Gold Coast Health Plan℠
A Public Entity

Provider Operations Bulletin

MARCH 2023

www.goldcoasthealthplan.org

Table of Contents

POB 59

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.

Senior Director of Network Operations:
Vicki Wrightster

Chief Medical Officer:
Felix Nuñez, MD

Editor-in-Chief:
Susana Enriquez-Euyoque

Editor:
Calley Griffith

SECTION 1:

State Department of Health Care Services (DHCS) Audit

Gold Coast Health Plan (GCHP) is scheduled to go through a medical audit by the state Department of Health Care Services (DHCS). Although a date has not yet been given, GCHP wanted to provide advance notice. During the audit, you may be contacted by DHCS nurse evaluators and/or visited on-site by the auditors to ensure that you are abiding by state standards. Among GCHP's responsibilities when doing site visits is to ensure that materials for members are readily available and that any concerns providers are having are brought to GCHP's attention.

As always, we are here if you have any questions and/or concerns.

Contact Information

- For general Provider Relations inquiries, please email ProviderRelations@goldchp.org.
- For Claims and Authorization questions, please call: 1-888 301-1228.
- For the GCHP Provider Manual, Provider Operation Bulletins, directories, forms, guides, updates and more, please visit the GCHP website.

Thank you in advance for your cooperation and partnership during the upcoming medical audit.

SECTION 2:

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 and over-the-counter drugs and other covered products lists.

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

As of Feb. 24, 2023, the prior authorization (PA) requirements have been reinstated for all therapeutic drug classes except for enteral nutrition products. The state Department of Health Care Services (DHCS) has reported the following timeline for the end of the Transition Policy, which began in March.

- **Phase III**: Series of transition lifts affecting beneficiaries 22 years of age and older from March 24, 2023, through June 23, 2023.
- **Phase IV**: Reinstating PAs for beneficiaries 21 years of age and younger and all enteral nutrition products to begin no sooner than July 2023.

Phase III, Lift 1 will begin on March 24, 2023. This will retire 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 previously approved prior to Medi-Cal Rx. Starting March 24, 2023, if a beneficiary needs to continue therapy for a medication that requires a PA in any of the drug classes identified below, it will require a new PA to be submitted or the provider may consider an alternative therapy that's covered in the Contract Drugs List (CDL). This will impact the following therapeutic drug classes:

Phase III, Lift 1 (P3/L1) Drug Classes		
Diuretics	Anti-Lipemic Agents	Hypoglycemics
Antihypertensives	Coronary Vasodilators	Cardiovascular Agents
Anticoagulants and Antiplatelets	Niacin, Vitamin B, and Vitamin C	Opioids
		Benzodiazepines

PA requests may be proactively submitted for any medication that requires a PA from any therapeutic drug class as of Feb. 24, 2023, to prevent disruption in care. Please see How to Prepare for Retirement of the Transition Policy and Submitting Prior Authorization Requests in Advance of Retirement of the Transition Policy per DHCS for more information. Check the Medi-Cal Rx Approved NDC List to determine if a medication requires a PA.

At this time, these changes will not affect beneficiaries under 22 years of age. Reinstating PAs for beneficiaries 21 years of age and younger and all enteral nutrition products to begin no sooner than July 2023. For more information regarding the Medi-Cal Rx Reinstatement, please click on the Medi-Cal Rx Education & Outreach page.

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 DHCS 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 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 per 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**.

SECTION 3:

COVID-19 Information and Resources

Vaccinations

Medi-Cal Rx covers the COVID-19 bivalent vaccines as a pharmacy benefit under the following guidelines:

- Moderna COVID-19 Vaccine: The U.S. Food and Drug Administration (FDA) amended the Emergency Use Authorization (EUA) for the Moderna COVID-19 bivalent vaccine to be administered at least two months after primary vaccination or booster dose with any authorized / approved monovalent COVID-19 vaccine in individuals 6 years of age or older as a single booster dose, or booster dose at least two months after a 2-dose primary series in children 6 months to 4 years of age.
- Pfizer-BioNTech COVID-19 Vaccine: The FDA amended the EUA for the Pfizer-BioNTech COVID-19 vaccine to be administered at least two months after primary vaccination or booster dose with any authorized / approved monovalent COVID-19 bivalent vaccine in individuals 5 years of age or older as a single booster dose.

For more information, visit:

- Centers for Disease Control and Prevention (CDC): COVID-19 Vaccination Clinical & Professional Resources
- California Department of Public Health (CDPH): COVID-19 Vaccines
- DHCS Medi-Cal Rx New Resources for Providers: COVID-19 Testing and Treatment Support

COVID-19 Antigen Test Kits

Effective Feb. 1, 2022, Over the Counter (OTC) Emergency Use of Authorization (EUA) FDA-authorized, self-administered COVID-19 antigen test kits can be billed and reimbursed as a pharmacy-billed medical supply benefit through Medi-Cal Rx in accordance with current Centers for Disease Control and Prevention (CDC) recommendations. Coverage is restricted to specific one-test-per-kit or two-tests-per-kit OTC EUA COVID-19 FDA-authorized, self-administered COVID-19 antigen tests listed in the List of Covered Emergency Use Authorization (EUA) COVID-19 Antigen Tests, which can be found on the Medi-Cal Rx Web Portal under "Forms and Information." This requires dispensing from a pharmacy, written (or electronic equivalent) on a prescription pad signed by a licensed prescriber or a pharmacist. Packages / kits cannot be broken or sold as individual tests.

The following coverage criteria applies:

- Restricted to EUA for the diagnostic condition of suspected COVID-19 (Code I Restriction).
- Restricted to up to eight tests (four kits for two tests / kit) per 30 days per beneficiary.
- No refills allowed; the beneficiary would need to obtain a new prescription for each dispensing. NOTE: Prior authorization (PA) requests for quantities outside the allowed amounts will be denied unless ordered or administered by a provider following an individualized clinical assessment and with appropriate clinical justification provided.

COVID-19 Therapeutics

DHCS reminds Medi-Cal-enrolled providers that COVID-19-related vaccines and therapeutics, including Nirmatrelvir/ritonavir (Paxlovid™) and Molnupiravir (Lagevrio™), are a covered Medi-Cal Rx pharmacy benefit for California residents who do not have insurance or currently have private insurance that does not cover COVID-19 therapeutics, and do not qualify for any Medi-Cal programs.

Consider identifying those who are at high risk for severe COVID-19 who may benefit from outpatient COVID-19 treatment if they test positive for COVID-19. Risk factors for severe COVID-19 include:

- Being more than 50 years of age. Risk increases substantially at ≥ 65 years or older.
- Being unvaccinated or not being up to date on COVID-19 vaccinations.
- Specific medical conditions and behaviors.

Important Information About Paxlovid

Paxlovid (nirmatrelvir/PF-07321332 and ritonavir) is an oral antiviral drug that should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. Paxlovid is available for patients by prescription only (from a health care provider or through the Test to Treat Program).

Paxlovid is authorized for the treatment of mild-to-moderate COVID-19 in adult and pediatric patients 12 years of age and older weighing at least 40 kg, with a positive SARS-CoV-2 test, who are at high risk for progressing to severe COVID-19, including hospitalization or death. Please see the Eligibility Screening Checklist for additional details.

Paxlovid is available in two package presentations*:

- Paxlovid Standard Dose: Includes 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) taken together twice daily for five days. Total of 30 tablets for treatment.
- Paxlovid Renal Dose: For people with moderate renal impairment (eGFR > 30 mL/min to < 60 mL/min) that includes 150 mg nirmatrelvir (one 150 mg tablet) with 100 mg ritonavir (one 100 mg tablet) taken together twice daily for five days. Paxlovid is not recommended for people with severe renal impairment.

** The standard dose pack may be modiied for renal dosing. Instructions can be found in the Dispensing Information for Patients with Renal Impairment Document.*

Paxlovid is not authorized for the pre-exposure or post-exposure prevention of COVID-19 or for initiation of treatment in those requiring hospitalization due to severe or critical COVID-19. Paxlovid is not a substitute for vaccination in individuals for whom COVID-19 vaccination and a booster dose are recommended. Also not recommended to be used in patients with severe renal impairment (eGFR<30 mL/min) or in patients with severe hepatic impairment (Child-Pugh Class C). There are known drug interactions with Paxlovid, see the Drug Interaction Checker for more information.

Paxlovid is contraindicated in patients with a history of clinically significant hypersensitivity reactions (e.g., toxic epidermal necrolysis [TEN] or Stevens-Johnson syndrome) to its active ingredients (nirmatrelvir or ritonavir) or any other components of the product. Also contraindicated with drugs that are highly dependent on CYP3A for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions (e.g., HMG-CoA reductase inhibitors, antiarrhythmics, antipsychotics, etc.).

Also contraindicated with drugs that are potent CYP3A inducers where significantly reduced nirmatrelvir or ritonavir plasma concentrations may be associated with the potential for loss of virologic response and possible resistance. Paxlovid cannot be started immediately after discontinuation of any of the following medications due to the delayed offset of the recently discontinued CYP3A inducer (e.g., carbamazepine, phenobarbital, phenytoin, etc.).

Potential side effects from Paxlovid use include dysgeusia (6% and <1%, respectively), diarrhea (3% and 2%), hypertension (1% and <1%), and myalgia (1% and <1%).

In clinical trials, Paxlovid reduced risk of hospitalization or death by 89% (within three days of symptom onset) and 88% (within five days of symptom onset) compared to placebo; no deaths compared to placebo in non-hospitalized, high-risk adults with COVID-19.

Among U.S. adults diagnosed with COVID-19, including those with previous infection or vaccination, persons who were prescribed Paxlovid within five days of diagnosis had a 51% lower hospitalization rate within 30 days after diagnosis than those who were not prescribed Paxlovid.

Please refer to FDA Fact Sheet on Paxlovid for more detailed information.

Important Information About Lagevrio

Lagevrio (molnupiravir, MK-4482) is authorized for the treatment of mild to moderate COVID-19 in adults 18 years of age and older, who are at high risk for progressing to severe COVID-19 and for whom alternative COVID-19 treatment options are not accessible or clinically appropriate. Lagevrio is an oral antiviral drug that is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset.

Lagevrio is not authorized for use in patients less than 18 years of age, for use for longer than five consecutive days, for the pre-exposure or post-exposure prevention of COVID-19 or for initiation of treatment in those requiring hospitalization due to severe or critical COVID-19.

The standard dose for Lagevrio includes 800mg (four 200mg capsules) taken by mouth twice daily (every 12 hours) for five days with or without food. The capsules should be swallowed whole. Don't open or crush the capsules. Total of 40 capsules for treatment.

No contraindications have been identified based on the limited available data. No dosage adjustment is recommended based on renal or hepatic impairment or in geriatric patients.

Lagevrio may cause fetal harm when administered to pregnant individuals. There are no available human data on the use of Lagevrio in pregnant individuals to evaluate the risk of major birth defects, miscarriage or adverse maternal or fetal outcomes; therefore, Lagevrio is not recommended for use during pregnancy. When considering Lagevrio for a pregnant individual, the prescribing health care provider must communicate the known and potential benefits and the potential risks of using Lagevrio during pregnancy to the pregnant individual. Lagevrio is authorized to be prescribed to a pregnant individual only after the health care provider has determined that the benefits would outweigh the risks for that individual patient. If the decision is made to use Lagevrio during pregnancy, the prescribing health care provider must document that the known and potential benefits and the potential risks of using Lagevrio during pregnancy were communicated to the pregnant individual.

Advise individuals of childbearing potential of the potential risk to a fetus and to use an effective method of contraception correctly and consistently, as applicable, during treatment with Lagevrio and for four days after the final dose. Potential side effects from Lagevrio include diarrhea (2%), nausea (1%), dizziness (1%).

In clinical trials, molnupiravir lowered the risk of COVID-19 hospital stays or death by about 30% in high-risk people. This difference in effectiveness may be one of the reasons the FDA suggests using molnupiravir only if other treatments aren't available.

Please refer to FDA Fact Sheet on Lagevrio for more information.

Resources for additional information regarding COVID-19 Therapeutics:

- U.S. Department of Health & Human Services Administration for Strategic Preparedness & Response: COVID-19 Therapeutics
- National Institutes of Health (NIH) COVID-19 Treatment Guidelines
- Centers for Disease Control and Prevention (CDC): Interim Clinical Considerations for COVID-19 Treatment in Outpatients
- California Department of Public Health (CDPH): COVID-19 Treatments
- U.S. Food and Drug Administration (FDA) Fact Sheet on Paxlovid
- NIH COVID-19 Treatment Guidelines: Drug-Drug Interactions Between Ritonavir-Boosted Nirmatrelvir (Paxlovid) and Concomitant Medications
- FDA Fact Sheet on Lagevrio
- FDA: Emergency Use Authorization

SECTION 4:

Colorectal Cancer Screening

Colorectal cancer is the third leading cause of cancer-related deaths in both men and women in the U.S. It's also the second most common cause of cancer deaths when numbers for men and women are combined.

Regular colorectal cancer screenings are critical because, in its early stages, the disease generally isn't accompanied by symptoms. Colorectal cancer usually starts from polyps in the colon or rectum, and over time, some polyps can become malignant. Not only can a screening test find polyps that can be removed before they become cancerous, these tests also can detect colorectal cancer in its early, more treatable stage.

It's important that all physicians help patients understand their risk for colorectal cancer and guide them through screening options. Screening is important because when found early, colorectal cancer is highly treatable. As a physician, we're counting on you to help spread awareness about the importance of routine colorectal cancer screening and schedule your patients for the test that is right for them.

When should screening begin?

- The U.S. Preventive Services Task Force recommends that adults 45 to 75 years of age be screened for colorectal cancer.
- However, patients may need to be screened earlier than 45 years of age, or more often than other people, if they have:
  - Inflammatory bowel disease such as Crohn's disease or ulcerative colitis.
  - A personal or family history of colorectal cancer or colorectal polyps.
  - A genetic syndrome such as familial adenomatous polyposis or hereditary non-polyposis colorectal cancer (Lynch syndrome).
- Five types of tests are used to screen for colorectal cancer:
  - Fecal occult blood test (FOBT)
  - Flexible sigmoidoscopy
  - Colonoscopy
  - Computed tomography (CT)
  - FIT-DNA

You can reference the GCHP Colorectal Cancer Screening (COL) tip sheet for the HEDIS® measure description and billing codes. Starting in 2024, GCHP will be held to the 50th percentile Minimum Performance Level (MPL) requirement for the COL measure.

Resources:

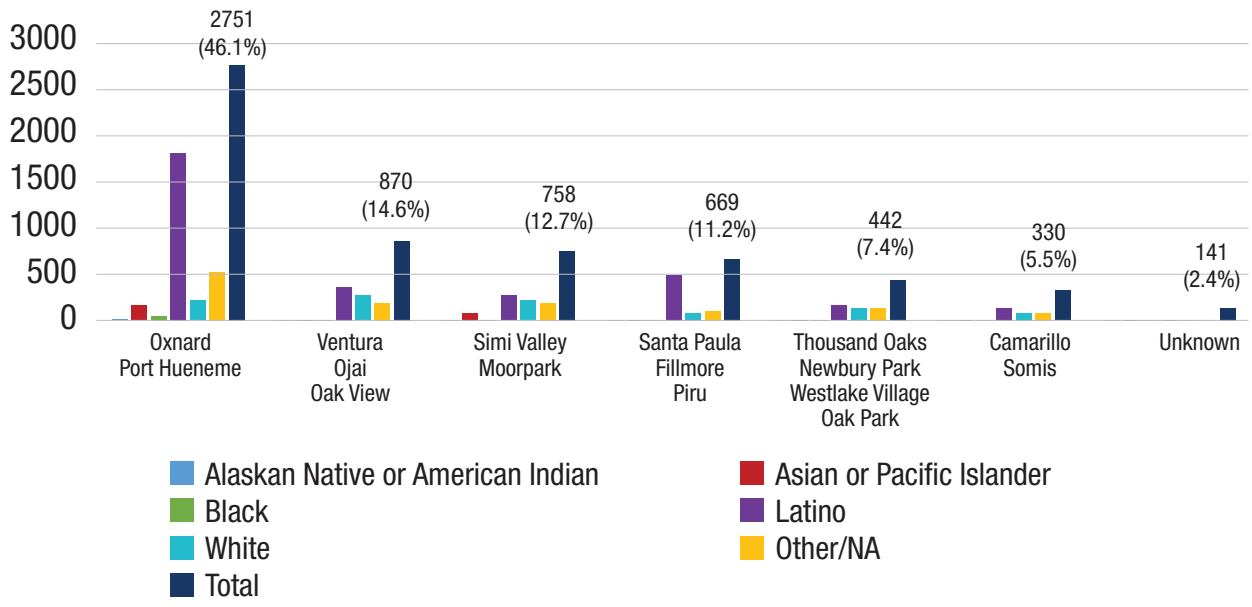
- Centers for Disease Control and Prevention (CDC): Colorectal Cancer Basic Information
- U.S. Preventive Services Task Force (USPSTF): Colorectal Cancer Screening Recommendation

SECTION 5:

Why Diabetic Patients Need Annual Screening

Diabetes is a leading cause of death in the U.S. that disproportionately affects minority populations and the elderly. More than 37 million people in the U.S. have diabetes, according to the Centers for Disease Control and Prevention (CDC). Data released by Health Matters in Ventura County shows that 11.1% of adults in Ventura County have diabetes. It is also a leading health condition among members enrolled in Gold Coast Health Plan (GCHP) and Table 1 highlights the prevalence of diabetes among GCHP members by race / ethnicity and area of residence. Additionally, medical costs for people with diabetes are twice as high, compared to people without diabetes. The American Diabetes Association (ADA) reported that the medical costs to treat diabetes have increased to $237 billion.

Table 1: Race/Ethnicity and Breakdown of Cities Clusters by GCHP Members Diagnosed with Diabetes 2012 (N=5,961)



Diabetes can have harmful effects on most organ systems in the human body and can lead to blindness, kidney failure, heart disease, stroke, and loss of lower extremities, if it is not managed properly.

Patients with diabetes should receive the following recommended screenings at least once each year. Annual screenings help establish baselines to catch any changes before they turn in major health issues. The beginning of the year is the perfect time to remind your diabetic patients to schedule these exams:

- Blood Pressure check
- Hemoglobin A1c testing
- Cholesterol testing
- Diabetic Retinopathy screening
- Nephropathy monitoring
- Foot examination

GCHP has resources available to help members with diabetes manage this condition.

- GCHP's My Diabetes Exam Record flyer helps members keep track of their annual screenings.
- Members can sign-up for the Diabetes Prevention Program (DPP) at no cost. To learn more about this program, click here or call 1-888-305-6008 (TTY 711).
- GCHP also encourages providers to refer members to the Chronic Disease Self-Management Program (CDSMP), available in English and Spanish.

Providers and members can visit the GCHP Health Education Webpage to find more information on diabetes education and resources, or call the Health Education Department for additional materials at 1-805-437-5718, Monday to Friday, from 8 a.m. to 5 p.m. (excluding holidays).

SECTION 6:

Cultural and Linguistic Services

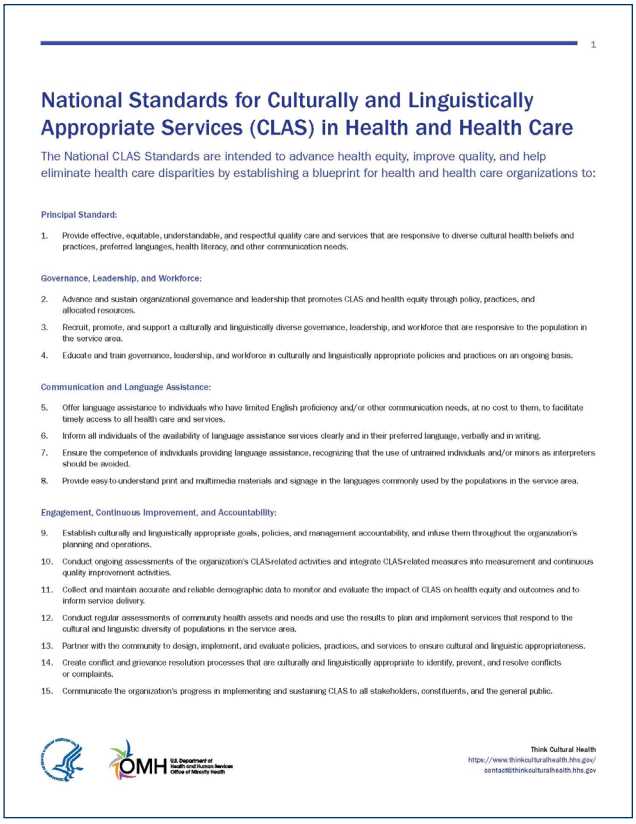
Culturally and Linguistically Appropriate Services

Culturally and Linguistically Appropriate Services (CLAS) are a way to improve the quality of services provided to all individuals, which ultimately helps reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences. The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

Visit the Think Cultural Health website for training and resources on health equity.



1

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

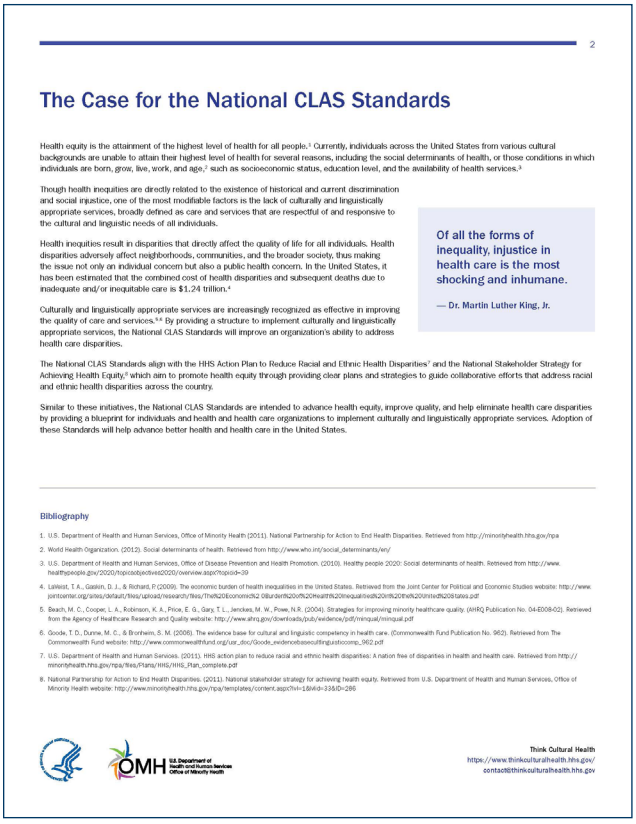
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

OMH U.S. Department of Health and Human Services Office of Minority Health

Think Cultural Health
https://www.thinkculturalhealth.hhs.gov/
contact@thinkculturalhealth.hhs.gov



2

The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.[1] Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,[2] such as socioeconomic status, education level, and the availability of health services.[3]

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion.[4]

> **Of all the forms of inequality, injustice in health care is the most shocking and inhumane.**
>
> — Dr. Martin Luther King, Jr.

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.[5,6] By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities[7] and the National Stakeholder Strategy for Achieving Health Equity,[8] which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Bibliography

1. U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved from http://minorityhealth.hhs.gov/npa
2. World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/
3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39
4. LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf
5. Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf
6. Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebaseculturallinguisticcomp_962.pdf
7. U.S. Department of Health and Human Services. (2011). HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care. Retrieved from http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf
8. National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286

OMH U.S. Department of Health and Human Services Office of Minority Health

Think Cultural Health
https://www.thinkculturalhealth.hhs.gov/
contact@thinkculturalhealth.hhs.gov

SECTION 7:

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

Pre-Diabetes: Prevention Program

GCHP offers the Diabetes Prevention Program (DPP) to members with pre-diabetes help them lower their risk of being diagnosed with diabetes. Members who enroll in this preventative program can receive tools like a scale or activity tracker, have access to small support groups, weekly sessions, and a personal health coach. The program is available in English and Spanish. Members are encouraged to visit the website www.solera4me.com or call 1-888-305-6008, Monday to Friday, 6 a.m. to 6 p.m. to enroll.

Prenatal and Postpartum Packets

The Health Education Department has many resources for expecting mothers and new parents. Prenatal and Postpartum Packets include information on nutrition, immunizations, the state Department of Health Care Services (DHCS) Newborn Referral Form, well-care visits, oral health, and much more. Providers can refer members to receive packets or request packets to provide to members.

Dairy Council

The Dairy Council of California is committed to elevating the health of children and families in California. For resources on nutritional information for members, visit the Dairy Council of California website. Providers can order health education materials for kids, teens, adults, and pregnant women. The Dairy Council of California is an approved vendor for health education materials through DHCS.

Women, Infants and Children (WIC)

The Women, Infants and Children (WIC) Supplemental Food Program promotes healthy food habits to low-income pregnant, postpartum, and breastfeeding women and infants and children birth to five years of age. This program provides:

- Nutrition education
- Breastfeeding support
- Food vouchers
- Referrals to health care and other community services

Members can contact the Ventura County WIC program at 1-805-981-5251.

Gold Coast Health Plan℠
A Public Entity

Provider Operations Bulletin

MARCH 2023

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