Gold Coast Health Plan℠
A Public Entity

Provider Operations Bulletin

July 15, 2014
Edition POB-021

www.goldcoasthealthplan.org

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SECTION 1: ICD 10 Looking Ahead

As you may be aware, the senate passed a bill that extends the transition from ICD 9 to ICD 10 by one year to take place October 1, 2015. Health and Human Services (HHS) mandates that all covered entities (including providers, clearing houses and health plans) must transition to the new code set.

The extension provides GCHP and our provider network ample time to become prepared for these changes. GCHP intends to provide a series of training seminars to assist our providers in making this a smooth transition. To assist GCHP in preparing training materials, the Plan is conducting a survey to gauge the readiness and evaluate the needs of our network as it relates to testing and training.

Click here to take the GCHP ICD 10 readiness survey.

SECTION 2: New Updates from Department of Health Care Services (DHCS) Regarding Facility Site Reviews (FSR) and Medical Record Reviews (MRR).

The DHCS has issued policy letter (PL) 14-004 which now supersedes PL 02-002 reflecting changes made to the criteria and scoring of the Medi-Cal Managed Care Division's (MMCD) FSR Survey Tool and guidelines (Attachment A) and the MRR Survey Tool (Attachment B).

Just a few of the updates are listed below. **Click here** for a full investigation of the new updates.

- The new guideline for providers regarding a Corrective Action Plan (CAP) for all deficiencies (other than critical elements, Pharmaceutical or Infection Control Sections) has been extended to 45 calendar days rather than the previous 30 days from the date of the written CAP request.

- Primary Care Provider (PCP) sites that score below 80 percent in either the FSR (with no deficiencies in critical elements(CE), Pharmaceutical or Infection Control Sections) or the MRR for two consecutive reviews must score a minimum of 80 percent in the next site review in both the FSR and MRR (including sites with open CAPs in place). Sites that do not score a minimum of 80 percent in both the FSR and MRR despite the Medi-Cal managed care health plans (MCPs) ongoing monitoring, must be removed from the network and MCP members must be appropriately reassigned to other network providers. MCPs must provide affected members with a 30-day notice that it will remove the noncompliant provider from the network. Providers removed from a MCPs provider network will be provided an appeal process.

- LVNs may not triage. State law stipulates that the LVN must perform only manual skills under the direct supervision of a licensed physician or licensed professional nurse and perform only basic data collection (B&P Code Section 2859). The LVN may perform that part of the triage process that includes observation and data collection relative to basic physical assessment. The LVN ***may not*** perform that part of the triage process that includes independent evaluation, interpretation of data, and determination of treatment priorities and levels of care.

- Unlicensed staff (i.e. medical assistants (MAs) prior to medication administration, are required to verify (show to) a licensed person ***all medications including vaccines***, prior to administration.)

- Pediatric well child exams containing CHDP age-appropriate requirements are to be provided according to the most recent American Academy of Pediatrics (AAP) periodicity schedule for pediatric preventative health care. However, the state of California Medi-Cal Program requires an annual well child exam or evidence of documentation of refusal and outreach attempts by the provider office in the event of no-show or cancelled appointments.

SECTION 3: Help Stop Medi-Cal Fraud

PLEASE REPORT SUSPECTED FRAUD, WASTE AND ABUSE.

Gold Coast Health Plan has various methods in place in which providers, members, vendors and employees can report suspected fraud, waste, or abuse. Reports can be made anonymously.

Toll free hotline available 24/7 866.672.2615.

Via internet at **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 such as:

- Name of person(s), facility, vendor, etc. suspected of fraud, waste or abuse.
- Identifying information such as: Member/Provider/Facility name, address or telephone number.
- Description and Details of the suspected fraud, waste or abuse: who, what, where, when, date and time of incident or incidents(s).
- Documentation (any) that is related to the report.
- Person filing the report; name and telephone number if you do not wish to remain anonymous.

SECTION 4: How GCHP Coordinates Care for Members with Disabilities

In order to coordinate care for your patients receiving services for the developmentally disabled, GCHP nurses and social workers work with you, Tri-Counties Regional Center (TCRC) and Early Start to facilitate referrals when a member is identified with a developmental disability.

TRI-COUNTIES REGIONAL CENTER (TCRC)

TCRC provides person and family centered support for individuals with developmental disabilities to maximize opportunities and choices for living, working, learning and recreating in the community. To be eligible for services, a person must have:

- A disability that begins before the person's 18th birthday
- Be expected to continue indefinitely and
- Present a substantial disability

Eligibility is established through diagnosis and assessment performed by regional centers.
If you have a patient you feel may be eligible for TCRC services, please contact TCRC at (805) 485-3177 or (800) 664-3177. **Click here** to access the TCRC website.

If you identify a patient who should be receiving resources from TCRC who also needs help with coordination of care for a medical problem, please complete a GCHP Care Management Provider Referral Form. **Click here** to access the form.

EARLY START

Gold Coast Health Plan coordinates services with various agencies for members with special needs. Early Start is a program that provides early intervention services to infants and children ages 0-3 with developmental disabilities or at risk for developmental disabilities, which can include vision impairment, severe orthopedic impairment or hearing impairment.

If a parent or provider has concerns, the Regional Center should be contacted at (805) 485 3177. If appropriate, the Service Coordinator will make a referral for assessment by a qualified assessor. Services provided by Early Start include:

- Special education services
- Respite
- Therapies (Physical therapy, Occupational therapy, Speech therapy)
- Transportation

If Gold Coast Health Plan receives a referral for services that are provided by Early Start, a GCHP nurse will contact your office to advise that these services are covered by Early Start and advise you to contact Tri-Counties Regional Center at (805) 485 3177 to obtain requested services.

SECTION 5: Pharmacy Update – Medicare Part D Cost Sharing

Gold Coast Health Plan wanted to remind all providers regarding the requirement for the member cost share of Medicare Part D drugs. All GCHP members who are eligible for Medicare Part D are required, per federal law, 42 U.S.C. § 1396u-5(d)(1), to pay for their Part D drug cost sharing. GCHP is unable to cover the member cost share. Members should pay no more than $2.55 for each generic and $6.35 for each brand-name covered drug in 2014.

GCHP has identified a processing error that inappropriately covered the cost sharing for some members. The pharmacy adjudication system will be corrected on October 1, 2014 and will no longer cover the member cost share. GCHP will be notifying members on or about August 1, 2014 regarding the error and to expect to pay their cost share beginning October 1, 2014. GCHP will send a follow-up communication to members on or about September 1, 2014.

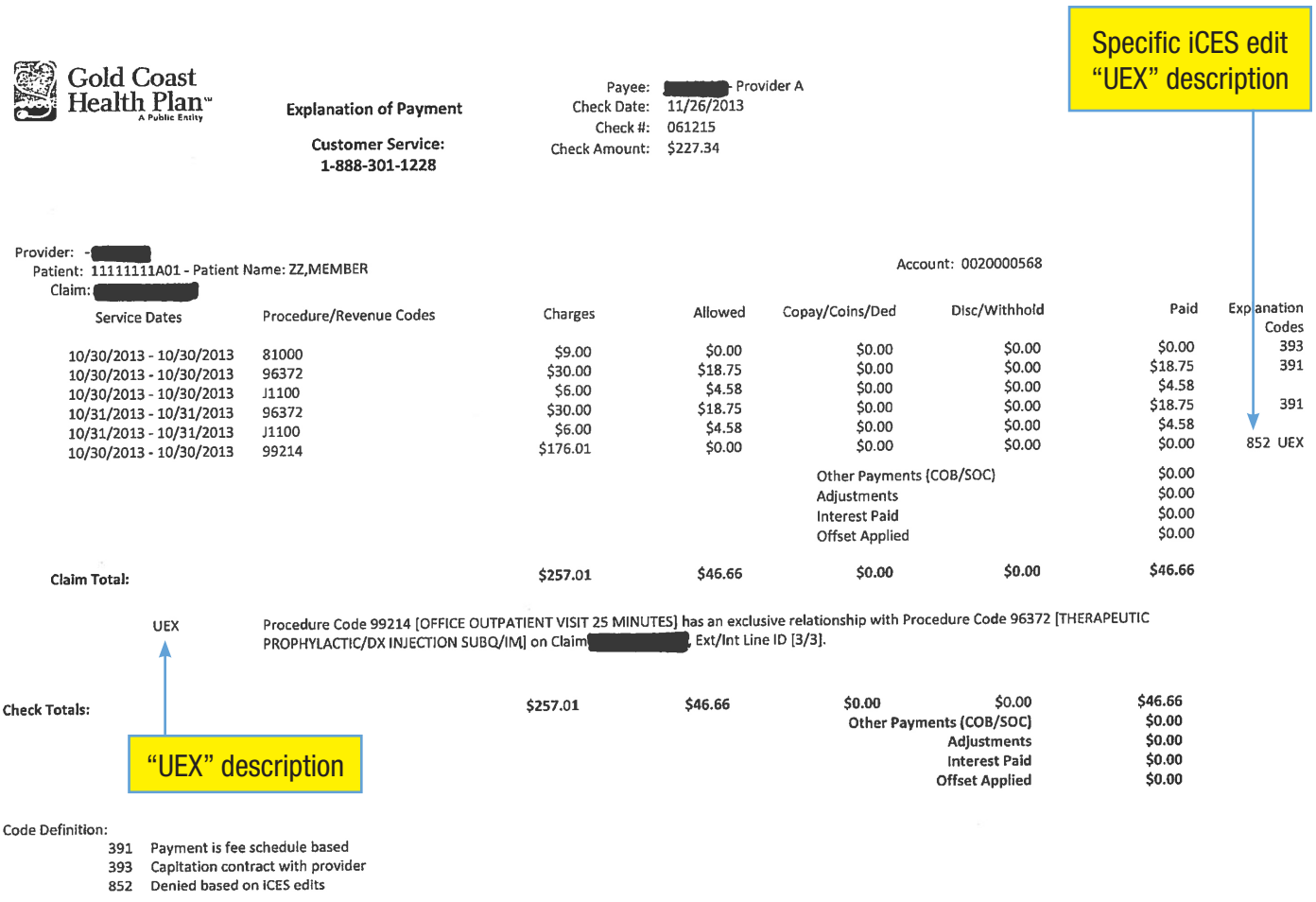
GCHP is providing this notice to you as a courtesy prior to the member notifications so that if members come to you with questions, you are aware. **Click here** to view the member notification letter and FAQs document. The letter and FAQs will be sent in both English and Spanish.

SECTION 6: Physician Administered Drugs

Claims for Physician Administered Drugs (PAD) must include the National Drug Code (NDC) for each J Code submitted. J Codes submitted with missing or incorrect NDCs will be denied.

SECTION 7: Explanation of Payment Changes – iCES Denials

GCHP has made enhancements to the Explanation of Payment (EOP) to provide the specific reason for an iCES denial. iCES denials are indicated on your EOP with code 852 on each claim line that an iCES denial would apply to. Following the 852 code is another code that indicates the specific iCES denial reason. We have enhanced the EOP so that the specific iCES denial reason code(s) will now appear at the end of each claim. All other explanation codes will still be found at the end of the EOP.



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Explanation of Payment

Customer Service: 1-888-301-1228

Payee: [redacted] - Provider A
Check Date: 11/26/2013
Check #: 061215
Check Amount: $227.34

Specific iCES edit "UEX" description

Provider: -[redacted]
Patient: 11111111A01 - Patient Name: ZZ,MEMBER
Claim: [redacted]

Account: 0020000568

Service Dates	Procedure/Revenue Codes	Charges	Allowed	Copay/Coins/Ded	Disc/Withhold	Paid	Explanation Codes
10/30/2013 - 10/30/2013	81000	$9.00	$0.00	$0.00	$0.00	$0.00	393
10/30/2013 - 10/30/2013	96372	$30.00	$18.75	$0.00	$0.00	$18.75	391
10/30/2013 - 10/30/2013	J1100	$6.00	$4.58	$0.00	$0.00	$4.58	
10/31/2013 - 10/31/2013	96372	$30.00	$18.75	$0.00	$0.00	$18.75	391
10/31/2013 - 10/31/2013	J1100	$6.00	$4.58	$0.00	$0.00	$4.58	
10/30/2013 - 10/30/2013	99214	$176.01	$0.00	$0.00	$0.00	$0.00	852 UEX
				Other Payments (COB/SOC)		$0.00	
				Adjustments		$0.00	
				Interest Paid		$0.00	
				Offset Applied		$0.00	
Claim Total:		**$257.01**	**$46.66**	**$0.00**	**$0.00**	**$46.66**	

UEX

Procedure Code 99214 [OFFICE OUTPATIENT VISIT 25 MINUTES] has an exclusive relationship with Procedure Code 96372 [THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM] on Claim [redacted], Ext/Int Line ID [3/3].

Check Totals:	**$257.01**	**$46.66**	**$0.00**	**$0.00**	**$46.66**
				Other Payments (COB/SOC)	**$0.00**
				Adjustments	**$0.00**
				Interest Paid	**$0.00**
				Offset Applied	**$0.00**

"UEX" description

Code Definition:
391 Payment is fee schedule based
393 Capitation contract with provider
852 Denied based on iCES edits

SECTION 8: HEDIS® Coding and Documentation Tips to Improve "Hybrid" Measurement Scores

The Healthcare Effectiveness Data and Information Set (HEDIS®) Measurement scores that are derived from claims encounter data and medical record documentation are called "hybrid" measures. This means the documentation evidence for these measures will count if it is in code form or if it is in the medical record documentation. Measures that are "administrative" only use codes.

As you know, HEDIS® is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS® was designed to allow consumer organizations and consumers to compare health plan performance to other plans and to national or regional benchmarks. To understand the nomenclature, whenever the HEDIS® "Report" year is mentioned, it means that the data from the previous year was used. For example, for HEDIS® reporting year 2014, the data will come from records from 2013.

Gold Coast Health Plan (GCHP) participates in HEDIS® for the full-scope Medi-Cal members since reporting year 2013. Therefore, this is our second year. To maximize your scores for the 8 hybrid measures, we have written the following information and tips.

Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)

This is measure focuses on requires documentation or a code for each submeasure: BMI percentile, nutritional counseling and physical activity counseling during the annual well child visits ages 3-17. Appropriate codes are below.

- BMI percentage
  - V85.51 Body Mass Index, pediatric, less than 5th percentile
  - V85.52 Body Mass Index, pediatric, 5th percentile to less than 85th percentile for age
  - V85.53 Body Mass Index, pediatric, 85th percentile to less than 95th percentile for age
  - V85.54 Body Mass Index, greater than or equal to 95th percentile of age
- Nutrition counseling V65.3
- Physical activity counseling V65.41

Controlling High Blood Pressure (CBP)

To obtain a passing score on the blood pressure measure there must be a documented diagnosis of hypertension in the measurement year or the year prior. In addition, the patient's blood pressure must be <140/90, meaning 139/89 or less. You can take as many blood pressure readings during the same visit as you want. We can us the lowest systolic and lowest diastolic from different readings but the same visit to meet this measure. Finally, we are required to use the blood pressure reading from the last visit in the measurement year.

Codes to identify a hypertension diagnosis are:

Description	ICD-9-CM Diagnosis
Essential Hypertension	401
Malignant Hypertension	401.0
Benign Hypertension	401.1
Hypertension, NOS	401.9

Codes to identify blood pressure readings are:

Description	CPT Category II
Systolic < 130 mm Hg	3074F
Systolic 130-139 mm Hg	3075F
Systolic ≥ 140 mm Hg	3077F
Diastolic < 80 mm Hg	3078F
Diastolic 80-89 mm Hg	3079F
Diastolic ≥ 90 mm Hg	3080F

Childhood Immunizations (CIS)

To pass this measure, all immunizations for children prior to their 2nd birthday must be completed. Below is a list of the immunizations along with the appropriate codes.

Codes to Identify Childhood Immunizations

Immunization	CPT	ICD-9-CM Diagnosis
DTaP: At least four DTap Vaccinations,with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.	90698, 90700, 90721, 90723	
IPV: At least three IPV vaccinations, with different dates of service on or before the child's second birthday. IPV administered prior to 42 days after birth cannot be counted.	90698, 90713, 90723	
MMR: At least one MMR vaccination, with a date of service falling on or before the child's second birthday	90707, 90710	
HiB: At least three HiB vaccinations, with different dates of service on or before the child's second birthday. HiB administered prior to 42 days after birth cannot be counted.	90645-90648, 90698, 90721, 90748	

Immunization	CPT	ICD-9-CM Diagnosis
Hepatitis B: At least three hepatitis B vaccinations, with different dates of service on or before the child's second birthday.	90723, 90740, 90744, 90747, 90748	070.2, 070.3, V02.61
VZV: At least one VZV vaccination, with a date of service falling on or before the child's second birthday.	90710,90716	052, 053
Pneumococcal: At least four pneumococcal conjugate vaccinations, with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.	90669, 90670	

A few reminders for immunizing children are:

- Document all previous immunizations given elsewhere, such as in Public Health or in other providers' offices
- Check to see if immunizations are documented in CAIR and update CAIR if needed (GCHP receives a download from CAIR)
- When making or confirming appointments for Well Child Exams, you might have the office staff ask the parent to bring in the child's immunization record so you can compare your chart with the parent/guardians record

Comprehensive Diabetes Care HEDIS® measure (CDC)

The Diabetes Care measure consists of several screenings.

- ☑ Hemoglobin A1C test with most recent* test <8% controlled.
- ☑ Most recent* Blood Pressure <140/80
- ☑ Dilated eye exam or retinal screening by an eye care professional in the measurement year or a documented retinal screen negative for retinopathy in the prior year.
- ☑ Medical attention for nephropathy. This means microalbumin testing done or urine positive for macroalbumin or evidence of ACEI or ARB therapy or nephropathy diagnosis** or visit to the nephrologist

Description	ICD-9-CM*	CPT	CPT Category II
HbA1c Tests		83036, 83037	3044F, 3045F, 3046F
HbA1c Levels < 7.0 %			3044F
HbA1c Levels 7.0 – 9.0 %			3045F
HbA1c Levels > 9.0 %			3046F
Nephropathy Screening Test		82042, 82043, 82044, 84156	3060F, 3061F
Evidence of Nephropathy Treatment	250.4, 403, 404, 405.01, 405.11, 405.91, 580, 581, 582, 583, 584, 585, 586, 587, 588, 753.0, 753.1, 791.0		3066F, 4010F
Urine Macro albumin Tests		81000-81003, 81005	3062F
Diabetic Retinal Screening		67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245	2022F, 2024F, 2026F
Diabetic Retina Screening Negative			3072F

Also see blood pressure reading codes under the Controlling High Blood Pressure measure.

Think about the diabetic screenings even when you see the patients for a visit other than diabetes just to make sure that they are getting the care they need.

> **** Most recent means the last test or blood pressure reading in the measurement year. So if you have a reading that is in compliance in June and then out of compliance in December, you will not pass this measure.***
>
> ***** Nephropathy diagnosis include renal transplant V42.0, diabetic nephropathy 583.81, ESRD, CRF, CKD 585, renal insufficiency, proteinuria 791.0, albuminuria 791.0, renal dysfunction, ARF 584, or dialysis V45.1.***

For this measure, patients are excluded for diagnosis of Polycystic Ovaries 256.4, gestational diabetes 648.8 or steroid induced diabetes 249, 251.8, 962.0 so please code for these if applicable. However, if a provider has coded diabetes with a 250 code in the last 2 years the patient is NOT excluded even with documentation of the diagnoses above.

Prenatal and Postpartum Care (PPC)

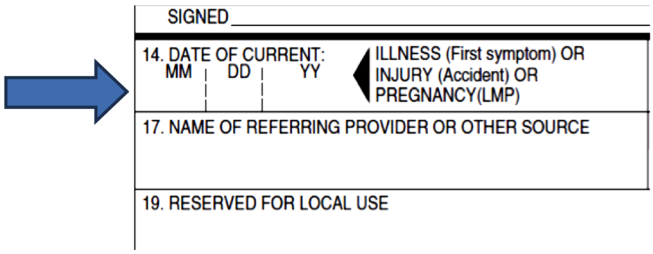
The HEDIS® measure related to obstetrical care is the prenatal and postpartum care (PPC) measure which identifies:

- The percentage of members who had prenatal care visits during the first trimester or within 42 days of enrolment into Medi-Cal.
- The percentage of patients who had a postpartum care visit within 21 to 56 days after delivery.

Medical record documentation for prenatal and post-partum care must include the following:

- Prenatal
- OB lab panel
- Ultrasound with result or a documented LMP or EDD
- OB history
- Postpartum medical record documentation must include the date of the postpartum visit and one of the following:
  - Pelvic exam
  - Evaluation of weight, blood pressure, breasts and abdomen
  - Notation of “postpartum care”

Record the Last Menstrual Period (LMP) in "Box 14" on claim form 1500.



Codes to identify Prenatal and Postpartum visits are in the table below.

Description	ICD-9-CM*	CPT	CPT Category II
Prenatal Bundles Visits Billed on date of delivery		59400, 59425, 59426, 59510, 59610, 59618	
Prenatal Visits		80055, 99201- 99205, 99211-99215, 99241-99245, 99500	0500F, 0501F, 0502F
Prenatal Ultrasound		76801, 76805, 76811, 76813, 76815-76821, 76825-76828	
Antibody Screenings: Taxoplasmy, Rubella, Herpes Simplex, or Cytomegalovirus		86644, 86694, 86695, 86696, 86762, 86777	
ABO Screening		86900	
Rh Screening		86901	
ABO and Rh Screening			
Postpartum Visits	V24.1, V24.2, V25.1, V25.11, V25.12, V25.13, V72.3, V72.31, V72.32, V76.2	57170, 58300, 59430, 99501	0503F
Postpartum Bundled Visits		59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	
Cervical Cytology		88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175	

Cervical Cancer Screening (CCS)

The recommendation for HEDIS is as follows:

PAP test within the measurement year or prior 2 years. (which means one PAP test every 3 years)
Or
PAP/HPV co-testing within the measurement year or prior 4 years.

There is one exclusion which is: women who have had a complete hysterectomy with no residual cervix. This means that if a woman has had a hysterectomy with no residual cervix the case will be removed from the denominator and not counted against you. You can document total, complete or radical hysterectomy (not just hysterectomy) or you can use the code V88.01.

Ideally, when a patient is due for a pap, even if scheduled for an acute visit for something entirely different, a pap test at the time should be offered.

Codes to Identify Cervical Cancer Screening

Description	CPT	HCPS
Cervical Cancer Screening	88141-88143, 88147-88150, 88152-88154, 88164-88167, 88174-88175	G0123-G0124, G0141-G0145, G0147-G0148, P3000-P3001, Q0091
HPV Screening	87620, 87621, 87622	

Immunizations for Adolescents (IMA)

This measure looks at the percentage of adolescents, 13 years of age, who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

Description	CPT
Tetanus	90703
Td	90714, 90718
Tdap	90715
Diphtheria	90719
Meningococcal	90733, 90734

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Live (W34)

Well-child visits during the preschool and early school years are particularly important to help with early detection and interventions of health issues. This measure looks at the percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year - every year - with documentation indicating a visit to a PCP, the date when the well-child visit occurred and documentation of each of the following areas:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

Codes to Identify Well-Child Visits

Description	ICD-9-CM Diagnosis	CPT	HCPCS
Routine Child Health Exam	V20.2		
Routine Medical Exam	V70.0		
Medical Exam, NEC	V70.3		
Health Exam, Group Survey	V70.5		
Health Exam, Pop. Survey	V70.6		
General Medical Exam, NEC	V70.8		
General Medical Exam, NOS	V70.9		
Annual Wellness Visit			G0438, G0439
Office Visit		99381-99385, 99391-99395, 99461	

SECTION 9: Improve your WCC HEDIS® measure scores using the Staying Healthy Assessment (SHA) form

Appropriate documentation may improve your pediatric HEDIS® scores. Weight assessment and counseling for nutrition and physical activity (WCC) HEDIS measure is applicable for the members of ages 3-17. The parent or member completes the nutrition (1) & physical activity (2) sections of the form.

See example below:

Child's Name (first & last)	Date of Birth	☐ Female ☒ Male	Today's Date	Grade in School?
JOHNNY DOE	7/16/2006		6/2/14	2nd

Person Completing Form		School Attendance
Mom Doe	☒ Parent ☐ Relative ☐ Friend ☐ Guardian ☐ Other (Specify)	Regular? ☒ Yes ☐ No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Need Interpreter? ☐ Yes ☒ No

1	1	Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	(Yes)	No	Skip
	2	Does your child eat fruits and vegetables at least two times per day?	Yes	(No)	Skip
	3	Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?	No	(Yes)	Skip
	4	Does your child drink more than one small cup (4 - 6 oz.) of juice per day?	No	(Yes)	Skip
	5	Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?	No	(Yes)	Skip
2	6	Does your child exercise or play sports most days of the week?	Yes	(No)	Skip
	7	Are you concerned about your child's weight?	(No)	Yes	Skip
	8	Does your child watch TV or play video games less than 2 hours per day?	Yes	(No)	Skip

Clinic Use Only:

Nutrition

Referral to R.D. 6/2/14

Physical Activity

Exercise educational Handouts provided 6/2

The measure also requires the "Nutrition" and "Physical Activity" areas (3) to be checked by the provider. Additionally, the "Counseling, Referral, Anticipatory Guidance, and Follow-up Ordered" boxes for "Nutrition" and "Physical Activity", must be checked as appropriate, and documented with the PCP's signature, printed name, and date of service (4).

	Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments: Referral to R.D.
3	☑ Nutrition	☐	☑	☐	☑	
	☑ Physical Activity	☐	☐	☑	☐	
	☐ Safety	☐	☐	☐	☐	
	☐ Dental Health	☐	☐	☐	☐	
	☐ Tobacco Exposure	☐	☐	☐	☐	☐ **Patient Declined the SHA**
4	PCP's Signature: Casimiro Montes MD		Print Name: Casimiro Montes, MD			Date: 6/2/14

SECTION 10: Quit Smoking Resources

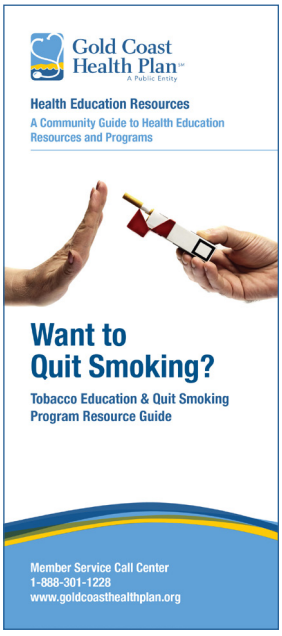
Prevention is an important part of health care. To better assist members who want to quit smoking, the California Smokers' Helpline may offer Medi-Cal members a $20 gift card. To be eligible for the gift card Medi-Cal members must complete a 30 minute telephone counseling session. If the member does not have 30 minutes on initial contact, they can reschedule the session at a later date.

The California Smoker's Helpline is 1-800-NO-BUTTS (1-800-662-8887) and for Spanish call 1-800-45-NO-FUME (1-800-456-6386). For more information visit the California Smokers' Helpline website at **www.nobutts.org**.

Below are sample materials from the California Department of Public Health that providers may order for free: 1) Medi-Cal Quit Smoking flyer and 2) Medi-Cal Quit Smoking postcard. In addition, Gold Coast Health Plan also offers free information on smoking cessation programs within the county and local hospitals. GCHP has prepared a brochure titled: Want to Quit Smoking? Tobacco Education & Quit Smoking Program Resource Guide with contact information to local smoking cessation programs. All of the materials are available in English and Spanish.

Sample: Medi-Cal Quit Smoking flyer and postcard

Sample: GCHP Quit Smoking Brochures



SECTION 11: Staying Healthy Assessment (SHA) for 2014

The Department of Health Care Services (DHCS) requires contracted primary care providers to administer a Staying Healthy Assessment (SHA). The SHA is also known as the Individual Health Education Behavior Assessment (IHEBA). All new Medi-Cal managed care members must complete the SHA within 120 days of enrollment with GCHP and periodically re-administer the SHA questionnaire during subsequent visits. The SHA forms are available for all age groups and are available for download at the Gold Coast Health Plan (GCHP) Website at **www.goldcoasthealthplan.org** or directly at the DHCS website at **www.dhcs.ca.gov**.

To assist providers with resources, GCHP Health Education Department is here to assist you with materials. Health education materials and resources are available to providers at no cost. Contact the Health Education Department at **Healtheducation@Goldchp.org** for more information about how to order materials.

SECTION 12: Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT)

The United States Preventive Services Task Force (USPSTF) has updated it alcohol screening recommendation. The USPSTF recommends that clinicians screen adults, ages 18 years or older for alcohol misuse.

Effective January 1, 2014, the Department of Health Care Services (DHCS) requires Providers to screen for alcohol use among adults, and then, provide appropriate intervention services. The method used to screen for alcohol disorders is called the Screening, Brief Intervention, and Referral to Treatment (SBIRT). The SBIRT benefit is available to adult Medi-Cal beneficiaries. According to the California Department of Health Care Services, there are three components of the SBIRT.

The SBIRT is a three-part process:

- **Universal screening** assesses alcohol use and identifies people with alcohol use problems
- **Brief intervention** is provided when a screening indicates moderate risk. Brief intervention utilizes motivational interviewing techniques focused on raising patients' awareness of alcohol use and its consequences and motivating them toward positive behavioral change.
- **Referral to treatment** provides a referral to specialty care for persons deemed to be at high risk.

SBIRT training is available by participating in a webinar. Primary care providers and non-healthcare professionals will learn more about the SBIRT benefit, will receive training on how to administer the universal screening and will also learn techniques on how to administer a brief intervention. Contact the Health Education Department for a list of available websites for training.

SECTION 13: Cultural and Linguistic Services

Gold Coast Health Plan (GCHP) is committed to meeting the cultural and linguistic needs of our members. GCHP provides interpreting services free of charge to members.

GCHP Providers may request an interpreter for members. For more information about how to request an interpreter, please call Cultural and Linguistic Services for assistance or please send an email to **Culturallinguistics@goldchp.org** or call us at 1-805-437-5604 for more information.

SECTION 14: Notice of Provider Advisory Committee Vacancies

Notice is hereby given that the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan is accepting applications for the vacancies on the Provider Advisory Committee (PAC).

The PAC currently has nine seats for appointment. Four seats have terms expiring June 2015 and five expire June 2016.

- The PAC is comprised of ten (10) voting members, each seat representing a constituency that works with GCHP and its Members.
- One (1) of the ten (10) seats is a standing seat represented by the Ventura County Health Care Agency (VCHCA).
- Nine (9) seats may include, but are not limited to, individuals representing, or that represent the interest of Allied health services providers; Community Clinics; Hospitals; Long Term Care; Home Health / Hospice; Nurse; Physician and Traditional/Safety Net.

The application can be obtained from the Gold Coast Health Plan's website at **www.goldcoasthealthplan.org** or by contacting the Clerk of the Board at 805-437-5509, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010-6082.

The members of these committees are appointed by the Commission and the appointments are anticipated to be made at the July 28, 2014 Commission Meeting.

Applications must be received no later than 5:00 pm on Friday, July 18, 2014.

SECTION 15: Provider Relations Representatives by Zip Code

Erika Reyes External Provider Relations Representative **ereyes@goldchp.org** 805 437-5567	Monica Hernandez External Provider Relations Representative **mhernandez@goldchp.org** 805 437-5569
Sonia Zarazua Internal Provider Relations Representative **szarazua@goldchp.org** 805 437-5617	Veronica Esparza Internal Provider Relations Representative **vesparza@goldchp.org** 805 437-5565
93001 - Ventura **93003 - Ventura** **93004 - Ventura** **93012 - Camarillo** **93015 - Fillmore** **93022 - Oak View** **93023 - Ojai** **93030 - Oxnard** **93041 - Port Hueneme** CMH St. Johns Clinicas – by zip	**91320 - Newbury Park** **91360 - Thousand Oaks** **91361 - Thousand Oaks** **91362 - Thousand Oaks** **91377 - Oak Park** **93010 - Camarillo** **93021 - Moorpark** **93031 - Oxnard** **93033 - Oxnard** **93035 - Oxnard** **93036 - Oxnard** **93060 - Santa Paula** **93063 - Simi Valley** **93065 - Simi Valley** VCMC Simi Valley Los Robles Clinicas – by zip