



**Gold Coast
Health PlanSM**
A Public Entity

Provider Operations Bulletin

AUGUST 2023

www.goldcoasthealthplan.org

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The Provider Operations Bulletin is published bi-monthly by Gold Coast Health Plan's Communications Department as a service for the provider community.

Information comes from GCHP and its partners. If you have any concerns or questions related to specific content, please contact the Network Operations Department at ProviderRelations@goldchp.org or call the GCHP customer service line 1-888-301-1228 and request to speak to your Provider Relations representative.

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SECTION 1:

After-Hours and Appointment Availability Surveys

Gold Coast Health Plan (GCHP) vendor Press Ganey is performing an after-hours and appointment availability survey. The survey ensures that GCHP is abiding by the state Department of Health Care Services (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 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 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 2:

Access and Availability Requirements

The state Department of Health Care Services (DHCS) requires access and availability standards for all Medi-Cal providers. Below is a list of some of the detailed standards that DHCS requires Gold Coast Health Plan (GCHP) providers meet.

Primary Care Physicians:

Routine Appointments

Routine, non-emergent appointments should be available within **10 business days** of the member's request for an appointment. This requirement is for both new and established patients. Follow-up care for established patients should be accommodated as medically appropriate.

Physical Examination Appointments

These appointments should be made available within **six weeks** of a member's request. When possible, special consideration should be given to members who require physical examinations as part of their employment.

Specialty Care Physicians:

Timeframes for access to routine specialty care should be dependent upon diagnosis and the urgency of the condition. However, appointments should be available within **15 business days** of a member's request for an appointment.

First Prenatal Visit:

The first prenatal visit must be scheduled within **two weeks** of a member's request.

Urgent Care Appointments:

Medically indicated urgent appointments should be made the **same day or within 24 hours** of the member's call for an appointment. The request for services should be evaluated and the urgency assessed to determine what the medical problem is and the need for urgent treatment. Depending upon the nature of the medical problem, the member should be triaged to the most appropriate care site.

After-Hours Calls:

When members call provider offices after hours, they should be advised by a recorded outgoing message that if the situation is a true medical emergency, the member should hang up and dial 911 or go to the nearest hospital. This advice should be recorded in at least English and Spanish and possibly other languages if the provider has a large amount of routinely cared for members who speak some other language.

SECTION 3:

Medi-Cal Redeterminations

On April 1, 2023, the Medi-Cal program resumed its pre-pandemic processes to redetermine eligibility for millions of beneficiaries.

The federal government declared a Public Health Emergency in January 2020 in response to the COVID-19 pandemic. The declaration put a temporary halt on disenrollments from the Medi-Cal program. This allowed millions of Californians to maintain their coverage during the COVID-19 pandemic – regardless of changes in personal circumstances, such as income, contact information, or job status.

Ventura County Medi-Cal members are urged to update their contact information to avoid losing their health coverage. If contact information, income, or household circumstances have changed in the past three years, GCHP members must contact the Ventura County Human Services Agency to update their information.

While some members will auto-renew, others will receive a renewal packet. Members who do not return their renewal packets to the county Human Services Agency by their assigned deadline risk losing coverage.

Gold Coast Health Plan (GCHP) asks providers and clinic staff to point members to the county Human Services Agency:

- Online: BenefitsCal.com — Members can also submit documents and send email messages via vchsa.org/submit
- By Phone: 1-888-472-4463

For more information, visit the [Ventura County Human Services Agency website](https://www.vchsa.org).

SECTION 4:

Initial Health Appointment (IHA)

As of Jan. 1, 2023, the new Initial Health Appointment (IHA) — previously known as the “Initial Health Assessment (IHA)” — states that each primary care provider (PCP) must complete and periodically re-administer a comprehensive IHA, in accordance with the state Department of Health Care Services (DHCS) Population Health Management (PHM) Policy Guide, for all newly assigned members **within 120 days** of the member’s enrollment. The IHA should consist of:

- A history of the member’s physical and behavioral health.
- Identification of risks.
- Assessment of need for preventive screenings or services and health education.
- Diagnosis and plan for any treatment of any diseases.

For members less than 18 months of age, the IHA must be completed within 120 calendar days of enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) Bright Futures for children 2 years of age and younger, whichever is sooner. The IHA is not necessary if the member’s PCP determines that the member’s medical record contains complete information that was updated within the previous 12 months. The IHA must be provided in a way that is culturally and linguistically appropriate for the member. PCPs shall offer translation, interpretation, and accommodations for any disability, if necessary. PCPs and their staff may contact Gold Coast Health Plan’s (GCHP) Cultural and Linguistic Department at CulturalLinguistics@goldchp.org for more information.

IHA Reports and Outreach Logs

GCHP’s Quality Improvement (QI) Department will continue to distribute monthly lists of newly assigned members to each provider site.

IHA monthly reports are designed and intended to be used for documenting your mandatory IHA outreach attempts. These logs must be completed using the GCHP standardized process for timely IHA outreach log completion and submission. IHA monthly outreach logs are to be submitted to QualityImprovement@goldchp.org once completed.

GCHP QI nurses will conduct quarterly IHA medical record reviews to monitor compliance and provide additional support to ensure a thorough IHA is conducted.

Providers and their staff can contact GCHP’s QI Department at QualityImprovement@goldchp.org to:

- Continue education and training related to the IHA and outreach logs.
- Submit IHA outreach logs.
- Update IHA monthly report recipient contact information.

IHA Resources

- [IHA Billing Codes](#)
- [United States Preventative Services Task Force](#)
- [Bright Futures Periodicity Table](#)

SECTION 5:

Importance of Child Developmental Screenings at 9, 18, and 30 Months of Age

Identifying children with a developmental or behavioral delay is an essential step toward ensuring that all children can reach their optimal health and wellness. Health care providers play a critical role in monitoring children's growth and development and identifying problems as early as possible so appropriate interventions and services can be provided. The [American Academy of Pediatrics \(AAP\) Bright Futures™ Periodicity Schedule](#) recommends health care providers complete in-depth developmental and behavioral screenings at 9, 18 and 30 months of age that includes using a standardized screening tool, such as the Ages & Stages Questionnaire (ASQ) or Parents' Evaluation of Developmental Status (PEDS). The screening tools include standardized sets of questions to evaluate if a child's motor, language, cognitive, social, and emotional development are on track for their age. These screening questions are answered by the parent then scored by the health care provider.

Underutilization of Screenings in Ventura County Medi-Cal Children

Gold Coast Health Plan's (GCHP) 2022 measurement year (MY) rates for the *Developmental Screening in the First Three Years of Life (DEV)* measure show low utilization of standard developmental screenings.

Developmental Screening	Age 1	Age 2	Age 3	Total: Ages 1-3
2022 MY Rate	34.08%	41.54%	39.16%	38.95%

One in four children under 6 years of age is at risk for developmental, behavioral, or social delays, and many young children with delays miss the window of opportunity for early detection and intervention services, according to [Help Me Grow Ventura County](#).

All children enrolled in Medicaid are entitled to receive developmental screenings as it is a required service under the [Medi-Cal for Kids and Teens](#) benefit.

Billing for Developmental Screenings

- CPT code 96110 (developmental screening, with scoring and documentation, per standardized instrument) is reimbursable at ages specified in the Bright Futures / AAP Periodicity Schedule (9, 18 and 30 months) and when medically indicated. The frequency limit for general developmental screening is twice a year for children ages 0 to 5, any provider.
- Developmental screenings can be scored by any qualified clinic staff (e.g., doctor, nurse, medical assistant).
- A validated screening tool that tests for all four developmental domains (motor, language, cognitive and social / emotional) and meets the Centers for Medicare & Medicaid Services (CMS) Child Core Set developmental screening criteria must be used. For a list of screening tools, [click here](#).

Provider Training

Help Me Grow Ventura County provides no-cost assistance with training 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-based resources. For more information, [click here](#).

Additional Resources on Developmental Screening and Provider Training

- [American Academy of Pediatrics](#)
- [Centers for Disease Control and Prevention](#)

Thank you for continuing to serve our communities and for providing excellent care to our members. If you have any questions, please contact the QI Department at QualityImprovement@goldchp.org.

SECTION 6:

Managed Care Accountability Set (MCAS) 2022 Performance

Gold Coast Health Plan (GCHP) is pleased to announce the successful completion of Measurement Year (MY) 2022 Managed Care Accountability Set (MCAS) reporting and audit-approval. The MCAS is a set of quality-of-care performance metrics, including both Healthcare Effectiveness Data and Information Set (HEDIS®) and Centers for Medicare & Medicaid Services (CMS) Core set measures. Annually, the state Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Plans (MCPs) to report MCAS quality-of-care rates. Thank you for your collaboration during the MCAS data collection project and timely responses to our requests. The rates below demonstrate your continued commitment to delivering high quality care to our members.

Measurement Year 2022 Performance

For MY 2022, GCHP reported 39 quality of care measures to DHCS and the National Committee for Quality Assurance (NCQA). GCHP reported improvement in eight measures, most notably well-child visits in the first 15 months of life, follow-up after an emergency department visit for alcohol and other drug abuse and dependence, and child and adolescent well-care visits. Of the 15 measures held to the minimum performance level (MPL) (50th Medicaid HMO percentile ranking established by NCQA Quality Compass®), 11 measures met or exceeded the 50th NCQA percentile.

- GCHP scored in the 90th NCQA percentile for Timelines of Prenatal Care and Postpartum Care.
- GCHP scored in the 75th NCQA percentile for Hemoglobin A1c-Poor Control (>9%).
- GCHP successfully passed the NCQA HEDIS® Compliance Audit for the 11th consecutive year.

MCAS Measure/Data Element	MY2021 Rate	MY2022 Rate	MY2021-MY2022 Rate Difference
Hybrid Methodology			
Cervical Cancer Screening (CCS)	59.37	57.91	↓ -1.46
Childhood Immunization Status - Combo 10 (CIS-10)	42.82	40.88	↓ -1.94
Hemoglobin A1c Control for Patients with Diabetes-HbA1c Poor Control (>9.0%) (HBD)*	38.93	35.04	↑ -3.89
Controlling High Blood Pressure (CBP)	55.96	60.34	↑ 4.38
Immunizations for Adolescents - Combo 2 (IMA-2)	41.36	35.77	↓ -5.59
Lead Screening in Children (LSC)	64.48	65.69	↑ 1.21
Prenatal and Postpartum Care			
Timeliness of Prenatal Care (PPC-Pre)	92.46	91.97	↓ -0.49
Postpartum Care (PPC-Post)	88.08	86.37	↓ -1.71
Administrative Methodology			
Breast Cancer Screening (BCS)	52.78	56	↑ 3.22
Child and Adolescent Well-Care Visits (WCV)	33.94	42.33	↑ 8.39

MCAS Measure/Data Element	MY2021 Rate	MY2022 Rate	MY2021-MY2022 Rate Difference
Administrative			
Well-Child Visits in the First 30 Months of Life			
First 15 Months - Six or more visits (WCC-15)	21.12	47.36	↑ 26.24
15 to 30 months – Two or more visits (WCC-30)	60.40	68.13	↑ 7.73
Chlamydia Screening in Women (CHL)	53.48	53.26	↓ -0.22
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	29.56	29.35	↓ -0.21
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	0.00	24.64	↑ 24.64

↑ = Improvement ↓ = Decline

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

* Lower rate is better

The QI team will evaluate the results for MY 2022 and conduct a barrier analysis for low performing measures to inform performance improvement plans for measures that did not meet the MPL. Each provider system will receive a scorecard detailing their performance on these measures in the coming months (anticipated distribution is August). GCHP will work with our data platform vendor, Inovalon, to explore improvements in the reporting process to increase efficiency and tracking. Provider training will be provided regarding how to use Data Insights®, the Inovalon data platform previously known as Indices, to ensure our clinic partners are able to monitor their performance on an ongoing basis as data is refreshed monthly. We look forward to partnering with you to continue to provide the best possible care for our members.

If you have any questions, please feel free to contact the QI Team at QualityImprovement@goldchp.org.

SECTION 7:

Cultural and Linguistic Services

Nondiscrimination Notices and Language Assistance Taglines

Gold Coast Health Plan (GCHP) reminds providers that we offer large Language Assistance Tagline posters to post in clinic and urgent care center patient waiting rooms. 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 the state Department of Health Care Services (DHCS), All Plan Letter (APL) 21-004 (Revised): [Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services](#).

To access the GCHP nondiscrimination notice and taglines, [click here](#).

For additional information or to request language identification posters, contact GCHP's Cultural and Linguistic Services at 1-805-437-5603, Monday through Friday, from 8 a.m. to 5 p.m. (except holidays), or email CulturalLinguistics@goldchp.org.

SECTION 8:

Health Education

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. (except holidays), or email HealthEducation@goldchp.org.

Immunizations and Back to School

Routine vaccinations are a great tool to keep kids healthy, in school, and ready to learn. The Centers for Disease Control and Prevention (CDC) provides tools for providers to encourage routine immunizations and to help children get caught up on immunizations if needed. Providers and members can find a list of immunizations on the GCHP [Health Education webpage](#).

Asthma Action Plan

GCHP offers a free downloadable Asthma Action Plan in English and Spanish. Remember to review asthma medications, how to take them, how to use any asthma preventative devices, trigger signs, and what to do if they are having an asthma attack. Members can also find additional resources on the GCHP [Health Education webpage](#).

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

ASTHMA ACTION PLAN

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

GREEN ZONE • Doing Well
Symptoms: No cough, wheeze, chest tightness, or shortness of breath during the day or night. Can do usual activities.
Peak Flow: _____ (more than 80% of personal best)
 My best peak flow is: _____
 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, wheeze, 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)
1. Add Quick Relief Medicine and keep taking your GREEN ZONE medicine
 Take _____ puffs every 20 minutes for up to 1 hour. ☐ Nebulizer once
2. 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 or ☐ Nebulizer _____
 Add _____ puffs (oral steroid) mg per day. For _____ (3 to 10) days.
☐ Call the doctor ☐ before / ☐ 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 or ☐ Nebulizer / _____ (oral steroid) mg.
Then call your doctor NOW! Call 911 if:
☐ You are still in the red zone after 15 minutes AND ☐ 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: 1-888-301-1228. If you use a TTY, call 711.

Gold Coast Health Plan Integridad • Rendición de Cuentas • Colaboración • Confianza • Respeto

PLAN DE ACCIÓN PARA EL CONTROL DEL ASMA

Nombre: _____ Fecha: _____
 Doctor: _____ Número Telefónico del Doctor: _____

ZONA VERDE • Se Siente Bien
Síntomas: Sin tos, silbidos al respirar (sibilancias), presión en el pecho o dificultad para respirar durante el día o la noche. Puede realizar sus actividades normales.
Flujo máximo: _____ (más del 80% del valor óptimo personal)
 Mi valor óptimo personal de flujo máximo es: _____
 Tome estos medicamentos de control a largo plazo todos los días (incluido un antiinflamatorio).
 Medicamento _____ Cuánto debe tomar _____ Cuándo debe tomarlo _____
 Antes de hacer ejercicio _____ descargas _____ 5 minutos antes de hacer ejercicio

ZONA AMARILLA • Su Asma Está Empeorando
Síntomas: Tose, silbidos, presión en el pecho, dificultad para respirar, se despierta por la noche, puede hacer algunas de las actividades normales, pero no todas.
Flujo máximo: _____ (entre el 50% y el 79% del valor óptimo personal)
1. Agregue el medicamento de alivio rápido y siga tomando el medicamento de la ZONA VERDE.
 Tome _____ descargas cada 20 minutos por un máximo de 1 hora. ☐ Use el nebulizador una vez.
2. Si sus síntomas (y el flujo máximo, si se lo mide) regresan a la ZONA VERDE después de 1 hora del tratamiento anterior
☐ Continúe vigilándolos para asegurarse de permanecer en la Zona Verde.
Si sus síntomas (y el flujo máximo, si se lo mide) no regresan a la ZONA VERDE después de una hora del tratamiento anterior:
 Tome _____ descargas o ☐ Use el nebulizador _____
 Agregue _____ descargas (esteroides orales) mg al día. Durante _____ (3 a 10) días.
 Llame al doctor ☐ antes de tomar el esteroide oral o ☐ dentro de las _____ horas siguientes de haberlo tomado.

ZONA ROJA • ¡Alerta Médica!
Síntomas: Tiene mucha dificultad para respirar, los medicamentos de alivio rápido no le han ayudado, no puede hacer sus actividades normales, los síntomas son iguales o empeoran después de haber pasado 24 horas en la Zona Amarilla.
Flujo máximo: _____ (menos del 50% del valor óptimo personal)
Tome este medicamento:
 Tome _____ descargas o ☐ Use el nebulizador / _____ (esteroides orales) mg.
Luego, llame al doctor INMEDIATAMENTE. Llame al 911 si:
☐ Todavía está en la Zona Roja después de 15 minutos Y ADICIONALMENTE ☐ No se ha podido comunicar con el doctor.

SEÑALES DE PELIGRO: • Tiene dificultad para caminar y hablar por la falta de aire.
 • Tiene _____ descargas del medicamento de alivio rápido.
 • Los labios o las uñas de las manos están azules.
☐ Vaya al hospital o llame al 911.
☐ Llame a su médico al _____ (teléfono).

Línea de asesoría de enfermeras disponible las 24 horas: 1-800-437-5001 / 1-877-431-1700 (línea gratuita)
 Si utiliza un TTY, llame al 711.
 Servicios para Miembros: 1-888-301-1228. Si usa un TTY, llame al 711.

Diabetes Prevention Program

Help members with pre-diabetes take control of their health by encouraging them to join the free Diabetes Prevention Program with GCHP's partner, Solera. Members that enroll and participate in the program will receive an activity tracker, a wireless scale (with online programs), and help from a health coach. Member can visit the [Solera website](#) to sign up or call 1-888-305-6008 (TTY 711), Monday through Friday, from 6 a.m. to 6 p.m.

Healthy Connections Program – Hospital Health Navigator Post-Discharge Pilot Program

GCHP launched a pilot program to help members being discharged from the hospital. Health Navigators can provide members with a resource packet including information on GCHP's 24-Hour Advice Nurse Line, transportation, meals, language assistance, community resources, and more. To refer member, call our Health Education Department at 1-805-437-5718 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. (except holidays).

Health Education Materials

Providers and members can visit the GCHP website for additional health education resources. To receive a list of approved health education materials, email the Health Education Department at HealthEducation@goldchp.org.

SECTION 9:

Medi-Cal Rx Updates

Changes to the Contract Drugs List (CDL) and Covered Products Lists 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, over-the-counter drugs and other covered products lists. These updates typically occur at the beginning of every month.

Updated Drug Lookup Tool

The [Drug Lookup Tool](#) located on the Medi-Cal Rx website has been updated to be more user friendly. You can now use this tool to look up drugs by brand or generic and it will list the National Drug Code (NDC) and all dosages available in the marketplace. You can also use this tool to determine if a prior authorization (PA) is required or if there are any Code 1 restrictions. There is also a link to CoverMyMeds to submit an electronic prior authorization (ePA). For instructions on how to use this feature, [click here](#).

Changes to Diabetic Blood Glucose Test Strips and Lancets Coverage

As of July 1, 2023, the coverage for diabetic testing supplies was updated as follows:

- Maximum days' supply allowed was updated from a 90 days' supply maximum to allow up to a 100 days' supply per claim.
- **Code 1 restrictions will be applied.**
- Must document diagnosis of diabetes on prescription.
- Must document if patient is insulin or non-insulin dependent on prescription.
- Quantity restrictions will be changed as follows:
 - » For **insulin dependent** beneficiaries:
 - Documentation by the provider on the prescription the beneficiary is using insulin,
AND
 - Limited to up to six blood glucose test strips per day and up to six lancets per day,
AND
 - A maximum quantity of up to 600 (612 if using the Accu-Chek® Fastclix Lancets) of each product in 100 days.
 - » For **non-insulin** dependent beneficiaries:
 - Documentation by the provider on the prescription that the beneficiary is not using insulin,
AND
 - Limited to one blood glucose test strip per day and one lancet per day,
AND
 - A maximum of up to 100 of each product in 100 days.

A PA showing medical necessity will be required for quantities over the published allowances or non-diabetic diagnoses.

For more information, [click here](#) or visit the Medi-Cal Rx website for all updates.

Updates on the Reinstatement of Prior Authorizations and Phasing Out of the Transition Policy for Medi-Cal Rx

PA requirements have been reinstated for all therapeutic drug classes except for enteral nutrition products. The retirement of the transition policy, which allowed beneficiaries 22 years of age and older to continue their medications based on historical paid claims data or a grandfathered PA, that was approved prior to Medi-Cal Rx was completed on June 23, 2023. If a beneficiary needs to continue therapy for a medication that requires a PA in any of the drug classes except for enteral nutrition, it will require a new PA to be submitted or the provider may consider changing to an alternative therapy that's covered in the [Contract Drugs List \(CDL\)](#).

Check the [Medi-Cal Rx Approved NDC List](#) to determine if a medication requires a PA.

DHCS has reported the following timeline for the continuation of the Medi-Cal Rx Reinstatement:

- [Phase IV, Lift 1: Reinstatement of Claim Edits for Age, Gender, and Labeler Code Restrictions for Members 22 Years of Age and Older](#) – Aug. 4, 2023
- [Reinstatement of PA Requirements for New Start Enteral Nutrition Products](#) – Sept. 22, 2023
- Retirement of the Transition Policy for Enteral Nutrition Products – anticipated Nov. 2023

These changes will not affect beneficiaries under 22 years of age at this time. Reinstating PAs for beneficiaries 21 years of age or younger is to be determined and no details have been shared at this time. For more information regarding the Medi-Cal Rx Reinstatement, visit the [Medi-Cal Rx Education and Outreach page](#).

Please look for additional information under [Medi-Cal Rx's Bulletins and News](#) as it is released to be remain updated on changes.

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

For assistance regarding a pharmacy claim or PA, please contact 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 a year.

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

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

COVID-19 Coverage Updates

- For the most current information regarding Medi-Cal's COVID-19 response, check the [COVID-19 Medi-Cal Response](#) page on the Medi-Cal providers website.
- Coverage for COVID-19 vaccines, over-the-counter (OTC) [COVID-19 antigen test kits](#) and treatment are still covered benefits under Medi-Cal Rx until Sept. 30, 2024. This date is subject to change at the discretion of DHCS. For more information, please check the [Medi-Cal Rx Contract Drugs List](#) to see what is covered.
- Free and confidential consultation on COVID-19 testing and treatment available. Call the California Department of Public Health (CDPH) COVID-19 Provider Warmline, managed by the University of California. For more information, [click here](#).

Drug Use Review (DUR) Educational Articles

The purpose of the educational intervention component of Drug Use Review (DUR) is to improve the quality and cost-effectiveness of prescribing and dispensing practices for Medi-Cal recipients. Educational interventions include ongoing dissemination of information through the Medi-Cal provider bulletin process about clinically important, drug-specific therapy problems.

Disclaimer: These articles are the result of analyses carried out by the Global Medi-Cal DUR Program and are not official DHCS policies.

The following educational articles that have been posted since the beginning of the year:

- [Updated Guidance by the CDC and FDA for Prescribing Opioids](#) – June 2023
- [FDA Approves First Over-the-Counter Naloxone Nasal Spray](#) – June 2023
- [Clinical Review: Management of Acute Postpartum Pain](#) - May 2023
- [Risks to Patients Exposed to Xylazine in Illicit Drugs](#) - January 2023

- [Improving the Quality of Care: Treatment of Latent Tuberculosis Infection](#) - January 2023
- [2022 Immunization Update: Mpox, HepB, Influenza, COVID-19, Pneumococcal, Zoster](#) - January 2023
- [Removal of DATA-Waiver \(X-Waiver\) Requirement](#) - January 2023

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