



Provider Operations Bulletin

OCTOBER 2024

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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:

New Welcome Providers Webpage

We are excited to announce the launch of Gold Coast Health Plan's (GCHP) new and improved Welcome Providers webpage! This webpage streamlines access to required and regulatory trainings, ensuring a smoother onboarding process for all our providers.

How to Access:

The <u>Welcome Providers webpage</u> can be accessed on the GCHP website by navigating to For Providers > Welcome Providers.

Available Trainings and Resources:

The webpage offers a variety of important resources and trainings, including:

- New Provider Orientation for Primary Care Providers (PCPs)
- New Provider Orientation for Non-Primary Care Providers
- Orientation Attestation Form
- Cultural and Linguistics Training
- Medi-Cal for Kids & Teens Training

Compliance Reminder:

To remain compliant with the state Department of Health Care Services (DHCS) regulatory onboarding standards, all new GCHP providers, including new practitioners joining existing groups, are required to complete the new provider orientation within 30 days of their contract effective date. GCHP's Provider Relations Department can assist with a one-on-one training session for you and your staff, or you can access the materials on our website and submit your attestation. We are available to assist you to ensure timely completion and receipt of the required attestation.

For any questions or support, please don't hesitate to contact the Provider Relations Team at ProviderRelations@goldchp.org.



SECTION 2:

Medi-Cal for Kids & Teens Training

Effective Jan. 1, 2024, the state Department of Health Care Services (DHCS) requires all providers who offer services to members under 21 years of age to complete Medi-Cal for Kids & Teens training every two years.

Children, teens, and young adults under 21 enrolled in Medi-Cal qualify for a wide range of free services, including checkups, vaccines, health screenings, and treatments for physical, mental, and dental health issues.

DHCS has created a standardized training to help providers understand:

- How to deliver appropriate care for members under 21 years of age.
- How to help children and families access necessary medical care.
- How to bill for covered services.

Provider Expectations:

- Complete the Medi-Cal for Kids & Teens training today and every two years thereafter.
- Submit individual or multi-provider training attestations to Gold Coast Health Plan (GCHP).
- Comply with Medi-Cal contract requirements related to Medi-Cal for Kids & Teens.
- Coordinate services with other members of a patient's care team.

To access the DHCS training and GCHP's attestation form, please visit our Medi-Cal for Kids & Teens webpage.

GCHP's Provider Relations Team will reach out to ensure that you have access to the training and are in compliance with the deadlines.

For any questions about the Medi-Cal for Kids & Teens training, please email ProviderRelations@goldchp.org.

For more information, you can also visit the following DHCS pages:

- DHCS Policy Letter APL23-005
- DHCS Medi-Cal for Kids & Teens Provider Information

SECTION 3:

Timely Access Standards and Methods to Improve Member Access and Availability

The state Department of Health Care Services (DHCS) requires access and availability standards for Medi-Cal providers. Gold Coast Health Plan (GCHP) is proudly charged with maintaining quality care for our members, which includes monitoring access and availability within the network and ensuring that contracted providers comply with access standards.

Please review the table below as a reminder for your practice's scheduling staff and ensure the standards are being incorporated in your clinic workflow. Make note of the in-office wait times for scheduled appointments.

Type of Care	Wait Time
Emergency Services	Immediately.
Urgent Care	Within 48 hours for services that do not require prior authorization.
	Within 96 hours for services that do require prior authorization.
Non-Urgent Primary Care Appointment	Within 10 business days of request for appointment.
Non-Urgent Behavioral Health Appointment	Within 10 business days of request for appointment.
Non-Urgent Specialty Care Appointment	Within 15 business days of request for appointment.
Phone Wait Time	Within three to five minutes, whenever possible.
Ancillary Services for Diagnosis or Treatment	Within 15 business days of request for appointment.
Initial Health Appointment (IHA)	Within 120 calendar days from enrollment.
Waiting Time in Office	Not to exceed 45 minutes after the time of appointment.
Sensitive Services	Ensure confidentiality and ready access to sensitive services in a timely manner and without barriers – NO AUTHORIZATION REQUIRED.
Long Term Care (LTC) Availability	Within seven business days of request.

The following methods can be used to improve member access and availability:

- Have appointment availability with other contracted, in-area, providers within the same office or different location.
- Have appointment availability with other contracted, in-area, mid-level practitioners, such as a physician assistant or nurse practitioner, within the same office or different location.
- Have weekend appointment availability.
- Have telehealth appointment availability.
- Have cancelled appointment availability.

GCHP's Provider Relations Team is available to assist you with any questions or concerns you may have, by email at ProviderRelations@goldchp.org.

SECTION 4:

State Department of Health Care Services (DHCS) Doula Crosswalk Coding Information

Starting Nov. 1, 2024, doulas will need to include a "diagnosis code" on claims for services in fee-for-service (FFS) and managed care delivery systems. This is required by federal law. Under Medi-Cal's doula policy, doulas will only use diagnosis codes that describe / identify what occurred at the service. They are not being used for medical and/or diagnostic purposes.

To assist doulas with submitting claims, the state Department of Health Care Services (DHCS) created the coding crosswalk below that identifies which diagnosis codes may be billed with each CPT or HCPCS code. Doulas can generally choose between several diagnosis codes for each billing code. Claims will be denied if they do not have a diagnosis code or that have a different diagnosis code paired with a billing code than what is shown below. The diagnosis code should be entered in field 21A on the CMS 1500 form. The diagnosis code should NOT have a decimal point on the form. A diagnosis code crosswalk will be published in the Medi-Cal Provider Manual: Doula Services in October 2024, to reflect this requirement. In addition, we also wanted to share the Medi-Cal Provider Bulletin about this new requirement.

	Doula Billing Code Crosswalk					
Billing Code*	Billing Code Service Description+	Diagnosis Code(s) ¹	Diagnosis Code Service Description(s) ²	Additional Guidance ³		
		Z32.2 (prenatal)	Encounter for childbirth instruction			
HCPCS code		Z32.3 (prenatal)	Encounter for childcare instruction	Any one of the four diagnosis codes can be u		
Z1032	Extended Initial visit	Z39.1 (postpartum)	Encounter for care and examination of lactating mother	with HCPCS code Z1032. Please note that the initial visit can be either prenatal or postpartum.		
		Z39.2 (postpartum	Encounter for routine postpartum follow-up			
HCPCS code	Prenatal Visit	Z32.2	Encounter for childbirth instruction	Either diagnosis code can be used with HCPCS		
Z1034	T Terrottar Visit	Z32.3	Childcare instruction	code Z1034.		
		Z33.1	Pregnant state, incremental	Either diagnosis code can be used with CPT code		
CPT code 59409	Vaginal Delivery	Z39.0	Encounter for care and examination of mother immedidately after delivery	59409. Please note that diagnosis code Z39.0 is intended to be used after delivery.		
	Vaginal delivery after	Z33.1	Pregnant state, incremental	Either diagnosis code can be used with CPT code		
CPT code 59612	cesarean delivery	Z39.0	Encounter for care and examination of mother immedidately after delivery	59612. Please note that diagnosis code Z39.0 is intended to be used after delivery.		
	Z33.1 Pregnant state, incr		Pregnant state, incremental	Either diagnosis code can be used with CPT code		
CPT code 59620	Cesarean Delivery	Z39.0	Encounter for care and examination of mother immedidately after delivery	59620. Please note that diagnosis code Z39.0 is intended to be used after delivery.		
CPT code 59840	Abortion	Z33.1	Pregnant state, incremental	Only diagnosis code Z33.1 should be used with CPT code 59840.		
HCPCS code T1033	Miscarriage	Z33.1	Pregnant state, incremental	Only diagnosis code Z33.1 should be used with HCPCS code T1033.		
HCPCS code	Postpartum visit	Z39.0	Encounter for care and examination of mother immedidately after delivery	Any of the three diagnosis codes can be used with		
Z1038		Z39.1	Encounter for care and examination of lactating mother	HCPCS code Z1038. Please note that diagnosis code Z39.0 is intended to be used after delivery.		
		Z39.2	Encounter for routine postpartum follow-up			
LICEGO I		Z39.0 Encounter for care and examination o immedidately after delivery		Any of the three diagnosis codes can be used with		
HCPCS code T1032	Postpartum Extended Visit	Z39.1	Encounter for care and examination of lactating mother	HCPCS code T1032. Please note that diagnosis code Z39.0 is intended to be used after delivery.		
		Z39.2	Encounter for routine postpartum follow-up			

If a doula receives a denied claim and does not understand the reason for the denial, they can:

- Contact the member's managed care plan (MCP) for guidance if the Medi-Cal member has managed care.
- Contact the Telephone Service Centers at 1-800-541-5555 if the Medi-Cal member has FFS.
- Reach out to DHCS directly via email at <u>DoulaBenefit@dhcs.ca.gov</u> if you have questions or need assistance.

SECTION 5:

Blood Lead Testing and Anticipatory Guidance

Under California regulations, providers must give anticipatory guidance on lead poisoning prevention at each periodic health assessment from 6-72 months of age. A state statute requires health care providers inform parents and guardians about:

- The risks and effects of childhood lead exposure.
- The requirement that children in Medi-Cal should be tested for blood lead.
- The requirement that children not in Medi-Cal who are at high risk of lead exposure should also be blood lead
 tested.

For more information, visit the <u>California Department of Public Health Childhood Lead Poisoning Prevention Branch</u>. Providers can order lead brochures to provide to parents / care givers as part of the anticipatory guidance requirement, by email at <u>ClpppAdministration@ventura.org</u>.

Lead Screening Blood Test

The Centers for Medicare and Medicaid (CMS) require that all children eligible for Medicaid (Medi-Cal) receive a blood lead test at both 12 months and 24 months of age.

Children between 36 and 72 months of age must also have a blood lead test if a lead toxicity screening has not been previously conducted.

If a blood "finger stick" test result is greater than or equal to 3.5 mcg/dL, the result must be confirmed through a venous blood draw analyzed by a reference lab that runs inductively coupled plasma mass spectrometry (ICP-MS) or graphite furnace atomic absorption spectrometry (GFAAS).

Venous samples should not be analyzed using a point-of-care testing device.

Filter paper blood lead tests are not accepted by California and its use should be discontinued. If filter paper has been used in the past to test children under 6 years of age and the result was less than 3.5 mcg/dL, the test should be repeated with another screening using either capillary blood and Food and Drug Administration (FDA) approved point-of-care testing device or capillary, or venous blood sent to a lab.

State regulations and guidance, which are more protective on lead testing, should be followed when there is discrepancy with recommendations in Bright Futures.

While blood lead risk assessment is important, it does not replace the need for anticipatory guidance and blood lead testing. As Gold Coast Health Plan (GCHP) child members are considered high risk, blood lead testing and anticipatory guidance remains essential.

Considerations for referral / blood testing

Evaluate blood lead testing results and assess clinical conditions that may be related with elevated blood lead results, including, but not limited to:

- Iron deficiency
- Anemia
- Developmental delay
- Unexplained seizures or neurologic symptoms

- Abdominal pain
- Behavioral problems
- Hearing loss
- Learning deficits

Lead Test Refusal

If the member, or the member's parent / legal guardian refuses the blood lead screening test, providers must ensure a signed statement of voluntary refusal by the member (if an emancipated minor), or the parent / legal guardian is documented in the member's medical record.

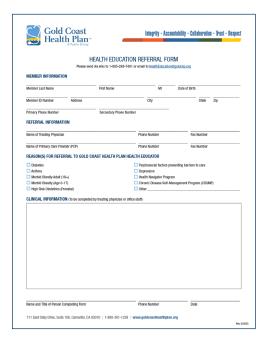
Providers can use the Lead Test Refusal Form on the GCHP website.

GCHP Lead Poisoning Prevention Resources

GCHP offers additional health education materials and resources for members in English and Spanish. Providers can direct members to our <u>Health Education webpage</u> or health library. The <u>Healthwise Health Library</u> offers information on <u>lead screenings</u> and a wide range of topics, including videos and interactive tools.

Contact the Health Education Department for additional information at 1-805-437-5961, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). For TTY, call 711. Providers can also send a <u>Health Education Request Form</u> for members to <u>HealthEducation@goldchp.org</u>.





SECTION 6:

Breast Cancer Screening



October is Breast Cancer Awareness month, a time to promote screenings for breast cancer and the importance of early detection and treatment. Other than skin cancer, breast cancer is the most common cancer affecting American women, with one in eight receiving a diagnosis of breast cancer in their lifetime.

Breast Cancer Screening (BCS) Performance Measure

Gold Coast Health Plan (GCHP) monitors and reports the Breast Cancer Screening (BCS) Managed Care Accountability Set (MCAS) performance measure to the state Department of Health Care Services (DHCS). The BCS measure evaluates the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer anytime on or between October 1 two years prior to the measurement year through December 31 of the measurement year.

GCHP's BCS rates and performance over the last five years have remained stagnant with varying degrees of decline due to the COVID-19 pandemic in 2020. However, through collaborative outreach efforts, partnerships with clinic partners and a new member incentive, the BCS rate has begun to increase. With these continued initiatives, GCHP aims to continue working with its providers to reach the High-Performance Level (HPL) 90th percentile in MY 2024.

To increase the screening rate, GCHP encourages providers to talk to patients about screenings, help schedule mammogram appointments, and share health education materials.



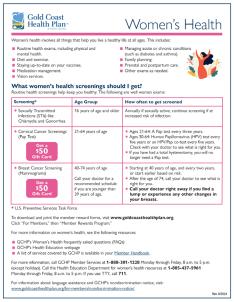
Year	MY 2019	MY 2020	MY 2021	MY 2022	MY 2023
Percentile	50 th	25 th	25 th	50 th	75 th

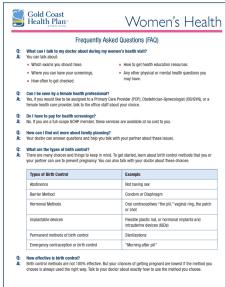
Breast Cancer Screening Member Incentive

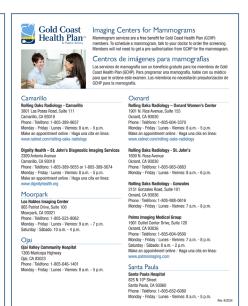
GCHP offers a \$50 gift card to Target, Walmart or Amazon to members 40-74 years of age who complete a breast cancer screening in 2024. Promote this incentive to members when scheduling their appointment or talking to them about breast cancer screenings. Providers can access the breast cancer screening member incentive flyer on the GCHP website.

Health Education Materials

GCHP offers health education resources on the importance of women's health screenings.







Women's Health Flyer

Women's Health FAQs

Mammogram Imaging Centers

SECTION 7:

Managed Care Accountability Set (MCAS) 2023 Performance

For the 12th consecutive year, Gold Coast Health Plan (GCHP) is pleased to announce the successful completion of Measurement Year (MY) 2023 Managed Care Accountability Set (MCAS) reporting and audit-approval.

The MCAS is a set of quality-of-care performance metrics, including both Healthcare Effectiveness Data and Information Set (HEDIS®) and Centers for Medicare & Medicaid Services (CMS) Core set measures. GCHP is required to annually report MCAS and HEDIS quality-of-care rates to both the state Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA).

We thank our providers for your collaboration during the MCAS data collection project and timely responses to our requests. The rates below demonstrate your continued commitment to delivering high quality care to our members.

In 2023, there were 42 total MCAS measures. Of those, 18 were held to Minimum Performance Level (MPL) standards or the 50th percentile national benchmark, and 24 were report-only measures. Of the 18 measures held to MPL, seven used the hybrid data collection method, which includes both medical record review, as well as claims and encounter data. Eleven were reported administratively using solely claims and encounter data. Significant performance improvement was achieved compared to MY 2022, with 83% of measures meeting or exceeding the MPL, including seven measures reaching the 75th percentile or above, a notable increase from 17% in the previous year. Additionally, GCHP scored in the 90th NCQA percentile for Timelines of Prenatal Care, Postpartum Care, and Hemoglobin A1c-Poor Control (>9%).

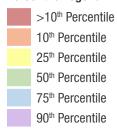
Interventions, such as the implementation of the Quality Incentive Pool and Program (QIPP) and data improvements, contributed to increased data reporting accuracy and health services rendered, including more screenings and exams for various age groups. Specifically, there were significant increases in lead exposure testing, developmental delay screenings, well-care exams, adolescent vaccinations, mammograms, cervical cancer screenings, and chlamydia testing. Chlamydia screenings in women, and child and adolescent well-care visits met the MPL for the first time in GCHP history. MY 2024 reporting preparations are underway with receipt of MY2024 benchmarks anticipated for the fall.

MCAS Measure / Data Element	MY2022 Rate	MY2023 Rate	Rate Difference	
Held to MPL				
Breast Cancer Screening (A)	BCS	56.00	59.65	3.65
Cervical Cancer Screening (H)	CCS	57.91	61.31	3.41
Child and Adolescent Well-Care Visits (A)	WCV	42.33	49.79	7.46
Childhood Immunization Status - Combo 10 (H)	CIS-CO10	40.88	32.85	-8.03
Chlamydia Screening in Women (A)	CHL	53.26	63.59	10.33
Follow-Up After Emergency Department Visit for Mental Illness (A)	FUM-30 Days	29.35	23.59	-5.76
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (A)	FUA-30 days	24.64	28.32	3.69
Hemoglobin A1c Control for Patients with Diabetes—HbA1c Poor Control >9%* (H)	HBD	35.04	28.71	-6.33
Controlling High Blood Pressure (H)	CBP	60.34	62.29	1.95
Immunizations for Adolescents - Combo 2 (H)	IMA-CO2	35.77	41.61	5.84

MCAS Measure / Data Element		MY2022 Rate	MY2023 Rate	Rate Difference	
Lead Screening in Children (A)	LSC	65.69	69.87	4.18	
Asthma Medication Ratio	AMR	52.41	46.80	-5.61	
Topical Fluoride for Children	TFL-CH	0.64	28.10	27.46	
Developmental Screening in the First Three Years of Life	DEV	38.95	47.85	8.90	
Prenatal and Postpartum Care (PPC)					
Postpartum Care (H)	PPC-PPC	86.37	89.29	2.92	
Timeliness of Prenatal Care (H)	PPC-TOPC	91.97	92.21	0.24	
Well-Child Visits in the First 30 Months of Life (W30)					
First 15 Months - Six or more visits (A)	W30-6+	47.38	60.70	13.32	
15 to 30 Months - Two or more visits (A)	W30-2+	68.14	72.94	4.80	

^{*} Lower rate indicates better performance. (A)=Administrative (H)=Hybrid

Percentile Legend



The Quality Improvement (QI) Team will evaluate the results for MY 2023 and conduct a barrier analysis for low performing measures to inform performance improvement plans for measures that did not meet the MPL. Each provider system will receive a scorecard detailing their performance on these measures in the coming months. We look forward to partnering with you to continue providing the best possible care for our members!

If you have any questions, please contact the QI Team at QualityImprovement@goldchp.org.

SECTION 8:

Quality Incentive Pool and Program Measurement Year 2023

Gold Coast Health Plan (GCHP) is excited to announce we have completed our first Measurement Year (MY) in the Quality Incentive Pool and Program (QIPP). The QIPP is a multi-year initiative for improvement in the <u>Managed Care Accountability Set (MCAS)</u> measures held to the minimum performance level (MPL) by the state Department of Health Care Services (DHCS).

GCHP designed the QIPP in alignment with provider partners to improve quality scores through pioneering quality incentive funding and supporting member engagement programs and interventions focused on providing comprehensive, high quality health care to members.

QIPP is a collaborative partnership between GCHP and network providers. It requires operational integration activities, such as leadership and operational meetings, quarterly and annual provider work plan submissions including quality improvement activities to GCHP, and data sharing activities.

QIPP MY 2023 Highlights

In MY 2023, the QIPP included five core measures and five optional measures to be chosen by the participating Health Systems (large integrated medical groups). The optional measures were chosen from any measure within the MCAS held to the DHCS–established MPL, not already included in the core measures.

Quality performance in the QIPP was measured using final audited MCAS performance rates for MY 2023, with MY 2022 serving as the baseline.

QIPP MY 2023 participating Health Systems included:

- Ventura County Health Care Agency
- Clinicas Del Camino Real
- Community Memorial Health

With the partnership and collaboration of our participating Health Systems through QIPP, the following MCAS measures had significant MY 2023 performance improvements for GCHP.

Measure Acronym	MCAS Measures Held to Minimum Performance Level (MPL)	MY2022 GCHP Percentile Rank	MY2023 GCHP Percentile Rank
WCV*	Child and Adolescent Well-Care Visits	10 th	50 th
W30-6+*	Well-Child Visits in the First 30 Months of Life: Six Well-Child Visits in the First 15 Months of Life	10 th	50 th
W30-2+*	Well-Child Visits in the First 30 Month of Life: Two Well-Child Visits Between 15 to 30 Months of Life	50 th	75 th
CHL*	Chlamydia Screening in Women	25 th	75 th
HBD	Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (> 9%)	75 th	90 th
IMA-2	Immunizations of Adolescents: Combination 2	50 th	75 th

^{*}QIPP core measure.

QIPP Measurement Year 2024 Highlights

In MY 2024, the QIPP includes seven core measures and seven optional measures to be chosen by the Health System. The optional measures can be chosen from any measure within the MCAS held to the DHCS–established MPL, not already included in the core measures.

QIPP MY 2024 Core Measures include the following:

- Well-Child Visits for Children 0-15 months 6+ (W30-6+)
- Well-Child Visits for Children 15-30 months 2+ (W30-2+)
- Child and Adolescent Well Care Visits (WCV)
- Chlamydia Screening in Women (CHL)
- Cervical Cancer Screening (CCS)
- Asthma Medication Ratio (AMR) New Core Measure for MY 2024
- Follow-up after an Emergency Department Visit for Substance Use Disorder 30 days (FUA -30) New Core Measure for MY 2024

For participating independent providers, the QIPP includes two to four core measures. There are two required core measures for all independent providers within the program. They are:

- Child and Adolescent Well Care Visits (WCV)
- Topical Fluoride for Children (TFL)

There are additional core measures in each independent provider's core measure set determined by both GCHP and the individual provider practice.

For more information on GCHP's QIPP, email QualityImprovement@goldchp.org.

SECTION 9:

Cultural and Linguistic Services

Gold Coast Health Plan (GCHP) is committed to ensuring all members communicate clearly with their health care providers. GCHP recognizes that lack of cultural awareness and language barriers may disrupt clear communication during the process of receiving medical services. GCHP offers free access to interpretation and translation services, auxiliary aids and alternative format services for all members, whose primary language is not English. GCHP understands that health literacy and culturally and linguistically appropriate services are key factors to building a healthy community.

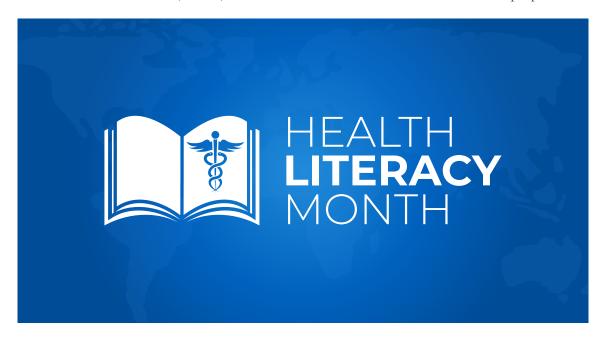
October is Health Literacy Month

For more than 20 years, October has been recognized as Health Literacy Month. Health Literacy Month is a time of international observance when many agencies work collaboratively to integrate and expand the mission of health literacy.

Health literacy and clear communication between health professionals and patients are key to improving health and the quality of health care.

To learn more about how you can promote health literacy awareness in your organization and for training opportunities, visit:

- The National Institutes for Health Provides additional information on the importance of using plain language.
- The Office of Disease Prevention and Health Promotion Provides communication tools and resources.
- <u>The Institute for Healthcare Advancement (IHA)</u> Provides information on effective health communication and training opportunities.
- <u>Healthy People 2023</u> According to Healthy People 2023, health literacy is a key issue in the Health Care Access and social determinant of health (SDOH). SDOH are factors in the environment that affect people's health.



New Language Assistance Services Flyer

GCHP has created a new Language Assistance Services Flyer for members. The flyer includes information about how to access interpreting and translation services, and request alternative formats.





For questions or additional resources, visit the GCHP website or contact GCHP's Cultural and Linguistic Services Department at 1-805-437-5961, Monday through Friday from 8 a.m. to 5 p.m. (except holidays). You can also email CulturalLinguistics@goldchp.org.

SECTION 10:

Health Education

November - Great American Smokeout

November 21, 2024, is The Great American Smokeout, an event sponsored by the American Cancer Society for smokers to quit or to plan to quit smoking. The American Cancer Society started The Great American Smokeout in the 1970s and it continues to empower smokers to quit today.

Don't miss an opportunity to screen members for tobacco use. GCHP urges health care professionals to encourage members to quit smoking or vaping. Kick It California is a free source available to members to quit smoking or vaping. Members can call 1-800-300-8086 (Spanish: 1-800-600-8191) or go online at <u>kickitca.org</u>. The helpline is available Monday through Friday from 7 a.m. to 9 p.m., and Saturday from 9 a.m. to 5 p.m. For TTY, members can dial 711.

Kick It California provides:

- A two-week supply of nicotine patches.
- One-on-one coaching (phone or chat).
- Free self-help materials.
- Texting program.
- Mobile apps for smoking and vaping.
- Materials for those who are pregnant and want to quit smoking and vaping.
- Other tools to help quit using tobacco and nicotine products.

GCHP members will receive the <u>GCHP Tobacco Cessation Flyer</u> in the mail during November to remind them of the resource available to support their journey to quit.

Visit the <u>GCHP Healthwise</u> Health Library for a wide range of topics, including tobacco cessation, healthy eating, exercise, anxiety, and more! Our health library offers interactive tools, videos, and even a symptom checker for members.

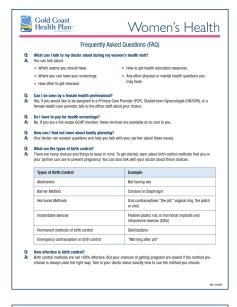


Breast and Cervical Cancer Screening

October is Breast Cancer Awareness Month, a time to raise awareness about breast cancer and the importance of early detection and treatment. GCHP encourage providers to talk to members about their risk for and prevention of breast cancer and the importance of getting necessary screenings.

GCHP offers health education resources on the importance of other health screenings, including our Women's Health Flyer, Women's Health FAQs, Mammogram Imaging Centers, and our Cervical Cancer Flyer. GCHP also offers member incentives for both cervical and breast cancer screening. Providers can download member incentive forms for members on the GCHP website. All materials are available in both English and Spanish. To find additional resources, visit the GCHP Health Education Webpage.









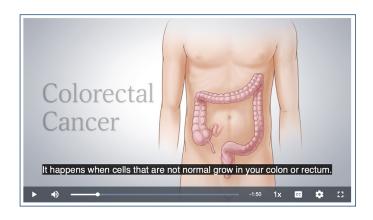




Colorectal Cancer Screenings

GCHP members should be screened for colorectal cancer starting at 45 years of age. By prioritizing colorectal screenings, cancer or precancerous conditions can be identified early, which allows for timely interventions and better outcomes. Encourage members to get their screening for colorectal cancer. Many may be apprehensive about getting screened, but it is important to address any concerns, highlight the benefits, and talk about the different options available.

GCHP's Health Library has information about colorectal cancer screenings to help members learn about colon cancer and the screening process.



November - Diabetes Awareness Month

Diabetes Awareness Month is a perfect time to educate members about the importance of regular diabetes monitoring and management. GCHP understands that this can be very complicated for members, as there are so many factors to consider in managing diabetes. GCHP offers many resources to help members take control of their diabetes. These include the Chronic Disease Self-Management Program (CDSMP) for members with multiple conditions, and Diabetes Prevention Program for those with pre-diabetes. GCHP's Health Education Department can provide workshops at your clinic site. You can also refer members to GCHP and one of our Health Navigators can assist members with diabetes education. Email us at HealthEducation@goldchp.org to:

- Request a workshop for your site.
- Refer a member for health education. Providers can use the Health Education Referral Form.

During November, members will receive GCHP's My Diabetes Exam Record Flyer in the mail to stress the importance of managing their diabetes and getting routine screenings. Visit the GCHP Health Education webpage for additional information and resources.







Flu Season and Vaccines

GCHP members can get their flu shots at no cost. GCHP urges providers to encourage all members 6 months of age and older to get their flu vaccine. Clinics around the county will offer walk-in clinics to assist members in getting their vaccine. Check out the GCHP Calendar to assist members in finding a clinic near them.

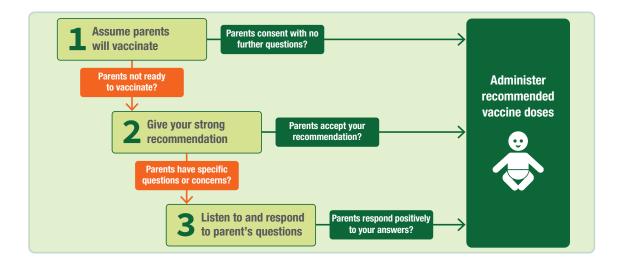
We understand that each season there are some members who are hesitant to get their flu shot. Education is key in addressing any concerns and myths surrounding the flu vaccine. Talk to members (and parents) to dispel any misconceptions by actively listening and responding to questions.



- When listening, seek to understand the context behind parents' questions before responding so you can be sure the information you provide is appropriate to their concerns.
- Share your vaccine recommendation.
- Parents and members consistently rank their child's doctor as their most trusted source for vaccine information.

For more information and tips to help address vaccine hesitancy, view the following Centers for Disease Control and Prevention (CDC) resources:

- Talking with Parents about Vaccines
- Questions Parents May Ask about Vaccines



Flu Resources

Pregnancy

- » The flu vaccine can be administered at any time during pregnancy.
- » People who are or will be pregnant during flu season should receive the inactivated flu vaccine.

Children

» Children who need two doses of the flu vaccine should get their first dose as soon as it becomes available. If a child has had less than two flu vaccines between 6 months and 8 years of age, they should get two vaccines at least four weeks apart.

Immunocompromised

» Those with weakened immune systems are at greatest risk of flu complications. If a member has a medical condition, such as heart disease, cancer, or diabetes, the flu can make it worse. It is vital for these individuals to get their flu vaccine.

Adults

» Adults, especially those 65 years old and older, are at higher risk of developing serious flu complications compared with young, healthy adults.

CDC:

- Flu materials
- Cover Your Cough Poster for Health Care:
 - » English
 - » Spanish
- Be A Germ-Buster... Wash Your Hands Poster (How-to Hand Washing)
 - » English
 - » Spanish

Healthwise:

- Flu Vaccines: Should I Get a Flu Vaccine?
 - » English
 - » Spanish
- Common Questions About the Flu Vaccine
 - » English
 - » Spanish

Contact the Health Education Department for additional information at 1-805-437-5961, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). For TTY, call 711. Providers can email HealthEducation@goldchp.org.





Provider Operations Bulletin

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For additional information, contact Customer Service at 1-888-301-1228. Gold Coast Health Plan

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www.goldcoasthealthplan.org