



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

Provider⁴⁷ Operations Bulletin

NOVEMBER 2020

www.goldcoasthealthplan.org

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SECTION 1:

Gold Coast Health Plan (GCHP) Claims System Change

Beginning in December, Gold Coast Health Plan (GCHP) will implement a new claims system to better serve providers. As a result of the system conversion, several functions and documents will change. To help providers understand the changes, GCHP will conduct virtual provider trainings through Nov. 17. The training schedule and meeting access link can be found below. It is important that a representative from each office attend one of the upcoming trainings. Billing teams are especially encouraged to attend. There will be an opportunity to ask questions. However, due to time constraints, questions will be limited. To capture and respond to everyone's questions, GCHP has created an email address for your use. Please send any questions or concerns to ETPQuestions@goldchp.org.

Claims System Changes Teams Meeting Link

Please use the following link to attend any of the scheduled meetings. Press "control" and click on the link to enter Microsoft Teams. If you have never used Teams, we recommend that you click on the link at least 10 minutes before the meeting starts to allow time to download the program.

[Join Microsoft Teams Meeting](#)

+1-805-324-7279 United States, Santa Barbara (Toll)
Conference ID: 799 855 164#

Claims System Changes Provider Meeting Schedule:

Meeting Date	Meeting Times	Provider Groups
Wednesday, Oct. 28, 2020	12 p.m. - 1:30 p.m.	HH, Hospice, LTC, CBAS, Audiology, SNF, LTC, CHLF, ASC, PT/OT/ST, ICF, Urgent Care
Thursday, Oct. 29, 2020	12 p.m. - 1:30 p.m.	VCMC
Tuesday, Nov. 3, 2020	12 p.m. - 1:30 p.m. 2 p.m. - 3 p.m. 3:30 p.m. - 4:30 p.m.	CMH HCA (West Hills, Los Robles) Simi Valley
Wednesday, Nov. 4, 2020	12 p.m. - 1:30 p.m. 2 p.m. - 3:30 p.m.	Clinicas del Camino Real Dignity Hospitals & Medical Group
Thursday, Nov. 5, 2020	12 p.m. - 1:30 p.m.	Independent PCPs, Specialists (Last names and groups beginning with A-L)
Tuesday, Nov. 10, 2020	2 p.m. - 3:30 p.m.	DME, Orthotics & Prosthetics, Pharmacy, Sleep Therapy, Imaging, Dialysis
Wednesday, Nov. 11, 2020	2 p.m. - 3:30 p.m.	Specialists (Last names and groups beginning with M-Z)
Thursday, Nov. 12, 2020	12 p.m. - 1:30 p.m. 2 p.m. - 3 p.m. 3:30 p.m. - 4:30 p.m.	UCLA System USC System Cedars System
Tuesday, Nov. 17, 2020	12 p.m. - 1:30 p.m. 2 p.m. - 3 p.m. 3:30 p.m. - 4:30 p.m.	Kindred Hospitals, Providence Hospitals, Cottage Hospitals COH CHLA

SECTION 2:

After-Hours and Appointment Availability Surveys

Gold Coast Health Plan (GCHP) vendor SPH Analytics will perform an after-hours and appointment availability survey in the first week of January 2021. The survey ensures that GCHP is abiding by the state Department of Health Care Services (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, and it is critical that they be able to access medical help during normal working hours and after hours.

Providers are responsible for ensuring backup coverage during their absence, including while the provider is currently handling an emergency call at a hospital.

Providers should have recorded instructions for GCHP members calling after hours. Members should be advised by the after-hours message or service that if the situation is a true medical emergency, they should hang up and call 911 or go to the nearest hospital. This message should be recorded in at least English and Spanish and possibly other languages if the provider has GCHP members that speak languages other than English and Spanish.

Below is a brief description of the access standards for GCHP Medi-Cal members:

Type of Care	Wait Time
Emergency services	Immediately
Urgent care	Within 24 hours (no prior authorization required)
Primary care	Within 10 business days of request for appointment
Behavioral health	Within 10 business days of request for appointment
Specialty care	Within 15 business days of request for appointment
Phone wait time	Within 3 to 5 minutes whenever possible
Ancillary services for diagnosis or treatment	Within 15 business days of request for appointment
Initial Health Assessments (IHA) and Individual Health Education Behavioral Assessments (IHEBA)	Within 120 calendar days of enrollment
Waiting time in office	Not to exceed 45 minutes after time of appointment
Sensitive services	Ensure confidentially and ready access to sensitive services in a timely manner and without barriers — NO AUTHORIZATION REQUIRED

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

SECTION 3:

New Well-Care Performance Measures

For Measurement Year (MY) 2020 / Reporting Year (RY) 2021, Gold Coast Health Plan (GCHP) will monitor and report on two new well-care visit performance measures to assess and improve preventative care services for child and adolescent members.

The state Department of Health Care Services (DHCS) added the Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV) measures to the 2021 Managed Care and Accountability Set (MCAS). As a result, DHCS retired the Well-Child Visits in the First 15 Months of Life (W15) and Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) performance measures.

W30 and WCV Measure Specifications

- 1. Well-Child Visits in the First 30 Months of Life (W30):** The percentage of members who had the following number of well-child visits with a primary care physician (PCP) during the last 15 months. The following rates are reported:
 - i. Children who turned 15 months old during the measurement year and had six or more well-child visits.
 - ii. Children who turned 30 months old during the measurement year and had two or more well-child visits.
- 2. Child and Adolescent Well-Care Visits (WCV):** The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Best Practices and Resources for Well-Care Visit Measure Compliance

Well-Care Visits Educational Flyer

GCHP has developed a well-care educational flyer to help members understand what to expect at their routine check-ups and the importance of completing these preventive health exams. Providers and members can download the flyer [here](#).

Child and Adolescent GCHP Member Incentive

GCHP encourages providers to promote the Child / Adolescent Well-Care Member Incentive program. Members (3 to 21 years of age) are awarded a \$15 gift card to Target, Wal-Mart or Amazon for completing a well-care exam within the measurement year. Members will need to mail or fax GCHP the completed form that includes a signature from their doctor and date of the exam. The member incentive form can be downloaded [here](#).

Additional Tips for Well-Care Visits

- Make outreach calls and/or send letters to advise members / parents on the need for a visit.
- Conduct services via telehealth visits, as appropriate.
- Encourage scheduling appointments in advance.
- Pursue missed appointments with letters and reminder calls.
- When patients are seen for acute visits, take the opportunity to provide and document preventive services, or schedule a follow up well-care visit, as appropriate.
- Report correct preventive visit billing codes when services are provided and documented.
- Use GCHP's MCAS tip-sheets to correctly code and educate clinic staff on measure expectations. Tip-sheets can be downloaded [here](#).

SECTION 4:

New State Department of Health Care Services (DHCS) Requirements for Monitoring and Reporting of Blood Lead Screening Testing in Children

Updated State Department of Health Care Services (DHCS) Guidance

The [All Plan Letter \(APL\) 20-016](#) dated Sept. 29 released by the Managed Care Quality and Monitoring Division at the state Department of Health Care Services (DHCS), outlines specific testing, monitoring and reporting requirements regarding blood lead screening testing in children. New monitoring and reporting requirements begin Jan. 1.

To comply with the new DHCS regulatory mandates, beginning Jan. 1, Gold Coast Health Plan (GCHP) will implement the following:

- Identify, on at least a quarterly basis, all child members between 6 months to 6 years of age (i.e., 72 months) who have no record of receiving a blood lead screening test.
- Provide quarterly gap reports to the assigned network provider / clinic responsible for care of the identified child members.

To ensure compliance with DHCS requirements, providers are encouraged to reach out to identified members to address this gap in care by providing testing and required written or oral anticipatory guidance.

Blood Lead Screening Testing and Anticipatory Guidance

Network providers must provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age. This anticipatory guidance must be provided to the parent or guardian at each periodic health assessment (PHA), starting at 6 months of age and continuing until 72 months of age.

Testing must be performed on all child members in accordance with the following:

- At 12 and 24 months of age.
- When the provider performing a PHA becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
- When the provider performing the PHA becomes aware that a child member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
- At any time a change in circumstances has, in the professional judgement of the provider, put the child member at risk.
- If requested by the parent or guardian.

Coding

To ensure that GCHP accurately captures administrative lead screening testing data, it is imperative that the appropriate codes are used, and claims are submitted in a timely manner.

Common Procedure Terminology or Current Procedural Terminology (CPT) Coding

Lab Test	CPT	LOINC	SNOMED CT
Lead Screening Test	83655	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7	8655006 35833009

Thank you for continuing to serve our communities and for providing excellent care to our members. For more information, contact the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 5:

Care Management: What is it?

Gold Coast Health Plan (GCHP) provides Care Management (CM), upon request, for all eligible members. Making a referral is easy.

Members who can benefit from care management may include those with:

- Complex acute and chronic diagnoses
- Identification as high risk following an ACE screening
- Disabilities
- Adherence concerns
- End-of-life matters
- Children with special needs
- High-risk pregnancies
- Social determinants of health needs

The CM team provides a consistent method for identifying, addressing and documenting the health care and psychosocial needs of GCHP's members along the continuum of care. Once a member has been referred to CM, the team will work with them to:

- Determine risk and safety needs.
- Complete a comprehensive initial assessment.
- Determine what benefits and resources are available to them.
- Connect with community partners.
- Develop goals in partnership with them and their provider, family, caregiver and/or significant other.
- Identify barriers to care and determine strategies to reduce them.
- Monitor and follow-up on progress toward their goals.

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

Once an individualized plan of care has been developed, you, as the referring physician, will be provided with the initial goals and identified barriers. Unless you specify otherwise, this correspondence will be 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.

To refer a member, complete the Care Management Referral Form, available in [English](#) and [Spanish](#). This will provide 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 how to make a referral, please contact the Care Management Department at 1-805-437- 5656.

SECTION 6:

Care Management for Gold Coast Health Plan Members

Gold Coast Health Plan's (GCHP's) team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the appropriate services. GCHP's Care Management Department provides complex and non-complex care management, including a transition to adult services, disease-specific education and identification of social determinants of health, and connections to community resources.

To learn more, call GCHP's Care Management team at 1-805-437-5777 or Customer Service at 1-888-301-1228.

To make a referral, click [here](#).

SECTION 7:

Fluoride Varnish Update

As of June 30, 2019, the Child Health and Disability Prevention Program (CHDP) discontinued the Oral and Fluoride Varnish Program incentive program. Therefore, CHDP no longer provides incentives, such as fluoride varnish (FV), toothbrushes, floss, etc.

The Ventura County CHDP Administration office continues to:

- Provide FV trainings and certifications to new providers and staff.
- Review oral health assessments with dental referral classification documentations through CHDP recertification and audit reviews.
- Monitor FV applications through clinic quarterly performance measures.
- Be a resource on oral health and FV applications.

If you have any questions, please call the CHDP Administration office at 1-805-981-5291 or contact your assigned CHDP nurse consultant.

Gold Coast Health Plan (GCHP) provider's role:

GCHP promotes oral care and understands providers who routinely see pregnant women and children offer the best hope for preventing and controlling tooth decay among young children.

Dental caries (tooth decay) is the single most common chronic childhood disease, with striking disparities among various disadvantaged and underserved population subgroups. By kindergarten, more than half of the state's children have experienced dental caries, with that number climbing to more than 70% by third grade. Children see medical providers, on average, nine times before they ever visit a dentist.

According to the state Department of Health Care Services (DHCS) All Medi-Cal Managed Care Health Plans Letter 07008, physicians, nurses and medical personnel are legally permitted to apply FV when the attending physician delegates the procedure and establishes protocol.

FV is a benefit of Medi-Cal for eligible children under 6 years of age. FV is a low-cost and highly effective treatment that can be applied in minutes during a well child, and other medical visits. For members under 6 years of age, GCHP provides FV applications up to three times a year. The billing code for the topical application of fluoride for a child is Healthcare Common Procedure Coding System (HCPCS) code 99188. The HCPCS code for the fluoride varnish is D1206. The current Medi-Cal rate for 99188 and D1206 is \$18.

GCHP requires network practitioners to provide timely periodic health assessments and dental screenings, including inspection of the mouth, teeth and gums. Dental screenings are part of the initial health assessment by the medical home. The assessment should also include recommendation for preventative pediatric health care in accordance to the Bright Futures / American Academy of Pediatrics Standards of Care and periodicity Schedule, which may be accessed [here](#).

Members can access dental services through any provider enrolled in Denti-Cal, which is now known as Medi-Cal Dental. The Medi-Cal Dental program covers a variety of dental services for Medi-Cal beneficiaries, such as diagnostic and preventative dental hygiene, tooth extractions, and fillings. Medi-Cal Dental providers will advise the members on the best course of treatment. If you have any questions or need assistance finding a dentist, call the Beneficiary Customer Service Line at 1-800-322-6384 or [click here](#) to learn more about Medi-Cal Dental services.

SECTION 8:

Health Disparities During COVID-19

Long-standing systemic health disparities and social inequities have put some people at an increased risk of severe illness or becoming infected with the COVID-19 virus, according to the Centers for Disease Control and Prevention (CDC). As a result of the pandemic, there has been a shift in the way health care is delivered. This may leave some patients fearful, uncomfortable, and hesitant to talk about or take care of their health. It is vital that providers communicate, reach out and allow patients to express their concerns.

Communicate with Sensitivity

- Understand and address patient experiences, as well as their access to care.
- Communicate to meet patients where they are.
 - » Watch for behaviors that signal mistrust, which is often expressed nonverbally.
- Offer to partner in the way the patient prefers.
 - » Allow the patient to describe what they need before jumping in.
- Invite the patient to include important people in decisions about their health.
 - » Cultural norms may involve decisions by extended family or groups, rather than the individual patient.
- Provide resources addressing [social determinants of health](#) and disparities.
 - » California Department of Community Services and Development: [Working to reduce poverty for all Californians](#)
 - » The Early Learning Lab: [Stay Play Grow App](#)
 - » Provide printed copies of resources in English and Spanish for patients without computers.

Target Outreach Strategies

- Educate patients on the importance of preventive care services during the COVID-19 pandemic.
- Ensure all patients have access to resources that are current, relevant, accurate and credible.
 - » CDC: [Printable resources about COVID-19](#)
- Promote and reinforce patients' accessibility to interpretation services, transportation, social support, and virtual health services.

Gold Coast Health Plan (GCHP) Member Services can help. Call 1-888-301-1228 / TTY: 1-888-310-7347.

Address Food Insecurities

- Inform patients of the expanded Electronic Benefit Transfer (EBT) Program.
 - » Eligible families can use their [Pandemic Expansion Benefits Transfer Program \(P-EBT\) card](#) to make online purchases at Amazon.com and Walmart.com.
- Allow time during visits for conversation about food insecurity.

Address Mental Health Concerns

- Consider using [goals of care conversations](#).
 - » Consider how the COVID-19 pandemic has affected the patient and how their life may have changed.
 - » Interaction with providers and health care personnel has shifted to include virtual visits, providers being masked and practicing social distancing.
- Consider that a patient who was formerly in one socioeconomic class may now be in another class due to job loss.
- Assess for depression, anxiety, fear, hopelessness.
- Allow uninterrupted time for patients to express concerns and worries, as patients may be reluctant to share true mental health issues.
- Ensure behavioral health resources are available and coordinated for patients.
 - » [Beacon Health Options](#)
 - » Psychiatrists, psychologists, therapists
 - » Face COVID: [How to respond effectively to the Corona crisis](#)

Thank you for continuing to serve our communities and for protecting our members during this difficult time. For more information, contact the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 9:

2020 Quality Improvement Activities Update

The Quality Improvement (QI) Department is committed to a steadfast focus on member quality of care and developing strategies to encourage a return to preventive care services during the COVID-19 pandemic. Highlights of recent QI activities include the launch of an exciting new provider tool, quality improvement initiatives, and adjustments to monitoring activities to account for COVID-19 restrictions.

New Provider Dashboard: INDICES®

The Quality Improvement Department is pleased to announce the release of Inovalon's INDICES® platform. Indices is a group of data visualization and reporting dashboards designed to support quality improvement efforts by providing monitoring of current and projected measure performance, measure trending, and gap analysis. Performance can be viewed at the member or clinic / medical group level. Member-level detail reports are also available to download for analysis, managing gaps in care, and member outreach. Other reports available include comparative performance reporting between the clinics, demographic reporting including age and gender breakouts, as well as zip code level location data. Launched on August 14, Indices training has been provided for several clinic systems and continues to be available. Available training materials include reference guides and support tools for the live training sessions. For additional information regarding Indices, please contact Leslie Cole, QI Data Analyst, at lcole@goldchp.org.

Improvement Projects for Low Performing Measures

Measurement Year (MY) 2019 Rates

Measure	MY 2019 Rate	National Medicaid Ranking
Asthma Medication Ratio (AMR): The percentage of members, 5 to 64 years of age, who were identified as having persistent asthma and had a greater than 50% ratio of controller medications to total asthma medication in 2019.	50.09%	10 th percentile
Chlamydia Screening in Women (CHL): The percentage of women, 16 to 24 years of age, who were identified as sexually active and had at least one chlamydia screening in 2019.	56.02%	25 th percentile
Well-Child Visits in First 15 Months of Life (W15): The percentage of infants who turned 15 months in 2019 and had six or more well-child visits with a PCP during the first 15 months of life.	54.99%	10 th percentile

MY 2020 improvement projects include the following activities:

- Analytic studies using multiple sources (performance reports, administrative data and clinical records):
 - » Causes of low performance.
 - » Barriers in care.
 - » Health disparities.
- Member outreach and education campaigns:
 - » Health education outreach programs focused on preventive screenings and medication management.
 - » Member incentives mail campaign to improve preventive care screenings.

- Provider and member awareness campaigns:
 - » MY 2019 MCAS / HEDIS® clinic report cards.
 - » MY 2020 clinic rates and gap reporting upgraded to the Indices® Provider Dashboards.
 - » Provider communications (e.g., Provider Operations Bulletins, Memorandums, GCHP website resources).
 - » Member communications (e.g., *Winning Health*, GCHP website resources).

Member Incentives: Child / Adolescent Well-Care Visits and Cervical Cancer Screening

On August 14, members due for their annual well-care visit or a cervical cancer screening were mailed an incentive form and educational flyer.

- **Child / Adolescent Well-Care Visit Incentive:** Members between the ages of 3-21 years of age who complete a well-care visit in 2020 are eligible to receive a \$15 gift card to Target, Wal-Mart or Amazon.
- **Cervical Cancer Screening Incentive:** Members between the ages of 21-64 years of age who complete a cervical cancer screening in 2020 are eligible to receive a \$25 gift card to Target, Wal-Mart or Amazon.

Incentive Program	Member Count
Child / Adolescent Well-Care Visit	59,664
Cervical Cancer Screening	17,633

Clinic staff can access the member incentive forms on the GCHP [website](#).

Initial Health Assessments (IHA) and Facility Site Reviews (FSR) Protocol During the Pandemic

The state Department of Health Care Services (DHCS) APL 20-011, released June 12, specified the allowance for permitting managed care plans (MCP) to temporarily suspend the contractual requirement for in-person site reviews, medical audits of MCP subcontractors and network providers, and similar monitoring activities that would require in-person reviews. In addition, all requirements outlined in APL 20-006 were temporarily suspended through the duration of the COVID-19 public health emergency and for an additional six months following the end of the public health emergency. Based on this DHCS guidance, Gold Coast Health Plan (GCHP) is continuing to suspend all IHA audits and scheduled site reviews. However, DHCS has permitted the use of a virtual FSR to certify sites for relocation, addition of provider(s), focused review and CAP follow-up.

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

SECTION 10:

Health Education

Chronic Disease Self-Management Program (CDSMP)

Gold Coast Health Plan's (GCHP) Health Education Department will soon provide Chronic Disease Self-Management Program (CDSMP) classes for members. These free CDSMP workshops are designed to help individuals gain self-confidence in their ability to control their symptoms and learn how health problems affect their lives. Due to the COVID-19 pandemic, classes will be held online or telephonically. The workshops are six weeks long, and will meet once a week for 2.5 hours online or for 30 minutes over the phone.

For additional information or questions regarding the CDSMP workshops or to refer a member, please contact the Health Education Department at 1-805-437-5718 or HealthEducation@goldchp.org.

Tobacco Smoking and Vaping

GCHP urges health care professionals to encourage members to quit smoking and vaping. Smoking accounts for about 30% of all cancer deaths in the U.S., according to the American Heart Society. The Centers for Disease Control and Prevention (CDC) has reported that 36% of vaping-related lung injuries involve people younger than 21 years of age. This year's Great American Smokeout, a day dedicated to encouraging people to quit smoking, is on Nov. 19. Learn more about the Great American Smokeout on the American Cancer Society [website](#).

Help members take an important step toward a healthier life and reduce their risk of cancer and other lung injuries. The California Smokers' Helpline provides free services to help members quit smoking and vaping. To order materials in English and Spanish or for more information, visit www.nobutts.org or call:

- English: 1-800-NO-BUTTS (1-800-662-8887)
- Spanish: 1-800-45-NO-FUME (1-800-456-6386)

The CDC, U.S. Food and Drug Administration (FDA), state and local health departments, and other clinical and public health partners are investigating a national outbreak of e-cigarette product use-associated lung injury. National and state data from patient reports and product sample testing show that e-cigarette products containing tetrahydrocannabinol (THC), particularly from sources such as friends, family, and in-person or online dealers, are linked to most cases and play a major role in the outbreak.

For more information on cannabis, [click here](#). Ventura County Public Health and Ventura County Behavior Health have created a vaping fact check for teens and parents, available in [English](#) and [Spanish](#). GCHP encourages providers to share these links with parents and members.



The University of California San Francisco (UCSF) provides excellent online services with a variety of training resources for providers and staff to help smokers reach their smoking cessation goals. These include information on the importance of smoking cessation, medication therapies, delivering the 5A's (Ask, Advise, Assess, Assist, and Arrange) and motivational interviewing. Reviewing the materials assures that the counseling delivery for smoking cessation is as effective as possible. For more information, [click here](#).

Diabetes

Diabetes is a serious and common health concern in the U. S. and is currently the seventh leading cause of death. Today, one in 10 adults has diabetes. If that trends continue, one in five will have diabetes by 2025. The Centers for Disease Control and Prevention (CDC) reports that there are currently more than 122 million Americans with diabetes and 88 million with pre-diabetes.

November is **Diabetes Awareness Month**, and GCHP would like providers to encourage members to take an extra step in managing their diabetes. The Health Education Department will soon begin its Diabetes Prevention Outreach Program and collaboration with local clinics in Ventura County to help identify members who may benefit. Members will have access to GCHP health navigators who will connect with them telephonically to provide health education materials including online and community resources, diabetes education booklets, and offer online classes such as the Chronic Disease Self-Management Program.

Providers can direct members to the [American Diabetes Association](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) for diabetes resources in English and Spanish.

Breast and Cervical Cancer Screenings

Breast cancer is the most common cancer in women worldwide, according to the American Cancer Society. It continues to rank second, after lung cancer, as a cause of cancer death in women in the U.S. and is a leading cause of premature mortality for women. Cervical cancer also 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.

Resources for providers:

- Centers for Disease Control and Prevention (CDC): [National Breast and Cervical Cancer Early Detection Program](#)

Resources for GCHP members:

- [CDC Resources](#)
- [Breast Cancer Screenings](#)
- [Cervical Cancer Screenings](#)
- American Cancer Society
 - » [National Breast and Cervical Cancer Early Detection Program](#)

Sexually Transmitted Diseases

According to the CDC, approximately 20 million new cases of sexually transmitted diseases (STDs) occur every year in the U.S., with approximately half occurring among people 15 to 24 years of age. With increasing rates of most STDs in recent years, all providers have a role in the assessment of STD risk and management of infections.

A sexual history and risk assessment are foundational to provide quality STD care services. A complete sexual history includes inquiring about the five P's (Partners, Practices, Protection, Past history of STDs, and Prevention of pregnancy).

Resources:

- [A Guide to Taking a Sexual History](#)
- [STD Factsheets \(available in English and Spanish\)](#)

Chlamydia Screening for Women 16 to 24 Years Old

In measurement year (MY) 2019, GCHP ranked in the 25th percentile for the Chlamydia Screening in Women (CHL) Healthcare Effectiveness Data and Information Set (HEDIS[®]) performance measure. This measure monitors women, 16 to 24 years of age, who were identified as being sexually active by their provider and were given a chlamydia screening within that same year.

Chlamydia trachomatis is the most common sexually transmitted infection (STI) in the U.S., according to the CDC. Chlamydia is more prevalent among females 15 to 24 years of age. In California, there are more than 100,000 chlamydia cases among women every year. According to the CDC, it is essential that sexually active young adults are routinely screened, since the majority of women who have chlamydia do not experience symptoms. The main objective of chlamydia screening is to prevent pelvic inflammatory disease, infertility, and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated chlamydia infection.

It is essential for providers to learn how to openly discuss talking about sex and STIs with their patients. Making this a part of their routine discussion when talking with young adult women can increase the chances of a provider giving a chlamydia screening. The Chlamydia Coalition provides helpful tips for providers on their [website](#).

Providers can refer members to the CDC [website](#) for basic information about chlamydia in English or Spanish.



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For additional information, contact Customer Service at 1-888-301-1228.

Gold Coast Health Plan

711 East Daily Drive, Suite 106, Camarillo, CA 93010

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