#)
  - h. [DEMPOS and Medi-Cal](#)
  - i. [Provider Operations Bulletin](#)
  - j. [Call Center Reporting](#)
  - k. Plan Updates
  - l. End of CAC Term – Requirements for New Committee Members

**COMMENTS FROM COMMITTEE MEMBERS**

**ADJOURNMENT**

Unless otherwise determined, the next regular meeting of the Consumer Advisory Committee will be held on September 11, 2013 at 5:00 p.m. at 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

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**ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 2220 E. GONZALES ROAD, SUITE 200, OXNARD, CA.**

**IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT 805/981-5285. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING**

**Ventura County Medi-Cal Managed Care Commission  
(VCOMMCC) dba Gold Coast Health Plan  
(Gold Coast Health Plan)  
Consumer Advisory Committee Minutes  
March 13, 2013  
(Not official until approved)**

**CALL TO ORDER**

Cassie Undlin, Interim Chief Operating Officer, called the meeting to order at 5:00 p.m. in Suite 200 located at 2240 E. Gonzales Road, Oxnard, CA 93036.

**ROLL CALL**

**COMMITTEE MEMBERS IN ATTENDANCE**

Joseph Buchroeder  
Edie Brown  
Norma Gomez  
Frisa Herrera  
Ruben Juarez  
Katharine Raley  
Linda Smith

**EXCUSED / ABSENT COMMITTEE MEMBERS**

Robert Dennis  
Julianna Fjeld  
Curtis Updike

**COMMITTEE STAFF IN ATTENDANCE**

**Cassie Undlin, Chair, Interim Chief Operating Officer**  
Luis Aguilar, Member Services Manager  
Sonji Lopez, Grievance and Appeals Assistant  
Blanca Robles, Member Services Eligibility Specialist  
Connie Harden, Member Services Project Specialist  
Paula Cabral, Administrative Assistant

**OTHER STAFF IN ATTENDANCE**

Brandy Armenta, Compliance Officer / Manager  
David Bacerra, Outreach Coordinator  
Sonia DeMarta, Controller  
Robert Franco, Compliance Project Manager - Delegation Oversight  
Kathleen Garner, Provider Relations Representative  
Steve Lalich, Communications Manager  
Chris Martinez, Compliance Specialist  
Maureen Ndu, Contracts Coordinator

Jennifer Palm, Director, Health Services  
Velma Washington, Provider Relations Representative  
Nancy Wharfield, MD, Medical Director Health Services

Christina Montero – in attendance for Julianna Fjeld  
Norma Cahue – in attendance for Curtis Updike

Language Interpreting and Translating services provided by Gold Coast Health Plan from Lourdes González Campbell and Associates.

## **PUBLIC COMMENT / CORRESPONDENCE**

None

### **1. APPROVAL OF MINUTES – DECEMBER 5, 2012**

Minutes from December 5, 2012. Connie Harden, Member Services, noted that corrections were needed on the first page; Julie Fjeld should be Julianna Fjeld, Lupe Gonzalez, should be Lupe Gonzales, PhD., M.P.H. Manager of Health Education and Disease Management; and Brandy Armenta, Compliance Officer / Manager was in attendance at the December 5th meeting. Member Brown motioned to approve the minutes and Member Herrera seconded. The motion carried. Approved 6-0.

The Pledge of Allegiance was recited.

Steve Lalich noted on page two of the minutes that social media was not active at this time and would like the minutes amended to reflect this. Member Juarez motioned to amend the minutes and Member Herrera seconded. The motion carried. Approved 6-0.

### **2. GOALS AND OBJECTIVES**

Motion to approve the goals and objectives was made by Member Juarez and Member Linda Smith seconded. The motion carried. Approved 6-0.

### **3. INFORMATIONAL ITEMS**

#### **a. WELCOME**

Dr. Nancy Wharfield, Medical Director Health Services, stated that she has met with each of the committee Members. She stated that we want our meetings to be interactive and need involvement and feedback from the Members. Gold Coast is working towards a culture change for our Members as well as for our Providers in Ventura County. Our goal is to give our Members the quality healthcare they deserve and for our Providers to understand the care that is needed for our Members.

Member Brown asked if Gold Coast Health Plan is monitoring the timeframe for a Member to be referred from a PCP to a specialist. Dr. Wharfield said at this time we do not have these reports available. Jennifer Palm, Director of

Health Services, noted that the state standard in our contract is two weeks to see a specialist. Ms. Palm added that sometimes the wait is a little longer but we strive to be within the state's timeframe. Dr. Wharfield stated that we prefer to keep our Members in network and in the area; however, for services that are not available, we do have tertiary care which would require prior authorization.

Member Raley asked who should be contacted at GCHP regarding specific problems and be able to have a reply within eight hours. Chair Undlin replied that the first call should be directed to Member Services. A specific life threatening situation was discussed; Steve Lalich will follow-up with Member Raley and provide details to Luis Aguilar.

Member Juarez further related how some Members select a PCP but do not immediately establish care; therefore, when they do go to their PCP, are told they are not accepting new patients. They want to change their Provider but do not have a current PCP directory. There is frustration among the Members because they are calling the 888 number (which is in another state) and are told they are not in the system and then they contact me. This needs to change. Steve Lalich will follow up.

Member Raley asked if the committee had access to the CEO; Chair Undlin replied yes. Chair Undlin will send an email with the contact information and urged the committee to let GCHP know the issues that need to be addressed and that their contribution is very much appreciated.

**b. PRE-AUTHORIZATION OVERVIEW**

Dr. Wharfield presented a brief overview of certain services requiring prior-authorization. If a denial is received, a letter is sent to the requesting Provider and the Members. The Provider then has the opportunity to call directly and speak "peer to peer" with the reviewing physician and if information is missing, it can be changed and the decision can be reversed. On a more formal basis, if they want to provide records (appeal) and then another physician can review. Members also have the ability to pursue an appeal.

Dr. Wharfield noted that in regards to grievances we need help and encourage our Members to file a grievance with a phone call or a visit. If we have more formal grievances, we can keep track and help fine-tune the different problems. Member Raley asked if they could advocate for the Members as many do not have transportation or cell phones (or limited minutes) and a Member will not waste their minutes calling the 888 number. A formal release may be required to advocate for a Member but it is possible. Chair Undlin suggested that we could open an email address that would come directly to GCHP or by sending secured email.

c. **CBAS**

Jenny Palm, Director of Health Services, stated that we currently have about 600 Members receiving CBAS services and that we work closely with the in-county centers and we have some out of county centers. Ms. Palm asked if there were any questions or issues that the committee was receiving from Members or if anything is unclear about the services CBAS offers. No questions asked.

d. **SENSITIVE SERVICES**

Dr. Wharfield explained that sensitive services are related to pregnancy, family planning, pregnancy testing, and HIV testing or sexually transmitted diseases. Members have the option of going to an in-network Provider or out of network Provider (in or out of Ventura County) as long as it is a Medi-Cal Provider, and we will pay for the services. This includes minors down to the age of 12, they can receive these services without receiving parental consent. If needed, Gold Coast Health Plan will assist the Members in locating a Provider out of county.

Member Herrera asked if the Providers are informed about this because there is a concern some Providers may feel if the Member is not assigned to them they will not be reimbursed for services. Dr. Wharfield stated that the directive is "any willing Medi-Cal Provider." Some Providers may not be aware of this requirement; if there is an issue, the Members can contact GCHP and we will inform the Provider and reassure them that they will be paid. Jenny Palm added that this is an area we will need to educate the Providers as well as ensuring the patient's privacy is being protected when sending billing information to the home.

e. **PCP ACCESS**

Dr. Wharfield said that when you become a Gold Coast Member you have thirty (30) days to choose a Provider or you will be auto assigned. Dr. Wharfield said that this is an area that needs to be discussed further and is part of Provider education. Our Members also need to be educated about our policies and the importance of establishing a medical home so that the PCP can become familiar with them.

Member Juarez said that the community clinic will accept these patients if needed, but when assigned to a PCP the Provider will not see them because they have not established a relationship and then are told they are not accepting new patients (even if they have been assigned). Member Herrera asked about foster children that may be placed in a group home and are not seeing their PCP within the required first 120 days. Dr. Wharfield said if the Members are not showing up for their initial visit, we need to push our Providers to contact them.

Steve Lalich noted that Gold Coast has gone out into the community and materials also have gone out to the Members stating they must select a PCP within 30 days and establish a relationship within 120 days and that they have the right to switch PCP's the following month. There was a discussion as to the many reasons Members do not establish a relationship with their PCP and ways to correct the problem. This issue needs to be looked into.

Member Herrera said that there is a concern with foster youth receiving their prescriptions. Foster youth are initially covered under the state Medi-Cal system for the first month and then are switched over to Gold Coast, however, sometimes the child is pulled and placed in a group home. The pharmacies are filling the prescriptions – but there is a big difference with how they are paid. The state covers name brands and Gold Coast covers generic (\$20 vs. \$200). We need to know how this can be avoided. Chair Undlin said this needs to be looked into and will get back to Member Herrera.

**f. TRANSPORTATION VENDOR**

The president of Ventura Transit Systems, Masood Babaeian, stated that services began on February 1. They are averaging 5,000 trips per month; 1,000 Members are using the service on a regular basis. When a Member calls, they have a phone number and a list of questions to confirm eligibility. They are not denied if they are qualified.

Member Gomez stated that she has had problems with a family who has a child that requires a hearing device and needs to go to Westlake Village; she has spoken to Guillermo Gonzalez but she has not heard back from him. Ms. Gomez was unaware of the transportation vendor. Mr. Babaeian suggested that she contact his office. It was noted that they will provide some out of the area transportation. Member Raley asked if transportation was available for seniors (Medi-Medi). Ms. Teresa Howarth is in charge of the transportation and can be reached at 1-855-628-7433.

A break was provided at 6:05 pm.

The meeting reconvened at 6:30 pm.

**g. ACE**

The ACE Program is for adults ages 21-64 who do not qualify for Medi-Cal. Chair Undlin said that the LIHP (Low Income Health Plan) is part of the waiver the state has with the CMS. They are breaking it into a couple of pieces. They are looking at individuals within 100-138% of the federal poverty level. Moving that into either a state program or a county program. This is being reviewed with the governor's budget. Part of the population (139% to 200%) will go into the exchange. ACE will end in June 2013. There was a discussion regarding the different programs going into effect. Chair Undlin said it should be discussed further at the next meeting.

John Buchroeder left the meeting at 6:40 pm.

**h. HEALTHY FAMILIES**

Steve Lalich stated that we are in Phase III of the Healthy Families Program that is transitioning into Medi-Cal beginning August 1. We are going to try to mirror the outreach campaign we did last year and leverage our relationship with most of our Providers (County, Clinicas, CMH) to get into their clinic systems to reach the patient population about this change.

In order to get this information out, we plan to get involved with some community activities that will be held and host some events. Ruben Juarez is involved in some school based outreach programs and would like to have our new Outreach Coordinator, David Becerra, participate in those. We have also had success in the past with Promotores. Depending on our budget, we are proposing to do some paid media (radio/television) regarding these changes to coincide the August 1<sup>st</sup> date. We plan to revise our website homepage with a thumbnail with information for our Members and Providers. Everything is still being reviewed and we really need the committee's feedback; an email address will be sent out so that you can send in your comments. Member Juarez has been working with the Healthy Families Program for 15 years and gave an overview of the program and the impact it has had in our community. Information is also on the Healthy Families website.

Chair Undlin noted that the other part of this is that we have 12,000 of the 20,000 that are currently part of VCMC; 3,100 are with Kaiser (and will remain with Kaiser) and the other group has approximately 6,000 in the Anthem network (different from ours – with a couple that we need to figure out how to make work). There will be some potential disruption on this.

Steve Lalich said that the next newsletter will possibly be sent in mid-July to include Healthy Families information. We have to get approval from the state on the newsletter at least 60 days prior to publication. The newsletters are also on the website. Member Raley asked that the senior community be included in these newsletters regarding upcoming Medicare changes and other issues related to seniors. Chair Undlin would like feedback on the newsletter.

**i. BALANCE BILLING**

Luis Aguilar, Member Services Manager, stated that we are receiving calls from Members regarding billing. We currently have an internal work group including Provider Relations, Claims and Member Services. Working on a work flow to train the call center when they receive a call from the Members. Provider education has been given.

Member Juarez discussed a problem about Members who get referred from their PCP to another doctor but then receive a bill and a notice stating that they are not a contracted provider. The Members come into our offices with a collection letter and need help resolving the situation.

Member Raley spoke about a serious problem occurring with ambulance billing. Medicare is being improperly billed and then the bills are being sent to the client. The ALJ is involved and this may go the Grand Jury or class action suits may be filed. This needs to be investigated.

There needs to be Member education and if we aren't aware of the problem we can't fix it, we need copies of their bills. Billing is done in Kentucky but we do have access to the system. Chair Undlin said that we will be working on these issues.

j. **CALL CENTER REPORTING**

Luis Aguilar, Member Services Manager, reviewed the call center reports. The Spanish and English calls are being answered quickly.

Christina Montera, Tri-County Glad, who was speaking on behalf of Julianna Fjeld. Ms. Fjeld would like the Call Center to refer to the deaf population as "*deaf and hard of hearing*" not hearing impaired.

**OTHER**

Member Smith reported receiving a new member packet for her daughter when her daughter has been a GCHP member since the beginning with no break in service. She questioned the sending of the new packet and a new card, and questioned the receipt of a 2011 Provider Directory; is that the most current Provider Directory? Other members also reported members' receipt of multiple ID cards. Luis Aguilar to follow up.

Chair Undlin stated that before the next meeting, a reminder will be sent with a request for topics to be discussed.

The meeting was adjourned at 7:30 pm.





## Ventura Transit System FAQs for GCHP Members

- Q. Are there a maximum number of rides GCHP members can receive?**  
**A.** No; however, specific medical criteria must be met in order to validate the medical necessity for the ride(s) in order to use this benefit.
- Q. If the GCHP member misplaces their GCHP identification card, can they call VTS to schedule transportation?**  
**A.** Yes, VTS receives a monthly eligibility file.
- Q. Is non-emergency medical transportation covered only for doctor appointments, or can a GCHP member set up a ride to on-going dialysis, chemotherapy or counseling services, if needed?**  
**A.** Yes, this benefit covers all medically necessary medical appointments, contingent on validation of member medical criteria.
- Q. Can VTS transport GCHP members out of county, for example to specialty appointments at UCLA?**  
**A.** Yes; however, it must be a medically necessary medical appointment, contingent on validation of member medical criteria.
- Q. When will the GCHP member find out if the request for non-emergency transportation is approved or denied by VTS?**  
**A.** They are notified at the time of the call.
- Q. Are GCHP members required to utilize other forms of public transportation; for example, Dial-a-ride or fixed route busses?**  
**A.** Yes, a member should use these services if they do not meet medical criteria for VTS.
- Q. If the GCHP member lives in a rural area which does not provide public transport outside city limits, and is in need of transportation to a medical appointment, will this qualify the member for a ride?**  
**A.** No, the member must meet specific medical criteria in order to qualify for this benefit.
- Q. Can social service agencies call VTS on behalf of GCHP members with cognitive impairments to schedule the member's transportation?**  
**A.** Yes.



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## Ventura Transit System FAQs for GCHP Members

- Q. Are GCHP members allowed to have a caregiver attend their transport?**  
**A.** Reimbursement will be at a rate equal to the Medi-Cal fee-for-service fee schedule. Reimbursement for services covered under a capitation agreement will remain the same.
- Q. Does VTS provide wheelchair van transportation?**  
**A.** Yes.
- Q. What happens if a GCHP member misses their scheduled transport with VTS?**  
**A.** If a member misses a ride, VTS notifies GCHP to follow up with the member.
- Q. What if I have a complaint about VTS?**  
**A.** You have the right to file a grievance or an appeal if you disagree with a decision made by VTS. You must file your grievance within 180 calendar days following the incident or 90 days from the action in which you were denied a ride. If you decide to file a grievance or appeal, you may do so by telephone, in writing or in person. You can call Member Services at 1-888-301-1228, TTY 1-888-310-7347 or send a written grievance to:

Gold Coast Health Plan  
P. O. Box 9176  
Oxnard, CA 93031

Refer to your Member Handbook for more information on filing a grievance or appeal.



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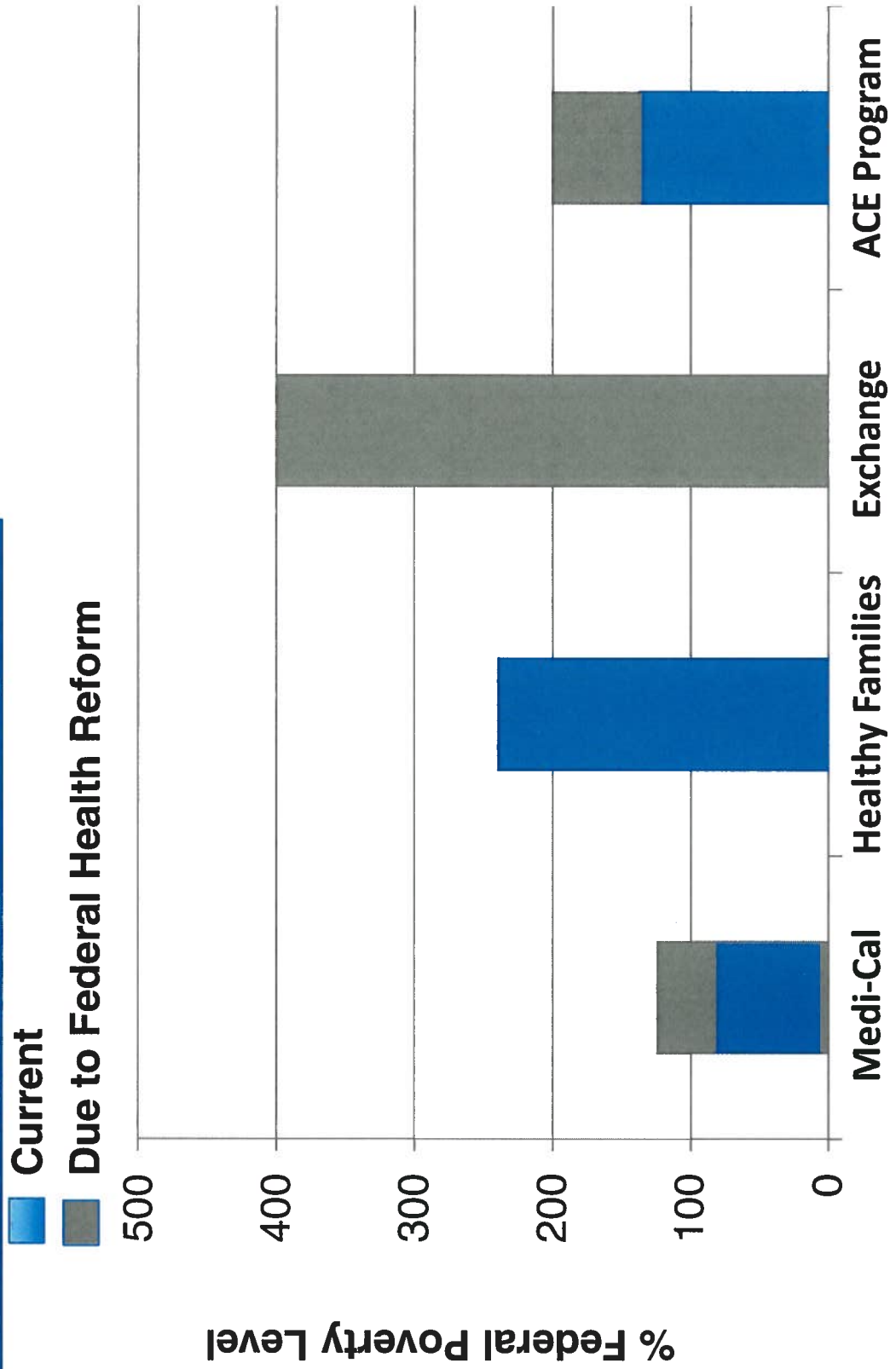
# Medi-Cal Expansion Update



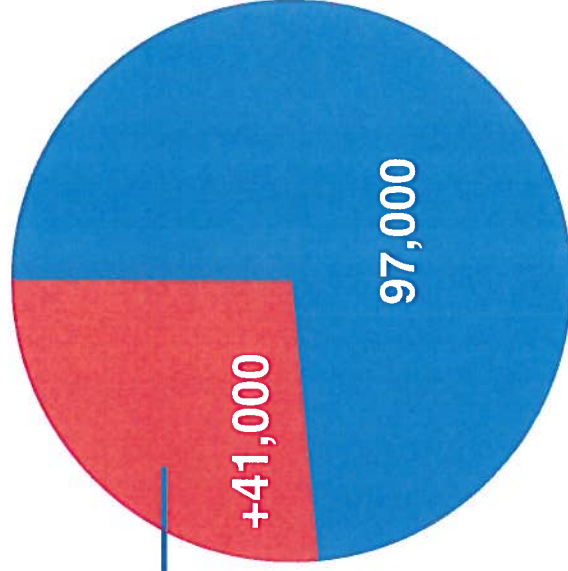
## Presentation Overview

- Medi-Cal Expansion
- Covered California (Health Benefit Exchange)
- Bridge Plan Proposal
- Outreach to the Eligible
- Gold Coast Readiness

## Income Eligibility Levels, 2014



# Medi-Cal Enrollment Will Increase Approximately 43 Percent by 2014



Expansion Population

- ACE MCE 11,000
- Uninsured 10,000
- Healthy Families 20,000

## **Medi-Cal Expansion - Financing**

- State's costs for newly eligible:
  - Covered 100% by federal government in first three years of expansion
  - Gradually drops to 90 percent in 2020 and beyond
  - States must implement full expansion to receive these funds
- Increases reimbursement for primary care providers to Medicare equivalent rates

## Medi-Cal Expansion - Eligibility

- About 7 million covered currently in California
- About 1 million are currently eligible but not enrolled
- Approximately 2.2 million will be newly eligible

Source: UCLA Center for Health Policy



## Medi-Cal Expansion Benefits

- State has option to offer few benefits than full scope Medi-Cal, but per ACA:
  - Must include 10 essential health benefits **plus** behavioral health services, prescription drugs and family planning
  - Blind/disabled, duals and patients in facilities or medically frail are exempt from reduced coverage
  - New Group: Adults under 65 with income up to 138% FPL



## Covered California

- California's Health Benefit Exchange
  - 19 geographical exchanges
  - First open enrollment period
    - October 1, 2013 to March 31, 2014
    - Coverage effective January 1, 2014
- 2.5 million will be eligible statewide by 2019 \*(UCLA Center for Health Policy)
- Four “metal” plan ratings ranging from 60%-90% coverage; members pay out of pocket for portion not covered



**COVERED**  
**CALIFORNIA**

## State Outreach Activities

- Covered California will launch outreach & awareness campaign in July 2013
  - \$43 million in federal funds for grants
- Exchange, DHCS and MRMIB developing a marketing plan to maximize enrollment:
  - Guiding principle: Reach eligible populations “where they live, work and play”
  - Will encourage Medi-Cal enrollment
- The California Endowment pledged \$225 million over the next four years to boost enrollment in Medi-Cal and increase number of PCPs



## Gold Coast Readiness

- Partnership with health care partners to ensure smooth transition
  - Provider network analysis
  - Utilization patterns
  - Ensuring care continuity (prescriptions, authorizations for pending treatment, etc.)
- Operational readiness review to identify gaps and resource needs
  - Refinement of expansion population estimate
  - Increased staffing based upon established budget drivers
    - Ex: number of calls, number of claims processed per FTE



# Gold Coast Health Plan's Mission

To Improve the Health of Our Members  
Through the Provision of the Best Possible  
Quality Care and Services

Contact GCHP  
888-301-1228  
[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)



# Questions ?

# winning health®



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Issue 2 • Summer 2013

## Sun smarts: Cover up!

**H**ow sun-smart are you? Do you know that the sun causes most skin cancers? Do you also know that skin cancer can be deadly? This doesn't mean that you have to stay out of the sun all the time.

### Have you received a bill from a Provider?

Medi-Cal Members should not be billed for covered services.

If you receive a bill from a Medi-Cal Provider for a covered service, call us as soon as possible at **888-301-1228** (TTY **888-310-7347**).

When you call, have a copy of the bill with the following information: the date of the medical service, the name of the doctor or hospital, the amount of the bill, and your Gold Coast Health Plan (GCHP) ID number.

Always carry your GCHP Member ID card with you. Show your card at every doctor's visit to make sure services are covered and to avoid getting billed by mistake.

But it does mean keeping five words in mind. They're *slip, slop, slap, seek* and *wrap*. Be sure to:

**Slip** on a shirt or other clothing. Cover up to protect as much of your skin as possible when you're out in the sun. Dark colors usually protect better than light ones.

**Slop** on sunscreen. Use one that has an SPF of at least 30. (SPF is short for sun protection factor.) Reapply the sunscreen every two hours when you're outdoors. You'll want to do this even on a cloudy day. Sunscreen is something you need to use all year long.

**Slap** on a hat. One with a 2- to 3-inch brim is best.

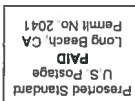
**Seek** shade. Try to stay in the shade between 10 a.m. and 4 p.m. This is when the sun is usually the strongest.



**Wrap** on sunglasses. Too much time in the sun without sunglasses raises your risk of eye diseases. Protect your eyes and the sensitive skin around them. Wear a pair that blocks ultraviolet light.

Sources: American Academy of Dermatology; American Cancer Society

*Get strange moles checked out. Find a doctor at*  
**[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)**



ALL TOGETHER NOW

# Tips for a fit family

**C**homp an apple, take a hike. Throw a ball, ride a bike. Over time, small steps like these can lead to better health. And it's all the better if you join

forces with your family. Healthy choices can be easier—and more fun—when you tackle them as a team.

Experts offer these tips:

- Start each day with a low-fat, high-fiber breakfast, such as whole-grain cereal with fat-free or low-fat milk. Have some fruit too.
- Munch on fruit instead of chips

or other high-calorie snacks.

- Make a family plan to limit screen time. Agree to two hours or less a day of TV, computer and video games.
- When you do watch TV, see how active you can be. Stretch or lift weights while you watch.
- Get moving together as a family. Go for a walk or play a game of volleyball after dinner.

Keep in mind: When you practice healthy habits, your kids may be more likely to do the same.

Source: U.S. Department of Health and Human Services



**PUTTING GOOD HEALTH TOGETHER**

These three things are crucial parts of any good-health plan, whether you are dealing with an illness or trying to fend one off.

**Eat right** **Exercise** **Stay at a healthy weight**

**3**  
**PIECES FOR ALL AGES**

*winning*  
**health**

WINNING HEALTH is published as a community service for the friends and patrons of GOLD COAST HEALTH PLAN, 2220 E. Gonzales Road, Oxnard, CA 93036, telephone 888-301-1228.

Information in WINNING HEALTH comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care Provider.

Models may be used in photos and illustrations.

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HEALTHY FAMILIES PROGRAM

# The move to Medi-Cal

**WHO** does this affect? All Members currently enrolled in the Healthy Families Program (HFP).

**WHAT** is Medi-Cal? Medi-Cal is California's Medicaid Program. It provides medical, dental, mental health and vision care as well as alcohol and drug-use treatment to millions of Californians. You can learn more about Medi-Cal at [www.dhcs.ca.gov](http://www.dhcs.ca.gov).

**WHEN** does this happen? Children already enrolled in the HFP in Ventura County will move to Gold Coast Health Plan (GCHP) on August 1, 2013.

**WHERE** will this happen? This is a statewide effort that affects all HFP Members.

**WHY** is HFP transitioning to Medi-Cal?

A new law in California says that children in the HFP will move to Medi-Cal. The move will take place over one year starting no sooner than January 1, 2013.

**Quick tips.**

- HFP transitions to Medi-Cal on August 1, 2013.
- GCHP is the Medi-Cal health Plan in Ventura County.
- You pay no co-pays in Medi-Cal.



» **HERE TO HELP.** "Gold Coast Health Plan will support our Members and their families as they move from the Healthy Families Program to Medi-Cal Managed Care."

—Michael Engelhard, CEO of GCHP

**Got more questions?**

Learn more about GCHP at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

For more information call GCHP Member Services: **888-301-1228**. TDD/TTY line: **888-310-7347**.

- Or contact:
- Human Services Agency Enrollment Assistance: **805-385-9363**.
  - Healthy Families Program Member line: **866-848-9166**.
  - Denti-Cal Assistance: **800-322-6384**.
  - Behavioral Health Assistance: **866-998-2243**.

Source: Department of Health Care Services, 2013

## Keep fitness fun

Little kids play hard. They climb, swing, slide and chase. Fitness is fun for them.

For many kids, though, that joy can start to fade as years pass. But it doesn't have to.

Here are a few ways to help kids keep their love for fitness:

**Think sports.** There's always football, baseball and basketball. But those sports may not suit your child's personality or skills.

Other options are endless, such as: » Soccer. » Tennis. » Karate. » Swimming. » Skateboarding.

Help your child find an activity he or she likes. Then put the focus on fun—not winning. Also be sure kids wear proper safety gear and are supervised.

**Be active at home.** Plan short bouts of exercise into your family's day. You might try step aerobics. You and your kids can enjoy music while getting active. Also, everyone can

» **FOR A LIST** of GCHP clinics and doctors with weekend or evening hours, please call us at **888-301-1228**.

pitch in with tasks like yard work and dog walking.

**Use activity as a reward.** Reward kids' good behavior with a family bike ride, game of ball or tag, or an outing to the park. You'll get in shape—and be a role model for an active life.

**AIM FOR AN HOUR.** Kids—from toddlers to teens—need at least 60 minutes of exercise a day. It helps them: » Sleep better. » Beat stress and boredom. » Have more energy. » Build strong bodies.

That hour can be broken up into shorter chunks of time during the day.

Source: American Academy of Orthopedic Surgeons

# Why kids need shots

**T**here's no getting around it. Your child will wind up with sniffles and sore throats.

But there are many diseases you can help your child avoid—dangerous ones. All you need to do is be sure your child gets vaccinated.

Today's vaccines help keep your child safe from more than a dozen

diseases. And many of these diseases are deadly.

They include:

- **Pertussis**, also known as whooping cough, which can make it hard for your child to breathe.
- **Measles**, which can cause brain swelling.
- **Hepatitis B**, an infection of the liver that can lead to cancer.

So check with your child's doctor to see if your child's shots are up-to-date.

If your child has missed some shots, don't worry. It's not too late to catch up. Ask your child's doctor.

Sources: American Academy of Family Physicians, Centers for Disease Control and Prevention

## » ARE YOU A NEW PARENT?

Sign up for our monthly *New Parent* e-newsletter at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org). Click on "Health Services," then select "E-newsletters."



*How much do you know about vaccines? Take our quiz at [www.morehealth.org/ge-vaccines](http://www.morehealth.org/ge-vaccines).*



## How can I avoid an asthma emergency?

Watch for signs that asthma is getting worse. Signs can include:

- Coughing or wheezing at night.
- Missing school or work.
- Feeling weak or tired.

Using your rescue medicine may help. But if you use it more than two times a week, see your Provider. Your asthma care program might need to be changed.

If symptoms get worse and you think it's an emergency, don't wait. Go to the emergency room or urgent care center right away.

Source: National Heart, Lung, and Blood Institute

# salud para triunfar



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

Edición 2 • Verano 2013

## Protéjase del sol: ¡cúbrase!

¿**C**uánto sabe acerca de la protección solar? ¿Sabe que el sol causa la mayoría de los cánceres de piel? ¿Sabe que el cáncer de la piel puede ser mortal?

Esto no significa que nunca pueda estar al sol. Sin embargo, sí tiene que tener en cuenta las siguientes cinco

### ¿Recibió una factura de un Proveedor?

No se deberá facturar a los Miembros de Medi-Cal por los servicios cubiertos.

Si recibe una factura de un Proveedor de Medi-Cal por un servicio cubierto, llámenos tan pronto como sea posible al **888-301-1228** (TTY **888-310-7347**).

Cuando llame, tenga una copia de la factura con la siguiente información: la fecha del servicio médico, el nombre del doctor u hospital, la cantidad de la factura y su número de identificación de Gold Coast Health Plan (GCHP).

Lleve siempre consigo su tarjeta de identificación de Miembro de GCHP. Muestre su tarjeta en cada consulta con el doctor para asegurarse que los servicios estén cubiertos y para evitar que le envíen una factura por error.

cosas. Asegúrese de:

**Ponerse una camisa u otra ropa.** Cúbrase para proteger la mayor parte de su piel posible cuando esté al sol. Los colores oscuros generalmente protegen más que los claros.

**Usar protector solar.** Use uno con factor de protección solar (SPF) de 30, por lo menos. (SPF quiere decir factor de protección solar.) Reaplique el protector solar cada dos horas cuando esté al aire libre. Debe hacerlo aunque esté nublado. Se debe usar protector solar todo el año.

**Usar sombrero.** Si es uno con ala de 2 o 3 pulgadas, mejor.

**Buscar la sombra.** Trate de permanecer en la sombra entre las 10 a.m. y las 4 p.m. Es la hora en que el sol está más fuerte.

**Usar gafas de sol.** El estar



demasiado tiempo al sol sin gafas de sol aumenta el riesgo de las enfermedades de los ojos. Protéjase los ojos y la piel sensible que los rodea. Use gafas que bloqueen los rayos ultravioleta.

Fuentes: American Academy of Dermatology, American Cancer Society

*Pida que le examinen los lunares de aspecto extraño. Encuentre un médico en <http://es.goldcoasthealthplan.org>.*

## la salud de la familia

TODOS JUNTOS AHORA

# Ideas para una familia en forma

**C**oma una manzana, vaya de caminata. Lance una pelota, monte en bicicleta.

Con el tiempo, pequeños pasos como estos pueden conducir a una mejor salud y todo es mejor si une fuerzas con su familia. Las decisiones saludables pueden ser más fáciles y divertidas — cuando las lleva a cabo en equipo.

Algunos expertos ofrecen estas ideas:

- Comience el día con un desayuno bajo en grasa y con suficiente fibra, como cereal de grano entero con leche descremada o baja en grasa. También, coma algo de fruta.
- Consuma fruta en lugar de papas fritas u otros bocadillos altos en calorías.
- Limite el tiempo que pasa frente a las pantallas. Pónganse de acuerdo en dos horas o menos de televisión, computadora y videojuegos al día.

- Cuando vea la televisión, observen qué tan activos se pueden mantener. Estírense o levanten pesas.
- Muévanse en familia. Salgan a caminar o jueguen un partido de voleibol después de la cena.

Tenga en cuenta que: Cuando usted practica hábitos saludables, es más probable que sus hijos hagan lo mismo.

Fuente: U.S. Department of Health and Human Services



LOS PASOS  
PARA  
GOZAR  
DE UNA

# BUENA SALUD

Estas tres cosas son partes cruciales de cualquier plan de buena salud, ya sea que esté enfermo o intentando evitar una enfermedad.

Coma  
sanamente

Haga  
ejercicio

Mantenga  
un peso  
saludable

# 3

PIEZAS  
PARA TODAS LAS EDADES

salud  
para triunfar

SALUD PARA TRIUNFAR se publica como un servicio a la comunidad para los amigos y clientes de GOLD COAST HEALTH PLAN, 2220 E. Gonzalez Road, Oxnard, CA 93036, teléfono 888-301-1228.

La información de SALUD PARA TRIUNFAR proviene de una gran variedad de expertos médicos. Si tiene alguna inquietud o pregunta sobre el contenido específico que pueda afectar su salud, sírvase comunicarse con su Proveedor de atención médica.

Se pueden utilizar modelos en fotos e ilustraciones.

Servicios para Miembros

Luis Aguilar

Educación de Salud Lupe Gonzalez, PhD, MPH

Editor

Steven Lalich

Director Médico

Charles Cho, MD

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## PROGRAMA DE HEALTHY FAMILIES

# El cambio a Medi-Cal

¿**A QUIÉN** le afecta? A todos los Miembros afiliados actualmente en el Programa de Healthy Families (HFP).

¿**QUÉ** es Medi-Cal? Medi-Cal es el programa de Medicaid de California. Proporciona atención médica, dental, de salud mental y de cuidado de la vista, así como tratamiento para alcoholismo y drogadicción a millones de Californianos. Puede saber más sobre Medi-Cal en [www.dhcs.ca.gov](http://www.dhcs.ca.gov).

¿**CUÁNDO** ocurrirá? Los niños que ya están afiliados en el HFP del condado de Ventura pasarán a Gold Coast Health Plan (GCHP) el 1° de agosto del 2013.

¿**DÓNDE** ocurrirá? Este es un esfuerzo en todo el estado que afecta a todos los Miembros de HFP.

¿**POR QUÉ** está haciendo HFP la transición a Medi-Cal? Una nueva ley de California dice que los niños en HFP pasarán a Medi-Cal. El cambio se producirá a lo largo de un año y comenzará no antes del 1° de enero del 2013.

### Consejos prácticos.

- HFP hace la transición a Medi-Cal el 1° de agosto del 2013.
- GCHP es el Plan de salud de Medi-Cal en el condado de Ventura.
- Usted no paga ningún copago en Medi-Cal.

¿**Tiene más preguntas?** Obtenga más información sobre GCHP en <http://es.goldcoasthealthplan.org>.

» **ESTAMOS PARA AYUDAR.** “Gold Coast Health Plan apoyará a nuestros Miembros y sus familias al pasar del Programa de Healthy Families a Medi-Cal Managed Care”.

—Michael Engelhard,  
Director Ejecutivo de GCHP

Para más información llame a Servicios para Miembros de GCHP:  
**888-301-1228.** Línea TDD/TTY:  
**888-310-7347.**

O contacte a:

- Asistencia de Afiliación de la Agencia de Servicios Humanos: **805-385-9363.**
- Línea para Miembros del Programa de Healthy Families: **866-848-9166.**
- Asistencia de Denti-Cal: **800-322-6384.**
- Asistencia para Salud Conductual: **866-998-2243.**

Fuente: Department of Health Care Services, 2013

## Ejercicios de manera divertida

Los niños pequeños juegan de una manera fuerte. Se encaraman, se mecen, se deslizan y se persiguen. Mantenerse en forma es para ellos una diversión.

Sin embargo, para muchos niños, los ejercicios empiezan a perder atractivo con el paso de los años. Pero no tiene que ser así.

Las siguientes son algunas de las maneras en que se puede ayudar a que los niños no pierdan el entusiasmo por los ejercicios:

**Piense en los deportes.** Siempre podemos contar con que jueguen fútbol americano, béisbol y baloncesto. Pero esos deportes podrían no ajustarse a la personalidad o las habilidades de su hijo.

Hay numerosas otras opciones, tales

como: » Fútbol. » Tenis. » Karate.

» Natación. » Practicar patineta.

Ayude a su hijo a encontrar una actividad que le guste. Y luego, concentre la atención en divertirse y no en ganar. Además, asegúrese de que los niños vistan los equipos de protección apropiados y de que estén supervisados.

### Manténgase activo en el hogar.

Planifique breves momentos de ejercicio durante su día familiar. Puede probar a hacer aeróbicos con una plataforma de baja altura (*step*). Usted y sus hijos pueden disfrutar de música mientras se ejercitan.

» **PARA VER UNA LISTA** de clínicas y doctores de GCHP con horarios en fin de semana o por las noches, llámenos al **888-301-1228.**

También, todos pueden participar de tareas como limpiar el patio y pasear al perro.

**Use la actividad como una recompensa.** Recompense la buena conducta de los niños con actividades para toda la familia como un paseo en bicicleta, un juego de pelota o un juego de persecución, o ir al parque. Usted se pondrá en forma y será un ejemplo de vida activa.

**TRATE DE QUE SE EJERCITEN POR UNA HORA.** Los niños, desde que empiezan a caminar hasta que son adolescentes, necesitan por lo menos 60 minutos de ejercicio diarios. Les ayuda a: » Dormir mejor. » Combatir el estrés y el aburrimiento. » Tener más energía. » Formar cuerpos fuertes.

Esa hora puede repartirse en períodos más cortos a lo largo del día.

Fuente: American Academy of Orthopedic Surgeons

# Los niños necesitan vacunas

**N**o hay manera de evitarlo. Su hijo terminará con resfriados y dolores de garganta.

Sin embargo, existen muchas enfermedades, incluso peligrosas, que puede ayudarle a evitar a su hijo. Todo lo que tiene que hacer es asegurarse de que su hijo reciba sus vacunas.

» ¿ACABA DE CONVERTIRSE EN PADRE O MADRE? Inscríbese en nuestro boletín electrónico mensual para padres nuevos en <http://es.goldcoasthealthplan.org>. Haga clic en “Servicios de salud”, luego seleccione “Boletines electrónicos”.

Las vacunas de hoy protegen a su hijo de más de una docena de enfermedades. Muchas de esas enfermedades son mortales.

Éstas incluyen:

- **La tos ferina**, también conocida como pertusis, que puede dificultar la respiración de su hijo.
- **El sarampión**, que puede causar una inflamación del cerebro.
- **La hepatitis B**, una infección del hígado que podría causar cáncer.

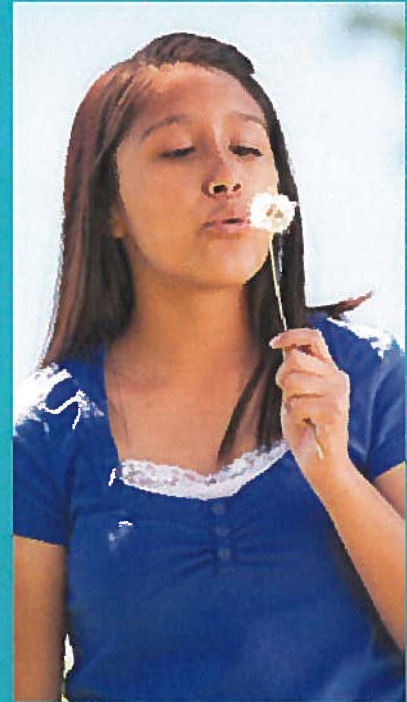
Así es que verifique con el doctor de su hijo para saber si sus vacunas están al día.

Si a su hijo le falta alguna, no se preocupe. No es muy tarde para ponerlo al día. Pregúntele al doctor de su hijo.

Fuentes: American Academy of Family Physicians; Centers for Disease Control and Prevention



¿Cuánto sabe sobre vacunas? Obtenga más información en [www.morehealth.org/gc-vacunas](http://www.morehealth.org/gc-vacunas).



## ¿Cómo puedo evitar una emergencia por asma?

Esté alerta a señales de que el asma está empeorando. Las señales pueden incluir:

- Tos o respiración sibilante en la noche.
- Faltar a la escuela o al trabajo.
- Sentirse débil o cansado.

Sus medicamentos de rescate pueden ayudar. Pero si los usa más de dos veces a la semana, consulte a su Proveedor. Es posible que se necesite cambiar su programa de atención del asma.

Si los síntomas empeoran y usted cree que es una emergencia, no espere. Vaya a la sala de emergencias o al centro de atención urgente inmediatamente.

Fuente: National Heart, Lung and Blood Institute



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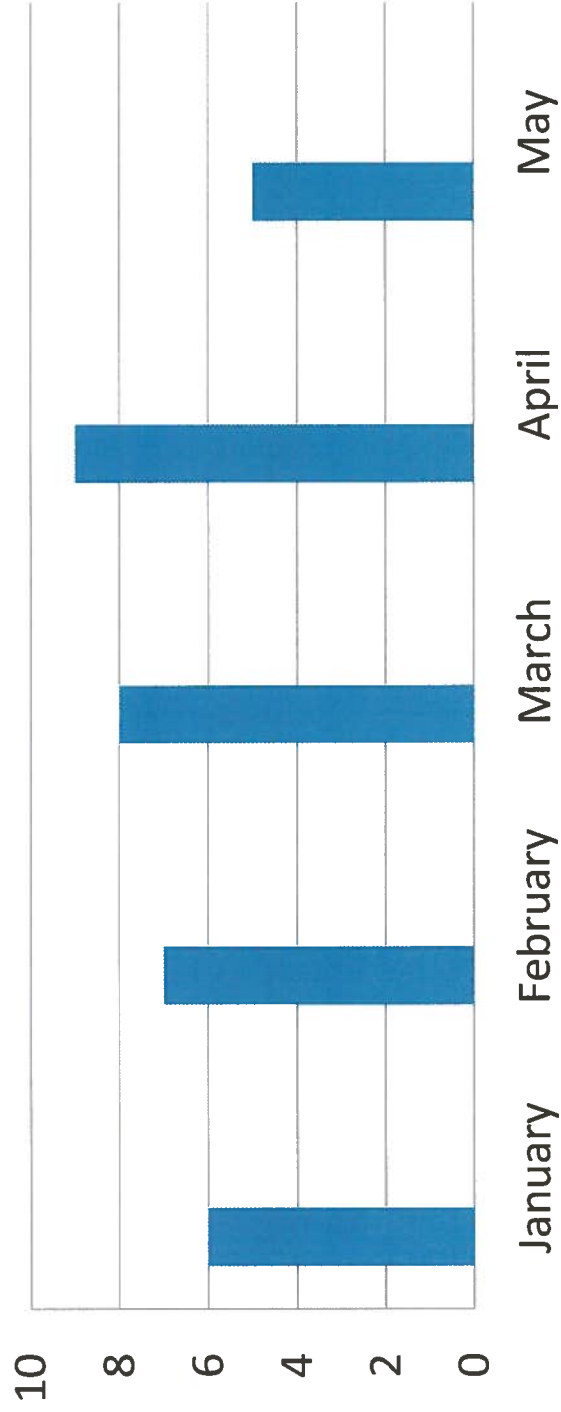
# Health Education, Cultural and Linguistic Services Program Update

Lupe Gonzalez, Ph.D., MPH



# Health Education, Cultural and Linguistic Services

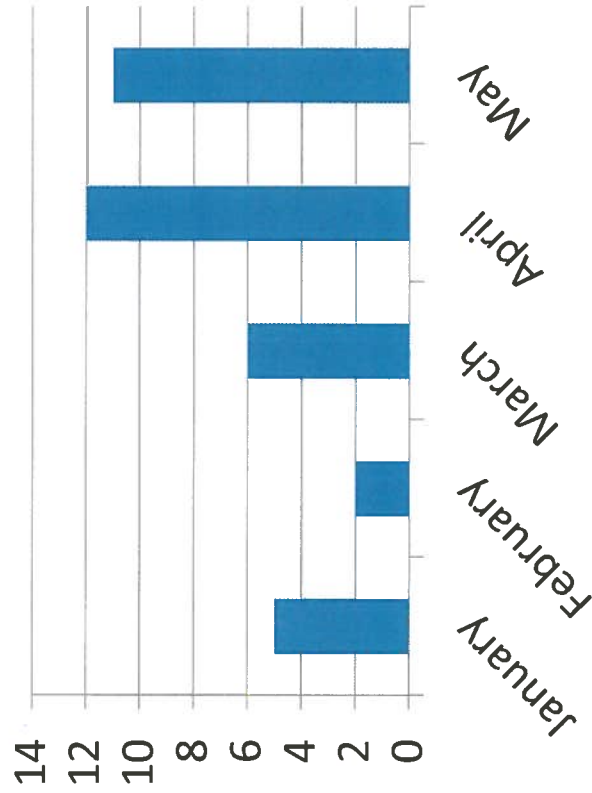
Request for Translation Services



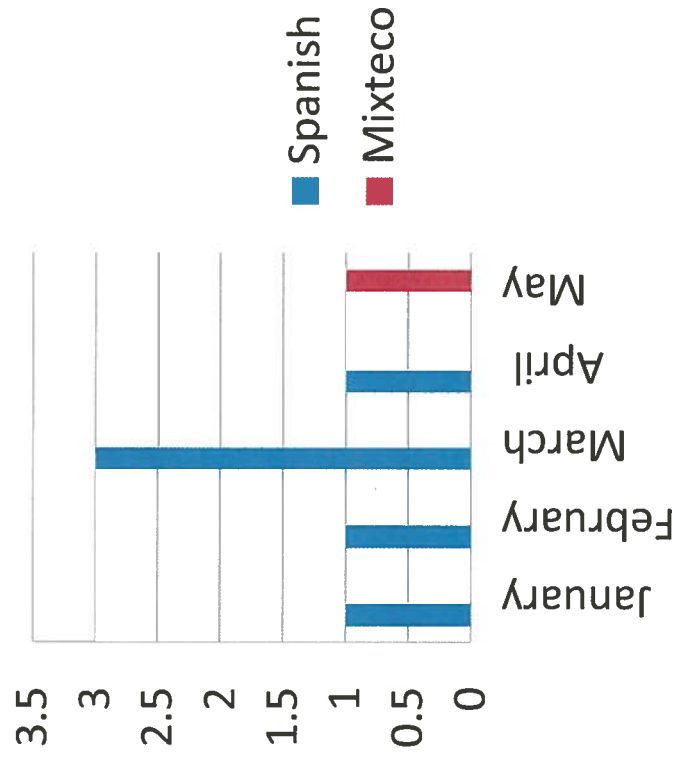


# Request for Interpreter Services

Request for Sign Language Interpreter

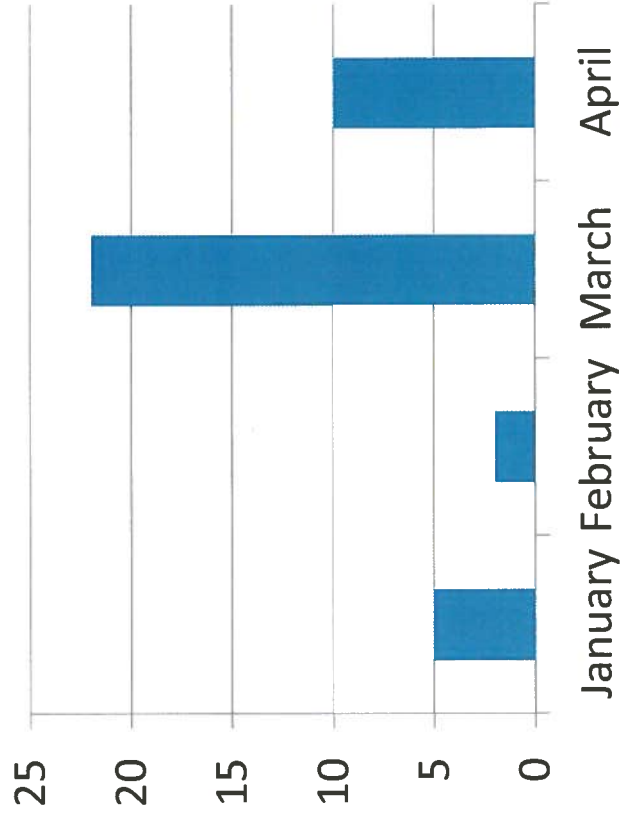


Request for Interpreter

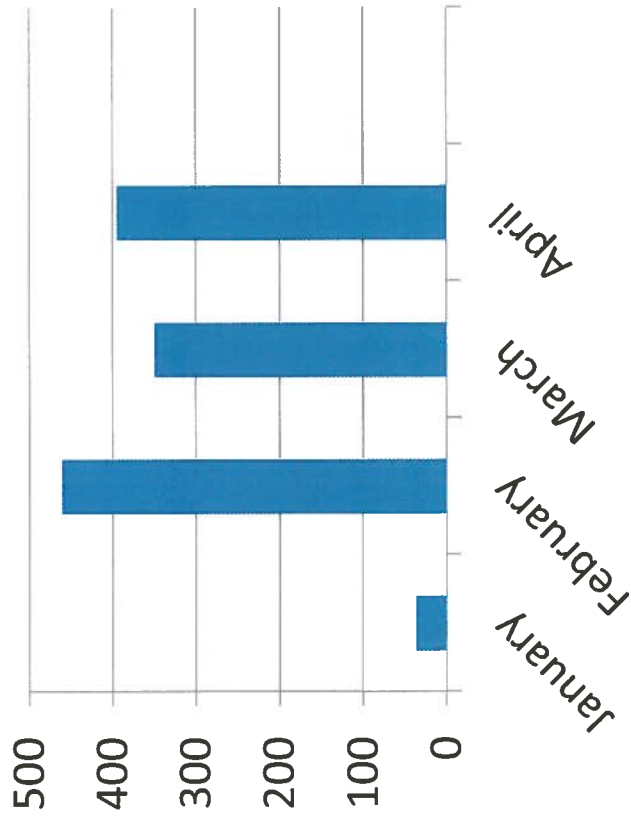


## Cultural and Linguistic Services Provider Education

**Total Number of Providers Received Cultural and Linguist Materials (N=39)**



**Total Number Cultural and Linguistic Materials Distributed to Providers (N=1243)**





## Member Rights and Responsibilities

### **As a Gold Coast Health Plan (GCHP) member, you have the right to:**

1. Be treated with respect.
2. Be provided with information about covered services.
3. Be able to choose a PCP from the GCHP Provider Directory.
4. Participate in decision making regarding your own health care, including the right to refuse treatment.
5. Voice grievances, either verbally or in writing, about GCHP or the care received.
6. Request an interpreter at no cost. Request an interpreter who is not a family member or friend.
7. Formulate Advance Directives.
8. Have access to Family Planning Services, Federally Qualified Health Centers, Indian Health Service Facilities for Native American Indians, sexually transmitted disease services and emergency services outside GCHP's network.
9. Request a State Fair Hearing or Expedited Hearing if the circumstances under which a Notice of Action qualifies for the expedited hearing.
10. Have access to, and where legally appropriate, receive copies of, amend or correct your Medical Record.
11. Access Minor Consent Services.
12. Receive written materials in an alternative format (including Braille, large size print or audio format) upon request and in a timely fashion.
13. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
14. Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
15. Freedom to exercise these rights without adversely affecting how you are treated by GCHP providers or the State.
16. Access to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services.
17. If you are unable to obtain certified nurse midwife or certified nurse practitioner services within GCHP's network, you have the right to obtain out-of-plan certified nurse midwife or certified nurse practitioner services.

### **You have a responsibility to:**

- Provide, to the extent possible, information that GCHP and its providers need in order to care for you.
- Follow instructions for care that you have agreed to with your doctor.
- Tell your doctor about your medical condition and any medications you are taking.
- Talk to your doctor about things you can do to improve your overall health.
- Be on time to medical appointments.
- Call your doctor's office 24 hours in advance, or as soon as possible, when an appointment must be cancelled.
- Call your doctor for an appointment when you need medical care.
- Call your doctor for an appointment for routine check-ups.
- Only use the Emergency Room for true emergencies.
- Be cooperative and courteous to your doctors and their staff.



**Gold Coast  
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## Health Education Department

Member Education & Awareness  
Member Rights and Responsibilities  
Filing a Grievance

**Lupe Gonzalez, Ph.D., MPH**



## SECTION 5 – GRIEVANCES AND APPEALS

### Grievances and Appeals

GCHP has a Grievance and Appeal system to help you resolve problems with medical care and/or service. If you need help solving a problem, you can call Member Services at 1-888-301-1228, TTY: 1-888-310-7347 to file a grievance or an appeal. You can also access the GCHP Grievance and Appeal form found on the GCHP website ([www.GoldCoastHealthPlan.org](http://www.GoldCoastHealthPlan.org)) or in your doctor's office.

You have the right to file a grievance or an appeal if you disagree with a decision by GCHP, one of its providers or if you are not happy with the service you received. You must file your grievance within 180 calendar days following any incident or 90 days from the action in which you were denied medical services. If you decide to file a grievance or an appeal, you may do so by telephone, in writing or in person. Written grievances or appeals should be forwarded to:

**Gold Coast Health Plan  
P.O. Box 9176  
Oxnard, CA 93031**

To file a grievance or appeal in person contact Member Services by calling 1-888-301-1228, TTY: 1-888-310-7347. You can also file a grievance or appeal at your doctor's office.

A decision issued by GCHP regarding treatment or services is made in a "Notice of Action." This is a formal letter telling you that a medical service has been denied, deferred, or modified. If you receive a Notice of Action from GCHP, you can request one of the actions below:

- You must file your appeal within 90 calendar days from the date on the Notice of Action.
- You may request a State Fair Hearing from the Department of Social Services (DSS) within 90 calendar days of the Notice of Action. For more information about State Fair Hearings refer to the section below titled State Fair Hearings.
- You may request continuation of services while you appeal the decision through a State Fair Hearing. This is called "Aid Paid Pending." See details under Aid Paid Pending below.

GCHP will send you an acknowledgement letter within five calendar days of the date your grievance or appeal was received by GCHP. GCHP will send you a written resolution to your grievance or appeal within 30 calendar days of the date your grievance or appeal was filed. GCHP will make every effort to resolve your grievance or appeal within 30 calendar days. However, if there is some reason this is not possible, you will be notified by letter that additional time is required. GCHP will then send you a written resolution within an additional 15 calendar days.

If you are not satisfied with our resolution, you may request a State Fair Hearing. To file a State Fair Hearing, refer to Section 5 of this Handbook for more information.

If you feel that a delay in processing your appeal through the normal process would create a serious threat to your health, including, but not limited to severe pain, potential loss of life, limb or major bodily function you can request an expedited review. Our medical staff will determine if your request for an expedited review meets the criteria listed above. When an expedited review is necessary, GCHP will issue a written statement on the status of your complaint or appeal within three calendar days of the time it was received.

Please note you do not have to file a grievance or appeal through GCHP. You have the right to file a State Fair Hearing if you disagree with a decision made by GCHP or one of its providers. You may file a State Fair Hearing before, during or after filing with GCHP. See the State Fair Hearing section on page 12 for more information.

GCHP does not handle issues about your Medi-Cal eligibility. For eligibility issues contact your County Eligibility Worker.

**State Fair Hearings**

All Medi-Cal beneficiaries have the right to request a State Fair Hearing to appeal a decision by GCHP or to file a grievance about the service they received from GCHP or one of our providers. You must request the State Fair Hearing within 90 days from the date of the action that you are dissatisfied with. If you request a State Fair Hearing from the California Department of Social Services, your case will be reviewed by an administrative law judge. The judge will send you a decision on your case within 90 calendar days of the date of your hearing.

**Expedited State Fair Hearings**

If you feel that a delay in processing your State Fair Hearing through the standard timeframe would create a serious threat to your health, including, but not limited to severe pain, potential loss of life, limb or major bodily function you can request an expedited State Fair Hearing by contacting the State Fair Hearing division at the numbers listed below.

1.	<b>By calling:</b>	<b>1-800-952-5253 or TDD: 1-800-952-8349</b>
2.	<b>By writing to:</b>	<b>California Department of Social Services State Fair Hearings Division PO Box 944243 Mail Station 19-37 Sacramento, CA 94244-2430</b>
3.	<b>By fax:</b>	<b>1-916-651-2727</b>

You may write your own request for a State Fair Hearing or you may use the form included with the Notice of Action you received.

**Aid Paid Pending**

If you have received a notice that GCHP has decided to reduce, suspend or terminate medical services, you may be able to keep getting the services while you appeal the decision through a State Fair Hearing. This is called "Aid Paid Pending." You are eligible for Aid Paid Pending if:

- You request a State Fair Hearing on or before the tenth day after a written decision is sent to you so that services you have been receiving on an ongoing basis will not be reduced, suspended, or terminated, OR before the date of the proposed action, whichever is later, and the treating GCHP physician has ordered the services at the present level.

GCHP will continue to provide services at a level equal to the level ordered by the physician until a final decision is made by the administrative law judge.

## **State Medi-Cal Managed Care Ombudsman**

The State of California has an Ombudsman to help you when you are unable to solve problems you have with your health plan. The primary mission of the Ombudsman's Office is to investigate and attempt to find resolution to complaints about managed care made by or on behalf of Medi-Cal beneficiaries. The Ombudsman also works to ensure that access and high quality of managed care services are being provided to the Medi-Cal beneficiaries.

You should first try to work with GCHP to resolve any issues you have with GCHP benefits or services received from our providers. If you are unable to resolve the issue, you may call the State Ombudsman Unit at 888-452-8609 between 8:00 a.m. – 5:00 p.m. Monday through Friday.

## **SECTION 6 – MEMBER RIGHTS AND RESPONSIBILITIES**

### **Member Rights and Responsibilities Statement**

You have a right to:

- Be treated with respect, given due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Be provided with information about GCHP and its services, including covered services.
- Be able to choose a PCP within the GCHP network.
- Participate in decision making regarding your own health care, including the right to refuse treatment.
- Voice grievances, either verbally or in writing, about GCHP or the care received.
- Receive an interpreter at no cost.
- Formulate Advance Directives.
- Have access to Family Planning Services, Federally Qualified Health Centers, Indian Health Service Facilities for Native American Indians, sexually transmitted disease services and emergency services outside GCHPs network.
- Request a State Fair Hearing or Expedited Hearing if the circumstances under which a Notice of Action qualifies for the expedited hearing.
- Have access to, and where legally appropriate, receive copies of, amend or correct your Medical Record.
- Access Minor Consent Services.
- Receive written materials in an alternative format (including Braille, large size print or audio format) upon request and in a timely fashion.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Freedom to exercise these rights without adversely affecting how you are treated by GCHP providers or the State.
- Access to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services.
- If you are unable to obtain certified nurse midwife or certified nurse practitioner services within GCHP's network, you have the right to obtain out-of-plan certified nurse midwife or certified nurse practitioner services. Please contact GCHP for assistance with receiving these services.

You have a responsibility to:

- Provide, to the extent possible, information that GCHP and its providers need in order to care for you.
- Follow instructions for care that you have agreed to with your doctor.
- Tell your doctor about your medical condition and any medications you are taking.
- Talk to your doctor about things you can do to improve your overall health.
- Be on time to medical appointments.
- Call your doctor's office 24 hours in advance, or as soon as possible, when an appointment must be cancelled.
- Call your doctor for an appointment when you need medical care.
- Call your doctor for an appointment for routine check-ups.
- Only use the Emergency Room for true emergencies.
- Be cooperative and courteous to your doctors and their staff.

## **SECTION 7 – OTHER PROGRAMS AND SERVICES**

### **Care Management Department**

The GCHP Care Management Department works with providers and other case managers to offer personal case management for members that have complex health care needs. Some examples are:

- High risk pregnancies
- Asthma and other lung diseases
- A child who is physically handicapped
- Problems accessing care

### **Health Education**

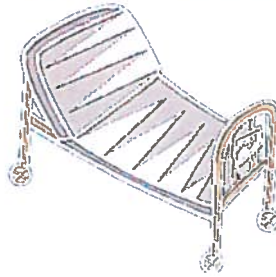
Gold Coast Health Plan cares about the health of our members. Promoting good health and a healthy lifestyle is important to us. We partner with agencies in our community to provide health education classes, programs and services that best meet your needs.

No prior authorization is necessary for members to participate in health education and health promotion activities. Health education services and programs are free to our members.

Members may access the health education referral form and health education materials from our website at [www.GoldCoastHealthPlan.org](http://www.GoldCoastHealthPlan.org).

For more information about health education services and benefits, health education materials, or other health education services, contact Health Education and Disease Management Services at 1-888-301-1228, TTY: 1-888-310-7347.





## **Durable Medical Equipment Prosthetics Orthotics Supplies DMEPOS**

*The Center for Medicare and Medicaid Services (CMS)  
Invites You to a Free Presentation*

**FOR MEDICARE BENEFICIARIES—OXNARD • CAMARILLO • PT HUENEME •**

- \* *Those who use the following:*
- \* Wheelchairs, Scooters, and Hospital Beds
- \* Diabetic Supplies and Equipment
- \* Prosthetics and Orthotics
- \* All other DEMPOS supplies

**Thursday, June 27th  
10:00 am — 12:00 pm  
Marriott Courtyard  
600 E Esplanade Dr  
Oxnard, CA 93036**

**GUEST SPEAKER:  
Malisa Rogan  
CBIC Representative  
For Medicare Competitive Bidding  
Implementation Contractor (CBIC)**

***Reservations are Required 805.477.7310***

*Co-sponsored by Ventura County Medical Association,  
& Health Insurance Counseling & Advocacy Program (HICAP)  
for the County of Ventura Area Agency on Aging.*

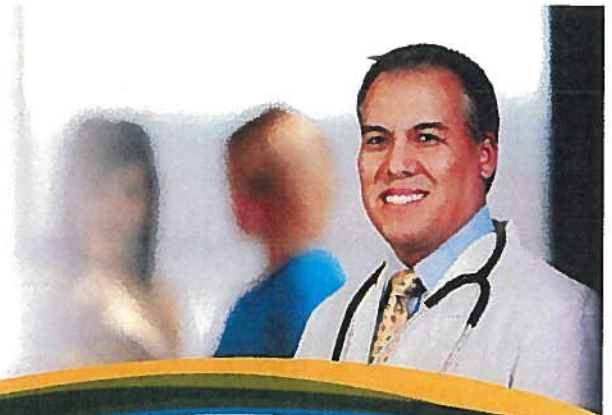


**Ventura County Medical Association**  
*Advocates for Physicians, Patients and Quality Medical Care*





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



# **Gold Coast Health Plan Provider Operations Bulletin**

**May 15, 2013**  
Edition : POB-009



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## SECTION 1: Treatment of CCS Eligible Conditions

California Children's Services (CCS) covers certain conditions that are physically disabling or that require medical, surgical, or rehabilitative treatment up to 21 years of age. CCS approved conditions are not covered by Gold Coast Health Plan (GCHP). CCS requires that the treating physician be CCS-paneled and the treating facility be CCS-approved. It is the responsibility of the provider and/or facility to initiate a CCS case by sending a Service Authorization Request (SAR) to CCS. It is also the responsibility of the provider and/or facility to ensure that care is provided by CCS-paneled physicians and in CCS-approved facilities.

GCHP will help identify possible CCS-eligible conditions, facilitate the CCS referral process, and identify CCS-paneled physicians and CCS-approved facilities. GCHP can also help educate providers about the CCS panel process.

### INPATIENT CARE IN A NON-CCS PANELED FACILITY

When a child with a CCS-eligible condition is admitted to a facility that is not CCS approved, GCHP will advise the admitting facility upon notification of admission, to transfer the patient to a CCS-approved facility once stabilized. GCHP will authorize up to 2 days of acute inpatient stay under certain circumstances, to allow identification of a CCS-eligible diagnosis and transfer.

### INPATIENT OR OUTPATIENT CARE BY A PROVIDER WHO IS NOT CCS-PANELED

GCHP cannot authorize inpatient or outpatient requests for treatment of CCS-eligible conditions by a non-CCS-paneled provider. Care should be directed to a CCS-paneled provider. The Ventura County CCS Provider Relations Office at 805-981-5289 is happy to assist physicians in becoming CCS paneled.



## SECTION 2: GCHP HEDIS Documentation Tips

By Julie Booth Director, Quality Improvement

Our 2013 Healthcare Effectiveness Data and Information Set (HEDIS), which is based on 2012 data, will be the baseline year for GCHP and our providers.

To help with documentation this year for great outcomes next year see the GCHP HEDIS documentation tips below!

1. For patients 2 years old and younger – All 10 vaccines must be completed on or BEFORE the 2nd birthday or the measure is non-compliant. Also, we cannot count a vaccination given prior to 42 days after birth.
2. One exception, two influenza vaccines must be given between 180 days after birth and 2 years old.
3. If there is an exclusion for a vaccine, clearly document it.
4. For all measures, if you're a capitated provider: submit encounter data including lab and x-ray. All claims/encounter data is checked first for compliance with the measures using the CPT codes.
5. For the measure on controlling high blood pressure, the latest reading must be used. Measure will only be compliant if blood pressure is less than 140/90, however, you can take multiple readings during the visit. We are allowed to use the lowest systolic and the lowest diastolic reading from multiple entries if on the same date of the visit.
6. For the Postpartum Care Measure - the visit must be documented on or between 21 and 56 days after delivery.
7. For patients 3 to 17 years old, the following must be documented:
  - a. BMI **percentile** (height, weight and percentile must be documented)
  - b. Counseling for nutrition
  - c. Counseling for physical activity

Note: documentation stating "health education" and/or "anticipatory guidance" cannot be accepted. Tip: Document "Nutrition and physical activity discussed."



### SECTION 3: No Prior Authorization is Required for Family Planning and Sensitive Services

GCHP would like to remind our providers that GCHP Members may self-refer to any willing Medical Provider for family planning and sensitive services ***without prior-authorization***.

Family planning services include birth control, pregnancy testing and counseling. Sensitive services include pregnancy testing and counseling, birth control, AIDS/HIV testing, sexually transmitted disease testing and treatment, and termination of pregnancy. These services are listed alphabetically below:

- Abortion (legal, unspecified, failed)
- Candidiasis/monilia
- Condyloma acuminatum
- Contraception and contraceptive management
- Diagnosis and treatment of STDs if medically indicated
- Dysplasia
- Follow-up care for complications associated with contraceptive methods issued by the family planning provider.
- Genital herpes
- Health education and counseling necessary to make informed choices and understand contraceptive methods
- High-risk sexual behavior
- Inflammatory disease of uterus, except cervix
- Laboratory tests, if medically indicated as part of decision-making process for choice of contraceptive methods
- Limited history and physical examination
- Observation following alleged rape or seduction
- Phthirus pubis (pubic lice)
- PID — unspecified organism
- Pregnancy exam or test, pregnancy unconfirmed
- Provision of contraceptive pills/devices/supplies
- Rape examination
- Scabies
- Screening, testing and counseling of at-risk individuals for HIV and other STDs and referral for treatment Syphilis and other venereal diseases
- Termination of pregnancy
- Trichomonas
- Tubal ligation



### SECTION 3: No Prior Authorization is Required for Family Planning and Sensitive Services

- Vasectomy
- Viral warts, both specified and unspecified

### SECTION 4: Balance Billing Members

This is a reminder that services that are not the financial responsibility of a GCHP Medi-Cal member under Title 22 may not be billed to the member.

Title 22 states the following:

(a) A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program's scope of benefits in addition to a claim submitted to the Medi-Cal program for that service, except to:

(1) Collect payments due under a contractual or legal entitlement pursuant to Section 14000.

(b) of the Welfare and Institutions Code.

(2) Bill a long-term care patient for the amount of his liability.

(3) Collect copayment pursuant to Welfare and Institutions Code Section 14134.

(b) In the event that a beneficiary willfully refuses to provide current other health care coverage billing information as described in Section 50763 (a) (5) to a provider, upon giving the beneficiary written notice of intent, the provider may bill the beneficiary as a private pay patient. This shall not apply for beneficiaries covered under Medi-Cal capitated contracting arrangements. Capitated contractor or subcontractor billing beneficiaries covered under Medi-Cal capitated contracting arrangements shall be governed by applicable laws including Welfare and Institutions Code and by; the terms of the contract.



## SECTION 5: Affordable Care Act PCP Rate Increase Updates

GCHP has been talking about the Affordable Care Act (ACA) PCP rate increase for some time now. While we still have not received funding from the State, we wanted to pass along some updates to the GCHP Provider Network.

The ACA requires certain primary care services to eligible providers be reimbursed at parity with Medicare for dates of service during calendar years 2013 through 2014. The purpose of the increase is to improve quality outcomes and to increase access in preparation for Medi-Cal expansion in 2013.

Here is what you need to know:

- The rate increase applies for eligible physicians for specified primary care services.
- Per the final rule released by the Center for Medicare and Medicaid Services, the applicable primary care services include Evaluation and Management codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473, or their successor codes.
- In order to be eligible:
  - o Physicians must self-attest they are board certified in family medicine, general internal medicine, pediatric medicine (OB/GYN and Emergency Physicians are not eligible), or
  - o Board certified in a related subspecialty, or
  - o At least 60 percent of the services they bill Medi-Cal fall within the designated Evaluation and Management and vaccine administration codes.
  - o Nurse Practitioners and other physician extenders who work under the direct supervision of an eligible physician.
  - o *FQHC, RCH and CBRCs that receive wrap-around payments through fee-for-service are not eligible.*
- Providers must be enrolled in Medi-Cal
- The California Department of Health Care Services (DHCS) will be developing a mechanism for providers to self-attest and there will be an established timeframe for providers to attest. Qualifying providers who self-attest during the specified timeframe will be eligible for the increased payments. As soon as GCHP is notified that the self-attestation mechanism has been developed, we will pass the information along to you.
- Plans are not required to pay enhanced payments until they receive finding from DHCS (estimated June/July 2013) – Retroactive payments are not subject to timely filing
- Payments must be passed through to the individual provider rendering the service.





CMS guidance regarding the physician qualification criteria and other frequently asked questions can be found on the CMS website at the following link:

[http://medicaid.gov/State-Resource-Center/  
Frequently-Asked-Questions/Downloads/Q-and-A-on-Increased-Medicaid-Payments-for-PCPs.pdf](http://medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/Downloads/Q-and-A-on-Increased-Medicaid-Payments-for-PCPs.pdf)

GCHP is participating in calls with the State and CMS regarding this provision and will continue to provide updates in the Provider Operations Bulletin when they become available.

## SECTION 6: Healthy Families Program (HFP) Transition to Medi-Cal

California Assembly Bill (AB) 1494, Chapter 28, Statutes of 2012 provides for the transition of HFP subscribers to Medi-Cal commencing no sooner than January 1, 2013.

As of January 1, 2013 all newly eligible enrollees in Ventura County have been enrolled into Medi-Cal and subsequently have become GCHP members. The remaining enrollees (approximately 20,000 members) will be transitioned to GCHP on August 1, 2013. The newly enrolled members will appear as any other GCHP member.

### What Changes:

- Eligibility will be determined through the Ventura County Human Services Agency (previously through MRMIB)
- Benefits will mirror Medi-Cal – GCHP
- Members will have access to CHDP and Vaccine for Children (VFC)
- Dental Services will be covered through Denti-Cal program
- Behavioral health services will be covered through any Medi-Cal behavioral health/mental health provider
- There will no longer be co-payments
- Payment to providers will be at Medi-Cal rates

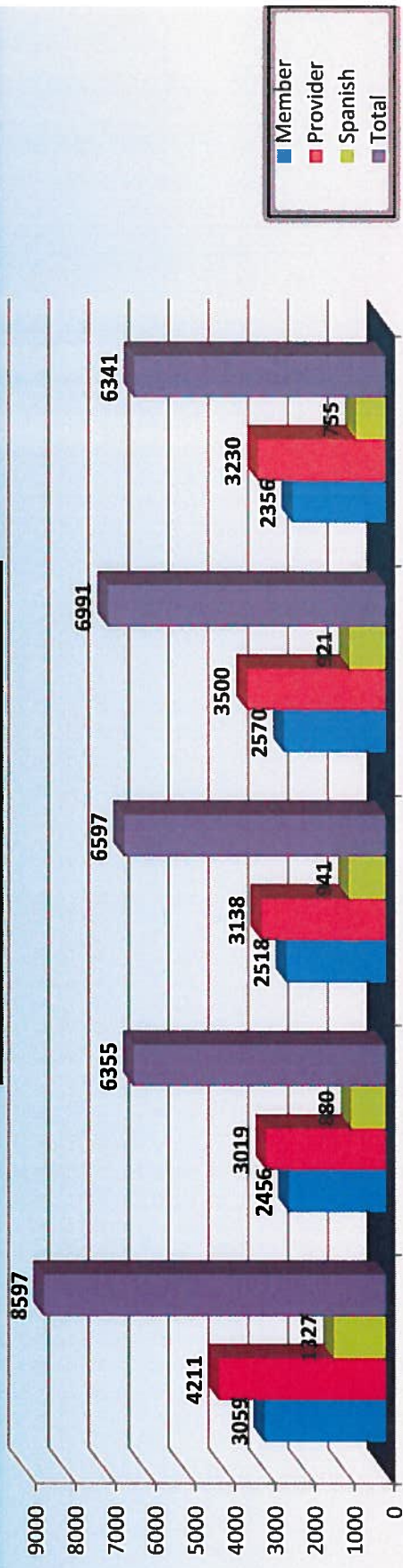
GCHP is committed to a smooth transition of these members to ensure continuity of care, minimal disruptions and network adequacy. As such, we will make every effort to assist members in maintaining their current Primary Care Provider (PCP) and in continuing ongoing established treatment plans. If provider transition is needed, GCHP wants to ensure that there is no disruption in care.

# 2<sup>nd</sup> Quarter CAC Meeting

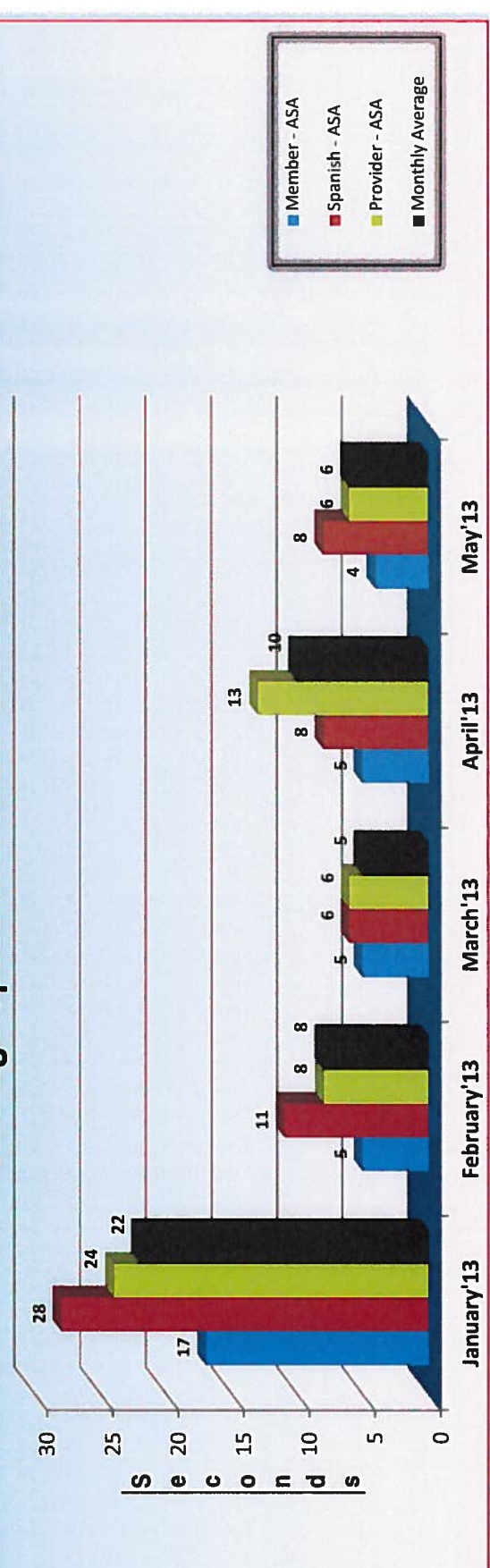
## Call Center Metrics

# Call Center Monthly Metrics

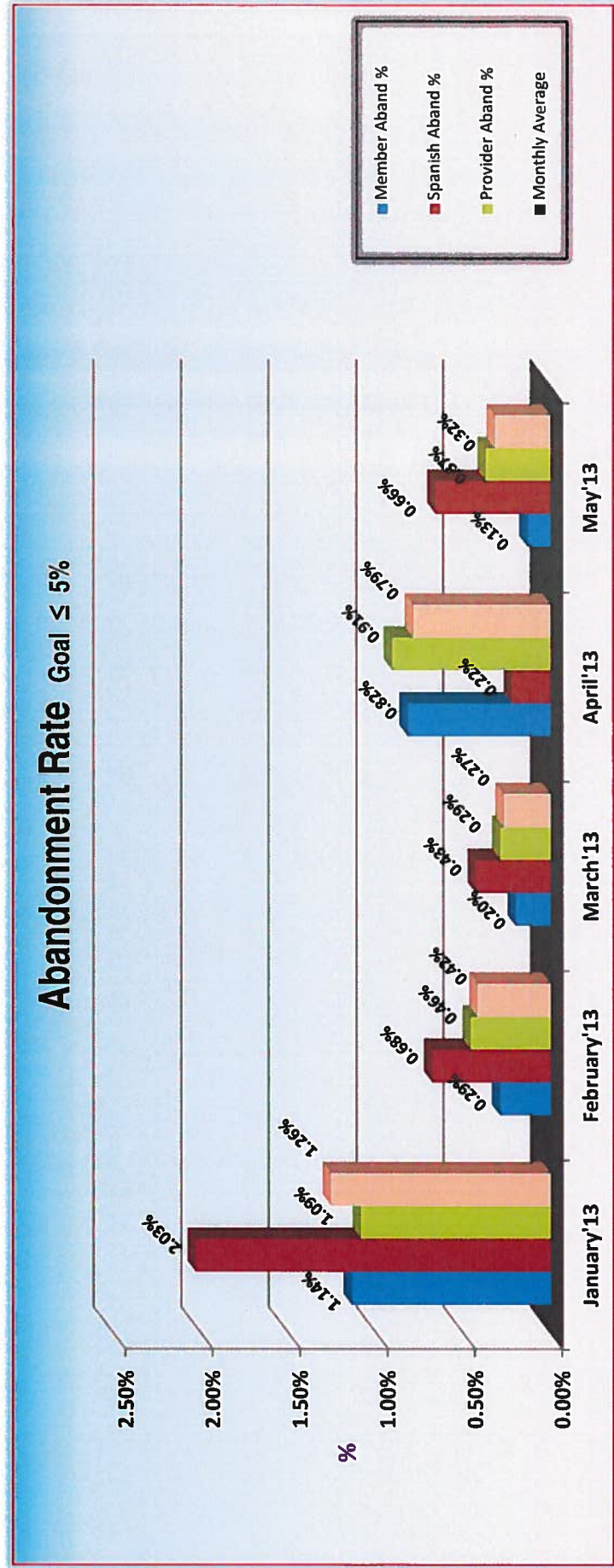
Total Monthly Calls by Queue



Average Speed of Answer Goal ≤ 30 seconds



# Call Center Monthly Metrics





**Gold Coast  
Health Plan<sup>SM</sup>**  
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**Consumer Advisory Committee  
2013 Meeting Schedule**

2240 E. Gonzales Road, Suite 200  
Oxnard, CA 93036  
Meetings begin at 5:00 PM

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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27	28	29	30	31			24	25	26	27	28		24	25	26	27	28	29	30	28	29	30					

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MAY							JUNE							JULY							AUGUST							
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SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER																
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