



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

Provider Operations Bulletin

FEBRUARY 2024

www.goldcoasthealthplan.org

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SECTION 1:

A Message from Chief Medical Officer Dr. Felix Nuñez



Felix Nuñez, MD

As Ventura County's premiere Medi-Cal managed care plan, Gold Coast Health Plan (GCHP) has been focused on connecting its members with care by relentlessly working to improve the quality of health care services and increasing access throughout our network. From its foundation in 2011, GCHP is deeply embedded in the community, focusing on advancing quality and access to a population of members who face significant hurdles to full engagement in their care plan.

Over the past few years, GCHP has embarked on a focused and intense workplan to accelerate the closing of vital quality care gaps and increase access to preventive care services. These preventive services are not only consistent with evidence-based preventive care guidelines, but also represent a key metric used by state and federal agencies to evaluate health plan performance regarding the delivery of high quality and value to our members and other stakeholders. While the performance of GCHP can be measured in several ways, the fulfillment of our mission and our success in connecting our members with high quality and highly accessible health care services is ultimately measured by the Managed Care Accountability Set (MCAS). This assessment tool - which we refer to as our "quality scorecard" - forms the foundation of our Quality Improvement Program, providing a framework and targets for measuring GCHP's performance against other Medi-Cal managed care plans throughout the state.

Our quality scorecard is comprised of 42 quality measures upon which all health plans must report annually, with a subset of 18 which are held to minimum performance levels (MPL). The state Department of Health Care Services (DHCS) selects the measures and maintains the scorecard, modifying these metrics year to year. Health plans set performance goals that are based on the meeting of MPL or high performance levels (HPL). At GCHP we are driven to the achievement of high performance and set our goals accordingly based on steady and rapid progress toward this objective.

Through a wide range of programs and initiatives, GCHP has moved to address the fundamental challenges and barriers facing our members and network providers, with a focus towards meeting high performance on our quality scorecard. Our long-standing quality member incentive program has expanded with the inclusion of more clinical sites for point-of-care incentive distribution, while continuing to increase incentive amounts to align with the economic challenges faced by our members.

We have engaged in ever greater coordination with our network providers to a level that is unprecedented. We have provided grants to support the hiring of new primary and specialty care providers; made significant enhancements to our data sharing and integration capabilities; brought mobile and home-based services such as mobile mammography, home blood pressure, and glycosylated hemoglobin to our members; engaged in focused health screenings at community events and health fairs; provided increased focus on the improvement to transportation services; and worked collaboratively with our provider network and members to develop ever greater innovation intended to make GCHP the highest performing Medi-Cal managed care plan in the state. Among our programs to advance and achieve high performance on our quality scorecard, none is matched in scope and scale than our Quality Improvement Pool and Program (QIPP). Once fully implemented, this multi-year network-wide initiative will be the largest ever investment of a California Medi-Cal managed care plan that is designed to align and support performance on quality measures at the clinic and provider level. While the alignment of financial incentives with quality outcomes is a well-tested model, the scope and scale of the investment in our network providers is a direct reflection of our unwavering commitment to both them and our member's success in connecting with care at an exceptional level.

QIPP is without question a major step in coordination and collaboration and has in its first phase demonstrated significant improvement on quality measures. While data is still being aggregated and analyzed, we are noting that scorecard metrics for 2023 have advanced at a rate that is beyond any previously seen among our network providers. Of the 18 MCAS quality metrics we have shown significant improvement over prior measurement year on 14 measures, and projections indicate that once final data aggregation and analysis is complete, GCHP will have achieved unprecedented quality improvement gains.

While there is more work to do to meet our objective of achieving high performance on all of our quality scorecard metrics, rest assured that we are only at the beginning of a new era for our members and our community.

Sincerely,
Dr. Nuñez

SECTION 2:

2024 Managed Care Accountability Set (MCAS)/ Healthcare Effectiveness Data and Information Set (HEDIS®) Medical Record Collection Kick Off

The annual project to collect medical records for the 2023 Managed Care Accountability Set (MCAS) and Healthcare Effectiveness Data and Information Set (HEDIS®) measures will start this month. Gold Coast Health Plan (GCHP) has partnered with ComplexCare Solutions, a subsidiary of Inovalon, to handle the HEDIS medical record data abstraction.

The MCAS / HEDIS® medical record data abstraction process will occur from early February to early May 2024. ComplexCare Solutions may request chart components via mail or fax for review during this period. We appreciate your cooperation with ComplexCare Solutions during this process.

If you have questions or concerns about any portion of this process, please contact the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 3:

Managed Care Accountability Set (MCAS) Tip-Sheets

Gold Coast Health Plan's (GCHP) Quality Improvement (QI) Department has developed a set of tip-sheets for the state Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) measures. These tip sheets aim to help providers understand measure specifications to ensure peak performance outcomes.

Each tip sheet includes the measure description, applicable billing codes, exclusions, and the data collection method. In addition, it lists best practices clinics may want to implement into their workflows.

The QI team has also created an MCAS Quick Reference Guide, which includes a condensed version of the measures and their specifications. Additionally, a Frequently Asked Questions (FAQs) document is available for your reference.

These resources can be found on the GCHP website on the QI page under the [For Providers](#) tab.

If you have any questions about the MCAS performance measures, please email the QI Department at QualityImprovement@goldchp.org.

SECTION 4:

Access and Availability Requirements

The state Department of Health Care Services (DHCS) requires access and availability standards for all Medi-Cal providers. Below is a list of some of the detailed standards that DHCS requires Gold Coast Health Plan (GCHP) providers to meet.

Primary Care Physicians

Routine Appointments: Routine, non-emergent appointments should be available within **10 business days** of the member's request for an appointment. This requirement is for both new and established patients. Follow-up care for established patients should be accommodated as medically appropriate.

Physical Examination Appointments: These appointments should be made available within **six weeks** of a member's request. When possible, special consideration should be given to members who require physical examinations as part of their employment.

Specialty Care Physicians

Timeframes for access to routine specialty care should be dependent upon diagnosis and the urgency of the condition. However, appointments should be available within **15 business days** of a member's request for an appointment.

First Prenatal Visit

The first prenatal visit must be scheduled within **two weeks** of a member's request.

Urgent Care Appointments

Medically indicated urgent appointments should be made the **same day or within 24 hours** of the member's call for an appointment. The request for services should be evaluated and the urgency assessed to determine what the medical problem is and the need for urgent treatment. Depending on the nature of the medical problem, the member should be triaged to the most appropriate care site.

After-Hours Calls

When members call provider offices after hours, they should be advised by a recorded outgoing message that if the situation is a true medical emergency, the member should hang up and dial 911 or go to the nearest hospital. This advice should be recorded in at least English and Spanish and possibly other languages if the provider has a large amount of members that they care for routinely who speak another language.

If you have any questions or concerns, or are experiencing challenges meeting any of these requirements, email GCHP's Provider Relations Team at ProviderRelations@goldchp.org.

SECTION 5:

Revised BetterDoctor Survey

Gold Coast Health Plan (GCHP) continues to partner with BetterDoctor, a primary source verified data management service that is used by health plans across the country. With more than 6,000 individual providers contracted with GCHP, BetterDoctor offers an opportunity to gather data quickly and efficiently.

BetterDoctor, which some of you may have already worked with, continues to help GCHP obtain updated demographic information for its contracted provider network. Having accurate information in GCHP's system ensures that communication with providers flows as smoothly as possible. This information is critical for proper claims administration, authorizations of services, and other operational functions performed by GCHP to support its provider network.

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

Representatives from BetterDoctor continue to reach out to GCHP's provider network via the Provider Portal, email, fax, and telephone. Please respond to those requests as quickly as possible so that GCHP's systems can be updated expeditiously.

If you have any questions regarding this process, please contact GCHP's Provider Relations Department at ProviderRelations@goldchp.org.

SECTION 6:

Affirmative Statement About Utilization Management (UM)

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, *"Compassionate care, accessible to all, for a healthy community."* GCHP staff involved in Utilization Management (UM) decision making understands the affirmation 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 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.

SECTION 7:

Clinical Criteria

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

- MCG 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's 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's Customer Service Department at 1-888-301-1228.

SECTION 8:

Specialty Referrals Real-Time Follow Up

Gold Coast Health Plan (GCHP) is committed to providing the best care to its 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 assist 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 the 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 9:

Potential Quality Issues (PQI)

Every provider, facility, and health plan is responsible for ensuring the safety and coordination of care provided to members and patients. Identification and investigation of potential quality issues (PQI) is a critical process in monitoring and improving patient safety and clinical quality of care.

A PQI is a suspected deviation from expected provider performance, clinical care, or outcome of care, which requires further investigation to determine whether an actual quality issue or opportunity for improvement exists.

When a potential quality issue is identified, a GCHP Quality Improvement (QI) RN conducts the initial review and investigation of the case. Cases are referred to a physician reviewer if a potential quality issue exists. Medical records and an initial provider response are requested to obtain the perspective from the provider of concern regarding the PQI and to ensure that an unbiased investigation can occur. A final determination is made by the physician reviewer or sent to a specialist for review. Due to the nature or complexity of the case, it can be referred to the GCHP Peer Review Committee (PRC) for final determination. The PRC is comprised of actively practicing network providers who represent multiple disciplines.

Examples of PQI cases, which may impact member / patient quality of care, include:

- Delayed access to care
- Lack of or delays in specialty provider referrals by the treating provider
- Care provided that does not meet the standard of care
- Bedside manner of the provider or provider staff
- Member safety
- Language assistance issues
- Lack of diagnosis
- Lack of coordination of care
- Transportation delays or safety concerns

GCHP identifies PQIs through the systematic review of a variety of data sources, including, but not limited to:

- Complaints, grievances, and appeals
- Utilization review and encounter data
- Care coordination
- Medical record audits
- Facility site reviews
- Referrals from GCHP staff, providers, and members

The PQI referral form is available on the [PQI page](#) of the GCHP website.

A PQI is reported to the QI Department by sending a completed PQI Referral Form to PQIReporting@goldchp.org.

What to expect

When a PQI is referred to GCHP's QI Team, the team may request medical records and a provider response. Providers have **20 calendar days** to respond to requests. Follow-up documentation, such as policies and procedures, proof of education training, or similar evidence of actions taken may be required. The GCHP QI RN assigned to the PQI case will provide communication and guidance throughout the process.

SECTION 10:

Child Health and Disability Prevention (CHDP) Program Training

In anticipation of the Child Health and Disability Prevention (CHDP) program transitioning to Managed Care Plans (MCPs), CHDP will continue to offer the following trainings until June 30, 2024:

- March 20: Weighing, Measuring & BMI Percentile
- March 27: ASQ Help Me Grow
- April 23: Audiometric Screening
- May 28: Vision Screening
- June 12: CHDP Update

Training materials are available on the [DHCS website](#).

If you have any questions regarding future trainings, please contact the CHDP Team at 1-805-981-5291. You can also email CHDPAdministration@ventura.org.

SECTION 11:

Topical Fluoride Varnish

Did you know tooth decay is the most common chronic disease in children and the most frequent health problem in the U.S.?

Poor oral health in children can lead to attention problems, nutrition issues, missed school days, and increased dental care costs, which can all be mitigated with topical fluoride varnish application.

In addition, the state Department of Health Care Services (DHCS) considers patients on any government assistance program, including those with Medi-Cal / Gold Coast Health Plan (GCHP) eligibility, at high-risk for dental caries.

Clinical Guidelines:

The American Academy of Pediatrics (AAP) recommends that children receive fluoride varnish application upon first tooth emergence up until their 6th birthday. Fluoride varnish can be applied up to five times per year by their pediatrician and can be given even if your patient recently had fluoride varnish applied at their dentist's office.

- Clinic setting: Three applications / year
- Dental office: Two applications / year

Best Practices:

- Offer fluoride varnish to your patients at every visit. Application can be completed during a scheduled sick or immunization visit.
- Provide anticipatory guidance to all your patients due for fluoride varnish.
- Bill GCHP using CPT code **99188**.

Offer fluoride varnish application to your patients at their next visit!

Fluoride Varnish Resources:

For online Fluoride Varnish Training visit:

- www.smilesforlifeoralhealth.org

Health Education Materials:

- [GCHP Health Education Resources](#)
- [CDPH Office of Oral Health](#)
- [Bright Futures Practice Management Resources](#)

Questions or concerns? Please email GCHP's Quality Improvement Team at QualityImprovement@goldchp.org.


SECTION 12:

Health Education

February is National Children's Dental Health Month (NCDHM)

This year's theme for National Children's Dental Month (NCDHM) is "Health Habits for Healthy Smiles!" GCHP encourages all providers to assist and promote good oral health habits to our members. You can find tools in both English and Spanish to help you promote this year's campaign and general dental needs at:

- American Dental Association: [NCDHM](#)
- Medi-Cal Dental:
 - » Smile California ([English](#)) or Sonríe California ([Spanish](#))
 - » Dental Coverage Flyer ([English and Spanish](#))



Medi-Cal Has Dental Covered

As a Medi-Cal member, your benefits and your child's benefits include dental coverage. See the chart below for an overview of the dental care that is covered by Medi-Cal.

SERVICES	BABIES	KIDS	TEENS	PREGNANCY	ADULTS	SENIORS
Exam*	✓	✓	✓	✓	✓	✓
X-rays	✓	✓	✓	✓	✓	✓
Teeth cleaning	✓	✓	✓	✓	✓	✓
Fluoride varnish	✓	✓	✓	✓	✓	✓
Fillings	✓	✓	✓	✓	✓	✓
Tooth removal	✓	✓	✓	✓	✓	✓
Emergency services	✓	✓	✓	✓	✓	✓
Sedation	✓	✓	✓	✓	✓	✓
Molar sealants**	✓	✓	✓	✓	✓	✓
Root canals	✓	✓	✓	✓	✓	✓
Orthodontics (braces)***	✓	✓	✓	✓	✓	✓
Crowns****	✓	✓	✓	✓	✓	✓
Partial and full dentures	✓	✓	✓	✓	✓	✓
Denture relines	✓	✓	✓	✓	✓	✓
Scaling and root planing	✓	✓	✓	✓	✓	✓

*Free or low-cost check-ups every six months for members under the age of 21, every 12 months for members over the age of 21.

**Permanent molar sealants are covered for kids and teens up to age 21.

***For those who qualify.

****Crowns on molars or premolars (back teeth) may be covered in some cases.

BABIES

Your child's first dental visit should take place after their first tooth appears, but no later than their first birthday. Baby teeth are critical to your child's health and development. They help him or her chew, speak and smile.

KIDS

Children start to lose their baby teeth as early as five years old. This is when their permanent teeth begin to grow in. Ask the dentist for molar sealants to help protect your child's molars from cavities.

TEENS

Eating sugary foods and drinks, as teens often do, puts them at a higher risk for gum disease and tooth decay. Teenagers who continue to get regular check-ups ensure good oral health well into adulthood.

PREGNANCY

Good oral health care helps prevent problems during pregnancy. As a Medi-Cal member, you are covered during pregnancy and 12 months after the birth of your baby.

ADULTS


As you age, taking care of your health becomes more important. Regular dental visits keep your gums and teeth strong, and help with your overall health.

SENIORS

Older adults are prone to gum disease and other oral health problems. You can lower your risk by brushing twice a day, flossing every day, and seeing your dentist regularly.

Learn about your dental benefit and find a Medi-Cal dentist near you at [SmileCalifornia.org](https://smilecalifornia.org) or by calling 1-800-322-6384. With Medi-Cal Dental, your visit is free or low-cost. Schedule your appointment today!

SmileCalifornia.org | 1-800-322-6384

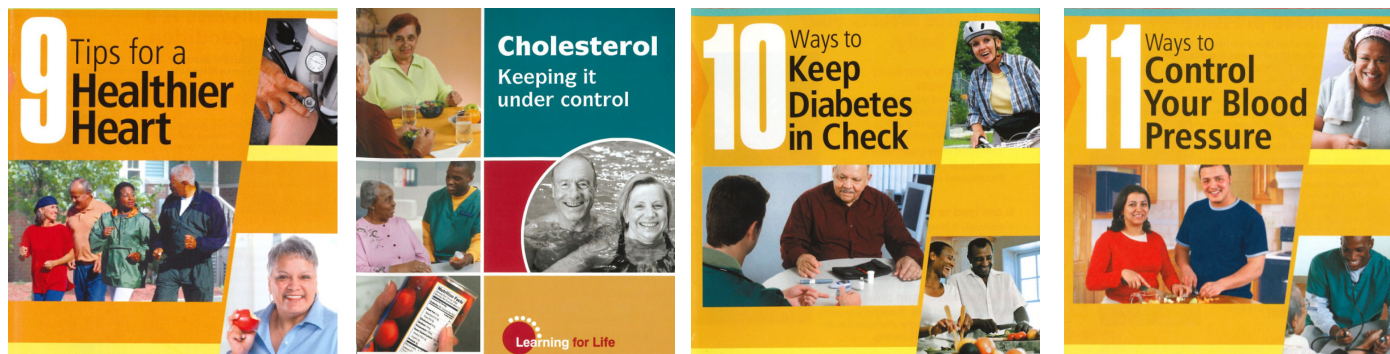


REV 03/2022

February is American Heart Month

February is American Heart Month, a time when all are encouraged to focus on their cardiovascular health. GCHP encourages its providers to help members focus on healthy habits for having a healthy heart, including managing blood pressure, cholesterol, blood sugar levels, being physically active, and choosing healthier foods and drinks. Providers can refer members to receive health education materials specific to each member's needs.

Request health education materials for members by using the [Health Education Referral form](#) and emailing it to GCHP's Health Education Department at HealthEducation@goldchp.org.



Tobacco Cessation – Smoking and Vaping

Smoking remains the leading cause of preventable disease, disability, and death in the U.S. The use of e-cigarettes is unsafe for kids, teens, and young adults. Providers in a variety of settings play a critical role in helping people quit using tobacco. Even brief advice from you can make it much more likely that patients will try to quit and ultimately succeed. Follow up with our members to see if they or someone at home is smoking and / or vaping. If so, provide them with resources on how to quit smoking. You can download [our flyer](#) to provide to members, or direct them to the [Kick It California website](#) for free help on how to quit smoking, vaping, or chewing tobacco.

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 counseling (phone or chat)
- Self-help materials
- Texting program
- Mobile apps for smoking and vaping

Call 1-800-300-8086 today!

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

KICK IT
California 1-800-300-8086

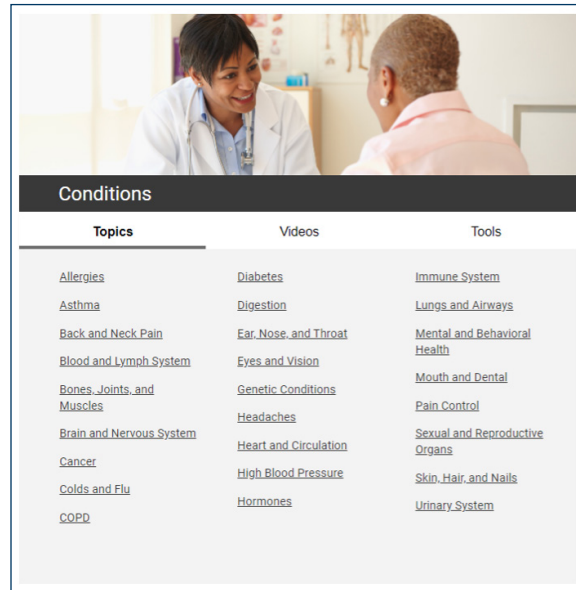
To learn more about tobacco cessation or vaping, or to request resources, call GCHP's Health Education Department at 1-800-437-5718 Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call 711.

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 1-800-977-2272. If you use a TTY, call 711.

Gold Coast Health Plan
A member of

GCHP Health Library

GCHP offers a [Health Library](#) with a wide variety of topics that can be viewed and printed. All materials are available in English and Spanish. You can also direct member to explore the site to learn about different conditions, view short videos, or use interactive tools to discover more about their health.



The health library offers more than 600 short videos to help members understand more about their condition(s) and how to manage them. Videos also include topics on wellness and family, tests and treatments, and patient support. All videos are available in English and Spanish, and audio can be viewed with subtitles.

Depression: How It Affects Your Body (01:25)

Learn about physical symptoms that may be linked to depression.

Diabetes: How to Build Your Plate (02:15)

Learn how to build a healthy meal using the plate method to help manage your diabetes.

Heat or Ice for Low Back Pain (01:35)

Learn when and how to use ice and heat to relieve low back pain.

What Is High Blood Pressure? (01:49)

Learn what blood pressure is, what it means when it's high, and how high blood pressure may be treated.

How to Calm a Crying Baby (03:02)

Learn some tried-and-true ways to comfort a crying baby.

Cholesterol: How It Raises Your Risk (01:53)

Learn how high cholesterol raises your risk for heart attack and stroke.

Health Education Materials

For more information, please contact GCHP's Health Education Department, at 1-805-437-5817, Monday through Friday, 8 a.m. to 5 p.m. (except holidays), or complete our [Health Education Referral Form](#) to refer members to receive materials. You can also email GCHP's Health Education Department at HealthEducation@goldchp.org.

SECTION 13:

Facility Site Review (FSR) and Medical Record Review (MRR) Standards Update

Updates to the Facility Site Review (FSR) Standards

The state Department of Health Care Services (DHCS) added the following verbiage to the following FSR standards in Nov. 2023, effective Jan. 2024:

Personnel Standards II.C.1) Documentation of education / training for non-licensed medical personnel is maintained on site.

- For facilities that have pediatric patients (under 21 years of age) obtain evidence of completed training (valid for four years) in:
 - » Audiometric screening
 - » Vision screening
 - » Anthropometric measurements, including obtaining Body Mass Index (BMI) percentile
 - » Dental screening and fluoride varnish application

Personnel Standards II.C.4) Only qualified / trained personnel operate medical equipment.

- For facilities that see pediatric patients (under 21 years of age), the facility staff responsible for conducting hands on preventive screening, specifically: audiometric screening, vision screening, anthropometric measurements, including obtaining Body Mass Index (BMI) percentile, dental screening and fluoride varnish application, must demonstrate competency and appropriate application of these screenings / services.
 - » Reviewers may interview site personnel regarding the appropriate use of equipment and/or request demonstrated use of equipment, as appropriate.
 - » Reviewers use Competency Guidelines for:
 - Audiometric screening
 - Vision screening
 - Anthropometric measurements, including obtaining Body Mass Index (BMI) percentile
 - Dental screening and fluoride varnish application

Updates to the Medical Record Review (MRR) Standards

DHCS made changes in verbiage to the following MRR standards in Nov. 2023, effective Jan. 2024:

IV. Pediatric Preventive Criteria	V. Adult Preventive Criteria
IV.A. Initial Health Appointment	V.A. Initial Health Appointment (IHA)
IV.A.2 Member Risk Assessment*	V.A.2 Member Risk Assessment*
IV.B.2 Subsequent Risk Assessment	V.B.2 Subsequent Risk Assessment

* Formerly known as the Individual Health Education Behavioral Assessment (IHEBA)

Health Risk Assessment (HRA)

The HRA is a patient questionnaire that covers personal and family medical history, lifestyle factors, Social Determinants of Health, and other relevant health information. The HRA helps health care providers evaluate a patient's overall health status and identify risk factors based on the patient's self-reported responses. Providers who effectively identify and manage

risk factors can significantly reduce the number of chronic conditions that develop, which improves patient outcomes and decreases health care costs significantly.

While there is no specific format for the HRA, it must address the following questions / topics as appropriate for age:

- Demographic data
- Self-assessment of health status, frailty, and physical functioning
- Biometric assessments
 - » Height, weight, body mass index (BMI)
 - » Systolic / diastolic blood pressure
 - » Blood lipids
 - » Blood glucose
- Psychosocial risks
 - » Depression / life satisfaction
 - » Stress / anger
 - » Loneliness / social isolation
 - » Pain / fatigue
- Behavioral risks
 - » Tobacco use
 - » Physical activity
 - » Nutrition and oral health
 - » Alcohol consumption
 - » Sexual practices
 - » Motor vehicle safety (seat belt use)
 - » Home safety

The Staying Healthy Assessment (SHA) is one example of a well-known tool that has been used in assessing health risks. While the SHA is no longer a requirement, we encourage providers to continue using it or implement other evidence-based tools to measure risk assessment.

Helpful Resources:

- [Comprehensive Health Assessment Forms](#)
- [Staying Healthy Assessment Questionnaires](#)
- [Social Needs Screening Tool](#)

For further assistance regarding site reviews, please contact FSR@goldchp.org.

SECTION 14:

2024 Member Rewards

Gold Coast Health Plan (GCHP) is excited to continue its 2024 Member Incentives Program. We value investing in our members and rewarding them for completing their recommended health screenings and preventative care exams.

GCHP will continue to offer many of the incentives that were available in 2023, as well as new incentives. Additionally, some programs have changed, as noted below.

- 1. Child and Adolescent Well-Care Visits:** Members 3 to 21 years of age can earn a \$25 gift card for completing a well-care visit with their primary care physician in 2024.
 - The incentive is unchanged from 2023.
- 2. Cervical Cancer Screening:** Female members 21 to 64 years of age can earn a \$50 gift card for completing a cervical cancer screening (Pap test) with their doctor in 2024.
 - The incentive amount increased from \$25 to \$50.
- 3. Breast Cancer Screening:** Female members 40 to 74 years of age can earn a \$50 gift card for completing a breast cancer screening (mammogram) in 2024.
 - This incentive amount increased from \$40 to \$50.
 - The age range changed from 50 to 74 years of age to 40 to 74 years of age, expanding the eligible population.
- 4. Lead Screening:** Members up to 2 years of age can earn a \$25 gift card for completing a blood lead test on or before their second birthday in 2024.
- 5. NEW! Human Papillomavirus (HPV) Vaccine:** Members 9 to 13 years of age can earn a \$25 gift card for completing the second dose of the HPV vaccine series in 2024.

The Diabetes HbA1c test and Postpartum Care Visit Member Incentive Programs ended as of Dec. 31, 2023.

Member Incentive Forms

Members eligible for any of the incentives offered will be mailed a form during their birthday month starting in March 2024.

Forms are also available on the [GCHP website](#) for members, clinic staff, or community organizations to download, use, or promote. Clinic staff can help members retrieve a form off the website for those who may have lost the form sent to them in the mail. It is also helpful to members when clinic staff fax or email completed forms to GCHP.

We appreciate all of your help in making the Member Incentive Program a success!

If you have any questions regarding the Member Incentive Program, please email the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 15:

Behavioral Health

Care for Members

Ventura County Medi-Cal beneficiaries will receive well-coordinated, prompt, and efficient health care services throughout the health care system, with a particular emphasis on facilitating seamless transitions of care for members with behavioral health needs. Gold Coast Health Plan (GCHP) is committed to ensuring uninterrupted care by collaborating with local partners to connect members with appropriate behavioral health after care services following Emergency Department (ED) discharges.

Access to Support in Local Emergency Departments

Starting in February, GCHP will enhance its support in our community's EDs. Both members and non-members will now have the opportunity to use health navigators stationed within community EDs. Additionally, a mental health clinician from our behavioral health partner, Carelon Behavioral Health, will be integrated into the ED care system to complete follow-up needs assessments and / or initiate follow up care for GCHP members. This collaborative team's primary role is to assist GCHP members who seek treatment for substance use or mental health conditions in the ED. They will provide support in scheduling follow-up appointments and conducting assessments to determine the appropriate level of services needed.

Member Flyer

GCHP has collaborated with Carelon to create a member flyer for distribution within EDs and provider offices. These flyers are to inform members about the numerous ways to access support easily and will include a list of direct phone numbers to mental and behavioral health resources. Members will receive these flyers during the discharge planning process when being seen for mental health or substance use related concerns. For more information on member resources and handouts, please contact HealthEducation@goldchp.org.

Flyers for Providers

Informational flyers will be shared with providers to ensure that resources are available at their fingertips. Providers will be able to inform members about next steps by accessing follow-up care, tangible resources for referrals, as well as accurate contact information. This will ensure that support is provided to our members and busy providers.



Gold Coast Health Plan partners with **Carelon Behavioral Health** to provide enrolled Medi-Cal members with behavioral health services. Our network of Carelon behavioral health providers is available to link and provide members with mental health and substance use disorder follow-up care after a visit to the Emergency Department (ED). This includes linking members to county services through Ventura County Behavioral Health.

Timely follow-up care can:

- Connect members in a timely manner with appropriate resources.
- Address any underlying social drivers (determinants) of health needs.
- Improve physical and mental health functioning.
- Increase compliance with follow-up instructions.
- Reduce repeated ED use and hospital admissions.

Please inform the member that a Carelon Behavioral Health clinician may call them after discharge to offer support.

Members can find behavioral health providers by:

- Calling their current primary care physician (PCP), therapist, or psychiatrist to schedule a follow-up appointment.
- Calling GCHP to get connected to follow-up care, including Carelon behavioral health providers, at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays) and pressing option one. If the member uses a TTY, they should call **711**.
- Calling Carelon Behavioral Health for care coordination and help finding a behavioral health provider. Members should call **1-855-765-9792**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If the member uses a TTY, they should call **711**.
- Searching online for a Carelon behavioral health provider in the directory: <https://providersearch.carelonbehavioralhealth.com/#/provider/home/1118x>

California Launches New Free Digital Behavioral Health Platforms for Members

Launching as part of the state's CalHOPE program, with funding from the Children and Youth Behavioral Health Initiative (CYBHI), the web- and app-based platforms will offer all California families with kids, teens, and young adults ages 0-25 free, one-on-one support with a live wellness coach, a library of multimedia resources, wellness exercises, and peer communities moderated by trained behavioral health professionals to ensure content is appropriate and safe for all users.

More Information About the New Applications

Because kids and young adults have different needs determined by age group, the Behavioral Health Virtual Services Platform is a combination of two different web- and app-based applications that support two distinct groups. BrightLife Kids, developed by Brightline, is for parents or caregivers and kids 0-12 years of age. Soluna, developed by Kooth, is for teens and young adults ages 13-25. Families with multiple children ages 0-25 can use both platforms to meet their unique needs. Each app will also offer coaching services in English and Spanish, as well as telephone-based coaching in all [Medi-Cal threshold languages](#).

- **Free Coaching:** Live one-on-one coaching sessions with a trained and qualified behavioral health wellness coach delivered through in-app chat or video appointments. Telephone coaching will also be available in all Medi-Cal threshold languages.
- **Educational Content:** Age-appropriate educational articles, videos, podcasts, and stories.
- **Assessments and Tools:** Stress-management tools and clinically validated assessments to understand and monitor behavioral health over time.
- **Care Navigation Services:** A searchable directory and live care navigation support to connect users to their local behavioral health resources, including connecting users with their health plan, school-based services, or community-based organizations that can provide clinical care options and care coordination services.
- **Peer Communities:** Moderated forums and programs to connect users with other youth or caregivers.
- **Crisis and Safety Protocols:** Crisis and emergency safety resources for platform users experiencing a mental health crisis or who require immediate assistance (e.g., 988).

These new CalHOPE applications will complement existing services offered by health plans, counties, and schools by providing additional care options and resources for parents and caregivers, children, youth, and young adults in California.

Both applications must meet accessibility requirements and have strict privacy and confidentiality requirements, and must adhere to all applicable state laws and regulations pertaining to privacy and security. Each application will also follow robust safety and risk escalation protocols to ensure the safety of children, youth, and young adults using the apps. Trained behavioral health professionals will monitor application usage to identify potential risks, and licensed behavioral health professionals will be on standby to intervene, if clinically appropriate. Each application will connect users to crisis or emergency services, when needed.

SECTION 16:

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 [Provider Pharmacy Services](#) section of the GCHP website. GCHP Pharmacy Services also publishes a quarterly newsletter that includes important Medi-Cal Rx updates and useful articles and tips!

[Click here](#) to view the most recent edition of our newsletter.



SECTION 17:

Cultural and Linguistic Services

Language Assistance Services

Gold Coast Health Plan (GCHP) offers language assistance services to support the linguistic needs of members at no cost. These services are easy to access and use. Please use the following information and resources when requesting language assistance services:

Telephone Interpreting Services

Telephone interpreting services are available to GCHP providers 24 hours a day, seven days a week.

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 Name and ID Number for Reference

For Caredon Behavioral Health Providers:

To access a telephone interpreter:

6. Dial: 1-866-421-3463
7. Provide Access Code:
Caredon Behavioral Health Providers Access Code: 80086648
8. Indicate: Language Needed
9. Provide: Caller's Name, Agency, Member's Zip Code, Member's GCHP ID Number
10. Document the Interpreter Name and ID Number for Reference

Important Points to Remember When Working with a Telephone Interpreter

- At the beginning of the call, briefly tell the interpreter the nature of the call.
- Speak directly to the patient with limited English proficiency and keep the conversation in first person.
- Pause at the end of each complete thought and allow the interpreter to interpret.
- Check for understanding throughout the session.
- Please note that to ensure accuracy, your interpreter may sometimes ask for clarification or repetition.
- End the call when all objectives of the call have been met.

Interpreting and Translation Services

GCHP interpreting and translation services include:

- Written and oral interpretation services from a qualified interpreter.
- Sign language interpreting for deaf and hearing-impaired members.
- Alternative format requests for Braille, audio format, large print (no less than 20-point Arial font), and accessible electronic formats as well as requests for other auxiliary aids and services for people with disabilities.

Note: Members are **NOT** required to provide an interpreter or use a friend, family, including minors to interpret during medical and behavioral appointments.

To request language assistance and auxiliary services, complete and email the Language Assistance and Auxiliary Services Request form to GCHP's Cultural and Linguistic Service Department at CulturalLinguistics@goldchp.org. You can also fax the form to 1-805-248-7481.

The form is also available on the GCHP website.

 Integrity • Accountability • Collaboration • Trust • Respect																										
GCHP OFFICE USE ONLY Date Received: _____ Date Completed: _____ Tracking No.: _____																										
CULTURAL AND LINGUISTIC SERVICES Language Assistance and Auxiliary Services Request Form REQUESTS FOR SERVICES REQUIRE 5-7 BUSINESS DAYS ADVANCE NOTICE.																										
Is this an urgent request? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Please select all that apply: <input type="checkbox"/> Oral Interpreter (In-Person) Request <input type="checkbox"/> Sign-Language Interpreter Request <input type="checkbox"/> Virtual (Telehealth) Interpreter Request <input type="checkbox"/> Telephone Interpreter Request <input type="checkbox"/> Translation (Written) Request <input type="checkbox"/> Other (Alternative Format, etc.): _____																										
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Submit completed request form to: CulturalLinguistics@goldchp.org ALL REQUESTS AND/OR CANCELATIONS MUST BE RECEIVED BY EMAIL OR FAX. To cancel or reschedule a confirmed request, please notify GCHP Cultural and Linguistic Services at least 25 business hours in advance. For questions, call Cultural and Linguistic Services at 1-805-437-5603, Monday through Friday, from 8 a.m. to 5 p.m. (excluding holidays). If you use a TTY, call 711.																										
Billing Information Gold Coast Health Plan Attn: Cultural and Linguistic Services 711 E. Daily Drive, Suite 106, Camarillo, CA 93010 Phone: 1-805-437-5603 Fax: 1-805-248-7481 Email: CulturalLinguistics@goldchp.org																										
711 East Daily Drive, Suite 106, Camarillo, CA 93010 1-888-301-1228 www.goldcoasthealthplan.org																										

As a friendly reminder, if you need to cancel or reschedule a confirmed interpreter request, please notify GCHP's Cultural and Linguistic Services at least 25 business hours in advance.

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



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

Provider Operations Bulletin

FEBRUARY 2024

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