



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

Provider Operations Bulletin

JULY 2017

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New Pharmacy Benefit Manager (PBM)



As of June 1, Gold Coast Health Plan (GCHP) has a new Pharmacy Benefit Manager (PBM). Below is some preliminary information about the change:

- OptumRx (ORx) is the new PBM.
- ORx can be reached at **1-855-297-2870**.
- GCHP and ORx have been working to minimize any member disruption during the transition.
- Specific concerns or questions regarding the transition can be directed to pharmacy@goldchp.org.

Managed Care Provider Data Improvement Project (MCPDIP)

The state Department of Health Care Services (DHCS) issued a requirement change for provider data submission governed through APL16-019, which supersedes APL 14-006. The new project work is being developed under the Managed Care Data Improvement Project (MCPDIP), which allows DHCS to monitor Gold Coast Health Plan's provider network in a way that complies with the Health Insurance Portability and Accountability Act (HIPAA). The provider data submission between GCHP and DHCS is expected on a monthly basis.

How does this impact GCHP providers?

GCHP is required to collect from providers an enhanced set of data/information, as defined by DHCS, and validate

that existing information is accurate. As a result, GCHP's Network Operations Department will continue to reach out to contracted providers by calling, emailing, or conducting site visits to obtain the new data and confirm existing information. Your assistance is requested in ensuring that your information is correct and provided in a timely manner.

If you are a contracted provider with GCHP and have not registered your contact information via the online MCPDIP Provider Form, please [click here](#). Information on when meetings will be held to discuss this initiative will be distributed to the contacts. If you have any questions about MCPDIP, email ProviderRelations@goldchp.org.

Non Medical Transportation (NMT)

As of July 1, Non Medical Transportation (NMT) is covered by Gold Coast Health Plan (GCHP) for all medically-necessary services. NMT coverage includes transportation for a member and one other person, such as a parent, guardian, or spouse, to accompany a member in a vehicle or on public transportation, subject to prior authorization at the time of the initial NMT request.

NMT does not include transportation of sick, injured, invalid, convalescent, infirmed or otherwise incapacitated members who need to be transported by ambulance, litter

vans, or wheelchair vans. NMT does not cover trips to non-medical locations or for appointments that are not medically necessary.

NMT transportation includes round trip transport:

- To and from a medical appointment for treatment or screening.
- To pick up prescriptions that cannot be mailed directly to the member.
- To pick up medical supplies, prosthetics, orthotics and other medical related equipment.

NMT is a service that is provided by Ventura Transit System (VTS) using sedan vehicles. Services will be authorized through GCHP using the same process that is used for Non Emergency Medical Transportation (NEMT) and will

be at no cost to the member. To arrange transport, VTS requires prior notification of 48 hours.

Please call GCHP's Customer Service at 1-888-301-1228 if you have any questions.

Authorization Document Upload Through the Provider Portal

Gold Coast Health Plan (GCHP) has worked on making the process of submitting authorizations easier and more efficient for providers.

Providers are now able to upload clinical documents along with the authorization through the portal.

The upload button on the portal is now functional. Providers can 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.

Cardiac Rehab Benefit



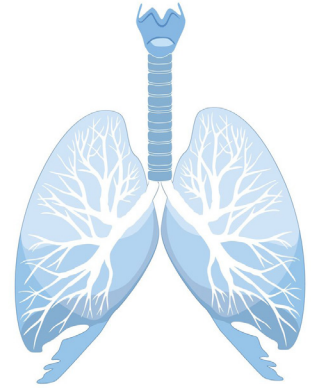
Gold Coast Health Plan (GCHP) now covers cardiac rehab services. While cardiac rehab is not a benefit covered under the Medi-Cal program, GCHP is offering this service as a benefit enhancement to better meet the needs of the Plan's members. The following billing codes are applicable:

- 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

Pulmonary Rehab Benefit

Pulmonary rehab is now a covered benefit for Gold Coast Health Plan (GCHP) members. This service requires prior authorization. The following procedure codes have been added to the prior authorization list:

- G0237
- G0238
- G0239
- G0424



Help Me Grow Ventura County, A GCHP Community Partner

Help Me Grow Ventura County has developed an early identification guide to support pediatric providers with developmental screening and referral.

Developmental screening is an integral component of well-child care and supports the early identification of children with developmental and special health care needs. In 2014, the American Academy of Pediatrics (AAP) reaffirmed its policy on developmental screening recommending that children receive a general developmental screening at ages 9, 18 and 24-to-30 months and autism-specific screening at 18 and 24 months.

To support local pediatricians and other health care personnel in implementing these practice parameters, Help Me Grow Ventura County developed an Early Identification Guide in collaboration with multiple community partners, including GCHP. This guide provides information about:

- The importance of implementing developmental screening in your practice.
- The AAP practice parameters.
- Choosing a standardized, well-validated screening tool.
- A sample practice workflow.
- Billing information.
- Community referrals and resources.

The Early Identification Guide is now available for distribution. In addition, Help Me Grow Ventura County is available to provide in-office support and guidance around developmental screening implementation.

To learn more about the ways Help Me Grow Ventura County can support your practice or to get a copy of the Early Identification Guide, please contact Help Me Grow Ventura County by emailing info@helpmegrowvc.org, calling 1-805-981-6617, or visiting www.helpmegrowvc.org. GCHP's pediatric care managers are available to assist your patients by providing coordination of care, care management, resources and support. If you feel that your pediatric GCHP member may benefit from care management services, please make a referral. [Click here](#) for the referral form.

For questions about GCHP's care management program, email caremanagement@goldchp.org.



Help Me Grow
Ventura County

Health Education, Cultural & Linguistic Services, Outreach Events and Updates

Tobacco Education

Stay tuned for upcoming training dates!

In April, Gold Coast Health Plan (GCHP) hosted a training by the Ventura County Public Health Tobacco Education & Prevention Program. The training was for the Basic Tobacco Intervention Skills Certification Program, which is designed to equip providers with the skills to interject brief interventions that motivate members to quit smoking. The training is also referred to as the 5A's, and the techniques can be used for motivating members to implement a wide range of behavioral changes.

If you or your staff are interested in future trainings, please contact the Plan's Health Education Department. The team can also connect you with trainings that are occurring throughout the county, as well as direct you to online resources.

Also, please continue to refer members to the smoking cessation programs and telephone counseling services that are available to them.

Health Education

GCHP's Health Education Department has a variety of informational materials available on diabetes, asthma, heart conditions, and other illnesses. To request materials, contact the department for the provider order form or to be directed to an online source.

The Health Education Department also has a [Health Education Referral Form](#) available online for providers to complete on behalf of their members. Fax the completed form to 1-805-437-5134 or email it to HealthEducation@goldchp.org.

Health Education Classes

The Health Education Department has started holding classes on asthma throughout Ventura County. If you would like to refer a member to a class that he/she can attend for himself/herself or a child, please contact the Health Education Department at 1-805-437-5500 or HealthEducation@goldchp.org.

Free classes also are available to members and the public on nutrition, healthy living, physical activity, and diabetes. Health Education also collaborates with other agencies on various topics. If you have a topic that you would like to learn more about, please contact Health Education. Classes are held in both English and Spanish; some classes are bilingual.

[Click here](#) for a list of upcoming classes and workshops.

Outreach

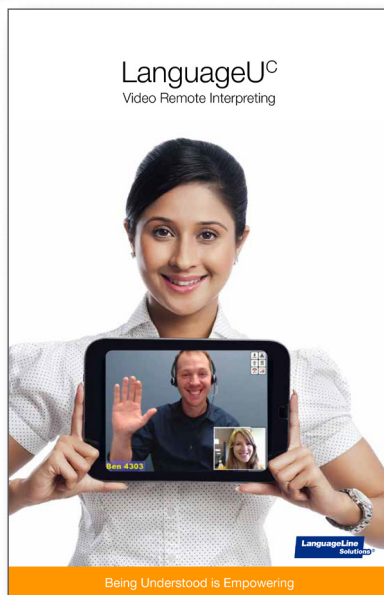
GCHP's Outreach Team participates in events, educational workshops, and community forums throughout Ventura County. Events and workshops hosted by GCHP are held at several locations, including the Oxnard Public Library, Our Lady of Guadalupe Church, Family Neighborhoods for Learning, and the Consulate of Mexico in Oxnard. The team also participates in community forums, such as the Opioid Policy Summit that was hosted recently by GCHP and Ventura County Behavioral Health. Additionally, the team participates in ongoing events, such as food distributions and hospital tours.



On August 4, GCHP will be collaborating with Moorpark / Simi Valley Neighborhood for Learning - First 5 of Ventura County and the Moorpark Unified School District to host the 2017 Kindergarten Round-Up. The event gives kindergartners and their families access to free health screenings. There will be activities for children, arts and crafts, and a magic show. [Click here](#) for more information.

If you have an event in which you would like GCHP to participate, or if you have questions about upcoming events, contact the Outreach team at 1-805-437-5606 or outreach@goldchp.org.

[Click here](#) for a list of upcoming classes and workshops.



Cultural and Linguistics Services

Video Remote Interpreter (VRI) Services

Gold Coast Health Plan's Cultural and Linguistics Services now has a video remote interpreter (VRI) system available at the Plan's office in Camarillo.

The VRI system is an easy way for deaf or hard of hearing members to communicate with the Plan's staff. For more information, call Cultural and Linguistics Services at 1-805-437-5603 or email CulturalLinguistics@goldchp.org.

Health Care Disparities for Persons with Limited English Proficiency

Did you know that inadequate communication between members with limited English proficiency (LEP) and providers can be associated with lower access to health care and can increase the risk of medical errors?

Currently, more than 55 million people in the U.S. speak a language other than English at home; half of them have difficulty speaking English.

Effective use of language services to improve communication between members and providers addresses some of the health care disparities.

GCHP Cultural and Linguistic Services is here to help you communicate with the Plan's members. For language assistance, email CulturalLinguistics@goldchp.org or call 1-805-437-5603. In addition, we have a new eFax number: 1-805-248-7481.

Screening for Clinical Depression and Follow-Up Plan (CDF) Measure

To identify and treat individuals with depression, the U.S. Preventive Services Task Force recommends screening for major depressive disorder in adolescents and adults, 12 years of age and older, including pregnant and postpartum women.

To assess the utilization of standardized depression screenings and follow-up plans, the state Department of Health Care Services (DHCS) mandated that all Medi-Cal managed care health plans begin reporting the Clinical Depression and Follow-Up Plan (CDF) CMS Core Measure for the 2017 Healthcare Effectiveness Data Information Set (HEDIS®) reporting year.

Data Sources to Evaluate the CDF Measure

For the 2017 reporting year, 2016 claims/encounter data were the primary data source used to evaluate the reporting and utilization of depression screening tools and any follow-up plans completed in 2016. The following table shows the rates based on this data:

Screening for Clinical Depression and Follow-Up Plan	Description	2016 Rate
CDF: Age-Appropriate Screening (reporting rate)	Percentage of members 12 years and older screened for clinical depression using an age-appropriate standardized depression screening tool with a documented follow-up plan	0.10
CDF: Screened positive AND had documented follow-up plan (performance rate)	Percentage of members 12 years and older screened for clinical depression using an age-appropriate standardized depression screening tool with a documented follow-up plan	90.41

Data collection for the 2018 reporting year will include both administrative and medical record review of 2017 member visits. GCHP recommends that providers use clear and concise documentation and submit claims with the proper codes. Submitting claims appropriately should reduce the burden of medical record review.

Measure Criteria

The CDF measure evaluates the percentage of adolescents and adults, 12 years of age and older, who were screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, had a follow-up plan documented on the date of the positive screening.



Depression Screenings: The name of the age-appropriate standardized depression screening tool that is used *must be documented in the medical record*. Examples of depression screening tools include, but are not limited to:

- **Adolescent Screening Tools (12-17 years)**
Patient Health Questionnaire for Adolescents (PHQ-A)
Beck Depression Inventory-Primary Care Version (BDI-PC)
- **Adult Screening Tools (18 years and older)**
Patient Health Questionnaire (PHQ-9)
Beck Depression Inventory (BDI or BDI-II)
Geriatric Depression Scale (GDS)
Edinburgh Postnatal Depression Scale (EPDS) for pregnant and postpartum women

Follow-Up Plan: A follow-up plan for a positive depression screening must include one or more of the following:

- Additional evaluation for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

Exclusions

The following patients will be excluded from the measure if at least one of the following conditions is documented in the medical record:

- Patient has an active diagnosis of depression
- Patient has a diagnosed bipolar disorder
- Patient refuses to participate
- Patient is in an urgent or emergent situation and delaying treatment would jeopardize the patient's health
- The patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: court appointed cases or delirium.

Coding for the CDF Measure

It is highly recommended that providers begin or continue to use one of the HCPCS/Quality Data Codes (QDC) listed in Table 2 to document the presence or absence of a clinical depression screening and the presence or absence of any follow-up plans.

Table 1: CDF Eligible Population: The following CPT and HCPCS / QDC are used to identify the population (denominator) for the CDF measure.

Code Type	Code	Definition
Codes Reimbursed by Medi-Cal	90791	Psychiatric Diagnostic Evaluation
	90792	Psychiatric Diagnostic Evaluation with Medical Services
	90832	Psychiatric Treatment (Patient & Family); 30 minutes
	90834	Psychiatric Treatment (Patient & Family); 45 minutes
	90837	Psychiatric Treatment (Patient & Family); 60 minutes
	90839	Initial Psychiatric Treatment; 60 minutes
	92625	Tinnitus Assessment
	96116	Neurobehavioral Status Exam
	96118	Neuropsychological test by Psychologist/Physician
	96150	Health/Behavioral Assessment, Initial Visit
	96151	Health/Behavioral Assessment, Subsequent Visit
	97003	Occupational Therapy Evaluation
	99201	Office/Outpatient Visit, New
	99202	Office/Outpatient Visit, New
	99203	Office/Outpatient Visit, New
	99204	Office/Outpatient Visit, New
	99205	Office/Outpatient Visit, New
	99212	Office/Outpatient Visit, Established
	99213	Office/Outpatient Visit, Established
	99214	Office/Outpatient Visit, Established
99215	Office/Outpatient Visit, Established	
HCPCS / QDC Codes for Quality Reporting (Not Reimbursable)	G0101	Cervical or vaginal cancer screening
	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
	G0444	Annual depression screening, 15 minutes

Table 2: Identification of Services Performed for Reporting and Performance Rate: The following HCPCS / QDC codes are used to identify the presence or absence of a clinical depression screening and follow-up plan in the population selected for the CDF measure.

Code Type	Code	Definition
HCPCS / QDC Codes for Quality Reporting (Not Reimbursable)	G8431	Screening for clinical depression is documented as being positive AND a follow-up plan is documented
	G8510	Screening for clinical depression is documented as negative and a follow-up plan is not required
	G8433	Screening for clinical depression is not documented; documentation states patient is not eligible
	G8940	Screening for clinical depression is documented as positive AND a follow-up plan is not documented because documentation states patient is not eligible
	G8432	Screening for clinical depression is not documented; reason not given
	G8511	Screening for clinical depression is documented as positive and follow-up plan is not documented; reason not given

If you have any questions, please contact the Quality Improvement Department at 1-805-437-5740 or hedis@goldchp.org.

Well-Child Exams: Counseling for Nutrition and Physical Activity

The state Department of Health Care Services (DHCS) requires Gold Coast Health Plan (GCHP) to report annually regarding counseling for nutrition and physical activity for members ages 3 to 17. Data for reporting is acquired through administrative data and medical record review of provider documentation. GCHP currently ranks in the 25th percentile, the minimum performance level, for counseling for nutrition and physical activity.

Analysis of the 2016 Healthcare Effectiveness Data Information Set (HEDIS®) indicates that there is a greater disparity by age, with children ages 3 to 11 not receiving counseling for nutrition and physical activity. Data is collected according to the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) measure criteria. The measure looks at the percentage of members 3 to 17 years of age who had an outpatient visit with a primary care provider (PCP) or OB/GYN and who had evidence of:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

While the focus of GCHP is on counseling for nutrition and physical activity, the BMI percentile documentation is also reported by the Plan and must be included to meet that criteria for the WCC measure. To receive the highest quality score, documentation must be clear and concise in the medical record and on the claim.

To help ensure HEDIS® WCC measure criteria is met for counseling for nutrition and physical activity, the following documentation and coding guidelines are provided.

Counseling for Nutrition

Documentation **must** include a note indicating the date and, at a minimum, one of the following:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
- Checklist indicating nutrition was addressed
- Counseling or referral for nutrition education
- Member received educational materials on nutrition during a face-to-face visit
- Anticipatory guidance for nutrition
- Weight or obesity counseling

Codes used to identify nutrition counseling

Description	HCPCS	CPT	ICD-10-CM Diagnosis
Nutrition counseling		97802 97803 97804	
Dietary counseling and surveillance			Z71.3
Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual (face-to-face)	G0270		
Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals)	G0271		
Face-to-face behavioral counseling for obesity, 15 minutes	G0447		
Weight management classes, non-physician provider, per session	S9449		
Nutrition classes, non-physician provider, per session	S9452		
Nutrition counseling, dietician visit	S9470		

Counseling for Physical Activity

Documentation **must** include a note indicating the date and, at a minimum, one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
- Checklist indicating that physical activity was addressed
- Counseling or referral for physical activity
- Member received educational materials on physical activity during face-to-face visit
- Anticipatory guidance specific to the child's physical activity
- Weight or obesity counseling

Codes used to identify physical activity counseling

Description	HCPCS	ICD-10-CM Diagnosis
Face-to-face behavioral counseling for obesity, 15 minutes	G0447	
Exercise classes, non-physician provider, per session	S9451	
Encounter for examination for participation in sport		Z02.5

[Click here](#) to see the WCC provider tip sheet.

If you have questions, please contact GCHP's Quality Improvement Department at 1-805-437-5740 or at hedis@goldchp.org.

Home Health Code Update

As of April 30, code G0154 has been phased out by the state. Starting May 1, it is important that all home health providers use codes G0299 and G0300, which have been crosswalked to G0154.

If any claims submitted after May 1 have been denied for having an invalid procedure code but had been authorized using G0154, please submit a provider dispute resolution. Going forward, please use either G0299 or G0300 when billing and requesting authorizations.

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

Correct Format of National Drug Codes (NDC) on Paper Claims Submissions

National Drug Codes (NDC) are required, along with the appropriate HCPC or Medi-Cal Local Code, on all physician-administered or physician-dispensed drugs. To ensure accurate data capture of the NDC information on paper claim submissions, please follow the guidelines below.

NDC Product ID Qualifier and NDC Unit of Measurement Qualifier

For all claim types (CMS-1500, UB04), the NDC information must be preceded by the Product ID Qualifier (N4) and must also include the appropriate Unit of Measurement Qualifier:

- F2 = International Unit
- GR = Gram
- ML = Milliliter
- UN = Unit

NDC Information on the CMS-1500

The NDC Product ID Qualifier (N4) and NDC 11-digit number (without hyphens) will be entered in the shaded area of Box 24A (Dates of Service).

24. A.	DATE(S) OF SERVICE						PL
	From	To			R		
MM	DD	YY	MM	DD		YY	PS
1	N498765004321						

The NDC Unit of Measurement Qualifier and 10-digit numeric quantity administered will be entered in the shaded area of Box 24D (Procedures, Services or Supplies). The 10-digit numeric quantity consists of the seven-digit whole

number (leading zeros), followed by the three-digit decimal (ending zeros) without the decimal point.

Example: Five Units administered will be entered as follows:

24. A.	DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	
	From	To			R	PLACE OF SERVICE			EMG	(Explain Unusual Circumstances)
MM	DD	YY	MM	DD			YY	SERVICE		
1	N498765004321								UN0000005000	

NDC Information on the UB-04

All NDC information will be entered in Box 43 (Description) of the UB-04 claim form:

- N4 Product ID Qualifier
- Immediately followed by the 11-digit (without hyphens) NDC number
- Immediately followed by the Unit of Measurement Qualifier
- Immediately followed by the nine-digit (six-digit whole number plus three-digit decimal) quantity

Example: 30 Units of product with NDC 12345-123-12 will be entered in Box 43 (Description) as follows:

43 DESCRIPTION	
N412345012312UN000030000	
N4 Product Qualifier followed by 11-digit NDC	Unit of Measurement Qualifier (UN) followed by 9-digit (6 digits plus 3-digit decimal) quantity

Crossover Claims Processing

A crossover claim is a claim for a member who is eligible for both Medicare and Medi-Cal, where Medicare pays a portion of the claim and Medi-Cal is billed for any remaining deductible and/or coinsurance. These members are often referred to as “Medi-Medi” or dually-eligible members.

California law limits Medi-Cal reimbursement for a crossover claim to an amount that, when combined with the

Medicare payment, should not exceed Medi-Cal’s maximum allowed for similar services. (Refer to Welfare and Institutions Code, Section 14109.5.)

The following chart provides three different examples of crossover claims processing results (dollar amounts are examples only and do not reflect actual allowed amounts for either Medicare or Medi-Cal):

CPT Code	Billed Amount	Medicare Allowed	Deductible/coinsurance	Medicare Paid	Medi-Cal Allowed	Medi-Cal Paid
99215	\$300.00	\$100.00	\$20.00	\$80.00	\$50.00	\$0.00
No payment is due under Medi-Cal as the Medicare payment exceeds the Medi-Cal allowance. This is referred to as a “zero pay” claim.						
71020	\$100.00	\$80.00	\$16.00	\$64.00	\$70.00	\$6.00
\$6.00 of the Medicare deductible/coinsurance can be picked up under Medi-Cal, as that is the difference between what Medicare paid and the Medi-Cal allowance.						
10160	\$50.00	\$25.00	\$5.00	\$20.00	\$35.00	\$5.00
The entire Medicare deductible/coinsurance amount of \$5.00 can be picked up, as that amount combined with the Medicare paid amount of \$20.00 does not exceed the Medi-Cal allowance.						

Providers who accept persons eligible for both Medicare and Medi-Cal cannot bill them for the Medicare deductible and coinsurance amounts. These amounts can be billed only to Medi-Cal for consideration. Providers should, however, bill Medi-Cal members for any Share of Cost (SOC).

Note: Providers are strongly advised to wait until they receive the Medicare payment before collecting SOC to avoid collecting amounts greater than the Medicare deductible and/or coinsurance.

Monthly Encounter Data Reporting Requirement

An encounter is a documented face-to-face interaction between a provider and a member of a managed care plan. Gold Coast Health Plan (GCHP) is required to submit the encounter data collected for services provided to GCHP members to the state Department of Health Care Services (DHCS).

DHCS analyzes encounter data so it can more effectively monitor the Medi-Cal managed care program. Accurate and complete encounter data is essential for measuring and monitoring managed care plan quality, service utilization, finances, and compliance with contract requirements.

Encounter data is a critical source of information that is used by DHCS to set capitation rates and perform risk

adjustments, which affect how DHCS sets the future rates paid to GCHP. This effect on GCHP’s revenue impacts the rates GCHP pays providers.

Encounter data includes the data from both fee-for-service (FFS) claims submitted by the provider to the Plan for claims payment and capitated encounters for services provided to GCHP members that are included under the provider’s monthly capitation. Capitated providers are required to submit the encounters for all capitated services at least once a month. Providers may submit encounter data to GCHP in either a paper or electronic format.

For more information on submitting encounters to GCHP, please contact your Provider Relations representative.

Requesting an Explanation of Benefits (EOB) Through the Automated System

To get a copy of an Explanation of Benefits (EOB) for a specific claim, call **1-888-301-1228** and use the automated system:

1. Provider, press 2
2. Provider Authentication < Enter 10-digit NPI number >
3. For claim status, including detailed payment information, press 1.
4. Enter the eight-digit numeric portion of the GCHP member ID number.
5. Enter the date of birth using two digits for the month, two digits for the day and four digits for the year.
6. Enter the date of service using two digits for the month, two digits for the day and four digits for the year. All claims that have the same date of service



- will be played one by one. Once the desired claim is played, press 1 for more detailed information.
7. For a duplicate EOB, press 2.

If you have any problems obtaining this information, please contact Customer Service at **1-888-301-1228**.

Member Benefit Information Meetings

Gold Coast Health Plan (GCHP) holds orientation meetings three times a month for all members. The meetings are held throughout the county and are presented in English and Spanish.

At the meetings, members will learn about their rights and responsibilities as GCHP members. They will also learn 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. For meeting dates and locations, members can call GCHP's Member Services department at 1-888-301-1228.

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

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

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

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

Meeting Dates and Locations

Oxnard Library
251 South "A" Street, Oxnard, CA 93030 - Room A
July 13, 2017, Thursday: English 5:15 pm, Spanish 6:30 pm
July 22, 2017, Saturday: English 10:30 am, Spanish 12:00 pm
September 27, 2017, Wednesday: English 5:15 pm, Spanish 6:30 pm

Camarillo - GCHP Office
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
July 25, 2017, Tuesday: English 1:30 pm, Spanish 3:00 pm
August 15, 2017, Tuesday: English 1:30 pm, Spanish 3:00 pm
August 23, 2017, Wednesday: English 5:15 pm, Spanish 6:30 pm
September 19, 2017, Tuesday: English 1:30 pm, Spanish 3:00 pm

Simi Valley Library
2960 Tapa Canyon Road, Simi Valley CA 93063 - Community Room
August 26, 2017, Saturday: English 10:00 am, Spanish 11:15 am

Ventura - Ventura Avenue Adult Center
550 N Ventura Avenue, Ventura, CA 93001 - Rincon Room
September 23, 2017, Saturday: English 10:00 am, Spanish 11:30 am

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

Gold Coast Health Plan
A Public Entity
www.goldcoasthealthplan.org

Ventura
Oxnard
Simi Valley
Camarillo

NOTES:



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

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Provider Operations Bulletin

JULY 2017

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