Gold Coast Health Plan℠
A Public Entity

# Provider Operations Bulletin

APRIL 2018

36

# Table of Contents





POB 36

The Provider Operations Bulletin is published quarterly by Gold Coast Health Plan's Communications Department as a service for the provider community.

Information comes from GCHP and its partners. If you have any concerns or questions related to specific content, please contact the Network Operations Department at ProviderRelations@goldchp.org or call the GCHP customer service line 1-888-301-1228 and request to speak to your Provider Relations representative.

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SECTION 1:

# Department of Health Care Services (DHCS) Audit

Gold Coast Health Plan (GCHP) is scheduled to go through a medical audit by the state Department of Health Care Services (DHCS) in June. You may be contacted by DHCS nurse evaluators and / or visited on-site by the auditors to ensure that you are abiding by state standards. Among the Plan's responsibilities when doing site visits is to ensure that materials for members are readily available and that any concerns providers are having are brought to the Plan's attention.

SECTION 2:

# After Hours and Appointment Availability Surveys

Throughout May, GCHP's vendor, SPH Analytics, will perform after-hours and appointment availability surveys to ensure that the Plan is abiding by DHCS standards of providing members with access to medical help 24 hours a day, seven days a week.

Provider access is important to GCHP's members. It is critical that the Plan's members be able to access medical help during normal working hours as well as after hours. Staff from the Plan's Provider Relations Department goes out on a daily basis to speak to providers about the importance of having after-hours phone numbers listed and visible to GCHP's members.

If you have any questions, please contact ProviderRelations@goldchp.org.

SECTION 3:

# DHCS Network Certification - Random Sampling of GCHP Provider Network

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

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

DHCS will be confirming:

- The provider type (PCP or Specialist).
- The location of the individual provider sites / office(s).
- That the provider has a current executed contract with GCHP; if the provider does not have an executed contract, that one will be executed by July 1.

If you are contacted by email, you have **five business days** to provide the requested information. If DHCS contacts you by phone, you will be required to confirm the above information verbally at that time or no later than five business days from the date of the phone call.

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

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

SECTION 4:

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

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

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

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

DHCS has different enrollment applications depending on the type of provider or facility. You can find more information on the Medi-Cal Provider Enrollment page under

**'Paper Applications, Instructions and Requirements'** (Figure 1).

Click here to access the page.

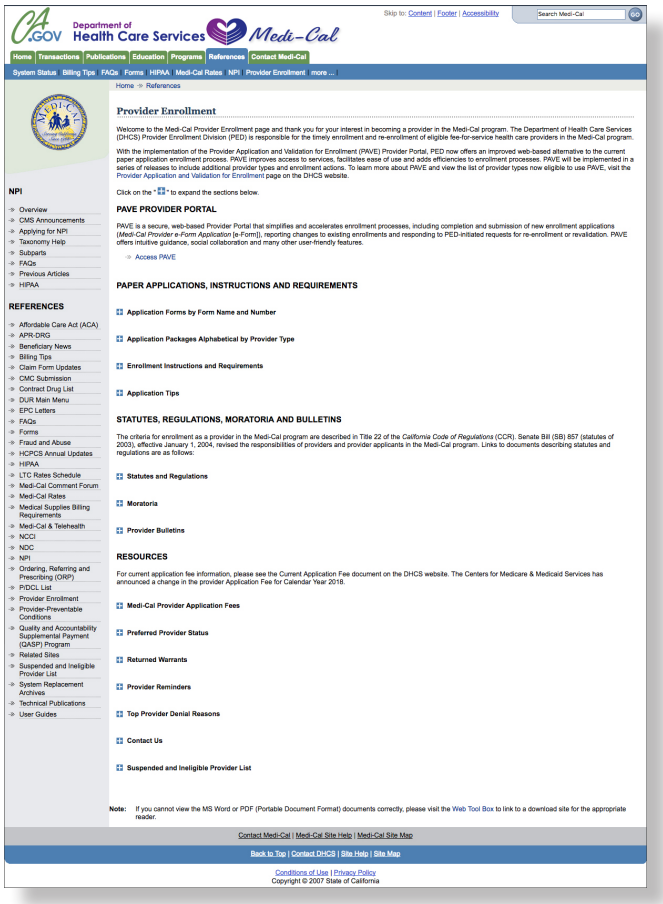


*Figure 1: Medi-Cal Provider Enrollment Page*

SECTION 5:

# New Contracting Mailbox

GCHP has a new email address that was set up for all correspondence regarding provider contracting issues.

Please email ProviderContracting@goldchp.org regarding:

- Letters of interest, including those from palliative care providers.
- Requests for new providers to be added to an existing contracted group.
- Any changes to a provider tax identification number, NPI, name change, or ownership change.
- Letters of termination.

SECTION 6:

# Corrected Claim

A **corrected claim** is a replacement of a previously-submitted claim (e.g., changes or corrections to charges, clinical or procedure codes, dates of service, member information, etc.). Because a corrected claim is not an inquiry or appeal, please do not submit a *Provider Reconsideration Request Form* with a corrected claim.

- **Please Note:** Do not mark a claim as **"corrected"** if additional information is requested - such as medical records or an Explanation of Benefits (EOB) from a primary carrier - unless a change is made to the original claim submission.

SECTION 7:

# Grievance & Appeals Update

**Provider Reconsideration Request Form**

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

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

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

Click here for the Provider Reconsideration Request Form.

SECTION 8:

# Palliative Care Update

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

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

- **New Eligibility Criteria for My*Gold*Care**
  To qualify for palliative care, GCHP members must meet all of the general criteria and at least one of the four disease-specific eligibility criteria:
  - **General Eligibility Criteria**
    All of the following must apply in order for GCHP members to be eligible to receive palliative care:

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

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

- **New Prior Authorization Requirement**
  As of January 1, a Palliative Care Prior Authorization Request Form will be required to bill for services. Click here for the form.

- **New Upcoming Certification Requirement for Providers**
  GCHP is required to maintain a network of qualified palliative care providers who will offer care in the appropriate setting based on member needs. Therefore, as of February 1, practitioners may be eligible to be listed as My*Gold*Care palliative care providers if they meet one of the following criteria:

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

     OR

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

OR

3. **Practitioners without either ABMS or AOA hospice and palliative care certificates**
   The GCHP Credentials / Peer Review Committee may waive the above requirements after review of at least five years of relevant work history.

- **Who is in GCHP's palliative care network?**
  GCHP's Palliative Care network consists of inpatient, outpatient, and homebound agencies. The various network and authorization requirements are:
  - Inpatient Network: No authorization necessary (occurs with appropriate therapy).
  - Outpatient Network: Authorization required.
  - Homebound Agencies: Authorization required and only appropriate if homebound.

- **Who can bill for palliative care services?**
  Billing by the following provider types and settings will be considered for palliative care:
  1. Hospitals
  2. Long-term care facilities
  3. Clinics
  4. Hospice agencies
  5. Home health agencies
  6. Other types of community-based providers that include licensed clinical staff

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

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

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

    Click here for more information.

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

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

SECTION 9:

# Physical Therapy (PT) and Occupational Therapy (OT) Evaluation Codes

Physical Therapy (PT) and Occupational Therapy (OT) evaluation and re-evaluation codes 97001, 97002, 97003, and 97004 are no longer covered under the medicine category on the Medi-Cal fee-for-service fee schedule. The codes have been replaced with Medi-Cal covered HCPCS codes X3900 and X4100. The table below identifies which services the new codes apply to.

The new codes should be used immediately. Contract amendments have been sent to GCHP's PT and OT providers with the updated codes.

| Current Codes | Replacement Codes |
|---|---|
| **97001**<br>Physical Therapy Evaluation<br><br>**97002**<br>Physical Therapy Re-evaluation | **HCPCS X3900**<br>Physical Therapy Evaluation or Re-evaluation |
| **97003**<br>Occupational Therapy Evaluation<br><br>**97004**<br>Occupational Therapy Re-evaluation | **HCPCS X4100**<br>Occupational Therapy Evaluation or Re-evaluation |

SECTION 10:

# Long-Term Care – BMI Reimbursement

GCHP's reimbursement for Long-Term Care is 102.5% of the Medi-Cal rates. GCHP does not reimburse additionally for special services, such as morbidly obese =BMI>35 and isolation.

SECTION 11:

# Non-Medical Transportation (NMT)

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

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

NMT Includes transportation to and from:

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

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

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

SECTION 12:

# Changes to Prior Authorization Requirements

GCHP continues to evaluate and monitor the services that require prior authorization. As a result, the following services will require prior authorization as of August 1:

- Synagis
- Spinraza
- Hyaluronic Acid, Intra-articular Injection

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

SECTION 13:

# Ambulatory Surgical Center Authorization Alignment

Outpatient surgeries still require prior authorization when performed in an Ambulatory Surgical Center. Additional services performed at the center may or may not require authorization, as outlined in GCHP's list of Services Requiring Prior Authorization. The Plan's system has been aligned with the list to prevent services from being incorrectly denied for lack of authorization.

If you have any questions, email the Plan's Provider Relations Department at ProviderRelations@goldchp.org.

SECTION 14:

# Provider Portal Requests

When creating an authorization through the Provider Portal, please make sure to use the comments section (Figure 2) to enter the name and phone number of the contact person for the request. This information helps GCHP's Health Services Department direct questions to the right person and ask for additional information, if needed. Doing this prevents delays in processing.


*Figure 2: Comment section of the Provider Portal.*

When you have a request that is urgent and needs to be expedited (the standard timeframe for review will seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function), GCHP's Health Services Department recommends that the request be faxed to the Plan at 1-855-883-1552 instead of submitting it through the Provider Portal. Faxing an expedited or urgent request can prevent delays in processing.

SECTION 15:

# Referrals to Specialists

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

## Out-of-area referrals

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

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

## Second medical opinions

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

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

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

## On-going treatment with out-of-area provider

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

SECTION 16:

# Coordination of Benefits Agreement (COBA) Crossover Claims for Dual Eligible Members

GCHP is currently in the testing phase of the Coordination of Benefits Agreement (COBA) process for crossover claims for dual eligible members (also known as Medi-Medi).

GCHP will be receiving both Medicare Part A and Part B crossover claims directly from the Benefits Coordination & Recovery Center (BCRC) for dual eligible members. GCHP will not be receiving any COBA Medicare Part C (Medicare Advantage) crossover claims.

Since April 2015, GCHP has been processing electronic crossover claims file for Medicare Part B dual eligible members only. Providers have been submitting paper claims for Part A services with the Medicare Explanation of Benefits (MEOB) attached. This will change when GCHP is in production with COBA, as providers will no longer have to submit paper claims for Part A and Part B services with the MEOB attached. GCHP will receive the electronic crossover claims directly from the Centers for Medicare and Medicaid Services (CMS).

For questions regarding Medi-Medi crossover claims, call GCHP's Customer Service Department at 1-888-301-1228 or email ProviderRelations@goldchp.org.

SECTION 17:

# Accessing Speech Therapy Services for Your Patients

It is important to know what speech therapy services are available in the community and how to access them for your patients with speech and / or language delays.

- If you see a child under the age of 3, the most appropriate place to start is with a referral to the Early Start program through Tri-Counties Regional Center (TCRC). Developmental assessments are free of charge and take place in the child's home. Ongoing services will be provided to children who qualify.
- If you see a child who is 3 years of age or older, the most appropriate place to start is for parents to submit a written request for an Individualized Education Plan (IEP) to their local school district. Children as young as 3 may qualify for speech therapy, as the school district's goal is to develop the communication skills that a child will need to be ready for kindergarten.
- For children up to 5 years of age, a referral to Help Me Grow can be made for a variety of concerns, including developmental delays. If your patient didn't qualify for Early Start, the Help Me Grow network can assist with family outreach or follow-up developmental screening. If a child 3 years of age or older has developmental issues but hasn't been previously diagnosed with autism or had a developmental screening, an ASQ screening through the Help Me Grow network is a place to good start. TCRC does not open every case (for 3 years and up) for assessment when only general developmental concerns are noted.
- The Lanterman Act, which is the law that gives people with developmental disabilities the right to services and supports that enable them to live a more independent and normal life, outlines five diagnoses for eligibility and does not include all conditions contributing to developmental delay.

Supplemental speech therapy services for children are available for GCHP members who meet medical necessity, based on standardized, evidence-based guidelines. In your initial referral, please provide the following information to help expedite the review of your request:

- What exactly is your speech concern and how long has the issue been going on?
  - Is there a lack of words, poor intelligibility, or poor comprehension?
  - Are there any anatomical issues, such as tongue tie or facial weakness?
- Were any previous speech services provided?
  - By whom? What progress was made?
  - Include reports, when possible.
- In your opinion, is there a specific medical condition contributing to the concern?
- Is the child in school?
  - If public, has an IEP been requested or offered and what was the response?
  - If private or home school, what resources have been requested or offered?

By working together, we can help children receive the appropriate services in the most efficient and timely manner. Please contact GCHP if you have additional questions.

**SECTION 18:**

# A Call for Partnership to Improve Immunization Rates in Ventura County

You know why you want to give your young patients so many shots. It isn't because Big Pharma pays you to do it. You do it because you want to protect your young patients. Because you know that years ago, illnesses like pertussis, polio, measles, mumps, chicken pox, and hemophilus influenza used to make children sick - very sick. Some children developed lifelong debilitating problems; other children died.

Through the science of vaccination, those childhood illnesses had almost disappeared in the United States!

However, more and more parents are going against the vaccination recommendations from the Centers for Disease Control and Prevention (CDC). Some parents are refusing vaccines because they are concerned that they cause developmental conditions, like autism, while other parents want to spread out shots because they believe it is safer for their babies.

It doesn't help that "The Vaccine Book," by Dr. Robert Sears, proposes "Dr. Bob's Alternative Schedule." But these days, parents don't have to read Dr. Bob's book to get advice on declining or delaying immunizations. Social media and parenting circles spend a significant amount of time on this very topic.

As more families delay or refuse vaccinations, the concern is that childhood illnesses will return. Only this time, doctors won't be as prepared. Newer generations of doctors have never even seen patients with some of these diseases.

Herd immunity is lost when merely 5-10% of any given population is not vaccinated. Think about how many kids you see at your practice, at schools, churches, and shopping centers. Illnesses could spread quickly!

In Ventura County, GCHP is seeing this alarming downward trend. The four-dose DTaP and the four-dose pneumococcal vaccination rates, in particular, have been trending downward since 2012.

Missed opportunities to vaccinate put our county at risk. GCHP recognizes that because your practice is so busy meeting the demands of the day, there might not be time to address at length the concerns of each and every parent at every single vaccination opportunity. Therefore, in the summer edition of the Plan's member newsletter, Winning Health, an article is included addressing this very concern – "Why does the doctor want to vaccinate your child?"

GCHP is hoping to start the dialogue to dismiss the myths surrounding immunizations. Please partner with GCHP and continue the dialogue. Keep your patients protected. We all benefit from a healthier Ventura County!

Click here for the CDC Immunization Schedules.

**SECTION 19:**

# Health Education

GCHP's Health Education Referral Form (Figure 3) has been updated. The form can be completed by providers on behalf of their patients to refer them to the Plan's Health Education Department for health education materials, class coordination, or help navigating the Plan.

If you have a member in need of health education materials, submit the completed health form via efax to 1-805-248-7481 or email it to HealthEducation@goldchp.org.

Gold Coast Health Plan
A Public Entity

Integrity • Accountability • Collaboration • Trust • Respect

HEALTH EDUCATION REFERRAL FORM

Please send via efax to 805-248-7481 or email to HealthEducation@goldchp.org

**MEMBER INFORMATION**

Member Last Name | First Name | MI | Date of Birth

Member ID Number | Address | City | State | Zip

Primary Phone Number | Secondary Phone Number

**REFERRAL INFORMATION**

Name of Treating Physician | Phone Number | Fax Number

Name of Primary Care Provider (PCP) | Phone Number | Fax Number

**REASON(S) FOR REFERRAL TO GOLD COAST HEALTH PLAN HEALTH EDUCATOR**

- ☐ Diabetes
- ☐ Asthma
- ☐ Morbid Obesity Adult (18+)
- ☐ Morbid Obesity (Age 0-17)
- ☐ High Risk Obstetrics (Prenatal)
- ☐ Psychosocial factors presenting barriers to care
- ☐ Depression
- ☐ Health Navigator Program
- ☐ Other

**CLINICAL INFORMATION** (To be completed by treating physician or office staff)

Name and Title of Person Completing Form | Phone Number | Date

**Statement of Nondiscrimination and Language Assistance**

Gold Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Gold Coast Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Gold Coast Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-301-1228 (TTY: 1-888-310-7347).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-301-1228 (TTY: 1-888-310-7347).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-301-1228 (TTY: 1-888-310-7347)。

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

Rev. January 24, 2018



Gold Coast Health Plan
A Public Entity

Integridad • Rendición de Cuentas • Colaboración • Confianza • Respeto

FORMULARIO DE REMISIÓN DE EDUCACIÓN PARA LA SALUD

Favor de enviar por efax al 805-248-7481 o por correo electrónico a HealthEducation@goldchp.org

**INFORMACIÓN DEL MIEMBRO**

Apellido del Miembro | Nombre(s) | Inicial del Segundo Nombre | Fecha de Nacimiento

Número de Identificación de Miembro | Dirección | Ciudad | Estado | Código Postal

Número Telefónico Principal | Número Telefónico Secundario

**INFORMACIÓN DE REMISIÓN**

Nombre del Médico Tratante | Número Telefónico | Número de Fax

Nombre del Médico de Atención Primaria (PCP) | Número Telefónico | Número de Fax

**MOTIVO(S) DE REMISIÓN AL EDUCADOR(A) DE LA SALUD DE GOLD COAST HEALTH PLAN**

- ☐ Diabetes
- ☐ Asma
- ☐ Obesidad Mórbida en Adultos (18+)
- ☐ Obesidad Mórbida (De 0-17 años de edad)
- ☐ Alto Riesgo Obstétrico (Prenatal)
- ☐ Factores psicosociales que presentan barreras para la atención
- ☐ Depresión
- ☐ Programa de Navegador de Salud
- ☐ Otro

**INFORMACIÓN CLÍNICA** (Para ser completado por el médico tratante o el personal de la oficina)

Nombre y Cargo de la Persona que llena el Formulario | Número Telefónico | Fecha

**Declaración de No Discriminación y Asistencia Lingüística**

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

Rev. January 24, 2018

*Figure 3: Health Education Referral Form English / Spanish*

## Tobacco Education

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

In addition, GCHP covers Nicotine Replacement Therapy (NRT) products. To learn more, contact the Health Education Department at 1-805-437-5500 or HealthEducation@goldchp.org.

## Health Navigator Program

GCHP's Health Navigator program is designed to provide members with help from someone who they would consider their peer. The goal of the program is to increase member awareness about the benefits of obtaining preventive care. Health navigators provide members with health education materials that are specific to their needs and that are culturally and linguistically appropriate. Navigators also inform members of classes that are available to them. They also coordinate transportation if the member needs it.

Health navigators are involved in the community and are able to inform members about upcoming events and refer them to organizations from which they would benefit.

For more information, contact the Health Education Department at 1-805-437-5500 or email HealthEducation@goldchp.org.

## Health Education Material

The Health Education Department has a variety of materials available, including materials on Managing Your Chronic Pain (Figure 4). The department uses materials from the DHCS-approved list, which includes Channing Bete and Krames. For more information about the DHCS-approved list or if you would like a copy of the list, contact the Plan. The materials are available in both English and Spanish.


*Figure 4: Managing Your Chronic Pain*

## GCHP's Seventh Annual Community Resource Fair

GCHP will host its Seventh Annual Community Resource Fair at Plaza Park in Oxnard, on Saturday, June 23 from 10 a.m. – 2 p.m. Free health screenings and resource information will be offered by various health and community agencies.

The resource fair also will have fun activities for families and children, such as Zumba demonstrations, face painting, and entertainment. If you have any questions or are interested in participating, please contact the Outreach Department at 1-805-437-5606 or outreach@goldchp.org.

SECTION 20:

# Cultural & Linguistic Services

## Simple Language is the Key to Effective Communication


Communication is essential for the effective delivery of health care. However, evidence shows that patients often do not understand much of the information given by heath care providers.

Health literacy is defined by Healthy People 2010 as, "The degree to which individuals have the capacity to obtain, process and understand basic (health) information and services needed to make appropriate health decisions."

Using simple language makes it easier for people to understand and apply health information. One way to promote health literacy is by assuring that member-informing materials are at or below a sixth grade reading level.

For more information on strategies to enhance the health literacy of your patients, effective communication, and training opportunities, visit:

- Centers for Disease Control and Prevention
- The U.S. Department of Health and Human Services' National Action Plan to Improve Health Literacy
  Provides ways to engage organizations to improve health literacy.
- Health Literacy Online
  This research-based guide will help you learn how to design digital health information tools.
- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards)
  Aims to improve health care quality and health equity.

If you need assistance or have questions, contact GCHP's Cultural & Linguistics Services at 1-805-437-5603 or CulturalLinguistics@goldchp.org.

SECTION 21:

# Consumer Advisory Committee

GCHP's Consumer Advisory Committee (CAC) meets quarterly in the Plan's Community Room, located at 711 E. Daily Drive in Camarillo.

Meetings are open to the public and typically last two hours. Agenda and meeting materials are published on the Plan's website.

SECTION 22:

# Member Benefit Information Meetings

GCHP holds member orientation meetings (Figure 5) 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, as well as how to:

- Establish a medical home.
- Select a PCP.
- Get medical services.
- Get necessary medications.
- Locate and use resources available in the community.

Meeting times and locations vary monthly. Members can call GCHP's Member Services Department at 1-888-301-1228 for meeting times and dates.

Click here for the current schedule.

Gold Coast Health Plan
Member Benefit Information
You and Your Medi-Cal Benefits

Join us at a Member Benefits Information meeting to learn how to:

- Select a Primary Care Provider (PCP)
- Get medical services
- Access dental, vision and other benefits
- Get behavioral health assistance
- Maintain your Medi-Cal eligibility
- Learn about Medi-Cal
- Know your member rights and responsibilities
- Locate community resources
- Find out what health classes are offered by Gold Coast Health Plan (GCHP)
- Find out about classes and services offered by other agencies

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

Gold Coast Health Plan
A Public Entity

www.goldcoasthealthplan.org

Meeting Dates and Locations

Oxnard Library
251 South "A" Street, Oxnard, CA 93030 – Room A
April 26, 2018, Thursday: English 5:15 pm, Spanish 6:30 pm
May 23, 2018, Wednesday: English 5:15 pm, Spanish 6:30 pm
June 16, 2018, Saturday: English 10:00 am, Spanish 11:30 am

Camarillo – GCHP Office
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
April 25, 2018, Wednesday: English 1:30 pm, Spanish 3:00 pm
May 19, 2018, Saturday: English 10:00 am, Spanish 11:30 am
May 30, 2018, Wednesday: English 1:30 pm, Spanish 3:00 pm
June 12, 2018, Tuesday: English 5:30 pm, Spanish 6:45 pm
June 26, 2018, Tuesday: English 1:30 pm, Spanish 3:00 pm

Ventura – Ventura Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001 – Rincon Room
April 21, 2018, Saturday: English 10:00 am, Spanish 11:30 am

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

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

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

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

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

Gold Coast Health Plan
A Public Entity

www.goldcoasthealthplan.org

Fechas y Lugares de las Juntas

Biblioteca de Oxnard
251 South "A" Street, Oxnard, CA 93030 – Room A
26 de abril de 2018, jueves: en inglés a las 5:15 pm, en español a las 6:30 pm
23 de mayo de 2018, miércoles: en inglés a las 5:15 pm, en español a las 6:30 pm
16 de junio de 2018, sábado: en inglés a las 10:00 am, en español a las 11:30 am

Camarillo – Oficina de GCHP
711 E Daily Drive, Suite 106, Camarillo, CA 93010
25 de abril de 2018, miércoles: en inglés a las 1:30 pm, en español a las 3:00 pm
19 de mayo de 2018, sábado: en inglés a las 10:00 am, en español a las 11:30 am
30 de mayo de 2018, miércoles: en inglés a las 1:30 pm, en español a las 3:00 pm
12 de junio de 2018, martes: en inglés a las 5:30 pm, en español a las 6:45 pm
26 de junio de 2018, martes: en inglés a las 1:30 pm, en español a las 3:00 pm

Ventura – Ventura Avenue Adult Center
550 N. Ventura Avenue, Ventura, CA 93001 – Rincon Room
21 de abril de 2018, sábado: en inglés a las 10:00 am, en español a las 11:30 am

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

*Figure 5: Member Benefit Information Meetings*

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36

# Provider Operations Bulletin

APRIL 2018

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