Gold Coast Health Plan ℠
A Public Entity

Provider Operations Bulletin

DECEMBER 2022

www.goldcoasthealthplan.org

Table of Contents

SECTION 1:

Help Keep Your Provider Practice Information Current

Gold Coast Health Plan (GCHP) strives to make sure our provider directory displays all current practice information accurately by updating our online provider directory monthly.

The provider practice information that GCHP has on file for you is vital, and ensures members can see available network providers and specialists near them. It also ensures that your claims are paid efficiently and that your mail reaches you.

Please help keep our provider records current and accurate by notifying GCHP of practice changes in advance. By doing so, you remain in compliance with your Provider Agreement as well as assisting GCHP to be in compliance with the state Department of Health Care Services (DHCS) provider data regulations.

If you need to add, terminate, or make demographic changes to your organization or to an existing provider in your group, please notify GCHP at least 30 days in advance. Examples include:

- A change in office location, hours, phone, fax, or email.
- Adding or closing a location.
- Adding or terminating a rendering provider.
- A change in Tax ID and/or NPI.
- Opening or closing your practice to new patients (primary care providers only).

If you identify any incorrect information in the current provider directory, please let us know.

Your updated provider practice information can be submitted by completing the Provider Information Update Form.

If you have any questions regarding this process, please email ProviderRelations@goldchp.org.

SECTION 2:

Community-Based Adult Services – Emergency Remote Services (CBAS ERS)

Effective Oct. 1, 2022, the California Department of Aging implemented Community-Based Adult Services – Emergency Remote Services (CBAS ERS). CBAS ERS allows for immediate response to address continuity of care needs for members participating in CBAS when an emergency restricts or prevents them from receiving services at their center. CBAS ERS is temporary and time-limited. It is available for up to three consecutive months for an emergency occurrence. The initial three-month period may be extended, based on member need and Gold Coast Health Plan (GCHP) approval.

The difference between CBAS and CBAS ERS is where / how services are provided. The services and supports identified in the plan of care may be modified related to the member's needs during the emergency.

There are two types of emergencies that qualify for CBAS ERS:

- Public emergencies, such as state or local disasters, regardless of formal declaration. These may include, but are not limited to, earthquakes, floods, fires, power outages, and epidemic / infectious disease outbreaks, such as COVID-19, Tuberculosis, Norovirus, etc.
- Personal emergencies, such as serious illness or injury, crises, or care transitions defined as:
  - Serious illness or injury – illness or injury that prevents the member from receiving CBAS within the facility and providing medically necessary services and supports are required to protect life, address or prevent significant illness or disability, and/or to alleviate pain.
  - Crises – the member is experiencing, or threatened with, intense difficulty, trouble, or danger. Examples would be sudden loss of a caregiver, neglect or abuse, loss of housing, etc.
  - Care Transitions – transition to or from care settings, such as returning to home or another community setting from a nursing facility or hospital. ERS provided during care transitions should address gaps and member / caregiver needs and not duplicate responsibilities assigned to intake or discharging entities.

CBAS providers initiating ERS for a member must complete and submit the required CBAS ERS Initiation Form (CEIF) to the California Department of Aging and GCHP no more than three business days after the start of CBAS ERS. The three-business-day requirement may be extended for up to seven business days when 50% or more of the center's participants may need CBAS ERS.

When submitting the CEIF to GCHP, the CBAS Preauthorization Request Form and the most recent Individualized Plan of Care should be included with the submission.

Please contact Provider Relations at ProviderRelations@goldchp.org for questions regarding CBAS ERS.

SECTION 3:

New Requirement to Submit Immunization Data to a California Registry

AB 1797, a new state bill effective Jan. 1, 2023, requires providers to enter immunizations they administer, as well as patient's race and ethnicity, into a California immunization registry.

Health care providers who administer vaccines will be required to enter:

- Immunization information into the California Immunization Registry (CAIR) or Regional Immunization Data Exchange (RIDE) / Healthy Futures.
- Race and ethnicity information for each patient in the immunization registry to support assessment of health disparities in immunization coverage.

For more information, see the California Department of Public Health's AB 1797 Immunization Registry FAQs.

SECTION 4:

Referrals and Authorizations for Outpatient Therapy

Gold Coast Health Plan (GCHP) has experienced numerous requests to modify existing authorizations for outpatient therapy services, causing a delay in care.

When referring a member within the county for therapy services, a referral form is not required but is recommended. A prescription from the primary care physician's (PCP) or specialist's office is also an acceptable form of referral.

After a consultation with an outpatient therapist and a treatment plan is made, if authorization is required, GCHP recommends that the rendering therapy provider who will have the appropriate billing codes submit the request for authorization.

If authorization is submitted by the PCP or specialist office without the appropriate codes, the outpatient therapy provider must then submit a modified authorization request with the correct codes. This can cause a delay in care.

GCHP recommends having the PCP / specialist office fax the order, demographic, and progress notes to the outpatient therapy provider prior to submitting the authorization. This will ensure that the authorization is received and processed in a timely manner.

If you have any questions regarding this process, please email ProviderRelations@goldchp.org.

SECTION 5:

Medi-Cal Rx Updates

Effective Jan. 1, 2022, the state Department of Health Care Services (DHCS) carved out all prescription benefits from Managed Care Plans (MCPs) under a program called Medi-Cal Rx. All pharmacy claims should be submitted directly to the state via its pharmacy benefit manager (PBM), Magellan Medicaid Administration, Inc.

For assistance regarding a pharmacy claim or prior authorization, please contact the Medi-Cal Rx Customer Service Center at 1-800-977-2273 or you can send an email or chat here. Agents are available 24 hours a day, seven days a week, 365 days per year.

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

You may also want to visit the Medi-Cal Rx Communication page for any upcoming bulletins and news.

Changes to the Contract Drugs List (CDL) for Medi-Cal Rx
Please check the Medi-Cal Rx Contract Drugs List (CDL) on the Medi-Cal Rx Web Portal for the most recent changes to the prescription and over-the-counter drugs lists. Most recent changes were effective Nov. 1, 2022.

Family Planning, Access, Care and Treatment (Family PACT) Pharmacy Formulary
Effective Nov. 1, 2022, changes have been made to the Family Planning, Access, Care and Treatment (Family PACT) Pharmacy Formulary. For more information, please see the Family PACT Pharmacy Formulary on the Medi-Cal Rx Web Portal.

Blood Pressure Monitors and Blood Pressure Cuffs
Effective June 1, 2022, Medi-Cal Rx began covering blood pressure monitors as a pharmacy benefit. Effective Nov. 1, 2022, Medi-Cal Rx began covering blood pressure cuffs as a pharmacy benefit.

- Members are eligible to receive a new monitor if they have a documented ICD-10-CM diagnosis code on the prescription that justifies medical necessity for cardiovascular monitoring for a chronic condition or on a regular basis.
- One monitor is covered once every five years.
- Please review the covered products list on the Medi-Cal Rx website, which is frequently updated.

Updates to Continuous Glucose Monitoring Systems
Effective Oct. 1, 2022, both types of continuous glucose monitoring (CGM) systems will be medical supplies pharmacy-billed benefits through Medi-Cal Rx, subject to prior authorization (PA) and a contracted List of Covered Continuous Glucose Monitoring Systems. Please refer to the updated List of Covered CGM Systems and the Medi-Cal Rx Provider Manual on the Medi-Cal Rx Web Portal for specific information.

For Fee-for-Service Medi-Cal beneficiaries: As of Oct. 1, 2022, claims previously paid as a medical benefit billed on a Centers for Medicare & Medicaid Services (CMS) 1500 form via a Healthcare Common Procedure Coding System (HCPCS) must be submitted as a pharmacy claim to Medi-Cal Rx. These HCPCS codes will deny for medical claims submitted with a date of service after Dec. 1, 2022.

Note: Corresponding insulin pumps for some CGM devices will continue to remain a Durable Medical Equipment (DME) billable as a medical benefit billed on a CMS 1500 form via a HCPCS code. Please refer to the DME section of the Pharmacy Provider Manual on the website for coverage and billing information of DME insulin pumps and accessories.

Diabetic Supplies Updates

Effective Nov. 20, 2022, LifeScan test strips, lancets, self-monitoring blood glucose meters and their accessories will no longer be Medi-Cal Rx-covered pharmacy benefits.

Products deleted from the list will no longer be reimbursable, even with an approved PA, on or after Nov. 20, 2022, and continuing care does not apply. The Maximum Acquisition Cost (MAC) for these products will no longer be guaranteed.

Medi-Cal Rx beneficiaries with coverage through California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) may continue to receive these deleted test strips and lancets with an approved PA demonstrating medical necessity and that no other contracted product could provide the required benefit.

The List of Covered Diabetic Test Strips and Lancets and List of Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices have been updated on the Medi-Cal Rx Web Portal.

Phasing Out of the Transition Policy for Medi-Cal Rx

Medi-Cal Rx recently began reinstating its PA requirements and other claim edits that were suspended in February. Phase I of the reinstatement has included three waves and has been implemented as expected:

- Phase I, Wave I, which reinstated Drug Utilization Review (DUR) rejections (soft rejections that are overridden in the pharmacy) went into effect in mid-July with no reported disruptions.
- Phase I, Wave II went into effect in August. This wave was related to the promotion of CoverMyMeds and encouraging more providers to use this as an option to submit PA requests electronically.
- Phase I, Wave III went into effect on Sept. 16. Wave III relates to reinstatement of PA requirements for 11 drug classes. This should only affect new starts for members 22 years of age and older, for the time being. The 11 classes of drugs involved are: diuretics, antilipemic agents (including statins and omega-3 fatty acids), hypoglycemics, glucagon, antihypertensives, coronary vasodilators (nitrates and pulmonary arterial hypertension agents), cardiovascular agents (including antiarrhythmics and inotropes), anticoagulants, antiplatelets, niacin, vitamin B, and vitamin C products.

Phase II will reinstate PA requirements for the remaining 71 drug classes for new prescriptions and is not expected to go into effect until Phase I has been successfully implemented. DHCS has stated it will give, at minimum, a 30-day advanced notice of the start of Phase II. Please look for additional information under Medi-Cal Rx's Bulletins & News as it is released to be sure that you are up to date on the changes.

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

For assistance regarding Medi-Cal Rx, please call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Agents are available 24 hours a day, seven days a week, 365 days per year.

Please submit PAs regarding pharmacy claims or appeals to Medi-Cal Rx at 1-800-869-4325.

SECTION 6:

New Pharmacy Benefit: Home Blood Pressure Monitors and Blood Pressure Cuffs

The holidays can be a stressful time for many, so it is especially important to monitor your patients with hypertension for elevated blood pressure. Effective June 1, 2022, home blood pressure monitors and blood pressure cuffs are a covered Medi-Cal Rx pharmacy benefit for GCHP members. GCHP members are eligible to receive a new home blood pressure monitor and/or blood pressure cuff if they have a chronic condition diagnosis indicating medical necessity for regular cardiovascular monitoring.

You can prescribe a home blood pressure monitor or cuff to your patients by writing a prescription for a blood pressure monitor and/or cuff with a documented ICD-10-CM diagnosis code of a chronic cardiovascular condition, including hypertension. Members can take this prescription to any retail pharmacy* (e.g., Walgreens, CVS, Rite-Aid) and have it filled at no cost by billing Medi-Cal Rx. Prescribe a home blood pressure monitor and/or cuff to your patients who have hypertension or a chronic cardiovascular condition through this newly covered benefit today!

Resources

- For more information about the list of covered home blood pressure monitoring devices or blood pressure cuffs, view the Medi-Cal Rx Covered Products List.

- For more information about covered medical supplies and billing descriptions, click here.

- For information on where your patients can find a pharmacy, click here.

- For health education resources about hypertension, visit the Gold Coast Health Plan (GCHP) website.

- For any additional information or questions, please contact Medi-Cal Rx at 1-800-977-2273 or GCHP's Quality Improvement Department at QualityImprovement@goldchp.org.

*Note the benefit is not covered under DME benefits so members must go to a retail pharmacy.

SECTION 7:

What is Care Management?

Gold Coast Health Plan (GCHP) provides Care Management (CM), upon request, for all eligible members. Making a referral is easy.

Care Management (CM) Program

GCHP's CM Program addresses the needs of members with complex and noncomplex health needs and assists with coordination of health care to ensure the continuity of quality health care. GCHP's CM Program is a collaborative process that includes telephonic contact with the member and/or their representative and the medical home. Through the provision of care coordination, targeted education and resource management, GCHP promotes member wellness, autonomy, and appropriate use of services and financial resources.

Members can refer themselves to the CM Program. Referrals can come from caregivers, providers, internal departments, hospitals, GCHP discharge planners, community agencies, and from the review of data and utilization patterns. The CM Program is designed to support GCHP's mission, *"To improve the health of our members through the provision of high-quality care and services."* GCHP strives to empower members to address their health care needs by coordinating quality services through appropriate, efficient, and timely interventions.

Care Management Process

Through telephonic interactions with the member, the member's designated representative, and providers, data is collected and analyzed, and potential care needs are identified by CM staff. Care managers strive to empower members to exercise their options and access the services appropriate to meet their individual health needs, promoting quality outcomes. All eligible members have the right to participate in or decline to participate in the CM Program.

Types of Care Management

Care Coordination / Non-Complex Case Management

- **What is care coordination?**
  Care coordination involves short-term interventions for members with potential risks due to barriers or gaps in services, poor transitional care, and/or co-morbid medical issues that require brief care management interventions. Care coordination focuses on improving the link between members and providers to reduce inefficiencies that can lead to higher utilization.

- **Who is eligible for care coordination?**
  - New members who have returned Health Information Forms (HIFs) and have a recognized need for short-term care coordination to establish care with a medical home.
  - Members who are generally healthy or stable and engaged, and whose only need may be education or assistance with navigation of the health care system.
  - Members who may have provider, transportation, social or other short-term issues requiring a minimal number of contacts.

- **What services might be coordinated through this program?**
  - Appointments
  - Referrals to community resources
  - Transportation
  - Durable Medical Equipment (DME) needs
  - Pharmacy
  - PCP selection and information
  - Member educational materials

Complex Case Management

- **What is complex case management?**
  Complex case management provides intensive, personalized case management services and goal setting for members who have complex medical needs and require a wide variety of resources to manage their health and improve their quality of life. It is a collaborative process that assesses, develops, plans, implements, coordinates, monitors, and evaluates the options and services needed to meet the member's health and human service needs. It is characterized by advocacy for member engagement, communication, and resource management.

- **Who is eligible for complex case management?**
  - Members who are medically fragile, have one or more severe conditions with co-morbidities which require complex case management and have a significant likelihood of exacerbations and multiple ER visits and/or re-hospitalizations.
  - Members who may have a single severe condition or two or more conditions across multiple domains of care and whose needs must be monitored on a regular basis.
  - Members who are being managed by other agencies for specific conditions that would benefit from coordination of care for preventive care and transitions away from the other agency as care evolves. Examples of this may be CCS clients who are also GCHP members.

- **What conditions might benefit from complex case management?**
  - Multiple comorbidities and/or chronic conditions
  - Polypharmacy (multiple medications)
  - Psychosocial needs
  - High utilizers of ER / IP services
  - CCS coordination of care and transitions to adulthood

- **What is the primary staffing model for complex case management?**
  Licensed case manager (RNs and LCSWs)

How to make a referral?

To refer a member, complete the Care Management Referral Form, available in English and Spanish. This will provide the care manager with valuable information to address your concerns and facilitate an effective care plan. Please email the completed form to CareManagement@goldchp.org or fax it to 1-855-883-1552. Instructions are also provided on the second page of the form. For more information about the program or how to make a referral, contact the CM Department at 1-805-437- 5656.

SECTION 8:

24/7 Advice Nurse Line

Gold Coast Health Plan (GCHP) has a 24/7 Advice Nurse Line that Medi-Cal members can access 24 hours a day, seven days a week. Members can speak to a registered nurse in their preferred language when they or a family member have medical questions.

The nurse also can help them decide if they:

- Need to go to urgent care.
- Can wait to see their doctor.
- Can take care of their symptoms at home.

The nurse advice line is a good alternative if members have medical questions, particularly when their primary care provider (PCP) is not available or during the hours that their provider's office is closed.

To reach the 24/7 Advice Nurse Line, members can call 1-805-437-5001. The toll-free number is 1-877-431-1700. Those who use a TTY should call 711. When calling, members should have their GCHP ID Card or Medi-Cal Benefits ID Card (BIC) ready.

SECTION 9:

Health Education

Health Education Resources

Gold Coast Health Plan (GCHP) offers free health education services to help members achieve a healthy lifestyle. Health education services are designed to ensure that all members have access to health education programs, health promotion materials and classes. You can access our member resources by visiting the GCHP Health Education Webpage. Members can access resources including health education materials and flyers in English and Spanish.

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. (excluding holidays) or email HealthEducation@goldchp.org.

Cervical Cancer Screening

January is Cervical Health Awareness month. GCHP has health education material available to members that promote cervical health, including a Protect Yourself from Cervical Cancer: Know the facts flyer.

New Parent Resources

GCHP offers resources for pregnant members and new parents. If you would like to receive Pregnancy Resources, a First 5 Parent Kit, or Postpartum Resources in English or Spanish for members, call the Health Education Department at 1-805-437-5718.

Urgent Care Services

GCHP offers urgent care services to members at no cost. Providers can assist members in finding the closest urgent care to them by viewing GCHP's list of Urgent Care Centers. We also count with a 24-Hour Advice Nurse Line for our members. Members can call 1-805-437-5001, 24-hours a day, seven days a week, and speak to someone in their preferred language.

Community Support Resources

GCHP can help connect members to community resources they may need, including transportation, housing, and food pantries. Members may also visit the GCHP website for additional community resources.

Health Education

Both providers and members can visit the GCHP Heath Education Webpage to find more information on a variety of health education materials and resources in English and Spanish. GCHP's Health Education Department is also offering an interactive workshop for members to help them manage their chronic conditions and live a healthier life. The Chronic Disease Self-Management Program is offered multiple times throughout the year. Visit the calendar on the GCHP website to find out when the next workshop will be held.

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. (excluding holidays) or email HealthEducation@goldchp.org.

SECTION 10:

Cultural and Linguistic Services

Cultural Competency Trainings

As a reminder, Gold Coast Health Plan (GCHP) encourages providers and staff to complete a cultural competency training to help when working with vulnerable populations and increase awareness of the diverse health care needs of our membership. GCHP website includes free online training modules, located under the For Providers tab.

The cultural competency 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 are meeting the unique and diverse needs of all members. All providers and staff must complete a cultural competency training.

It is important to sign and return the GCHP Cultural Competency Training Acknowledgment Form upon completion of each training 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 acknowledge form.

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

Perinatal Health Equity Training

Required Training for Perinatal Providers: Dignity in Pregnancy and Childbirth

Black birthing people are four to six times as likely to die from pregnancy and birth-related causes than those of other racial and ethnic groups, according to the Centers for Disease Control and Prevention (CDC). Evidence points to implicit bias and racism, not race, as key causes of these disparities. Implicit biases can affect the way we see other people, even if we don't believe the stereotype and it goes against our personal values. The California Dignity in Pregnancy and Childbirth Act (SB 464) requires that perinatal providers at hospitals and alternative birth centers undergo implicit bias training in efforts to help reduce these preventable deaths and associated health disparities, according to Attorney General Rob Bonta's office.

DIGNITY IN PREGNANCY AND CHILDBIRTH

#DignityinBirthCA

To learn how you can interrupt racial bias while meeting this requirement, please join your colleagues in taking this free, evidence-based e-learning course developed with support from the California Health Care Foundation (CHCF).

The course is accredited for one hour of CME or CEU credits.

PERINATAL HEALTH EQUITY TRAINING
Dignity in Pregnancy and Childbirth Project

FREE · FREE

1 hour e-learning course for perinatal providers
Each **15-30 minute section** will provide evidence-based learning on:

- Understanding bias in perinatal care
- Reproductive justice and maternal health
- Strategies to protect yourself and your patients from bias

When taken together, this course will meet the requirements of California Senate Bill 464

Resources for equity in perinatal care
A **toolkit** for organizational leaders and change agents:

- Facilitation guides for engaging staff
- Toolkit for leadership teams
- Activities to deepen understanding and learning

Learn more
Visit **www.diversityscience.org/perinatal** for more information

- Evidence-based and developed with stakeholders
- Materials are fully responsive to California Senate Bill 464
- Free of charge for perinatal providers and CA-based health care organizations

equalcare@diversityscience.org   **www.diversityscience.org/perinatal**   phone: (612) 584 8214

SECTION 11:

New! Breast Cancer Screening Member Incentive

Gold Coast Health Plan (GCHP) offers a $40 gift card (Target, Wal-Mart or Amazon) to female members 50 to 74 years of age for completing a breast cancer screening (mammogram). In November, members with a gap in care were mailed a member incentive flyer, brochure of contracted imaging centers, and notice of benefits.

To earn the gift card, the member will need to complete the mammogram, fill out the incentive form, have either their doctor or the imaging center sign / stamp the form, and mail or fax in their completed form to GCHP. Members can expect to receive their gift cards four to six weeks after their form has been submitted.

The member incentive flyer is available on the GCHP website. For questions, please contact the Quality Improvement Department at QualityImprovement@goldchp.org.

Contact your patients today to schedule their mammogram!

SECTION 12:

# Celebrating GCHP Providers During Healthcare Quality Week

Gold Coast Health Plan (GCHP) celebrated our provider community during Healthcare Quality Week (October 16-22, 2022). Each clinic was given a box of See's Candy to show our appreciation for the excellent quality of care they provide to members. GCHP also recognized outstanding network provider performances based on 2021 outcomes at the Oct. 19, 2022, Quality Improvement Collaboration Meeting. The winners were awarded plaques and clinic staff were provided breakfast. The following provider recognition awards were proudly issued:

Outstanding Performance in Childhood & Adolescent Immunizations
Clinicas del Camino Real
- Clinicas del Camino Real Inc - Maravilla Immunizations for Adolescents Combo: 2-75th percentile
- Clinicas del Camino Real - Oxnard Childhood Immunizations Combo: 10-90th percentile
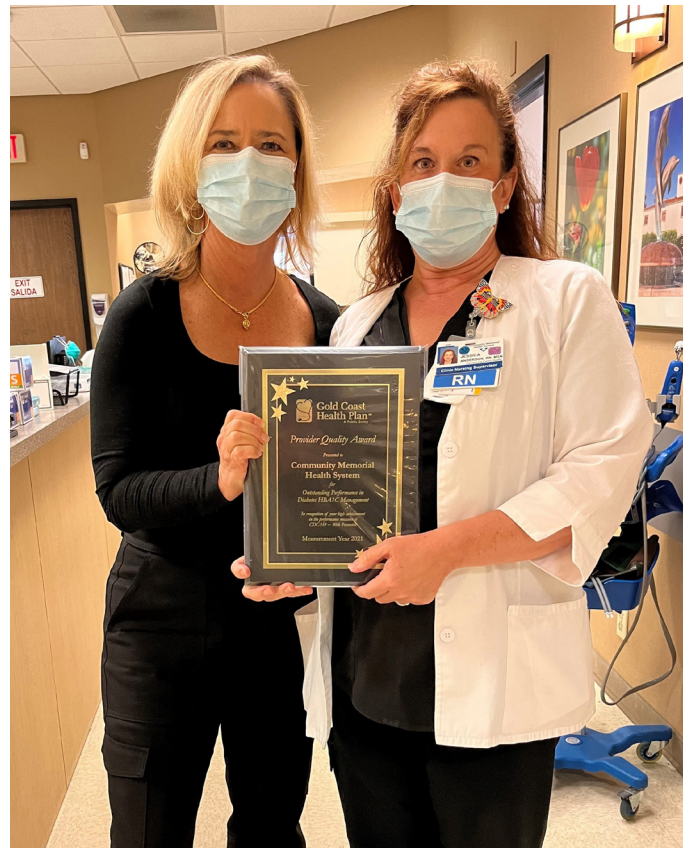
Annette Des Baillets and Jessica Anderson Outstanding Performance in Diabetes HbA1C Management
Community Memorial Health System
- CMH Center for Family Health – Camarillo: 90th percentile

Fallon Wallace
Outstanding Performance in Prenatal &
Postpartum Care
Ventura County Medical Center
- Las Islas Family Medical Group
  PPC-Postpartum Care: 90th percentile
  PPC-Prenatal Care: 75th percentile

Mayra Gutierrez
Outstanding Performance in Cervical Cancer
Screenings
Dignity Health
- Dignity Health Verdugo Way: 90th percentile

Congratulations to the recipients and a big thank you to our providers and support staff for your partnership and unwavering commitment to delivering high-quality, compassionate care to GCHP members! GCHP could not achieve these exemplary outcomes without your ongoing commitment to our members and our community.

Quarter Three Clinic Reward Member Incentive Program Winners
At the October Quality Improvement Collaborative meeting, GCHP was pleased to recognize and reward our clinic partners who submitted the highest number of member incentive forms in quarter three for each member incentive program. The winning clinics are awarded a certificate of appreciation for providing these valuable services to our members as well as lunch. Below are our quarter three winners:

- **Child and Adolescent Well-Care Member Incentive Clinic Incentive Winner:**
  - Conejo Valley Family Medical Group
- **Cervical Cancer Screening Member Incentive Clinic Incentive Winner:**
  - West Ventura Medical Clinic
- **Asthma Exam Member Incentive Clinic Incentive Winner:**
  - Las Islas Family Medical Group

Congratulations to our award recipients and a sincere thank you to all of our clinics for their continued promotion of the member incentive programs to increase utilization of preventive care services.

Provider Operations Bulletin

DECEMBER 2022

For additional information, contact Customer Service at 1-888-301-1228.
Gold Coast Health Plan
711 East Daily Drive, Suite 106, Camarillo, CA 93010
www.goldcoasthealthplan.org