



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

Provider Operations Bulletin

OCTOBER 2018

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

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

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SECTION 1:

All Contracted Gold Coast Health Plan (GCHP) Providers Must Enroll in the Medi-Cal Program

As discussed in the April 4 Provider Update, the state Department of Health Care Services (DHCS) requires all contracted Managed Care Plan (MCP) providers to be enrolled in the Medi-Cal program by December 31, 2018. Therefore, ALL contracted Gold Coast Health Plan (GCHP) providers must be enrolled with Medi-Cal in order to remain contracted with GCHP by December 31. All providers who are not Medi-Cal licensed will be terminated from the GCHP network.

In an effort to ensure compliance with the requirement, GCHP is currently screening its provider records to ensure compliance. GCHP has identified providers who are **NOT** currently Medi-Cal licensed and is reaching out to them by phone and email.

If you or any providers have applied for Medi-Cal licensing and are awaiting approval, please forward the Medi-Cal acknowledgment letter or a screenshot of the PAVE website showing the physician's application is in process to ProviderContracting@goldchp.org.

SECTION 2:

IVR Portal Verification

Gold Coast Health Plan (GCHP) offers providers the ability to check eligibility and claim status through the GCHP Web Portal or the Interactive Voice Response (IVR) phone system.

The process requires authentication of your provider information. Registration is easy and available 24 hours a day, seven days a week. Once you register, you will have access to the desired eligibility or claim information at your convenience.

To register, visit GCHP's [website](#), click on the "Providers" tab, select "Provider Portal," click on "Access the Provider Web Portal" and follow the directions to register.

To check **claim status** through the **Provider Web Portal** follow these steps:

Searching For, Viewing, and Printing Claims

1. From the menu bar, click **Claims**.
2. Type the search criteria to locate a member and click **Search**.
3. From the list presented, check the **Status / EOP** column for the status of a claim. You can only view claims that have the status **Processed**.
4. To view the claim, click the applicable **Processed** link. An **Explanation of Payment** appears.

5. To print the claim, right-click anywhere in the Explanation of Payment and select **Print** from the menu presented.

To check **member eligibility** via the **Provider Web Portal**:

1. On the menu bar, click **My Members**. The **Search Member Eligibility** window opens.
2. In the appropriate boxes, type *at least one* of the search fields requested and click **Search**. **Note:** The **Effective Date** defaults to today's date and can be changed prior to clicking Search to see a member's status for other effective dates.
3. From the search results presented, click a member to view the eligibility details.
4. After a member's eligibility details are presented onscreen, additional options become available at the bottom of the window. Clicking an option will take you to the appropriate window. Information about these options are described later in this document:
 - Authorization
 - UB Claim
 - HCFA Claim
5. To return to the search results screen click the **Back** button. Your previous search results will still be available.

Claim status can also be checked by using the **IVR** system by calling Customer Service at 1-888-301-1228 and following the prompts:

1. Select Provider – press 2
2. Enter your NPI number
3. For claim status, press 1
4. To enter the GCHP ID number - press 1
5. Member identification number – eight-digit numeric ID
6. Member date of birth in a two-digit format (xx/xx/xx)
7. Enter Date of Service
8. Requested information provided

You can also check **member eligibility** by using the **IVR** system by calling Customer Service at 1-888-301-1228 and following the prompts:

1. Select Provider – press 2
2. Enter your NPI number
3. For eligibility status, press 2
4. To enter the GCHP ID number - press 1
5. Member identification number – eight-digit numeric ID
6. Member date of birth in a two-digit format (xx/xx/xx)
7. Requested information provided

SECTION 3:

Changes to Prior Authorization Requirements

Gold Coast Health Plan (GCHP) continues to evaluate and monitor the services that require prior authorization. As a result, the following change will be made effective December 1:

- Authorization will be required for all outpatient physical therapy and occupational therapy services for members under 21 years of age.

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

SECTION 4:

Nursing Facilities

Gold Coast Health Plan (GCHP) is responsible for Medi-Cal covered long-term care services. GCHP pays the facility daily rate for members who need out-of-home placement in a long-term care facility due to their medical condition. Medi-Cal does not pay for assisted living or board and care facility services. All nursing facilities admissions require an authorization from GCHP.

Nursing facilities include:

- Long-Term Care (LTC) Facilities
- Skilled Nursing Facilities (SNF)
- Intermediate-Care Facilities (ICF)
- Intermediate-Care Facilities of the Developmentally Disabled (ICG/DD), Developmentally Disabled

Habilitative (ICF/DDH), or Developmentally Disabled Nursing (ICF/DDN)

- Sub-acute Care Facilities

If a member is residing in a nursing facility and their condition requires them to be admitted to an acute care hospital, the nursing facility may ask for bed hold days.

The following rules apply to bed hold days:

- The bed hold is limited to a maximum of seven days per hospitalization.
- The nursing facility must obtain an authorization from GCHP for the bed hold days.

SECTION 5:

Hospice Routine Home Care Updates

Federal Rule 42 CFR Part 418, CMS-1629-F RIN 0938-AS39 Medicare Program: FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements established an updated reimbursement rate of differential payments for routine home care services.

Reimbursement rates will be based on a recipient's length of stay. The first 60 days of routine home care in a recipient's certification period will utilize revenue code 0650 (routine home care high rate). Any subsequent days of care beyond the 60-day period will utilize revenue code 0659 (routine home care low rate). In addition, revenue code 0552 (routine home care service intensity add-on [SIA] rate) payment for services provided by a registered nurse or social worker in the last seven days of a recipient's life for at least 15 minutes and up to four hours total per day has also been added.

Hospice providers are required to bill new revenue codes for routine home care services and SIA, effective retroactively for dates of service on or after January 1, 2016.

The existing local Medi-Cal revenue code 0651 (hospice service, routine home care) will be end-dated and replaced by the following three new applicable, Health Insurance Portability and Accountability Act (HIPAA)-compliant revenue codes:

- 0552 (routine home care [SIA rate])
- 0650 (routine home care [high rate])
- 0659 (routine home care [low rate])

SECTION 6:

Member Incentives

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

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

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

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

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

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

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



Get Your Postpartum Exam and Receive a Large Pack of Diapers!
¡Vaya a su Examen Postparto y Reciba un Paquete Grande de Pañales!

Gold Coast Health Plan (GCHP) values your health. As a new mom, it's important to take time for a postpartum care exam. Complete your exam within 3 to 8 weeks of delivery to receive a large pack of diapers.

How to receive your postpartum exam within 3 to 8 weeks of delivery:

1. Make a postpartum appointment with your doctor.
2. Bring your insurance card with you to your exam.
3. Complete your exam within 3 to 8 weeks of delivery.
4. GCHP will mail you a large pack of diapers.

How to receive your postpartum exam within 3 to 8 weeks of delivery:

1. Haz una cita para tu examen postparto con tu médico.
2. Llévate tu tarjeta de seguro contigo a tu examen.
3. Completa tu examen dentro de 3 a 8 semanas de tu parto.
4. GCHP te mandará un paquete grande de pañales.

Call 1-805-437-5592 for more information.



Gold Coast Health Plan Wants to Give Your 3 to 6 Year Old Child a \$15.00 gift card!
¡Gold Coast Health Plan quiere dar a su hijo de 3 a 6 años una tarjeta regalo de \$15.00!

Gold Coast Health Plan (GCHP) values your health. As a parent, it's important to take time for a well-child exam for your child. Complete your exam between January 1, 2018 and December 31, 2018 to receive a \$15.00 gift card to Target or Walmart.

How to receive your \$15.00 gift card:

1. Complete a well-child exam for your child between January 1, 2018 and December 31, 2018.
2. Bring your insurance card with you to your exam.
3. GCHP will mail you a \$15.00 gift card to Target or Walmart.

How to receive your \$15.00 gift card:

1. Completa un examen de bienestar para tu hijo entre el 1 de enero de 2018 y el 31 de diciembre de 2018.
2. Llévate tu tarjeta de seguro contigo a tu examen.
3. GCHP te mandará una tarjeta regalo de \$15.00 a Target o Walmart.

Call 1-805-437-5592 for more information.

SECTION 7:

Non-Medical Transportation (NMT)

As of October 1, 2017, 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.

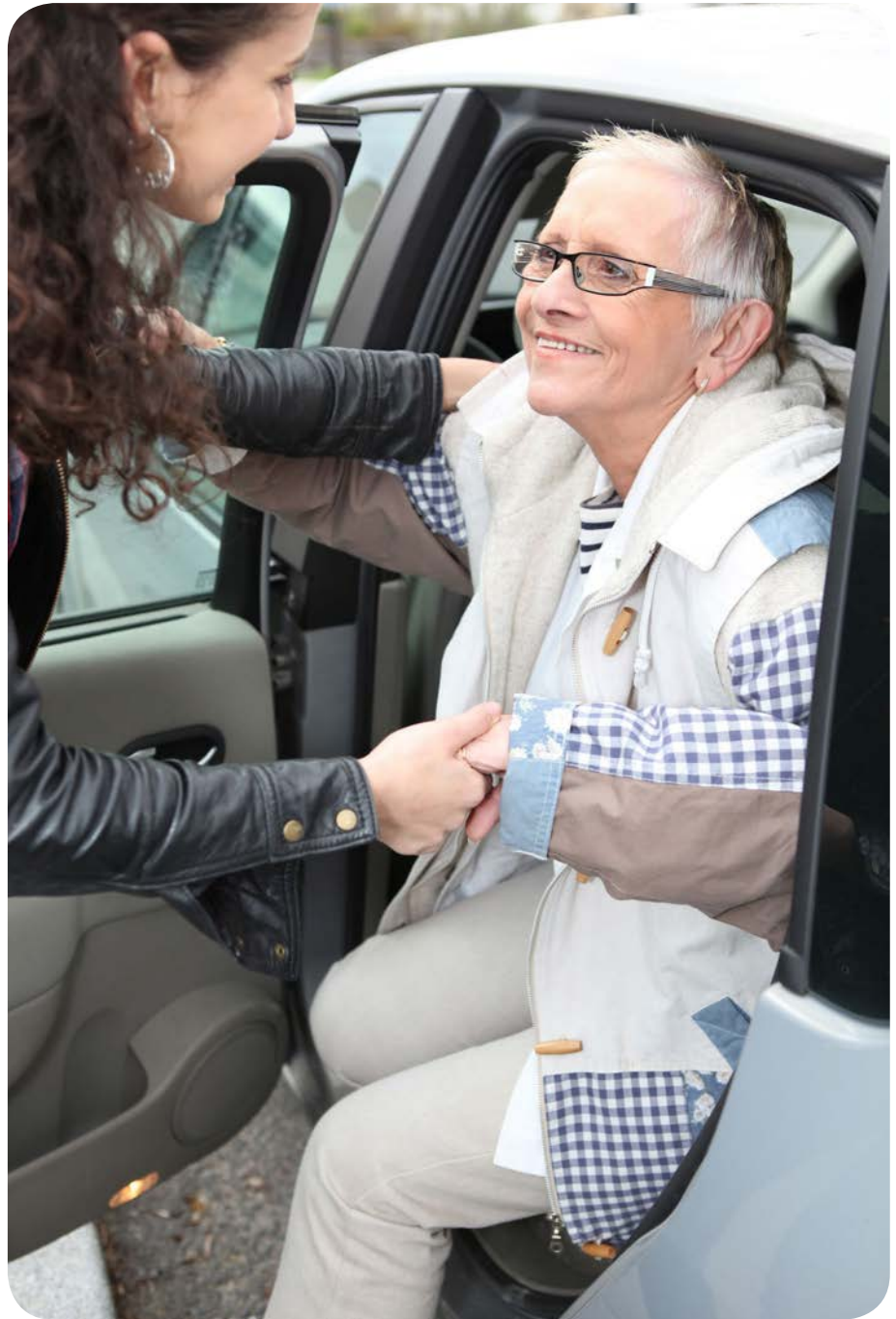
NMT does not include transportation of sick, injured, invalid, convalescent, infirmed or otherwise incapacitated members who need to be transported by ambulance, litter vans, or wheelchair vans. NMT does not cover trips to a non-medical location or to appointments that are not medically necessary.

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 8:

Health Education

Quit Smoking: Health Education Materials and Resources

The Great American Smokeout is November 15! Please encourage your members to stop smoking. There are many resources available to help them quit.

Members can call **1-800-NO-BUTTS (1-800-662-8887) / 1-800-45-NO-FUME (1-800-456-6386)** or go online at www.nobutts.org. The helpline is available Monday through Friday from 7 a.m. to 9 p.m. and Saturday from 9 a.m. to 5 p.m.

The California Smokers' Helpline provides:

- Phone counseling.
- Self-help materials.
- Online support.
- Other tools to help quit smoking.

The California Smokers' Helpline also has materials for members who are pregnant and want to quit smoking.



Nicotine replacement therapy products are a covered benefit to GCHP members. If you have any questions, call Gold Coast Health Plan's (GCHP) Health Education Department at **1-805-437-5500 / TTY 1-888-310-7347** or email HealthEducation@goldchp.org.

Women's Health Initiatives


GCHP's Health Education Department advocates for women's health by promoting preventive screenings, such as the annual pap smear or postpartum exam. The department has Health Navigators who will help members by providing culturally-appropriate materials and answer any questions that members may have about the Plan.

Breast Cancer Awareness

October is Breast Cancer Awareness Month. GCHP's Health Education Department has materials available to you for your members. The materials on breast health awareness focus on what members need to look for, mammography screening, testing and treatment. Members and providers can contact the [American Cancer Society](http://www.AmericanCancerSociety.org) for free educational materials.

Cervical Cancer

Cervical Cancer Awareness Month is January. GCHP would like its members to learn more about cervical cancer and why screening is important. Cervical cancer is nearly 100% preventable with regular screening tests. If abnormal cells are found, they can be removed and treated before they turn into cancer.



**Protect Yourself from Cervical Cancer:
Know the Facts**

CANCER CAN GROW ON YOUR CERVIX— THE SAME WAY IT CAN GROW ON OTHER BODY PARTS. MOST OF THE TIME, CERVICAL CANCER GROWS SLOWLY. IT CAN TAKE 10 TO 15 YEARS (OR MORE) FOR ABNORMAL CELLS TO TURN INTO CANCER.

What Causes Cervical Cancer?

- A virus, called human papillomavirus, also called HPV— can cause normal cells on your cervix to turn abnormal.
- HPV can lay dormant (sleep) for many years, until it becomes cancer.
- HPV is passed on through genital or skin-to-skin contact, most often during vaginal or anal sex.
- You cannot see or feel HPV or these cell changes on your cervix.
- All women who ever had sex are at risk for cervical cancer.


Cervical Cancer Screening Saves Lives
Cervical Cancer is nearly 100% preventable with regular screening tests, like the **Pap test** and the **HPV test**.

The **Pap test** looks for abnormal cells on the cervix that could turn into cancer over time. Women ages 21 to 29 should get a Pap test every 3 years.

The **HPV test** looks for the virus that can cause abnormal cells on the cervix. Women ages 30 to 65 should get a Pap test every 3 years or a Pap test and HPV test every 5 years.


When abnormal cells are found early, they can be removed or treated before they ever turn into cancer.

Please call your doctor and schedule your appointment today!



For more information, please call Member Services at:
1-888-301-1228; TTY: 1-888-310-7347
www.goldcoasthealthplan.org

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**Protégase de Cáncer del Cuello Uterino:
Conozca los Datos**

EL CÁNCER PUEDE CRECER EN EL CUELLO UTERINO DE LA MISMA MANERA QUE PUEDE CRECER EN OTRAS PARTES DEL CUERPO. USUALMENTE EL CÁNCER DEL CUELLO UTERINO SE REPRODUCE LENTAMENTE. PUEDE TOMAR 10 A 15 AÑOS (O MÁS) PARA QUE LAS CÉLULAS ANORMALES SE CONVIRTAN EN CÁNCER.

¿Qué causa el cáncer del cuello uterino?

- Un virus, llamado virus de papiloma humano, también llamado VPH, puede causar que las células normales del cuello uterino se vuelvan anormales.
- El VPH puede permanecer latente (dormido) durante muchos años, hasta que se convierte en cáncer.
- El VPH se transmite por contacto genital o contacto de piel a piel, con mayor frecuencia durante el sexo vaginal o anal.
- No se puede ver o sentir el VPH o estos cambios celulares en el cuello uterino. Todas las mujeres que alguna vez tuvieron relaciones sexuales tienen riesgo de cáncer del cuello uterino.

Detección de Cáncer del Cuello Uterino Salva Vidas
El cáncer de cuello uterino es casi 100% prevenible cuando se obtiene la prueba de Papanicolaou y del VPH regularmente.

La prueba de **Papanicolaou** busca células anormales en el cuello uterino que pueden convertirse en cáncer con el tiempo. Las mujeres entre las edades de 21 a 29 años deben hacerse una prueba de Papanicolaou cada 3 años.

La prueba del **VPH** busca el virus que puede causar células anormales en el cuello uterino. Las mujeres entre las edades de 30 a 65 años deben hacerse una prueba de Papanicolaou cada 3 años o una prueba de Papanicolaou y de VPH cada 5 años.

Cuando células anormales se detectan temprano, pueden ser eliminadas o tratadas antes de que se conviertan en cáncer.

¡Por favor, llame a su doctor y haga una cita hoy!



Para más información, por favor llame a Servicios para Miembros al: **1-888-301-1228; TTY: 1-888-310-7347**
www.goldcoasthealthplan.org

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Postpartum Exam

GCHP has a tip sheet available for members about the importance of having their postpartum exams. The tip sheet reminds members to call their doctor to schedule an appointment and informs them that they can speak to their doctor about breastfeeding, nutrition, and postpartum blues.

GCHP looks forward to the continued success of the program. Please contact the Plan's Health Education Department for additional information at **1-805-437-5500 / TTY 1-888-310-7347** or email at HealthEducation@goldchp.org.

Immunizations

GCHP is encouraging its members to get their children vaccinated and up to date on shots that they may be behind on. The Plan's Health Education Department has booklets available for parents about the importance of protecting little ones with immunizations. You can find free resources for immunization schedules [here](#).

Immunization Schedule

Parents

Immunizations: Are one of the greatest achievements of medicine. They have been so successful, many parents have never seen most of the illnesses and complications that vaccines prevent. But these diseases still exist. Your child needs immunizations to be protected from them.

Protect your little one with immunizations.

What you can do:

- 1 Start your baby's shots on time – at birth.
- 2 Make sure your child stays on schedule (see back).
- 3 Bring your child's yellow immunization record to every doctor visit.
- 4 Comfort your child by:
 - ✓ Breaching your baby during and after shots
 - ✓ Staying calm yourself!
 - ✓ Talking in a soothing voice or singing
 - ✓ Holding your child
 - ✓ Bringing a favorite toy or blanket to use in distress to comfort your child.
 - ✓ Allowing your child to cry

Why are immunizations important?
Immunizations can protect your child against serious diseases that can make your child very sick. These diseases can even cause brain damage or death. Immunizations also protect the community. If children are not immunized, they can be a health threat to babies less lucky or sick to get all their shots.

Are they safe?
Vaccines are very safe and effective. They prevent disease by making the immune system stronger. Babies are immunized when they are very young, because some diseases that vaccines prevent are most harmful to babies or young children. Some vaccines protect your child and reactions to the shots. Use them a safe way or say, or waiting when the shot was given. Your doctor or nurse can talk about the risks with you before your children get their shots.

Immunizations are also good for your health, happiness, success, life, and more!

Immunize your child for a lifetime of health.

Calendario de vacunación de

Padres

Las vacunas: Son una de las mayores hazañas de la medicina. Han tenido tanto éxito que muchos padres nunca han visto la mayoría de las enfermedades y complicaciones que previenen las vacunas. Pero estas enfermedades todavía existen. Para estar protegido contra ellas, su hijo necesita vacunas.

Protegen a su pequeño con las vacunas para bebés.

Qué puede hacer usted:

- 1 Empiece las vacunas de su bebé a tiempo, al nacer.
- 2 Asegúrese de vacunar a su hijo a tiempo (véase el reverso).
- 3 Lleve el Comprobante de Vacunación en cada visita médica, especialmente cuando lo lleve al doctor.
- 4 Tranquilice a su hijo:
 - ✓ Deje que su bebé lllore y lllore después de las vacunas
 - ✓ Permanezca tranquilo
 - ✓ Cántele o hablele en voz suave
 - ✓ Sosténgalo
 - ✓ Lleve una cunita o un juguete favorito para distraerlo e tranquilizarlo
 - ✓ Díjale que llora

¿Por qué son importantes las vacunas?
Las vacunas pueden proteger a su hijo contra enfermedades graves de la niñez que le pueden dañar mucho. Estas enfermedades pueden causar daños desde cerebral a la muerte. Las vacunas también protegen a la comunidad. Los niños no vacunados pueden poner en peligro la salud de los bebés que son vacunados.

¿Son seguras?
Las vacunas son muy seguras y eficaces. Previenen enfermedades evitando que el sistema de defensa sea más fuerte. Los bebés son vacunados cuando son muy pequeños porque algunas de las enfermedades que previenen las vacunas son mucho más peligrosas en bebés y niños pequeños. A veces los niños tienen reacciones leves a las vacunas, como fiebre, dolor en el brazo o en la pierna, o hinchazón en el lugar donde se administró la inyección. Su doctor o enfermera puede hablar con usted sobre los riesgos antes de vacunar a sus hijos.

Immunize your child for a lifetime of health.

November is Diabetes Awareness Month

GCHP's Health Education Department is available to help members understand and manage diabetes through the Plan's Care Management Program and the Health Navigators team.

In addition, several agencies throughout Ventura County provide free diabetes education classes for GCHP-eligible members. If a member needs assistance with connecting to a class or if they want to learn more about eating healthy and staying active, please contact the Health Education Department at **1-805-437-5500**.

Below you will find helpful websites for additional resources on diabetes prevention, healthy eating, support groups and diabetes management classes:

- [Gold Coast Health Plan](#)
- [American Diabetes Association](#)
- [Centers for Disease Control and Prevention \(CDC\)](#)

Antibiotic Treatment in Adults with Acute Bronchitis

According to the CDC, each year in the U.S. at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die as a direct result of these infections. In addition, antibiotics cost the health care system billions of dollars each year.

The CDC, in an effort to increase awareness about the appropriate use of antibiotics, has information available for members and providers on antibiotic resistance and improving the use of antibiotics. To learn more about antibiotic prescribing and use, [click here](#).

The image displays 12 informational posters arranged in a 2x6 grid. The top row contains 6 English posters, and the bottom row contains 6 Spanish posters. Each poster is designed to educate on antibiotic resistance, its causes, and how to prevent it. The English posters include the following titles and key messages:

- Why does taking antibiotics lead to antibiotic resistance?** - Explains how overuse and misuse of antibiotics lead to resistance.
- What is the right way to take antibiotics?** - Provides instructions on how to take antibiotics correctly.
- Antibiotics Aren't Always the Answer.** - States that antibiotics only work for bacterial infections.
- What are the side effects?** - Lists common side effects like diarrhea and allergic reactions.
- Each year in the United States, at least 2 million people get infected with antibiotic-resistant bacteria. At least 23,000 people die as a result.** - Provides key statistics.
- Do I really need antibiotics?** - Offers a checklist to determine if antibiotics are necessary.
- Do antibiotics have side effects?** - Lists potential side effects and when to seek medical attention.
- Can I feel better without antibiotics?** - Explains that many respiratory illnesses resolve on their own.

The Spanish posters mirror the English ones with the following titles and key messages:

- ¿Por qué tomar antibióticos causa resistencia a estos medicamentos?**
- ¿Cuál es la forma correcta de tomar antibióticos?**
- Los antibióticos no siempre la solución.**
- ¿Cuáles son los efectos secundarios?**
- Cada año en los Estados Unidos al menos 2 millones de personas se infectan con bacterias que son resistentes a los antibióticos. Al menos 23,000 personas mueren por esta causa.**
- ¿De verdad necesito antibióticos?**
- ¿Tienen efectos secundarios los antibióticos?**
- ¿Puedo sentirme mejor sin antibióticos?**

To access free printable materials in various languages, [click here](#).

Member Newsletter – Fall Issue

GCHP's newsletter, *Winning Health*, will be mailed to members the first week of November. The newsletter is available in English and Spanish. The newsletter is also available on GCHP's [website](#), under Members > Newsletters.

The Fall issue of *Winning Health* includes information about:

- The flu shot and the importance of vaccines to prevent diseases.
- Maintaining healthy blood pressure.
- Acupuncture.
- Free HIV testing.
- Suicide prevention and behavioral health resources.
- The Great American Smokeout.

Focus on Childhood Lead Poisoning Prevention and Screening

No safe blood lead level in children has been identified.

Health care providers (HCP) need to continue to be concerned about lead poisoning. Lead is a common environmental contaminant present in all areas of the U.S. and all children are at risk for lead's toxic effects. Protecting children from exposure to lead is important to lifelong good health. In 2012, the CDC recognized a risk of neurodevelopmental sequelae at blood lead levels below 5 micrograms of lead per deciliter of blood (mcg/dL) and replaced the former blood lead "level of concern" (10 mcg/dL) with a "reference level" of 5 mcg/dL.^{1,2}

Within the U.S., approximately half a million children ages 1-5 years of age have blood lead levels (BLLs) > 5 mcg/dL, making lead exposure one of the most common and preventable diseases among California children. The Childhood Lead Poisoning Prevention Branch of the California Department of Public Health is more protective in defining increased lead exposure. It interprets the reference level to include all BLLs > 4.5 mcg/dL.¹

In Ventura County, from 2012 to 2016, more than 600 children were found to have elevated BLL.

CHILDREN UNDER SIX YEARS OLD AND FETUSES ARE AT GREATEST RISK OF HARMFUL HEALTH EFFECTS FROM LEAD POISONING:

- Their brains and nervous systems are still forming.
- They frequently crawl on floors or furniture contaminated with lead dust and put their hands or other objects in their mouths.
- More of the lead that gets into their mouth is taken up into their bodies.
- Much of the lead is stored in their bones.
- Lead can be measured in their blood and remains in their bodies for a long time.³
- Peak risk: ages 1 – 2 years⁴

CLINICAL EFFECTS:

- Lead interferes with heme synthesis and is a potent neurotoxin. Lead is associated with anemia, learning disability, hypertension, cardiovascular and renal disease, delayed puberty, and reduced fertility.
- In children, the most significant impact of lead poisoning is neurodevelopmental. It has been associated with
- Attention Deficit Hyperactive Disorder, developmental delay, speech and language deficiencies, and cognitive deficiencies. Childhood lead poisoning may present as learning and behavioral issues. In teens and young adults, it may be associated with increased school drop-out rates and aggressive behavior.
- Perinatal lead poisoning can have lasting adverse effects on the mother, fetus, neonate, and breast-feeding child. Lead readily crosses the placenta and prenatal exposure is associated with intra-uterine growth restriction, maternal hypertension, and an increased frequency of spontaneous abortion.⁵

STANDARD OF CARE GUIDELINES ON CHILDHOOD LEAD POISONING FOR CALIFORNIA HEALTH CARE PROVIDERS:

California state regulations requires health care providers doing periodic health care assessments to provide primary prevention of lead exposure through anticipatory guidance at each well-child exam on all children 6 months to 6 years of age, screen (test) children in publicly supported programs at both 12 and 24 months, and children 24 months to 6 years in publicly supported program who were not tested appropriately, and to assess children for risk who are not in publicly supported programs.⁶

REGULATIONS FOR CALIFORNIA PROVIDERS CARING FOR CHILDREN 6 MONTHS TO 6 YEARS⁶

ANTICIPATORY GUIDANCE	<p>At each periodic health care visit from 6 months to 6 years, give oral or written anticipatory guidance to a parent or guardian, including at a minimum:</p> <ul style="list-style-type: none"> • Children can be harmed by lead. • Children are particularly at risk of lead poisoning from the time they begin to crawl until 6 years of age. • Children can be harmed by deteriorating or disturbed paint and lead-contaminated dust.
SCREEN (blood lead test)	<ul style="list-style-type: none"> • Children in publicly supported programs* at both 12 months and 24 months • Children age 24 months to 6 years in publicly supported programs* who were not tested appropriately <p>*Examples of publicly supported programs include Medi-Cal, GCHP, Child Health and Disability Prevention (CHDP) Program, CalFresh, and Women, Infants, and Children (WIC).</p>
ASSESS	<ul style="list-style-type: none"> • If the child is not in publicly supported program: <ul style="list-style-type: none"> ▸ Ask: “Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?” Blood lead test if the answer to the question is “yes” or “don’t know.” • Change in circumstances has put child at risk of lead exposure. • <i>Other indications for a blood lead test:*</i> <ul style="list-style-type: none"> ▸ <i>Parental request</i> ▸ <i>Suspected lead exposure</i> ▸ <i>History of living in or visiting country with high levels of environmental lead</i> <p>* <i>Items in italics are not in regulations but also should be considered.</i></p>

The Ventura County Childhood Lead Poisoning Prevention Program (CLPPP) offers ongoing coordination between the medical providers for effective follow-up of lead-exposed children, blood lead finger stick training, clinic in-service, community outreach, and case management.

For more information contact:

- Ventura County CLPPP at 1-805-981-5291 or [click here](#).
- California Department of Public Health Childhood Lead Poisoning Prevention Branch at 1-510-620-5600 or [click here](#).

The California Department of Public Health provides free educational materials on ways to keep family and children safe from lead:

- [Protect your Child from Lead](#)
- [Keep Your Newborn Safe from Lead \(English\)](#)
- [Keep Your Newborn Safe from Lead \(Spanish\)](#)

[Click here](#) to learn more and earn credit by taking a free 1 CME activity online:

“The Prevention of Childhood Lead Poisoning - Why Physicians Should Counsel on Lead and Screen for Lead Exposure.”

Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers

No Level of Lead in the Body is Known to Be Safe

"Evidence continues to accrue that commonly encountered blood lead concentrations, even those less than 10 mcg/dL, may impair cognition, and there is no threshold yet identified for this effect. Most US children are at sufficient risk that they should have their blood lead concentration measured at least once."
Lead Exposure in Children: Prevention, Detection, and Management • American Academy of Pediatrics Policy Statement, Committee on Environmental Health • Pediatrics 2005; 115: 1035-1046

"Blood lead concentrations, even those below 10 mcg per deciliter, are inversely associated with children's IQ scores at three and five years of age, and associated declines in IQ are greater at these concentrations than at higher concentrations. These findings suggest that more U.S. children may be adversely affected by environmental lead than previously estimated."
Intellectual Impairment in Children with Blood Lead Concentrations below 10 mcg per Deciliter • Richard L. Canfield, Charles R. Henderson Jr., Deborah A. Cory-Slechta, Christopher Cox, Todd A. Jusko, and Bruce P. Lanphear • The New England Journal of Medicine 2003; 348: 1517 - 1526


"Evidence from this cohort indicates that children's intellectual functioning at 6 years of age is impaired by blood lead concentrations well below 10 mcg/dL, the Centers for Disease Control and Prevention definition of an elevated blood lead level."
Blood Lead Concentrations < 10 mcg/dL and Child Intelligence at 6 Years of Age • Todd A. Jusko, Charles R. Henderson Jr., Bruce P. Lanphear, Deborah A. Cory-Slechta, Patrick J. Parsons, and Richard L. Canfield • Environmental Health Perspectives 2006; 114: 243 - 248

Regulations for California Providers Caring for Children 6 Months to 6 Years of Age

California state regulations impose specific responsibilities on doctors, nurse practitioners and physician's assistants doing periodic health care assessments on children between the ages of 6 months and 6 years. This is a brief summary of health care provider's responsibilities. **These regulations apply to all physicians, nurse practitioners, and physician's assistants, not just Medi-Cal or Child Health and Disability Prevention (CHDP) providers.**

ANTICIPATORY GUIDANCE	At each periodic assessment from 6 months to 6 years
SCREEN (blood lead test)	<ul style="list-style-type: none"> • Children in publicly supported programs* at both 12 months and 24 months • Children age 24 months to 6 years in publicly supported programs* who were not tested appropriately * Examples of publicly supported programs include Medi-Cal, CHDP, Health Families, and WIC.
ASSESS	<ul style="list-style-type: none"> • If child is not in publicly supported program: <ul style="list-style-type: none"> - Ask: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?" Blood lead test if the answer to the question is "yes" or "don't know." • Change in circumstances has put child at risk of lead exposure • Other indications for a blood lead test:¹ <ul style="list-style-type: none"> - Parental request - Suspected lead exposure (see possible sources of lead exposure on other side) - History of living in or visiting country with high levels of environmental lead


¹ Items in italics are not in regulations but also should be considered.



Potential Sources of Lead: Educating Families to Prevent Childhood Lead Exposure

Potential Sources of Lead	Guidance for Families
Old paint inside or outside the home	<ul style="list-style-type: none"> • Move cribs, high chairs, and playpens away from cracked or peeling paint. • Do not allow child to chew on windowsills or other painted surfaces. • Call local lead poisoning prevention program about testing paint for lead.
Most lead paint is in homes built before 1978	<ul style="list-style-type: none"> • Call local lead poisoning prevention program about testing paint for lead.
Dust on windowsills, floors, and toys	<ul style="list-style-type: none"> • Wet mop floors and wet wipe windowsills and other surfaces. • Wash toys often. • Wash children's hands before eating and sleeping.
 Dirt outside the home	<ul style="list-style-type: none"> • Cover bare dirt with stones, grass, plants, or gravel. • Wipe shoes or take them off BEFORE going in the house.
Take home exposure from clothing/hair if family member works around lead	Shower and change clothes BEFORE coming home from work and BEFORE holding child.
Pottery and dishes made outside of the U.S., in places such as Mexico or China	Call local lead poisoning prevention program for more information about testing pottery and dishes for lead.
Traditional remedies	<ul style="list-style-type: none"> • Do not let anyone give "natural" or traditional remedies to child. • Have family talk to you, the health care provider, about remedies.
<ul style="list-style-type: none"> • Azarcon — orange or yellow powder • Greta — orange or yellow powder • Payloosh — red powder • Some Ayurvedic remedies • Some Chinese patent medicines 	
Some cosmetics	<ul style="list-style-type: none"> • Do not use these products on children. • Call local lead poisoning prevention program about testing cosmetics for lead.
<ul style="list-style-type: none"> • Surma • Kohl • Khali • Sindoor 	
Costume jewelry, amulets	Do not allow young children to play with or touch these items.
Some foods and spices	Choose healthy snacks for child, such as fresh fruits, vegetables, lean meats, and dairy products.
<ul style="list-style-type: none"> • Some candies (especially imported) • Chapulines (grasshopper snacks) • Some imported turmeric and chili powder 	
Other items, such as:	<ul style="list-style-type: none"> • Keep these items away from child. • Wash hands well after touching these items.
<ul style="list-style-type: none"> • Fishing sinkers • Bullets • Stained glass-making kits 	

Download patient brochures and other childhood lead poisoning resources at: <http://www.cdph.ca.gov/Programs/CLPPB/Pages/provideroutreach-clppb.aspx>
For additional information about lead poisoning contact:
California Department of Public Health Childhood Lead Poisoning Prevention Branch
Tel: (310) 620-5800



¹ California Department of Health Services, Child Health and Disability Prevention Program/California Department of Public Health California Childhood Lead Poisoning Prevention Branch: Health Assessment Guidelines on Blood Lead Test and Anticipatory Guidance

<https://www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter6.pdf>

https://www.cdph.ca.gov/Programs/CCDPHP/DEOD/CLPPB/CDPH%20Document%20Library/Lead_HAGs_Table.pdf

² Blood Lead Levels in Children (CDC)

https://www.cdc.gov/nceh/lead/acclpp/lead_levels_in_children_fact_sheet.pdf

³ Lead Poisoning: Who is at Risk? (Environmental Health Tracking Program)

http://www.cehtp.org/faq/lead/lead_poisoning_who_is_at_risk

⁴ Lead Poisoning Overview - California Childhood Lead Poisoning Prevention Branch

https://www.cdph.ca.gov/Programs/CCDPHP/DEOD/CLPPB/Pages/prov_overview.aspx

⁵ A NEW LOOK AT LEAD POISONING Jean Woo, MD; California Childhood Lead Poisoning Prevention Branch

https://www.cdph.ca.gov/Programs/CCDPHP/DEOD/CLPPB/CDPH%20Document%20Library/MedBoard_WooJetal_2.pdf

⁶ Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers - California Childhood Lead Poisoning Prevention Branch

https://www.cdph.ca.gov/Programs/CCDPHP/DEOD/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf

SECTION 9:

Language Assistance Services

Health Literacy – Plain Language is the Key to Effective Communication

Evidence shows that people often do not understand much of the information given to them by health care providers. Plain and simple language makes it easier for anyone to understand and apply the health information.

GCHP works to ensure all members receive cultural and competent care across the service continuum to improve health outcomes and reduce health disparities. Below, you will find important links to learn strategies to enhance your patient's health literacy, effective communication and training opportunities.

- [Centers for Disease Control and Prevention \(CDC\)](#)
- [The National Action Plan to Improve Health Literacy](#): Provides ways to engage organizations to improve health literacy.
- [Health Literacy Online](#): A guide for simplifying the user experience. This research-based guide will help you learn how to design digital health information tools.

Cultural Competence

Cultural competence is the capability of effectively dealing with people from different cultures. As health care dispari-

ties among cultural minority groups persist, culturally- and linguistically-appropriate services are recognized as an important quality of care to diverse populations.

Think Cultural Health provides a free e-learning program that will equip health care professionals with the knowledge, skills and awareness to best serve all patients regardless of cultural or linguistic background. The program is grounded in the U.S. Department of Health and Human Services Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Health care professionals can [click here](#) to register for the "Physician's Practical Guide to Culturally Competent Care" and receive free CME credits.

Additional information on the National CLAS Standards is available [here](#). To download the National CLAS Standards, please [click here](#).

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



SECTION 10:

Healthcare Effectiveness Data and Information Set (HEDIS®) Measures: Breast and Cervical Cancer Screenings

October is Breast Cancer Awareness Month and in recognition of this, Gold Coast Health Plan (GCHP) is reminding providers of the importance of educating patients on the significance of breast and cervical cancer screenings, as well as engaging them to schedule screenings in a timely manner.

According to the American Cancer Society, breast cancer is the most common cancer in women worldwide. It continues to rank second – after lung cancer – as a cause of cancer death in women in the U.S. and it is a leading cause of premature mortality for women. Cervical cancer continues to affect women of all ages. The disease often presents no symptoms in its early stages, which is why it is often referred to as a “silent killer.” Early detection through screenings is crucial.

The following information is from the National Breast and Cervical Cancer Early Detection Program and The National Foundation for Cancer Research:

Key Facts on Breast Cancer:

- Breast cancer affects 1 in 8 women in the U.S.
- Each year it is estimated that 40,500 women will die of breast cancer.
- More than 33 million breast cancer survivors are alive in the U.S.
- Mammograms and clinical breast exams can detect cancer early.
- Mammograms show changes in the breast up to two years before a woman or physician can feel them. Prompt attention to abnormal mammograms is recommended.

Key Facts on Cervical Cancer:

- In 2017, it is estimated that nearly 13,000 women will be diagnosed with invasive cervical cancer in the U.S. and more than 4,000 women will lose their battle with the disease.
- Pap screening tests can detect most cervical cancers.
- Pap screening has contributed to the decline in the number of new cases of cervical cancer over the past decades.
- Most cervical cancers are caused by the human papillomavirus (HPV). HPV co-testing should be ordered accordingly.

Quality care is ensured when women are screened for both breast and cervical cancer as recommended.

Healthcare Effectiveness Data and Information Set (HEDIS®)

HEDIS® is one of health care’s most widely used performance improvement tools. It consists of a standardized set of performance measures which are developed and maintained by the National Committee for Quality Assurance (NCQA). More than 90% of America’s health plans (Medicare, Medicaid, and commercial) participate in HEDIS® quality reviews. California’s Medi-Cal managed care plans are mandated by the state Department of Health Care Services (DHCS) to report HEDIS® measures annually.

GCHP’s goal is to achieve the 75th percentile on HEDIS® measures.

GCHP's CCS Rates for the 2014-2017 Measurement Years

Measurement Year	2014	2015	2016	2017
CCS Rate	61.77	50.61	54.74	57.46
NCQA National Percentile Rank	25 th	25 th	25 th	25 th

Achieving Improved Outcomes

- Using the appropriate codes for screenings can contribute to better HEDIS® rates and health outcomes.
- Clear documentation and ensuring that results of cervical cancer screenings and HPV co-testing are in the patient's record can increase the number of compliant records
- Encouraging patients to schedule their breast cancer and cervical cancer screenings in a timely manner to promote early detection.
- Utilizing available educational resources to engage and motivate patients to get their screenings and empower them to take control of their health. Refer to the Health Education section of this Provider Operations Bulletin for resources.

If you have any questions, please contact the Quality Improvement Department at hedis@goldchp.org

SECTION 11:

HEDIS® Measure: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

According to the Centers for Disease Control and Prevention (CDC), each year in the U.S., at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die as a direct result of these infections. In addition, antibiotics cost the health care system billions of dollars each year.

Current guidelines recommend against antibiotic treatment for acute bronchitis as it almost always gets better on its own. Therefore, adults who do not have other health problems should not take antibiotics. Ensuring the appropriate use of antibiotics for patients with acute bronchitis will help them avoid harmful side effects and possible resistance of antibiotics over time.

Healthcare Effectiveness Data and Information Set (HEDIS®)

As part of a HEDIS® performance measure, Gold Coast Health Plan (GCHP) reports the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. This is an inverted rate where a higher rate indicates appropriate treatment of adults with acute bronchitis (i.e. the proportion of the population who did not receive an antibiotic treatment).

GCHP's AAB HEDIS® measurement rates for 2015-2017 MY are displayed in Table 1.

Table 1: HEDIS® Rates

Measurement Year	2015	2016	2017
AAB Rate	25.58	29.27	32.75
NCQA Percentile Ranking	25 th	50 th	50 th

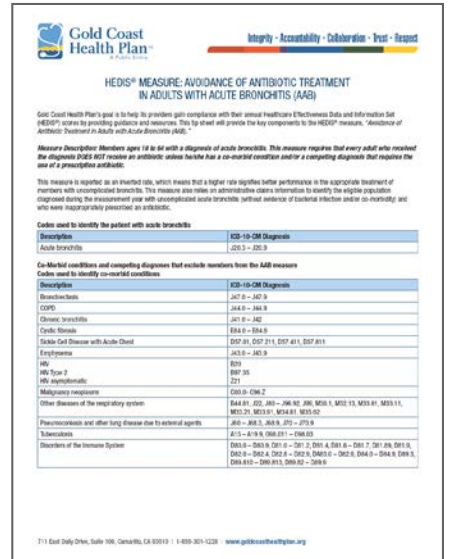
Provider Tips and Resources

Providers can avoid antibiotic treatment in adults with acute bronchitis by being aware of the recommended guidelines and educating their patients through either conversation or take-home materials.

For more health education materials, please refer to the Health Education section of this Provider Operations Bulletin.

[Click here](#) for documentation and coding guidelines for the AAB measure. Or, go to www.goldcoasthealthplan.org > Providers > Resources > HEDIS® > HEDIS® Measure: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis.

If you have any questions, please contact the Quality Improvement Department at hedis@goldchp.org.



SECTION 12:

Member Benefit Information Meetings

GCHP holds member orientation meetings three times a month for all members. The meetings are held throughout the county and are presented in English and Spanish.

At the meetings, members will learn about their rights and responsibilities as GCHP members, as well as how to:

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

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

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



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For additional information, contact
Network Operations at 888-301-1228
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