



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

Provider Operations Bulletin

AUGUST 2025

www.goldcoasthealthplan.org

Table of Contents

SECTION 1: 2025 Provider Surveys Timeline and Details.....	3
SECTION 2: Reminder - Medi-Cal for Kids & Teens Training Mandate	4
SECTION 3: Reminder - Timely Access Standards and Methods to Improve Member Access and Availability	5
SECTION 4: Managed Care Accountability Set (MCAS) 2024 Performance	6
SECTION 5: Well-Care Exams and Developmental Screenings for Children: Newborn to 30 Months	8
SECTION 6: Start Recommending HPV Vaccination at Age 9	10
SECTION 7: Talking with Parents about Vaccines.....	11
SECTION 8: Cultural and Linguistic Services	14
SECTION 9: Health Education.....	15
SECTION 10: Medi-Cal Rx and GCHP Pharmacy Services Updates.....	18

SECTION 1:

2025 Provider Surveys Timeline and Details

In our continuous efforts to foster quality health care services and meaningful provider engagement, we are pleased to share the timeline and details for our upcoming provider surveys scheduled for 2025. Your feedback is integral in helping Gold Coast Health Plan (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	Late Q2 2025 – End Q3 2025
Provider Satisfaction Survey	Q4 2025

1. Appointment Availability and After-Hours Survey

- **Timeline:** ➤ **Survey fielding:** Begins late Q2 2025 ➤ **Conclusion:** Ends at the close of Q3 2025
- **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 the [Access and Availability Standards webpage](#).

2. Provider Satisfaction Survey

- **Timeline:** ➤ **Survey fielding:** Q4 2025
- **Purpose:** Your voice matters! 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 2:

Reminder – Medi-Cal for Kids & Teens Training Mandate

As of Jan. 1, 2024, the state Department of Health Care Services (DHCS) requires all providers who offer services to members under 21 years of age to complete Medi-Cal for Kids & Teens training, previously referred to as Early and Periodic Screening, Diagnostic and Treatment (EPSDT). **This training must be completed every two years.**

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

1. [Click here](#) to view the training.
2. Complete and submit your Medi-Cal for Kids & Teens training [attestation form](#).

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

For additional information on this requirement, please visit the [Medi-Cal for Kids & Teens webpage](#).

Additional DHCS resources:

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

SECTION 3:

Reminder – Timely Access Standards and Methods to Improve Member Access and Availability

The state Department of Health Care Services (DHCS) requires access and availability standards for Medi-Cal providers. Gold Coast Health Plan (GCHP) is proudly charged with maintaining quality care for our members, which includes monitoring access and availability within the network and ensuring that contracted providers comply with access standards.

Please review the table below as a reminder for your practice's scheduling staff and ensure the standards are being incorporated in your clinic workflow. Make note of the in-office wait times for scheduled appointments.

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

The following methods can be used to improve member access and availability:

- Have appointment availability with other contracted, in-area providers within the same office or different location.
- Have appointment availability with other contracted, in-area, mid-level practitioners, such as a physician assistant or nurse practitioner, within the same office or different location.
- Have weekend appointment availability.
- Have telehealth appointment availability.
- Have cancelled appointment availability.

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

SECTION 4:

Managed Care Accountability Set (MCAS) 2024 Performance

Gold Coast Health Plan (GCHP) is pleased to announce the successful completion of Measurement Year (MY) 2024 Managed Care Accountability Set (MCAS) quality measure reporting. MCAS is a set of performance metrics, including both Healthcare Effectiveness Data and Information Set (HEDIS®) and Centers for Medicare & Medicaid Services (CMS) core set measures, that GCHP annually reports to the state Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA). The MCAS outcomes drive our DHCS compliance, determine any potential sanctions, provide a benchmark of our standings compared to peer Medi-Cal Managed Care Plans in California, and influence our NCQA Health Plan ratings.

The outstanding MY 2024 rates demonstrate the aligned quality goals of the Quality Incentive Pool and Program (QIPP) and the commitment of our providers to deliver high quality care to our mutual members. Additional rate gains are attributed to data improvements, including new data sources and supplemental files and refinements by our providers in their QIPP data files. Access to care was improved with mobile mammography events and clinic-sponsored health fairs offering member incentives. The volume of member incentives increased by 120%, due to the expansion of the point-of-care program and partnership with our system providers.

In 2024, there were 41 total MCAS measures, with 18 held to Minimum Performance Level (MPL) (the 50th percentile NCQA national benchmark), and 23 report-only measures. Of the 18 measures held to MPL, five used the hybrid data collection method, which includes medical record as well as claims, encounter and supplemental data. Thirteen were reported administratively utilizing solely claims, encounter and supplemental data. Significant performance improvement was achieved compared to Measurement Year 2023, with 94% of measures meeting or exceeding the MPL, and 15 out of the 18 measures achieving rate improvements. Eleven measures reached the 75th percentile or above, which is a 22% increase from the previous year. Most notably, GCHP scored in the 90th NCQA percentile for breast cancer screening, postpartum care, and hemoglobin A1c-Poor Control (>9%). Follow-Up After emergency Department Visit for Mental Illness met the MPL for the first time in GCHP history.

MCAS Measure		MY2023 Rate	MY2024 Rate	Rate Difference
Held to MPL				
Breast Cancer Screening (A)	BCS-E	59.65	66.50	6.85
Cervical Cancer Screening (H)	CCS	61.31	65.45	4.14
Child and Adolescent Well-Care Visits (A)	WCV	49.79	55.44	5.65
Childhood Immunization Status - Combo 10 (H)	CIS-C010	32.85	29.93	-2.92
Chlamydia Screening in Women (A)	CHL	63.59	64.59	1.00
Follow-Up After Emergency Department Visit for Mental Illness (A)	FUM-30 Days	23.59	60.98	37.39
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (A)	FUA-30 days	28.32	45.81	17.49
Glycemic Status Assessment for Patients with Diabetes—HbA1c Poor Control >9%* (H)	GSD	28.71	25.79	-2.92
Controlling High Blood Pressure (H)	CBP	62.29	66.67	4.38
Immunizations for Adolescents - Combo 2 (H)	IMA-C02	41.61	45.11	3.50

MCAS Measure		MY2023 Rate	MY2024 Rate	Rate Difference
Lead Screening in Children (A)	LSC	69.87	78.14	8.27
Asthma Medication Ratio	AMR	46.80	57.93	11.13
Topical Fluoride for Children	TFL-CH	28.10	32.99	4.89
Developmental Screening in the First Three Years of Life	DEV	47.85	55.93	8.08
Prenatal and Postpartum Care (PPC)				
Postpartum Care (H)	PPC-PPC	89.29	92.70	3.41
Timeliness of Prenatal Care (H)	PPC-TOPC	92.21	90.27	-1.95
Well-Child Visits in the First 30 Months of Life (W30)				
First 15 Months - Six or more visits (A)	W30-6+	60.70	68.35	7.65
15 to 30 Months - Two or more visits (A)	W30-2+	72.94	77.72	4.78

* Lower rate indicates better performance.

(A)=Administrative (H)=Hybrid

Percentile Legend

>10 th Percentile
10 th Percentile
25 th Percentile
50 th Percentile
75 th Percentile
90 th Percentile

The Quality Improvement Team will evaluate the MY 2024 results, conduct barrier analyses, and determine opportunities for continued performance improvement in MY 2025. Each provider system will receive a scorecard detailing their performance on these measures in the coming months. We look forward to partnering with you to continue providing the best possible care for our members!

If you have any questions, please contact the Quality Improvement Team at QualityImprovement@goldchp.org.

SECTION 5:

Well-Care Exams and Developmental Screenings for Children: Newborn to 30 Months

Well-care exams are essential for monitoring a child's growth and development, identifying potential health issues early, and ensuring children receive necessary vaccinations and screenings. Well-child visits should include the following components:

- Health history and physical exam
- Physical activity and nutrition
- Lead screening
- Vaccines
- Developmental screening
- Health education, safety, and anticipatory guidance
- Dental fluoride varnish

Developmental screenings must be completed on a standardized developmental screening tool and help identify potential developmental delays or disabilities early, allowing for timely interventions and support. Early identification and intervention can significantly improve a child's long-term outcomes in various areas like education, social-emotional development, and overall well-being. For a list of standardized screening tools, click [here](#).

Help Me Grow Ventura County helps train providers on developmental screening tools, including how to set up screening protocols, information about child development, parenting tips, and support for linking families to community resources. For more information, visit: [Help Me Grow Ventura County](#).

You can refer to [American Academy of Pediatrics \(AAP\) Recommendations for Preventive Pediatric Health Care Periodicity Schedule](#) to identify when your patients are due for preventive and developmental screenings.

Gold Coast Health Plan's Rates

Gold Coast Health Plan reports rates for these screenings with the following HEDIS® measures: Well-Child Visits in the First 30-Months of Life (W30) and Developmental Screening in the First Three Years of Life. As of measurement year (MY) 2024, GCHP's rates for W30 are at the 75th national Medicaid percentile established by the National Committee for Quality Assurance (NCQA) Quality Compass® and the DEV rate is at the 50th state Medicaid percentile established by the state Department of Health Care Services (DHCS).

Tips to help increase well-care exams and developmental screenings:

- Develop a comprehensive plan for each child's visit to ensure preventive services and age-appropriate screenings are completed.
- Create a welcoming environment for children (e.g., toys, books, stickers).
- Engage parents / guardians on the importance of well-child exams and the screening schedules.
- Provide anticipatory guidance to parents / guardians regarding the child's developmental milestones, potential challenges, and ways to support their child's growth and development.

- Support scheduling appointments in advance.
- Document services completed in the medical record and submit claims in a timely manner with the appropriate codes. To learn more about measure-specific documentation and coding tips, visit the [Managed Care Accountability Set Measures webpage](#)
- Access your member gap lists and monitor your monthly rates through the Inovalon® Converged Data Insights Provider Dashboards and reports. Click [here](#) to learn more about accessing these reports.
- Encourage members to view videos on the GCHP Health Library website to prepare for well-care exams, vaccines, and other health education videos.

Health Education Resources

GCHP offers health education materials and resources for members in English and Spanish. Providers can direct members to visit the [Health Education webpage](#) or health library.

Contact the Health Education Department for additional information at **1-805-437-5718**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). Providers can also send a [Health Education Referral form](#) for members by emailing HealthEducation@goldchp.org.

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

SECTION 6:

Start Recommending HPV Vaccination at Age 9

With the Human Papillomavirus (HPV) vaccine, you have the power to protect your 9 to 12 year-old patients from **six types of cancer**. The American Cancer Society (ACS), ACS National HPV Vaccination Roundtable, and American Academy of Pediatrics all recommend initiating HPV vaccination at age 9. For Measurement Year (MY) 2024, less than half of Gold Coast Health Plan's (GCHP) members who turned 13 in 2024 completed their HPV vaccine series. This is far from the Healthy People 2030 goal to reach 80% HPV vaccination for children by age 13.

Initiating the HPV vaccine series at age 9 offers many benefits, including:

1. More adolescents start and finish the vaccine series on time.
2. More time to complete the series by age 13.
3. Strong immune response to the HPV vaccine.
4. Increased likelihood of vaccinating prior to first HPV exposure.
5. Fewer questions about sexual activity by parents and guardians.
6. Fewer requests for only vaccines that are “required” for school.
7. Fewer shots per visit.
8. Highly acceptable to systems, providers, and parents.

The ACS National HPV Vaccination Roundtable has developed resources to help organizations begin recommending HPV vaccination at age 9.

Resources:

- Why Age 9? Fact Sheet
- Start at 9 Toolkit
- Video Abstracts Starting at Age 9
- Start HPV Vaccination at Age 9 Initiative



Educating families is key to increasing HPV vaccination rates and preventing cancer. As a health care system, providing evidence-based and consistent messaging that focuses on cancer prevention is important to building trust among patients and the community. Connect your patients to helpful tools like [Healthwise Library](#) that can support these conversations and provide clarification on any doubts they may have. You can refer members to GCHP's Health Education Department at **1-805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays).

Inviting patients in for annual well-child visits is key to prevention and well-being. We can prevent cancer through vaccination, starting at age 9 and completing the series no later than age 13. Thank you for all that you do to care for your patients.

SECTION 7:

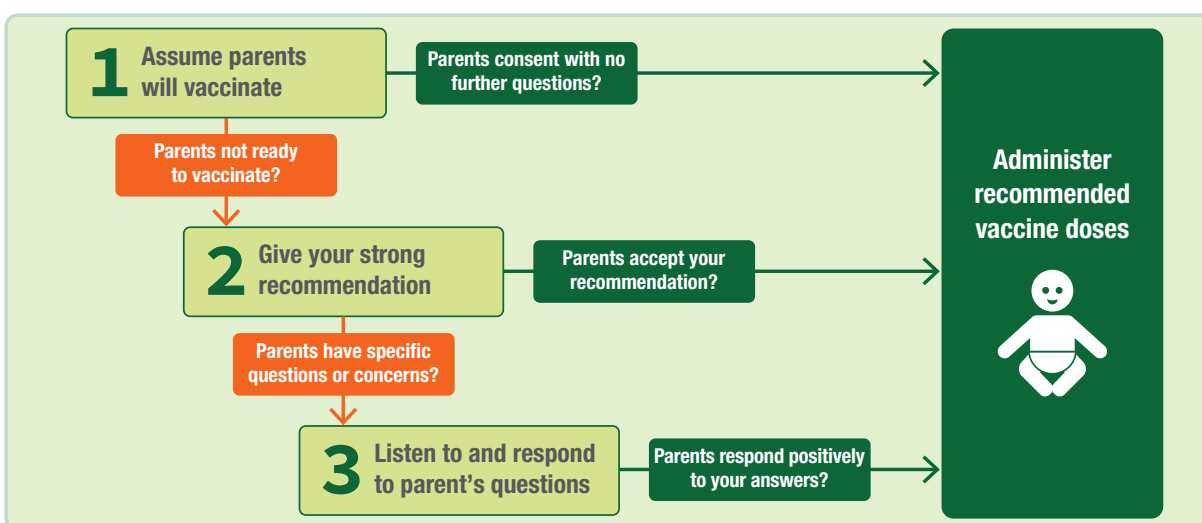
Talking with Parents about Vaccines

Parents often have questions about the vaccines recommended for their children, and in recent years, sources outside of conventional health care have influenced parents to become increasingly curious about the efficacy of vaccines, leading to fewer vaccinated children. Vaccine hesitancy is often driven by misinformation, safety concerns, lack of trust, and / or cultural reasons.

As health care providers, we play a critical role in helping parents choose vaccines for their children. Doctors, nurses, physician assistants and office staff play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates.

Centers for Disease Control (CDC) Conversation Strategies

The CDC recommends the following strategies when administering vaccines and answering questions parents have about their children's vaccines.



- **Assume parents will vaccinate.**

Introduce the topic of vaccination with the assumption that most parents are planning to accept vaccines.

- » Instead of saying “*What do you want to do about shots?*” say “*Your child needs three shots today.*”
- » Instead of saying “*Have you thought about the shots your child needs today?*” say “*Your child needs DTaP, Hib, and Hepatitis B shots today.*”

- **Give your strong recommendation.**

Share the importance of vaccines to protect children from potentially life-threatening diseases or talk about your personal experience.

- » “*I strongly recommend your child get these vaccines today.*”
- » “*These shots are very important to protect your child from serious diseases.*”
- » “*I believe in vaccines so strongly that I vaccinated my own children on schedule.*”
- » “*This office has given thousands of doses of vaccines, and we have never seen a serious reaction.*”

- **Listen and respond to parents' questions.**

If a parent seems hesitant about following the recommended vaccine schedule, this doesn't necessarily mean they won't accept vaccines. Sometimes parents simply want your answers to their questions. Your willingness to listen with empathy will play a major role in building trust in you, your recommendation, and vaccines.

- **What if parents refuse to vaccinate?**

If parents decline immunizations after your strong recommendation and conversation about their concerns, use the following strategies:

- » Continue the conversation about vaccines at the next visit.
- » Inform parents about clinical presentations of vaccine-preventable diseases, including early symptoms.
- » Remind parents that they will need to inform their doctor's office before taking in their ill child that they are not vaccinated, to protect other patients.
- » Share resources such as: Reasons to Vaccinate

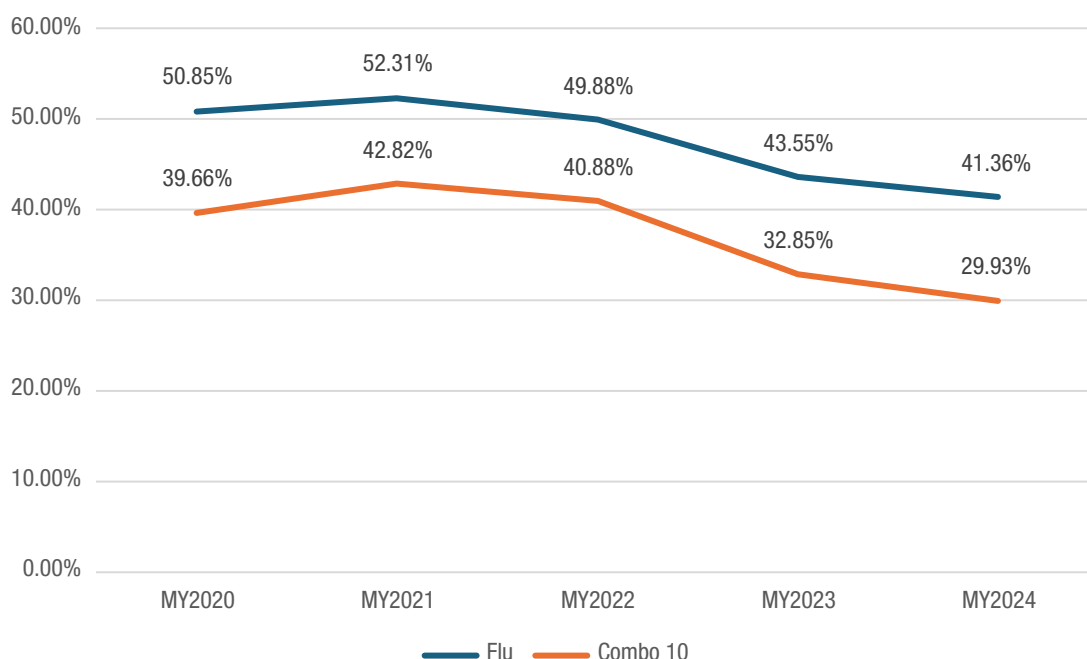
- **Wrapping up the conversation.**

Remember that success comes in many forms. It may mean that parents accept all vaccines when you recommend them, or that they schedule some vaccines for another day. For very vaccine-hesitant parents, success may simply mean agreeing to leave the door open for future conversations.

Gold Coast Health Plan (GCHP) Childhood Immunization Rate Trends

GCHP has seen a decline in the Childhood Immunization – Combo 10 (CIS-10) performance measure rates since Measurement Year (MY) 2021. This measures decline can be attributed to the decline in receipt of the flu vaccine. The table below shows an 11% decrease in the flu vaccination from MY 2021-2024. Of the 1,984 children who did not receive two flu shots by their second birthday in 2024, 520 members did receive one flu shot. This data highlights that there is an increase in caregivers withholding initiation or not getting the flu vaccine at all. The strategies outlined by the CDC provide a guideline for clinicians to stay on top of vaccine rates, especially as parents and guardians may become more hesitant.

GCHP CIS-10 & Flu Vaccine for CIS-10, 5-Year Rate



Here are additional resources to use when communicating with your patients:

- [AAP: Protecting your Child: The Complete Guide to Childhood Immunizations](#)
- [AAP: Increasing Vaccine Confidence](#)
- [CDC: Vaccines and Immunizations](#)
- [WHO: Vaccine Safety Communication Resources](#)

SECTION 8:

Cultural and Linguistic Services

Technical Change Update: APL 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Services and Alternative Formats

In the February 2025 POB, we provided an update on the nondiscrimination notice and language assistance requirements by the state Department of Health Care Services (DHCS). We would like to inform you that on July 1, 2025, DHCS released a communication informing us about a technical change in the APL 25-005 and includes the following:

- Clarification regarding the definition and use of the terms “qualified bilingual / multilingual staff” and “qualified interpreter for individuals with LEP.”
- Minor translation error on the Notice of Availability template.

Please ensure your office has the updated version of the Notice of Availability template. To learn more, APL 25-005 is available [here](#) and the Notice of Availability template is [here](#). As a reminder, the posting of the nondiscrimination notice must be visible to members in at least 12-point font and must be accompanied by the full set of language taglines in 18 non-English languages as required by DHCS.

SECTION 9:

Health Education

Back to School: Well-Care Visits and Immunizations

As we approach the start of a new school year for children, Gold Coast Health Plan (GCHP) would like to work with our providers to ensure members are getting their well-care visits and immunizations. Providers can support members coming in for their visits and any needed vaccines to help them stay healthy during the school year. GCHP offers different resources for members to engage them, such as:

- [Well-Care Visits: What to Expect 0 to 30 Months \(English and Spanish\)](#)
- [Well-Care Visits: What to Expect 3 to 21 Years \(English and Spanish\)](#)
- [Human Papillomavirus \(HPV\) Vaccine Flyer: \(English and Spanish\)](#)
- [GCHP Member Incentive Form](#)
- [Medi-Cal for Kids & Teens](#)
- [Immunization Timing Chart for Children \(Birth-18 Years Old\) \(English and Spanish\)](#)

Find out more about talking to patients about vaccine hesitancy and encourage your staff to review the tools and resources available. Check out *Talk to Parents about Immunizations* in the Quality Improvement section above.

Don't forget to check out our [Healthwise Health Library](#) videos which can be shared with GCHP members to help them better understand the importance of visits and immunizations.

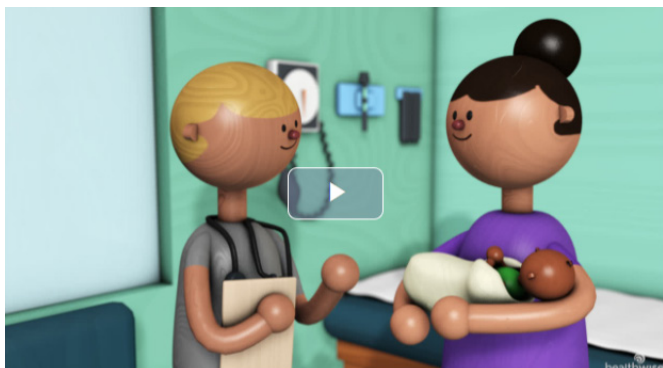
*Direct links to Healthwise Library:

English: <https://www.healthwise.net/gchp>

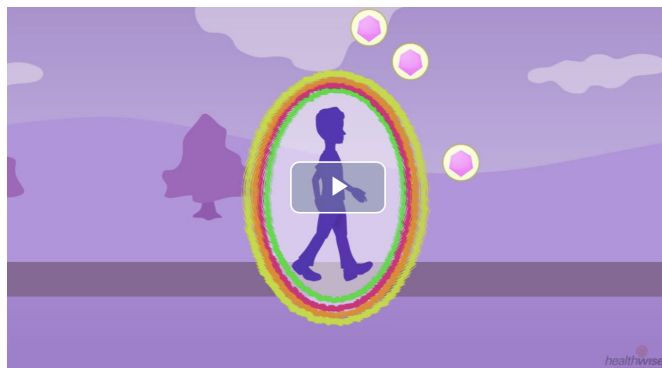
Spanish: <https://spanishkb.healthwise.net/gchpes>

*Please note that GCHP's Healthwise Library will soon be moving to a new location under the Member Access Site.

Well-Baby Visits to the Doctor



Why Get Your Older Child or Teen Immunized?



Well-Care Visit Focus Groups

Gold Coast Health Plan (GCHP) seeks to understand the challenges and motivators that members may face in completing their well-care visit and immunizations. Our health plan is conducting focus group interviews with both members and parents and once interviews are completed, we will be working with our providers to help bridge the gaps in care and address concerns members may have in receiving preventative care.

If you are interested in hosting a focus group at your clinic, please contact GCHP's Health Education Department at **805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.

Breastfeeding

August is National Breastfeeding Month, which is a great opportunity for providers to talk to patients about the benefits of breastfeeding and support them in their journey. Gold Coast Health Plan (GCHP) members can qualify for a free breast pump, doula services, and lactation support even at the hospital. Connect members to these benefits and services to make a difference in successfully exclusively breastfeeding, combination feeding, or using donor human milk! Here are additional community resources:

- [Ventura County WIC](#)
- [La Leche League of Ventura County](#)
- [Breastfeeding Coalition of Ventura County](#)
- [US San Diego: Human Milk Institute](#)

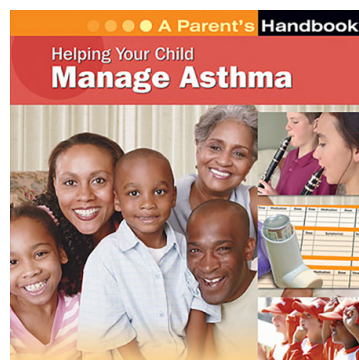
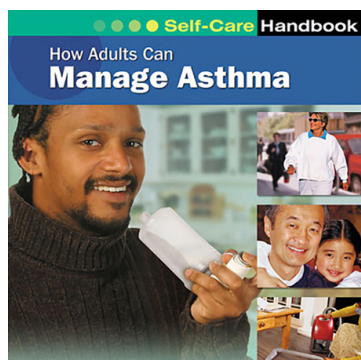


GCHP's Health Education Department has additional resources to support your patients such as prenatal and postpartum packets, health education materials from GCHP Healthwise Library, Dairy Council, other sources, and community presentations. Patients can also talk directly to health educators and health navigators. For more information, contact GCHP's Health Education Department at **1-805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.

Asthma Prevention and Education

The Community Supports program now complements the Asthma Preventative Service (APS) State Plan benefit. The preventative services covered are In-home environmental trigger assessments and asthma self-management education. GCHP will create a workgroup to streamline these services. More information to come soon! Our goal is to help members who have poorly controlled asthma.

In the meantime, please continue to work with our members to better control their asthma. GCHP's Health Education Department can provide members with educational materials on asthma, like an Asthma Action Plan and self-care handbooks.



Asthma Spacers

Asthma spacers can significantly improve how well asthma medication reaches the lungs when used with an inhaler. Spacers are helpful for children or anyone who finds it hard to use an inhaler the right way. Spacers are a **covered benefit** for GCHP members. The only thing needed is a prescription!

For best outcomes, prescribe a spacer at your patients next asthma management visit. Spacers can:

- Improve the delivery of medication.
- Reduce side effects of medication.
- Be easier to use.

Regularly review and tailor your patients' **Asthma Action Plan** to control and avoid any complications. [Healthwise videos](#) are available in English and Spanish to help your patients learn how to effectively use inhalers with a spacer. These small steps can lead to managing your patient's asthma and better health outcomes.

ASTHMA ACTION PLAN

Name: _____ Date: _____
 Doctor: _____ Doctor's Phone Number: _____

GREEN ZONE - Feeling Well
 Symptoms: No cough, wheezing, chest tightness, or shortness of breath during the day or night. Can do usual activities.
 Peak Flow: _____ (more than 80% of personal best)
 Take these long-term control medicines each day (include an anti-inflammatory).
 Medicine: _____ How much to take: _____ When to take it: _____
 Before exercise: _____ puffs 5 minutes before exercise

YELLOW ZONE - Asthma is Getting Worse
 Symptoms: Cough, wheezing, chest tightness, shortness of breath, waking at night, can do some, but not all, usual activities.
 Peak Flow: _____ (between 50% to 79% of personal best)
 Add Quick Relief Medicine and keep taking your GREEN ZONE medicine.
 Take _____ puffs every 20 minutes for up to 1 hour. If symptoms improve, return to GREEN ZONE after 1 hour of above treatment.
 If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment, continue monitoring to be sure you stay in the green zone.
 If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:
 Take _____ puffs of _____ (oral steroid) mg. For _____ (3 to 10) days.
 Add _____ puffs (oral steroid) mg. For _____ (3 to 10) days.
 Call the doctor _____ () within _____ hours after taking the oral steroid.

RED ZONE - Medical Alert
 Symptoms: Very short of breath, quick-relief medicines have not helped, cannot do usual activities, symptoms are the same or get worse after 24 hours in Yellow Zone.
 Peak Flow: _____ (less than 50% of personal best)
 Take this medicine:
 Take _____ puffs of _____ (oral steroid) mg.
 Then call your doctor NOW. Call 911 if:
 () You are still in the red zone after 15 minutes. () You have not reached your doctor.

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

24-Hour Advice Nurse Line: 1-800-437-5001 / 1-877-431-1700 (toll free). If you use a TTY, call 711.
 Member Services: 1-800-301-1228. If you use a TTY, call 711.



[Using an Inhaler and Spacer \(03:09\)](#)

Learn how to use a spacer with your inhaler.



[Teaching Your Child to Use an Inhaler With a Spacer \(03:28\)](#)

Learn how your child should use an inhaler with a spacer.

Coverage for Spacers and Inhaler Assistive Devices under Medi-Cal Rx:

Spacers or inhaler assistive devices are covered under the Medi-Cal Rx pharmacy benefit. To dispense these items, please submit a prescription to a participating Medi-Cal Rx pharmacy.

Coverage Guidelines:

- Up to two (2) inhaler assistive devices (e.g., spacers) are covered every 365 days.

If additional quantities are medically necessary beyond this limit, a prior authorization (PA) request must be submitted to Medi-Cal Rx. The request should include clinical justification for exceeding the standard coverage limit.

To locate a participating pharmacy, visit: Medi-Cal Rx | Find A Pharmacy

Sources:

<https://allergyasthmanetwork.org/what-is-asthma/how-is-asthma-treated/holding-chambers-and-spacers/>
<https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/treatment/devices/chambers-spacers>

SECTION 10:

Medi-Cal Rx and GCHP Pharmacy Services Updates

GCHP website and Pharmacy Newsletter

Gold Coast Health Plan (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.

Rite Aid Pharmacy Closures

Rite Aid filed for bankruptcy in October 2023, resulting in the closure of several locations nationwide. On May 5, 2025, Rite Aid filed for bankruptcy again and is in the process of selling assets including prescriptions, to other pharmacies.

In response, the California Department of Consumers Affairs and the California State Board of Pharmacy released a [Joint Statement](#) on May 5, 2025. The statement urges prescribers to be responsive to pharmacists' outreach regarding prescription refills and to proactively work with patients to find alternative pharmacies. The closures are expected to significantly affect timely access to prescriptions, particularly in communities where Rite Aid was the primary pharmacy.

For details about when a specific Rite Aid store will be closing, please contact the store directly.

Some Rite Aid locations plan to transfer members' prescriptions to other pharmacies. To avoid disruption in access to therapy, pharmacy providers and prescribers should encourage members to contact their Rite Aid pharmacy to determine if they need to transfer their prescriptions or if that pharmacy location will transfer their prescriptions for them.

Prescriptions at a Rite Aid location can be transferred to any pharmacy that is contracted with Medi-Cal Rx. To find a participating pharmacy, visit: <https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy>.

For further details and guidance, [click here](#).

DHCS Implementation of Cell and Gene Therapy (CGT) Access Model Effective July 1, 2025

The state Department of Health Care Services (DHCS) has received approval from the Centers for Medicare & Medicaid Services (CMS) to participate in the federal CMS Cell and Gene Therapy (CGT) Access Model on March 25, 2025.

The CGT Access Model is designed to improve access to transformative cell and gene therapies for Medi-Cal members with rare and serious conditions, across both fee-for-service and managed care systems. Initially, the model will focus on therapies for sickle cell disease (SCD), including:

- **LYFGENIA** by bluebird bio, Inc. – available July 1, 2025 (CMS-approved)
- **CASGEVY** by Vertex Pharmaceuticals, Inc. – available Sept. 1, 2025 (pending final CMS approval)

Changes Effective July 1, 2025

Drug Coverage: Medi-Cal will reimburse the cost of the drugs Casgevy and Lyfgenia for the treatment of SCD under the fee-for-service medical benefit. These therapies are not part of any inpatient bundled payment and must be billed separately.

Managed Care Carve-Out: These drugs are carved out of MCP contracts for the treatment of SCD only and will be reimbursed directly by DHCS through fee-for-service (FFS) delivery system.

Member Eligibility: Eligible members must have a diagnosis of SCD, be actively enrolled in Medi-Cal at the time of claim submission, and meet clinical criteria as outlined in DHCS policy.

Managed Care Plans Responsibilities: Managed care plans remain responsible for all other medically necessary services, including inpatient care, pre/post-treatment services, administration associated fees and supplies, care coordination, and transportation.

Provider Participation: Gene therapies must be administered by DHCS-approved providers who meet CMS and registry participation requirements at contracted treatment centers.

- To find a Casgevy or Lyfgenia authorized treatment center, check the following links:
<https://www.casgevy.com/sickle-cell-disease/find-an-atc>
<https://www.lyfgenia.com/find-a-qualified-treatment-center>

For more information, visit [DHCS Accessing CGT Treatments](#).



**Gold Coast
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Provider Operations Bulletin

AUGUST 2025

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