



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

Provider Operations Bulletin

JULY 2016

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Managed Care Provider Data Improvement Project (MCPDIP)

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

How does this impact GCHP providers?

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

the state. Due to the tight timeline defined by DHCS, submission of production data to DHCS needs to be delivered by the end of the third quarter – an update made recently by DHCS.

Providers can [click here](#) to register the contact information necessary to ensure that every provider is ready when this project is implemented. Information on when meetings will be held to discuss this initiative will be distributed to the provided contacts. If you have not registered, please do so as soon as possible.

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

Grievance and Appeals Update

New Provider Form

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

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

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

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PROVIDER RECONSIDERATION REQUEST FORM

Instructions:

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

Mail completed form to:
Gold Coast Health Plan
Attn: Provider Dispute & Grievance
P.O. Box 9176
Oxnard, CA 93033
Email to: disputes@goldchp.org

PROVIDER INFORMATION

Provider Address: _____
Provider Name: _____
City: _____ State: _____ Zip Code: _____
Provider TIN: _____
City: _____ State: _____ Zip Code: _____

CLAIM TYPE Check the one that applies:

Dispute Appeal Grievance

RESOLUTION REQUEST TYPE Check one:

DISPUTE APPEAL GRIEVANCE

CLAIM INFORMATION

Original Claim ID Number: _____
Original Claim Amount Billed: _____
Original Claim Amount Paid: _____

GRIEVANCE INFORMATION

Original Claim ID Number: _____
Original Claim Amount Billed: _____
Original Claim Amount Paid: _____

DISPUTE TYPE Check the one that applies:

Claim Denial Claim Underpayment Contract Dispute

DESCRIPTION OF DISPUTE (attach an additional sheet if needed)

Appeal of Medical Necessity Utilization Management Decision

EXPECTED OUTCOME: _____

Contact Name: _____ Title: _____
Phone Number: _____ Fax Number: _____
711 East Daily Drive, Suite 106, Camarillo, CA 93010 | 1-888-301-1228 | www.goldcoasthealthplan.org

CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED (PLEASE DO NOT STAPLE ADDITIONAL INFORMATION)

Page _____ of _____
 CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED (Please do not staple)

711 East Daily Drive, Suite 106, Camarillo, CA 93010 | 1-888-301-1228 | www.goldcoasthealthplan.org

Changes to Prior Authorization Requirements

GCHP continues to evaluate and monitor the services that require prior authorization. As a result, the following services will no longer require an authorization and will be removed from the prior authorization list effective May 1. Please note, for members under 21 years of age, CCS eligibility criteria applies.

- **Home Health Care:** The current Healthcare Common Procedure Coding System (HCPCS) Local Level III codes for Home Health Agencies (HHA) were discontinued, effective June 1. The codes have been replaced by new Health Insurance Portability and Accountability Act (HIPAA) compliant national and revenue codes. The following HCPCS national codes require prior authorization:
 - » G0151 (Reve code 0421)
 - » G0152 (Reve code 0431)
 - » G0153 (Reve code 0441)
 - » G0154 (Reve code 0551)
 - » G1055 (Reve code 0561)
 - » G0156 (Reve code 0571)
- **Podiatry consultations no longer require prior authorization.**
- Pulmonary rehab is now a covered benefit for GCHP members. This service requires prior authorization. The following procedure codes have been added to the prior authorization list:
 - » G0237
 - » G0238
 - » G0239
 - » G0424
- **Sleep Studies:** The following procedure codes will be removed from the prior authorization list:
 - » 95800-95801
 - » 95805-95811
- **Genetic Counseling:** The following procedure code will be removed from the prior authorization list:
 - » S0265
- **Hearing Aids:** The following procedure codes will be removed from the prior authorization list:

» V5030	» V5265
» V5040	» V5266
» V5050	» V5267
» V5060	» V5268
» V5070	» V5269
» V5080	» V5270
» V5120	» V5271
» V5130	» V5272
» V5140	» V5273
» V5150	» V5274
» V5170	» V5275
» V5180	
» V5190	
» V5210	
» V5220	
» V5230	
» V5298	

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



The Benefits of GCHP Care Management

Care Management (CM) is provided to eligible members with special health care needs. Those who could benefit from the Plan's CM department may include those with:

- Complex acute and chronic diagnoses.
- Disabilities.
- Adherence issues.
- End-of-life issues.
- Difficulty understanding or navigating the health care delivery system.
- Children with special needs.
- High risk pregnancies.

CM provides a consistent method for identifying, addressing and documenting the health care and social needs of our members along the continuum of care. Once the member has been identified to CM, the Plan's care team will work with the member to:

- Determine risk and safety needs.
- Complete a comprehensive initial assessment.
- Determine benefits and resources available to the member.
- Work with community partners and other county organizations.
- Develop and implement an individualized plan of care in partnership with the member's provider, family, caregiver or significant other.
- Identify barriers to care and determine strategies to reduce them.
- Monitor and follow-up on progress toward care plan goals.

A member of GCHP's CM team will contact your patient to obtain consent. Once your patient agrees to participate in the program, a mutually-agreed upon care plan will be developed and goals established that are prioritized by your patient. The frequency of contact is determined both by the member and care manager.

As the referring physician, you will be provided with the initial care plan which will include goals and identified barriers. You will be updated every two months with the member's progress and again when the case is closed. Unless you specify otherwise, this correspondence is sent to your office for



inclusion in the member's file and will include the name and telephone number of the care manager involved in your patient's care.

Making a referral to GCHP CM is simple!

By completing the Care Management Referral Form located [here](#), you will be providing the care manager with valuable information to address your concerns and facilitate an effective care plan.

Please email the completed form to CareManagement@goldchp.org or fax it to 1-855-883-1552. Instructions are also provided on the second page of the form.

For more information about the program or on how to make a referral, please contact the CM department at 1-805-437-5650.

GCHP, California Children's Services (CCS) and The Patient-Centered Medical Home



Children with special health care needs, such as asthma, attention deficit disorder, or cerebral palsy, are particularly vulnerable to falling through the cracks of a complex medical system. Their families can be overwhelmed by the challenge of finding the right care at the right time. GCHP's care teams work with families and CCS to match medical homes for optimal outcomes.

The concept of a medical home was developed by the American Academy of Pediatrics (AAP) to improve the coordination of care for children with special health care needs. The medical home is not a physical place, but rather an approach to providing quality health care in a cost-effective way that makes the family a partner in the decisions that affect their child's care. Usually, the medical home is based at a doctor's office or clinic.

A Patient-Centered Medical Home (PCMH) is a model for providing comprehensive health care. The critical elements of a PCMH, per the AAP, include:

- Linking patients to a personal medical provider.
- Establishing a medical team directed by the medical provider.
- Taking responsibility for the comprehensive health needs of patients.

- Helping patients navigate their health care needs across a complex health care system and access any required community service.
- Using evidence-based practices, establishing quality improvement plans, ensuring patient satisfaction, using information technology, accountability, etc.
- Ensuring patients can get the care they need when needed.

The medical home relies on a team of providers such as physicians, nurses, nutritionists, pharmacists, and social workers to meet a patient's health care needs. Studies have shown that the medical home model's attention to the whole person and the integration of all aspects of health care offer potential to improve physical health, behavioral health, access to community-based social services and management of chronic conditions.

GCHP and CCS have a goal of establishing a consistent process that will ensure that every GCHP member within the CCS program has a specified medical home and is provided with consistent information describing the advantages and importance of a medical home.

Member Benefit Information Meetings

GCHP holds member orientation meetings three times a month for all members. These 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. They will also learn how to:

- Establish a medical home.
- Select a primary care provider (PCP).
- Get medical services.
- Get necessary medications.
- Locate and use the resources that are available in the community.

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



Oxnard Library

251 South "A" Street, Oxnard, CA 93030
 Saturday, Aug. 20: English 10:30 a.m., Spanish 12 p.m.
 Monday, Aug. 29: English 5:15 p.m., Spanish 6:30 p.m.
 Tuesday, Sept. 20: English 5:15 p.m., Spanish 6:30 p.m.

Simi Valley Library

2969 Tapo Canyon Road, Simi Valley CA 93063
 Saturday, July 23: English 10 a.m., Spanish 11 a.m.

Camarillo – GCHP Office

711 E. Daily Drive, Suite 106, Camarillo, CA 93010
 Tuesday, Aug. 16: English 1:30 p.m., Spanish 3 p.m.
 Wednesday, Sept. 14: English 1:30 p.m., Spanish 3 p.m.

Ventura – Ventura Avenue Adult Center

550 N. Ventura Avenue, Ventura, CA 93001
 Saturday, Sept. 17: English 10 a.m., Spanish 11:30 a.m.

Check PCP Assignments

Before scheduling an appointment for a member, please check eligibility to ensure that the member is currently assigned to you as a PCP or clinic. If your PCP/clinic is not assigned to the member, 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. The PCP/Clinic change will be effective on the first day of the month following the requested change.

GCHP Coordination of Care with County and Community Agencies for Members with Special Health Care Needs

At GCHP, care coordination is designed around an individual's specific needs and is focused on bridging gaps in the continuum of care. Care coordination addresses gaps in interrelated medical, social, developmental, behavioral, educational, financial or end-of-life issues. The focus is on adding and integrating services, avoiding duplication of services, and facilitating the reduction of barriers that may reduce the efficacy of treatment.

GCHP's nurses, social workers and care coordinators work with providers and county or community agencies such as CCS, Tri-Counties Regional Center (TCRC), the Ventura County Public Health Department (VCPHD), and others to facilitate coordination of care for your patients.

CCS

CCS eligibility is diagnosis driven. A child with a CCS diagnosis can be co-managed by GCHP and CCS. A follow-up from GCHP's CM department may be necessary for non-adherence, social issues, transportation issues or other identified barriers. These members may be enrolled in GCHP CM services with ongoing coordination and communication between GCHP care managers and county CCS nurses.

When a provider sends a Treatment Request Form to GCHP, a nurse reviews the request. If a possible CCS-eligible condition is identified, the nurse will contact your office and advise that a Service Authorization Request (SAR) be sent by your office to CCS. If your office staff is unfamiliar with this process, the GCHP nurse can provide assistance. However, GCHP does not submit SAR requests directly to CCS. SAR requests can be faxed to CCS at 1-805-658-4580.

For questions about CCS, visit the DHCS website [here](#).

TCRC

Eligibility for TCRC is established through diagnosis and assessment performed by regional centers. TCRC provides person- and family-centered supports for individuals with developmental disabilities. TCRC provides overall coordination for eligible persons and their families to promote access to health, developmental, social, educational and vocational services. GCHP provides screening, preventive, medically necessary and therapeutic covered services to members with developmental disabilities.



If you identify a patient who should be receiving resources from TCRC and who also needs help with coordination of care for a medical problem, please [click here](#) to complete a GCHP Care Management Referral Form.

If you have a patient you feel may be eligible for TCRC services, please contact TCRC at 1-805-485-3177 or 1-800-664-3177. For more information, [click here](#) for TCRC's website.

EARLY START

Early Start is a program that provides early intervention services to infants and children up to age 3 with developmental disabilities or who are at risk for developmental disabilities, including vision, hearing and severe orthopedic impairments.

If a parent or provider has concerns, TCRC should be contacted at 1-805-485-3177. If appropriate, the service coordinator will make a referral for review by a qualified assessor.

GCHP and Early Start collaborate in scheduled meetings and as needed on a case-by-case basis regarding children transitioning from Early Start to a school district and TCRC Pediatrics. TCRC provides overall coordination for eligible persons; GCHP provides all medically-necessary services. GCHP care managers are available for coordination of care activities as identified by Early Start staff.

VCPHD

GCHP collaborates with VCPHD nurses to facilitate efficient and effective care coordination. Referrals to VCPHD by GCHP nurses are made for members identified as having special health care needs. Public health nurses have direct communication with GCHP nurses for requests for assistance with care coordination or care management needs.

Transitioning Members From Pediatric to Adult Providers

Optimal health care is achieved when each person at every age receives medically- and developmentally-appropriate care. The goal of a planned health care transition is to maximize lifelong functioning and well-being for all youth, including those who have special health care needs.

Transition of care to adult providers for the Plan's members who have qualifying CCS-eligible conditions is a process that may begin in adolescence. According to diagnosis and required support services, meetings with the member, providers and therapists can start as early as age 16. Young adults with special health care needs require an expanded transition-planning process.

CCS doctors and specialists are normally pediatric-only providers and may have been involved in the member's care for most of his/her young life. Many of these services are provided by out-of-area CCS-approved tertiary centers and may have been considered by the member to be the medical home.

GCHP and CCS work collaboratively with the member and/or personal representative, specialists and primary care physicians with the goal of a successful transition to an adult model of care appropriate for the member's developmental level. Members with certain degenerative or disabling conditions may require legal documentation for personal representation. Therapy specialists and/or customized equipment may be required to support mobilization or activities of daily living.

For members with special health care needs, direct communication between pediatric and adult providers is essential. Transition goals must be individualized to account for variations in the complexity of a member's condition and in the member's intellectual ability and guardianship status.

Transitioning members to adult providers ideally should include:

- Collaboration between primary care provider and pediatric provider.
 - » Transfer of appropriate medical records
- An interview including the PCP, member and his/her parents or guardian.
- The initiation of a jointly-developed transition plan with the member and his/her parents or guardian.



- » Include components to obtain an accurate assessment of the member's ability to transition successfully
- » Needs assessment
- » Independence level setting
- » Transition goals

Patients "age out" of CCS at age 21 and require transition to an adult in-network provider. At age 20, GCHP care managers will collaborate with the member, the CCS team, the pediatric provider and the GCHP PCP to facilitate a smooth transition.

The PCP will receive a letter and phone call from GCHP's nurse care manager advising you that your member is about to turn 21 and will be transitioning to adult providers. The Plan's care management team will work with you and the CCS health care team to promote the best possible outcome for your patient.

Disease Management Program Targets Members Who Have Diabetes or Are at Risk of Developing Diabetes

GCHP aims to improve the health of its members and their families by partnering with its network of providers to deliver appropriate, evidence-based care. To assist in improving the health of the Plan's members and their families, GCHP created a Disease Management Program for Diabetes to focus educational resources and individualized action plans on members and their families managing challenging health conditions, such as diabetes.

The program is a free service for the Plan's members and provides them with targeted interventions to help manage complex, chronic conditions. The program can connect members to classes located throughout the county that can help them learn ways to stay healthy and be active.

For members, the program:

- Provides educational resources in English or Spanish.
- Connects them to classes in English or Spanish.
- Allows them to work with a nurse coach on an individualized action plan.

For providers, the program identifies:

- Care gaps by providing data around quality metrics.
- Members in your practice who you may want to refer.

You can access the American Diabetes Association's Standards of Medical Care in Diabetes [here](#).

Referring a member is easy. Simply fill out the [Provider Referral Form](#) on GCHP's website and email or fax it to one of the contact locations listed on the form.

GCHP's Well-Child Exam Rates Fell Below DHCS Minimum Performance Level Standards

Results of Healthcare Effectiveness Data Information Set (HEDIS®) 2016 Reviews

The results of GCHP's HEDIS® 2016 quality reviews for the 2015 measurement year showed that:

- Many children between the ages of 3 and 6 did not receive their annual well-child exams in 2015.
- Children who had well-child exams did not have all the required assessments for a complete exam.

Reasons for Decreased Well-Child Exam Rates

- Children were seen only for acute/urgent care visits in 2015.

- No clinic visits with a PCP in 2015.
- Child Health and Disability Prevention providers were following a periodicity schedule for scheduling exams every two years instead of annually (the AAP recommends annual exams).
- Well-child exams were missing clinical assessments.
- The most commonly missed well-child assessments include:
 - » Health Education/Anticipatory Guidance
 - » Mental History
 - » Physical History
 - » Health History

HEDIS® Measure Requirements

The prevalence of well-child exams is measured using the HEDIS® measure: *Well-child Exam in the 3rd, 4th, 5th, and 6th Years of Life* which measures well-child exams using the following criteria:

HEDIS® Measure Requirements for Well-Child Exams in the 3rd, 4th, 5th, and 6th Years of Life

Documentation Requirements	Medical Coding
<ul style="list-style-type: none"> Health history Physical developmental history Mental developmental history Physical exam Health education/ anticipatory guidance <p>NOTE: All of the above listed assessments are required for a complete well-child exam.</p> <p>If any of these assessments are missing, it is marked as non-compliant.</p>	<ul style="list-style-type: none"> ICD-10 Diagnosis Codes: Health Exams Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 CPT Codes: Preventive Medicine Office Visits 99382, 99383 99392, 99383 HCPCS Codes: Preventive Medicine Exams G0438 G0439

Scheduling Annual Well-Child Exams

The AAP recommends that annual physical exams be performed beginning at birth and Ventura County’s CHDP Eligibility Assessment Schedule also indicates that those between the ages of 2 and 20 should receive preventive care exams annually. As a primary care physician, you are required to provide preventive health care according to nationally-recognized criteria.

Please schedule your patients for their preventive care exams annually.

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

Member Incentives to Increase Well-Child Exams

To increase well-child exams, GCHP is offering member rewards for children and their parents/guardians if they complete a well-child exam with their PCP by Dec. 31.

Parent & Child Rewards

Children and their parents have a chance to each win a \$25 gift card to Target or Walmart. GCHP will raffle 40 gift cards each month – 20 for parents and 20 for children. To enter the raffle, the child must have a well-child exam with their PCP by December 31.

How Parents/Guardians Can Apply for Rewards

To apply for a reward, a parent/guardian must send GCHP a member rewards form that is completed and signed by the parent/guardian and the PCP who performed the well-child exam.

GCHP has mailed forms that describe the reward program to the parents/guardians of eligible children enrolled with GCHP. Practitioners and parents/guardians can also download these forms from the GCHP’s website [here](#).

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



Group Needs Assessment (GNA) Survey



Starting this month, GCHP will be mailing the Group Needs Assessment (GNA) surveys to 2,000 random adult and children members. The GNA is a regulatory requirement from DHCS. The survey, which will be available in English and Spanish, has 22 questions developed by DHCS and nine by GCHP. Some members will have the opportunity to complete the GNA survey by phone.

The goal of the survey is to improve health outcomes for GCHP members by:

- Evaluating their health risks and identifying their health care needs.
- Prioritizing health education, cultural and linguistic services and quality improvement programs and resources.

The GNA findings will help GCHP develop and implement culturally- and linguistically-appropriate health education, cultural and linguistic services and quality improvement programs and services for members.

If you have members inquiring about the surveys, please direct them to GCHP's Cultural and Linguistic Services department at 1-805-437-5603 or CulturalLinguistics@goldchp.org.

Results of the GNA will be shared in the winter.

Cultural and Linguistic Resources

GCHP adheres to federal and state guidelines that require health plans to ensure that Limited English Proficient (LEP), non-English speaking or monolingual members have access to interpreters and translation services at all key points of medical services.

GCHP offers the following interpreter and translation services:

- Sign language interpreter services for the deaf or hard of hearing.
- Telephonic interpreter services - available 24 hours a day, seven days a week.
- In-person interpreter services - 5 to 7 business day notice is needed to schedule an appointment for an in-person interpreter for medical appointments.
- Translation of written documents (English/Spanish).
- Alternative text formats, including Braille.

If you have a member who needs help understanding health care materials or needs translation services, please contact GCHP's Cultural and Linguistic Services department at 1-805-437-5603 or CulturalLinguistics@goldchp.org.



Diabetes Education Classes

GCHP continuously hosts free diabetes education classes throughout the county. The classes provide information on healthy eating, meal planning, exercise and diabetes self-management. The classes are free to GCHP members and are available in English and Spanish.

Diabetes education classes will continue to be held at several provider clinics. GCHP is currently finalizing dates and times with clinics affiliated with Ventura County Medical Center (VCMC) and with the Community Memorial Health System Centers for Family Health.

If you have a member that can benefit from these educational classes, please email HealthEducation@goldchp.org.

Provider Update

The health education referral form has been updated. Click [here](#) to download the form or submit your request for one at HealthEducation@goldchp.org.

Staying Healthy Assessment (SHA)

Since 2014, DHCS has required contracted providers to administer the Staying Healthy Assessment (SHA) or other approved assessments.

Click [here](#) to access age specific forms on GCHP's website or [here](#) on the DHCS website.

You can download the SHA questionnaire in Spanish and other languages through the DHCS link provided above. DHCS has also prepared an instruction sheet for provider offices that can also be downloaded from the website. Please refer to specific instructions on how to document the SHA in the medical record, in addition to documentation procedures for members who refuse completion of the SHA.

To help providers educate their members about the SHA, GCHP has materials available on healthy eating, smoking cessation, poison control, and tooth decay. If you would like to request these materials, please contact GCHP's Health Education department at HealthEducation@goldchp.org.

Community Events

GCHP's Outreach team serves the community by participating in events throughout Ventura County. To learn more about GCHP's health fairs, health education classes and other community activities, contact the Plan's outreach team at 1-805-437-5500 or Outreach@goldchp.org. You may also view GCHP's calendar of events [here](#).



NOTES:



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For additional information, contact
Provider Relations at 888-301-1228
Gold Coast Health Plan
711 East Daily Drive, Suite 106, Camarillo, CA 93010
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