



**Gold Coast
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Primary Care Provider Joint Operations Meeting

March 19, 2024

Provider Network Operations

Integrity

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Collaboration

Trust

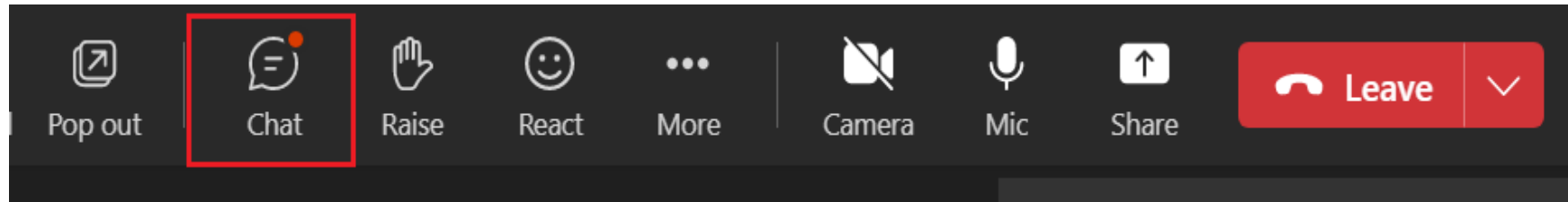
Respect

Agenda

- Housekeeping Items
- Provider Network Operations
- Executive Team
- Provider Relations Team
- Provider Relations Resources
- GCHP Announcements
- Primary Care Physician Roles & Responsibilities
- Requests For Authorization
- Health Education, Cultural & Linguistic Services Update
- Facility Site Review & Medical Record Review Standards Update
- Behavioral Health
- CalAIM : Enhanced Care Management
- Provider Contact Information & GCHP Points of Contact
- Questions

Housekeeping Items

- ❖ Remain on Mute
- ❖ Add Questions to the Chat



- ❖ A copy of this presentation and FAQs will be available on GCHP website next week in For Providers/Provider Relations tab @ www.goldcoasthealthplan.org

Provider Network Operations

- GCHP Provider Network Operations Department (PNO) is committed to building strong and lasting relationships with our providers and their staff. PNO acts as the central touchpoint between providers and GCHP for provider recruitment, education, contracting, reporting and maintenance of provider network adequacy.

The following teams make up the PNO Department:

- Provider Relations
- Provider Contracting
- Provider Regulatory and Programs



Provider Network Operations Executive Leadership



Erik Cho, Chief Policy and Program Officer

Michelle Espinoza, Executive Director, Delivery System
Operations & Strategies

Vicki Wrihster, Senior Director of Provider Network
Operations

Provider Relations Team

Provider Relations (PR) team works together with our contracted providers to support and enhance the quality of care and services that our members receive. The PR team investigates provider issues and provides recommendations and solutions during provider site visits and via email communication.

Sonya Ibarra, Manager of Provider Relations

Monica Hernandez, Provider Relations Lead

Veronica Esparza, Provider Relations Lead



Provider Relations Representatives

Maria Najar

Nancy Vasquez

Alex Gomez

Shyleen Sandoval

Raymond Reyes

Provider Relations Resources

Provider Updates & Bulletins

GCHP will share urgent and vital news to keep our providers informed about upcoming trainings, Medi-Cal updates, campaigns, resources and more. All memos and provider bulletins are archived on our GCHP website at www.GoldCoastHealthPlan.org > For Providers > Provider Updates.

If you are not already receiving our publications by email, please send your name and email address to Provider Relations at ProviderRelations@goldchp.org to be added to our provider communication distribution list.

Routine Site Visits

You will routinely see our designated team of PR representatives stop by your office to serve as a GCHP resource. We will communicate important information and provide your staff with support to ensure your needs are met, so that operations run smoothly. Discussions on member access and availability, any notifications of office changes, and your overall experience with GCHP, are just some of the topics that we will address during our site visits.

If you have any general questions or would like to schedule a site visit or provider training, please email ProviderRelations@golchp.org.



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GCHP Announcements

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2024 Joint Operation Meetings (JOM)

Throughout 2024 GCHP Provider Relations Department will hold various Joint Operation Meetings (JOM) to provide education, training and communicate important information to our provider network. During our JOMs we are available to answer provider questions and or concerns.

For questions, concerns and/or to be included in upcoming JOMs, please email ProviderRelations@goldchp.org.



Medi-Cal Targeted Provider Rate Increases

Pursuant to AB 118 (Chapter 42, Statutes of 2023), Medi-Cal is implementing ongoing targeted provider rate increases for primary care, obstetric and doula, and non-specialty mental health services effective for dates of service on or after January 1, 2024.

The targeted provider rate increases are subject to federal approval by CMS in State Plan Amendment (SPA) 23-0035.

Subject to CMS approval, DHCS will direct Medi-Cal Managed Care Plans (MCPs) to pay eligible Network Providers, as defined in All Plan Letter (APL) 19-001, no less than the CY 2024 TRI Fee Schedule rate for specified codes and provider types.

Additional information can be found in the DHCS website:

<https://www.dhcs.ca.gov/Pages/Medi-Cal-Targeted-Provider-Rate-Increases.aspx>

GCHP Annual Provider Surveys

May to September 2024



**WE WANT TO
HEAR FROM YOU!**

GCHP will conduct its annual provider surveys starting in May. Your participation is appreciated.

- Provider Accessibility &
- Availability
- Provider Satisfaction





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Primary Care Physician Roles and Responsibilities

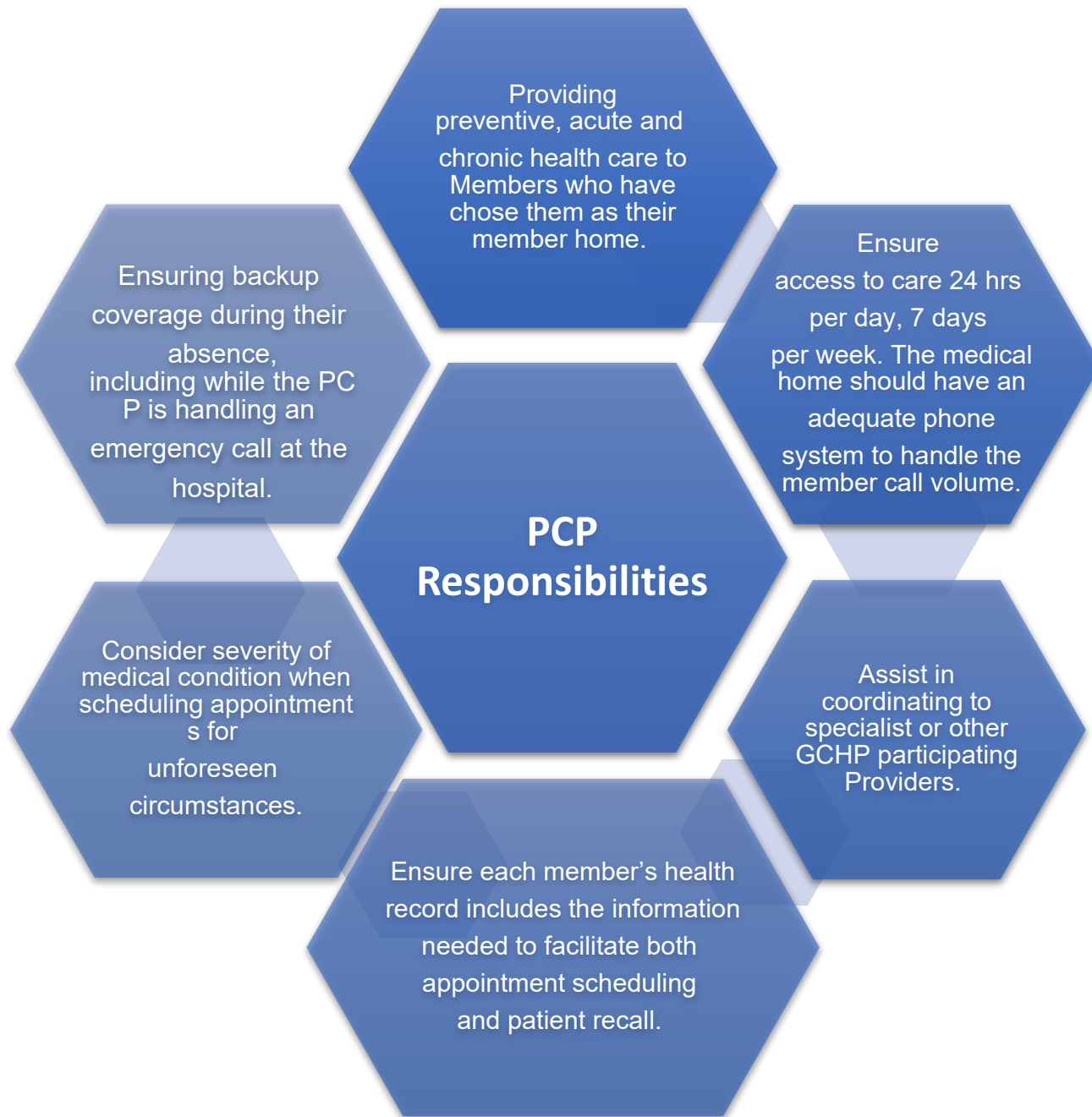
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The PCP is the main provider of health care services and is responsible for leading their team to ensure appropriate and timely delivery of health care to members.

For a full listing of PCP responsibilities, please refer to the current online Provider Manual, located at www.GoldCoastHealthPlan.org > For Providers > Resources

New Provider Orientations

To remain in compliance with DHCS regulatory standards all new GCHP providers, including new practitioners being added to an existing group, are required to complete a new provider orientation within 30 days of their contract effective date.

A Welcome Letter is sent out within 10 business days from the provider's contract effective date to initiate the orientation / training process. The welcome letter provides the effective date that providers can begin to see GCHP members as well as helpful links to make your transition to our network as smooth as possible.

This training also provides information on important GCHP operational processes and procedures as well as programs and services available for our members.



Please email Provider Relations at ProviderRelations@goldchp.org if you have any questions or to learn more about available orientation / training options.

Ventura Transit System (VTS)



VTS business cards are available in English and Spanish and can be dropped off or mailed to your office. Please email ProviderRelations@goldchp.org to request additional information.



MEMBERS

Do you need a ride to your next medical appointment?

Call Ventura Transit System (VTS) at

1-855-628-7433

1-800-855-7100 California Relay Service

This is a free benefit for Gold Coast Health Plan members.
Call VTS at least 48 hours in advance of your request.



Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

As a contracted provider, you are required to **provide EPSDT services to all Medi-Cal patients under the age of 21**. The DHCS now refers to EPSDT as **Medi-Cal for Kids and Teens** in outreach and education materials.

What is EPSDT?

For Medi-Cal patients under age 21, Providers must provide a more robust range of medically necessary services than for adults. Medically necessary decisions are individualized. These services are defined in federal and state statute and include:

- Screening services including a comprehensive health and developmental history, a comprehensive unclothed physical exam, appropriate immunizations, laboratory tests, and health education
- Vision services including diagnosis and treatment for defects in vision, including eyeglasses
- Dental services including relief of pain and infections, restoration of teeth, and maintenance of dental health
- Hearing services including diagnosis and treatment for defects in hearing, including hearing aids.
- Other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services

What are GCHP's expectations for providers?

- Comply with Medi-Cal contract requirements around EPSDT
- Coordinate EPSDT services with other members of a patient's care team
- Complete EPSDT training every two (2) years

References

- DHCS Medi-Cal for Kids & Teens Provider Training: <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-EPSDT-Provider-Training.pdf>
- DHCS All Plan Letter 23-005 "Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members under the age of 21" <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>

Member Reassignment

Requests to transfer a patient to another PCP requires the Plan's approval and should be the last resort for an unsustainable patient/provider relationship. Requests to reassign a member to another PCP due to the patient's medical condition resulting in high cost or frequent visits will not be granted.

1. PCP must email Provider Relations Department with a summary or reason for reassignment. Attach any pertinent documentation, such as clinical notes or a police report, if necessary. Reason for reassignment must meet criteria outlined in the GCHP Provider Manual. The Provider Manual can be found here https://res.cloudinary.com/dpmykpsih/raw/upload/gold-coast-site-258/media/r/a9ce5dc1eac346e7982c6bde8e31db57/gchp-provider-manual_aug2023_v4p.pdf.
2. Requests will be reviewed by GCHP management for approval and may require Care Management intervention.
3. If approved, PCP is expected to notify member in writing, via certified mail, regarding the decision to terminate the member from the practice and that the PCP is no longer responsible for the member's medical care as of the date of approved reassignment.
4. PCP is expected to send copy of the certified member letter to the Provider Relations Dept.
5. GCHP's Member Services Dept. will contact the member to facilitate assignment with a new PCP.
6. If the request is not approved, GCHP will notify the PCP. The PCP has the right to appeal the decision by emailing the Provider Relations Dept. at ProviderRelations@goldchp.org.

Member Reassignment (cont.)

Examples of acceptable requests include, but are not limited to:

- Significant safety concerns, such as threatening the life or wellbeing of staff or the rendering providers.
- Member drug seeking behavior, such as documented evidence of manipulative attempts to obtain substantially more medication than is warranted.

Unjustified requests include, but are not limited to:

- Requests to reassign a member to another PCP due to the patient's medical condition resulting in high costs or frequent visits will not be granted.
- Requests to reassign a member due to appointment no-show, will not be granted.

Until a member's reassignment becomes effective, it is the PCP's responsibility to continue to provide member care.

Please email Provider Relations at ProviderRelations@goldchp.org for questions regarding the member reassignment process.

Grievances Response Requests – Time Sensitive

- Resolving member complaints in a timely manner is of utmost importance to Gold Coast Health Plan, to ensure that our members have a superior experience obtaining their medical care.
- When a member brings a complaint to your attention, you must investigate and try to resolve the complaint in a fair and equitable manner. In addition, providers must cooperate with us to identify, process and resolve all member complaints.
- When responding, it is imperative that your response is submitted on a provider's letterhead and not submitted on a blank word document nor in the body of an email. Responses received in the body of an email will not be accepted.
- Cooperation includes, but is not limited to, completing a provider response form, providing pertinent information in relation to the complaint, and/or speaking with GCHP Grievance & Appeals representatives (G&A) to help resolve the complaint in a reasonable manner. G&A Provider Response Forms must be returned within the timeframe specified on the form. Please provide contact information within your office who can address member complaints and or grievances.



If you are assisting the member with their complaint, the forms are available in English and Spanish on our website

https://res.cloudinary.com/dpmykpsih/raw/upload/gold-coast-site-258/media/r/df73d9c6b9a544a1924e82fd33b40c27/gchp_2023_member_grievance_appeals_form_col_v3-final-fillablep.pdf

Access & Availability Standards

The state Department of Health Care Services (DHCS) requires access and availability standards for all Medi-Cal providers. Below are a list of some of the standards.

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:

- **Routine Specialty Care Appointments** -- 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 Visits** --The first prenatal visit must be scheduled within **two weeks** of a member's request.

Access & Availability Standards (cont.)

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 for urgency 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:

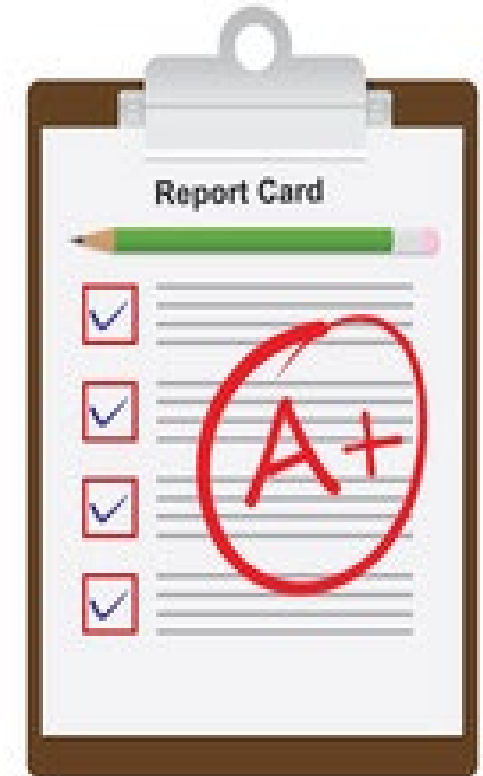
When members call provider offices after hours, they should be advised by a recorded message that if the situation is a true medical emergency, the member should hang up and dial 911 or go to the nearest emergency department. This advice should be recorded at a minimum both English and Spanish and possibly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

Methods to help improve Access and Availability to members can include, but not limited to:

- Appointment availability with other contracted, in-area providers within the same office or different location
- Appointment availability with a contracted, in-area mid-level practitioner within the same office or different location
- Weekend appointment availability when available
- Telehealth appointments
- Cancelled appointment availability

Provider Network Audit

- Department of Health Care Services (DHCS) performs quarterly audits of GCHP's provider network for access and availability standards and reports any deficiencies found during the audit. Once the feedback is obtained, GCHP will issue a letter outlining the deficiencies to the provider along with a Corrective Action Plan (CAP) form.
- GCHP has contracted with an outside vendor to conduct annual surveys for provider satisfaction and access and availability audits. Based on the results for access and availability results, GCHP will also issue letters outlining deficiencies to providers with a CAP form.
- Providers will have 30 days to respond to the CAP letter with remediation steps to correct any deficiencies.





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Requests For Authorization

Leslee Whaley, RN Utilization Manager

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Requests for Authorization

Portal Submissions

Please include Requesting Provider, Servicing Provider/Facility, CPT codes, quantity and dates of service for all portal requests.

- For CPT codes, do not enter the same code on more than one line - increase the quantity to 2 if needed, for example need right and left
- Enter contact name/number and fax number in a claim note

DME/Prosthetics/Orthotics, Home Health, etc.

GCHP recommends that the prescribing provider send the Rx with the ICD-10 dx code to the rendering vendor/provider. The rendering vendor/provider can submit the request for authorization to GCHP with the appropriate codes and quantities.

Requests for Authorization

Requests & Referrals

- Please use the following definition to determine when to submit a request or referral as expedited:
A request that may involve an imminent and serious threat to the health of a member, including but not limited to, severe pain or potential loss of life, limb or major bodily function.
- When referring to an Out of Area Specialist, please be specific with which specialty, the reason member needs to see the specialist and if local care was explored.
- Remember to include pertinent clinical documentation with all requests.



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Health Education, Cultural & Linguistic Services Update

Lisbet Hernandez, Health Educator

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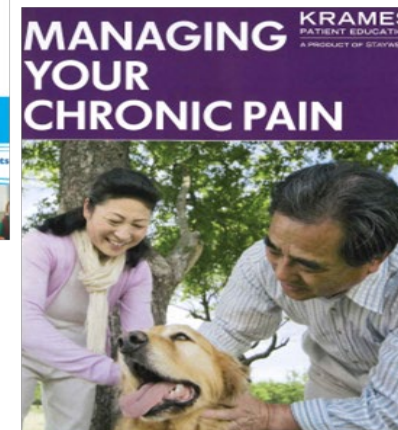
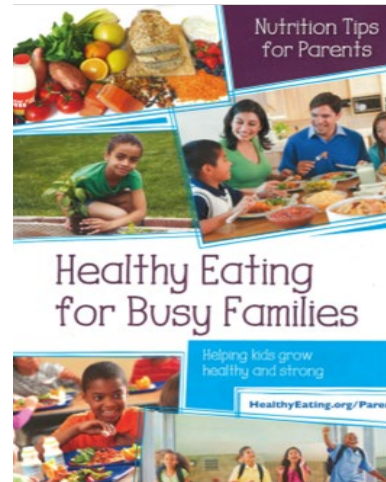
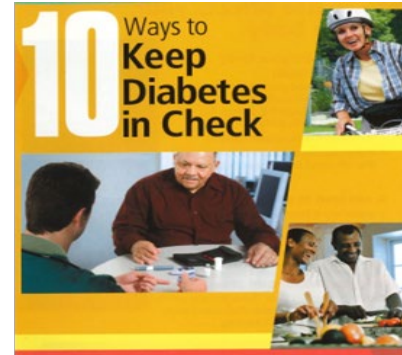
Health Education, Cultural and Linguistic Services (HECL) Overview

- Gold Coast Health Plan (GCHP) implements HECL requirements set by the Department of Health Care Services (DHCS) by:
 - Delivering culturally and linguistically appropriate health care services to our diverse membership.
 - Ensuring effective communication with members through language assistance services, available 24 hours a day, 7 days a week.
 - Ensuring all bilingual staff meet the bilingual fluency exam and shall be trained to meet the needs of members.
 - Providing plain language for all member informing materials and ensure that written materials are at 6th grade reading level or below.
 - Ensuring that materials are available to members in English and Spanish, including alternative formats upon request.

Note: GCHP discourages the use of family members or minors acting as interpreters. Language assistance services are available to members at no cost.

Health Education

- ❑ [Health Education Request Form](#)
- ❑ GCHP Health Education Webpage: www.goldcoasthealthplan.org/health-resources/health-education
- ❑ GCHP Health Library – Healthwise: www.healthwise.net/gchp
- ❑ Contact the Health Education Department:
 - Phone: **805-437-5718** / TTY: **711**
 - Hours: Monday – Friday, 8 a.m. – 5 p.m. (except holidays)
 - Email: [**HealthEducation@goldchp.org**](mailto:HealthEducation@goldchp.org)



Language Assistance and Auxiliary Services

- ❑ Submit [language assistance and auxiliary services request form](#) at least 5-7 days in advance. Services include, but not limited to:
 - In-Person Interpreter
 - Sign Language Interpreter
 - Telephone Interpreter
 - Translation Services
 - Alternative Format such as Braille, audio format, large print, data CD, and other auxiliary aids and services that may be appropriate

- ❑ To cancel or reschedule, please notify GCHP at least 25 hours in advance.

- ❑ Submit requests and/or cancelation notices to CulturalLinguistics@goldchp.org.

- ❑ Contact Cultural and Linguistics Services:
 - Phone: **805-437-5603**/ TTY: **711**
 - Hours: Monday – Friday, 8 a.m. – 5 p.m. (except holidays)
 - Email: CulturalLinguistics@goldchp.org

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GCHP OFFICE USE ONLY
Date Received: _____
Date Completed: _____
Tracking No.: _____

CULTURAL AND LINGUISTIC SERVICES
Language Assistance and Auxiliary Services Request Form

REQUESTS FOR SERVICES REQUIRE 5-7 BUSINESS DAYS ADVANCE NOTICE.

Is this an urgent request? Yes No

Please select all that apply:

Oral Interpreter (In-Person) Request Sign-Language Interpreter Request Virtual (Telehealth) Interpreter Request
 Telephone Interpreter Request Translation (Written) Request
 Other (Alternative Format, etc.): _____

REQUESTOR INFORMATION

Date Needed:	Appointment Start Time (if applicable):	<input type="checkbox"/> AM <input type="checkbox"/> PM	Appointment End Time (if applicable):	<input type="checkbox"/> AM <input type="checkbox"/> PM
Name of Requestor:		Phone Number:		
Provider Name:				
Clinic Name:			Fax Number:	
Email (Interpreter confirmation will be emailed - Please PRINT CLEARLY):				

MEMBER INFORMATION

Member Name:	Gender:
Medi-Cal ID Number (REQUIRED):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Date of Birth:	
Primary Care Provider:	
Type of Appointment:	

711 East Daily Drive, Suite 106, Camarillo, CA 93010 | 1-888-301-1228 | www.goldcoasthealthplan.org

Rev. 3



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Facility Site Review and Medical Record Review Standards Update

Laura Crisostomo
Manager, Quality Improvement

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Facility Site Review (FSR) Standards

Effective January 1, 2024

Personnel Standards II.C.1) Documentation of education/training for non-licensed medical personnel is maintained on site.

- For facilities that have pediatric patients (under 21 years old) obtain evidence of completed training (valid for 4 years) in:
 - Audiometric screening
 - Vision screening
 - Anthropometric measurements, including obtaining Body Mass Index (BMI) percentile
 - Dental screening and fluoride varnish application

Facility Site Review (FSR) Standard Updates

Personnel Standards II.C.4) Only qualified/trained personnel operate medical equipment.

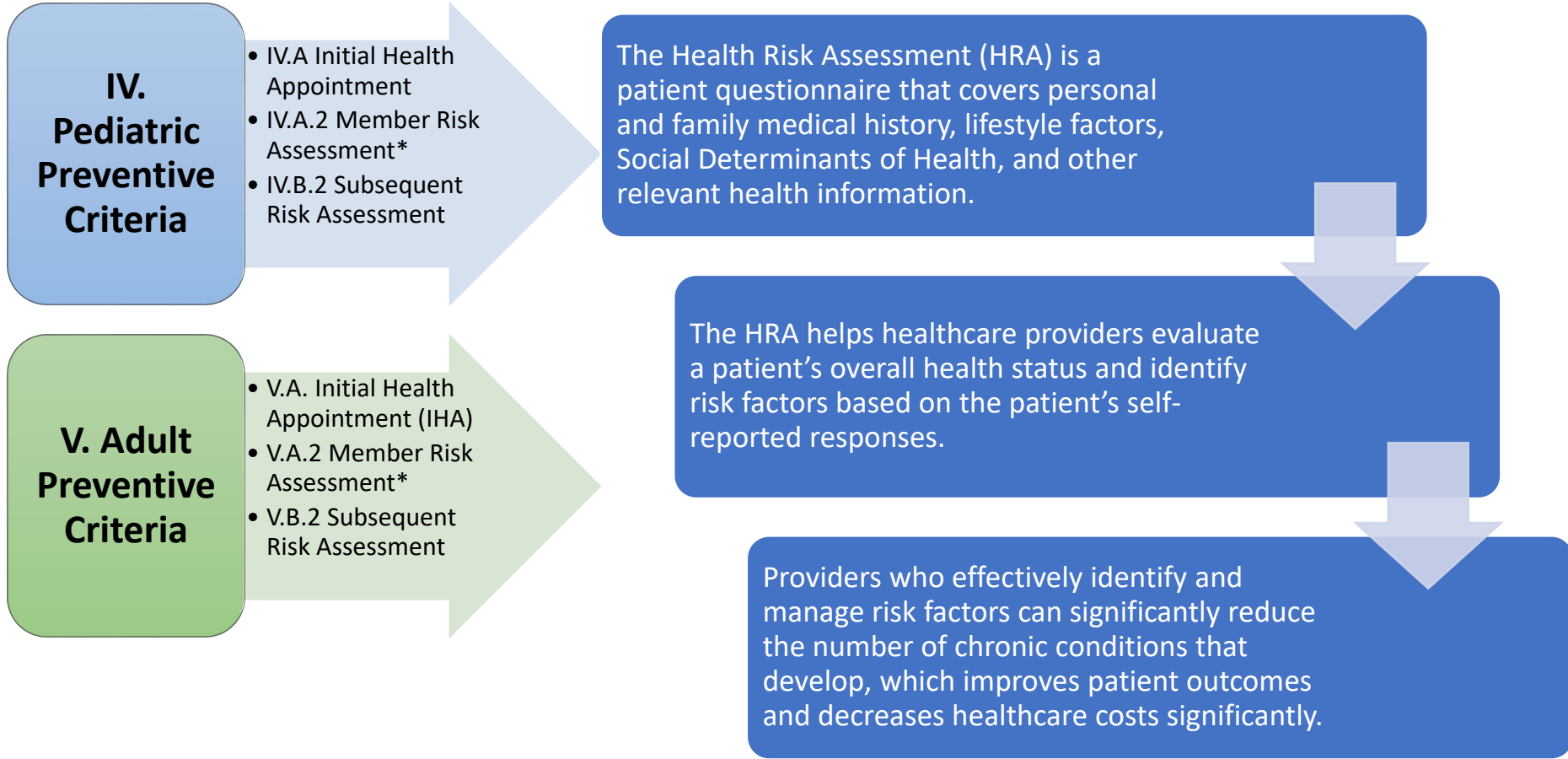
For facilities that see pediatric patients (under 21 years old), the facility staff responsible for conducting hands on preventive screening must demonstrate competency and appropriate application of screenings/services.

- Reviewers may interview site personnel regarding the appropriate use of equipment and/or request demonstrated use of equipment, as appropriate.
- Reviewers may utilize Competency Guidelines for
 - Audiometric screening
 - Vision screening
 - Anthropometric measurements, including obtaining Body Mass Index (BMI) percentile
 - Dental screening and fluoride varnish application





Medical Record Review (MRR) Standards



Health Risk Assessment

While there is no specific format for the HRA, it must address the following questions/topics as appropriate for age:



Demographic data

Self assessment of health status, frailty and physical functioning

Biometric assessments

- Height, weight, body mass index (BMI)
- Systolic/diastolic blood pressure
- Blood lipids
- Blood glucose

Psychosocial risks

- Depression/life satisfaction
- Stress/anger
- Loneliness/social isolation
- Pain/fatigue

Behavioral risks

- Tobacco use
- Physical activity
- Nutrition and oral health
- Alcohol consumption
- Sexual practices
- Motor vehicle safety (seat belt use)
- Home safety

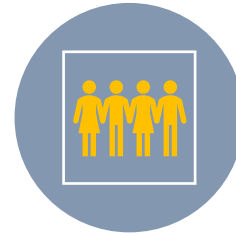
Resources



[COMPREHENSIVE HEALTH ASSESSMENT FORMS](#)



[STAYING HEALTHY ASSESSMENT QUESTIONNAIRES](#)



[SOCIAL NEEDS SCREENING TOOL](#)



*COMING SOON: GCHP SITE REVIEW WEBSITE



FOR FURTHER QUESTIONS AND ASSISTANCE REGARDING SITE REVIEWS, PLEASE CONTACT FSR@GOLDCHP.ORG

Follow-Up After Mental Health Illness/Self- Injury Visit to ED (FUM) & After Substance/Alcohol Use Disorder/Overdose (FUA)

Quality Measures

Lucy Marrero, Director of Behavioral Health & Social Programs

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Follow-Up After Emergency Department Visit for Mental Illness (**FUM**)

What is the HEDIS® FUM measure looking at?

- Individuals (six years and older) who had an Emergency Department (ED) visit with a mental illness or intentional self-harm primary diagnosis should have an outpatient appointment with a mental health disorder diagnosis as soon as possible after the ED visit.
- There are two sub-measures for FUM:
 - follow-up within seven days from the ED date and
 - follow-up within thirty days from the ED date.
- A member who has an appointment within seven days of the ED visit is also compliant for the thirty-day FUM sub-measure.

Who is included in the measure?

- Members aged 6+ with an ED visit with a principal diagnosis of mental illness or intentional self-harm.

Which Members are excluded?

- Members using hospice services at any time during the year.
- ED visits followed by an inpatient admission with 30 days.

What is needed to satisfy the measure?

- Attend a follow-up visit with any practitioner within 7 (or 30) days after the episode that has a principal diagnosis of mental health disorder.
- Note: Follow-up visits can occur on the same date as the ED visit.

Follow-Up After Emergency Department Visit for Substance Use (FUA)

What is the HEDIS® FUA measure looking at?

- Individuals (thirteen years and older) who had an Emergency Department (ED) visit for a substance use disorder (SUD) diagnosis, or any diagnosis of drug overdose should have an outpatient appointment with a mental health provider as soon as possible after the ED visit.
- There are two sub-measures for FUA:
 - follow-up within seven days from the ED date and
 - follow-up within thirty days from the ED date.
- A member who has an appointment within seven days of the ED visit is also compliant for the thirty-day FUA sub-measure.

Follow-Up After Emergency Department Visit for Substance (FUA)

Who is included in the measure?

- Members aged 13+ with an ED visit for a principal diagnosis of SUD or any diagnosis of drug overdose.

Which Members are excluded?

- Detox-only chemical dependency visits.
- Members using hospice services at any time during the year.
- ED visits followed by an inpatient admission within 30 days.

What is needed to satisfy the measure?

- Attend a follow-up visit with any practitioner or pharmacotherapy dispensing even within 7 (or 30) days after the ED visit.
- Note: visits and pharmacotherapy events can occur on the same date as the ED visit.

Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Substance Abuse (FUA)

- **What counts as a follow up visit?**

- Outpatient behavioral health (FUM) or SUD service (FUA)
- PCP/urgent care office visit
- Intensive outpatient therapy
- Online assessment
- Behavioral health assessment
- ★ Pharmacotherapy dispensing event

- Electroconvulsive therapy
- Transitional care management services
- **Telehealth/telephone visit/E-visit**



GCHP Interventions

- Carelon Behavioral Health performing follow-up calls
- VCMC onsite health navigator and clinician
 - Expanding to all EDs



Getting follow-up care after a visit to the Emergency Department

Gold Coast Health Plan (GCHP) cares about the health of our members. GCHP works with its partner, Carelon Behavioral Health, to follow up with members after an Emergency Department (ED) visit.

A behavioral health clinician from Carelon will call you to help make a plan for your care and find a behavioral health provider if you don't have one.

Your primary care provider (PCP) can also help. While it may be hard to talk about your feelings, we are here to support you.

For more information on how to manage mental health concerns, visit GCHP's Health Library at www.healthwise.net/gchp to find videos, tools, and helpful health information to support you on your wellness journey.

You can get follow-up care by:



Calling your PCP, therapist, or psychiatrist to schedule a follow-up visit.



Calling GCHP at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.



Calling Carelon Behavioral Health to find a behavioral health provider at **1-855-765-9702**, Monday through Friday, from 8:30 a.m. to 5 p.m. (except holidays). If you use a TTY call, **1-800-735-2929**.



Finding a behavioral health provider by searching online at <https://providersearch.carelonbehavioralhealth.com/#/provider/home/1118>.

[Patient Flyer \(English and Spanish\)](#)

Making follow-up calls: Opportunity to capture services

Measure(s)	Service Code	Service Description
FUA, FUM	5-10 mins 98966 11-20 mins 98967 21-30 mins 98968	Telephone assessment and management service provided by a qualified nonphysician health care professional
FUA, FUM	H2015	Comprehensive community support services, per 15 minutes

Resources

- [Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence \(FUA\)](#)
- [Follow-Up After Emergency Department Visit for Mental Illness \(FUM\)](#)



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Enhanced Care Management & Community Supports

David Tovar, Incentive Strategy Manager

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What is Enhanced Care Management (ECM)?



Outreach and Engagement



Comprehensive Assessment and Care Management Plan



Enhanced Coordination of Care



Coordination of and Referral to Community and Social Support Services



Member and Family Supports













Health Promotion



Comprehensive Transitional Care



ECM Populations of Focus

ECM Population of Focus (POFs)	Adults	Children & Youth
 1 Individuals Experiencing Homelessness	✓	✓
 2 Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	✓	✓
 3 Individuals with Serious Mental Health and/or SUD Needs	✓	✓
 4 Individuals Transitioning from Incarceration	✓	✓
 5 Adults Living in the Community and At Risk for LTC Institutionalization	✓	
 6 Adult Nursing Facility Residents Transitioning to the Community	✓	
 7 Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
 8 Children and Youth Involved in Child Welfare		✓
 9 Individuals with I/DD	✓	✓
 10 Pregnant and Postpartum Individuals; Birth Equity Population of Focus	✓	✓



What are Community Supports (CS)?

- CS are another component of CalAIM that focuses on addressing the social determinants of health of GCHP's membership, including those who had received services via Whole Person Care.
- There are a menu of 14 services that DHCS has approved, of which GCHP has launched 12, including housing support, recuperative care, medically supportive food, asthma remediation and other community transition services.
- Like ECM, CS focuses on serving those individuals with complex physical, behavioral, developmental and social needs.
- CS are medically appropriate, cost-effective alternative services that are provided as a substitute for more costly services or settings, such as hospitalization, SNF admissions, or ED use.

Community Supports Services

Pre-Approved DHCS Community Supports include:

- » Housing Transition Navigation Services
- » Housing Deposits
- » Housing Tenancy and Sustaining Services
- » Short-Term Post-Hospitalization Housing
- » Recuperative Care (Medical Respite)
- » Respite Services
- » Day Habilitation Programs ☆
- » Nursing Facility Transition/Diversion to Assisted Living Facilities
- » Community Transition Services/Nursing Facility Transition to a Home
- » Personal Care and Homemaker Services
- » Environmental Accessibility Adaptations (Home Modifications)
- » Meals/Medically-Tailored Meals or Medically-Supportive Foods
- » Sobering Centers ☆
- » Asthma Remediation



Referrals to ECM and CS

No Wrong Door

- ❖ Anyone can submit a referral
- ❖ Members can call Member Services to request services
- ❖ Referrals to Member Services, ECM/CS Team, or directly to provider
- ❖ Hospitals can call ECM/CS team for Recuperative Care authorization requests

Referral and Authorization Forms

<https://www.goldcoasthealthplan.org/health-resources/calaim/>

GCHP ECM CM team

(805) 437-5911 or calaim@goldchp.org

Member Services (back of GCHP card)

(888) 301-1228

GCHP's ECM & CS Providers

- ❖ Among Friends (ECM)
(805) 385-7244
- ❖ Clinicas Del Camino Real Inc. (ECM)
(800) 655-2700
- ❖ Community Memorial Health System (ECM)
(805)948-4155
- ❖ Oxnard Family Circle Adult Day Health (ECM)
(805) 385-4180
- ❖ Ventura County Health Care Agency
(ECM & Community Supports)
(805) 339-1122

Additional Information and Resources

- [Gold Coast Health Plans website](#)
- [PATH-CITED funding – through Department of Health Care Services](#)
- [Medi-Cal ECM Policy Guide](#)
- [Medi-Cal Community Supports Policy Guide](#)
- [Non-Binding ILOS Pricing Guide- for Community Supports](#)
- [California Health Foundation- Resources for New CalAIM Providers](#)
- [DHCS- Community Supports Member Sharing Guidance](#)



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

Contact Information & Points of Contact

Integrity

Accountability

Collaboration

Trust

Respect

Changes, Updates or New Contact Information

Help us keep up to date information with current email address, phone numbers within your company for administrative staff, grievance and appeals and billing department to our email address at

Providerrelations@Goldchp.org

When notifying GCHP of demographic changes, please utilize our online Provider Information Update Form (PIUF).

- Examples of changes include:
 - Change of Ownership
- Address
 - Phone #
 - Payment address
 - National Provider Identifier (NPI)
 - Tax ID

The form can be found on our website <https://www.goldcoasthealthplan.org/for-providers/provider-relations/>



Points of Contact at GCHP

HELPING YOU TO NAVIGATE VENTURA COUNTY'S GOLD COAST HEALTH PLAN

For help with:	GCHP point of contact	Contact Information
1. Provider Questions with GCHP	Provider Network Operations	providerrelations@goldchp.org
2. Provider Questions with GCHP- CalAIM	Provider Network Operations	calaimpr@goldchp.org
3. Information on upcoming CalAIM webinars	Communications	communications@goldchp.org
4. Provider Contracting	Provider Network Operations	providercontracting@goldchp.org
5. Payment questions	Operations	Phone: 888-301-1228
6. Member eligibility	Operations	Phone: 888-301-1228
7. Member referrals	Operations	Phone: 888-301-1228
8. Provider payment questions	Operations	Phone: 888-301-1228

Gold Coast Health Plan Mailing Address



Gold Coast Health Plan
Attn: Claims
P.O. Box 9152
Oxnard, CA 93031-9152

Gold Coast Health Plan
Attn: Correspondence
P.O. Box 9153
Oxnard, CA 93031-9153

Gold Coast Health Plan
Attn: Grievances
P.O. Box 9176
Oxnard, CA 93031-9176



Questions, comments
or concerns?