Gold Coast Health Plan℠
A Public Entity

Provider Operations Bulletin

AUGUST 2026

www.goldcoasthealthplan.org

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POB 84

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:

Gold Coast Health Plan / Total Care Advantage (HMO D-SNP) Has a New Address

Effective Aug. 31, 2026, Gold Coast Health Plan / Total Care Advantage (HMO D-SNP) will be moving to a new location:

4880 Santa Rosa Road
Camarillo, CA 93012

We will continue to offer the same benefits and services to our members.

If you have questions, please call Member Services at **1-888-301-1228** (TTY: **711**), 8 a.m. to 8 p.m. seven days a week from Oct. 1 through March 31, and 8 a.m. to 8 p.m. April 1 through Sept. 30 (except some holidays). If you use a TTY, call **711**. You can also visit us online at www.goldcoasthealthplan.org.

SECTION 2:

How to Determine if Authorization is Required Prior to Rendering Services

Before providing treatment to a Gold Coast Health Plan (GCHP) member, you may need to get prior authorization from GCHP. Only certain elective services and treatment plans require prior authorization to verify that they are medically necessary and appropriate for the members' care (with the exception for urgent and emergency services).

To help you quickly determine whether a service requires authorization, GCHP maintains an online **Services Requiring Prior Authorization List** for both GCHP Medi-Cal and Total Care Advantage D-SNP HMO which can be found on the GCHP website under the Request for Authorization tab.

Search the Services Requiring Prior Authorization List by:

- Service description
- Healthcare Common Procedure Coding System (HCPCS) code
- Current Procedural Terminology (CPT) code
- Procedure code

Helpful tip:

Use CTRL-F to find the code you're looking for. If it doesn't appear on the list, then it does not require prior authorization. Please note that some codes will fall within a code range, such as "B4102 – B4104." In this example, code B4103 does require prior authorization.

If a service does not appear on the **Services Requiring Prior Authorization List**, prior authorization is NOT required (unless the service is non-covered, the provider is out of network, or the provider is outside the service area).

Important:

- Providers should proceed with rendering services when appropriate, rather than insisting on an authorization request for no-auth-required services (contingent on eligibility and benefits).
- The Services Requiring Prior Authorization List is subject to change. Please ensure you are viewing our online version for the most recent list.
- For more information on covered vs. non-covered services and codes, please refer to state Medi-Cal guidelines and/or Centers for Medicare & Medicaid Services (CMS) guidelines.
- Written confirmation of a service not requiring authorization is not necessary and may delay member care.

Help us avoid unnecessary administrative work and delays due to processing requests that do not require authorization.

SECTION 3:

Updated Provider Claims Reconsideration Form - Effective Immediately

Gold Coast Health Plan (GCHP) has updated the **Provider Claims Reconsideration Form** with a new email address. The revised version should be used for **all disputes, appeals, and grievance submissions effective immediately**.

All completed Provider Claims Reconsideration forms must now be submitted to: ClaimDispute@goldchp.org

The updated form can be accessed:

- By visiting www.goldcoasthealthplan.org ➧ **For Providers** ➧ **Provider Resources** ➧ **Grievance and Appeals**
- Or by clicking this link: Provider Claims Reconsideration Form

Password-Protected Submissions

If submitting your dispute, appeal or grievance via email with password protection, please include the password in your email. GCHP cannot process a Provider Dispute Resolution (PDR) form if we are unable to access the protected file.

Key Reminders

- Complete the form in its entirety.
- Ensure all information submitted is accurate.
- Submit forms within the applicable timely filing requirements.

Please begin using the updated form and email address immediately to avoid processing delays.


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PROVIDER CLAIM RECONSIDERATION FORM

PLEASE NOTE: IF ANY INFORMATION IS MISSING, THIS FORM AND ALL DOCUMENTATION WILL BE MAILED BACK TO YOU.

- Please complete this form if you are seeking reconsideration of a previous determination.
- Please complete the full contact information or the resolution letter will be mailed to the address on file.
- **DISPUTE** request is for reconsideration of an original claim that has been previously denied or underpaid.
- **APPEAL** request is for reconsideration of an authorization denial or a notice of action.
- **GRIEVANCE** request is for reconsideration of a previously disputed claim in which the provider is not satisfied with the resolution.
- Be specific when completing the Description of Dispute and Expected Outcome.

Mail completed form to:
Gold Coast Health Plan
Attn: Provider Disputes & Grievances, P.O. Box 9176, Oxnard, CA 93031
OR
Email the form to: ClaimDispute@goldchp.org

PROVIDER INFORMATION

Provider NPI Number _____ Provider Name _____ Provider TIN _____

Provider Address _____ City _____ State _____ Zip _____

CLAIM TYPE — Check the one that applies:
☐ Physician ☐ SNF / LTC ☐ Ambulance ☐ Dialysis ☐ Vision
☐ Hospital Inpatient/Outpatient ☐ High Risk OB ☐ Transportation ☐ Radiology
☐ Other (please specify): _____

MEMBER INFORMATION

GCHP Member ID Number _____ Patient Name _____ Date of Birth _____

Original Claim ID Number _____ Original Claim Amount Billed _____ Original Claim Amount Paid _____
(if multiple claims, use the attached form)

Service Dates From: _____ To: _____

RESOLUTION REQUEST TYPE — Check one: ☐ DISPUTE ☐ APPEAL ☐ GRIEVANCE

DISPUTE TYPE
☐ Claim Denial ☐ Claim Underpayment ☐ Contract Dispute
☐ Appeal of Medical Necessity / Utilization Management Decision (make selections below)
☐ Inpatient ☐ Outpatient
Select one (medical records required):
☐ Inpatient Level of Care ☐ Lack of Information Denial ☐ Non-Contracted
☐ No Prior Authorization Obtained ☐ Additional Codes Requested for Authorization Review
☐ Other (please specify): _____

CLAIM INFORMATION: ☐ SINGLE ☐ MULTIPLE "LIKE" CLAIMS (complete the spreadsheet on Page 2)

DESCRIPTION OF DISPUTE AND EXPECTED OUTCOME
(attach an additional sheet if needed)

Contact Name _____ Title _____ Signature _____

Phone Number _____ Fax Number _____ Date _____

☐ CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED. (PLEASE DO NOT STAPLE)
When submitting medical documentation, please indicate the page number on which the clinical review starts for the dates you are requesting authorization. Page Number_____

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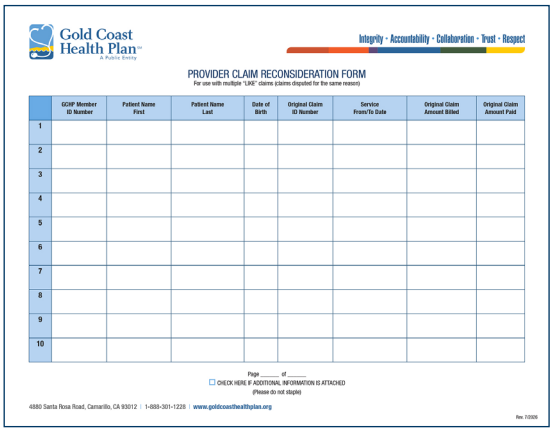
Rev. 7/2026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PROVIDER CLAIM RECONSIDERATION FORM

For use with multiple "LIKE" claims (claims disputed for the same reason)

	GCHP Member ID Number	Patient Name First	Patient Name Last	Date of Birth	Original Claim ID Number	Service From/To Date	Original Claim Amount Billed	Original Claim Amount Paid
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Page _____ of _____

☐ CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED
(Please do not staple)

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Rev. 7/2026

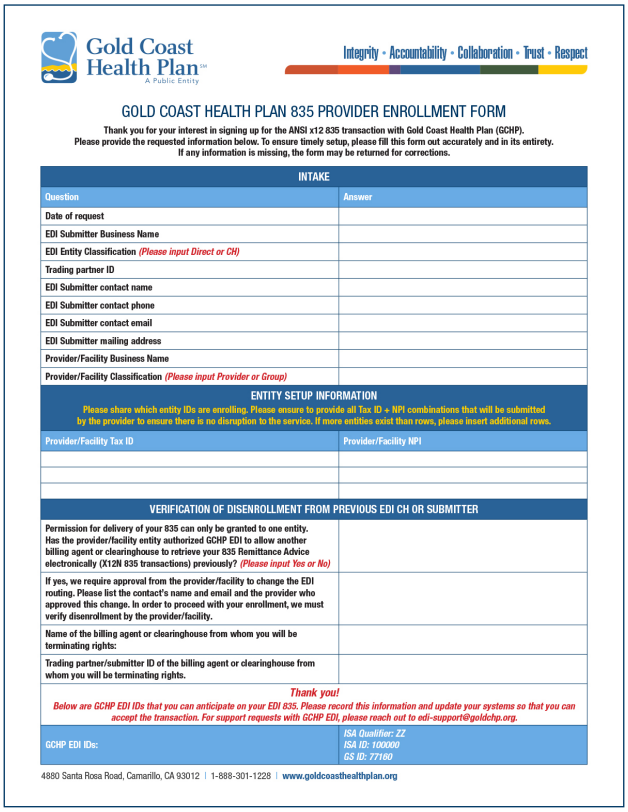
SECTION 4:

Updated Provider Enrollment Form for 835 Set Up

Gold Coast Health Plan (GCHP) has updated its Provider Enrollment Form for 835 Set Up to now include multiple Tax IDs and NPIs.

Enrollment is required for receipt of 835 Electronic Remittance Advice (ERA) transactions.

If you are interested in receiving 835 ERA, please complete the GCHP 835 Provider Enrollment Form and submit via email to: edi-support@goldchp.org.



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GOLD COAST HEALTH PLAN 835 PROVIDER ENROLLMENT FORM

Thank you for your interest in signing up for the ANSI x12 835 transaction with Gold Coast Health Plan (GCHP).
Please provide the requested information below. To ensure timely setup, please fill this form out accurately and in its entirety.
If any information is missing, the form may be returned for corrections.

INTAKE	
Question	Answer
Date of request	
EDI Submitter Business Name	
EDI Entity Classification *(Please input Direct or CH)*	
Trading partner ID	
EDI Submitter contact name	
EDI Submitter contact phone	
EDI Submitter contact email	
EDI Submitter mailing address	
Provider/Facility Business Name	
Provider/Facility Classification *(Please input Provider or Group)*	

ENTITY SETUP INFORMATION Please share which entity IDs are enrolling. Please ensure to provide all Tax ID + NPI combinations that will be submitted by the provider to ensure there is no disruption to the service. If more entities exist than rows, please insert additional rows.	
Provider/Facility Tax ID	Provider/Facility NPI

VERIFICATION OF DISENROLLMENT FROM PREVIOUS EDI CH OR SUBMITTER	
Permission for delivery of your 835 can only be granted to one entity. Has the provider/facility entity authorized GCHP EDI to allow another billing agent or clearinghouse to retrieve your 835 Remittance Advice electronically (X12N 835 transactions) previously? *(Please input Yes or No)*	
If yes, we require approval from the provider/facility to change the EDI routing. Please list the contact's name and email and the provider who approved this change. In order to proceed with your enrollment, we must verify disenrollment by the provider/facility.	
Name of the billing agent or clearinghouse from whom you will be terminating rights:	
Trading partner/submitter ID of the billing agent or clearinghouse from whom you will be terminating rights.	

Thank you!
Below are GCHP EDI IDs that you can anticipate on your EDI 835. Please record this information and update your systems so that you can accept the transaction. For support requests with GCHP EDI, please reach out to edi-support@goldchp.org.

GCHP EDI IDs:	*ISA Qualifier: ZZ* *ISA ID: 100000* *GS ID: 77160*

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SECTION 5:

Timely Access Standards and Methods to Improve Member Accessibility

The state Department of Health Care Services (DHCS) requires access and availability standards for Medi-Cal providers. Gold Coast Health Plan (GCHP) is proudly charged with maintaining quality care for our members, which includes monitoring access and availability within the network and ensuring that contracted providers comply with access standards. Please review the table below as a reminder for your practice's scheduling staff and ensure the standards are being incorporated in your clinic workflow. Make note of the in-office wait times for scheduled appointments.

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

The following methods can help to improve member access and availability:

- Appointment availability with other contracted, in-area providers within the same office or in a different location.
- 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.
- Weekend appointment availability.
- Telehealth appointment availability.
- Cancelled appointment availability.

Email GCHP's Provider Relations Team with any questions or concerns you may have at ProviderRelations@goldchp.org.

SECTION 6:

2026 Provider Surveys

In our continuous efforts to foster quality healthcare services and meaningful provider engagement, Gold Coast Health Plan (GCHP) is pleased to share the timeline and details for our upcoming provider surveys scheduled for 2026. Your feedback is integral in helping GCHP meet critical regulatory standards and improve our network performance. Please review the following schedule and key information.

Survey Timeline Overview

Survey	Timeline
Appointment Availability and After-Hours Access	Q3 2026 – Q4 2026
Provider Satisfaction Survey	Q3 2026 – Q4 2026

1. **Appointment Availability and After-Hours Survey**
   - **Timeline:** Survey fielding begins Q3 2026 and ends early Q4 2026
   - **Purpose:** To ensure compliance with the state Department of Health Care Services (DHCS) standards, this survey verifies that our network providers are available to see health plan members promptly — within specified days or hours for various appointment types.
   - **Additional information:** For an in-depth look at the DHCS standards, please visit our Access and Availability Standards webpage.

2. **Provider Satisfaction Survey**
   - **Timeline:** Survey fielding begins Q3 2026 and ends early Q4 2026
   - **Purpose:** This survey is designed to capture your experiences and perspectives on key service areas, including:
     - Finance and payment processes
     - Utilization and quality management
     - Call center support
     - Provider relations and communications
     - Overall satisfaction

Key Reminders for Participation

- **Your Input is vital:** By completing these surveys within the specified periods, you help us identify opportunities for improvement and ensure that we maintain the excellence our members expect.
- **Timely response:** Please mark your calendars and complete each survey promptly. Your cooperation ensures that every voice is heard, and every insight is valued.

Thank you in advance for your participation and dedication to enhancing our network's service levels. Together, we will continue to drive improvements in both patient care and provider satisfaction.

SECTION 7:

Updates to Medical Meals and Nutrition Services

Gold Coast Health Plan (GCHP) is pleased to share important updates on medical meals and nutrition services. These services are designed to improve health outcomes for members with nutrition-sensitive chronic conditions and to support recovery following acute care. Below are three key updates for providers.

1. **Expanded CalAIM Community Supports: Medical Food Services**
   GCHP continues to expand access to CalAIM Community Supports for members with nutrition-sensitive chronic conditions, as defined by the state Department of Health Care Services (DHCS) policy. These services are now broadly available and include a range of options to meet individual member needs:
   - **Medically Supportive Food Groceries (MSF):**
     Fresh, primarily locally grown produce tailored to support chronic condition management.
   - **Medically Tailored Groceries (MTG):**
     Grocery items delivered through local vendors and customized to the member's dietary and health needs.
   - **Medically Tailored Meals (MTM):**
     Fully prepared meals designed to meet individualized medical and nutritional requirements.

All service levels include **nutrition counseling from registered dietitians**, ensuring members receive guidance alongside food support.

Note that these services are intended to be temporary and most members will graduate from the program at 90 days of service. Authorization is based on GCHP clinical eligibility criteria and can be issued up to a maximum of 365 days.

Selecting the Right Service:

Providers are encouraged to match the level of support to each member's situation:

- Members who benefit from **hands-on cooking skills development** or who have **limited refrigeration/freezer capacity** may be better suited for grocery-based services.
- Members with **functional limitations** or significant barriers to meal preparation may benefit most from **medically tailored meals**.

A current list of contracted providers offering these services, can be found here.

2. **New Referral Process Through VCCIE for CalAIM Medical Meals and Groceries**
   Referrals for CalAIM medical meals and grocery services can now be submitted through the **Ventura County Community Information Exchange (VCCIE)** platform.
   - **Public Referral Link:**
     Providers and community partners can submit referrals using the public portal:
     https://vccie.my.site.com/clientportal/s/public-referral
   - **Registered Users:**
     Organizations enrolled in VCCIE can submit referrals directly through their account and benefit from:
     - » Real-time **status tracking** of submitted referrals
     - » Improved coordination with service providers

The VCCIE platform will continue to expand, with future capabilities to support additional Community Supports and Enhanced Care Management (ECM) referrals among other referrals within the community.

Getting Connected:

Organizations interested in enrolling in VCCIE or exploring integration with their EMR systems for streamlined referrals should contact the Public Health Institute at communications@vccie.org for more information.

3. **Total Care Advantage (DSNP): Post-Discharge Meal Benefit**
   GCHP members enrolled in **Total Care Advantage**—our Dual Eligible Special Needs Plan (DSNP)—have access to a **Medical Readmission Prevention Meals** benefit following hospitalization or acute care visits.
   - Provides **28 home-delivered medically tailored meals**
   - Must be **initiated within seven days of discharge**
   - Requires a **direct referral from the discharging facility to GCHP for authorization**

This benefit is intended to support recovery during the critical post-discharge period and **reduce risk of readmission**.

Important Coordination Note:

- The Gold Coast Health Plan Total Care Advantage (HMO D-SNP) meal benefit is **duplicative of the CalAIM Medically Tailored Meals and Grocery service**.
- For eligible members, the **Total Care Advantage benefit must be used first** before transitioning to CalAIM nutrition services.
- The 28-meal allotment **resets annually on Jan. 1**.

SECTION 8:

UC Milk Bank Contract Ensures Access to Pasteurized Donor Human Milk

Gold Coast Health Plan (GCHP) has a new contract with the UC Health Milk Bank that ensures access to **pasteurized donor human milk (PDHM)** for eligible Medi Cal members. This partnership strengthens our commitment to supporting the health of medically fragile infants who may benefit from human donor milk when their mother's milk is unavailable, insufficient, or medically contraindicated.

Eligibility for Coverage

GCHP covers PDHM for members who meet Medi Cal criteria for **Medically Necessary** services billable under **HCPCS codes T2101 and K1005**. A mother and/or infant must meet at least one of the following state Department of Health Care Services (DHCS) clinical criteria:

- The infant cannot tolerate formula or has medical contraindications to formula, including elemental formulas.
- The infant is born **very low birthweight (<1500 g)** and **very premature (<32 weeks gestation)**.
- The infant has a gastrointestinal anomaly, metabolic or digestive disorder, or is recovering from intestinal surgery requiring additional nutritional support.
- The infant is diagnosed with **failure to thrive** or is not appropriately gaining weight.
- The infant has **formula intolerance** with documented feeding difficulty or weight loss.
- The infant has **hypoglycemia**, congenital heart disease, or is pre or post organ transplant.
- The infant has another serious health condition where donor milk is medically necessary to support treatment and recovery.

In all cases, the mother's own milk must be **contraindicated, unavailable, or insufficient in quantity or quality** to meet the infant's nutritional needs. Requests will also be subject to UC Health Milk Bank criteria and availability.

Authorization and Prescribing Requirements

PDHM requests do not require prior authorization but requests will be reviewed by GCHP before sending to the UC Health Human Milk Bank for fulfillment. Authorized prescribers include:

- Physicians
- Nurse practitioners
- Clinical nurse specialists
- Certified nurse midwives
- Physician assistants

Prescriptions must specify **amount and frequency** of feedings.

Process for Ordering:

1. **A referral for medically necessary donor human milk must be submitted to GCHP using the Pasteurized Donor Human Milk Referral Form available on the Provider Resources webpage.**
2. **GCHP Utilization Management (UM) staff will review referral form and submit requests to UC Health Milk Bank for fulfillment.**

Ventura Coast Milk Bank

Offers financial assistance through the Milk Recipient Fund to ensure no gaps in service for infants who meet eligibility criteria and are families in need. Information can be found at the Ventura Coast Milk Bank website and all inquiries about financial assistance should be directed to ucmilkbankorders@health.ucsd.edu.

Resources:

University of California Health Milk Bank
Ventura Coast Milk Bank

SECTION 9:

Gold Coast Health Plan (GCHP) Pharmacy Services and Medi-Cal Rx Updates

Gold Coast Health Plan (GCHP) website and Pharmacy Newsletter

GCHP provides Medi-Cal Rx updates in the Provider Pharmacy Services section of our 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.

Total Care Advantage (HMO D-SNP) Part B Drugs – Medical Benefit (managed by GCHP)

Medicare Part B covers physician-administered drugs (PADs) and biologics that are typically provided in a clinical setting (in-office, outpatient infusion centers). This includes chemotherapy infusions, IV infusions, and most injectable medications that are NOT self-administered. Certain preventative vaccines are also covered under Part B, including influenza, COVID-19, hepatitis B and pneumococcal vaccines. In addition, Part B covers diabetic testing supplies, continuous glucose monitors (CGMs), durable medical equipment (DME) and drugs and biologics related to ESRD.

Part B Physician Administered Drugs (PADs)

Part B medications are billed under the medical benefit. GCHP will review prior authorization requests for some drugs that are administered at the physician's office. For a list of the Medicare Part B Drugs that require prior authorization and review for approval, please check the GCHP's TCA Medicare Part B Drug List. This list is updated quarterly in alignment with guidance and direction received by CMS and the GCHP Pharmacy and Therapeutics (P&T) Committee.

To avoid delays or denials, providers should submit a completed prior authorization request with all necessary clinical documentation. To submit prior authorization requests for Part B drugs, you may submit it electronically on the Provider Portal (preferred) or manually by completing and faxing a Prior Authorization Treatment Request Form. Claims may be delayed or denied until the required information is received to establish medical necessity. PADs that are billed on a medical claim are the responsibility of GCHP.

*NOTE: Prior authorization requests are subject to CMS-mandated turn-around-times (TATs). Standard requests will be reviewed within **72-hours** from receipt of request. Expedited requests will be reviewed within **24-hours** from receipt of request; however, a request should ONLY be deemed expedited if waiting the standard 72-hour TAT could jeopardize the member's life, health or ability to regain maximum function.

Total Care Advantage – Pharmacy Benefit (Part D)

Medicare Part D covers outpatient prescription drugs that are typically self-administered, including oral medications, inhalers, self-administered injectables and maintenance medications for chronic conditions. All adult vaccines recommended by ACIP are also covered under Part D.

Over-the-counter medications are NOT covered under Part D, however certain OTC products may be covered under Medi-Cal Rx. For list of covered Part D medications, refer to the *GCHP Total Care Advantage 2026 Formulary* or *myPrime website* (online searchable formulary).

Part D medications are dispensed through contracted retail and mail-order pharmacies, up to a 100-day supply for maintenance medications, which can be found on the GCHP Total Care Advantage Pharmacy Services or by visiting the myPrime website.

GCHP contracts with Prime Therapeutics as the Pharmacy Benefit Manager (PBM) for the Part D pharmacy benefit for Total Care Advantage members. Prime Therapeutics is responsible for processing Part D pharmacy claims, some Part B pharmacy claims, and diabetic testing supplies (DTS) and continuous glucose monitors (CGMs) billed by pharmacies.

*NOTE: these medications and supplies may be subject to co-pays.

Preferred Diabetes Testing Supplies Manufacturers: *Abbott* and *Ascensia*	
Glucose Monitoring Systems (meter, tests strips, lancets)	Freestyle Lite Freestyle Freedom Lite Freestyle Precision Neo Freestyle Optium Neo Precision Xtra Contour Next EZ Contour Next GEN Contour Next ONE
Continuous Glucose Monitors (sensors, receiver, transmitter)	Dexcom G6 Dexcom G7 Freestyle Libre 2 PLUS Freestyle Libre 3 PLUS

ALL other brands of diabetic testing supplies will require prior authorization submitted to Prime Therapeutics. In addition, ALL continuous glucose monitors will require prior authorization submitted to Prime, including preferred manufacturers.

Medications covered by our Part D formulary that may require additional supporting documentation will require a Prior Authorization; drugs not covered on the Total Care Advantage Part D Formulary will require a *Formulary Exception*. Both prior authorizations and formulary exceptions should be submitted to Prime. All forms can be found on the *MyPrime website*.

Medicare Part D Excluded Drugs

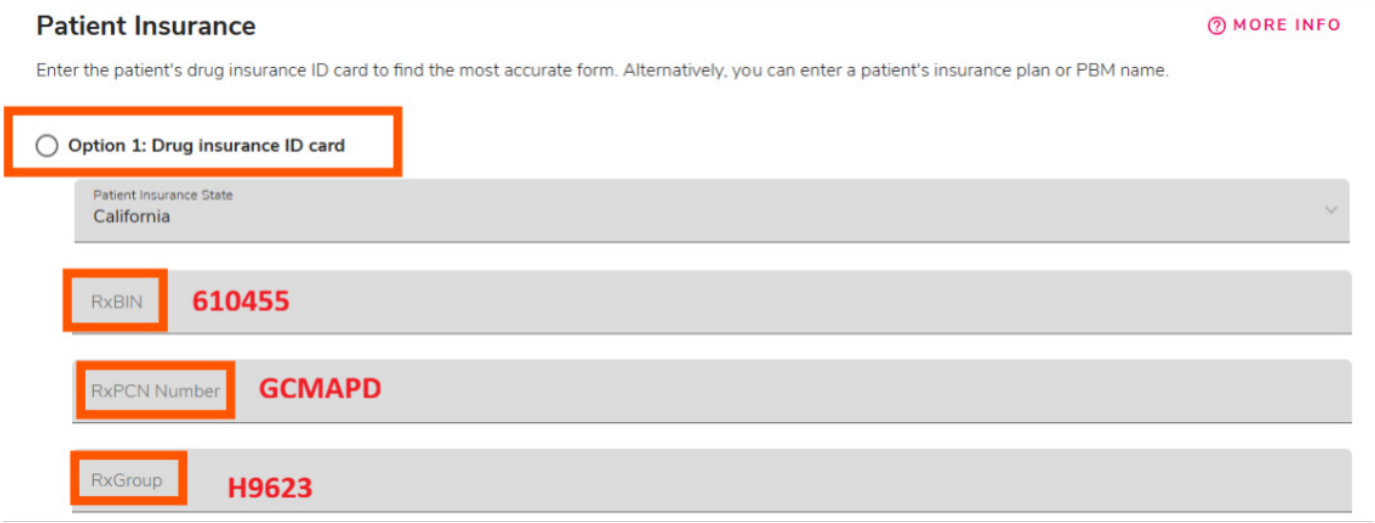
Medicare does NOT cover the following medication classes; prescriptions MAY be covered by Medi-Cal Rx for D-SNP members. Providers should refer to the Medi-Cal Contracted Drugs List for more specific coverage information.

- Drugs for anorexia, weight gain or weight loss (including GLP-1's)
  - » Does NOT apply to members using GLP-1's for Diabetes and non-obesity indications
- Fertility drugs
- Drugs for cosmetic purposes or hair growth
- Drugs for relief of cold/cough symptoms
- Drugs to treat erectile dysfunction
- Prescription vitamins and minerals (except prenatal vitamins and fluoride preparations)
- Over-the-counter drugs (non-prescription)
- DESI drugs and other non-FDA approved drugs (e.g. Armour Thyroid, NP Thyroid)
- Line flushes (e.g. normal saline IV flush, heparin flush)

Total Care Advantage – Submitting Coverage Determination (CD) or Prior Authorization (PA) Requests

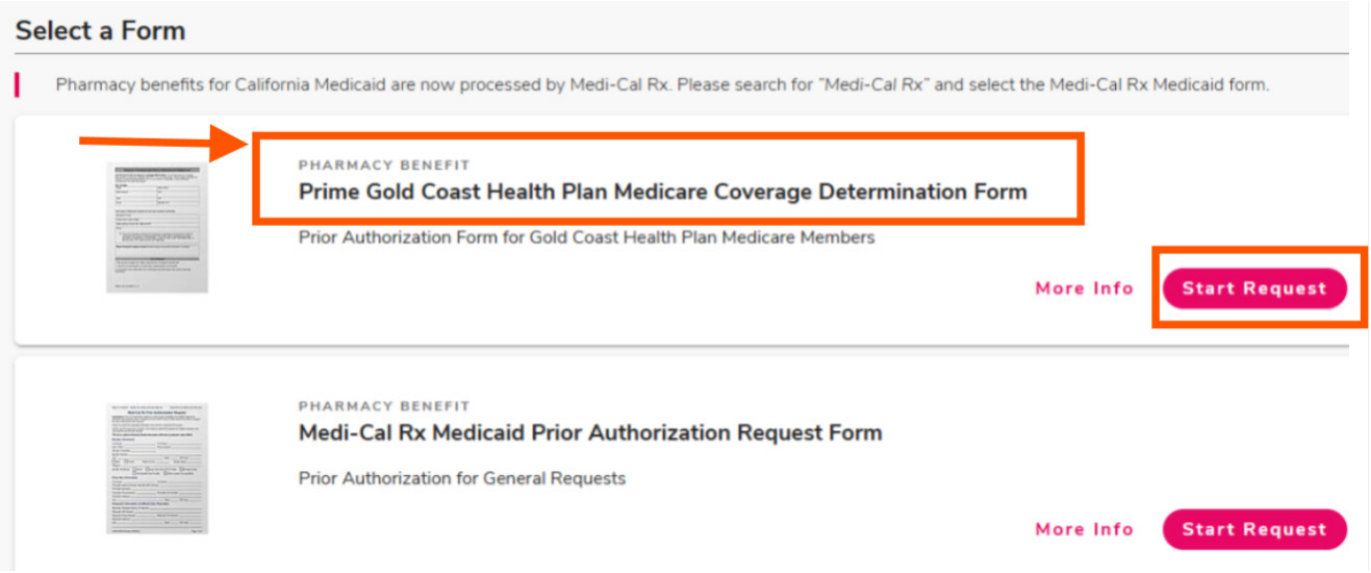
You can submit Prior Authorizations to Prime electronically using **CoverMyMeds**. For Total Care Advantage members – please use one of the two options below to ensure that the appropriate insurance information is entered:

- **Option 1:** Entering the **RxBIN 610455, RxPCN GCMAPD, RxGroup H9623** (which will take you directly to the Prime Gold Coast Health Plan Medicare Coverage Determination Form), or



- **Option 2:** When manually searching for the insurance plan or PBM name, enter **"California"** as the state, enter **"Gold Coast"** as the plan name, and selecting the **"Prime Gold Coast Health Plan Medicare Coverage Determination Form"** and not the Medi-Cal Rx Medicaid Prior Authorization Request Form (which is for Medi-Cal members only)

» **Search result will return 2 Forms. Select Prime Gold Coast Health Plan Medicare Coverage Determination Form**



- **Retain CMM Key# to follow up**

Prime Therapeutics *Member Services* can be reached directly at **1-855-681-7966**, 24/7 to assist with any questions or issues regarding pharmacy claims or prior authorizations.

For more information regarding pharmacy services, please check the *GCHP pharmacy website*. For additional questions, the GCHP Pharmacy Team can be reached at 1-805-437-5738 or by email at Pharmacy@goldchp.org.

Medi-Cal - Medi-Cal Rx Changes to the Contract Drugs List (CDL) and Covered Products Lists

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

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

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

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

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

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

To locate a Medi-Cal Rx contracted pharmacy, please click here.

Medi-Cal Rx Provider Enrollment Requirement

In order for pharmacy claims to be processed and paid, the individual prescriber on the claim (such as doctors, nurse practitioners, or physician assistants) must be enrolled in Medi-Cal using their individual (Type 1) National Provider Identifier (NPI). Affiliation with a managed care plan (MCP) and/or enrollment as a provider with the federal Medicare program is not sufficient to meet the requirements for Medi-Cal enrollment.

DHCS will initiate a phased approach for full enforcement of this requirement soon, and more specific information will be released once available. The phased approach is intended to support a smooth transition, mitigate potential impacts to members, and ensure adequate time for prescribers to submit and DHCS to process Medi-Cal provider enrollment applications.

What Prescribers Need to Do

- ✓ Verify Medi-Cal Provider enrollment status using Enrolled Providers List
- ✓ If the Type 1 NPI is not found on the Enrolled Fee-for-Service (FFS) Provider List, submit an application with the DHCS Provider Application and Validation for Enrollment
- ✓ For more information, refer to **Provider Enrollment Requirement** section on Medi-Cal Rx Education & Outreach

Medi-Cal Rx ICD-10-CM Diagnosis Code Requirement on Pharmacy Claims

Effective fall 2026, ICD-10-CM diagnosis code(s) will be required for **ALL** pharmacy claims including claims for refills. Please include ICD-10-CM Diagnosis code on all prescriptions.

For additional information, refer to **ICD-10-CM Diagnosis Code Requirement** section on Medi-Cal Rx Education & Outreach.

Medi-Cal - 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.

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 prior authorization 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 (i.e. J-Code) requiring a prior authorization must be submitted as a Prior Authorization Treatment Request Form to Gold Coast Health Plan (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 the Department of Health Care Services (DHCS/State Medi-Cal) and the Pharmacy & Therapeutics (P&T) Committee updates the Physician Administered Drugs (PAD) list quarterly. The PAD list and its clinical guidelines are posted on GCHP website, Medical Drug Benefit for Providers.

SECTION 10:

Getting Ready for Back to School: Well-Care Visits and Vaccinations

As the summer comes to an end and students prepare to go back to school, many families will be scheduling their annual physicals. We encourage providers to ensure Gold Coast Health Plan (GCHP) members have completed their annual well-care visits for the year and are up to date with all recommended vaccines.

Work with clinic staff to identify members who still need their well-care visits or vaccines and schedule any needed appointments before the end of the year to help members complete these important preventive services.

For those parents that might be hesitant to get their children vaccinated, the American Academy of Pediatrics (AAP) offers immunizations discussion guides to help providers and staff talk to parents about vaccines.

- Maternal and infant guide
- Childhood guide
- Adolescent guide

Preparing for the upcoming Flu Season

The flu season for 2026-2027 is fast approaching. Is your clinic ready?

For anyone you see ages 6 months and older, offer them the flu vaccine once its available. Many families don't prioritize the flu vaccine, so encourage you staff to discuss its benefits of the flu vaccine with patients and their families at each opportunity.

$25 Gift Card Incentive

Members ages 6 months to 2 years can earn a $25 gift card for getting a flu shot. Members need to get the flu shot on or before their second birthday and between Sept. 1, 2025, and Dec. 31, 2026. Download the flyer for more information.

Flu Sticker

Providers can also distribute GCHP flu stickers to our members who get the flu shot! Stickers are available in English and Spanish. Request your batch of stickers today!

If the member doesn't get the flu shot with you, ask about their vaccine status at their next visit. Continue to remind them of the importance of getting their flu shot and inform them about community flu shot clinics by sharing the GCHP Flu Shot Flyer.

Outreach Calls

GCHP health navigators will be making outreach calls to members who are missing vaccines. They will be assisting members schedule appointments, connect them to local community vaccine clinics and resources, and assist with any questions or barriers they might have to getting care. Let's work together to close vaccine care gaps.

For more information, contact the Health Education Department.

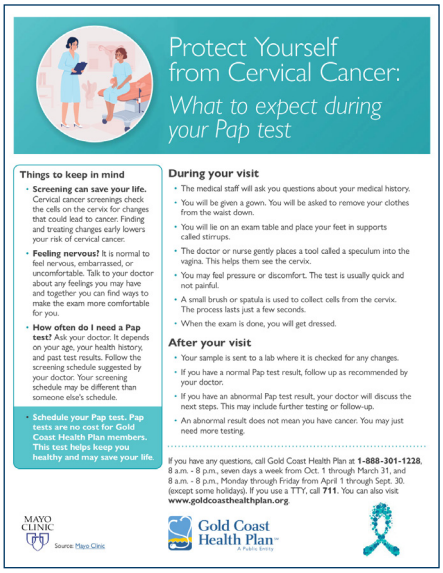
Phone: 805-437-5961
Hours: Monday to Friday, 8 a.m. to 5 p.m. (except some holidays).
Email: HealthEducation@goldchp.org

New Resource Available: *Cervical Cancer Screening: What to Expect* Flyer

GCHP finalized a new educational Cervical Cancer Screening: What to Expect flyer. This flyer is designed to help members feel more confident and informed about getting a Pap test.

During 2025, GCHP conducted focus groups to better understand the motivators and challenges members face to complete screenings and why they do or do not complete their routine Pap test. Findings showed that many members delay or avoid getting their Pap test because they are unsure of what to expect or have concerns about discomfort, embarrassment, or fear of results. This flyer outlines what happens during and after a Pap test and helps address common concerns.

We encourage providers to share these flyers with members who are due or overdue for their Past test. By helping members understand what to expect, we can help reduce barriers to routine screenings and improve the patient's experience.



Help Your Medi-Cal Patients Stay Covered

There are many upcoming changes to Medi-Cal. It is important to remind your Medi-Cal patients to:

- **Renew on time.** Inform patients to check their mail for the Medi-Cal renewal forms or create a BenefitsCal account and complete their renewal forms on time.
- **Update their information** with Ventura County Health Care Agency (VCHCA). They can do this online or in-person at one of VCHCA local offices. It is important for Medi-Cal to have up to date phone number and address to reach members for their renewals and other Medi-Cal updates.

To learn more about the changes to Medi-Cal, visit Department of Health Care Services (DHCS) Medi-Cal Changes webpage.

SECTION 11:

Announcement Approach Training (AAT) May Increase HPV Vaccination Rates

Gold Coast Health Plan (GCHP) has partnered with the American Cancer Society (ACS) and Community Memorial Healthcare (CMH) to increase Human papillomavirus (HPV) vaccination rates in children 9 to 12 years of age.

GCHP Quality Improvement (QI) Program Manager, April Whetsell; Raquel Arias, Associate Director of State Partnerships for the ACS; and Dr. Mark Barrett, pediatrician at CMH, presented the Announcement Approach Training (AAT): Making Effective HPV Vaccination Recommendations, a proprietary training that teaches clinic staff how to use a presumptive recommendation for the HPV vaccine and how to connect with parents through research-tested messages when they have concerns. The training empowers staff and increases confidence using a communication toolkit which includes talking points, understanding the HPV vaccine mechanism of action and its effectiveness, and why giving the vaccination at age 9 is critical.

A post-training survey revealed attendees had a significant increase in awareness of the importance of the HPV vaccine, greater confidence to recommend the HPV vaccine, and higher likelihood of recommending to patients 9 and 10 years of age after attending the training.

The American Cancer Society and the American Academy of Pediatrics recommend starting the HPV vaccine series at age 9 due to its stronger impact on cancer prevention and ability to close gaps in care. A landmark study released June 2026 in The Lancet found a substantial decrease in the reduction of cervical cancer deaths in women 20-24 years of age, who received the vaccine at ages 12 and 13. Furthermore, a large study published in the New English Medical Journal found that the HPV vaccine decreased cervical cancer by 88% in women who were vaccinated as young adolescents compared to those vaccinated as adults or not at all. Beginning the vaccine at age 9 increases the likeliness of completing the series by their 13th birthday and a greater focus on cancer prevention.

GCHP would like to partner with your clinic to host this important training. The 45-minute session requires a vaccine providing clinician to co-lead the training. Contact the Quality Improvement Department at QualityImprovement@goldchp.org if you are interested in a training on best practices to prevent cancer by administering the HPV vaccine to your adolescent patients.

California HPV Vaccine Week

The California HPV Vaccination Roundtable hosts California HPV Vaccine Week Aug. 2 – 8 to increase awareness of the HPV vaccine as cancer prevention and promotes the vaccination of children ages 9-12. The group has created materials for health systems and providers to get the message out to families about the importance of the HPV vaccine for cancer prevention. You can view campaign materials here: California HPV Vaccination Roundtable

An Alternate Option for Cervical Cancer Screening: HPV Self Collection

Cervical cancer screening is an important health screening test, yet many people avoid traditional exams due to discomfort, anxiety, or limited access. HPV self-collection is a newly approved cancer screening test method that offers a less invasive alternative cervical cancer screening test that may help increase cervical cancer screening rates.

Why Screening is Important

Approximately 14,000 cervical cancer cases are diagnosed each year in the United States, and each year more than 4,000 people die from the disease. Cervical cancer develops slowly, and screening can detect precancerous changes early. Over half of the cases occur in people who have never been or are infrequently screened.

HPV Self Collection

While pap smears and HPV tests paired with a pelvic exam are the traditional cervical cancer screening method, the Food and Drug Administration (FDA) now allows HPV testing using self collected samples. Individuals use a swab or brush to collect cells from the upper vagina—no pelvic exam or speculum required. Studies1 supported by the Centers for Disease Control and Prevention show that self collection is easy and just as accurate as clinician collected samples. Furthermore, GCHP members have shared positive feedback with their providers, stating they prefer this method as it is less invasive and reduces discomfort or fear.

Who Can Use Self Collection

Self collection is recommended for people at **average risk of cervical cancer**.

Members may use self-collection if:

- They have a cervix
- Do not have symptoms related to cervical cancer
- They have not had an abnormal cervical cancer screening (HPV or Pap) test

Who is this for?

Self collection may help those who:

- Experience pain or anxiety during pelvic exams
- Have a history of sexual trauma
- Face cultural, religious, or gender related barriers
- Have difficulty accessing in office care due to transportation or scheduling

A Promising Advancement

HPV self collection is recommended every three years, and is a convenient, accurate, and patient centered option of testing to detect cervical cancer. As availability grows across clinics, pharmacies, mobile units, and other care settings, self collection may increase access to screenings. HPV self-swabs are a Medi-Cal covered benefit and can be billed using codes 87624 - 87626.

You can visit the American Cancer Association website for guidelines and more information.

[1]Supportive Studies

- Clinician acceptability of self-collected human papillomavirus swabs as a primary cervical cancer screening method
- Self-Collection for Primary HPV Testing: Perspectives on Implementation From Federally Qualified Health Centers
- Effect of HPV self-collection kits on cervical cancer screening uptake among under-screened women from low-income US backgrounds (MBMT-3): a phase 3, open-label, randomized controlled trial

SECTION 12:

Managed Care Accountability Set (MCAS) 2025 Performance

Gold Coast Health Plan (GCHP) has successfully compled of Measurement Year (MY) 2025 Managed Care Accountability Set (MCAS) quality measure reporting. The MCAS includes Healthcare Effectiveness Data and Information Set (HEDIS) and The Centers for Medicare & Medicaid Services (CMS) Core Set performance measures that GCHP reports annually to the California Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA). These results play a critical role in demonstrating DHCS compliance, determining potential sanctions, benchmarking GCHP's performance against other California Medi-Cal managed care plans, and informing NCQA Health Plan ratings.

The strong MY 2025 results reflect the shared commitment of GCHP and our provider partners to advancing quality care through aligned goals in the Quality Incentive Pool and Program (QIPP). Performance improvements were supported by enhanced data quality, including new supplemental data sources and refinements to provider-submitted QIPP data files. Access to preventive care also expanded through mobile mammography events, health fairs, and monthly outreach reminders when screenings are due. In addition, member incentive participation increased by 18.7%, driven by greater awareness and outreach efforts across our provider network.

For MY 2025, GCHP reported 31 MCAS measures, including 18 measures subject to the Minimum Performance Level (MPL), as determined by DHCS and generally defined as the NCQA national 50th percentile, and 13 report-only measures. Of the 18 MPL measures, three were collected using the hybrid methodology, which combines medical record review with claims, encounter, and supplemental data. The remaining 15 measures were reported administratively through Electronic Clinical Data Systems (ECDS), claims, encounters, supplemental data, electronic medical records, and registry data.

MY 2025 marked a historic achievement for GCHP. All 18 MPL measures met or exceeded the required benchmark, and 17 demonstrated year-over-year improvement. Thirteen measures achieved performance at or above the NCQA 75th percentile, representing an 11% increase over MY 2024. Most notably, GCHP reached the high-performance level (90th NCQA percentile) for Breast Cancer Screening, Postpartum Care, Immunizations for Adolescents, and Glycemic Status Assessment for Patients with Diabetes (>9%). Three measures also improved in percentile ranking, including Asthma Medication Ratio (AMR), which rose from the 10th percentile to the 75th percentile—an increase of 14.4 percentage points.

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MCAS Measure / Data Element	MY2024	MY2025	MY2024-MY2025 Rate Difference
Hybrid			
Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD)*	25.79%	22.87%	**-2.92%**
Controlling High Blood Pressure (CBP)	66.67%	68.86%	**2.19%**
Prenatal and Postpartum Care			
Timeliness of Prenatal Care (PPC-Pre)	90.27%	90.51%	**0.24%**
Postpartum Care (PPC-Post)	92.70%	94.16%	**1.46%**
Administrative/ECDS			
Asthma Medication Ratio (AMR)	57.93%	72.32%	**14.39%**
Breast Cancer Screening (BCS)	66.50%	67.75%	**1.25%**
Cervical Cancer Screening (CCS)	60.65%	62.84%	**2.19%**
Child and Adolescent Well-Care Visits (WCV)	55.44%	57.86%	**2.42%**
Childhood Immunization Status- Combo 10 (CIS-10)	29.30%	32.26%	**2.96%**
Well-Child Visits in the First 30 Months of Life			
First 15 Months - Six or more visits (W30-15)	68.35%	68.86%	**0.51%**
15 to 30 months - 2 or more visits (W30-30)	77.72%	79.81%	**2.09%**
Chlamydia Screening in Women (CHL)	64.59%	68.31%	**3.72%**
Developmental Screening in the First Three Years of Life (DEV)	55.93%	65.77%	**9.84%**
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	60.98%	57.59%	**-3.39%**
Immunizations for Adolescents - Combo 2 (IMA-2)	45.06%	51.33%	**6.27%**
Lead Screening in Children (LSC)	78.14%	79.41%	**1.27%**
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	45.81%	51.37%	**5.56%**
Topical Fluoride for Children (TFL)	32.99%	36.82%	**3.83%**

Percentile Legend

- 10th Percentile
- 25th Percentile
- 50th Percentile
- 75th Percentile
- 90th Percentile

** Lower rate indicates better performance.*

The Quality Improvement team will continue to evaluate MY 2025 results, conduct barrier analyses, and identify opportunities to further enhance performance and address identified disparities in MY 2026. In the coming months, each provider system will receive a scorecard summarizing its performance across these measures. We applaud your performance achievements and sincerely appreciate your continued partnership. We look forward to continuing to work together to deliver the highest quality care for our members.

If you have any questions, please feel free to contact the Quality Improvement Team at qualityimprovement@goldchp.org.

SECTION 13:

Gold Coast Health Plan Partnerships – Connecting Members to Resources

Gold Coast Health Plan (GCHP) works with local partners to help members and families stay healthy. Each partner offers different services in which members can be referred for additional resources and support:

As of Q2 2026, GCHP has three new partnerships:

Ventura County In-Home Supportive Services (IHSS)	Provides older adults with low income and people with disabilities (including children) support in their homes.
Ventura County Probation Agency	Enhances public safety, advocates for victims, and guides individuals toward rehabilitation and meaningful change.
Ventura County Social Services Agency for child Welfare	Provides safety and protection for children who are experiencing or are at risk of abuse, neglect, sexual molestation, and do not have a parent or guardian who can provide care.

GCHP continues to work with the following agencies:

First 5 Ventura County	Helps children from birth to age 5 grow and stay healthy. Programs include Neighborhoods for Learning, Help Me Grow, and Home Visiting Connections.
Ventura County Public Health (VCPH)	Works to keep the whole community healthy and safe.
Ventura County Women, Infant, & Children (WIC)	Supports pregnant women, new moms, and children under 5 with healthy food, breastfeeding support, and nutrition education.
Ventura County Behavioral Health (VCBH)	Provides help for mental health and substance use. Call their 24-hour hotline at 1-866-998-2243, any day.
Tri Counties Regional Center (TCRC)	Supports people with developmental disabilities in Ventura, Santa Barbara, and San Luis Obispo counties. The Lanterman Act helps ensure residents get the services they need.

To learn more about how we work with these partners, visit www.goldcoasthealthplan.org and click About Us > Memoranda of Understanding. You can also contact GCHP's Health Education Department at **1-805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except some holidays). If you use a TTY, call **711**.

SECTION 14:

Medical Policy/Clinical Practice Guidelines

Gold Coast Health Plan (GCHP) Medical Policy/Clinical Practice Guidelines are designed to aid physicians and practitioners in diagnostic and treatment decisions for specific health conditions. These guidelines are based on peer reviewed scientific evidence, medical literature review, and/or established expertise and authority. All recommendations are grounded in nationally recognized and accepted public health and professional society guidelines.

Clinicians should apply GCHP's Medical Policy/Clinical Practice Guidelines based on clinical judgement and expertise. When individual circumstances indicate that the guideline(s) is not appropriate for the individual patient and/or circumstances indicate that the guideline(s) is inappropriate, the clinical team (e.g., primary care physician, medical director, medical policy, specialists and other clinical resources) should consider alternatives and make decisions on a case-by-case basis. Guideline questions and/or recommended alternatives can be sent to: gchpmedicalpolicy@goldchp.org.

To review GCHP Medical Policy and Clinical Practice Guidelines, including authorization requirements indications and restrictions, visit the Provider Resources - Medical Policy/Clinical Practice Guidelines page, on the GCHP website.

Gold Coast Health Plan℠
A Public Entity

Provider Operations Bulletin

AUGUST 2026

For additional information, contact
Customer Service at 1-888-301-1228.

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