



**Gold Coast
Health Plan**SM
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Provider Operations Bulletin

JULY 2024

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:

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) from September 23, 2024, through October 4, 2024. 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:

Provider Network Audits

The state Department of Health Care Services (DHCS) requires health plans to ensure their network of providers are available to see health plan members within a specific number of days or hours for certain types of appointments. To ensure that provider networks are operating within these standards, DHCS performs quarterly audits for access and availability and reports any deficiencies to Gold Coast Health Plan (GCHP).

If any provider within GCHP's provider network is identified in the DHCS audit, we will issue a letter outlining the deficiencies along with a Corrective Action Plan (CAP) form. Providers will have 30 days to respond to the CAP letter with remediation steps to correct the deficiencies.

In addition, GCHP has contracted with an outside vendor to conduct annual surveys for provider satisfaction as well as provider access and availability that will take place May through September 2024.

Access and Availability standards are:

Type of Care	Wait Time
Emergency Services	Immediately.
Urgent Care	Within 48 hours for services that do not require prior authorization. Within 96 hours for services that do require prior authorization.
Non-urgent Primary Care Appointment	Within 10 business days of request for appointment.
Non-urgent Behavioral Health Appointment	Within 10 business days of request for appointment.
Non-urgent Specialty Care Appointment	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 the time of appointment.
Sensitive Services	Ensure confidentiality and ready access to sensitive services in a timely manner and without barriers – NO AUTHORIZATION REQUIRED.
Long Term Care (LTC) Availability	Within seven business days of request.

GCHP's Provider Relations Team is available to assist you with any questions or concerns you may have by email at ProviderRelations@goldchp.org.

SECTION 3:

New Behavioral Health Managed Care Accountability Set (MCAS) Measures for Measurement Year 2025

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents 12-18 years of age and the general adult population, including pregnant and postpartum women. USPSTF also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

The state Department of Health Care Services (DHCS) Comprehensive Quality Strategy outlines three clinical focus areas — that are designed to address the foundations of health (i.e., preventive efforts that have long-lasting impact from infants to seniors). They include:

- Children's preventive care.
- Maternity care and birth equity.
- Behavioral health integration.

There is increasing DHCS focus on behavioral health measures, as evidenced by the addition of four new measures to the Managed Care Accountability Set (MCAS) measure set on depression screening and follow-up.

Beginning in measurement year 2025, Gold Coast Health Plan (GCHP) will be held to the minimum performance level (MPL) or 50th percentile benchmark for the following four measures:

1. [Depression Screening and Follow-Up \(DSF\)](#) – Members 12 years of age and older who were screened for depression using a standardized tool and, if screened positive, received follow-up care. The measure requires the use of a standardized assessment instrument, such as the PHQ-9, and the use of a LOINC code to capture the screening. Follow-up care may consist of a clinic encounter, dispensed antidepressant medication, and/or documentation of additional depression screening indicating a negative screen.
2. [Depression Remission or Response for Adolescents and Adults \(DRR\)](#) – Members 12 years of age and older with a diagnosis of depression who had an elevated PHQ-9 score, with evidence of remission or response within four to eight months of the elevated score. The measure requires the use of a LOINC code to identify the PHQ-9 score to indicate follow-up or remission. Selection of the appropriate PHQ-9 should be based on the member's age.
3. [Prenatal Depression Screening and Follow-Up \(PND\)](#) – Pregnant members who were screened for clinical depression, and if screened positive, received follow-up care within 30 days. The measure requires the use of a standardized assessment instrument, such as the Edinburgh Postnatal Depression Scale (EPDS), and the use of a LOINC code to capture the screening. Follow-up care may consist of a clinic encounter, dispensed antidepressant medication, and/or documentation of additional depression screening indicating a negative screen.
4. [Postpartum Depression Screening and Follow-Up \(PDS\)](#) – Postpartum members who were screened for clinical depression between seven to 84 days after their delivery, and if screened positive, received follow-up care within 30 days. The measure requires the use of a standardized assessment instrument, such as the EPDS, and the use of a LOINC code to capture the screening. Follow-up care may consist of a clinic encounter, dispensed antidepressant medication, and/or documentation of additional depression screening indicating a negative screen.

GCHP's Quality Improvement Team will work with providers to offer guidance regarding these new measures throughout 2024 and 2025.

To view tip sheets for all MCAS measures, visit the [GCHP website](https://www.goldcoasthealthplan.org).

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2024 Measurement Year
MCAS MEASURE: DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet provides the key components to the MCAS measure, "Depression Screening and Follow-up for Adolescents and Adults (DSF-E)."

Measure Description: The percentage of members 12 years of age and older who were screened for clinical depression using an age-appropriate standardized instrument and, if screened positive, received follow-up care.

- Depression Screening: The percentage of members who were screened for clinical depression using a standardized instrument between January 1 and December 31 of the measurement year.
- Follow-Up on Positive Screen: The percentage of members who received follow-up care on or within 30 days of a positive depression screening.

Data Collection Method: Electronic Clinical Data Systems (ECDS)

Standardized Instruments: A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Standardized Instruments	Age ≤ 17	Age 18+	Positive Finding	LOINC Code
Patient Health Questionnaire Modified for Teens (PHQ-SM) [®]	X		Total Score ≥ 10	89204-2
Patient Health Questionnaire (PHQ-9) [®]	X	X	Total Score ≥ 10	44261-6
Patient Health Questionnaire-2 (PHQ-2) [®]	X	X	Total Score ≥ 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	X	X	Total Score ≥ 8	89208-3
Center for Epidemiologic Studies Depression Scale - Revised (CES-D-R)	X	X	Total Score ≥ 17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	X	X	Total Score ≥ 10	71354-5
PROMIS Depression	X	X	Total Score ≥ 60	71965-8
Beck Depression Inventory (BDI-I)	X	X	Total Score ≥ 20	89209-1
Duke Anxiety-Depression Scale (DUKRAD) [®]		X	Total Score ≥ 30	90853-3
My Mood Disorder (M-3) [®]		X	Total Score ≥ 5	71777-7
Clinically Useful Depression Outcome Scale (CUDOS)		X	Total Score ≥ 31	90221-3
Geriatric Depression Scale Short Form (GDS)		X	Total Score ≥ 5	48545-9
Geriatric Depression Scale Long Form (GDS)		X	Total Score ≥ 10	48544-1

DSF-E Clinical Code Set

- For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

Methods Identify a follow-up on a positive screening within 30-Days:

- A clinic encounter.
- A dispersed antidepressant medication.
- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

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2024 Measurement Year
MCAS MEASURE: DEPRESSION REMISSION OR RESPONSE FOR ADOLESCENTS AND ADULTS (DRR-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet provides the key components to the MCAS measure, "Depression Remission or Response for Adolescents and Adults (DRR-E)."

Measure Description: The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4-8 months of the elevated score.

- Follow-Up PHQ-9: The percentage of members who have a follow-up Patient Health Questionnaire-9 (PHQ-9) score documented within four to eight months after the initial elevated PHQ-9 score.
- Depression Remission: The percentage of members who achieved remission within four to eight months after the initial elevated PHQ-9 score.
- Depression Response: The percentage of members who showed response within four to eight months after the initial elevated PHQ-9 score.

Data Collection Method: Electronic Clinical Data Systems (ECDS)

DRR-E Clinical Code Set

- For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

Codes used to identify members with major depression or dysthymia.

Description	ICD-10-CM	LOINC
Major Depression or Dysthymia	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.6, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F34.1	
PHQ-9 Total Score		44261-6
PHQ-9 (Modified for Teens) Total Score		89204-2

Eligible Screening Tools:

Selection of the appropriate PHQ-9 assessment should be based on the member's age.

- PHQ-9: 12 years of age and older.
- PHQ-9 Modified for Teens: 12-17 years of age.

Exclusion Criteria - Members with any of the following conditions anytime during the member's history through the end of the measurement period are excluded from the DRR-E measure:

- Bipolar disorder
- Personality disorder
- Psychotic disorder
- Perverse development disorder
- Members in hospice
- Members who died during the measurement year

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2024 Measurement Year
MCAS MEASURE: PRENATAL DEPRESSION SCREENING AND FOLLOW-UP (PND-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet provides the key components to the MCAS measure, "Prenatal Depression Screening and Follow-up (PND-E)."

Measure Description: The percentage of members with deliveries who were screened for clinical depression while pregnant, and if screened positive, received follow-up care.

- Depression Screening: The percentage of members with deliveries who were screened for clinical depression during pregnancy using an age-appropriate standardized screening instrument.
- Follow-Up on Positive Screen: The percentage of members with deliveries who received follow-up care within 30 days of a positive depression screen finding.

Data Collection Method: Electronic Clinical Data Systems (ECDS)

Standardized Instruments:

- A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Standardized Instruments	Age ≤ 17	Age 18+	Positive Finding	LOINC Code
Patient Health Questionnaire Modified for Teens (PHQ-SM) [®]	X		Total Score ≥ 10	89204-2
Patient Health Questionnaire (PHQ-9) [®]	X	X	Total Score ≥ 10	44261-6
Patient Health Questionnaire-2 (PHQ-2) [®]	X	X	Total Score ≥ 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	X	X	Total Score ≥ 8	89208-3
Center for Epidemiologic Studies Depression Scale - Revised (CES-D-R)	X	X	Total Score ≥ 17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	X	X	Total Score ≥ 10	71354-5
PROMIS Depression	X	X	Total Score ≥ 60	71965-8
Beck Depression Inventory (BDI-I)	X	X	Total Score ≥ 20	89209-1
Duke Anxiety-Depression Scale (DUKRAD) [®]		X	Total Score ≥ 30	90853-3
My Mood Disorder (M-3) [®]		X	Total Score ≥ 5	71777-7
Clinically Useful Depression Outcome Scale (CUDOS)		X	Total Score ≥ 31	90221-3

PND-E Clinical Code Set

- For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

Methods used to identify a follow-up on a positive screening within 30-Days:

- A clinic encounter.
- A dispersed antidepressant medication.
- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

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2024 Measurement Year
MCAS MEASURE: POSTPARTUM DEPRESSION SCREENING AND FOLLOW-UP (PDS-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet provides the key components to the MCAS measure, "Postpartum Depression Screening and Follow-up (PDS-E)."

Measure Description: The percentage of members with deliveries, between Sept. 8, 2023, and Sept. 7, 2024, who were screened for clinical depression during the postpartum period (7-84 days following delivery), and if screened positive, received follow-up care.

- Depression Screening: The percentage of members with deliveries who were screened for clinical depression using an age-appropriate standardized instrument during the postpartum period.
- Follow-Up on Positive Screen: The percentage of members with deliveries who received follow-up care within 30 days of a positive depression screening.

Data Collection Method: Electronic Clinical Data Systems (ECDS)

Standardized Instruments:

- A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Standardized Instruments	Age ≤ 17	Age 18+	Positive Finding	LOINC Code
Patient Health Questionnaire Modified for Teens (PHQ-SM) [®]	X		Total Score ≥ 10	89204-2
Patient Health Questionnaire (PHQ-9) [®]	X	X	Total Score ≥ 10	44261-6
Patient Health Questionnaire-2 (PHQ-2) [®]	X	X	Total Score ≥ 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	X	X	Total Score ≥ 8	89208-3
Center for Epidemiologic Studies Depression Scale - Revised (CES-D-R)	X	X	Total Score ≥ 17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	X	X	Total Score ≥ 10	71354-5
PROMIS Depression	X	X	Total Score ≥ 60	71965-8
Beck Depression Inventory (BDI-I)	X	X	Total Score ≥ 20	89209-1
Duke Anxiety-Depression Scale (DUKRAD) [®]		X	Total Score ≥ 30	90853-3
My Mood Disorder (M-3) [®]		X	Total Score ≥ 5	71777-7
Clinically Useful Depression Outcome Scale (CUDOS)		X	Total Score ≥ 31	90221-3

PDS-E Clinical Code Set

- For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

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SECTION 4:

Colorectal Cancer Screening

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

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, you can help spread awareness about the importance of routine colorectal cancer screening and schedule your patients for the test that is right for them.

Colorectal Cancer Screening (COL) Measure

The Colorectal Cancer Screening (COL) measure is one of the Managed Care Accountability Set (MCAS) measures that Gold Coast Health Plan (GCHP) reports annually. The COL measure evaluates the percentage of members 45-75 years of age who had an appropriate screening for colorectal cancer.

One or more of the following meet the measure's criteria for colorectal cancer screening:

- Fecal occult blood test (FOBT) lab test during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year.
- FIT-DNA test during the measurement year or the two years prior to the measurement year.

Codes used to identify colorectal cancer screening:

Description	ICD-9-PCS	CPT	HCPCS	LOINC
Fecal Occult Blood Test (FOBT)		82270, 82274	G0328	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
Flexible Sigmoidoscopy	45.24	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350	G0104	
Colonoscopy	45.22, 45.23, 45.25, 45.42, 45.43	44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398	G0105, G0121	
CT Colonography		74261, 74262, 74263		60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
FIT-DNA Test		81528		77353-1, 77354-9

Gold Coast Health Plan COL Rates

The table below shows GCHP's COL rates are trending low, indicating the improvement opportunity to increase screening levels for members. GCHP will be held to the Department of Health Care (DHCS) Minimum Performance Level (MPL) benchmark beginning in 2025.

Measurement Year	2022	2023
COL	29.93	32.37

How can providers improve their COL rates?

Make sure patients are getting colorectal cancer screening early starting at age 45:

- The U.S. Preventive Services Task Force recommends that adults 45 to 75 years of age be screened for colorectal cancer.
- 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).

Talk to your patients about the types of screenings available:

- Stool-based tests. (These tests can be done at home.)
 - » Fecal Occult Blood Test (FOBT) looks for blood in the stool. This test is usually done annually.
 - » Fecal Immunochemical Test (FIT-DNA) looks for blood in stool and for abnormal DNA that could be a sign of cancer. This test can be done every one or two years. The multi-target stool DNA Test (Cologuard) looks for blood in stool and for abnormal DNA that could be a sign of cancer. This test can be done every three years.
- Visual Exams
 - » Colonoscopy: The patient is sedated while a doctor uses a small, flexible tube to look for inflamed tissue, abnormal growths, ulcers, and bleeding in the colon. If any abnormal growths are found, the doctor may be able to remove them during the procedure. This test is usually done every 10 years.
 - » Flexible Sigmoidoscopy: A doctor uses a small, flexible tube to evaluate the lower colon. The small tube also looks for inflamed tissue, abnormal growths, ulcers, and bleeding. If any abnormal growths are found, the doctor may be able to remove them during the procedure. This test is usually done every five years.
 - » CT Colonoscopy: CT colonography uses pictures taken during a CT scan to look at the colon. A thin tube is inserted into the colon and air is pumped through the tube into the colon. The air expands the colon so that it is easier to see on an X-ray. This test is usually done every five years.

You can reference the GCHP [Colorectal Cancer Screening \(COL\) tip sheet](#) for the HEDIS® measure description and billing codes.

SECTION 5:

Increasing Cervical Cancer Screening Rates

Cervical cancer is most frequently diagnosed in women between the ages of 35 and 44, with the average age being 50, according to the American Cancer Society. However, cervical cancer is very treatable if found early through recommended regular screenings.

Pap tests alone every three years are still recommended for women 21-29 years of age. For women between 30-64 years of age, any one of the following cervical cancer screenings is recommended:

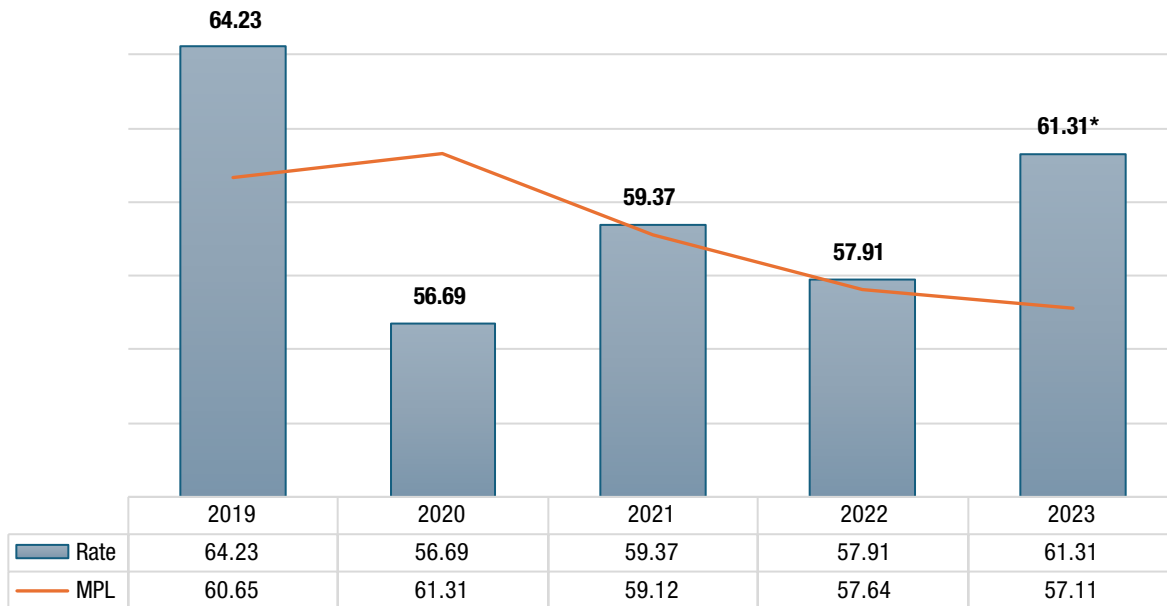
- Pap test (cytology) alone every three years.
- High-risk human papillomavirus (hrHPV) testing alone every five years.
- Co-testing (Pap test and hrHPV testing) every five years.

While both Pap tests and HPV tests are helpful in preventing and detecting cervical cancer, they are looking for different things. The Pap test looks for any changes on cervical cells. The HPV test looks specifically for the HPV virus and any of its types that can cause changes in cervical cells.

Co-testing can be performed by either collecting one sample for the Pap test and another for the HPV test, or by using the remaining liquid material from the Pap test for the HPV test.

GCHP Managed Care Accountability Set (MCAS) Performance

The graph below shows the GCHP MCAS rate for cervical cancer screening has remained in the range of the 50th percentile over the past five measurement years. While improvement was noted for 2023 compared to 2022, significant opportunity exists to increase the rate of cervical cancer screening for the GCHP population.



MPL: Minimum Performance Level

* Preliminary rate for 2023

Recommendations for Increasing Rates for Cervical Cancer Screening

Health care providers have an important role in educating members about HPV and promoting cervical cancer screenings, and can moderate the psychosocial impact of abnormal results. When performing a cervical cancer screening, it is imperative to document the appropriate tests ordered and results based on the patient's age: Pap test alone, HPV test alone, or co-testing.

Additionally, the Community Preventive Services Task Force (CPSTF) recommends multi-component interventions to increase cervical cancer screening:



1. Increase demand through:

- Proactive approaches:
 - » Ask members about last pap smear done, including when and where it was done and the results. Document in the medical record.
 - » Prevent missed opportunities. Conduct a cervical cancer screening when a member comes in for any visit.
 - » Individualize outreach efforts to members, such as text messages, voicemails, or e-mail / physical mail reminders.
- Promote patient incentives. Gold Coast Health Plan (GCHP) offers a \$50 gift card to members 21 to 64 years of age who complete a cervical cancer screening. The member incentive forms are located on the [GCHP website](#).
- Health education and promotion. Resources can be found on the [GCHP Health Education webpage](#).

2. Increase access by:

- Assisting with appointment scheduling, and re-scheduling for missed appointments.
- Offering alternative screening sites.
- Holding clinics specifically for cervical cancer screening.
- Assisting with transportation barriers. Resources can be found on the [GCHP Transportation Benefits webpage](#).
- Providing language translation services. Resources can be found on the [GCHP Interpreter and Translation Services webpage](#).
- Offering childcare.

3. Increase provider delivery of screening services by offering:

- Provider assessment and feedback.
- Provider incentives.
- Provider reminders or alerts in the electronic medical record.

If your clinic would like assistance closing your cervical cancer screening care gaps, please reach out to GCHP's Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 6:

MyGoldCare Palliative Care Program

MyGoldCare is a palliative care program for Gold Coast Health Plan (GCHP) members who have a serious illness. Members may be referred regardless of the stage of their disease or if they are actively in curative treatments. No prior authorization (PA) is needed.

Members who may benefit from palliative care may have, but are not limited to, the following conditions or problems:

- Advanced cancer
- Liver failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive heart failure
- Kidney failure
- Prognosis of death within a year would not be unexpected based on clinical status
- Neurodegenerative disease like Alzheimer's, Amyotrophic Lateral Sclerosis (ALS), dementia, Parkinson's

Reasons for the referral may be, but are not limited to:

- Pain management
- Spiritual support
- Functional decline of Activities of Daily Living (ADLs)
- Emotional support
- Caregiver support
- Lack of social support
- Member is not eligible for hospice, or member declined hospice
- Member is using the Emergency Department (ED) / hospital to manage their advanced illness
- Coordination of care
- Difficult side effects from treatments
- Advance care planning / Physician Orders for Life-Sustaining Treatment (POLST) assistance

If you feel you have a member who may benefit from palliative care, please call GCHP Care Management at 1-805-437-5656 or email CareManagement@goldcp.org.

SECTION 7:

Behavioral Health

Carelon Behavioral Health Referral Forms

Carelon Behavioral Health manages and provides non-specialty behavioral health services for Gold Coast Health Plan (GCHP) members. Primary care providers (PCPs) and/or any other staff from community-based organizations can use the Carelon Behavioral Health Referral Forms to refer GCHP members directly to Carelon. The referral form that Carelon has developed makes it easier for PCPs and staff to connect patients to behavioral health services, both timely and efficiently. Please note, outpatient behavioral health services do not require prior authorization (PA).

Carelon Primary Care Provider Referral Forms

The [Primary Care Provider Referral Form](#) allows PCPs to submit referrals for Behavioral Health Treatment (BHT) / Applied Behavioral Analysis (ABA) services. This referral for Outpatient Behavioral Health Services ensures access to therapy and/or medication management services via Carelon’s network of providers.

BHT/ABA services are specialty behavioral health services for youth under 21 years of age with an established diagnosis of autism spectrum disorder (ASD) or for whom BHT/ABA services are medically necessary. Providers should include documentation or progress notes with physician’s orders when requesting ABA services.

Additionally, PCP decision support is available for providers to obtain consultation from a Carelon psychiatrist on psychiatric diagnoses and/or medications.

Carelon can also help to coordinate care for members if they need to transition to higher or lower levels of care.

Carelon Behavioral Health Care Management Referral Form

The [Behavioral Health Care Management Referral Form](#) is used to provide care management services to members who may benefit from additional support while being linked to behavioral health providers. Care management services are ideal when there are barriers that require additional support, there is a history of noncompliance, and/or established need for care coordination services among multiple agencies.

If there is an urgent need for services due to a member presenting with high-risk needs that require follow-up after an Emergency Department visit, or any other need that is clinically indicated, be sure to indicate these urgent needs in the Additional Information section of the referral and Carelon will ensure follow up within 24-48 hours of receipt.

**CARELON BEHAVIORAL HEALTH / GOLD COAST HEALTH PLAN
PRIMARY CARE PROVIDER (PCP) REFERRAL FORM**

Referral Date: _____ Member Name: _____ Mod-Cat CIN ID#: _____
 DOB: _____ Parent/Guardian Name: _____ Preferred Language: _____
 Member Phone #: _____ (home) _____ (member's cell) _____ (parent / guardian's cell) _____
 Does the minor 12 and older have the capacity to give consent? Yes No If no, please explain: _____
 Best day / time to reach the member: _____ Best day / time to reach the parent / guardian: _____
 PCP Clinic / Agency: _____ Name of PCP: _____ PCP Phone #: _____
 Please check to confirm member eligibility was verified.

PCP REQUEST (one request per referral form)

PCP Decision Support: Obtain a mental health educational conversation with a Carelon Behavioral Health psychiatrist about psychiatric diagnoses / medications. Contact the National Peer Advisor line: Office Hours: 8 a.m. – 5 p.m. PST Monday – Friday. Please call phone number: 1-877-341-5275.

Referral for Outpatient Behavioral Health Services: Refer members for therapy or medication management via Carelon Behavioral Health's network of providers when their needs are outside the PCP's scope of practice. Carelon Behavioral Health can coordinate member care with quality mental health.

Behavioral Health Treatment (BHT) / Applied Behavioral Analysis (ABA) Services: Specialty services for youth under 21 years old with an established diagnosis of Autism Spectrum Disorder (ASD). ** Include a Progress Note with the diagnosis of ASD and physician order requesting ABA services. Fax: 1-877-321-1787 OR secure email: ASISCare.Managers@carelon.com

REQUEST REASON (check all that apply):

Symptoms:
 Depression Post self-care due to mental health Psychosis (auditory / visual hallucinations, delusional) Adverse Childhood Experiences (ACEs) Substance use type: _____
 Other behavioral health symptoms: _____

Appointments:
 Difficult / Unable to complete A/Ls Difficult / Unable to go to work / school Other: _____

Medications (list below or send medication list with this form):
 Member (or guardian) has been instructed of interest in Carelon Behavioral Health Member wants services for self (or dependent)
 Member is unsure or ambivalent about services for self (or dependent)
 If applicable, the Patient has completed a PHQ-2 / PHQ-9 Score _____

For members 12 and older, in certain situations under privacy law AB 1184, a written ROI may be required to share sensitive information with anyone, including parents and guardians. If possible, please send this referral form along with a completed release of information for anyone involved in the member's care.

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

**CARELON BEHAVIORAL HEALTH / GOLD COAST HEALTH PLAN
BEHAVIORAL HEALTH CARE MANAGEMENT REFERRAL FORM**

Referral Date: _____ Member Name: _____ Mod-Cat CIN ID#: _____
 DOB: _____ Parent / Guardian Name: _____ Preferred Language: _____
 Phone #: _____ (home) _____ (parent / guardian's cell) _____ (member's cell) _____
 Member notified of this referral Yes No Parent / guardian notified of this referral Yes No

If the member is a minor 12 and older, who is requesting MH care management and services?
 Member only (parent / guardian is consent) Parent / guardian only Both member and parent / guardian

Does the minor 12 and older have the capacity to consent to services? Yes No
 If no, please explain: _____
 Best day / time to reach the member: _____
 Best day / time to reach the parent / guardian: _____
 PCP Clinic / Agency: _____ Name of PCP: _____
 PCP Phone #: _____

REFERRED SOURCE:
 Health Plan PCP Behavioral Health Provider Specialty Provider Community Partner Hospital

Referring Clinic / Agency / Location: _____ Referring Provider: _____
 Email: _____ Contact Phone #: _____ Fax #: _____

REQUESTED REFERRAL

Referral for Care Management: Local behavioral health care coordination services to link members to mental health providers, engage members with a history of non-compliance and/or link them to community support services, and assist with coordination between multiple agencies.

Requested Services: Individual / Group Therapy Family Therapy Medication Management Other: _____

REQUEST REASON (check all that apply):

Depression / Anxiety Post self-care due to mental health Psychosis (auditory / visual hallucinations, delusional) PTSD / Trauma Violence / Aggressive Behavior Difficult / Unable to Complete A/Ls Difficult / Unable to go to Work / School Perinatal Depression and/or Anxiety Sleep-down from courtly SMI: No Yes Substance Use: If yes, Current History Substance Use (type): _____
 Suicidal or Homicidal Ideation: If yes, Current History Response Given on MHA Difficulties Maintaining Relationships Gender Identity Legal, Child or Elder Abuse Adverse Childhood Experiences (ACEs) Score _____
 Chronic Pain Other: _____

Mental health and medical diagnosis: _____

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SECTION 8:

Cultural and Linguistic Services

Gold Coast Health Plan (GCHP)'s Cultural and Linguistic Services Program strives to deliver culturally and linguistically appropriate health care services to our diverse membership.

The Cultural and Linguistic Services Program ensures that all GCHP members, regardless of race, color, religion, ancestry, national origin, ethnic group identification, age, mental or physical disability, medical condition, genetic information, marital status, gender, gender identify, sexual orientation or language ability, have equal access to quality health care and services in a member's preferred language of choice or alternative formats.

We accomplish this in the following ways:

- GCHP offers [Language Assistance Services](#) to members with limited English proficiency (LEP) or who are deaf or hard of hearing. Language Assistance Services are available to providers and members at no cost.
- To request language assistance services, complete the [Language Assistance and Auxiliary Services Request Form](#) at least five to seven business days in advance prior to the member's appointment and email it to CulturalLinguistics@goldchp.org.

Gold Coast Health Plan™ A Public Entity		Integrity • Accountability • Collaboration • Trust • Respect	
			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 6-7 BUSINESS DAYS ADVANCE NOTICE.			
Is this an urgent request? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please select all that apply:			
<input type="checkbox"/> Oral Interpreter (In-Person) Request		<input type="checkbox"/> Sign-Language Interpreter Request	
<input type="checkbox"/> Telephone Interpreter Request		<input type="checkbox"/> Translation (Written) Request	
<input type="checkbox"/> Other (Alternative Format, etc.): _____			
REQUESTOR INFORMATION			
Date Requested:	Appointment Start Time (if applicable):	<input type="checkbox"/> AM <input type="checkbox"/> PM	Appointment End Time (if applicable):
Name of Requester:	Phone Number:		
Provider Name:			
Clinic Name:		Fax Number:	
Email Interpreter confirmation will be enabled - 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		
Primary Care Provider:		Date of Birth:	
Type of Appointment:			
711 East Daily Drive, Suite 106, Camarillo, CA 93010 1-888-301-1228 www.goldcoasthealthplan.org			
New 6/2023			

Gold Coast Health Plan™ A Public Entity		Integrity • Accountability • Collaboration • Trust • Respect	
SERVICE INFORMATION Please indicate interpreter location assignment.			
Provider Contact:		Provider Contact Phone Number:	
Name of Agency / Clinic:			
Assignment Address:		Dept / Floor / Suite	City
Cross Street:		Parking Location:	
Language Needed (Select one):		Special Instructions (e.g., name of specific interpreter, male, female)	
<input type="checkbox"/> Spanish			
<input type="checkbox"/> Sign-Language			
<input type="checkbox"/> Other Language (Specify):			
<input type="checkbox"/> Alternative Format (e.g., braille, large print, audio, electronic form or other format):		<input type="checkbox"/> If virtual (telehealth) request, include meeting link:	
FOR TRANSLATION ONLY			
Title of Document:	Number of Pages:	Date Needed:	
Submit completed request form to: CulturalLinguistics@goldchp.org ALL REQUESTS AND/OR CANCELATIONS MUST BE RECEIVED BY EMAIL OR FAX. To cancel or reschedule a confirmed request, please notify GCHP Cultural and Linguistic Services at least 25 business hours in advance. For questions, call Cultural and Linguistic Services at 1-888-437-5603, Monday through Friday, from 9 a.m. to 5 p.m. (excluding holidays). If you use a TTY, call 711.			
Billing Information Gold Coast Health Plan Attn: Cultural and Linguistic Services 711 E. Daily Drive, Suite 106, Camarillo, CA 93010 Phone: 1-888-437-5603 Fax: 1-888-248-7481 Email: CulturalLinguistics@goldchp.org			
711 East Daily Drive, Suite 106, Camarillo, CA 93010 1-888-301-1228 www.goldcoasthealthplan.org			
New 6/2023			

Note: For indigenous telephonic interpreting services, please call ahead to schedule an interpreter. To request an appointment with a telephonic interpreter, providers and staff may complete the request form [here](#). After you submit the request, you will receive a confirmation receipt from our vendor via email containing the Request ID.

Working with Limited English Proficient (LEP) Members

It is important that providers know how to identify, offer, and access language assistance services when working with LEP members. GCHP encourages providers to inform LEP members of the availability of language services free of charge by posting the Language Available Poster in an area where members can easily point to and should provide the language identification guide to LEP members. If you are unable to identify the member's preferred language, have the member point to their language.

Additional information on language assistance services can be found on the [GCHP website](#). Please report any interpreter access or quality issues to the Cultural and Linguistic Services Department at 1-805-437-5603, Monday through Friday from 8 a.m. to 5 p.m., (except holidays). You can also email CulturalLinguistics@goldchp.org.



Interpretation Services Available

English Translation: Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

Arabic العربية اشر الى لغتك. وسيتم الاتصال بمترجم. نقدم خدمة المترجم مجاناً لك.	Mandarin 普通话 请指认您的语言，以便为您提供免费的口译服务。
Armenian Հայերեն Աշխարհի խոսվող երկրներում: Քարգանիչ կկանչենք: Քարգանիչ ծառայությունները տրամադրվում են անվճար:	Mien Mienh Nuqv longc meih nyei waac fingx. Ninh mbuo porv waac mienh oix zuoq heuc daaih loix meih. Ninh mbuo porv waac mienh tengx nyei jiauv louc yaac baeqc thenx maiv zuoq cuotv zinh nyaahn faan-luc.
Bengali বাংলা আপনার ভাষার দিকে নির্দেশ করুন। একজন ব্যক্তিকে ডাকা হবে। ব্যক্তিকে আপনি নিখরচায় পাবেন।	Mixteco Tù'un savi Naa' tu'un kaa'u' ra, kaa tu shii i na ka'an tu'un miu so ki'in na shu'u'n nuju sha'an sallana tu'un nujuu'..
Burmese မြန်မာ သင့်ဘာသာစကားကို ညွှန်ပြပါ။ စကားပြန် ခေါ်ပေးပါမယ်။ သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမယ်။	Nepali नेपाली आफ्नो भाषातर्फ आँल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको कुनै खर्च बिना, एकजना दोभाषे उपलब्ध गराइनेछ।
Cantonese 廣東話 請指認您的語言，以便為您提供免費的口譯服務。	Polish Polski Proszę wskazać swój język i wezwiami tłumacza. Usługa ta zapewniana jest bezpłatnie.
Farsi فارسی زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.	Portuguese Português Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.
French Français Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.	Punjabi ਪੰਜਾਬੀ 'ਆਪਣੀ ਭਾਸ਼ਾ' ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਆਰੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਆਰੀਆ ਦਾ ਮੁਫਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਵੇਗਾ।
Haitian Creole Kreyòl Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.	Romanian Română Indicați limba pe care o vorbiți. Vi se va face legătura cu un interpret care vă este asigurat gratuit.
Hindi हिन्दी अपनी भाषा की ओर इशारा करें। एक दुभाषिय को बुलाया जाएगा। दुभाषिया आपको नि:शुल्क मुहैया करवाया जाता है।	Russian Русский Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.
Hmong Hmoob Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsis.	Somali Af-Soomaali Farta ku fiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.
Italian Italiano Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.	Spanish Español Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.
Japanese 日本語 あなたの話す言語を指してください。無料で通訳サービスを提供します。	Tagalog Tagalog Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.
Khmer (Cambodian) ខ្មែរ (កម្ពុជា) សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាអ្នកជូន។ អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។	Thai ไทย ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาสามเ้าให้ท่าน การใช้บริการไม่ต้องเสียค่าใช้จ่าย
Korean 한국어 귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.	Ukrainian Українська Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.
Lao ພາສາລາວ ສົ່ງຂໍ້ບາຍພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້. ທ່ານບໍ່ຕ້ອງເສຍເງິນຕໍາແປໃຫ້ແກ່ນາຍພາສາເຮົາ.	Vietnamese Tiếng Việt Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

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 Language Solutions: On demand audio and video interpreting, on site interpreting / Bilingual and Interpreter Staff Testing and Training / Translation and Localization

www.LanguageLine.com



LanguageLine Solutions

Language Identification Guide

LanguageLine Solutions' Interpreters are available in more than 240 languages and American Sign Language, 24 hours a day, seven days a week to communicate with limited English proficient or Deaf or Hard-of-Hearing individuals.

- Present this guide to determine which language to request.
Languages are listed by geographic location.
The individual can point to their preferred language.
Each statement is translated to read:

English English
Point to your language. An interpreter will be called.
The interpreter is provided at no cost to you.

Visit www.LanguageLine.com or call 1-800-752-6096 for more information on all our language access solutions:

- Phone, video, and onsite interpreting
Translation and Localization
Bilingual staff and interpreter testing and training

CustomerCare@LanguageLine.com

1-800-752-6096



Europe

Table listing languages from Albanian to Hungarian with brief descriptions and contact information.

Europe - continued

Table listing languages from Icelandic to Yiddish with brief descriptions and contact information.

Pacific Islands

Table listing languages from Fijian to Tongan with brief descriptions and contact information.

North America, South America, and Caribbean

Table listing languages from American Sign Language to Spanish with brief descriptions and contact information.

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India, Pakistan, and Southwest Asia

Table listing languages from Bengali to Urdu with brief descriptions and contact information.

Africa - continued

Table listing languages from Dinka to Wolof with brief descriptions and contact information.

Middle East

Table listing languages from Arabic to Turkish with brief descriptions and contact information.

Asia - continued

Table listing languages from Burmese to Toishanese with brief descriptions and contact information.

Africa

Table listing languages from Acholi to Arabic with brief descriptions and contact information.

Asia

Table listing languages from Chinese to Toishanese with brief descriptions and contact information.

LanguageLine Solutions

SECTION 9:

Health Education

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 Health. GCHP 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.

GCHP is partnering with Solera Health to conduct an outreach campaign for eligible members. Members who have been identified as pre-diabetic will be sent a [flyer](#) in the mail and then receive a call from Solera Health to encourage participation and enroll them in the program. Members can visit the [Solera website](#) (Spanish: [Solera website](#)) to sign up or call 1-888-305-6008 (TTY: 711), Monday through Friday from 6 a.m. to 6 p.m.



Take the Path to a Healthier You

Don't miss out on this program for Gold Coast Health Plan members

Getting healthier and losing weight is even easier now.

Gold Coast Health Plan (GCHP) has teamed up with Solera to bring you a diabetes prevention program designed with you in mind. When you sign up, you'll get health education information to make healthier food choices, move more, and lower your risk of type 2 diabetes. And it's available at no cost to you!

Don't miss out. Join other Gold Coast Health Plan members who have already gotten started on their health journey.

For other health concerns, call the GCHP 24-Hour Advice Nurse Line toll-free at **1-877-431-1700 (TTY: 711)**.

For all other questions, call GCHP Member Services at **1-888-301-1228 (TTY: 711)**, Monday–Friday, 8 a.m. to 5 p.m. (excluding holidays).



1 in 3 people are pre-diabetic



Losing 5% to 7% of your weight lowers your risk



Participants who lose weight have more energy and sleep better

Get Started in Three Easy Steps

1

TAKE A HEALTH QUIZ

Complete a short quiz at solera4me.com/gchp or call **1-888-305-6008 (TTY:711)** Monday through Friday, 6 a.m. to 6 p.m.

2

PICK YOUR PROGRAM

Choose an online-only program from a leading health solution or a community group.

3

GET YOUR TOOLS

Get an activity tracker,* receive a wireless scale (with online programs), and help from a health coach.

*For participants who complete four weeks of activity meeting Diabetes Prevention Program guidelines. Applies to select models; limited to one per person. Solera Health reserves the right to substitute an alternate tracker.

Tobacco Cessation – Smoking and Vaping

Smoking remains the leading cause of preventable disease, disability, and death in the U.S. Providers play a critical role in helping people quit using tobacco. Even brief advice from you can make it much more likely that patients will try to quit, and ultimately succeed. You can download the [GCHP flyer](#) to provide to members, or direct them to [Kick It California](#) for free help to quit smoking, vaping, or chewing tobacco.



Free Help to Quit Smoking or Vaping

Kick It California has free resources to help you quit smoking, vaping, and using hookah and smokeless tobacco.

- One-on-one counseling (phone or chat)
- Self-help materials
- Texting program
- Mobile apps for smoking and vaping

Call 1-800-300-8086 today!
 Help is available Monday through Friday from 7 a.m. to 9 p.m. and Saturday from 9 a.m. to 5 p.m. For additional support or resources, visit www.kickitca.org and sign up.

KICK IT
California 1-800-300-8086

To learn more about tobacco cessation or vaping, or to request resources, call GCHP's Health Education Department at 1-805-437-5718 Monday through Friday, 9 a.m. to 5 p.m. (except holidays). If you use a TTY, call 711.

If you have any questions about Nicotine Replacement Therapy, visit your local pharmacy or call Medi-Cal Rx, 24 hours a day, seven days a week at 1-800-977-2273. If you use a TTY, call 711.



Well-Child Visits

Providers are encouraged to talk to parents about the importance of routine well-child visits, especially for newborns and babies under 30 months of age. Providers can download the [Well-Care Visits: What to Expect \(0 to 30 Months\) Flyer](#) for members.

Well-Care Visits: *What to Expect* 0 to 30 Months

What does the doctor evaluate during a well-care visit?

- Health history
- Physical exam
- Height, weight, body mass index (BMI), and head circumference
- Hearing and vision
- Lead screening
- Physical activity
- Healthy eating habits
- Behavior with family and groups
- Vaccines (shots to prevent diseases)
- Screening for physical and mental development
- Health education and safety
- Dental fluoride varnish*

* Dental fluoride varnish can be done up to three times a year at the doctor's office.

	First 3-5 days of life	1 Month	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months
Well-Care Visit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vaccines*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lead Screening							✓			✓	✓
Developmental Screening							✓			✓	✓


* Vaccines may not be given at every visit.

What can I talk to my child's doctor about during the visit?
 You might have questions about parenting, eating and sleeping habits, and safety issues at home. The doctor is there to listen and help. If you have any questions, this is the time to ask. Your child's doctor can provide guidance and helpful resources.

Do I have to pay for well-care visits?
 No. This is a free service if you are a full-scope Gold Coast Health Plan (GCHP) member.

What can I do if I need care after hours?
 Call GCHP's 24-Hour Advice Nurse Line at 1-805-437-5001 or 1-877-431-1700 (toll-free). If you use a TTY, call 711. You can talk to a registered nurse 24 hours a day, seven days a week, in your preferred language when you or a family member have medical questions.

Do you need help scheduling a well-care visit? Please call GCHP's Health Education Department at 1-805-437-5718, Monday through Friday, from 8 a.m. to 5 p.m. (excluding holidays). For other questions, call Member Services at 1-888-301-1228, Monday through Friday, from 8 a.m. to 5 p.m. (excluding holidays). If you use a TTY, call 711. Members may also visit the GCHP website at www.goldcoasthealthplan.org.



Visitas de bienestar: *Qué esperar* 0 a 30 Meses

¿Qué evalúa el médico durante una visita de bienestar?

- Historial de salud
- Examen físico
- Estatura, peso, índice de masa corporal (IMC), y circunferencia de la cabeza
- Audición y visión
- Prueba de detección de plomo
- Actividad física
- Hábitos de alimentación saludable
- Comportamiento con la familia y los grupos
- Vacunas (inyecciones para prevenir enfermedades)
- Detección de desarrollo físico y mental
- Educación sobre salud y seguridad
- Barniz de fluoruro dental*

* El barniz de fluoruro dental se puede realizar hasta tres veces al año en el consultorio médico.

	Los primeros 3 a 5 días de vida	1 mes	2 meses	4 meses	6 meses	9 meses	12 meses	15 meses	18 meses	24 meses	30 meses
Visita de bienestar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vacunas*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prueba de detección de plomo							✓			✓	✓
Evaluación del desarrollo							✓			✓	✓


* Es posible que las vacunas no se administren en cada visita.

¿De qué temas puedo hablar con el médico de mi hijo durante la visita?
 Usted podría tener unas preguntas sobre paternidad / maternidad, hábitos de alimentación y sueño, y problemas de seguridad en el hogar. El médico está ahí para escuchar y ayudar. Si tiene alguna pregunta, este es el momento para hacerla. El médico de su hijo puede brindar orientación y recursos útiles.

¿Tengo que pagar por las visitas de bienestar?
 No. Esto es un servicio gratuito si usted es miembro de Gold Coast Health Plan (GCHP) de alcance completo.

¿Qué puedo hacer si necesito atención después del horario establecido?
 Llame a la Línea de asesoría de enfermeras disponible las 24 horas al 1-805-437-5001 o al 1-877-431-1700 (línea gratuita). Si utiliza un TTY, llame al 711. Puede hablar con una enfermera registrada las 24 horas del día, los siete días de la semana, en su idioma preferido cuando usted o un miembro de su familia tenga alguna pregunta médica.

¿Necesita ayuda para programar una visita de bienestar? Llame al Departamento de Educación para la Salud de GCHP al 1-805-437-5718, de lunes a viernes de 8 a.m. a 5 p.m. (excepto días festivos). Para otras preguntas, llame a Servicios para Miembros al 1-888-301-1228, de lunes a viernes de 8 a.m. a 5 p.m. (excepto días festivos). Si usa un TTY, llame al 711. Los miembros también pueden visitar el sitio web de GCHP en www.goldcoasthealthplan.org.



GCHP offers members a [Health Library](#) provided by Healthwise with a wide variety of topics that can be viewed and/or printed. All materials are available in English and Spanish. You can also direct members to explore the site to learn about different conditions, view short videos, or use interactive tools to discover more about their health. Providers can direct members to the [GCHP Health Library to learn more about their child's well-care visit](#).



GCHP Health Education Workshops

GCHP's Health Education Department hosts various health workshops throughout the county. Topics include heart health, well-care visits, mental health and substance use, men's health, diabetes, asthma, prenatal and postpartum care, women's health, and much more. Members can visit the [GCHP Calendar](#) to view upcoming events, including these classes, health fairs, and other community events. Providers can request GCHP to host a workshop at their clinics. For additional information or to request health education services, contact GCHP's Health Education, Cultural and Linguistic Services at 1-805-437-5961, Monday through Friday from 8 a.m. to 5 p.m. (except holidays), or email HealthEducation@goldchp.org.

Health Education

For more information, please contact GCHP's Health Education, Cultural and Linguistic Services Department at 1-805-437-5961, Monday through Friday from 8 a.m. to 5 p.m. (except holidays). You may also complete the [Health Education Referral Form](#) to refer members to receive materials and email it to HealthEducation@goldchp.org. Providers and members can visit the GCHP [Health Education Webpage](#) to find out more.



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

Provider Operations Bulletin

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For additional information, contact Customer Service at 1-888-301-1228.
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