



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# Becoming a Community Health Worker (CHW) Services Provider

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**Gold Coast Health Plan**

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Integrity

Accountability

Collaboration

Trust

Respect

# Agenda



Introduction of GCHP



Overview of the Community Health Worker (CHW) Services Benefit



CHW Requirements



Supervising Provider Requirements



Next Steps: Application and Claims Submission

# GCHP's Mission, Vision, and Values

We deliver health care services with a member-first focus that reflects a commitment to our community.



## Our Mission

To improve the health of our members through the provision of high quality care and services.



## Our Vision

Compassionate care, accessible to all, for a healthy community.



## Our Values

Integrity  
Accountability  
Collaboration  
Trust  
Respect

# This Moment Matters



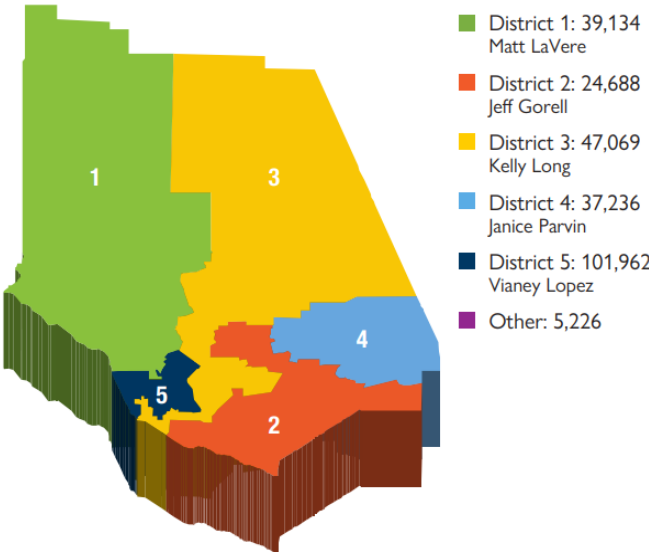
1. Medi-Cal is transforming rapidly through CalAIM, the 2024 procurement and other dynamics.
2. The imperative to improve the health and health care for persons living with chronic conditions and for the most vulnerable has always been with us at GCHP (purpose, founding, mission).
3. GCHP needs to lead (thought and action leadership) to ensure the best for Ventura County, our Medi-Cal members and our health care system through meaningful partnership with our partners.

# GCHP's Membership

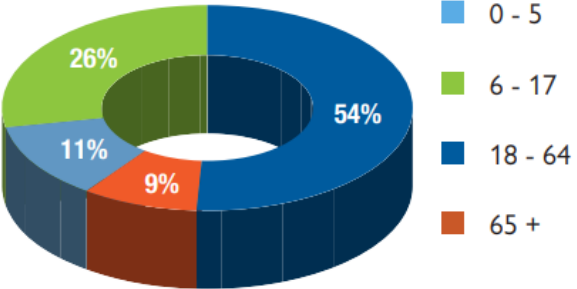
Members **255,315**



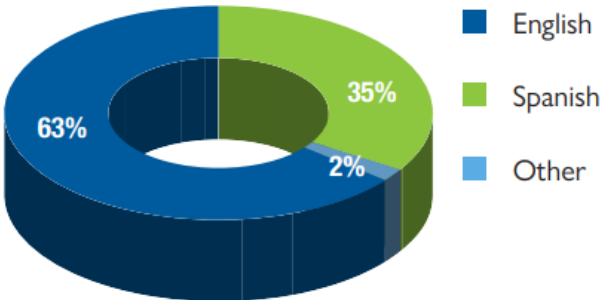
Membership by Supervisorial District



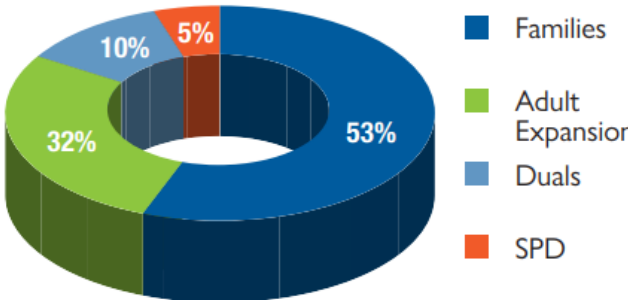
Membership by Age



Membership by Spoken Languages



Membership by Aid Category

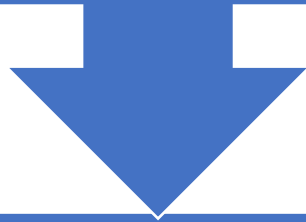


SPD: Seniors and Persons with Disabilities  
Duals: Dually Eligible for Medicare and Medi-Cal

# Overview of the Community Health Worker (CHW) Services Benefit

# Community Health Worker (CHW) Services

CHW services are defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical health and mental wellbeing.

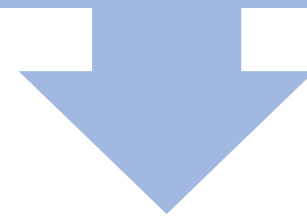


CHW services help members receive appropriate services related to perinatal care, preventive care, sexual and reproductive health, environmental and climate-sensitive health issues, oral health, aging, injury, and domestic violence and other violence prevention services.



# Community Health Worker (CHW) Services

CHW services can be provided in individual or group sessions.



The services can also be provided virtually or in-person with locations in any setting including, but not limited to, outpatient clinics, hospitals, homes, or community settings.



# Community Health Worker (CHW) Services



1. Currently, CHWs may include individuals known by a variety of job titles, such as promotoras, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.
2. Under Medi-Cal Billable Services Include:
  - a) Health Education
  - b) Health Navigation
  - c) Screening and Assessment
  - d) Individual Support and Advocacy

# GCHP Member Eligibility for CHW Services



Requires a written recommendation submitted to GCHP by a physician (MD/DO) or another licensed practitioner of the healing arts (LPHA) within their scope of practice.

Members must meet the criteria for CHW Services:

1. Existence of one or more chronic health conditions, including behavioral and environmental health,
2. Exposure to violence and trauma,
3. Face barriers in meeting their health or health-related social needs, and/or
4. Individuals who would benefit from preventive services.

No authorization is required for the first 12 units of services.

1. One unit = up to 30 minutes

Section 1: Referring person information		
Referral date:	Name and title of referring person:	Clinic / Agency:
Email address:	Phone number:	Fax number:

Section 2: Member Information		
Name: (First name)	(Last name)	Parent / caregiver / guardian name (if minor):
Member ID:	Date of birth:	Primary phone:
Primary language:		Alternate phone:
Alternate contact person name: _____		
Phone number: _____		
Relationship: _____		
Does the member have primary Medi-Cal coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____		
Is the member / caregiver / guardian aware of the referral to a community health worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the member receiving support from another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
▶ If yes, provide the worker's name / contact information / organization: _____		

Section 3: Reason for CHW Services
<input type="checkbox"/> Counseling / social support services: _____
<input type="checkbox"/> Need support with dental health / dentist: _____
<input type="checkbox"/> Need support with access to the vision plan: _____
<input type="checkbox"/> Need support with health care: _____
<input type="checkbox"/> Need support with scheduling medical appointments: _____
<input type="checkbox"/> Need assistance with durable medical equipment issue: _____
<input type="checkbox"/> Need support with social determinants of health (housing assistance, food insecurity, transportation, community-based resources, phone service, employment, education, caregiver support, financial assistance): _____
<input type="checkbox"/> ACE Screening: _____
<input type="checkbox"/> Violence Prevention: _____
<input type="checkbox"/> Other assistance: _____



# GCHP Member Eligibility for CHW Services

## Care Plan required for ongoing CHW services after the first 12 units (6 hours):

1. Written by one or more individual licensed providers (does not need to be the Supervising Provider)
2. Specify condition service is being ordered for, other professionals providing treatment for the condition
3. Objectives of CHW service to address Member's condition, services required
4. Reviewed every six months



MEMBER INFORMATION			
Member Last Name:	First Name:	MI	Date of Birth:
Member ID Number:	Address:		City, State, Zip:
Primary Phone Number:	Secondary Phone Number:		

REFERRAL INFORMATION		
Name of Treating Physician:	Phone Number:	Fax Number:
Name of Primary Care Provider(PCP):	Phone Number:	Fax Number:

PLAN OF CARE
<p>Please complete the Plan of Care Form for the member. <b>LIST THE GOALS AND OUTCOMES OF EACH SPECIFIC INTERVENTION.</b></p> <p><b>CLINICAL INFORMATION</b> (To be completed by the treating physician or office staff.)</p>

Provider Signature: \_\_\_\_\_ NPI Number: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date of Service: \_\_\_\_\_ End Date of Plan of Care: \_\_\_\_\_

The Plan of Care must be reviewed and updated every six months and incorporated into the member's medical record.



# CHW Service Exclusions



Although CHWs may provide CHW services to members with mental health and/or substance use disorders, CHW services do not include Peer Support Services as covered by Ventura County Behavioral Health (VCBH).



CHW services are distinct and separate from Peer Support Services.



CHW cannot provide clinical or care management services that require a license.

# CHW Requirements

# CHW Qualification Requirements

1. CHWs must have lived experience that aligns with and provides a connection between the CHW, and the member or population being served.
2. CHWs must demonstrate and maintain evidence of minimum qualifications through one of the following pathways:
  - a) CHW Certificate
  - b) Violence Prevention Professional Certificate
  - c) Work Experience Pathway:
    - i. At least 2,000 hours working as a CHW in paid or volunteer within the past three years.
    - ii. Has demonstrated skills and practical training.
    - iii. Must complete a CHW Certificate within 18 months of their first CHW visit provided to a member.
3. CHWs must complete a minimum of six hours of additional relevant training annually.





# CHW Certificate Requirements



1. **CHW Certificate:** A valid certificate of completion of a curriculum that attests to demonstrated skills and/or practical training in communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, and basic knowledge in public health principles and social drivers of health (SDOH).
  - a) Certificate programs must also include field experience as a requirement.
2. **Violence Prevention Professional Certificate:** For individuals providing CHW violence prevention services only,
  - a) Certificate issued by Health Alliance for Violence Intervention or a certificate of completion in gang intervention training form the Urban Peace Institute.
3. A CHW Certificate allows a CHW to provide all covered CHW services described in this APL, including violence prevention services.

# Supervising Provider Requirements

# Supervising Provider Requirements



The Supervising Provider is an organization that will contract directly with GCHP.



An organization that employs or oversees CHWs.



Ensures that CHWs meet qualifications stipulated in the contract and within the CHW APL.



Submits claims for services provided.

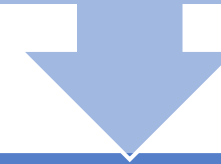


Show evidence of policy and procedure to avoid duplicate billing.

# Supervising Provider Requirements



Must be a licensed Provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO).



**Demonstrates oversight of CHWs:**

Attests and maintains documentation that CHW's meet required initial and ongoing training

Submits P&Ps describing their oversight and supervision of CHW's

Submits a CHW roster including qualifications and training status

# Next Steps

# Application Process

To be considered for participation as a CHW provider, the following are the easy steps you can take:

1. Go to the GCHP website and search for the CHW Application.
2. Complete the application you wish to submit and send to [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org).
3. The Provider Network Operations (PNO) team will contact providers within two weeks of submission to confirm receipt.
4. We will review the application and respond back to you after the review.

# Claims Billing Tips

- Verify member eligibility at time of service.
- Obtain authorization for services.
- Use the appropriate claim form. Please do not use a photocopy. The original redlined claim form is required.
- Include appropriate CPT/HCPCS.
- Provide the Tax ID Number (TIN).
- Provide the NPI for the billing provider, rendering provider and attending physician, as appropriate.
- Invoices may be submitted but must include the above required information.
- Submit claims electronically through a plan-approved electronic billing systems software vendor or clearinghouse. Completion of electronic claims submission requirements can speed claim processing and prevent delays. To learn more about EDI and how to get connected, please contact EDI Customer Support by phone at **1.800.952.0495** or by email at **EDICommercialSupportTeam@Conduent.com**.
- Submit paper claims by mail (GCHP cannot process claims submitted via facsimile) to:  
Gold Coast Health Plan Attn: Claims  
P.O. Box 9152 Oxnard, CA 93031



# Questions?



# Appendix

# Billing Codes

<b>CPT code</b>	<b>Description</b>	<b>Length</b>	<b>Number of Patients</b>
98960	self-management education and training, face-to-face, 30 minutes	30 minutes	1
98961	self-management education and training, face-to-face, 30 minutes	30 minutes	2-4
98962	self-management education and training, face-to-face, 30 minutes	30 minutes	5-8

# Points of Contact at GCHP

For help with:	GCHP point of contact	Contact Information
1. Provider Questions with GCHP	PNO	calaimpr@goldchp.org
2. Information on upcoming webinars	Susana Enriquez-Euyoque	Senriquez@goldchp.org
3. Speakers' Bureau assistance	Adriana Sandoval-Jimenez	CommunityRelations@goldchp.org
4. Payment questions	Operations	Phone: 888-301-1228
5. Member eligibility	Operations	Phone: 888-301-1228
6. Member referrals	Operations	Phone: 888-301-1228
7. Provider payment questions	Operations	Phone: 888-301-1228
8. Board meeting information	Maddie Gutierrez	Mgutierrez@goldchp.org
9. Community Advisory Committee information	Maddie Gutierrez	Mgutierrez@goldchp.org
10. Provider Advisory Committee information	Maddie Gutierrez	Mgutierrez@goldchp.org

# Appendix: Key Managed Care Terms

Term	Meaning
1. Managed Care Organization (MCO)	Medi-Cal health plan that is responsible for delivering Medi-Cal covered services In Ventura County, your MCO is Gold Coast Health Plan or GCHP
2. County Organized Health System (COHS)	The County Organized Health System is a specific kind of MCO GCHP is a COHS, meaning GCHP has been designated by Ventura County to serve as MCO that serves all Ventura County Medi-Cal recipients As a COHS, GCHP serves a special role for the community
3. GCHP member	We refer to the Medi-Cal beneficiaries are who are enrolled in GCHP as our 'members'
4. CalAIM	CalAIM refers to California's Plan to transform Medi-Cal through its relationship with the federal government, specifically the Centers for Medicare & Medicaid Services (CMS) Per California's agreement with CMS (a 'waiver' called Cal AIM), California is adding new benefits and taking major steps to address health equity and the 'social determinants of health' for the next 5 years
5. MCO benefit	A managed care plan benefit or service represents a type of care or service that a Medi-Cal recipient, a GCHP member, is entitled to receive

# Appendix: Key Managed Care Terms

Term	Meaning
6. Enhanced case management (ECM)	New benefit to provide enhanced case management – whole person care services – to at risk members
7. Community supports (CS)	New benefit to provide community services to at risk members
8. MCO Provider Contract	<p>The contract between a provider and GCHP that contains the provider’s obligations to deliver services and GCHP’s obligations to pay the provider</p> <p>The terms of GCHP provider contracts are substantially required by DHCS</p>
9. Joint Operating Meeting (JOM)	Regular meetings between GCHP and our providers to resolve issues, understand access to care issues, learn more about provider questions, and demonstrate GCHP’s oversight over its network in accordance with DHCS obligations

# Appendix: Key Managed Care Terms

Term	Meaning
10. Delegation Oversight	GCHP oversight and active monitoring of its providers DHCS requires all plans to monitor and oversee its providers to ensure that members are receiving high quality care
11. Conduent	GCHP's professional services organization that handles our call center, fulfillment, claims processing and claims payment services  GCHP oversees Conduent to ensure GCHP's continued operational excellence
12. Community Advisory Committee	Advisory committee to the GCHP Board consisting of community members
13. Provider Advisory Committee	Advisory committee to the GCHP Board consisting of providers
14. GCHP Speakers Bureau	GCHP's service to the community by which we provide organizations with experienced Medi-Cal experts to speak at your events and gatherings
15. Incentive Payment Program (IPP)	Per CalAIM, IPP is a payment program by which plans provide incentive dollars to help grow access and provider capacity

# Reference Material

- 1) [APL 22-016 Community Health Worker Services Benefit](#)
- 2) [Medi-Cal Provider Manual: CHW Services](#)