



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



# Provider Operations Bulletin

JANUARY 2017



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# Attention Providers! Your Efforts Can Help Reduce Costs and Help Stop Fraudulent Activity

The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to health care fraud are in the tens of billions of dollars each year.<sup>1</sup> Fraud increases the cost of providing health care benefits to Gold Coast Health Plan's (GCHP) members – your patients. Help do your part by reporting suspected fraud to GCHP. From the date you become aware of fraudulent activity, you have 10 days to report it.

What does health care fraud look like?

- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary.
- Performing services that are medically unnecessary solely for the purpose of generating payments.
- Accepting kickbacks for patient referrals.
- Billing for more expensive services or procedures than were actually provided or performed, known as "upcoding."
- Billing each step of a procedure as if it were a separate procedure, known as "unbundling."

GCHP has several methods in place in which you can report suspected fraud, waste or abuse. Reports can be made anonymously.

- Toll-free hotline available 24 hours a day, seven days a week: 1-866-672-2615
- Online: [gchp.alertline.com](http://gchp.alertline.com)
- Written report:  
Attention: Compliance Officer–Fraud Investigation  
711 East Daily Drive, Suite 106  
Camarillo, CA 93010-6082

Please provide as much information as possible (who, what, when and where).

<sup>1</sup> <http://www.nhcaa.org/resources/health-care-anti-fraud-resources/the-challenge-of-health-care-fraud.aspx>



## Managed Care Provider Data Improvement Project (MCPDIP)

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

### How does this impact GCHP providers?

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

Providers can [click here](#) to register the contact information necessary to ensure that they are ready when this project is implemented. Information on when meetings will be held to discuss this initiative will be distributed to the provided

contacts. If you have not registered, please do so as soon as possible. GCHP looks forward to working with its contracted providers on this effort. If you have any questions about MCPDIP, email [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

## Authorization Document Upload Through the Provider Portal

Over the last year, GCHP has been working on making the process of submitting authorizations easier and more efficient for providers. Authorization submissions are a major part of the day-to-day operations of GCHP, and since the Plan's inception, there has been a two-pronged approach:

1. Create an authorization through the Provider Portal.
2. If the authorization contains clinical information, please fax it to GCHP.

The feedback GCHP has received from providers is that they want to be able to upload clinical documents along with the authorization through the portal.

Now they can. The “upload” button on the portal is now functional. Providers can now create an authorization and upload clinical documents without having to fax them to the Plan.

Only documents for outpatient and professional services can be uploaded and they must be in a pdf format. If you have any issues or questions regarding the process, please contact [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

**Add Documents**

Supported file types:  
PDFs or PDF Packets.

Description

Location

**Comments**

**Uploaded Additional Documents**

## After Hours Survey

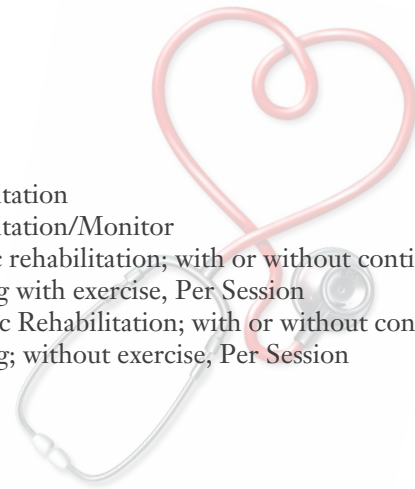
Provider access is important to GCHP's members. It is critical that the Plan's members be able to access medical help during normal working hours as well as after hours. Staff from the Plan's Provider Relations Department goes out on a daily basis to speak to providers about the importance of having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

Over the next month, GCHP's vendor, SPH Analytics, will perform an after-hours survey to ensure that the Plan is abiding by DHCS standards. The result of this survey is important for ensuring that members have access to medical help 24 hours a day, seven days a week. If you have any questions, please contact [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

## Cardiac Rehab Benefit

GCHP now covers cardiac rehab services. While cardiac rehab is not a benefit covered under the Medi-Cal program, GCHP is offering this service as a benefit enhancement to better meet the needs of the Plan's members. The following billing codes are applicable:

- 93797 Cardiac Rehabilitation
- 93798 Cardiac Rehabilitation/Monitor
- G0422 Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, Per Session
- G0423 Intensive Cardiac Rehabilitation; with or without continuous ECG monitoring; without exercise, Per Session



## Affirmative Statement About Utilization Management

GCHP's mission is *"To improve the health of our members through the provision of high quality care and services."* GCHP supports its mission through its vision, *"Compassionate Care, Accessible to All, for a Healthy Community."* In accordance with that, GCHP's Utilization Management (UM) Department has an affirmation statement about UM incentives that is understood by all those involved in UM decision-making:

- UM decision-making is based only on appropriateness of care and services and existence of coverage.
- GCHP does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

### Clinical Criteria

The UM Department uses criteria that is clinically sound, nationally developed and accepted for making medical necessity decisions. The clinical criteria used includes, but is not limited to:

- MCG Care Guide Quality Improvement Guidelines
- Other nationally-recognized criteria- Occasionally, a service is requested for which a GCHP clinical guideline is not available. In these instances, GCHP's medical directors and physician reviewers will review guidelines from other national professional organizations. Resources may include, but are not limited to:
  - » UpToDate: An evidence-based physician-authored clinical decision support resource.
  - » Epocrates: An evidence-based drug, diagnostic, and disease information tool.
- GCHP Clinical Guidelines

The above criteria is available to you upon request, by contacting Customer Service at 1-888-301-1228.



# Changes to Prior Authorization Requirements



GCHP continues to evaluate and monitor the services that require prior authorization. As a result, the following changes have been made effective December 1.

- Cardiac Rehabilitation is now a covered benefit for GCHP members. This service requires prior authorization. The following procedure codes have been added to the prior authorization list:
  - » 93797
  - » 93798
  - » G0422
  - » G0423

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

## Initial Health Assessment (IHA) And Staying Healthy Assessment (SHA) Requirements

DHCS requires that each primary care provider (PCP) complete a comprehensive Initial Health Assessment (IHA) for all newly-eligible GCHP members within 120 days of being enrolled in the Plan, unless the PCP has determined that a member's medical record is sufficiently current to enable an assessment of the individual's health status.

The IHA, at a minimum, shall include:

- A physical and mental health history.
- Identification of high-risk behaviors.
- An assessment of the need for preventative screenings or services and health education.
- A diagnosis and plan for treatment of any diseases.
- An age-appropriate Staying Healthy Assessment (SHA).

GCHP sends a list of newly-enrolled members to each PCP office that is accepting new members, based on assignment every month. Providers are responsible for reaching out to members to schedule an IHA appointment. Providers must document at least three attempts to contact the member (outreach attempts must include a phone call and a mail notification).

The IHA is an essential part of quality of care and allows providers to better assist GCHP members. GCHP

is mandated to conduct medical record reviews in order to validate that IHA outreach is being conducted and IHAs are being documented within the member's medical record accordingly. Failure to conduct IHA outreach may result in a low score during a medical record review or the issuance of a corrective action plan, all of which must be reported to the DHCS. If you have any questions regarding IHA, email [twagemann@goldchp.org](mailto:twagemann@goldchp.org).

### Staying Healthy Assessment (SHA)

Since 2014, GCHP's contracted PCPs must provide members with an age-appropriate Staying Healthy Assessment (SHA) during the time of their IHA appointment and future visits in accordance with the [SHA Periodicity Table](#).

The SHA is a tool that allows PCPs to better understand the health care needs of their patients based on a series of age-specific questions. The SHA can be issued during any visit and must be kept in the member's medical record. If a member refuses to complete the SHA, providers must document the refusal on the SHA form as well as the member's medical record and sign the form.

SHA forms are available in multiple languages and, if necessary, providers must offer translation, interpretation

and accommodations for any disabled patients. Monitoring of the issuance and medical record documentation of the SHA is conducted by the GCHP Facility Site Review nurse. Failure to provide the assessment can result in the

issuance of a corrective action plan, which must be reported to DHCS. If you have any question regarding the SHA, email [twagemann@goldchp.org](mailto:twagemann@goldchp.org). For DHCS SHA resources, [click here](#).

# Mental Health and PCP Decision Support Services Beacon Health Options

## MENTAL HEALTH SERVICES AVAILABLE TO MEMBERS THROUGH BEACON

Beacon Health Options is GCHP's behavioral health partner. Beacon covers individual and group therapy, psychiatric consultation and psychological testing for GCHP members with mild-to-moderate impairments.

A PCP referral is not needed and no prior authorization is required to access therapy or prescribing services.

Beacon will screen members to determine the severity of their symptoms and refer those with severe impairments to their county mental health plan.

## BEACON SUPPORTS PRIMARY CARE PROVIDERS AND INTEGRATED CARE

As a PCP, your office is often the first stop in identifying and treating behavioral health issues. Beacon supports PCPs as the point of treatment for a variety of behavioral health diagnoses. Beacon is committed to leading the integration of medical and behavioral health services with the goal of improved patient outcomes.

Beacon offers:

1. An online PCP [toolkit](#) to help you with the identification of behavioral health conditions and the next steps for treating those conditions.
2. PCP Decision Support with a Beacon psychiatrist.

## PCP DECISION SUPPORT SERVICES

Beacon helps you when behavioral health care is needed for your patients.

## Frequently Asked Questions:

### What is Beacon's PCP Decision Support service?

Beacon offers doctor-to-doctor clinical decision support

over the telephone with a licensed psychiatrist. This curbside consultation can help with concerns and/or questions about prescribing psychotropic medications to your patient.



### How can Beacon's PCP Decision Support help me?

Beacon can help you when your patient has a behavioral health diagnosis and you need guidance prescribing psychotropic medications.

### Will Beacon be taking the patient under its care?

No. The Beacon psychiatrist will support the prescribing PCP by conducting a curbside consultation over the telephone.

### How do I request this service?

Call Beacon at 1-855-765-9702 or fax a Beacon PCP [referral form](#). Identify that you are a PCP requesting a telephone consultation with a Beacon psychiatrist, along with the best date and time for the consultation.

### Someone from Beacon contacted my office about PCP Decision Support. What do I do next?

Respond to the request by offering a convenient date and time for the consultation and the best number for the psychiatrist to reach you.

### What if I have questions after the consultation?

The Beacon MD will give you a direct phone number for future contact, as needed. PCPs can consult multiple times with the Beacon psychiatrist on the same patient.

### When and how will I hear from the psychiatrist?

The Beacon MD will call you on one of the days/times that you indicated in your request.

# Reimbursement For California Children's Services (CCS)-Paneled Providers

Children and young adults under 21 years of age with conditions that are physically disabling or require complex, interdisciplinary, medical, surgical or rehabilitative treatment—chronic, costly, catastrophic, or complicated conditions—may be eligible for California Children's Services (CCS). Conditions such as diabetes and hypothyroidism are always considered CCS eligible. Even fractures, such as femur fractures or any fracture that requires an open reduction and internal fixation, are CCS eligible.

Many physicians treat young adults between the ages of 18 and 21 for CCS-eligible conditions. When a child or young adult has a condition that is deemed eligible by CCS, it becomes a carve-out to the health plan, which means GCHP is unable to authorize the service related to that particular condition.

Reimbursement for the treating physician, the physician writing the orders, must come from CCS for conditions deemed eligible by CCS. In order for a treating physician to be paid by CCS, s/he must be "paneled" or approved by CCS. Typically, rates of reimbursement for the treatment of CCS-eligible conditions are higher than the standard Medi-Cal rate.

To become CCS paneled, a physician must be an active Medi-Cal provider and be Board Certified. A PCP can become CCS paneled if he or she is Board Certified in Internal Medicine, Family Practice or Pediatrics.

GCHP and CCS work cooperatively for the benefit of the children and young adults of Ventura County. We encourage you to consider becoming a CCS-paneled provider to reach our mutual goal of providing excellent, expedient care to children.

- The Ventura County CCS office can provide information and assistance to physicians who wish to become CCS paneled. The Ventura County CCS telephone number is 1-805-981-5281.
- For questions, you may also call Children's Medical Services Branch, Provider Services Unit at 1-916-322-8702.
- For complete information about CCS, [click here](#). You will find information about:
  - » Becoming a CCS Provider.
  - » CCS-eligible medical conditions.
  - » Current CCS providers.

# 2017 Healthcare Effectiveness Data and Information Set (HEDIS®) Update

## What is HEDIS®?

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a nationally-recognized set of standardized performance measures that are created and maintained by the National Committee for Quality Assurance (NCQA) and are used to evaluate a health plan's performance in five domains of care:

- Effectiveness of care
- Access/availability of care
- Experience of care
- Utilization and risk adjusted utilization
- Relative resource use

GCHP's Quality Improvement Department has posted an updated "Intro to HEDIS® 2017" presentation and provider tips sheets on the HEDIS® measures GCHP is required to report annually to NCQA and DHCS. [Click here](#) to access the presentation and provider tips sheets on GCHP's website.

## 2017 Release of Information (ROI) Request for the annual HEDIS® Quality Reviews

GCHP requires your assistance with obtaining medical record data for the 2017 HEDIS® quality reviews. Medical record data collection and abstraction for the 2016



measurement year will take place from February to May. GCHP has access to claims data, but requires assistance with obtaining medical record data from the Plan's practitioners and facilities in order to review clinical records for the following HEDIS® measures:

| HEDIS® Measure   | Age Group                   | Time Frame for Medical Record Reviews |
|--|-----------------------------|---------------------------------------|
| Cervical Cancer Screening  | 21-64                       | 2012-2016                             |
| Child Immunization Status  | 2                           | 2014-2016                             |
| Comprehensive Diabetes Care  | 18-75                       | 2015-2016                             |
| Controlling High Blood Pressure                                      | 18-85                       | 2015-2016                             |
| Immunization for Adolescents   | 13                          | 2013-2016                             |
| Prenatal and Postpartum Care   | Any women with a live birth | 2015-2016                             |
| Weight Assessment and Counseling for Nutrition and Physical Activity | 3-17                        | 2016                                  |
| Well-Child Exams in the 3rd, 4th, 5th, and 6th Years of Life         | 3-6                         | 2016                                  |

For each measure, only a random sample of patient records will be selected for review. However, based on the volume of medical record information requested from each clinic or facility, providers will have the following options to submit medical record data:

1. Faxing
2. Mailing
3. Uploading records via a secure portal
4. Making an appointment with a GCHP courier to collect the records

GCHP appreciates your assistance and cooperation with providing medical record data within the timelines requested.

Inovalon, a business associate and vendor of GCHP, will lead the data collection process. Practitioners and facilities caring for selected patients will be contacted directly by In-

ovalon to verify that medical record(s) exist and to arrange for obtaining them. Inovalon is contractually bound to preserve the confidentiality of Protected Health Information (PHI) obtained from the medical records of GCHP members and operate in accordance with the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA).

GCHP is committed to improving the health of its members through the delivery of quality care and services. Thank you for the excellent care you provide to the Plan's members and for your continued partnership.

If you have questions or concerns about the HEDIS® medical record data collection process, please contact the Quality Improvement Department at [hedis@goldchp.org](mailto:hedis@goldchp.org) or 1-805-437-5738. For general information about HEDIS®, you may also refer to the NCQA's [website](#).

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

### Results of HEDIS® 2016 Reviews

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

- The reported rate for children 3 to 6 years of age who had annual well-child exams in 2015 was 64.72, which was a -2.39% decline over the previous year's rate.
- Children who had well-child exams did not have all the required assessments for a complete exam.

## Reasons for Decreased Well-Child Exams in 2015

- Children were seen only for acute/urgent care in 2015.
- Children had no clinic visits with a PCP in 2015.
- Child Health and Disability Prevention (CHDP) providers followed the old periodicity timetable for scheduling exams every two years instead of every year. The American Academy of Pediatrics (AAP) and Ventura County's CHDP Eligibility Assessment Schedule recommends annual exams.
- Well-child exams were incomplete. The most commonly missed assessments were:
  - » Health Education/Anticipatory Guidance
  - » Mental History
  - » Physical History
  - » Health History

## HEDIS® Measure Requirements

The prevalence of well-child exams is evaluated using the following specifications from the Well-Child Exam in the 3rd, 4th, 5th, and 6th Years of Life HEDIS® measure.

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

## Well-Child Exam Periodicity Schedule and CHDP Program

The CHDP program is a state- and federally-funded program that provides periodic health examinations and services to low-income children and youth. The results of GCHP's HEDIS® 2016 quality reviews also showed that many children enrolled in the CHDP program are receiving their well-child exams every two years instead of every year.

## Scheduling Annual Well-Child Exams

The [AAP](#) recommends annual physical exams beginning at birth. Ventura County's [CHDP Eligibility Assessment Schedule](#) recommends that those between the ages of 2 to 20 should receive preventive care exams annually.

As a primary care physician, you are required to provide preventive health care according to nationally-recognized criteria. Please schedule your patients for their preventive care exams annually in accordance with AAP and CHDP guidelines.

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

# Standardized Developmental Screening Tools for Well-Child Exams



## Importance of Using Standardized Screening Tools

The AAP recommends using standardized developmental and behavioral screenings tools during preventive care exams when a child is 9, 18, 24 and 30 months of age. Screening tools should include collecting information about the child from the parent(s), since the home is the ideal setting for detecting developmental issues. Standardized screening tools that are completed by the parent and scored by the clinician can improve assessing a child's development status and the early detection of problems provides an opportunity for early interventions and referrals to services children need.

## Care Management for Children with Developmental Concerns

Children identified with developmental concerns can be referred to GCHP's Care Management team to help coordinate care and referrals to the services children need.

For more information on GCHP's Care Management Department, [click here](#).

## Coding for Developmental Screening Tools during Office Visits

The following CPT codes are used to bill for developmental screenings:

- 96110 - Developmental Screening; Limited
  - » Includes standardized instrument form (e.g. PEDS, ASQ) - with interpretation and report.
  - » Usually performed with preventive care visit or other services such as follow-up visits.
  - » May be performed by physician, nurse, or other trained non-physician staff.
- 96111 – Developmental Screening; Expanded
  - » Includes standardized instrument form with assessment of motor, language, social, adaptive, and/or cognitive functioning - with interpretation and report.
  - » Usually performed independent of other services.
  - » Performed by physician or other trained professional.

## Additional Information on Developmental Screening Tools

For more information about the importance of standardized developmental and behavioral screening tools, visit the following websites:

- [American Academy of Pediatrics \(AAP\)](#)
- [Help Me Grow Ventura](#)

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

# Member Reward Program To Increase Postpartum Care



## What is the reason for the postpartum care member reward program?

For the 2012, 2013, 2014 and 2015 measurement years, GCHP's rate for the postpartum care measure has ranked low, achieving only the minimum performance level, which equates to the 25th national percentile reported by the National Committee for Quality Assurance (NCQA).

## What is the postpartum member reward program?

To increase postpartum visits, GCHP is offering a large pack of diapers to eligible members who complete their postpartum care visits within 21 to 56 days (3 to 8 weeks) of delivery.

## How are members notified about the postpartum member reward program?

Members are notified by mail through monthly mailings to women identified as being pregnant. Practitioners and members can also download the member reward form [here](#). The form is available in English and Spanish.

## How do members qualify to receive the postpartum reward?

To qualify for the free pack of diapers, members must send GCHP a member reward form that is completed and signed by both the member and the practitioner who performed the postpartum examination. GCHP will review and verify the information on the form and mail the member a large pack of diapers if all eligibility requirements are met.

To view all of GCHP's member rewards programs, [click here](#).

# Health Education, Cultural & Linguistics, Outreach Events and Updates

## Health Navigator Program

GCHP's Health Navigation Team works closely with the Disease Management Program. The Disease Management program is open to members with pre-diabetes and diabetes who are interested in managing their condition. The

health navigator is the initial point of contact for GCHP members. Health navigators will send education materials to members in either English or Spanish, along with information on diabetes education classes that are available throughout Ventura County.



## Smoking Cessation Programs & Upcoming Training

### Stay tuned for upcoming training dates!

GCHP will be hosting a training on April 6 at the Plan's office in Camarillo. The training will be on the 5A's – Brief Intervention Training. The goal of the training is to motivate members to quit smoking, but can be used for weight loss as well. If you or your staff have already attended a training, please contact the Health Education Department at 1-805-437-5500 or email at [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

## Cultural and Linguistics Services

### Cultural Competency, Sensitivity and Diversity Training



GCHP is committed to meeting the cultural and linguistic needs of its members. Therefore, we provide ongoing training to staff, and contracted providers. On January 9, the Plan's Cultural and Linguistic Services Department hosted a cultural competency training for health care providers and allied health professionals on Gender Identify and Transgender Health Care. The training featured Jake Donaldson, M.D., Board Certified Family Physician, American Academy of HIV Medicine Specialist and Sean Baker, LMFT, SEP. Both speakers are from Santa Paula West Medical Clinic, Santa Paula Pride Clinic, which is affiliated with the Ventura County Health Care Agency. [Click here](#) to view the event.

Past trainings have included topics designed to ensure that all medically-necessary covered services are available and accessible to all members regardless of language, ethnicity/ race, color, age, sexual orientation, gender identity, health status and disabilities. The cultural and linguistic trainings also cover information in a culturally- and linguistically-appropriate manner. To learn more about upcoming trainings or for more information, please email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

## Resources

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

GCHP offers the following interpreter and translation services:

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

If you have a member that needs help understanding health care materials or needs translation services, please contact GCHP at 1-805-437-5603 or [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

## Health Education Calendar

The Health Education Department will hold classes on a wide range of topics in January, February and March. [Click here](#) for a list of upcoming events. For more information, please contact the Health Education Department at 1-805-437-5500 or [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).



# PCP Assignment

Before you schedule an appointment for a member, please ensure that the member is currently assigned to your PCP/Clinic. If your PCP/Clinic is not assigned as the member's PCP, have the member contact GCHP's Member Services Department at 1-888-301-1228/TTY 1-888-310-7347,

Monday through Friday between 8 a.m. and 5 p.m. to select your PCP/Clinic as their PCP. The PCP/Clinic change will not be effective until the first day of the month following the change request.

# Member Benefit Information Meetings

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

Members learn about their rights and responsibilities as well as how to:

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

Meeting times and locations vary monthly. Contact GCHP's Member Services Department at 1-888-301-1228 for meeting times and dates. [Click here](#) for the current schedule.



**NOTES:**



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Health Plan**<sup>SM</sup>  
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## Provider Operations Bulletin

JANUARY 2017

For additional information, contact  
Provider Relations at 888-301-1228  
Gold Coast Health Plan  
711 East Daily Drive, Suite 106, Camarillo, CA 93010  
[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)