



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

Provider Operations Bulletin

MAY 2025

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 GCHP Provider Services at 1-888-301-1228 and request to speak to your Provider Relations representative.

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SECTION 1:

Member Language Information Availability

Member language information is now available on Gold Coast Health Plan's Provider Portal! The information is accessible in the Patient Eligibility Details screen, under Member Information. For questions, or if you have issues accessing this information, call Provider Services at 1-888-301-1228.


Patient Eligibility Search > Search Results > Details

PATIENT ELIGIBILITY DETAILS

Member Information

██████████
Male | DOB: ██████████

Member ID ██████████	Relationship Subscriber	Address ██████████ ██████████
County Code 56	County Name VENTURA	Phone Number ██████████
		Primary Language EN - English



SECTION 2:

Primary Care Depression Screening and Follow-Up Care for Gold Coast Health Plan (GCHP) Members Ages 12 and Older

Screening for early detection and treatment of mental and substance use disorders in primary care settings can improve quality of life, help contain health care costs, and reduce complications from co-occurring behavioral health (BH) and medical comorbidities. The Bright Futures and American Academy of Pediatrics (AAP) recommendations for Preventive Pediatric Health Care, also known as the [Periodicity Table](#), is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence.

Depression Screenings

Depression is a leading cause of disability in the United States, according to the United States Preventive Services Task Force (USPSTF). To support this important clinical work, the state Department of Health Care Services (DHCS) monitors and will soon begin holding Medi-Cal managed care plans (MCPs) and providers to the quality measure Depression Screening and Follow-up (DSF).

Adults:

The USPSTF recommends screening for depression in all adults, regardless of risk factors. Risk factors for depression include a combination of genetic, biological, and environmental factors, such as a family history of depression, prior episode of depression or other mental health condition, a history of trauma or adverse life events, and/or a history of disease or illness.

Youth:

The USPSTF recommends screening for Major Depressive Disorder (MDD) in all adolescents 12 years of age and older, also noting that several risk factors might help to identify members at higher risk. Risk factors for depression include a combination of genetic, biological, and environmental factors such as a family history of depression, prior episode of depression, and other mental health or behavioral problems. Children and adolescents with depression typically have functional impairments in their performance at school or work, as well as in their interactions with their families and peers.

Common Screening Tools:

- [Patient Health Questionnaire \(PHQ\) -2](#)
- [Patient Health Questionnaire Modified for Teens \(PHQ-9M\)](#)
- [PHQ-9](#)
- [Edinburgh Postnatal Depression Scale \(EPDS\) \(also used prenatally\) \(specific for perinatal depression screening\)](#)

Depression Measures

Measure: [Depression Screening and Follow-Up for Adolescents and Adults \(DSF-E\)](#)

- **Description:** The percentage of individuals ages 12 and older who were screened for clinical depression using standardized instruments and, if screened positive, received follow-up care. Two rates are reported:
- **Rate 1:** Depression screening
 - » Denominator 1: The initial population, minus exclusions.
 - » Numerator 1: Depression screening: Percentage screened for clinical depression using a standardized instrument between Jan. 1 and Dec. 1 of the measurement year.

- **Rate 2:** Follow-up on positive screening
 - » Denominator 2: All members from numerator 1 with a positive depression screen finding between Jan. 1 and Dec. 1 of the measurement year.
 - » Numerator 2: Follow-up on positive screen: Percentage receiving follow-up care within 30 days of a positive screening.
- **Exclusions:** Members with history of bipolar disorder any time until the end of the year prior to the measurement year. Members with depression that started in the prior measurement year. Members who use hospice services or members who die any time during the measurement period.

Measure: Postpartum Depression Screening and Follow-Up (PDS-E)

- **Description:** The percentage of members with deliveries between Sept. 8, 2024, and Sept. 7, 2025, who were screened for clinical depression during the postpartum period (7 to 84 days after delivery) and, if positive, received follow-up care. Two rates are reported:
- **Rate 1:** Depression screening
 - » Denominator 1: The initial population, minus exclusions.
 - » Numerator 1: Depression screening deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7 to 84 days following the delivery date.
- **Rate 2:** Follow-up on positive screen
 - » Denominator 2: All deliveries from numerator 1 with a positive finding for depression during the 7 to 84 days following the date of delivery.
 - » Numerator 2: Follow-up on positive screen deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).
- **Exclusion:** Deliveries in which members were in hospice or using hospice services any time during the measurement period. Members who die any time during the measurement period.

Measure: Prenatal Depression Screening and Follow-Up (PND-E)

- **Description:** The percentage of members with deliveries between Jan. 1 and Dec. 31, 2025, of the measurement period who had a prenatal screening between the pregnancy start date and the delivery date (including on the delivery date) and follow-up for positive screening within 30 days. Two rates are reported:
- **Rate 1:** Depression screening
 - » Denominator 1: The initial population, minus exclusions.
 - » Numerator 1: Depression screening deliveries, in which members had a documented result for depression screening, using an age-appropriate standardized screening instrument, performed during pregnancy (on or between pregnancy start date and the delivery date).
- **Rate 2:** Follow-up on positive screen
 - » Denominator 2: All deliveries from numerator 1 with a positive finding for depression during pregnancy.
 - » Numerator 2: Follow-up on positive screen deliveries, in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).
- **Exclusion:** Deliveries that occurred at less than 37 weeks gestation. Members who were in hospice or using hospice services any time during the measurement period. Members who die any time during the measurement period.

GCHP Referral and Claims Information:

If a member presents with mild to moderate depression symptoms and impairment, then providers can refer the member to Carelon Behavioral Health with a [Primary Care Physicians \(PCP\) Referral Form](#). If a member presents with moderate to severe depressive symptoms, including acute suicidality, or Substance Use Disorder (SUD), then providers can refer to Ventura County Behavioral Health ([VCBH](#)), 1-805-981-6830.

DSF-E, PDS-E, and PND-E Quality Reporting

- Methods used to identify a follow-up on a positive screening within 30 days:
 - » A clinic encounter (outpatient, telephone, e-visit, virtual check-in, depression case management, behavioral health encounter, exercise counseling).
 - » A dispensed antidepressant medication.
 - » Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.
 - » Encounter for exercise counseling.
- Methods to identify the type of depression screening tool used and score:
 - » Electronic Clinical Data Systems (ECDS) data (e.g., EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.
 - » Sample LOINC codes for standardized assessment tools with positive finding scores:
 - › PHQ-9 44261-6 (positive score ≥ 10)
 - › PHQ-2 55758-7 (positive score ≥ 3)
 - › PHQ-9M89204-2 (positive score ≥ 10)
 - › EPDS 99046-5 (positive score ≥ 10)

Carelon Member Services: 1-866-477-8208

VCBH Access Line: 1-866-998-2243 (If VCBH has not reached out in seven business days, call them at 1-805-981-4233).

Tip Sheet References:

[Depression Screening and Follow-Up for Adolescents and Adults \(DSF-E\)](#)

[Postpartum Depression Screening and Follow-Up \(PDS-E\)](#)

[Prenatal Depression Screening and Follow-Up \(PND-E\)](#)

Documentation Requirements:

Member medical records must include the following:

- The service provided (e.g., screen and brief intervention).
- The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record).
- The name of the assessment instrument (when indicated) and the score on the assessment (unless the screening tool is embedded in the electronic health record).

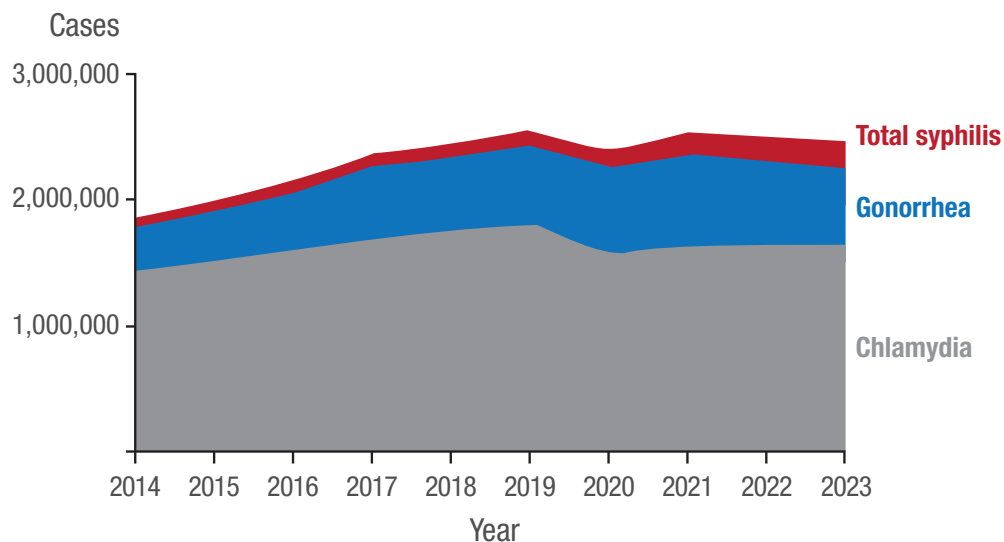
SECTION 3:

Chlamydia Remains the Highest Reported Sexually Transmitted Infection (STI)

The Centers for Disease Control and Prevention (CDC) reports that in 2023, a total of 1,648,568 cases of Chlamydia trachomatis were reported, making it the most common nationally notifiable sexually transmitted infection (STI) in the United States for that year. Of those cases, 55.8% were among persons 15 to 24 years of age. Furthermore, the California Department of Public Health (CDPH) reported similar findings, with 489 cases per 100,000 people in California.

CDC STI Surveillance 2023 Data

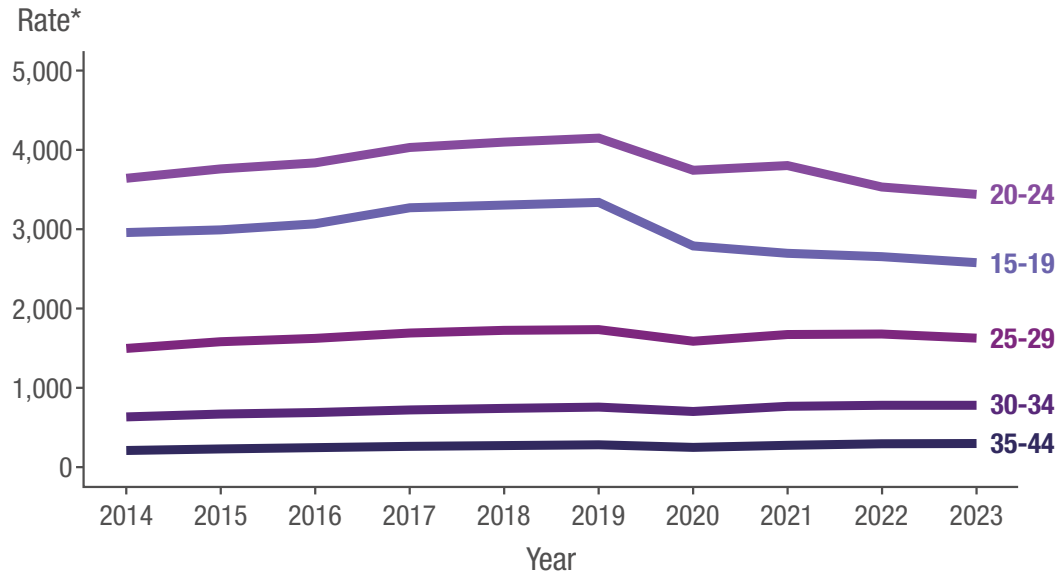
Sexually Transmitted Infections (STIs) — Reported Cases by STI and Year, United States, 2014–2023



NOTE: "Total syphilis" includes all stages of syphilis and congenital syphilis.

<https://www.cdc.gov/sti-statistics/media/files/2024/08/data.zip>

Chlamydia — Rates of Reported Cases Among Women Aged 15–44 Years by Age Group and Year, United States, 2014–2023

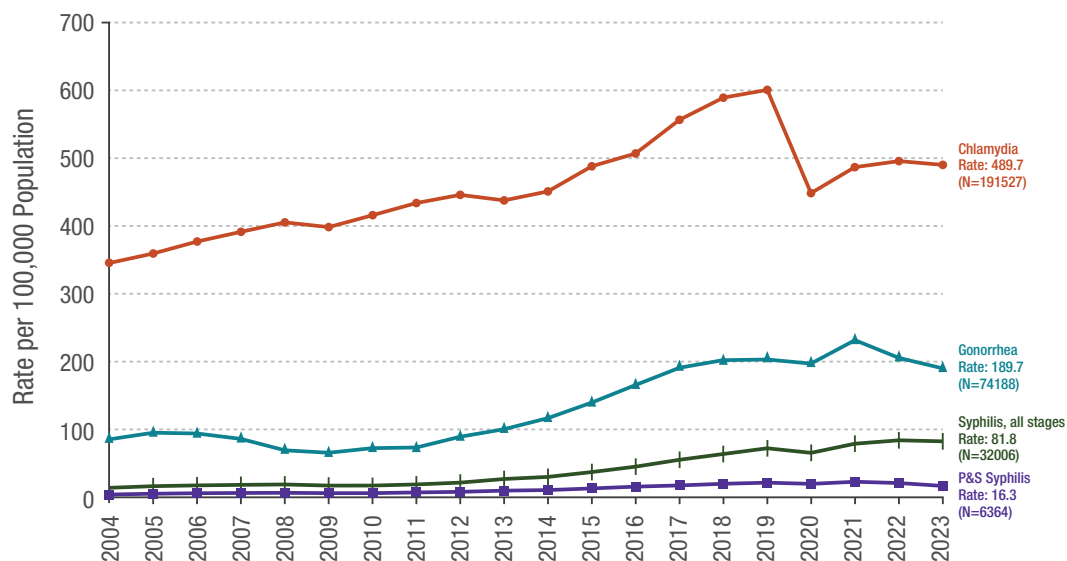


* Per 100,000

<https://www.cdc.gov/sti-statistics/media/files/2024/08/data.zip>

CHDP STI Surveillance 2023 Data

Chlamydia, Gonorrhea, Primary & Secondary Syphilis, and Syphilis (all stages) Incidence in California, 2004–2023

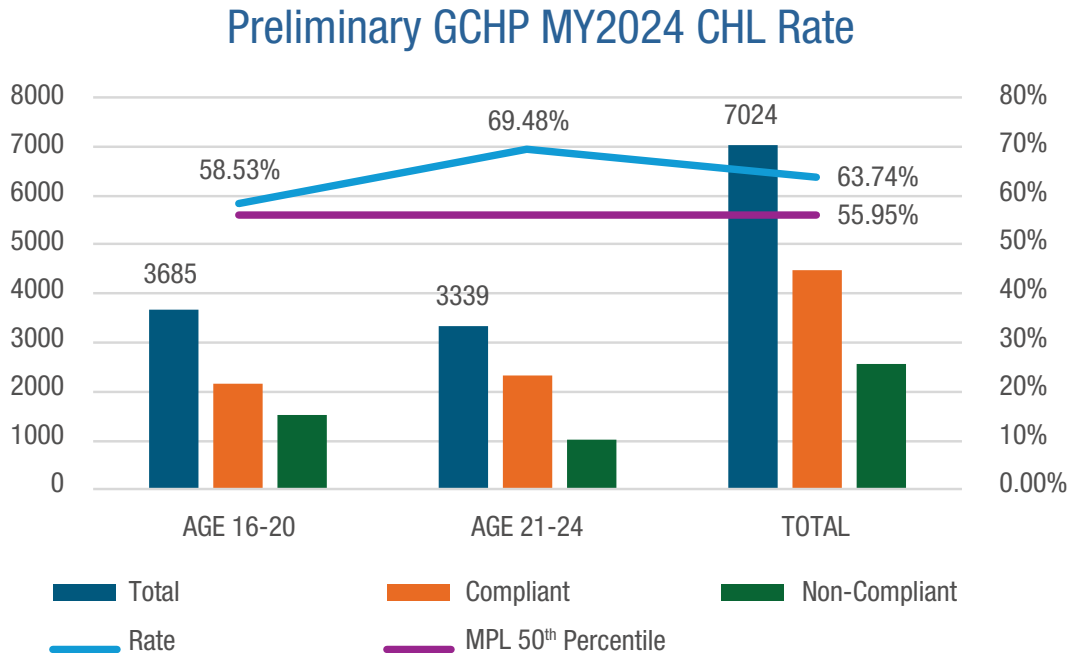


<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

Chlamydia Screening (CHL) MCAS Performance Measure

Gold Coast Health Plan (GCHP) monitors the performance of the National Committee for Quality Assurance (NCQA) Chlamydia Screening (CHL) performance measure. This measure assesses women 16 to 24 years of age who have been identified as being sexually active that are screened for chlamydia on an annual basis.

The graph below shows preliminary data for the measurement year (MY) 2024 CHL rate. Due to continued efforts by our providers, GCHP is projected to exceed the minimum performance level (MPL) 50th percentile. However, those 16 to 20 years of age are still less likely to be screened compared to women 21 to 24 years of age.



Evidence Based Best Practices

Universal screening for all 16- to 24-year-old women and girls

Routinize annual sexual health activity assessment

Offer CHL screening at well-care exams

Below are resources developed to guide and help clinics with making these important workflow changes.

1. Chlamydia Coalition
 - A. [A How-To Implementation Guide for Health Care Providers:](#)
 - Taking a sexual history
 - Routinizing chlamydia screening
 - Improving chlamydia screening and retesting
2. Family Planning National Training Center
 - A. [Chlamydia Screening Change Package](#)
 - Include chlamydia screening as a part of routine clinical preventive care.
 - Use normalizing and opt-out language such as, “I recommend a test for chlamydia to all my clients under 25.”
 - Use the least invasive, high-quality, recommended laboratory technologies available.

B. [Chlamydia Screening Toolkit](#)

- Best practice recommendations
- Action steps
- Training guides

Educating patients is key in helping them feel confident about their sexual health. This includes making sure patients feel comfortable asking questions and understand the risks of STIs. Providing patients with the knowledge they need to make informed decisions about sexual activities and screenings will empower them to take care of their and their partner's health. The CDC offers fact sheets [about chlamydia](#) and other [STIs](#) in both English and Spanish. Members can also visit the [GCHP Health Library](#) to learn about STIs, sexual health, and much more.

For more information, please reach out to the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 4:

Colorectal Cancer Screening

Nationally, colorectal cancer is the second leading cause of cancer-related deaths in both men and women, and in a troubling trend, the leading cause of cancer deaths for men under 50 years of age and the second leading cause of cancer deaths for women under 50 years of age. Cancer was the leading cause of both death and premature death in Ventura County from 2019 to 2021; colorectal cancer was the fourth leading cause of premature death due to cancer in Ventura County.

Patient awareness and education is critical to improve screening rates and reduce the risk for colorectal cancer. Screening is important because when found early, colorectal cancer is highly treatable. As a provider, we're counting on you to promote routine screening and schedule your patients for the test that is right for them.

Colorectal Cancer Screening (COL) Measure

The colorectal cancer screening (COL) measure is one of the Managed Care Accountability Set (MCAS) measures that Gold Coast Health Plan (GCHP) reports annually. The COL measure evaluates the percentage of members, 45 to 75 years of age, who had an appropriate screening for colorectal cancer. You can reference the GCHP [COL tip sheet](#) for the Healthcare Effectiveness Data and Information Set (HEDIS®) measure description and billing codes.

GCHP and NCQA National Average COL Rates

The table below shows GCHP's and NCQA's national average COL rates. GCHP's rates are trending low, indicating an opportunity to increase screening levels for members.

Measurement Year	GCHP 2022	GCHP 2023	GCHP 2024*	NCQA Natl. Avg.
COL Rate	29.93	32.37	33.75	38.06

*Preliminary MY 2024 rate. The final MY 2024 rate will be reported in June 2025.

How Can Providers Improve Their COL Rates?

Make Sure Patients are Getting Colorectal Cancer Screening Early, Starting at Age 45

- The United States Preventive Services Task Force (USPSTF) recommends that adults ages 45 to 75 be screened for colorectal cancer.
- Patients may need to be screened earlier than 45, or more often than other people, if they have:
 - » Inflammatory bowel disease such as Crohn's disease or ulcerative colitis.
 - » A personal or family history of colorectal cancer or colorectal polyps.
 - » A genetic syndrome such as familial adenomatous polyposis or hereditary non-polyposis colorectal cancer (Lynch syndrome).

Talk to Your Patients About the Types of COL Screenings Available:

- **Stool-based tests**
 - » Fecal occult blood test (FOBT)
 - » Fecal immunochemical-DNA test (FIT-DNA)
- **Visual exams**
 - » Colonoscopy
 - » Flexible sigmoidoscopy
 - » CT colonoscopy

Health Education

GCHP offers free health education services, material, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or [refer](#) patients.

- Providers, call: 1-805-437-5961
- Members, call: 1-888-301-1228 (TTY: 711)
- [GCHP Health Education Resources](#) (provided in English and Spanish)
- [GCHP Health Library](#)

Colorectal Cancer Screening Resources

- [American Cancer Society Cancer Facts & Figures](#)
- [Centers for Disease Control and Prevention \(CDC\) Screening for Colorectal Cancer](#)
- [U.S. Preventive Services Task Force Colorectal Cancer: Screening](#)
- [Ventura County Community Health Needs Assessment 2022](#)

SECTION 5:

Updates to Breast Cancer Screening Age Range for HEDIS® MY 2025

The National Committee for Quality Assurance (NCQA) has expanded the age range for the Healthcare Effectiveness Data and Information Set (HEDIS®) Breast Cancer Screening measure to align with the United States Preventive Services Task Force (USPSTF) guidelines. For measurement year (MY) 2025, the eligible population for breast cancer screenings is women 40 to 74 years of age, which was updated from the prior year specification of women 50 to 74 years of age.

The leading cause of cancer death in women ages 20 to 49 in the United States is breast cancer, according to the Breast Cancer Research Foundation. Research conducted by the American Cancer Society showed the lowest screening prevalence is among women 40 to 44 years of age, and those who have less than a high school education, are uninsured, or immigrated in the past 10 years. The study also found although Black women appear to have the highest screening prevalence, they are less likely to have high-quality screening and timely follow-up of abnormal results.

Due to the age expansion, Gold Coast Health Plan's (GCHP) eligible population for breast cancer screening has increased by more than 8,000 members. GCHP is working diligently on outreach strategies for the newly eligible members to complete their breast cancer screenings in a timely fashion.

We encourage you to talk to your patients about the importance of early screenings, help schedule mammogram appointments, and share health education materials.

Breast Cancer Screening Member Incentive

GCHP offers a \$50 gift card to members 40 to 74 years of age who complete a breast cancer screening in 2025. We encourage you to promote this incentive to members when scheduling their appointment and to talk to them about breast cancer screening. Providers can access the breast cancer screening member incentive flyer on the [GCHP website](#).

Health Education Materials

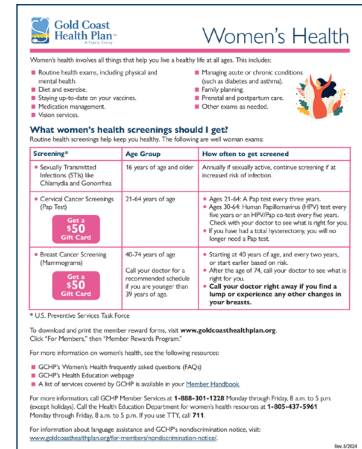
GCHP offers health education resources on the importance of women's health screenings. All materials are available in English and Spanish.

- [Women's Health Flyer](#)
- [Women's Health FAQs](#)
- [Mammogram Imaging Centers](#)

For more information, including referring members or requesting health education materials, please contact the GCHP Health Education Department at 1-805-437-5961, Monday through Friday, 8 a.m. to 5 p.m. (except holidays) (TTY: 711).

You can complete the [Health Education Referral Form](#) to refer members.

To receive materials, email HealthEducation@goldchp.org. Both providers and members can visit [GCHP Health Education webpage](#) to find out more. Members and providers can also visit the [GCHP Health Library](#) to learn more about many health topics and ways to stay healthy.



Gold Coast Health Plan Women's Health

Women's health involves all things that help you live a healthy life at all ages. This includes:

- Routine health exams, including physical and mental health.
- Diet and exercise.
- Staying up-to-date on your vaccines.
- Medication management.
- Vision services.
- Pregnancy, acute or chronic conditions (such as diabetes and asthma).
- Family planning.
- Prenatal and postpartum care.
- Other exams as needed.

What women's health screenings should I get?
Routine health screenings help keep you healthy. The following are just some examples:

Screening*	Age Group	How often to get screened
• Sexually Transmitted Infections (STIs) like Chlamydia and Gonorrhea	16 years of age and older	Annually if sexually active, continue screening if at increased risk of infection.
• Cervical Cancer Screening (Pap Test)	21-64 years of age	• Ages 21-64: A Pap test every three years. • Ages 35-64: Human Papillomavirus (HPV) test every five years or an HPV/Pap co-test every five years. Check with your doctor to see what is right for you. • If you have had a total hysterectomy, you will no longer need a Pap test.
• Breast Cancer Screening (Mammogram)	40-74 years of age	• Starting at 40 years of age, and every two years, or at least earlier based on risk. • After the age of 74, call your doctor to see what is right for you. • Call your doctor right away if you find a lump or experience any other changes in your breasts.

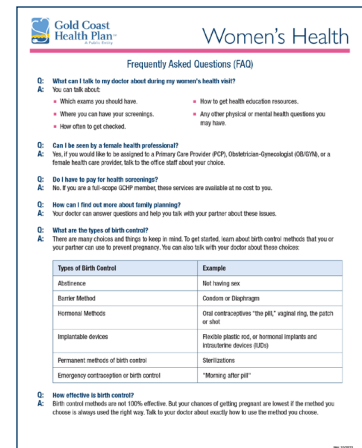
* U.S. Preventive Services Task Force
To download and print the member reward form, visit www.goldcoasthealthplan.org. Click "For Members," then "Member Rewards Program."

For more information on women's health, see the following resources:

- GCHP's Women's Health frequently asked questions (FAQs)
- GCHP's Health Education webpage
- A list of services covered by GCHP is available in your Member Handbook.

For more information, call GCHP Member Services at 1-805-301-1228 Monday through Friday, 8 a.m. to 5 p.m. (except holidays). Call the Health Education Department for women's health resources at 1-805-437-5961 Monday through Friday, 8 a.m. to 5 p.m. If you use TTY, call 711.

For information about language assistance and GCHP's nondiscrimination notices, visit: www.goldcoasthealthplan.org/health-education/health-education-notices



Gold Coast Health Plan Women's Health

Frequently Asked Questions (FAQ)

Q: What can I talk to my doctor about during my woman's health visit?
A: You can talk about:

- Which exams you should have.
- When you can have your screenings.
- How often to get checked.
- How to get health education resources.
- Any other physical or mental health questions you may have.

Q: Can I be seen by a female health professional?
A: Yes, if you would like to be assigned a Primary Care Provider (PCP), Obstetrician-Gynecologist (OB/GYN), or a female health care provider, talk to the office staff about your choice.

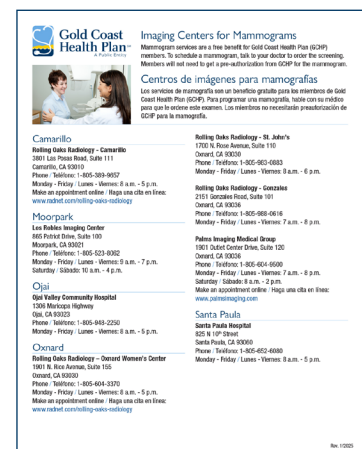
Q: Do I have to pay for health screenings?
A: No, if you are a Gold Coast Health Plan member, these services are available at no cost to you.

Q: How can I find out more about family planning?
A: Your doctor can answer questions and help you talk with your partner about these issues.

Q: What are the types of birth control?
A: There are many choices and things to keep in mind. Get studied, learn about birth control methods that you or your partner can use to prevent pregnancy. You also talk with your doctor about these choices.

Types of Birth Control	Example
Abstinence	Not having sex
Barrier Method	Condom or Diaphragm
Hormonal Methods	Oral contraceptives "the pill," vaginal ring, the patch or shot
Injectable devices	Flexible plastic, rod, or hormonal implants and injectable devices (IUDs)
Permanent methods of birth control	Sterilizations
Emergency contraception or birth control	"Morning after pill"

Q: How effective is birth control?
A: Birth control methods are not 100% effective. But your chances of getting pregnant are lower if the method you choose is always used the right way. Talk to your doctor about exactly how to use the method you choose.



Gold Coast Health Plan Imaging Centers for Mammograms

Mammograms are an important part of a breast health plan for Gold Coast Health Plan (GCHP) members. To schedule a mammogram, talk to your doctor to order the screening. Members will not need to pay a copayment for a mammogram at GCHP for the mammogram.

Centros de imágenes para mamografías
Los servicios de mamografía son un beneficio gratuito para los miembros de Gold Coast Health Plan (GCHP). Para programar una mamografía, hable con su médico para que le ordene este examen. Los miembros no necesitan pagar nada de GCHP por la mamografía.

Camarillo
Hunting Oaks Radiology - Camarillo
1801 Las Posas Blvd, Suite 111
Camarillo, CA 93603
Phone: Telefax: 1-805-399-0457
Monday - Friday: Lanes - Varies 8 a.m. - 5 p.m.
Make an appointment online: Haga una cita en línea: www.goldcoasthealthplan.org

Moorpark
Los Robles Imaging Center
660 Forest Glen, Suite 100
Moorpark, CA 93621
Phone: Telefax: 1-805-623-8082
Monday - Friday: Lanes - Varies 8 a.m. - 7 p.m.
Saturday: 10 a.m. - 4 p.m.

Ojai
Ojai Valley Community Hospital
1300 Montez Highway
Ojai, CA 93023
Phone: Telefax: 1-805-949-2250
Monday - Friday: Lanes - Varies 8 a.m. - 5 p.m.

Oxnard
Hunting Oaks Radiology - Oxnard Women's Center
1000 N. Main Avenue, Suite 102
Oxnard, CA 93030
Phone: Telefax: 1-805-464-2370
Monday - Friday: Lanes - Varies 8 a.m. - 5 p.m.
Make an appointment online: Haga una cita en línea: www.goldcoasthealthplan.org

Hunting Oaks Radiology - St. John's
1702 N. Rose Avenue, Suite 110
Oxnard, CA 93023
Phone: Telefax: 1-805-953-0883
Monday - Friday: Lanes - Varies 8 a.m. - 6 p.m.

Hunting Oaks Radiology - Goleta
2151 Goleta Road, Suite 101
Goleta, CA 93025
Phone: Telefax: 1-805-988-4616
Monday - Friday: Lanes - Varies 7 a.m. - 6 p.m.

Palms Imaging Medical Group
1801 Ojai Center Drive, Suite 120
Santa Paula, CA 91366
Phone: Telefax: 1-805-404-0500
Monday - Friday: Lanes - Varies 7 a.m. - 8 p.m.
Saturday: 10 a.m. - 2 p.m.
Make an appointment online: Haga una cita en línea: www.goldcoasthealthplan.org

Santa Paula
Santa Paula Hospital
625 N. Main
Santa Paula, CA 91366
Phone: Telefax: 1-805-452-6000
Monday - Friday: Lanes - Varies 8 a.m. - 5 p.m.

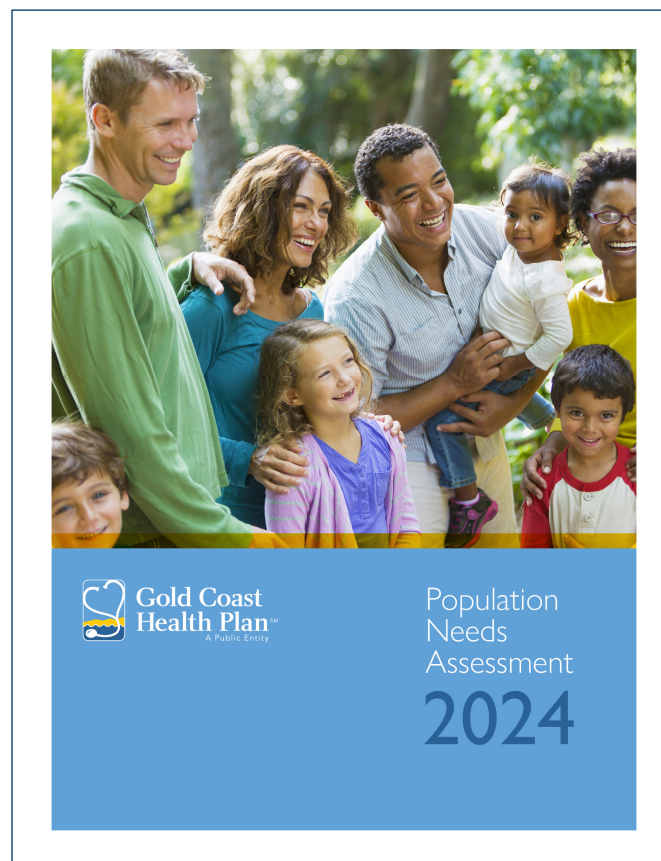
SECTION 6:

2024 Population Needs Assessment Now Available

Gold Coast Health Plan (GCHP) has released its 2024 Population Needs Assessment, which summarizes the health needs of its members and identifies areas where population health management strategies can have a positive impact. This annual report is part of GCHP's commitment to improving the health of its members and guiding efforts to build a healthier community. The population needs assessment provides demographic information, such as language, race, ethnicity, about GCHP's members and the population our provider network serves. Needs are assessed for children and adolescents, persons with disabilities, persons with persistent mental illness, members with limited English proficiency, and more.

To access the full report, visit the [Population Needs Assessment page](#) on the GCHP website.

If you have further questions or need assistance accessing the report, email Erin Slack, Senior Manager Population Health Management, at eslack@goldchp.org.



SECTION 7:

Health Education

Food Pantry Resources


Multiple food distribution sites provide essential support for families in need in Ventura County. These resources aim to reduce hunger and ensure families have access to food. Members can find a location near them by visiting the [Food Share locator](#).

Other Resources:

- **Food Share** – Dedicated to the fight against hunger in Ventura County, and includes information on shelter group homes and after school programs ([English and Spanish](#)).
- **CalFresh** - Helps families and people who have little or no income to buy groceries ([English](#) and [Spanish](#)).
- **211 Ventura** – Free, confidential services that connect people with community services and resources.
- **GCHP Community Resources** – Offers community resources such as food, housing, childcare, and more.

Asthma Action Plan

GCHP encourages providers to complete an [asthma action plan](#) with members to help them take control of their asthma. Completing this plan gives the opportunity to discuss asthma zones, triggers, and treatment.


Integrity • Accountability • Collaboration • Trust • Respect

ASTHMA ACTION PLAN

Name: _____ Date: _____

Doctor: _____ Doctor's Phone Number: _____

GREEN ZONE • Doing Well

Symptoms: No cough, wheeze, chest tightness, or shortness of breath during the day or night. Can do usual activities.

Peak Flow: _____ (more than 80% of personal best)

My best peak flow is: _____

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
_____	_____	_____
Before exercise	_____ puffs	5 minutes before exercise

YELLOW ZONE • Asthma is Getting Worse

Symptoms: Cough, wheeze, chest tightness, shortness of breath, waking at night, can do some, but not all, usual activities.

Peak Flow: _____ to _____ (between 50% to 79% of personal best)

1 Add Quick Relief Medicine and keep taking your GREEN ZONE medicine

Take _____ puffs every 20 minutes for up to 1 hour. ☐ Nebulizer once

2 If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment

☐ Continue monitoring to be sure you stay in the green zone.

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

Take _____ puffs or ☐ Nebulizer

Add _____ puffs (oral steroid) mg per day. For _____ (3 to 10) days.

Call the doctor ☐ before / ☐ within _____ hours after taking the oral steroid.

RED ZONE • Medical Alert!

Symptoms: Very short of breath, quick-relief medicines have not helped, cannot do usual activities, symptoms are the same or get worse after 24 hours in Yellow Zone.

Peak Flow: _____ (less than 50% of personal best)

Take this medicine:

Take _____ puffs or ☐ Nebulizer / _____ (oral steroid) mg.

Then call your doctor NOW. Call 911 if:

☐ You are still in the red zone after 15 minutes AND ☐ You have not reached your doctor.

DANGER SIGNS:

- Trouble walking and talking due to shortness of breath. Take _____ puffs of your quick-relief medicine.
- Lips or fingernails are blue.
- Go to the hospital or call 911.
- Call your doctor _____ (phone).

24-Hour Advice Nurse Line: 1-800-437-5001 / 1-877-431-1700 (toll free). If you use a TTY, call 711.

Member Services: 1-888-301-1228. If you use a TTY, call 711.

Tobacco Cessation – Nicotine Replacement Therapy (NRT)

Nicotine replacement therapy (NRT) is an effective tool to help members quit smoking by reducing withdrawal symptoms and cravings. At every visit, it is important to assess members' habits around smoking, vaping, chewing tobacco, and using nicotine pouches. This allows for the opportunity to discuss the benefits of quitting and the potential use of NRTs to improve outcomes and help members achieve long-term success with quitting.

Certain NRTs are covered by Medi-Cal Rx.

GCHP's Health Education Department can help provide members tobacco cessation materials, including resources like Kick-It California that offers one-on-one coaching (by phone or chat), self-help materials, texting, and more.



Free Help to Quit Smoking or Vaping

Kick It California has free resources to help you quit smoking, vaping, and using hookah and smokeless tobacco.

- One-on-one coaching (phone or chat)
- Self-help materials
- Texting program
- Mobile apps for smoking and vaping

You may be eligible for a two-week supply of nicotine patches to be mailed to you. Call **1-800-300-8086** today!

Help is available Monday through Friday, 7 a.m. to 9 p.m. and Saturday, 9 a.m. to 5 p.m. For additional support or resources, visit www.kickitca.org and sign up.

KICK / T
California 1-800-300-8086

To learn more about tobacco cessation or vaping, or to request resources, call GCHP's Health Education Department at: **1-805-437-5961** Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.

If you have any questions about Nicotine Replacement Therapy, visit your local pharmacy or call Medi-Cal Rx 24 hours a day, seven days a week at **1-800-977-2273**. If you use a TTY, call **711**.

For information about language assistance and GCHP's nondiscrimination notice, visit: <https://www.goldcoasthealthplan.org/for-members/nondiscrimination-notice/>.



Approved Companies for Health Education Materials

Enhance member care by using written health education materials from companies approved by the state Department of Health Care Services (DHCS). These approved educational materials are from reliable sources and offer a wide range of topics, including disease prevention and management for diabetes, heart health, perinatal care, and more.

On Feb. 6, 2025, DHCS's Quality & Health Equity Division updated the list of companies that are approved for health education, which include:

- Channing Bete Company, Inc.
- Dairy Council of California
- FDB Health
- [Healthwise, Inc.](#)
- Institute for Healthcare Advancement
- Krames/StayWell
- MCG
- ViewMedica
- Wolters Kluwer/Emmi

GCHP Healthwise Library

GCHP has an online [library](#) provided by Healthwise with a wide variety of topics that can be viewed and/or printed. All materials are available in English and Spanish.

GCHP also offers free health educational services, materials, classes, and other online resources to help members achieve an optimal lifestyle. Providers can contact the Health Education Department or [refer](#) members.

Additional Resources:

- Providers and members, call: 1-805-437-5961 (TTY: 711), Monday through Friday, from 8 a.m. to 5 p.m. (except holidays), or email HealthEducation@goldchp.org
- [GCHP Health Education Resources](#) (English and Spanish)
- [GCHP Health Library](#)

SECTION 6:

Clinical Criteria

The Utilization Management (UM) Department uses clinically sound and nationally developed and accepted criteria for making medical necessity decisions. Clinical criteria include, but are not limited to:

- State Department of Health Care Services (DHCS) Medi-Cal provider manual criteria
- Medical care guidelines
- Gold Coast Health Plan (GCHP) clinical 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:
 - » UpToDate, an evidence-based, physician-authored clinical decision support resource

Providers may receive a free copy of any UM criteria upon request by contacting GCHP Provider Services at 1-888-301-1228.

SECTION 7:

Specialty Referrals Real-Time Follow-Up

Gold Coast Health Plan (GCHP) is committed to providing the best care to members. In-network / in-area specialty physician referrals for office consultations do not require prior authorizations (PA). The primary care provider (PCP) should facilitate patient access to the health care system and appropriate treatment interventions and is responsible for arranging consultations with specialists.

To help in real-time identification of members who miss scheduled appointments with specialists, GCHP requires the following of PCPs:

- GCHP recommends the office contact members to remind them of any upcoming appointment(s).
- Missed appointments require follow-up calls to the member, documentation in the medical record, and rescheduling of the member's appointment.

Please remember, specialty care access standards for GCHP Medi-Cal members are as follows:

- A specialist appointment should be obtained within 15 business days of a request for appointment.
- If you are unable to obtain a specialist appointment within 15 business days of a request, an authorization request for the member to see an out-of-area contracted provider may be submitted to GCHP's Utilization Management (UM) Department for review.

Thank you for continuing to provide excellent care to our community.

SECTION 8:

Affirmative Statement About Utilization Management

Gold Coast Health Plan's (GCHP) mission is "To improve the health of our members through the provision of high-quality care and services." GCHP supports this mission through its vision statement, "Compassionate care, accessible to all, for a healthy community." GCHP staff involved in Utilization Management (UM) decision making understand the affirmative statement about UM incentives 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 or care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- GCHP does not use incentives to encourage barriers to care and service.
- GCHP does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits.



**Gold Coast
Health Plan**SM
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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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