



Provider Operations Bulletin

APRIL 2025

Table of Contents

SECTION 1:	2025 Gold Coast Health Plan (GCHP) Provider Manual	. 3
SECTION 2:	Upcoming Provider Network Surveys	. 4
SECTION 3:	Timely Access Standards and Methods to Improve Member Access and Availability	. 5
SECTION 4:	Reminder: Medi-Cal for Kids & Teens Training Mandate	. 6
SECTION 5:	Pharmacy Services and Medi-Cal Rx Updates	. 7
SECTION 6:	Cultural and Linguistic Services	10



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.

Senior Director of Provider Network Operations: Vicki Wrighster

Acting Chief Medical Officer: James Cruz, MD

Director of Communications: Susana Enriquez-Euyoque

Editor-in-Chief: Ifsha Buttitta

Editor: Calley Griffith

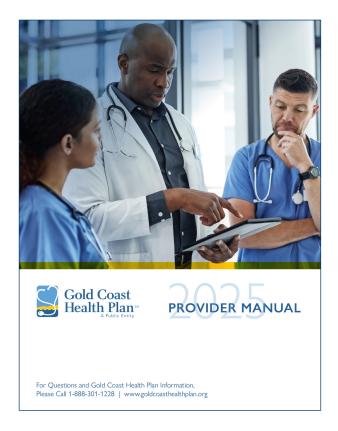
SECTION 1:

2025 Gold Coast Health Plan (GCHP) Provider Manual

The 2025 Gold Coast Health Plan (GCHP) Provider Manual is now available on the GCHP website. The Provider Manual describes operational policies and procedures relative to the provision of health care services to GCHP members. Revisions and updates are made frequently.

To view the GCHP Provider Manual, click here.

If you have any questions related to the Provider Manual, contact Provider Relations@goldchp.org.



SECTION 2:

Upcoming Provider Network Surveys

Gold Coast Health Plan's (GCHP) annual *Access and Availability* and *Provider Satisfaction* surveys are scheduled to occur in third quarter 2025. GCHP contracts with an outside vendor to conduct the surveys in which providers are selected at random. You may be asked to participate because you are contracted with GCHP.

Access and Availability Survey

The state Department of Health Care Services (DHCS) requires all health plans to ensure their network of providers are available to see health plan members within a specific number of days or hours for certain types of appointments. To ensure the provider networks are operating within these standards, an *Access and Availability* survey is conducted annually.

Please visit GCHP's dedicated <u>Access and Availability Standards webpage</u> for more information on DHCS standards and what questions you can expect to see in the survey.

Provider Satisfaction Survey

As a GCHP partner, your satisfaction is important to us. To measure our performance and obtain provider feedback, an annual *Provider Satisfaction* survey is conducted to assess your experience with GCHP. Survey questions include opportunities for feedback around finance, utilization and quality management, call center service staff, provider relations, communications, and overall satisfaction.

Your participation and feedback are critical, as GCHP relies on your survey responses to help us identify opportunities for improvement. All responses will be reviewed confidentially.

Please complete your surveys in a timely manner. Thank you in advance for your time and support.

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. Please 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 can help you with any questions or concerns you may have. Please email ProviderRelations@goldchp.org.

SECTION 4:

Reminder: Medi-Cal for Kids & Teens Training Mandate

As of 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, previously referred to as Early and Periodic Screening, Diagnostic and Treatment (EPSDT). This training must be completed every two years.

If you have not completed your Medi-Cal for Kids & Teens training yet, please do so by taking the following steps:

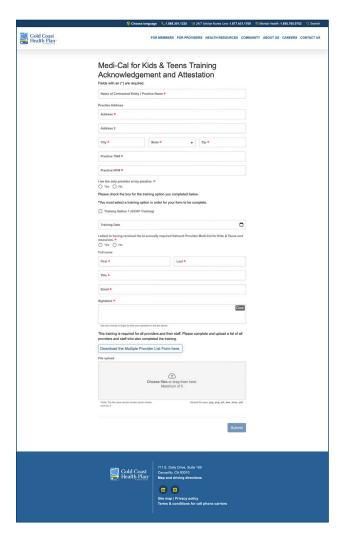
- 1. <u>Click here</u> to view the training.
- 2. Complete and submit your <u>attestation form</u>.

All providers must submit an attestation form to GCHP as evidence that you have taken the DHCS training provided by GCHP or attest that you have completed the training elsewhere.

For additional information on this requirement, please visit our dedicated Medi-Cal for Kids & Teens webpage.

Additional DHCS resources:

- DHCS Policy Letter All-Plan Letter (APL) 23-005
- DHCS Medi-Cal for Kids & Teen Provider Information



SECTION 5:

Pharmacy Services and Medi-Cal Rx Updates

Gold Coast Health Plan (GCHP) Website and Pharmacy Newsletter

Gold Coast Health Plan (GCHP) provides Medi-Cal Rx updates in the <u>Provider Pharmacy Services</u> section of our website. GCHP Pharmacy Services also publishes a quarterly newsletter that includes important Medi-Cal Rx updates and useful articles and tips. <u>Click here</u> to view the most recent edition of our newsletter.

Medi-Cal Rx Pediatric Integration Implementation Completion on Friday, April 25, 2025

On Jan. 31, 2025, Medi-Cal Rx reinstated claim utilization management (UM) edits and prior authorization (PA) requirements for members 21 years of age and younger for new start claims. Continuation of therapy claims will be implemented on April 25, 2025. Pharmacy providers and prescribers may proactively submit PA requests up to 100 days in advance of new start therapy or PA expiration for members 21 years of age and younger. For more information, please refer to the Education & Outreach page on the Medi-Cal Rx Web Portal and select "Pediatric Integration."

California Children's Services (CCS) Paneled Providers

On Jan. 31, 2025, Medi-Cal Rx implemented the California Children's Services (CCS) Panel Authority policy for CCS paneled providers who are physicians or certified nurse practitioners and enrolled in Medi-Cal. CCS Panel Authority enables CCS paneled providers to prescribe for members 20 years of age and younger without submitting a PA request for Medi-Cal Rx covered drugs / products, with some exceptions.

Prescriptions written by providers that do not meet the CCS Panel Authority policy requirements or by providers without CCS Panel Authority will be subject to PA requirements.

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

Please view the <u>Contract Drugs List (CDL)</u> for the most recent changes to medications and other covered products lists. These updates typically occur at the beginning of every month. You may also view the Medi-Cal Rx <u>Drug Lookup Tool</u>. 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 PA is required. There is also a link to CoverMyMeds to submit an electronic prior authorization (ePA). For instructions on how to use this feature, <u>click here</u>.

For more information regarding Medi-Cal Rx, please view the <u>Medi-Cal Rx Education & Outreach page</u> and look for any new updates under <u>Medi-Cal Rx's Bulletins & News</u> to be sure that you are up-to-date on the changes.

The state Department of Health Care Services (DHCS) has a website for Medi-Cal Rx that contains the most accurate, up-to-date information. 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. Bookmark this website today and sign up for the Medi-Cal Rx Subscription Services (MCRxSS).

For assistance regarding a pharmacy claim or PA, please contact the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Agents are available 24/7, 365 days per year.

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

For assistance regarding submitting a PA or appeals for a pharmacy claim to Medi-Cal Rx, please fax 1-800-869-4325. To locate a Medi-Cal Rx contracted pharmacy, click here.

Department of Health Care Services (DHCS) Vaccines for Children (VFC) Pharmacy Pilot Program

The state Department of Health Care Services (DHCS) is collaborating with the California Department of Public Health (CDPH) on the <u>Vaccines for Children (VFC)</u> Pharmacy Pilot program. DHCS will reimburse Medi-Cal enrolled pharmacy providers who provide immunization services under VFC program to VFC-eligible members in Medi-Cal. <u>My Turn</u> <u>Vaccine Locator</u> is available to find vaccine providers (including pharmacies enrolled in VFC) in a given coverage area.

The VFC program helps families by providing vaccines at no cost to medical providers who serve eligible children from birth through 18 years of age. The Centers for Disease Control and Prevention (CDC) contracts with vaccine manufacturers to buy vaccines at reduced rates. Enrolled providers order federally funded vaccines through their state VFC program and receive routine vaccines (including influenza) at no cost.

Gold Coast Health Plan (GCHP) Medical Benefit Drugs or Physician Administered Drugs

This section serves as a reminder that 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 (i.e., J-Code). These providers include, but are not limited to, physician offices, clinics, outpatient infusion centers, and hospitals.

Gold Coast Health Plan (GCHP) maintains risk for PADs and, with few exceptions, these medications are not billable under the California Medi-Cal pharmacy benefit program (Medi-Cal Rx). Certain PAD drugs require 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 requiring a PA must be submitted as a <u>Prior Authorization Treatment Request Form</u> 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 later bill GCHP for reimbursement.

GCHP, with direction from DHCS and the GCHP Pharmacy & Therapeutics (P&T) Committee, updates the PAD list quarterly. This notice is to inform you that the approved changes from the Feb. 13, 2025, P&T committee meeting will be effective June 1, 2025.

The current PAD list is posted on the GCHP website, <u>Medical Drug Benefit for Providers page</u>. The updated PAD list with the changes below and the clinical guidelines will be posted on the GCHP website, <u>Medical Drug Benefit for Providers page</u> by June 1, 2025.

Changes to the GCHP PAD list effective, June 1, 2025:

HCPCS	Generic Name	Brand Name	Changes
J9160	Denileukin Diftitox	Lymphir	Added.
J9229	Inotuzumab Ozogamicin	Besponsa	Added.
J9063	Mirvetuximab Soravtansine	Elahere	Added.
J9042	Brentuximab Vedotin	Adcetris	Added.
J9177	Enfortumab Vedotin	Padcev	Added.
J9022	Atezolizumab	Tecentriq	Added.
J9298	Nivolumab and Relatlimab	Opdualag	Added.
J9017	Arsenic Trioxide	Trisenox	Added.
J9144	Daratumumab and Hyaluronidase	Darzalex Faspro	Not added but limited to FDA approved indications of ICD 10: C90.00, C90.01, C90.02 & E85.81. PA required for all other diagnoses.
J9309	Polatuzumab Vedotin	Polivy	Not added but limited to FDA approved indications of ICD 10: C83.30 - C83.39. PA required for all other diagnoses.

HCPCS	Generic Name	Brand Name	Changes
J9301	Obinutuzumab	Gazyva	Not added but limited to FDA approved indications of ICD 10: C82.00-C82.99, C83.00-C88.4, C91.10-C91.42. PA required for all other diagnoses.
J2779	Ranibizumab	Susvimo	Added.
J2182	Mepolizumab	Nucala	Added.

Added – The medication is added to the PAD list and PA is needed.

If you have any questions, please contact GCHP's Pharmacy Services Department at Pharmacy@goldchp.org.

SECTION 6:

Cultural and Linguistic Services

Reminder: Accessing Language Assistance Services

Gold Coast Health Plan (GCHP)'s Cultural and Linguistic Services Program strives to deliver culturally and linguistically appropriate health care services to our diverse membership by ensuring that all GCHP members, regardless of race, color, religion, ancestry, national origin, ethnic group identification, age, mental or physical disability, medical conditions, genetic information, marital status, gender identify, sexual orientation or language ability, have equal access to quality health care and services in a member's preferred language of choice or alternative format.



To request <u>language assistance services</u>, including translation and alternative formats (such as Braille, large print, audio, accessible electronic formats) and auxiliary aids and services for individuals with disabilities, email <u>CulturalLinguistics@gchp.org</u> with a completed form at least five to seven days prior to the member's appointment.





Indigenous Languages

GCHP is partnering with the Mixteco Indigena Community Organizing Project (MICOP) to provide indigenous language interpreting services for GCHP members. We are excited about this new partnership with MICOP and the opportunity to work together to meet the language needs of our members.

- If you need an interpreter for telephonic interpreting of indigenous languages, schedule an appointment by completing the request form here.
- For in-person (onsite) interpretation, complete this request <u>form</u> and submit it to <u>CulturalLinguistics@goldchp.org</u> at least seven business days prior to the member's appointment.
- When requesting an indigenous language, it is important to include the community of origin and state of the member to ensure the most accurate interpretation. Refer to the list below to identify the specific variant of the language.

Community of Origin and State				
Communities from Oaxaca	Communities from Guerrero			
Mixteco, Santiago Juxtlahuaca, Oaxaca	Mixteco, Metlatonoc, Guerrero			
Mixteco, San Martin Peras, Oaxaca	Mixteco, Zoyatlan, Guerrero			
Mixteco, San Juan Piñas, Oaxaca	Mixteco, Cuyuxtlahuac, Guerrero			
Mixteco, Coicoyán de las Flores, Oaxaca	Mixteco, Arroyo Prieto, Guerrero			
Mixteco, San Jose Yosocañu, Oaxaca	Mixtec, San Miguel El Grande, Guerrero			
Mixteco, San Agustin Atenango, Oaxaca	Mixtec, Cochoapa el Grande, Guerrero			
Mixteco, San Jorge Nuchita, Oaxaca	Mixteco, Santa Cruz Yucucani, Guerrero			
Mixteco, San Francisco Higos, Oaxaca	Mixteco, Jicayán de Tovar, Guerrero			
Mixteco, San Juan Mixtepec, Oaxaca	Mixteco, Río Encajonado, Guerrero			
Mixteco, San Martin Duraznos, Oaxaca	Mixteco, Tlacoachistlahuaca, Guerrero			
Mixteco, San Sebastián del Monte, Oaxaca	Mixteco, Alcozauca, Guerrero			
Mixteco, Santa María Natividad, Oaxaca	Mixteco, Xochistlahuaca, Guerrero			
Mixteco, Santa Maria Asuncion, Oaxaca	Mixteco, El Coyul, Guerrero			
Mixteco, Guadalupe Nundaca, Oaxaca	Mixteco, Tlapa De Comonfort, Guerrero			
Mixteco, Unión de Cárdenas, Oaxaca	Mixteco, Rio Encajonado, Guerrero			
Mixteco, San Jorge Río Frijol, Oaxaca				
Mixteco, Putla Villa de Guerrero, Oaxaca				
Mixteco, Santa Rosa Caxtlahuaca, Oaxaca				
Zapoteco, San Vicente Coatlán, Oaxaca				
Zapoteco, San José Lachiguirí, Oaxaca				

Accessing a Telephone Interpreter

If you are a medical health care provider or behavioral health provider and need to access telephonic interpreting services, it is important to use the correct access code when accessing a telephone interpreter. Please use the following information:

For Medical Providers and Staff

To access a telephone interpreter:

- 1. Dial: 1-866-421-3463
- 2. Provide access code:
 - Health Care Providers access code: 843014
- 3. Indicate: Language needed
- 4. Provide: Caller's name, agency, member's zip code, member's GCHP ID number
- 5. Document the interpreter's name and ID number for reference.

For Carelon Behavioral Health Providers

To access a telephone interpreter:

- 1. Dial: 1-866-421-3463
- 2. Provide access code:
 - Carelon behavioral health providers access code: 80086648
- 3. Indicate language needed
- 4. Provide: Caller's name, agency, member's zip code, member's GCHP ID number
- 5. Document the interpreter's name and ID number for reference.

GCHP recognizes the importance of clear communication with patients, and we are committed to helping with language assistance services to ensure members are receiving qualified interpreting and translation services.

Members are **NOT** required to bring an interpreter or use a friend or family member, including minors, to interpret during their medical and behavioral health appointments. It is the responsibility of the provider – not the member – to request interpreting services. Providers shall electronically or manually document in the member's medical chart if the member declines the use of an interpreter at the time of the visit.

Working with Limited English Proficiency (LEP), Deaf and/or Hard of Hearing Members

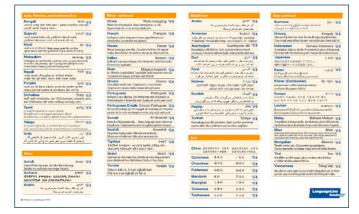
As a reminder, it is important to know how to identify, offer and access language assistance services when working with Limited English Proficiency (LEP), deaf, and/or hard of hearing members.

GCHP offers valuable language identification and awareness tools alerting members about the availability of language services, which enables members to indicate their preferred language during health care encounters. We recommend keeping these resources in visible areas for staff to show members when they need help identifying their preferred language or communication method.

1. Language ID Guide:

Contain the following statement in 99 languages, "Point to your language. An interpreter will be called. The interpreter is provided at no cost to you."





2. Language ID Poster and Desktop Display:

Poster and self-standing display containing the statement "Point to your language. An interpreter will be called. The interpreter is provided at no cost to you" in 24 languages. This is also known as "I Speak Card."



Update: Nondiscrimination Notices and Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

As a reminder, GCHP encourages providers and staff to inform Limited English Proficiency (LEP) members of the availability of free language assistance services by posting the Nondiscrimination Notice and Notice of Availability of Language Assistance Services and Auxiliary Aids and Services in clinics, urgent care centers, waiting rooms and places where members can easily point to it.

On Feb. 12, 2025, the state Department of Health Care Services (DHCS) released the updated *All Plan Letter (APL)* 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, And Alternative Formats (Supersedes APL 21-004). This requires the provision of the Notice of Availability in the prevalent non-English languages in the state, in a conspicuously visible font size, explaining the availability of written translation or oral interpretation services and how to request auxiliary aids and services for people with disabilities.

Resources:

- To access DHCS's Notice of Availability of Language Assistance Services and Auxiliary Aids and Services template, click here.
- To access the All-Plan Letter (APL) 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, And Alternative Formats (Supersedes APL 21-004), click here.

To request language assistance services or resources, contact GCHP's Cultural and Linguistic Services Department at 1-805-437-5961, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). You can also email CulturalLinguistics@goldchp.org.





Provider Operations Bulletin

APRIL 2025

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

711 East Daily Drive, Suite 106, Camarillo, CA 93010

www.goldcoasthealthplan.org