



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

Provider Operations Bulletin

DECEMBER 2023

www.goldcoasthealthplan.org

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The Provider Operations Bulletin is published bi-monthly 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:

Gold Coast Health Plan Holiday Hours

Gold Coast Health Plan (GCHP) will be closed on the following holidays:

- Christmas Day (Monday, Dec. 25, 2023)
- New Year's Day (Monday, Jan. 2, 2024)

You may contact GCHP's Customer Service Team by calling 1-888-301-1228 during normal hours of operation, Monday through Friday, from 8 a.m. to 5 p.m. (except holidays).


SECTION 2:

Revised Provider Information Update Form – Race, Ethnicity, Gender, and Telehealth

Gold Coast Health Plan (GCHP) has updated its Provider Information Update Form (PIUF). The PIUF helps GCHP maintain current and accurate information by reporting additions and changes or terminations for providers, practitioner groups and facilities. Updating this information ensures that your claims are paid efficiently, and that our provider data is accurate in our directories and when reporting to the state Department of Health Care Services (DHCS).

As we move forward with earning National Committee for Quality Assurance (NCQA) Accreditation and improving quality of access and care for our members, GCHP has updated its PIUF to now include provider, race, ethnicity, gender, and telehealth availability. This information will help us assess availability of practitioners within our network to help meet the cultural, ethnic, racial, and linguistic needs for our members.

When reporting changes, please use the most current PIUF located on our [website](https://www.goldcoasthealthplan.org).


Integrity • Accountability • Collaboration • Trust • Respect

PROVIDER INFORMATION UPDATE FORM

Use this form to register and/or update your provider information (e.g., service location(s), payment address, tax identification number, etc.) with Gold Coast Health Plan (GCHP). Please complete all applicable sections. Providing complete and legible information will expedite your request and help ensure accurate processing. The completed form should be returned by email to ProviderRelations@goldchp.org ATTN: Provider Relations Department.

☐ New Provider ☐ Existing Provider

Section 1: Group / Facility Information

Group / Facility Name:		Tax ID Number:
Group / Facility's Web URL Address:		Corporate NPI:
Office Contact Name:	Contact Telephone Number:	*Contact Email Address:

Section 2: Professional Information

Professional's First Name:	Professional's Last Name:	Title / Type of Licensure (i.e., MD, DO):
Professional NPI:	CAGH Provider ID:	Date of Birth:
Supervising Physician's Individual NPI (applies only to Physician Extenders):	Medical License Number:	Total Capacity (Maximum 2,000):
(Applies only to PCPs)		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Some other race <input type="checkbox"/> White <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown	Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown
<input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Physician Extender (i.e. NP, PA) <input type="checkbox"/> Hospital-Based Professional (Only choose one)	Primary Specialty Type: Board Certified (Y/N): Taxonomy Code:	Secondary Specialty Type: Board Certified (Y/N): Taxonomy Code:
Patient Age Limits: From _____ To _____ (If under 18 years old, indicate 17.99)	Sees Children: <input type="checkbox"/> Sees only children under 18 <input type="checkbox"/> Sees children under 18 AND adults (18 and over) <input type="checkbox"/> Sees only adults (18 and over)	Patient Gender Limits: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both

* Legal documentation is required for changes to last name (e.g., marriage license).
 * Only primary specialty will be listed in provider directory.
 * Please provide your current email address to receive GCHP Memos, Provider Operation Bulletins, and/or other essential alerts from GCHP.

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SECTION 3:

Grievance Response Requests – Time Sensitive

Resolving member complaints in a timely manner is of utmost importance to ensure our members have a superior experience.

When a member brings a complaint to your attention, you must investigate and try to resolve the complaint in a fair and equitable manner. In addition, providers must cooperate with us to identify, process, and resolve all member complaints. Cooperation includes, but is not limited to, completing a provider response form, providing pertinent information related to the complaint, and/or speaking with GCHP Grievance & Appeals representatives to help resolve the complaint in a reasonable manner. When responding, it is imperative that your response is on the provider's letterhead and not submitted on a blank word document or in the body of an email. Responses received in the body of an email will not be accepted. Grievance and Appeals Provider Response Forms must be returned within the timeframe specified on the form. If you are assisting the member with their complaint, the forms are available in English and Spanish.

SECTION 4:

Medi-Cal Rx Updates

GCHP website and Pharmacy Newsletter

GCHP provides Medi-Cal Rx updates in the [Provider Pharmacy Services](#) section of the website. GCHP's Pharmacy Team also publishes a quarterly newsletter that includes important Medi-Cal Rx updates and useful articles and tips! [Click here](#) to view the most recent edition of the newsletter.

Changes to the Contract Drugs List (CDL) & Covered Products Lists

Please check the [Contract Drugs List \(CDL\)](#) for the most recent changes to the medications and other covered products lists. These updates typically occur at the beginning of every month. You may also view the Medi-Cal Rx [Drug Lookup Tool](#). This easy-to-use feature has been upgraded and now allows you to look up drugs by brand or generic name. It also lists the National Drug Code (NDC) and available dosages, any restrictions, and whether prior authorization is required. There is also a link to CoverMyMeds to submit an electronic prior authorization (ePA). For instructions on how to use this feature, [click here](#).

Physician Administered Drugs and Prior Authorization Requests

Physician Administered Drugs (PADs) include all infused, injectable drugs provided or administered to a member that is billed by a provider on a medical claim by a Procedure Code (e.g., J-Code). These providers include, but are not limited to, physician offices, clinics, outpatient infusion centers, and hospitals.

GCHP maintains risk for PADs and, with few exceptions, these medications are not billable under Medi-Cal Rx. Certain PAD drugs require prior authorization (PA) to ensure medical necessity prior to receiving the drug therapy. Any request for a PAD medication (administered at a provider's office or infusion / hospital facility) via Procedure Code (e.g., J-Code) requiring a PA must be submitted as a [Prior Authorization Treatment Request Form](#) to GCHP to be considered for coverage under the medical benefit. For the most part, PADs are covered under the medical benefit, and billed by the provider on a medical claim to GCHP. The provider will need to purchase the drugs from their wholesaler, distributor, or manufacturer (or another internal process at their site of practice) and then administer to the member and bill GCHP for reimbursement.

For a list of PADs that require a Prior Authorization Treatment Request Form, please use GCHP's [List of Services Requiring Prior Authorization](#). This list allows providers to look at specific PAD codes that require prior authorization.

Completing a Prior Authorization Treatment Request Form will help expedite the claims processing. If you do not obtain approval, your claims may be delayed or denied until we receive the information needed to establish medical necessity.

For the most part, PADs that require PA are not billable under Medi-Cal Rx as a pharmacy benefit. The only PADs that are potentially reimbursable under Medi-Cal Rx are included on this [list](#).

As a reminder, all pharmacy benefits billed on a pharmacy claim have transitioned to Medi-Cal Rx and are no longer the responsibility of GCHP. There are [some classes of medications](#) that are carved out of the GCHP benefit and are to be reviewed / billed to the state Medi-Cal Fee-For-Service (FFS) for authorization consideration and reimbursement for both pharmacy and medical claims.

COVID-19 Coverage Updates

- For current information regarding Medi-Cal's COVID-19 response, check the [COVID-19 Medi-Cal Response page](#).
- COVID-19 vaccines, over-the-counter (OTC) [COVID-19 antigen test kits](#), and treatments are still covered benefits under Medi-Cal Rx until Sept. 30, 2024. This date is subject to change at the discretion of DHCS. For more information, please check the [Medi-Cal Rx Contract Drugs List](#) to see what is covered.

Changes to the Continuous Glucose Monitoring (CGM) Systems Coverage Criteria and Prior Authorization Bundling

Effective Dec. 1, 2023, Medi-Cal Rx will expand its coverage of CGM systems for those with Diabetes (Type 1 or Type 2) and Gestational Diabetes. There are also changes to the prior authorization process. Please review these bulletins ([Medical Supplies: Future Changes to Continuous Glucose Monitoring Systems Coverage Criteria and Prior Authorization Bundling](#) and [30-Day Countdown: Changes to Continuous Glucose Monitoring Systems Coverage Criteria and Prior Authorization Bundling](#)) for more information.

Drug Use Review (DUR) Educational Articles

This educational intervention component of DUR is to improve the quality and cost-effectiveness of prescribing and dispensing practices for Medi-Cal recipients. Educational interventions include ongoing dissemination of information through the Medi-Cal provider bulletin process about clinically important, drug-specific therapy problems.

Disclaimer: These articles are the result of analyses carried out by the Global Medi-Cal DUR Program and are not official DHCS policies.

The following educational articles were recently posted:

- [2023 Immunization Update: COVID-19, Influenza, RSV, HepB, Pneumococcal, HPV, Polio, Mpox, and MMR - November 2023](#)

These articles and copies of previous pharmacy newsletters are available on the GCHP [website](#).

Retirement of the Transition Policy for Medi-Cal Rx

DHCS has reported the following timeline for the continuation of the Medi-Cal Rx Reinstatement:

- [Reinstatement of PA Requirements for New Start Enteral Nutrition Products](#) and [Enteral Nutrition for Members 22 Years of Age and Older: New Start Prior Authorization Reminders](#) – Sept. 22, 2023
- [Retirement of the Transition Policy for Enteral Nutrition Products](#) – Nov. 10, 2023

These changes only affect members 22 years of age and older. No details have been shared about reinstating PAs for members 21 years of age or younger at this time.

For more information regarding the Medi-Cal Rx Reinstatement, please click on the [Medi-Cal Rx Education & Outreach page](#) and look for any new updates under [Medi-Cal Rx's Bulletins & News](#) to be sure that you are up to date on the changes.

DHCS has a website for [Medi-Cal Rx](#) that contains the most accurate, up-to-date information. Please make sure to bookmark this website today and sign up for the [Medi-Cal Rx Subscription Services \(MCRxSS\)](#). The website includes an overview and background information, frequently asked questions (FAQs), [Bulletins & News](#), [Contract Drugs List \(CDL\)](#), [Medi-Cal Rx Provider Manual](#) and other helpful information.

For assistance with a pharmacy claim or PA, please contact the Medi-Cal Rx Customer Service Center at **1-800-977-2273**. Agents are available 24 hours a day, seven days a week, 365 days a year.

For pharmacy billing, claims will process under: **BIN 022659, PCN 6334225, Group MEDICALRX.**

For assistance regarding submitting a prior authorization or appeals for a pharmacy claim to Medi-Cal Rx, please fax **1-800-869-4325**.

SECTION 5:

HPV Vaccination Starting at Age 9

Initiating the Human Papillomavirus (HPV) vaccine series at age 9 has been suggested as a way to improve vaccination utilization and increase the success of completing the series by age 13. The HPV vaccine helps protect against six types of cancer. The vaccine can prevent more than 90% of HPV cancers when given at the recommended ages. More than 75% of U.S. parents have chosen to protect their children from cancer with the HPV vaccine.

Research Tested Messages to Address HPV Vaccine Concerns

- **Age:** “Kids have a stronger immune response to the HPV vaccine when they’re younger. That may give them better protection against HPV cancers later on.”
- **Requirements:** “School requirements don’t always keep up with medical science. The HPV vaccine is an important vaccine that can prevent many cancers.”
- **Boys:** “HPV infections don’t care if you’re a boy or girl. The virus can cause cancer and many other diseases.”
- **Safety:** “Researchers have conducted over 100 studies on the safety of the HPV vaccine. They’ve consistently found that it’s really safe, just like the other vaccines given at this age.”
- **Guidelines:** “The American Academy of Pediatrics recommends that kids get the HPV vaccine starting at age 9 to prevent six cancers.”
- **Sex:** “This really isn’t about sex. The HPV vaccine is about preventing cancer.”
- **Effective:** “Over 36,000 Americans get cancer from HPV every year. Most could be prevented with the HPV vaccine.”

Continuing Education Hours:

- [You Are the Key to Cancer Prevention](#)
- [Provider Education Series](#)

Helpful Resources:

- [HPV Vaccination: Age 9 – From Research to practice](#)
- [Adolescent Immunization Schedule](#)
- [Research Tested Messages to Address HPV Concerns in Your Practice](#)



SECTION 6:

New Measurement Year (MY) 2024 Managed Care Accountability Set (MCAS) Measures

The state Department of Health Services (DHCS) released the updated MCAS measures which list the 42 measures that GCHP will be reporting for MY 2024 / Reporting Year (RY) 2025.

Key Updates to the MY 2024 / RY 2025 MCAS list include:

- 20 measures must meet a Minimum Performance Level (MPL) benchmark.
- Two new measures will be held to MPL (measures highlighted in blue).
- GCHP will be able to select which reporting method to use for measures assigned a Hybrid / Administrative reporting method.
- A new reporting method called Electronic Clinic Data Systems (ECDS) will be used to report rates for a subset of MCAS measures.

To help providers understand the new measures and any updates to existing measures, GCHP will be updating the MCAS reference material (MCAS FAQs, MCAS Quick Reference Guide, MCAS Tip Sheets) located on the GCHP website.

Table 1: MY 2024 MCAS Measures Held to MPL

Measure Name	Measure Acronym	Measure Type Methodology
Follow-Up After ED Visit for Mental Illness – 30 days	FUM	Administrative
Follow-Up After ED Visit for Substance Abuse – 30 days	FUA	Administrative
Pharmacotherapy for Opioid Use Disorder	POD	Administrative
Child and Adolescent Well-Care Visits	WCV	Administrative
Childhood Immunization Status – Combination 10	CIS-10	Hybrid / Admin
Developmental Screening in the First Three Years of Life	DEV	Administrative
Immunizations for Adolescents – Combination 2	IMA-2	Hybrid / Admin
Lead Screening in Children	LSC	Hybrid / Admin
Topical Fluoride for Children	TFL-CH	Administrative
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits*	W30-6+	Administrative
Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits*	W30-2+	Administrative
Asthma Medication Ratio	AMR	Administrative
Controlling High Blood Pressure	CBP	Hybrid / Admin
Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9%)	HBD	Hybrid / Admin
Chlamydia Screening in Women	CHL	Administrative
Prenatal and Postpartum Care: Postpartum Care	PPC-Pst	Hybrid / Admin
Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-Pre	Hybrid / Admin
Breast Cancer Screening	BCS-E	ECDS
Cervical Cancer Screening	CCS	Hybrid / Admin
Colorectal Cancer Screening	COL-E	ECDS

Table 2: MY 2024 MCAS Measures Not Held to MPL

Measure Name	Measure Acronym	Measure Type Methodology
Ambulatory Care – Emergency Department (ED) Visits	AMB-ED	Administrative
Adults' Access to Preventive / Ambulatory Health Services	AAP	Administrative
Antidepressant Medication	AMM-Acute	Administrative
Management: Acute Phase Treatment		
Antidepressant Medication Management: Continuation Phase Treatment	AMM-Cont	Administrative
Contraceptive Care – All Women: Most or Moderately Effective Contraception	CCW-MMEC	Administrative
Contraceptive Care – Postpartum Women: Most or Moderately Effective Contraception – 60 Days	CCP-MMEC60	Administrative
Depression Remission or Response for Adolescents and Adults	DRR-E	ECDS
Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	ECDS
Diabetes Screening for People w/ Schizophrenia Bipolar Disorder Using Antipsychotic Medications	SSD	Administrative
Follow-Up After ED Visit for Mental Illness – 7 days	FUM	Administrative
Follow-Up After ED Visit for Substance Use – 7 days	FUA	Administrative
Follow-Up Care for Children Prescribed ADHD	ADD-C&M	Administrative
Medication: Continuation and Maintenance Phase		
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	ADD-Init	Administrative
Metabolic Monitoring for Children and Adolescents on Antipsychotics	APM	Administrative
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	NTSV CB	Administrative
Plan All-Cause Readmissions	PCR	Administrative
Postpartum Depression Screening and Follow Up	PDS-E	ECDS
Prenatal Depression Screening and Follow Up	PND-E	ECDS
Prenatal Immunization Status	PRS-E	ECDS
Long-Term Care (LTC) Report Only Measures to DHCS		
Number of Outpatient ED Visits per 1,000 Long Stay Resident Days	HFS	Administrative
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization	SNF HAI	Administrative
Potentially Preventable 30-day Post-Discharge Readmission	PPR	Administrative

If you have any questions about the MCAS measures, please contact the Quality Improvement Team at QualityImprovement@goldchp.org.

SECTION 7:

Clinic Incentive Winners: Quarter 3, 2023

Please join us in congratulating the clinics that submitted the highest number of forms for the member incentive programs in Quarter 3, 2023. GCHP recognizes and appreciates the continued efforts by our clinic partners to ensure our members are completing these important preventive screenings and earning their gift cards.

In 2023, GCHP received nearly 6,000 member incentive forms for our rewards programs.

Winners received a pizza lunch provided by GCHP. Please note, winners were not calculated for the postpartum care visit and diabetes HbA1c test member incentive programs, as these were launched at the end of Quarter 3.

Winning Clinics

Child and Adolescent Well-Care Visit: Las Posas Family Medical Group

Cervical Cancer Screening: Clinicas Del Camino Real – Roberto S. Juarez

Breast Cancer Screening: Santa Paula Hospital – Radiology

Lead Screening: Community Memorial Health – Camarillo (Arneill)

SECTION 8:

Well-Child Visits

Assessing the physical, emotional, and social development of a child is important at every stage of their life. Well-child visits are an opportunity for you to influence the overall health and development of your patients from birth.

The American Academy of Pediatrics recommends well-child visits at the following ages: 2, 4, 6, 9, 12, 15, 18, and 24 months. Then they should be seen annually, starting at age 3 up to age 21.

Well-Child Visit Best Practices:

- **Prevention:** This visit will give you time to interact with the child's parent(s) / guardian(s), give anticipatory guidance, and provide important preventive services including immunizations to prevent illnesses, blood lead testing and fluoride varnish application.
- **Tracking Growth and Development:** During the visit, you should assess social behaviors, milestones, evaluate anthropometric measures, and use evidence-based child developmental screening tools to identify potential delays.
- **Team Approach:** Regular visits will help you build a strong relationship not only with your patient, but with their parent(s) / guardian(s) as well. Suggest parent(s) / guardian(s) bring three-to-five questions of concern to be discussed at each appointment. This team approach will help your patient develop optimal physical, mental, and social health.

GCHP's MCAS Well-Child Measures

GCHP monitors the following well-child MCAS measures to ensure members receive the care they need:

- W30-6+: At least six Well-Child Visits completed by 15 months of age.
- W30-2+: At least two Well-Child Visits completed between 15 and 30 months of age.
- WCV: At least one annual Well-Child Visit completed for children ages 3-21 years.

Helpful Resources:

- [GCHP: MCAS Measures](#)
- [California Department of Public Health: California Management Guidelines on Childhood Lead Poisoning for Health Care Providers](#)
- [California Health & Wellness: Guidelines for Well-Child Care](#)
- [DHCS: CHDP Dental Training on Fluoride Varnish](#)
- [Immunize.org Resources](#)
- [Help Me Grow Ventura County](#)



SECTION 9:

Cultural and Linguistic Services

Health Equity Training

Required Training for Perinatal Providers: Dignity in Pregnancy and Childbirth

In California, Black birthing people experience the highest rates of maternal morbidity and mortality of any racial / ethnic group. According to the Centers for Disease Control and Prevention (CDC), Black birthing people are four-to-six times as likely to die from pregnancy and birth-related causes than those of other racial and ethnic groups. [Evidence points to implicit bias and racism](#), not race, as key causes of these disparities. Implicit biases can affect the way we see other people, even if we do not believe the stereotype and it goes against our personal values.

The [California Dignity in Pregnancy and Childbirth Act \(SB 464\)](#) requires that perinatal providers at hospitals and alternative birth centers undergo implicit bias training in an effort to help reduce these preventable deaths and associated health disparities. [Attorney General Rob Bonta's office](#) is ensuring compliance. To learn how you can interrupt racial bias while meeting this requirement, please join your colleagues in taking this [free, evidence-based e-learning course](#), developed with support from the [California Health Care Foundation \(CHCF\)](#).

GCHP encourages providers to enroll in a free Dignity in Pregnancy and Childbirth training course at [Diversity Science](#). The course is accredited for one hour of CME or CEU credits.

For additional training opportunities, resources or to request language assistance services, visit the GCHP website or contact GCHP's Cultural and Linguistic Services Department at **1-805-437-5603**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). You can also email CulturalLinguistics@goldchp.org.



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