



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

Provider⁴⁸ Operations Bulletin

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www.goldcoasthealthplan.org

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SECTION 1:

Coming Soon: New Software for Provider Credentialing and Contracting

Gold Coast Health Plan (GCHP) has partnered with Vistar Technologies, a subsidiary of Symplr, to launch automated provider credentialing software for a streamlined and efficient provider data maintenance and credentialing solution. Referred to as eVIPs, this software will allow consolidation of contracting, credentialing and provider information management activities.

eVIPs Software Components for Providers

- **eApply:** This is an online application for data entry that feeds directly into eVIPs solution. Once providers have entered their data, changes, or documents via eApply, the data can be reviewed by GCHP staff and merged into the production database.
- **eStatus:** This application offers the ability for providers to login to a secure webpage to research the status of files being processed. Full practitioner information including images, confirmation dates, and enrollment statuses can be viewed.
- **Contract Management:** eVIPs will provide GCHP with a configurable, end-to-end contract management solution to manage all previously contracted and renewal contract negotiations.

Key Benefits and Implications

- Overall increase in efficiency in contracting and credentialing activities.
- Self-service provider tools to streamline the data collection process.
- Real-time license verification.
- Automated industry interfaces (Continuous Query, Sam.gov, OIG and CMS Opt Out).
- Board certification CME tracking.

Timeline

The software is scheduled to go-live in the second quarter.

Provider Training

Provider training will be rolled out in the second quarter. Additional details will be forthcoming. For any questions, please email ProviderRelations@goldchp.org.

SECTION 2:

Medi-Cal Rx Transition Update

The Medi-Cal Rx transition will occur on April 1. Gold Coast Health Plan (GCHP) continues to share information with providers as it becomes available. GHCP's website has a dedicated [Medi-Cal Rx page](#) that provides important links to the state Department of Health Care Services (DHCS) Medi-Cal Rx website and other important information.

GCHP encourages providers to review the website periodically for updated information.

- [Medi-Cal Rx Website](#) (best viewed using a Chrome browser)

SECTION 3:

Medi-Cal Rx Transition Information Webinars

Gold Coast Health Plan (GCHP) will hold informational webinars for independent doctors to discuss the Medi-Cal Rx transition. There will be two 30-minute sessions held on Feb. 10 at 8 a.m. and Feb. 11 at 12:30 p.m.

To register, [click here](#).

SECTION 4:

BetterDoctor

In an effort to improve operations, 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.

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

With more than 6,000 individual providers contracted with GCHP, BetterDoctor offers an opportunity to gather data quickly and efficiently. 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, please contact GCHP's Provider Relations Department at ProviderRelations@goldchp.org.

SECTION 5:

After-Hours and Appointment Availability Surveys

Gold Coast Health Plan's (GCHP) vendor, SPH Analytics, will perform an after-hours and appointment availability survey scheduled to begin mid-first quarter 2021. The survey ensures that GCHP is abiding by the state Department of Health Care (DHCS) standards of providing members with access to medical help 24 hours a day, seven days a week. Provider access is important to GCHP's members, and it is critical that they be able to access medical help during normal working hours as well as after hours.

Providers are responsible for ensuring backup coverage during their absence, including while the provider is currently handling an emergency call at a hospital.

Providers should have recorded instructions for GCHP members calling after hours. Members should be advised by the after-hours message or service that if the situation is a true medical emergency, they should hang up and call 911 or go to the nearest hospital. This message should be recorded in at least English and Spanish and possibly other languages if the provider has GCHP members that speak languages other than English and Spanish.

Below is a brief description of the access standards for GCHP Medi-Cal members:

Type of Care	Wait Time
Emergency Services	Immediately
Urgent Care	Within 24 hours (no prior authorization required)
Primary care	Within 10 business days of request for appointment
Behavioral Health	Within 10 business days of request for appointment
Specialty care	Within 15 business days of request for appointment
Phone wait time	Within 3 to 5 minutes whenever possible
Ancillary services for diagnosis or treatment	Within 15 business days of request for appointment
Initial Health Assessments (IHA) and Individual Health Education Behavioral Assessments (IHEBA)	Within 120 calendar days of enrollment
Waiting time in office	Not to exceed 45 minutes after time of appointment
Sensitive services	Ensure confidentiality and ready access to sensitive services in a timely manner and without barriers – NO AUTHORIZATION REQUIRED

If you have any questions, please contact ProviderRelations@goldchp.org.

SECTION 6:

Specialty Referrals Real Time Follow-up

Gold Coast Health Plan (GCHP) is committed to providing the best care to members. To reduce barriers to needed care, GCHP has decided to no longer pre-authorize in-network / in-area specialty physician referrals for office consultations. The primary care provider (PCP) should facilitate patient access to the health care system and appropriate treatment interventions and is responsible for arranging consultation with specialists.

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

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

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 an appointment.
- If you are unable to obtain a specialist appointment within 15 business days of 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 7:

Affirmative Statement about Utilization Management

Gold Coast Health Plan's (GCHP) mission is *"To improve the health of our members through the provision of high quality care and services."* GCHP supports its mission through our vision statement, *"Compassionate care, accessible to all, for a healthy community."* Our affirmation statement about Utilization Management (UM) incentives is clearly understood by all GCHP staff involved in UM decision making as follows:

- UM decision making is based only on appropriateness of care and services and existence of coverage.
- GCHP does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

Clinical Criteria

The UM Department uses clinically sound, nationally developed and accepted criteria for making medical necessity decisions. A list of the clinical criteria used includes, but is not limited to:

- **MCG Care Guide QI 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, the GCHP medical directors and physician reviewers will review guidelines from other national professional organizations. Resources include, but are not limited to:
 - » UpToDate: An evidence-based, physician-authored clinical decision support resource.
- **GCHP Clinical Guidelines**

The above criteria is available upon request by contacting Customer Service at **1-888-301-1228**.

SECTION 8:

State Department of Health Care Services (DHCS) Guidance on Reporting Provider-Preventable Conditions

Provider-preventable conditions (PPCs) consist of health care-acquired conditions (HCAC) when they occur in acute inpatient hospital settings only, and other provider-preventable conditions (OPPC), when they occur in any health care setting. Title 42 of the Code of Federal Regulations and the Welfare and Institutions Code require all Medi-Cal providers associated with claims for Medi-Cal payment or with courses of treatment prescribed to a Medi-Cal patient to report PPCs to the state Department of Health Care Services (DHCS).

Providers who are caring for patients with either Fee-For-Service (FFS) or managed care Medi-Cal are to report a PPC after discovery. PPCs that existed prior to the start of treatment of the patient by the provider do not need to be reported. The reporting of PPCs for Medi-Cal beneficiaries to DHCS does not remove the reporting requirement of adverse events and healthcare-associated infections (HAI) to the California Department of Public Health (CDPH).

DHCS has a secure online [reporting portal](#) to report PPCs. Alternatively, providers may fax PPC reports to DHCS at **1-916-440-5060**. Gold Coast Health Plan (GCHP) providers must also report the PPC to GCHP via a secure email at PQIReporting@goldchp.org.

For a complete list of HCACs, OPPCs and other information regarding PPCs, click [here](#).

SECTION 9:

Cultural and Linguistic Services and Quality Improvement

Access to Care: Telehealth and Member Engagement

The state Department of Health Care Services (DHCS) has created a brief and informative quality improvement postcard. This postcard contains information on improving member engagement during virtual essential and preventive care, particularly during COVID-19.

The postcard comes in two parts, outlining telehealth strategies and practices that help support member engagement in safe ways. Click [here](#) to access the postcard.

Gold Coast Health Plan (GCHP) is here to assist you with language assistance services. If you have any questions or need assistance, please email CulturalLinguistics@goldchp.org or call 1-805-437-5603, Monday through Friday, from 8 a.m. to 5 p.m.

RECOMMENDATIONS DURING COVID-19

TELEHEALTH: Engaging Members on Preventive Care

Telehealth interventions that focus on lifestyle change and leverage the power of social networks, such as virtual group visits, will allow for effective chronic disease management in the COVID-19 era. American Journal of Managed Care (2020)

STEPS TO IMPROVE MEMBER ENGAGEMENT ON PREVENTIVE CARE

- Design High Quality Virtual Care**
 - Work with clinicians to clearly define what conditions can be safely managed virtually. [Use a checklist and integrate clinical workflows](#) into the virtual platform.
 - Consider the following when choosing a [telehealth platform](#):
 - Applications for video visits that allow for patient-driven online appointment requests.
 - Functionality and design to work well under less than optimal network conditions.
 - Consistency of identity branding for both provider and telehealth vendor to minimize member confusion.
 - Ability to schedule appointments that can be shared across member information systems such as electronic medical record and member portals.
- Engage Members to Attend Appointments**
 - Encourage members to invite a trusted friend or family member to join virtual visits to help take notes or remember what was discussed.
 - Provide members with a checklist to prepare for the virtual visit.
 - Before the virtual visit, review recommended tips on how to improve the [telehealth experience](#) for both members and health care providers (e.g., use of a second monitor, avoid wearing clothing with patterns to minimize interference with bandwidth, other health team members join the call).
- Engage Members during Virtual Visits**
 - Review and apply helpful [communication styles](#) during the virtual visit (e.g., use of "goopy eyes" or a sticky note near the camera to remind members where to look).
 - Watch this video demonstrating [how to have effective virtual visits](#).
 - Ensure the interaction comes to a [strong conclusion](#) through a planned follow-up and a [patient satisfaction survey](#) post virtual visit.
 - Learn helpful tips when conducting [telehealth with older adults](#) (i.e., use of Age-Friendly Health Systems 4Ms Framework What Matters, Medication, Mentation, Mobility to structure calls).
 - Watch this video series on tips for conducting [physical exams](#) (see [Provider Resources](#)) via telehealth.

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TIPS TO IMPROVE MEMBER PARTICIPATION IN PREVENTIVE CARE

Tips to Motivate Members

- Recognize the [quality of member motivation](#) and individuals' readiness to change behavior that can be adopted during telehealth encounters (i.e., use of peer examples and experiences to increase member confidence, provide choices, text-message based coaching, etc.)
- Use of [Bluetooth-enabled blood pressure cuffs](#), synchronized to an electronic health record with a feedback mechanism loop to members.
- Use of [virtual group visit platform](#) that also facilitates connections with local organizations and commercial platforms offering resources on self-care.

PATIENT ENGAGEMENT STRATEGY:

Use of Health Information Technology (starts with a call)

At the end of a call with a patient, the [receptionist](#) could ask the patient to hold and listen to an important pre-recorded message about the improvement of their health care services. Following this process, the receptionist could send a follow-up e-mail thanking the patient for the call and sending the patient a link to the [patient portal](#) with step-by-step instructions on how to register and access their medical record, and preventive and health education services.

MCP Practices

- Use of QR codes and bitly links to view digital educational materials prior to a scheduled face to face or virtual visit.
- Use of digital BP cuffs and glucometer monitoring tests for members to record results in an app that can be tracked remotely.
- Use of community health workers for member outreach.
- Drive through immunization and pop-up parking lot clinics.
- Members and peer virtual health education classes.

In addition, the state offers suggestions for telehealth resources, best practices and information technology solutions to help health care providers better engage with patients in virtual visits. The following are ways to integrate telehealth into practice and support patient engagement:

1. Design high-quality telehealth care

- Clearly define health conditions that can be safely managed through telehealth.
- Integrate clinical workflows into the telehealth platform.
 - Develop a routine within the office or clinic that includes staff input.
 - Ensure patients know how and when to connect or call to avoid patient frustration and getting behind schedule.
 - Include other members of the health care team in visits, as appropriate, for continuity of care.
- Ensure technology is in working order prior to visits (e.g., telephone lines are open, computer monitors and microphones are functional).
 - Avoid clothing with busy patterns to prevent effects on bandwidth.

- Choosing a telehealth platform:
 - » Use applications for telehealth visits that allow patient-driven online appointment requests.
 - » Consider functionality and design that work well under less than optimal network conditions.

2. Encourage patients to attend appointments

- Provide patients with detailed written and verbal instructions regarding the visit (e.g., what to expect, when and how to call or connect).
 - » Make a reminder call prior to the appointment with instructions and to answer questions.
 - » Offer reassurance regarding the visit, if needed.
- Offer the option for a trusted family member or friend to attend the visit for support, if appropriate.
- Conduct physical exams via telehealth visits, as appropriate, to encourage patients to get care.
 - » [California Telehealth Resource Center](#): A video series that shows examples of telehealth exams.

3. Engage with patients during telehealth visits

- Institute for Healthcare Improvement offers [“Tips You May Not Know to Improve Telehealth for Patients and Providers”](#).
 - » Communication style and the use of techniques to ensure an effective visit can help patients feel more comfortable.
 - » Remember to look at the camera.
 - » Establish a telephone or “webservice manner.”
 - » Use a slightly lower pitch of voice and speak slowly and clearly.
 - » Place a “smiley face” sticker on the screen to show the patient where to look.
 - » Ensure the interaction comes to a strong conclusion with planned follow-up.
 - » Conduct telehealth visit patient satisfaction surveys to help improve future visits.

Thank you for continuing to serve our community and for providing excellent care to our members. For more information, contact the Quality Improvement Department at QualityImprovement@goldchp.org.

Additional Resources

- [Centers for Disease Control and Prevention \(CDC\) guidance](#) on the use of telehealth to expand access to essential health services during the COVID-19 pandemic.
- [CDC recommendations](#) on telehealth interventions to improve chronic disease.
- [Revving Up Your Telemedicine Practice in the Time of COVID](#) webinar, presented by The American College of Physicians (ACP), the Southwest Telehealth Resource Center, and Arizona Telemedicine Program.

SECTION 10:

Managed Care Accountability Set (MCAS) Measurement Year 2020: Data Collection Effort

Gold Coast Health Plan (GCHP) wishes all of our providers a happy and healthy 2021! Thank you for the work you have done in the community and for serving GCHP members during this challenging and unprecedented year.

The past year has undoubtedly been especially difficult for our health care workers, and we commend your continued commitment to quality care while devoting yourselves as front-line workers against an unwavering viral attack. Your perseverance has made our community safer.

2020 / 2021 MCAS Project

The beginning of the year marks the start of preparation for the Managed Care Accountability Set (MCAS) data collection and reporting project. Thank you, in advance, for remaining engaged in GCHP quality improvement activities during this pandemic and for your sustained cooperation in completing our upcoming annual data collection effort.

For Measurement Year (MY) 2020 / Reporting Year (RY) 2021, GCHP will report outcomes on the MCAS, a list of quality indicators selected by the state Department of Health Care Services (DHCS). Many of the MCAS measures are part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®), a nationally recognized set of standardized performance measures.

Medical Record Collection

The MCAS project is a retrospective review of services and clinical care provided to members. RY 2021 will assess services provided in 2020 (and prior to that for designated measures). GCHP will report 33 MCAS measures to DHCS and, of those, a subset will be held to a minimum performance level (MPL). Claims, encounter and supplemental data, and medical records are used as data sources for these metrics.

For each of the following measures, a random sample of patient records are selected for medical record review:

- Cervical Cancer Screening (CCS)
- Childhood Immunization Status (CIS)
- Comprehensive Diabetes Care HbA1c Poor Control (>9%) (CDC-H9)
- Controlling High Blood Pressure (CBP)
- Immunizations for Adolescents (IMA)
- Prenatal and Postpartum Care (PPC-Pst/Post)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents – (WCC-BMI/PA/N)

For each of the following measures, claims / encounter and supplemental data are used to assess performance (no medical records are requested):

- Antidepressant Medication Management: Acute Phase Treatment / Continuation Phase Treatment (AMM-Acute/Cont)
- Asthma Medication Ratio (AMR)
- Breast Cancer Screening (BCS)
- Child and Adolescent Well-Care Visits (WCV)
- Chlamydia Screening in Women (CHL)

- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Well-Child Visits in the First 30 Months of Life (W30)

Provider Office Participation

GCHP has again contracted with Inovalon to contact practitioners and facilities that care for selected patients to obtain designated medical records, as applicable. Options for medical record submission include electronic medical record (EMR) access, secured / encrypted email, fax, standard mail, or onsite visit. In light of COVID-19 precautions, electronic means for collection of medical record information is preferred.

2021 Timeline

January - May

- Collection and review of medical records.
- Compliance Audit occurs to validate processes / findings.

June - July

- MCAS results are compiled, finalized, and sent to DHCS.

August - November

- Results are assessed by QI Department for opportunities for improvement.
- DHCS assigns Improvement Projects for measures scoring below the minimum performance level (MPL).

MCAS Resources

A variety of reference materials, including newly added measures and updates to existing measures, are available on the GCHP website. These materials are designed to help providers understand the MCAS performance measure requirements, including coding guidance and recommendations for best practices. Materials include:

- Frequently Asked Questions (FAQ)
- Quick Reference Guide
- MCAS Measure Tip Sheets

Click [here](#) to view these MCAS resources or visit GCHP's website under Provider Resources.

Thank you for your support of the MCAS data collection project. If you have any questions or concerns about MCAS, please contact GCHP's Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 11:

California Adverse Childhood Experiences (ACEs) Aware Initiative: Resources and Educational Opportunities

Adverse Childhood Experiences (ACEs) describes 10 categories of adversities in three domains – abuse, neglect, and/or household challenges – experienced by children up to 18 years of age. These adversities have been proven to correlate with toxic stress and subsequent mental and physical health issues that can have a lasting impact. Last year, the ACEs Aware Initiative laid the groundwork to reduce ACEs by 50% in one generation while raising national awareness. Education has been the early focus of the initiative, which encourages providers to complete the [mandatory training](#) and [attestation](#) that are required to perform and bill for ACEs screenings.

Throughout 2020, ACEs Aware released several [educational opportunities](#). The following are informative resources to assist in the practical implementation of ACEs screenings and the provision of Trauma-Informed Care:

- [Assessing Readiness & Building Resilience in the Clinical Workforce: A Foundation for ACE Screening Integration](#) is a webinar that focuses on how to make ACE screening a part of daily practice. The video includes guidelines for a self-readiness assessment, and methods for educating, training and protecting clinic staff so they may be effective without suffering negative effects related to their own ACE history.
- [Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#) serves as a blueprint for how to recognize and effectively address ACEs and toxic stress as a root cause to some of the most harmful, persistent, and expensive societal and health challenges. The report specifies a roadmap for addressing ACEs and toxic stress, prioritizing prevention, early detection, evidence-based interventions, and equity in outcomes. This comprehensive tool details the need for enhanced coordination in health care, public health, social services, early childhood, education and justice.

If you have any questions or concerns about ACEs, please contact GCHP's Quality Improvement Department at QualityImprovement@goldchp.org.



Educational Events

ACES Aware is hosting a series of activities to promote shared learning and quality improvement among Medi-Cal providers in adopting ACE screenings and providing trauma-informed care.

View upcoming webinars and previous webinars below.

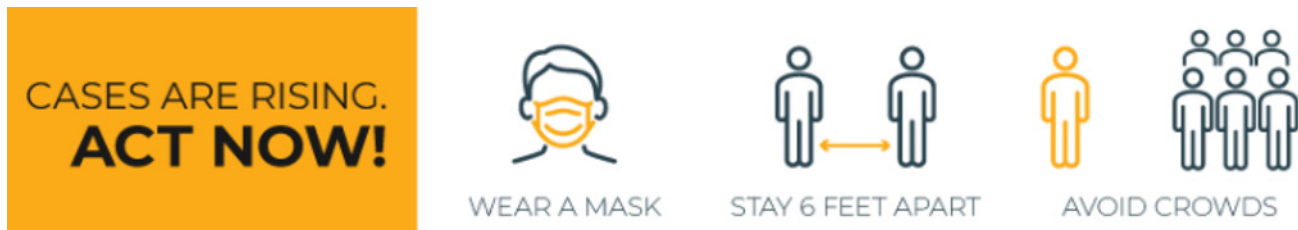
Learn more about how you can join this growing community.

[Get Updates from ACEs Aware >](#)

SECTION 12:

Health Education

Things to Know about the COVID-19 Pandemic



COVID-19 cases and deaths are rising across the U.S., and we must all remain vigilant. The changes we have had to make to routines and daily life are extremely hard, but these changes are even more important now and in the future. The Centers for Disease Control and Prevention (CDC) created a [Things to Know about the COVID-19 Pandemic](#) flyer, which is available in multiple languages.

Gold Coast Health Plan (GCHP) provides information on COVID-19 for both members and providers, including frequently asked questions and testing information, in English and Spanish. Add GCHP's [website](#) to your browser favorites and encourage members to visit the site for more information. For Ventura County updates, visit the Ventura County Emergency [website](#).

If GCHP members have concerns about COVID-19, providers may encourage them to access the Advice Nurse Line, available 24 hours a day, seven days a week, at **1-805-437-5001**. The toll-free number is **1-877-431-1700**, or dial **711** for TTY.

Cervical Health Awareness Month

January is Cervical Health Awareness Month. More than 13,000 women in the U.S. are diagnosed with invasive cervical cancer each year, even though the disease is preventable with vaccination and appropriate screening.

Routine cervical cancer screenings are recommended for all women 21 to 64 years of age. Women in this age group should complete a cervical cytology (Pap test) every three years. Women 30 to 64 years of age should receive a cervical cytology / high-risk human papillomavirus (hrHPV) co-test every [five years](#).

The human papillomavirus (HPV) vaccine is another preventative measure patients can take. This vaccine can help prevent infection from both high-risk HPV types that can lead to cervical cancer and low-risk types that cause genital warts. It is [recommended](#) that all boys and girls between the ages of 9 and 13 receive the HPV vaccine as it produces a stronger immune response when taken during the preteen years.

Providers may direct members to the CDC for information in English and Spanish about:

- [Cervical Cancer](#)
- [Human Papillomavirus \(HPV\)](#)
- [Screenings](#)
- [Reasons for HPV Vaccination](#)

GCHP Cervical Cancer Screening (CCS) Member Incentive

GCHP offers all women members 21 to 64 years of age a \$25 gift card for completing a Pap test in 2021. Providers are encouraged to promote this incentive with their eligible GCHP patients to increase CCS rates. To receive the gift card, member incentive forms must be filled out, signed by the provider, and mailed / faxed to GCHP. Member incentive forms can be downloaded from the GCHP [website](#) under the Member Resources tab.

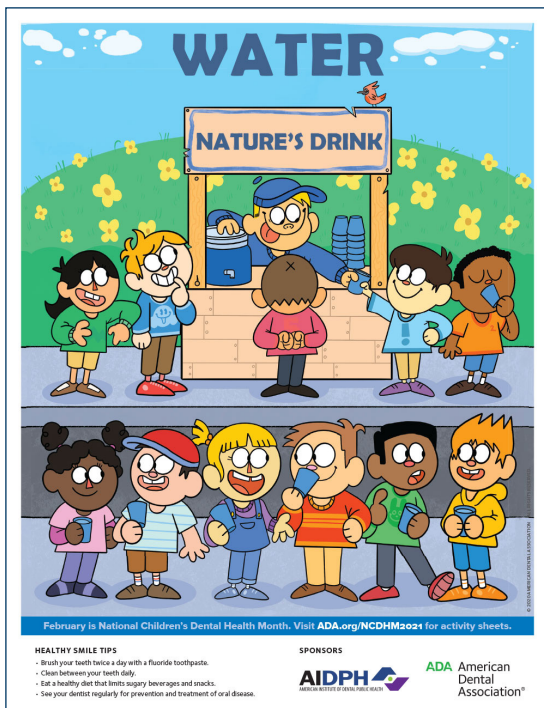
February: National Children's Dental Health Month

The American Dental Association recognizes February as National Children's Dental Health Month. This national health observance brings together thousands of dedicated professionals, health care providers, and educators to promote the benefits of good oral health to children, their caregivers, teachers and many others.

Providers are recommended to encourage members to:

- Brush teeth twice a day with a fluoride toothpaste.
- Clean between teeth daily.
- Eat a healthy diet that limits sugary beverages and snacks.
- Visit a dentist regularly for prevention and treatment of oral disease.

Providers may download the 2021 National Children's Campaign in English and Spanish [here](#).



Smile California: Medi-Cal Dental

Medi-Cal currently offers dental services through Medi-Cal Dental Program, formally known as Denti-Cal. Medi-Cal Dental is the program that provides free or low-cost dental services to eligible children and adults. For more information, members can visit www.SmileCalifornia.org, www.SonrieCalifornia.org in Spanish, or call the Medi-Cal Dental Program at 1-800-322-6384 / TTY 1-800-735-2922, Monday through Friday, from 8 a.m. to 5 p.m.

MyPlate: 2020-2025 Dietary Guidelines

The U.S. Department of Agriculture (USDA) and Health and Human Services just released the [*Dietary Guidelines for Americans 2020-2025*](#), the nation's leading nutrition advice to help all Americans lead healthier lives. The USDA's MyPlate resource helps members and their family put the dietary guidelines into action with new digital tools and resources. *Start Simple with MyPlate* offers free, personalized resources based on eating needs and habits. Resources include:

- [MyPlate Quiz](#): See how eating habits stack up against the MyPlate recommendations.
- [MyPlate App](#): Set daily meal- and snack-based goals to help with healthier eating.
- [MyPlate Plan](#): Learn how much to eat from each food group.
- [MyPlate Kitchen](#): Discover recipes that are healthy and budget friendly.
- [Healthy Eating on a Budget](#): Save money at the store by making a shopping plan, shopping smart, and preparing healthy meals to stretch food dollars.

Explore MyPlate's new website, www.MyPlate.gov, with streamlined information to find tips, tools, and recipes.

Chlamydia Screenings



Untreated chlamydia in women can have long-term complications of infertility, chronic pelvic pain and life-threatening ectopic pregnancy. Chlamydia screenings are one of the most valuable, yet underutilized, preventive services, according to a recent statement by the U.S. Preventative Services Task Force (USPTF).

Gold Coast Health Plan (GCHP) is required to report the Managed Care Accountability Set (MCAS) performance measure, Chlamydia Screening in Women (CHL), to the state Department of Health Care Services (DHCS). The National Committee for Quality Assurance (NCQA) CHL performance measure looks at the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

GCHP encourages providers to continue screening members for chlamydia and provide the Centers for Disease Control and Prevention (CDC) Chlamydia Fact Sheet, available in [English](#) and [Spanish](#), to members.

Chlamydia - CDC Fact Sheet



Chlamydia is a common sexually transmitted disease (STD) that can be easily cured. If left untreated, chlamydia can make it difficult for a woman to get pregnant.

What is chlamydia?
Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system. This can make it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

How is chlamydia spread?
You can get chlamydia by having vaginal, anal, or oral sex with someone who has chlamydia.
If your sex partner is male you can still get chlamydia even if he does not ejaculate (cum).
If you've had chlamydia and were treated in the past, you can still get infected again. This can happen if you have unprotected sex with someone who has chlamydia.
If you are pregnant, you can give chlamydia to your baby during childbirth.

How can I reduce my risk of getting chlamydia?
The only way to avoid STDs is to not have vaginal, anal, or oral sex.
If you are sexually active, you can do the following things to lower your chances of getting chlamydia:

- Be in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results.
- Use latex condoms the right way every time you have sex. (<https://www.cdc.gov/condomeffectiveness/>)

Am I at risk for chlamydia?
Anyone who has sex can get chlamydia through unprotected vaginal, anal, or oral sex. However, sexually active young people are at a higher risk of getting chlamydia. This is due to behaviors and biological factors common among young people. Gay, bisexual, and other men who have sex with men are also at risk since chlamydia can spread through oral and anal sex.
Have an honest and open talk with your health care provider. Ask whether you should be tested for chlamydia or other STDs.
If you are a sexually active woman younger than 25 years, you should get a test for chlamydia every year. If you are an older woman with risk factors such as new or multiple sex partners, or a sex partner who has an STD, you should get a test for chlamydia every year. Gay, bisexual, and other men who have sex with men; as well as pregnant women should also get tested for chlamydia.

I'm pregnant. How does chlamydia affect my baby?
If you are pregnant and have chlamydia, you can pass the infection to your baby during delivery. This could cause an eye infection or pneumonia in your newborn. Having chlamydia may also make it more likely to deliver your baby too early.
If you are pregnant, you should get tested for chlamydia at your first prenatal visit. Testing and treatment are the best ways to prevent health problems.

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Clamidia: Hoja informativa de los CDC



La infección por clamidia es una enfermedad de transmisión sexual (ETS) común que es fácil de curar. Si se deja sin curar, puede hacer más difícil que una mujer quede embarazada.

¿Qué es la infección por clamidia?
La infección por clamidia es una ETS común que puede infectar tanto a los hombres como a las mujeres. Puede causar daños graves y permanentes en el aparato reproductor de una mujer y hacer más difícil o imposible que quede embarazada en el futuro. La infección por clamidia también puede provocar un embarazo ectópico (embarazo que ocurre fuera del útero) que puede ser mortal.

¿Cómo se propaga la infección por clamidia?
Usted puede contraer la infección por clamidia al tener relaciones sexuales anales, vaginales u orales con una persona que tenga esta infección.
Si su pareja sexual es hombre, usted puede contraer la infección por clamidia aunque él no eyacule (acum).
Si ya ha tenido la infección por clamidia y recibió tratamiento en el pasado, usted puede todavía volver a infectarse si tiene relaciones sexuales sin protección con una persona infectada.
Si está embarazada, usted puede transmitírsela a su bebé durante el parto.

¿Cómo puedo evitar contraer la infección por clamidia?
Usted puede protegerse de contraer la infección por clamidia si:

- no tiene relaciones sexuales;
- tiene una relación mutuamente monógama a largo plazo con una pareja a quien se le hayan realizado pruebas y haya tenido resultados negativos para las ETS;
- usa condones de látex y diques dentales en forma correcta cada vez que tiene relaciones sexuales.

¿Tengo riesgo de contraer la infección por clamidia?
Cualquier persona que tenga relaciones sexuales puede contraer la infección por clamidia mediante relaciones sexuales anales, vaginales u orales sin protección. No obstante, las personas jóvenes sexualmente activas tienen mayor riesgo de contraer esta infección. Esto se debe a factores conductuales y biológicos comunes entre las personas jóvenes. Los homosexuales, bisexuales y otros hombres que tienen relaciones sexuales con hombres también corren riesgo debido a que la infección por clamidia puede propagarse mediante las relaciones sexuales orales y anales.
Hable con su proveedor de atención médica de manera honesta y abierta y pregúntele si debe hacerse la prueba de detección de la clamidia o de otras ETS. Si es una mujer sexualmente activa menor de 25 años, o una mujer mayor con factores de riesgo —como el tener una nueva pareja sexual o múltiples parejas sexuales, o una pareja sexual con una infección de transmisión sexual— debe hacerse una prueba de detección de la clamidia todos los años. Los homosexuales, bisexuales y otros hombres que tienen relaciones sexuales con hombres y las mujeres embarazadas también deben hacerse la prueba de detección de la clamidia.

Estoy embarazada. ¿Cómo afecta a mi bebé la infección por clamidia?
Si está embarazada y tiene la infección por clamidia, puede transmitírsela a su bebé durante el parto. Esto podría causar una infección en los ojos o neumonía en el recién nacido. Tener la infección por clamidia puede también aumentar su probabilidad de dar a luz a su bebé de manera prematura.

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Health Education

Gold Coast Health Plan (GCHP) offers free health education services to help members achieve a healthy lifestyle. These services are designed to ensure that all members have access to health education programs, health promotion materials and classes.

GCHP makes certain that health education services are accessible to members through collaboration with local health agencies, clinics, hospitals and network providers. Visit GCHP's [Health Education webpage](#) for recent updates and information.

GCHP's Health Education Department provides [Chronic Disease Self-Management Program \(CDSMP\)](#) classes for members in English and Spanish. Due to the COVID-19 pandemic, classes are held virtually or telephonically. The workshops are six weeks long, meeting once a week for 2.5 hours virtually or for 30 minutes over-the-phone.

For additional information or to request health education services, contact GCHP's Health Education Department at **1-805-437-5718**, Monday through Friday from 8 a.m. to 5 p.m. or email HealthEducation@goldchp.org. Download the [Health Education Referral Form](#).

SECTION 13:

Cultural and Linguistic Services

Cultural Competency Training

Gold Coast Health Plan (GCHP) has created free online training modules to help providers and staff work with vulnerable populations and increase their awareness of the diverse health care needs of members.

The training is mandated by the state Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) to ensure staff, providers and delegated entities meet the unique and diverse needs of all members. All providers and GCHP staff must complete this training.

The training modules are available on the GCHP website, under the [For Providers](#) tab.

The screenshot shows the Gold Coast Health Plan website. At the top, there is a navigation bar with "Choose language", "1.888.301.1228", and a search icon. Below this is a main navigation menu with "FOR MEMBERS", "FOR PROVIDERS", "HEALTH RESOURCES", "ABOUT US", and "CONTACT US". A secondary menu lists various services: "Welcome Providers", "Claims", "Credentiaing", "Cultural Competency Training" (highlighted with a red arrow), "Palliative Care Provider Resources", "Pharmacy Services", "Medi-Cal Rx", "Provider Portal", "Provider Relations", "Provider Resources", "Provider Updates", "2021 Claims System Change", and "COVID-19 Information".

The main content area is titled "Cultural Competency Training". It includes a welcome message: "Welcome to Gold Coast Health Plan's Cultural Competency Training. We created these online training modules to help you work with vulnerable populations and increase your awareness of the diverse health care needs of our membership. We hope you enjoy the training modules and we encourage you to share them with your staff and other providers." Below this is a "Training Overview" section: "GCHP is required to provide annual Cultural Competency Training to staff, participating network providers and delegated entities. The training is mandated by the state Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) to ensure staff,". To the right of the text is an image of a healthcare professional interacting with a family. At the bottom right, there is a "Contact us" button with the phone number "1.888.301.1228".

The cultural competency training includes five modules:

- Module 1: Language Assistance Services
- Module 2: Seniors and Persons with Disabilities (SPD)
- Module 3: Cultural Competency and Patient Engagement
- Module 4: Gender Identity and Transgender Health Care
- Module 5: Additional Training Resources
 - » [GCHP Website](#)
 - » [Industry Collaboration Effort \(ICE\) – ICE Cultural Competency and Patient Engagement Presentation](#)
 - » [U.S. Department of Health and Human Services – Think Cultural Health – National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)
 - » [Harris Family Center for Disability & Health Policy](#) (Seniors and Persons with Disabilities Resources)
 - » [Centers for Disease Control and Prevention \(CDC\)](#) (Health Literacy)

- » [Health Literacy Guide](#)
- » [Lesbian, Gay Bisexual, and Transgender Health](#)

Upon completion of the training, providers will be able to define:

- “Cultural Competency” in the health care setting.
- “Health Literacy” in the health care setting.
- “Clear Communication” in patient / provider encounters.

It is important that providers sign and return the GCHP cultural competency training acknowledgment form upon completion of each module via email to CulturalLinguistics@goldchp.org or fax to 1-805-248-7481. If you have already completed a cultural competency training from another organization, please indicate in the appropriate section and return the acknowledgement form. To access the form, [click here](#).

Friendly Reminders

Timely Access to Care

To ensure the continuation of uninterrupted and timely access to quality health care, GCHP reminds providers about the importance of providing office voicemail greetings in English and Spanish. This will assure that providers comply with GCHP’s threshold language and will allow members to access services.

Bilingual Fluency Assessment

GCHP reminds providers of the importance to ensure bilingual staff working in positions that require bilingual fluency skills are assessed in a standard process. Providers should also ensure bilingual staff are proficient in Spanish and have a knowledge of general terminology commonly used in health care settings.

If you have any questions, please email CulturalLinguistics@goldchp.org or call 1-805-437-5603 Monday through Friday from 8 a.m. to 5 p.m.

Gold Coast Health Plan
Integrity • Accountability • Collaboration • Trust • Respect

CULTURAL COMPETENCY TRAINING ACKNOWLEDGEMENT FORM

Option 1: Cultural competency training provided by Gold Coast Health Plan (GCHP)

Date of GCHP training: _____ Name of GCHP contracted entity or provider: _____ (Name)

I attest to having received GCHP training resources for cultural competency and/or Services and Persons with Disabilities (SPD) and confirm that _____ (Name) a network provider for the Medical program, has completed the training.

Option 2: Cultural competency training provided by another organization or health plan

Date of cultural competency training: _____ Name of GCHP contracted entity or provider: _____ (None)

I attest to having received training and resources on cultural competency and/or Services and Persons with Disabilities (SPD) from another organization or health plan. I confirm that _____ (Name) a network provider for the Medical program, has completed the training.

I attest to receiving and reviewing cultural competency training provided to me. Please sign and date below.

Print Name: _____ Title: _____
Signature: _____ Date: _____

Please fax this signed form to Cultural and Linguistic Services at 1-805-248-7481 or email it to CulturalLinguistics@goldchp.org

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Provider Operations Bulletin

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