Gold Coast Health Plan℠
A Public Entity

Provider Operations Bulletin

JANUARY 2020

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The Provider Operations Bulletin is published quarterly by Gold Coast Health Plan's Communications Department as a service for the provider community.

Information comes from GCHP and its partners. If you have any concerns or questions related to specific content, please contact the Network Operations Department at ProviderRelations@goldchp.org or call the GCHP customer service line 1-888-301-1228 and request to speak to your Provider Relations representative.

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SECTION 1:

Changes to Pharmacy Prior Authorization Request Process

OptumRx recently retired the previous fax number used to submit pharmacy prior authorization requests for Gold Coast Health Plan (GCHP). THE CURRENT NUMBER, 1-800-527-0531, WAS RETIRED ON DEC. 31, 2019. The new fax number for submitting prior authorization requests to OptumRx is 1-844-403-1029.

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

Electronic submission is also available and allows providers to:

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

SECTION 2:

New Contracts

In this quarter's Provider Operations Bulletin, Gold Coast Health Plan (GCHP) is pleased to list newly contracted in-area providers. GCHP hopes this will be helpful as the Plan's network expands and access for members increases.

Effective January 1, the following new contracts have been added to GCHP's network:

Congregate Home Living Facility:
Tranquility Care Inc. – Simi Valley, CA

Durable Medical Equipment:
Novocure Inc. - Specializes in electrical stimulation devices used for cancer treatment.

SECTION 3:

Preferred Laboratory Provider – Quest Diagnostics

Effective February 1, Quest Diagnostics will be Gold Coast Health Plan's (GCHP) preferred laboratory provider. GCHP has entered into an exclusive capitated payment arrangement with Quest Diagnostics.

GCHP is taking this initiative because the Plan has experienced significant growth in laboratory expenditures over the past year. This trend is not sustainable. GCHP also has an obligation to keep the cost of care in check. Quest Diagnostics offered GCHP significantly lower rates for lab services under a capitated arrangement compared to what the Plan currently pays. Given rate pressures and GCHP's obligation to reduce costs wherever possible under state contract, this is an appropriate step to take without negatively impacting patient care.

What this means to you: Please refer GCHP members to Quest Diagnostics for all laboratory services. You must request prior authorization when there is a medical need to refer a member to a non-participating Quest Diagnostics laboratory. Emergencies and services exempted by state or federal regulations do not require prior authorization.

- Providers are encouraged to perform venipuncture in their offices and then contact Quest Diagnostics to arrange for pick-up.

- Except for the exclusions noted below, providers should not send GCHP members to hospital outpatient laboratories or other non-Quest Diagnostics laboratories for diagnostic testing. Failure to obtain prior authorization to refer a GCHP member to a non-participating Quest Diagnostics laboratory will result in the provider being financially responsible for the referral. There will be no retroactive authorizations issued (unless GCHP determines otherwise). Requests for authorizations should be submitted to GCHP's Health Services Department.

- For all regular (non-excluded) clinical laboratory services, no referral is required. Only a prescription or lab order form from the requesting provider is needed.

- The ordering provider is responsible for including all demographic information and applicable CPT codes when submitting laboratory testing request forms. This information is important for quality and Healthcare Effectiveness Data and Information Set (HEDIS®) / Managed Care Accountability Set (MCAS) reporting purposes. A provider's failure to submit accurate information may result in the order being denied. Repeated non-compliance in this regard may result in a corrective action plan and a potential financial penalty for the provider.

- GCHP requires that pre-admission laboratory testing be completed by the primary care physician (PCP) or specialist and that the specimens are sent to Quest Diagnostics for testing prior to surgery. In the remote case that pre-operative diagnostic testing cannot be completed by the PCP or specialists prior to surgery, the test may be performed at the hospital or facility where the procedure will take place and will require an authorization.

- **STAT labs are to be used only for urgent problems.** The ordering provider may give the member a prescription form or lab order form to present to the participating Quest Diagnostics facility. STAT lab services are defined as those that require completion and reporting of results within four hours of receipt of the specimen.

- **Genetic testing:** Genetic tests within the CPT code range of 81105-81595 are carved out of the capitation rates and will be paid separately on a reduced fee-for-service basis by the Plan. GCHP requires that all genetic testing must be authorized by the Plan before the test can be ordered. Failure to obtain prior authorization for genetic studies may result in a provider being financially responsible for payment of the study. Under this arrangement, the Plan requires that all genetic testing specimens be sent to Quest Diagnostics for testing. In the event a genetic study cannot be performed by Quest Diagnostics, GCHP will need to be notified by the provider and the provider must obtain prior authorization for such a referral.

Exclusions:

This arrangement does not apply to laboratory testing in the following circumstances:

- Inpatient hospital services.
- Outpatient dialysis testing (hospital-based or free-standing).
- Outpatient chemotherapy testing (hospital-based or free-standing).
- Outpatient radiation therapy testing (hospital-based or free-standing).
- Other outpatient infusion therapies requiring testing prior to infusion (hospital-based or free-standing).
- Outpatient ambulatory surgery testing requiring post-surgical labs prior to discharge (hospital-based or free-standing).
- Emergency room services where labs are ordered.
- Urgent care centers (hospital-based or free-standing).
- Hospital observation services.

- *All SNFs/LTCs will be excluded from the lab cap arrangement. All SNF and LTC providers will be able to continue to utilize their preferred lab referral arrangements. Those hospitals that perform lab testing on GCHP members referred by the Plan's contracted SNF/LTC facilities may continue to perform these tests in their own laboratory facilities without the need for authorization.*
- Laboratory services provided by the Ventura County Department of Public Health.
- Any sensitive services (e.g., STD and HIV testing) performed by any willing Medi-Cal certified provider.
- *Preoperative testing requiring banding, typing and cross-matching (hospital based or free-standing).* ***Note: Regular pre-op blood tests such as CBC, urinalysis, etc. must be referred to Quest Diagnostics prior to surgery.***
- *Non-Invasive Perinatal Testing (NIPT) may be performed at hospital laboratories.*
- *Cytopathology (Pap smear testing and screening): In accordance with the Continuum of Care requirements, GCHP patients who have had previous Pap smears provided by a hospital laboratory and where these pathology studies have been stored for comparative purposes, can continue to have these Pap smears done at the hospital's lab for a period of one year. After this time Pap smears for all such GCHP patients will need to be sent to Quest Diagnostics. However, for new GCHP patients having Pap smears GCHP will require that these patient's specimens be sent to Quest Diagnostics, effective Feb. 1.*

Laboratory testing within these facilities will be paid at the current contract rate. Prior authorization for lab testing in the areas referenced above will not be required.

Delegated Providers

Delegated capitated providers including Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and independent providers who are under a capitated primary care and/or specialist services arrangement may already have an existing preferred laboratory services arrangement with Quest Diagnostics or another laboratory. As referenced in a January 3 provider update, **clinic and PCP offices that are capitated to another laboratory other than Quest Diagnostics were asked to contact GCHP by January 15 if you had chosen to remain with your current laboratory provider.**

If you select Quest Diagnostics as your capitated outpatient laboratory provider, GCHP strongly suggests establishing a preferred electronic interface with Quest Diagnostics. Should a delegated provider wish to change their capitated outpatient laboratory provider to Quest Diagnostics, please contact Steve Peiser, GCHP senior director of network management, by January 31 at 1-805-437-5528 or speiser@goldchp.org.

GCHP's arrangement with Quest Diagnostics will not change a delegated provider's responsibility for the referral, performance and financial responsibility of laboratory services for GCHP members assigned to the delegated provider. GCHP's arrangement with Quest Diagnostics is not intended to shift the financial responsibility for lab services from the delegated provider to GCHP. However, such a change may serve to modify a delegated provider's current capitation payment arrangement with Quest Diagnostics. Applicable clinics and providers should contact Quest Diagnostics for additional information.

With the exception of the excluded services referenced above, it is GCHP's expectation that all other labs will be either drawn at the provider's office and that arrangements will be made for Quest Diagnostics' pick-up of the specimen(s), or that GCHP members will be referred to Quest Diagnostics patient care centers for elective blood draws and subsequent testing and lab test reporting by Quest Diagnostics. In circumstances whereby the provider has drawn the specimen(s) and Quest Diagnostics labs has picked up the specimen(s), Quest Diagnostics will provide complimentary supplies to replenish the providers medical supply stock used to obtain lab specimens for GCHP members.

Blood testing performed on GCHP members referred outside of Quest Diagnostics labs or provided by non-Quest Diagnostics labs, which are not included in the exclusion sections above may result in the denial of payment and the provider being financially responsible for payment to Quest Diagnostics labs.

About Quest Diagnostics

Quest Diagnostics offers comprehensive clinical and specialty services throughout Ventura County. They provide convenient and easily accessible services for Plan members six days a week, with extended hours on weekdays, and weekend hours. Quest Diagnostics also offers local patient service centers, online and mobile scheduling, resource information, and more. For providers, Quest Diagnostics offers online and mobile test ordering and on-demand lab reports, order management, and tracking. Quest Diagnostics also will share lab results data with GCHP to help with case management, disease management, early case findings and quality improvement programs. The Plan reports lab results to state and federal agencies in compliance with contractual obligations. In the unlikely event that an elective lab is required on a Sunday or holiday, when Quest Diagnostics centers are closed, such a lab referral would be considered acceptable to go to another non-Quest Diagnostics provider and authorization will not be required.

Education and Training

Quest Diagnostics will work closely with GCHP and assist in contacting provider offices / facilities to initiate provider education and training under this program. Quest Diagnostics will provide lab order forms and specimen materials for your use and convenience.

Providers can find the closest Quest Diagnostics location by calling Quest Diagnostics at 1-866-697-8378 or visiting the Quest Diagnostics web portal here.

If you have questions or need assistance, contact your GCHP Provider Relations representative or e-mail Provider Relations at ProviderRelations@goldchp.org.

SECTION 4:

Managed Care Provider Data Improvement Project (MCPDIP)

The state Department of Health Care Services (DHCS) issued a required change for provider data submission, creating two new data standards for managed care plans to submit data to DHCS.

One of the goals of the new requirement is to improve data quality, which includes improving the Completeness, Accuracy, Reasonability, and Timeliness (CART) of the data.

Gold Coast Health Plan (GCHP) will be reaching out to the providers who need to update their data submissions to comply with the requirement.

SECTION 5:

Uniform Home Health Billing Requirements

In accordance with Gold Coast Health Plan (GCHP) policies and procedures and state regulations currently in effect and as outlined in the payment section of the provider contract, providers are required to adhere to the state Department of Health Care Services (DHCS) and Medi-Cal billing guidelines for home health services.

For purposes of standardization and ensuring prompt and accurate payment, GCHP will now require all providers to bill according to the intent of the Healthcare Common Procedure Coding System (HCPCS) / Revenue code as designed by DHCS and Medi-Cal. Previously, GCHP providers were individually informed to bill based on different requirements.

Note:

- The following HCPCS national codes continue to require prior authorization.
- Services will continue to be authorized in **number of visits**.
  - » Example: A home health (HH) provider providing service three times a week for three weeks equates to nine visits.
- **Each code unit will be billed by a provider in 15-minute increments (one unit).**
  - » Example: 30 Minute visit = two (2) units.
    60 Minute visit = four (4) units.
- Providers are required to be adhere to billing changes no later than **February 1, at which time each unit will be reimbursed in 15-minute increments.**
- **Provider contracts will be amended as applicable to reflect this change.**

Home Health Care HCPCS / Revenue Code Combinations:

- G0151 (Rev code 0421)
- G0152 (Rev code 0431)
- G0153 (Rev code 0441)
- G0155 (Rev code 0561)
- G0156 (Rev code 0571)
- G0299 (Rev code 0552)
- G0300 (Rev code 0551)

Further information can be found at the DHCS website by clicking here or by searching under "Home Health Agencies Billing Codes and Reimbursement."

GCHP continues to evaluate and monitor the services that require prior authorization.

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

SECTION 6:

Audiology and Speech Therapy Services Restored as Medi-Cal Benefits

Effective for dates of service on or after January 1, audiology and speech therapy services previously eliminated as part of the optional benefits exclusion are reinstated as full Medi-Cal benefits.

Prior to January 1, benefits were limited to the following members:

- Pregnant women (only as part of pregnancy-related care).
- Members residing in a licensed nursing home, such as a Skilled Nursing Facility (SNF), Intermediate Care Facility / Developmentally Disabled (ICF-DD), or Sub Acute Facility.
- Children / young adults 20 years of age and younger receiving full-scope Medi-Cal (children / young adults 20 years of age and younger with suspected hearing loss of 30 db or greater should be referred to CCS).

Please refer to the Medi-Cal Update Audiology and Hearing Aids December 2019, Bulletin 531, (Section 5) for reference here.

SECTION 7:

Affirmative Statement About Utilization Management

The mission of Gold Coast Health Plan (GCHP) is to improve the health of Plan members through the provision of high quality of care and services. GCHP supports this mission through its vision statement, which is to provide compassionate

care, accessible to all, for a healthy community. The Plan's affirmation statement about Utilization Management (UM) incentives is clearly understood by all GCHP staff involved in UM decision making as follows:

- 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 clinically sound, nationally developed and accepted criteria for making medical necessity decisions. Clinical criteria used, but not limited to, are:

- MCG Care Guide Quality Improvement Guidelines.
- Other nationally recognized criteria. From time to time a service is requested for which a GCHP clinical guideline is not available. In these instances, GCHP medical directors and physician reviewers will review guidelines from other national professional organizations. Resources may include but are not limited to:
  - » Up to Date: an evidence-based, physician-authored clinical decision support resource.
- GCHP clinical guidelines.

The above criteria are available upon request by contacting Customer Service at 1-888-301-1228.

SECTION 8:

Contacting the Call Center

Gold Coast Health Plan (GCHP) wants to remind providers that in order to minimize the time spent on the phone when contacting the call center, the following information must be readily available:

- National Provider Identification (NPI) number
- Name registered under the NPI
- GCHP Member ID number or last four digits of Social Security Number
- Member's full name
- Member's date of birth
- Claim number
- Date of service
- Billed amount

If you have outsourced a function to contact the call center, please share this information with your appropriate vendor accordingly.

SECTION 9:

Urgent Care Services

As a reminder, Gold Coast Health Plan (GCHP) wants to encourage all members who have tried but are unable to access their primary care physician (PCP) for same day appointments to use an in-network contracted urgent care center. GCHP always recommends that PCPs are contacted to validate their availability. However, it's important to stress that an approval by a PCP for urgent care access is not required. GCHP wants to ensure the best quality of care is provided to members and does not want members to be turned away or delayed care.

SECTION 10:

Completing CBAS Prior Authorization Requests Effective November 4, 2019

When a member is new to Community-Based Adult Services (CBAS), the provider needs to complete the CBAS Preauthorization Request Form using the "CBAS evaluation" section. The CPT code for the evaluation is H2000 and is pre-populated. The date of service should be left blank.

In addition to submitting the preauthorization form, required documentation includes:

- Physician health assessment / medical information and authorization for treatment.
- Recent history and physical from primary care physician, including diagnosis, medication list and ADLs.
- Recent hospital discharge summary (if not available, please indicate on form).
- Recent therapy (PT/OT/ST) notes (if not available, please indicate on form).
- Please include other medical information if available from other provider(s).

If the information submitted is not enough to determine if the member meets the criteria, a CBAS RN will attempt to locate records through GCHP interfaces. However, if still not enough information is located, a face-to-face (F2F) will be scheduled within 30 days from the day the request was received.

CBAS Initial Request for Services - Individualized Plan of Care (IPC)

Once the eligibility determination or F2F has been completed, the CBAS center may use up to three days to assess the member in order to develop the individualized plan of care (IPC). When the IPC has been completed, the center will complete the preauthorization request form for CBAS services using the "CBAS initial services" section. Enter the dates of service for up to six months and the quantity (number of visits) per month. The CPT code S5102 is pre-populated.

In addition to submitting the preauthorization form, required documentation includes:

- Completed state Department of Health Care Services (DHCS) CBAS Individual Plan of Care (IPC) form.

CBAS Reauthorization Request for Services - Reassessment

When a member wishes to continue CBAS participation, their provider should complete the preauthorization request form using section "CBAS Reauthorization." Enter the dates of service for up to six months and the quantity (number of visits) per month. The CPT code S5102 is pre-populated.

In addition to submitting the preauthorization form, required documentation includes:

- Completed DHCS CBAS Individual Plan of Care (IPC) form, updated within the past 30 days.
- All attendance logs for the prior authorization period.

CBAS Requests

- An eligibility assessment / F2F is required when:
  - » It is the first visit with the center,
  - » The member has already been approved but has exceeded one year of attending the center or
  - » The member is increasing or decreasing days per week.
- Transfer with no changes: When a member is transferring from another center, the new center is eligible for one assessment day and will be authorized for the same number of visits from the previous center.

- Transfer with increase in days per week: When a member is transferring from another center and the new center is requesting an increase in days per week, an MD note is required. The note must state the reason increased days are being requested and that the new center is eligible for one assessment day.
- Increase in days per week: A member needing to increase days will require an MD note stating the reason increased days are being requested. An eligibility determination or F2F will be needed.
- Decrease in days per week: An eligibility determination or F2F is required.
- Discharge: When a member has been discharged from the center and returns before one year from the date they stopped attending, the same number of days per week would be approved. The center is not eligible for an assessment day.

SECTION 11:

Care Management for Gold Coast Health Plan Members

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

To learn more, call the Plan's Care Management hotline at 1-805-437-5777 or Customer Service at 1-888-301-1228. Make a referral here.

SECTION 12:

Department of Health Care Services Guidance on Reporting Provider-Preventable Conditions

Provider-preventable conditions (PPCs) consist of health care-acquired conditions (HCAC) when they occur in acute inpatient hospital settings only and other provider-preventable conditions (OPPC) when they occur in any health care setting. Title 42 of the Code of Federal Regulations and the Welfare and Institutions Code require all Medi-Cal providers to report PPCs that are associated with claims for Medi-Cal payment or with courses of treatment prescribed to a Medi-Cal patient for which payment would otherwise be available.

Providers caring for patients with either Fee-For-Service (FFS) or managed care Medi-Cal must report a PPC to the state Department of Health Care Services (DHCS) after discovery of the PPC and confirmation that the patient is a Medi-Cal beneficiary. PPCs that existed prior to the start of treatment of the patient by the provider do not need to be reported. Reporting PPCs for Medi-Cal beneficiaries to DHCS does not remove the reporting requirement of adverse events and health care-associated infections (HAI) to the California Department of Public Health.

DHCS has a secure online reporting portal used to report PPCs. Alternatively, providers may fax PPC reports to DHCS at 1-916-440-5060. Gold Coast Health Plan (GCHP) providers must also report the PPC to the Plan via secure email at PQIReporting@goldchp.org.

For a complete list of HCACs, OPPCs and other information regarding PPCs, reference the DHCS website here.

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

SECTION 13:

Managed Care Accountability Set Measurement Year 2019: Data Collection Effort

The beginning of the year marks the start of preparation for Gold Coast Health Plan's (GCHP) performance measurement data collection and reporting project led by the Quality Improvement Department. As communicated on June 20, GCHP will report on a new set of performance measures for Measurement Year (MY) 2019, referred to as the Managed Care Accountability Set (MCAS). Many of these measures are also part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®).

Medical Record Collection

The annual MCAS audit is a retrospective review of services and clinical care provided to members. The 2020 Reporting Year (RY) will measure 2019 data. Claims, encounter and supplemental data, and medical record reviews are used to assess these metrics. For each of the following measures, a random sample of patient records will be selected for medical record review:

- Adolescent Well-Care Visits (AWC)
- Adult Body Mass Index Assessment (ABA)
- Cervical Cancer Screening (CCS)
- Childhood Immunization Status (CIS)
- Comprehensive Diabetes Care HbA1c Testing (CDC-HT) and HbA1c Poor Control (>9%) (CDC-H9)
- Controlling High Blood Pressure (CBP)
- Immunizations for Adolescents (IMA)
- Prenatal and Postpartum Care (PPC)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents – Body Mass Index Percentile (WCC-BMI)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Provider Office Participation

GCHP has again contracted with Inovalon to reach out to practitioners and facilities that care for selected patients to obtain designated medical records. Options for medical record submission include fax, mail, onsite visit, or electronic medical record (EMR) access, as applicable.

GCHP appreciates its providers for their dedicated role in providing quality member care and their commitment, collaboration and cooperation in providing medical records in a timely manner.

The **2020 Reporting Year Calendar** below shows the timeline of events related to MCAS:

January - May
• Collection of medical records from provider offices.
June - July
• Audit results are compiled, finalized, and sent to DHCS.
August - November
• Results are assessed for opportunites for improvement. • DHCS assigns improvement projects for measures scoring below the minimum performance level (MPL).

MCAS Resources

Reference materials for the new MCAS measures are available on the GCHP website. These materials include:

- **Frequently Asked Questions (FAQ)**
- **Quick Reference Guide**
- **MCAS Measure Tip Sheets for each measure with detailed guidance**

Click here to view these MCAS resources or visit GCHP's website.

Thank you in advance for your support of the MCAS data collection project. If you have any questions or concerns about MCAS, please contact GCHP's Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 14:

Cervical Health Awareness Month and Cervical Cancer Screening Member Incentive

As January is national Cervical Health Awareness Month, Gold Coast Health Plan (GCHP) wants to remind providers of key facts around the prevention and screening for cervical cancer, and the new member incentive to help encourage women to remain current with this critical test.

The human papillomavirus (HPV) causes almost all cases of cervical cancer. About 79 million Americans currently have HPV, but many people with it are not aware they are infected.

GCHP encourages Plan providers to ensure that:

1. Adolescents, male and female, between the ages of 10 and 13, receive the complete HPV vaccine series.
2. Women complete a cervical cancer screening in the recommended timeframes:
   - Women starting at 21 years of age and older complete a cervical cancer screening every three years.
   - Or, for women 30 years of age and older, complete a cervical cancer screening / high-risk HPV co-test at least every five years.

Cervical Cancer Screening Member Incentive

GCHP offers members 21 to 64 years of age a $25 gift card to Target, Wal-Mart or Amazon for completing a cervical cancer screening. Members in need of this service will receive a member incentive form by mail. The member incentive form can also be found here.

Please contact the Quality Improvement Department at QualityImprovement@goldchp.org for questions regarding member incentive programs.

SECTION 15:

Cultural and Linguistics Services

Cultural Competency Trainings

Gold Coast Health Plan (GCHP) works to ensure all members receive cultural and competent care across the service continuum to provide positive health outcomes and reduce health disparities. GCHP's Cultural and Linguistic Services would like to invite medical and allied health care professionals to attend the following free trainings on cultural competency and sensitivity:

- **Understanding Gender Identity and Health Disparities in the LGBTQ Community**
  - Location: GCHP, 711 E. Daily Drive, Suite 106, Camarillo (Community Room)
  - Date: February 5
  - Time: 10 a.m. to 12 p.m.

- **Mental Health Issues in the Deaf and Hard of Hearing Community**
  - Location: GCHP, 711 E. Daily Drive, Suite 106, Camarillo (Community Room)
  - Date: March 26
  - Time: 10 a.m. to 12 p.m.

To register or for more information, please contact GCHP's Cultural and Linguistics Services at 1-805-437-5603 or CulturalLinguistics@goldchp.org.

Readability and Suitability of Written Materials

Plain language is the key to effective communication. Evidence shows that people often do not understand much of the information given to them by health care providers. Plain and simple language makes it easier to understand and apply health information.

The Centers for Medicare and Medicaid Services (CMS) and the state Department of Health Care Services (DHCS) recommend that health education materials developed, adopted, or used for members should be systematically evaluated to assess suitability for Medi-Cal populations. GCHP must ensure that all health education and member informing materials are provided in a manner and format that are easily understood and culturally and linguistically appropriate for members. Members should receive written materials that are written at or below a sixth-grade reading level and must use the required font size in accordance to All Plan Letter (APL) 18-016, Readability and Suitability of Written Health Education Materials. Click here to learn more.

For more information, please contact GCHP's Cultural and Linguistics Services at CulturalLinguistics@goldchp.org or 1-805-437-5603.

SECTION 16:

Health Education

Dental Health

February is National Children's Dental Health Month. This year's slogan is "Fluoride in water prevents cavities! Get it from the tap!" The month-long health observance brings together thousands of dedicated professionals, health care providers and educators to promote the benefits of good oral health to children, their caregivers, teachers, and many others.

Providers may order or download free posters in English and Spanish here.

Smile California – Medi-Cal Dental

Medi-Cal currently offers dental services through Medi-Cal Dental Program, formally known as Denti-Cal. Medi-Cal Dental is the program that provides free or low-cost dental services to eligible children and adults. Services covered by Medi Cal Dental Program may include:

- Exams and x-rays.
- Cleanings.
- Fluoride treatments.
- Emergency services.
- Tooth removal.
- Fillings and crowns.
- Root canal treatments.
- Scaling and root planing.
- Periodontal maintenance.
- Complete and partial dentures.
- Denture relines.
- Orthodontics (braces) for children who qualify.

For more information, please advise members to visit SmileCalifornia.org, SonrieCalifornia.org for Spanish, or call the Medi-Cal Dental Program at 1-800-322-6384 / TTY 1-800-735-2922, Monday through Friday, from 8 a.m. to 5 p.m.

Save the Date! Register Today for the Upcoming "Basic Tobacco Intervention Skills Certification Program"

Gold Coast Health Plan (GCHP) invites medical and allied health care professionals to attend the "Basic Tobacco Intervention Skills Certification Program." This is an evidence-based nicotine dependence intervention workshop. The workshop will be held on February 5 at Ventura County Public Health. Click here for more information. Pre-registration is required. To register, please call 1-805-201-STOP (7267) or email callitquits@ventura.org.

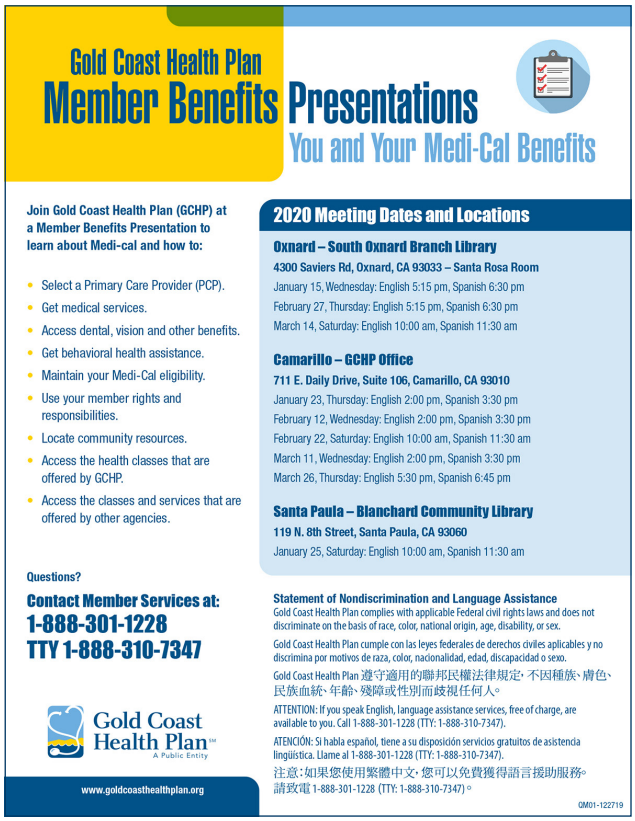
For additional information, please contact GCHP's Health Education Department at 1-805-437-5718 or HealthEducation@goldchp.org.

SECTION 17:

Member Benefits Information Meeting Schedule

Gold Coast Health Plan (GCHP) wants to encourage providers to refer members to GCHP member benefits presentations. During these presentations, members will learn about Medi-Cal benefits and services, member rights and responsibilities and how to access other community resources and services.

Meeting times and locations vary monthly. Members can call GCHP Member Services at 1-888-301-1228 for meeting times and dates. Click here for more information.



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JANUARY 2020

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