



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

# Provider Operations Bulletin

OCTOBER 2019

# Table of Contents

SECTION 1: Gold Coast Health Plan Holiday Closures .....	3
SECTION 2: BetterDoctor .....	3
SECTION 3: Access Standards .....	3
SECTION 4: Changes to Pharmacy Prior Authorization Request Process .....	4
SECTION 5: Provider Portal .....	5
SECTION 6: Resources on Gold Coast Health Plan’s Website .....	5
SECTION 7: Provider Grievance Response .....	5
SECTION 8: Influenza Vaccine .....	6
SECTION 9: Immunization Law Update: California to Restrict Medical Exemptions .....	6
SECTION 10: Immunizations Requirement .....	7
SECTION 11: Quality Improvement: Spotlight on Improvement Projects (IPs) and Performance Improvement Projects (PIPs) .....	8
SECTION 12: Quick Reference Guide and Frequently Asked Questions (FAQ) Documents for Managed Care Accountability Set (MCAS) MY 2019 / RY 2020 .....	10
SECTION 13: Quality Improvement: Managed Care Accountability Set (MCAS) Progress and Performance Feedback Reports .....	10
SECTION 14: October 20 – 26: International Lead Poisoning Prevention Week .....	11
SECTION 15: California Screening Regulations .....	12
SECTION 16: Tobacco Cessation .....	13
SECTION 17: New Tobacco Cessation Resource .....	13
SECTION 18: Save the Date! Register Today for the Upcoming “Basic Tobacco Intervention Skills Certification Program” .....	14
SECTION 19: Health Alert: Outbreak of Lung Injury Associated with E-Cigarette Use, Vaping .....	14
SECTION 20: Chronic Disease Self-Management Program .....	15
SECTION 21: My Birth Matters .....	15
SECTION 22: Language Assistance .....	15
SECTION 23: Cultural Competency Trainings .....	16
SECTION 24: Care Management for Gold Coast Health Plan (GCHP) Members .....	16

**SECTION 1:**

# Gold Coast Health Plan Holiday Closures

In observance of the upcoming holidays, Gold Coast Health Plan (GCHP) will be closed on:

- Thursday, Nov. 28 and Friday, Nov. 29 - Thanksgiving
- Wednesday, Dec. 25 - Christmas Day
- Wednesday, Jan. 1 - New Year's Day

During these closures, you may access your Provider Portal account to verify the eligibility of GCHP members, check the status of a claim and submit prior authorizations.

**SECTION 2:**

## BetterDoctor

In an effort to improve operations, Gold Coast Health Plan (GCHP) has entered into an agreement with BetterDoctor, a primary source verified data management service that is used by health plans across the country.

BetterDoctor, which some of you may have already worked with, will help GCHP obtain updated demographic information for the Plan's contracted provider network. As you know, having correct information in GCHP's systems ensures that communication between the Plan and providers flows as smoothly as possible. This information is critical for proper claims administration, authorization of services, and other operational functions performed by the Plan to support its provider network.

With more than 6,000 individual providers contracted with GCHP, BetterDoctor offers the Plan an opportunity to gather data quickly and efficiently.

Representatives from BetterDoctor will reach out to GCHP's provider network via the Provider Portal, email, fax, and telephone. Please respond to those requests as quickly as possible so that GCHP's systems can be updated expeditiously.

If you have any questions regarding this, please reach out to GCHP's Provider Relations Department at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

**SECTION 3:**

## Access Standards

The state Department of Health Care Services (DHCS) has access and availability standards that are required for all Medi-Cal providers. Below are some of the standards DHCS requires Gold Coast Health Plan (GCHP) providers to meet.

### Primary Care Physicians

- **Routine Appointments:** Routine non-emergent appointments should be available within **10 business days** of the member's request for an appointment. This requirement is for new and established patients. Follow-up care for established patients should be accommodated as medically appropriate.

- **Physical Examination Appointments:** These appointments should be made available within **six weeks** of a member's request. When possible, special consideration should be given to members who require physical examinations as part of their employment.

### Specialty Care Physicians

- Timeframes for access to routine specialty care should be dependent upon diagnosis and urgency of the condition. However, appointments should be available within **15 business days** of a member's request for an appointment.

### First Prenatal Visit

- The first prenatal visit must be scheduled within **two weeks** of a member's request.

### Urgent Care Appointments

- Medically indicated urgent appointments should be made the **same day or within 24 hours** of the member's call for an appointment. The request for services should be evaluated and the urgency assessed to determine what the medical problem is and the need for urgent treatment. Depending upon the nature of the medical problem, the member should be triaged to the most appropriate care site.

### After-Hours Calls

- When members call provider offices after hours, they should be advised by a recorded outgoing message that if the situation is a true medical emergency, the member should hang up and dial 911 or go to the nearest hospital. This advice should be recorded in at least English and Spanish and possibly other languages if the provider has a large amount of routinely cared for members who speak some other language.

## SECTION 4:

# Changes to Pharmacy Prior Authorization Request Process

**OptumRx will soon retire the current fax number used to submit pharmacy prior authorization requests for GCHP. THE CURRENT NUMBER, 1-800-527-0531, WILL BE RETIRED ON DEC. 31. The new fax number for submitting prior authorization requests to OptumRx is 1-844-403-1029 and is currently in effect.**

Phoned-in requests are still being accepted. To request a prior authorization by telephone, you may reach the OptumRx Prior Authorization team at 1-855-297-2870.

Electronic submission is also available and allows providers to:

- Spend more time with patients by reducing paperwork.
- Receive faster electronic decisions.
- Efficiently create renewals from previously submitted requests.
- Securely protect patient health information.

To submit an electronic prior authorization (ePA), [click here](#). For more information, contact the OptumRx Prior Authorization team at 1-855-297-2870.

**SECTION 5:**

## Provider Portal

Registered providers may access the Gold Coast Health Plan (GCHP) Provider Portal to verify the eligibility of GCHP members, check the status of a claim, and submit prior authorizations. Providers must register using their GCHP Provider Identification Number (PIN) to access the portal. To start using these services, go to the [Provider Web Portal](#) and complete the registration process. For assistance, please contact the Plan's Customer Service Department at 1-888-301-1228 or [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

**SECTION 6:**

## Resources on Gold Coast Health Plan's Website

Visit the Gold Coast Health Plan (GCHP) [website](#) to access resources and tools, such as:

### [Provider Directory](#)

The GCHP Provider Directory is available in PDF format to download and print at your convenience.

### [Drug Formulary](#)

GCHP's List of Covered Drugs is available along with other pharmacy information.

### Forms and Documents

GCHP's various forms and documents are available on the website.

If you have suggestions on ways GCHP can improve its service to providers or members, please email them to [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

**SECTION 7:**

## Provider Grievance Response

### Important Provider Notice

Providers must cooperate with Gold Coast Health Plan (GCHP) in identifying, processing and resolving all member complaints. Cooperation includes, but is not limited to, completing a provider response form, providing pertinent information related to the complaint, and/or speaking with GCHP Grievance and Appeals representatives to assist with resolving the complaint in a reasonable manner. Please send back the Grievance and Appeals Provider Response form within the timeframe specified on the form.

## SECTION 8:


# Influenza Vaccine

It is recommended that all members 6 months of age and older receive an annual influenza vaccination. However, there are some rare exceptions. To learn more about who should get the influenza shot, please [click here](#).

## Influenza Vaccine:

### Who Should Get It, and Who Should Not

FIGHT FLU



Everyone 6 months and older is recommended for annual influenza vaccination, with rare exceptions. **For the 2018-19 flu season, ACIP recommends annual influenza vaccination for everyone 6 months and older with any licensed, appropriate influenza vaccine (IIV, RIV4, or LAIV4) with no preference expressed for any one vaccine over another. Some vaccines are not recommended in some situations and health conditions, and some people should not receive influenza vaccines at all (though this is uncommon).**

Different flu shots are approved for people of different ages. Everyone should get a vaccine that is appropriate for their age.

#### The Influenza (Flu) Shot

People who can get the flu shot

- There are inactivated influenza vaccines that are approved for people as young as 6 months of age.
- Some vaccines are only approved for adults. For example, the recombinant influenza vaccine is for people aged 18 years and older, and the adjuvanted and high-dose inactivated vaccines are for people aged 65 years and older.
- Flu shots are recommended for pregnant women and people with chronic health conditions.

People who SHOULD NOT get the flu shot


- Children younger than 6 months of age are too young to get a flu shot.
- People with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin, antibiotics, or other ingredients. See special considerations regarding egg allergy for more information about egg allergies and flu vaccine.

People who should talk to their doctor before getting the flu shot:

If you have one of the following conditions, talk with your healthcare provider. He or she can help decide whether vaccination is right for you, and select the best vaccine for your situation:

- If you have an allergy to eggs or any of the ingredients in the vaccine. Talk to your doctor about your allergy. See special considerations regarding egg allergy at the bottom of this document for more information about egg allergies and flu vaccine.
- If you ever had Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. Talk to your doctor about your GBS history.
- If you are not feeling well, talk to your doctor about your symptoms.

For more information, visit:  
[www.cdc.gov/flu](http://www.cdc.gov/flu) or [www.flu.gov](http://www.flu.gov)  
 or call 1-800-CDC-INFO



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

CSHQIG-19-FLU-106 Last Updated: October 16, 2018

#### Nasal Spray Flu Vaccine:

People who can get the nasal spray flu vaccine:

The nasal spray vaccine is approved for use in people 2 years through 49 years of age. It is an option for healthy, non-pregnant people in this age group.

People who SHOULD NOT get the nasal spray vaccine:

- Children younger than 2 years
- Adults 50 years and older
- Pregnant women
- People with a history of severe allergic reaction to any component of the vaccine or to a previous dose of any influenza vaccine
- Children 2 years through 17 years of age who are receiving aspirin- or salicylate-containing medications.
- People who are immunocompromised (those who have weakened immune systems)
- Children 2 years through 4 years who have asthma or who have had a history of wheezing in the past 12 months.
- People who have taken influenza antiviral drugs within the previous 48 hours.
- People who care for severely immunocompromised persons who require a protected environment (or otherwise avoid contact with those persons for 7 days after getting the nasal spray vaccine).

People who should talk to their healthcare provider before getting nasal spray vaccine:

If you have one of the following condition, talk with your healthcare provider. He or she can help decide whether vaccination is right for you, and select the best vaccine for your situation:

- People with Asthma aged 5 years and older.
- People with other underlying medical conditions that can put them at higher risk of serious flu complications. These include conditions such as chronic lung diseases, heart disease (except isolated hypertension), kidney disease, liver disorders, neurologic and neuromuscular disorders, blood disorders, or metabolic disorders (such as diabetes). See "People at High Risk of Developing Flu-Related Complications."
- People with moderate or severe acute illness with or without fever.
- People with Guillain-Barré Syndrome within 6 weeks following a previous dose of influenza vaccine.

Special Consideration Regarding Egg Allergy

People with egg allergies can receive any licensed, recommended age-appropriate influenza vaccine (IIV, RIV4, or LAIV4) that is otherwise appropriate. People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to egg) should be vaccinated in a medical setting, supervised by a health care provider who is able to recognize and manage severe allergic

## SECTION 9:

# Immunization Law Update: California to Restrict Medical Exemptions

A new law, reflected in Senate Bills 276 and 714, will make it more difficult for parents to obtain medical exemptions from California's immunization requirements. State law requires parents to ensure that their children obtain certain immunizations before enrolling in school.

Prior to 2015, parents were able to obtain exemptions from some or all required immunizations based on their "personal beliefs," due to religious objections, or by submitting medical exemptions. In 2015, the state Legislature passed Senate Bill 277, which phased out personal belief exemptions. Since passage of Senate Bill 277, the number of medical exemptions submitted to schools has decreased dramatically.

In order to obtain a medical exemption, parents are required to provide some type of written statement (e.g., a letter) from a licensed physician indicating that the immunization is unsafe for their child. The statement may indicate that the child's medical condition is temporary, in which case the exemption is limited to one year, or that the condition makes immunization permanently unsafe, in which case there is no time limit.

The new law will require more specific documentation to support medical exemptions, limit their duration, and allow state health officials to determine if an exemption should be revoked. Notably, the new law provides the following:

### Effective Jan. 1, 2020:

- A child who has submitted a medical exemption before Jan. 1, 2020, may continue to enroll in school until the child enrolls in the next "grade span." Grade spans are: (1) birth to preschool; (2) kindergarten to grade 6, and (3) grades 7 to 12.
- When a child completes one grade span and seeks to enroll in the next, parents must submit a new medical exemption that complies with the requirements below.

### Effective Jan. 1, 2021:

- Schools may no longer accept any type of written statement from a licensed physician. Instead, physicians must complete a standardized exemption form that contains specified information. This form must be submitted electronically, both to the school and the California Immunization Registry (CAIR2). Unless a standardized medical exemption form is on file, schools may not admit students who are not fully immunized on the basis of a medical exemption.
- Exemptions based on temporary medical conditions will continue to be valid for only one year. Exemptions based on permanent medical conditions will be valid for only one grade span. When a child with a permanent medical condition completes one grade span and seeks to enroll in the next, physicians must complete a new exemption form.
- The California Department of Public Health (CDPH) will create a monitoring system that includes review of schools whose overall immunization rates are less than 95%, schools that do not provide annual reports of vaccination rates, and physicians who submit more than five medical exemptions in one year, starting Jan. 1, 2020.

Information regarding the new law can be found on CDPH's website, which contains user-friendly explanations of immunization requirements. Visit the site [here](#).

If you have any questions, please contact the Quality Improvement Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

## SECTION 10:

# Immunizations Requirements

In accordance with the state Department of Health Care Services (DHCS) All Plan Letter (APL) 18-004, GCHP is stressing the importance of timely immunizations for members that abide by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP), regardless of a member's age, sex, or medical condition, including pregnancy.

Research has consistently shown that health care professionals are the most trusted source for vaccine information among parents and patients.

## List of provider resources and webinars:

The Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) have the following resources available:

- [CDC Immunization Schedules](#)
- [Afternoon TEACH with VFC and CDPH](#): A free webinar series that covers a variety of immunization topics.

### SECTION 11:

# Quality Improvement: Spotlight on Improvement Projects (IPs) and Performance Improvement Projects (PIPs)

In accordance with the state Department of Health Care Services (DHCS) Quality and Performance Improvement Program, Gold Coast Health Plan (GCHP) participates in a minimum of two large-scale Performance Improvement Projects (PIPs) focused on specific health topics, and smaller-scale Improvement Projects (IPs) focused on improving measures with low rates that did not meet the DHCS required minimum performance level\* (MPL). These improvement projects are completed using standardized tools that follow the Institute of Healthcare Improvement's (IHI) Module for Improvement, such as the Plan-Do-Study-Act Cycle. The programs are aimed at improving quality of care and services, improving population health outcomes, and reducing health disparities.

## Projects Completed in 2019

The following two large-scale projects concluded after the completion of five modules over a two-year period.

### ► **Child Immunization Status (CIS) PIP**

A two-year collaboration with one clinic to study interventions aimed at increasing child immunizations. The clinic tested the effectiveness of assessing a child's immunization status at each clinic encounter, instead of only during well-child exams – a practice recommended by the National Vaccine Advisory Committee's (NVAC) Standards for Children and Adolescent Immunization Practices. The clinic's care coordination for monitoring immunizations improved and reduced missed opportunities to administer vaccines during office visits. In addition, parents were informed of the importance of vaccines, and encouraged to schedule follow-up wellness exams when appropriate. The rate of children immunized during clinic encounters increased as well as the clinic's performance rate for the Health Effectiveness Data and Information Set (HEDIS®) CIS Combo 3 measure.

### ► **Comprehensive Diabetes Care (CDC) HbA1c > 9.0 Disparity PIP**

A two-year collaboration with one clinic to implement a health plan / clinic coordinated telephone outreach and point-of-care (POC) HbA1c triage program aimed at decreasing uncontrolled HbA1c (>9.0) in non-English speaking Hispanic / Latino members with diabetes. The outreach established care for members who have diabetes and who had not received an HbA1c test. The onsite POC testing improved care coordination for both the new and established members. The POC test gave the clinic immediate results that enabled clinic staff to provide patient education and triage members based on HbA1c outcome. The rate of non-English speaking Hispanic / Latino members who received HbA1c tests, as well as the clinic's performance rate for the HEDIS® CDC-HbA1c measure, increased.



The following one-year improvement projects were focused on implementing and testing interventions to improve three measures that did not meet the MPL in the 2018 Reporting Year (RY). The “Improvement Projects Rates” table below shows that the rates for all three measures improved in the 2019 RY and met the DHCS MPL.

▶ **Annual Monitoring for Patients on Persistent Medications (MPM) IP**

A collaboration with an external vendor to implement a data-driven intervention to improve the reporting of metabolic lab screenings delivered to patients who need medication monitoring for ongoing ACE inhibitors / ARBs.

▶ **Comprehensive Diabetes Care Attention to Nephropathy IP (CDC-N)**

A collaboration with a clinic system to study two interventions:

- An academic detailing intervention to educate clinicians on the importance of annual nephropathy monitoring for patients diagnosed with diabetes.
- An electronic health record intervention to update an existing diabetes dot phrase to include a message that informs clinicians to order a microalbumin urine test if no nephropathy screening was completed within the last 12 months.

▶ **Asthma Medication Ratio (AMR)**

A health plan / pharmacy benefit manager (PBM) outreach campaign to educate practitioners on the recommended prescribing guidelines for patients with persistent asthma. The project also aimed to improve asthma medication management by informing practitioners of the members who had a suboptimal ratio of controller to total asthma medications.

**Table: Improvement Projects Rates**

Measure	2018 RY	2018 Medicaid Percentile*	2019 RY	2019 Medicaid Percentile*	Rate Change
MPM	85.48	10 <sup>th</sup>	88.56	25 <sup>th</sup>	+3.08
CDC-N	88.08	10 <sup>th</sup>	89.78	25 <sup>th</sup>	+1.70
AMR	54.41	10 <sup>th</sup>	57.73	25 <sup>th</sup>	+3.32

## New Improvement Projects in 2019

For the 2019-2021 study period, GCHP is in the planning phase for two new large-scale improvement projects that will focus on the following health topics:

- Health Equity PIP
- Adolescent Well Care PIP

For the 2019 RY, GCHP is not required to complete any small-scale improvement projects based on all applicable measures scoring above the MPL.

If you have any questions related to implementing quality improvement strategies within your organizations, or would like to collaborate with GCHP on a performance improvement initiative, please contact the Quality Improvement Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

\* The 2018 and 2019 RY MPLs equate to the 25<sup>th</sup> national Medicaid percentile ranking. These annual percentile rankings are established by the National Committee for Quality Assurance (NCQA) and reported in NCQA's Quality Compass® for Medicaid HMOs.

## SECTION 12:

## Quick Reference Guide and Frequently Asked Questions (FAQ) Documents for Managed Care Accountability Set (MCAS) MY 2019 / RY 2020

To support providers with information on the new Managed Care Accountability Set (MCAS) performance measures for Measurement Year (MY) 2019 / Reporting Year (RY) 2020, the Quality Improvement (QI) Department has developed a Quick Reference Guide and Frequently Asked Questions (FAQ) document.

The 2020 MCAS Quick Reference Guide shares key details on the individual measures, including measure description, documentation requirements, data collection method, and sample compliant codes. The FAQ document addresses questions about the provider's role in MCAS reporting and how performance measures are evaluated.

These documents are available in the Provider Resources section on Gold Coast Health Plan's (GCHP) website and can be accessed by [clicking here](#). The QI Department is continuing to develop MCAS tip-sheets for each individual measure and will inform Plan providers when these are available on the website.

For questions about MCAS performance measures, contact the QI Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

## SECTION 13:

## Quality Improvement: Managed Care Accountability Set (MCAS) Progress and Performance Feedback Reports

Gold Coast Health Plan (GCHP) prepares bi-monthly Progress Reports and Performance Feedback Reports for the Managed Care Accountability Set (MCAS) measures to assist your practice in its performance improvement efforts. The reports are available for GCHP contracted providers beginning in July each year and sent to the provider or designees by secure email from the Quality Improvement Department. The reports contain the following information:

- **MCAS Progress Report:** Lists each clinic's projected performance rates on each measure for the measurement period. For example, July 2019 reports contain data from the Jan. 1, 2019 to May 31, 2019 measurement period. Combined with this report is the **MCAS Performance Measure Index**, which lists the measures in scope for the measurement year (Jan. 1, 2019 to Dec. 31, 2019), including the measure description, measurement period, and data collection method.
- **Performance Feedback Report:** Lists the GCHP members assigned to each clinic who have not completed the required screenings and services reported in the MCAS performance measures during the measurement period. Also known as the "gap report," it includes a Care Gap Required Actions tab that identifies the suggested action for each clinical care gap.

The projected MCAS rates are compared against the National Committee for Quality Assurance (NCQA) target rate of the 75<sup>th</sup> percentile. This is selected based on the state Department of Health Care Services (DHCS) minimum

performance level of the 50<sup>th</sup> percentile for each measure. Measures included in the Performance Feedback Report are based on available administrative data.

**How These Reports Can Benefit You:** The Performance Feedback Report is intended to be used for patient outreach to schedule appointments to complete the appropriate screenings and services. Each clinic has an opportunity to score high on these measures when the missing services are completed within the measurement period.

If you have any questions regarding these reports, please contact the Quality Improvement Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

**SECTION 14:**

# October 20 – 26: International Lead Poisoning Prevention Week

The California Department of Public Health (CDPH) provides free educational materials on ways to keep families and children safe from lead. Providers can download the printable materials from the links below or visit the CDPH website [here](https://www.cdph.ca.gov).

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

### Protect your child from LEAD

**Taking Care of Your Child**

To help protect your child from lead poisoning, you should get your child tested for lead poisoning at least once a year. If you have any concerns about testing for lead, talk to your child's doctor about testing for lead.

**Which your child's blood and brain**

Lead can be found in many places inside and outside your home.

**Lead can hurt your child.** Lead can harm a child's brain. Lead exposure can make it hard for children to learn, pay attention, and behave. Most children who have lead poisoning do not look or act sick.

**Take these steps to keep your family safe from lead.**

**Lead can be found in many places inside and outside your home.**

**Lead can hurt your child.** Lead can harm a child's brain. Lead exposure can make it hard for children to learn, pay attention, and behave. Most children who have lead poisoning do not look or act sick.

**Take these steps to keep your family safe from lead.**

**Lead can be found in many places inside and outside your home.**

**Lead can hurt your child.** Lead can harm a child's brain. Lead exposure can make it hard for children to learn, pay attention, and behave. Most children who have lead poisoning do not look or act sick.

**Take these steps to keep your family safe from lead.**

**Lead can be found in many places inside and outside your home.**

**Lead can hurt your child.** Lead can harm a child's brain. Lead exposure can make it hard for children to learn, pay attention, and behave. Most children who have lead poisoning do not look or act sick.

**Take these steps to keep your family safe from lead.**

### Proteja a su hijo contra el PLOMO

**El cuidado de su hijo**

Para ayudar a proteger a su hijo del plomo, debe asegurarse de que su hijo se revise el plomo al menos una vez al año. Si tiene alguna inquietud sobre la prueba, hable con el médico de su hijo sobre la prueba.

**El interior y exterior de su hogar**

El plomo puede estar en muchos lugares de su hogar. El plomo puede estar en las paredes, el suelo, el techo, el agua de la tubería y en los objetos de su hogar.

**El plomo puede dañar a su hijo.** El plomo puede dañar el cerebro de su hijo. El plomo puede hacer que su hijo tenga problemas para aprender y comportarse. La mayoría de los niños que tienen plomo en su sangre no se sienten enfermos.

**Tomar los siguientes pasos puede ayudar a mantener a su familia protegida contra la presencia del plomo.**

**Lead can be found in many places inside and outside your home.**

**Lead can hurt your child.** Lead can harm a child's brain. Lead exposure can make it hard for children to learn, pay attention, and behave. Most children who have lead poisoning do not look or act sick.

**Take these steps to keep your family safe from lead.**

### Keep your newborn safe from LEAD

**Lead can be found in many places inside and outside your home.**

**Lead can hurt your newborn.** Lead can harm your newborn's brain. Lead exposure can make it hard for your newborn to learn, pay attention, and behave. Most newborns who have lead poisoning do not look or act sick.

**Take these steps to keep your newborn safe from lead.**

**Lead can be found in many places inside and outside your home.**

**Lead can hurt your newborn.** Lead can harm your newborn's brain. Lead exposure can make it hard for your newborn to learn, pay attention, and behave. Most newborns who have lead poisoning do not look or act sick.

**Take these steps to keep your newborn safe from lead.**

**Lead can be found in many places inside and outside your home.**

**Lead can hurt your newborn.** Lead can harm your newborn's brain. Lead exposure can make it hard for your newborn to learn, pay attention, and behave. Most newborns who have lead poisoning do not look or act sick.

**Take these steps to keep your newborn safe from lead.**

### Mantenga a su bebé protegido contra los peligros del PLOMO

**El plomo puede estar en muchos lugares de su hogar.** El plomo puede estar en las paredes, el suelo, el techo, el agua de la tubería y en los objetos de su hogar.

**El plomo puede dañar a su bebé.** El plomo puede dañar el cerebro de su bebé. El plomo puede hacer que su bebé tenga problemas para aprender y comportarse. La mayoría de los bebés que tienen plomo en su sangre no se sienten enfermos.

**Tomar los siguientes pasos puede ayudar a mantener a su familia protegida contra la presencia del plomo.**

**Lead can be found in many places inside and outside your home.**

**Lead can hurt your newborn.** Lead can harm your newborn's brain. Lead exposure can make it hard for your newborn to learn, pay attention, and behave. Most newborns who have lead poisoning do not look or act sick.

**Take these steps to keep your newborn safe from lead.**

For more information, please click [here](#).

## SECTION 15:

# California Screening Regulations

Gold Coast Health Plan (GCHP) would like to remind providers that state regulations impose specific responsibilities on doctors, nurse practitioners, and physician assistants doing periodic health care assessments on children between 6 months and 6 years of age. Below is a brief summary of health care provider's responsibilities. These regulations apply to all physicians, nurse practitioners, and physician assistants, not just Medi-Cal or Child Health and Disability Prevention Program (CHDP) providers.

Anticipatory Guidance: At each periodic assessment from ages 6 months to 6 years.

Under California state laws and regulations, all health care providers are required to inform all parents and guardians about:

- The risks and effects of childhood lead exposure.
- The requirements that children enrolled in Medi-Cal receive blood lead tests.
- The requirements that children not enrolled in Medi-Cal who are at risk of lead exposure receive blood lead tests.
- Screen (blood lead test).
  - » Children in publicly supported programs\* at both 12 months and 24 months of age.
  - » Children ages 24 months to 6 years in publicly supported programs\* who were not tested at 12 and 24 months of age or later.
- Assess: If child is not in a publicly supported program.
  - » 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?"
  - » Conduct a blood lead test if the the answer to the question is "yes" or "don't know."
- Other indications for blood lead test:
  - » Suspected lead exposure.
  - » Parental request.
  - » Recent immigration from a country with high levels of environmental lead.
  - » Change in circumstance that has put child at risk of lead exposure.

Follow-up Intervention: The California Management Guidelines summarizes follow-up activities once a child is found to have an elevated blood lead level. Visit the links below for additional information on follow-up guidelines:

- [Title 17, Division 1, Chapter 9, Screening for Childhood Lead Poisoning](#)
- [California Department of Public Health, Childhood Lead Poisoning Prevention Branch Health Care Provider Information](#)
- [California Screening Regulations](#)
- [Childhood Lead Poisoning Prevention Branch Standard of Care Guidelines](#)

\* Examples of publicly supported programs include Medi-Cal, CHDP, and the Women, Infants, and Children Program (WIC).

## SECTION 16:

## Tobacco Cessation

Cigarette smoking is the leading cause of preventable disease and death in the U.S., accounting for more than 480,000 deaths every year – about one in five deaths, according to the Centers for Disease Control and Prevention (CDC).

Smoking and the use of tobacco products, including e-cigarettes, cigars and smokeless tobacco, cause or worsen many diseases and health conditions. Smoking can damage many parts of the body.



## SECTION 17:

## New Tobacco Cessation Resource

Helpline postcards that offer free Nicotine Replacement Therapy (NRT) by First 5 California are now available to providers.

Click the following links to access the free nicotine patches postcards:

- [English](#)
- [Spanish](#)

<p><b>FREE Nicotine Patches</b> We Can Help You Quit Smoking!</p> 	<p><b>FREE Program to Double Your Chance of Quitting for Good</b> One-on-one support is available from trained professionals in English, Spanish, Chinese, Korean and Vietnamese.</p> <p>♦ ♦ ♦</p> <p><b>FREE Nicotine Patches*</b> *Free patches for qualified callers, made possible by funding from FIRST 5 California.</p> <p><b>Hours</b> Mon - Fri, 7am - 9pm &amp; Sat, 9am - 5pm</p> <p><b>Call Today!</b> <b>1-800-NO-BUTTS</b> (1-800-662-8887)</p> <p>CODE: 57</p> <p>CALIFORNIA SMOKERS HELPLINE <b>1-800-NO-BUTTS</b></p>	<p><b>Parches de Nicotina GRATIS</b> ¡Podemos ayudarte a dejar de fumar!</p> 	<p><b>Programa GRATIS para Aumentar su Posibilidad de Dejar de Fumar.</b> Reciba apoyo individual de profesionales capacitados. Servicios disponibles en español, inglés, chino, coreano y vietnamita.</p> <p>♦ ♦ ♦</p> <p><b>Parches de Nicotina GRATIS*</b> *Parches GRATIS para personas que califican. Patrocinado por el programa Primeros 5 California (FIRST 5 California)</p> <p><b>Horarios</b> Lunes a viernes, 7am - 9pm y sábado, 9am - 5pm</p> <p><b>¡Llame Ahora!</b> <b>1-800-45-NO-FUME</b> (1-800-456-6386)</p> <p>COÓDIGO: 57</p> <p>LÍNEA DE AYUDA PARA FUMADORES DE CALIFORNIA <b>1-800-45-NO-FUME</b></p>
---	--	---	--

Additional Provider Resources:

- [Click here](#) to learn more about health effects related to smoking and tobacco use.
- [Click here](#) to learn more about free tobacco cessation webinars and training opportunities.

## SECTION 18:

# Save the Date! Register Today for the Upcoming “Basic Tobacco Intervention Skills Certification Program”

Gold Coast Health Plan (GCHP) invites medical and allied health care professionals to attend the “Basic Tobacco Intervention Skills Certification Program.” This is an evidence-based nicotine dependence intervention workshop. The workshop will be hosted at GCHP’s community room on Dec. 18, 2019. Pre-registration is required. Please call **1-805-437-5718** now to register. For more information on the workshop, [click here](#).

Providers, contact GCHP’s Health Education Department at **1-805-437-5718** or [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org) for additional cessation resources and materials.

**Nicotine Dependence Treatment Continuing Education and Certification Program**  
**Earn Certification to *utilize* evidence-based nicotine dependence interventions to help save a life!**



**Be A Lifesaver!**  
 Evidence-based interventions that encourage quitting and prevent youth smoking continue to be **underutilized**.  
 – a Report of the Surgeon General, 2014

**WORKSHOP** Basic Tobacco Intervention Skills Certification Program for Medical & Allied Health Professionals

**Date** Wednesday, December 18, 2019

**Time** 8:30AM – 12:30PM

**Location** Gold Coast Health Plan  
 711 E. Daily Drive – Conference Room  
 Camarillo, CA 93010

**REGISTER TODAY!**

This continuing education program teaches the pathophysiology of nicotine addiction, and utilizes case studies, audiovisual aids, and return practice demonstrations to equip point of care providers with information along with methods and techniques to prevent and/or treat nicotine dependence.

**Instructed by** Isabel Gómez, MPH  
 Letty Alvarez, MS  
 Tobacco Education & Prevention Program

Pre-registration is **REQUIRED** please call 201-STOP (7867) or email [callitquits@ventura.org](mailto:callitquits@ventura.org)  
 Workshops is free – Certification CEU fee is \$85.00  
 Please bring check made out to: The University of Arizona

   
 Copyright © 2014 The University of Arizona

## SECTION 19:

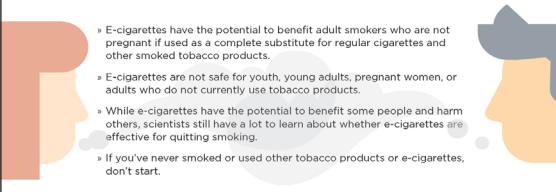
# Health Alert: Outbreak of Lung Injury Associated with E-Cigarette Use, Vaping

Health officials have reported an outbreak of serious vaping-related lung diseases. The number of vaping-related deaths continues to rise. Tobacco use, primarily the use of e-cigarettes or vaping devices, is a growing problem in the United States, especially among younger populations. Access the Centers for Disease Control and Prevention (CDC) electronic cigarette infographic [here](#).

To learn more about the latest outbreak information on lung injury associated with electronic cigarettes or vaping, visit the CDC links below:

- [Outbreak of Lung Injury Associated with E-Cigarette Use, or Vaping](#)
- [Electronic Cigarettes](#)

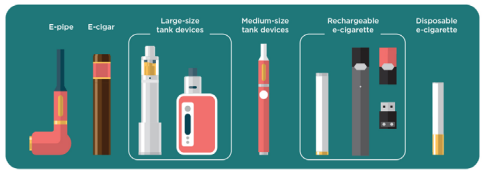
**ELECTRONIC CIGARETTES WHAT'S THE BOTTOM LINE?**




- » E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products.
- » E-cigarettes are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products.
- » While e-cigarettes have the potential to benefit some people and harm others, scientists still have a lot to learn about whether e-cigarettes are effective for quitting smoking.
- » If you've never smoked or used other tobacco products or e-cigarettes, don't start.

**WHAT ARE E-CIGARETTES?**

- » E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “tank systems,” and “electronic nicotine delivery systems.”
- » Some e-cigarettes are made to look like regular cigarettes, cigars, or pipes. Some resemble pens, USB sticks, and other everyday items.
- » E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products—flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air.
- » E-cigarettes can be used to deliver marijuana and other drugs.



 U.S. Department of Health and Human Services  
 Centers for Disease Control and Prevention

## SECTION 20:

## Chronic Disease Self-Management Program

Gold Coast Health Plan's (GCHP) Health Education Department is pleased to inform providers about the Chronic Disease Self-Management Program (CDSMP) for members. The 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. The workshops are six weeks long, meeting once a week for 2.5 hours.

The workshops will start in late October and will run through early December.

To learn more about CDSMP, click [here](#).

For additional information or questions regarding the CDSMP workshop schedules, please contact the Health Education Department at **1-805-437-5607** or [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

## SECTION 21:

## My Birth Matters

The California Maternal Quality Care Collaborative (CMQCC) offers My Birth Matters, a website to help pregnant women of all backgrounds learn more about their birthing options. Please visit CMQCC's [website](#) for more information and resources.

Please contact GCHP's Health Education Department at **1-805-437-5718** or [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org) for more information.

## SECTION 22:

## Language Assistance

Gold Coast Health Plan (GCHP) adheres to federal and state regulations that require health plans to provide Limited English Proficient (LEP), non-English speaking or monolingual members with free access to interpreters and translation services at medical points of service. Members are NOT required to bring an interpreter. GCHP strongly discourages the use of unqualified interpreters, friends or family members – especially minors – as interpreters. If a member refuses to use a qualified interpreter, it must be noted in the medical chart.

GCHP offers the following language assistance services:

- Sign language interpreter services: Five to seven days' notice is needed.
  - In-person interpreter services: Five to seven days' notice is needed.
  - Telephone interpreting services: Available 24 hours a day, seven days a week.
  - Translation services (written materials): Five days' notice is needed.
  - Alternative formats: Braille, text, font size, audio.
- ▶ If you need to cancel or reschedule an interpreter appointment, please contact GCHP at least 25 business hours prior to the appointment date.

If you have a member that needs help understanding health care related materials, interpreting or translation services, please email GCHP's Cultural and Linguistics Department at [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org) or call **1-805-437-5603**. Providers can also send a fax to **1-805-248-7481**. For more information, please see [All Plan Letter \(APL\) 17-011 Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act](#).

## SECTION 23:

# Cultural Competency Trainings

Gold Coast Health Plan's (GCHP) Cultural and Linguistic Services provides cultural competency trainings and resources to providers and staff. If you are interested in learning about training options, call **1-805-437-5603** or email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

If you have already completed a cultural competency training in your organization, contact GCHP's Cultural and Linguistic Services to obtain the attestation form.

## SECTION 24:

# Care Management for Gold Coast Health Plan (GCHP) 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 Care Management 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 the Plan's Care Management hotline at 1-805-437-5777 or Customer Service at 1-888-301-1228.

Make a referral [here](#).



**Page left intentionally blank**

**Page left intentionally blank**

**Page left intentionally blank**



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

42

## Provider Operations Bulletin

OCTOBER 2019

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](http://www.goldcoasthealthplan.org)