



Provider 52 Operations Bulletin

FEBRUARY 2022

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The Provider Operations Bulletin is published quarterly 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:

Medi-Cal Rx

Medi-Cal Rx went live on January 1, 2022, for all Medi-Cal beneficiaries throughout the state. While most members have been able to access their medications, there has been some disruption for some members. Below are quick links for information regarding Medi-Cal Rx and tips to assist in the prior authorization process.

Quick Links:

- Medi-Cal Rx Website
- Contract Drug List
- Drug Look-Up Tool
- Provider Portal
- News and Bulletins
- Prior Authorization and Appeal Submission Reminders

Important Tips from Gold Coast Health Plan (GCHP):

- The prior authorization / appeal request should include all relevant medical information including diagnosis, comorbid conditions, previously tried and failed medications (includes dates and outcomes), and any other rationale applicable to the product selection.
- For medically necessary brand drugs, provide rationale for the brand and include the outcome of the trial of the generic equivalent.
- Make sure the member's name is spelled correctly and exactly matches the member's name as written on their Medi-Cal BIC.

For additional help from GCHP, the Pharmacy Department can be reached via email at Pharmacy@goldchp.org or via phone at 1-805-437-5738.

SECTION 2:

Buprenorphine FDA Safety Communication

Gold Coast Health Plan (GCHP) received an FDA Drug Safety Communication regarding dental problems with buprenorphine medicines dissolved in the mouth to treat opioid use disorder and pain. The notification provides details regarding the warning, the change to the approved FDA labeling of these products and additional information for patients and health care professionals. To view the communication, click here.





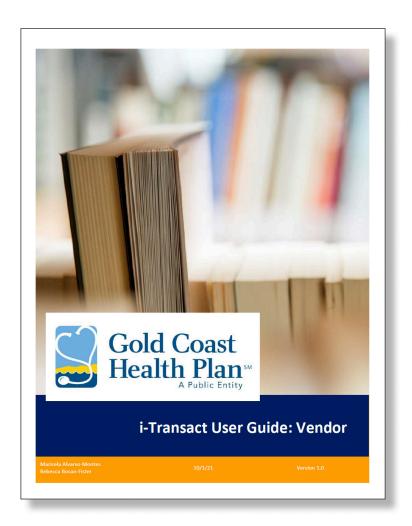
SECTION 3:

Provider Relations Virtual i-Transact Portal Trainings and Site Overviews

Gold Coast Health Plan (GCHP) is aware of the challenges providers are experiencing in our new i-Transact Provider Portal. To assist with those challenges, the GCHP Provider Relations team is offering online webinar trainings to educate and answer your questions when working in the portal. We are also addressing other questions and providing additional resources as needed. To schedule a time for the webinar training and for any other questions you have, please email ProviderRelations@goldchp.org.

For your convenience, you may download a copy of the i-Transact Provider Portal User Guide here.

Thank you for your patience and cooperation.



SECTION 4:

CalAIM Implemented January 1, 2022

Gold Coast Health Plan (GCHP) began implementing <u>California Advancing and Innovating Medi-Cal (CalAIM)</u> on January 1, 2022. CalAIM has three primary goals:

- 1. Identify and manage member risk and need through whole person care approaches and addressing social determinants of health.
- 2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
- 3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Enhanced Care Management (ECM) and Community Supports (CS) are two key programmatic elements of CalAIM. They began January 1, 2022.

Members may be eligible for one or both services, and members receiving both ECM and CS will have their CS services coordinated by the ECM provider. Members requiring CS who are not receiving ECM will have their CS services coordinated by GCHP's Care Management ECM team.

Enhanced Care Management (ECM)

ECM is a new benefit for eligible GCHP members that provides a whole-person approach to care that addresses the clinical and non-clinical circumstances of high-need Medi-Cal beneficiaries. ECM is a collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to individuals. ECM builds on the current Health Homes Program and Whole Person Care Pilots, and transitions those services to this new statewide managed care benefit. This provides a broader platform to build on positive outcomes from those programs to provide whole-person care management and services to support meeting members' social needs.

An ECM care coordinator can help members:

- Find doctors and get appointments for health related services they may need.
- Better understand and keep track of their medications.
- Set up a ride to get to their doctor visits.
- Find and apply for community-based services based on their needs, like housing supports or medically nutritious food.
- Get follow-up care after they leave the hospital.



Members in the following populations of focus may be eligible for ECM.

| ECM Populations of Focus: Go Live Jan. 1, 2022 | | | | |
|---|---|--|--|--|
| High Utilization 18 years of age or older 5+ avoidable ER visits in last six months OR 3+ unplanned, avoidable IP admissions or SNF stays in last six months | Homelessness Homeless or at imminent risk of becoming homeless 1+ complex physical, behavioral, or developmental health need | | | |
| SMI/SUD 18 years of age or older Meet criteria for SMH and/or DMC-ODS services 1+ complex SDoH factors AND at least one of the following: Overdose / at risk of overdose Pregnant / post-partum Suicidal Ideation High risk of institutionalization 2+ ER visits or 2+ admits for SUD / alcohol use in 12 months Uses crisis services, ER, UC, or IP stays as the sole source of care | Justice System Involvement* Transitioning from incarceration or transitioned from incarceration within the last 12 months AND at least one of the following: Chronic mental illness Substance Use Disorder (SUD) Chronic disease Intellectual or developmental disability Traumatic brain injury HIV Pregnancy | | | |

Community Supports (CS)

To build upon and transition the excellent work done under California's Whole Person Care Pilots, DHCS will implement Community Supports (CS, also known as "In Lieu of Services"), which are flexible wrap-around services that a Medi-Cal managed care plan will integrate into its population health strategy. These services are provided as a substitute to, or to avoid, other covered services, such as a hospital or skilled nursing facility admission or a discharge delay.

The current list of CS GCHP implemented in January 2022 includes:

| Community Support | Description | Eligible Population |
|--|---|---|
| Housing Transition Navigation Services | Developing member housing plan and assistance with obtaining housing, including assistance with searching for housing or completing housing applications. | Homeless / at risk of homelessness AND at least one: 1+ serious chronic conditions |
| Housing Deposits | Funding for one-time services necessary to establish a household, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy. | Serious Mental Illness / Substance Use Disorder At risk of institutionalization Serious Emotional Disturbance (children / adolescents) OR |
| Housing Tenancy and Sustaining Services | Assistance with maintaining stable tenancy once housing is secured, including interventions for behaviors that may jeopardize housing, such as late rental payment or behaviors resulting from unaddressed behavioral health conditions. Interventions may include financial literacy support; coordination with the member's ECM provider, behavioral health providers, and other providers; and/or landlord relationship management services. | Exiting incarceration Transitional-aged youth with significant barriers to housing |

| Community Support | Description | Eligible Population |
|--|---|---|
| Recuperative Care (Medical Respite) | Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness and whose condition would be exacerbated by an unstable living environment. | Members who are at risk of hospitalization or post hospitalization AND at least one of the following: Are homeless or at risk of homelessness Live alone with no formal supports Housing insecurity jeopardizing their health and safety |
| Medically Tailored Meals | Meals provided to the member that are tailored to meet beneficiaries' unique dietary needs, within 30 days following discharge from a hospital. | Members discharged from the hospital within the past 30 days who were hospitalized for a Congestive Heart Failure (CHF)-related primary diagnosis. |

Referrals and Authorization Requests

Anyone can submit a referral, including members, family, community members and community organizations.

- **CS** Referral Form
- ECM Referral Form

You can reach the GCHP ECM/CS team at 1-805-437-5911 or at CalAIM@goldchp.org. Individuals may also contact the Member Services Department at 1-888-301-1228.

SECTION 5:

Changes to Prior Authorization Requirements for Continuous Glucose Monitoring and Enteral **Nutrition**

As of Jan. 1, 2022, the state Department of Health Care Services (DHCS) carved out all prescription benefits from managed care plans (MCP) under a new program called Medi-Cal Rx. All pharmacy claims are now submitted directly to the state via its pharmacy benefit manager (PBM), Magellan Medicaid Administration, Inc.

Medi-Cal Rx will also cover continuous glucose monitoring and enteral nutrition when it is provided through a specialty pharmacy. Starting July 1, 2022, authorizations for enteral nutrition and continuous glucose monitoring should be submitted directly to the state via its PBM, Magellan Medicaid Administration, Inc.

Gold Coast Health Plan (GCHP) will continue to authorize and cover continuous glucose monitoring and enteral nutrition when it is provided through a medical provider.

For questions regarding GCHP's prior authorization process, please contact the Customer Service Department at 1-888-301-1288.



SECTION 6:

Paper Claim Submission Requirements and Tips

When paper claims are submitted to Gold Coast Health Plan (GCHP), they are scanned for optimal processing and recording of data. Paper claims must be legible and provided in nationally accepted standard formats to ensure scanning capabilities. GCHP strongly encourages electronic claims submission. If you are interested in enrolling, please review the Electronic Data Interchange (EDI) section of the Provider Manual beginning on page 71.

The following paper claim submission requirements can speed claim processing and prevent delays:

- Use the correct form and be sure it meets Centers for Medicare & Medicaid Services (CMS) standards. A photocopy of a form is not acceptable. The original form (red lines) should be submitted.
- Use black or blue ink to complete the form. Do not use red ink, as the scanner may not be able to read it.
- Use the "Remarks" field for messages.
- Do not stamp or write over boxes on the claim form.
- Send the original claim form to GCHP and retain the copy for your records.
- Separate each individual claim form. Do not staple original claims together, as GCHP will consider the second claim an attachment and not an original claim to be processed separately.
- Use the member's name as it appears on their GCHP ID card. Using any other name, such as the name on their driver's license, will result in the claim being rejected.

For timely processing and payment, mail paper claims to GCHP using the following address:

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



SECTION 7:

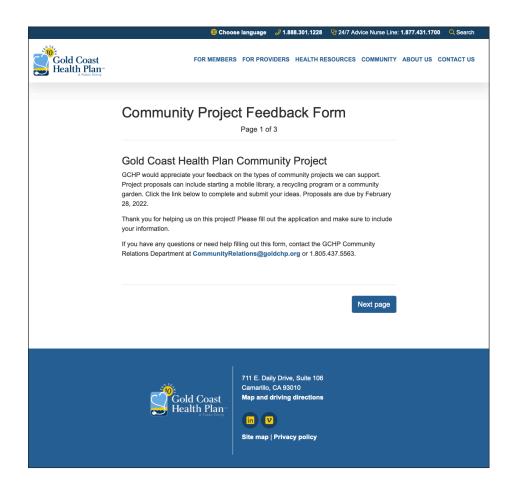
Gold Coast Health Plan's (GCHP) 10th Anniversary Community Project

On July 1, 2021, Gold Coast Health Plan (GCHP) celebrated 10 years of serving Medi-Cal members and the Ventura County community. To commemorate this anniversary, GCHP is working with its members, providers, and the community to identify community needs that will serve as inspiration for a community project. Our goal is to complete a project that will address a need in the community related to quality care, education, safe environments, access to housing and financial resources.

A project proposal form is available on the GCHP website for you to provide your ideas on a community project you would like GCHP to support. Project examples include starting a mobile library unit, building a community garden, or creating a health literacy program.

GCHP welcomes ideas from everyone and encourages you to share the project proposal form with your colleagues and patients. The project idea submission deadline is February 28, 2022. Click here to send in your feedback.

If you have any questions, please contact the GCHP Community Relations Department at CommunityRelations@goldchp.org or 1-805-437-5563.



SECTION 8:

Gold Coast Health Plan (GCHP) Speakers Bureau

Do you want to know more about Gold Coast Health Plan (GCHP) and Medi-Cal? Inquire about GCHP's Speakers Bureau. The Speakers Bureau was launched in 2021 to coordinate speaking engagements with GCHP's subject matter experts to create awareness about GCHP and our mission in the community.

Our team of speakers will meet with providers, community partners and other organizations throughout the county – both virtually and in person – to provide information about GCHP services and Medi-Cal initiatives, including:

- California Advancing & Innovating Medi-Cal (CalAIM)
- Health equity
- Population health

Depending on the audience, speakers may also discuss state and federal policies that would impact the Medi-Cal / Medicaid program.

Interested organizations can request speakers through the <u>Speakers Bureau page</u> on the GCHP website. For more information, email <u>CommunityRelations@goldchp.org</u>.

SECTION 9:

Affirmative Statement About Utilization Management

Gold Coast Health Plan's (GCHP) mission is "To improve the health of our members through the provision of high-quality care and services." GCHP supports this mission through its vision statement, "Compassionate care, accessible to all, for a healthy community." GCHP staff involved in UM decision making understands the affirmation statement about Utilization Management (UM) incentives as follows:

- UM decision making is based only on appropriateness of care and services and existence of coverage.
- GCHP does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- GCHP does not use incentives to encourage barriers to care and services.
- GCHP does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits.

Clinical Criteria

The UM Department uses clinically sound, nationally developed and accepted criteria for making medical necessity decisions. Clinical criteria used include, but is not limited to:

- MCG Care Guide Quality Improvement guidelines
- Other nationally recognized criteria: Occasionally, a service is requested for which a GCHP clinical guideline is not available. In these instances, GCHP medical directors and physician reviewers will review guidelines from other national professional organizations. Resources may include, but are not limited to:
 - Up to Date: An evidence-based, physician-authored clinical decision support resource.
- GCHP clinical guidelines

The above criteria is available upon request by contacting Customer Service at 1-888-301-1228.

SECTION 10:

Increasing Preventive Care Screenings and Return to Care for Gold Coast Health Plan (GCHP) Members

Member Rewards Programs

Gold Coast Health Plan (GCHP) offers rewards to members who complete specific preventive care exams in 2022. These include:

- Child and adolescent well-care exam: Members 3 to 21 years of age can get a \$20 gift card for completing an annual well-care exam.
- Cervical cancer screening: Female members 21 to 64 years of age can get a \$25 gift card for completing a routine cervical cancer screening.
- Asthma exam: Members 5 to 64 years of age who have been diagnosed with asthma can get a \$40 gift card for completing an asthma check-up.

Members and providers can download these forms on the GCHP website.

Time to Get Back to Care

GCHP recently launched a new Time to Get Back to Care webpage to remind new and current members about:

- Establishing and maintaining care with a primary care provider (PCP).
- Resuming care that may have been deferred due to the COVID-19 pandemic.
- Scheduling routine exams for preventive screenings and chronic conditions.
- The importance of maintaining good physical and mental health.
- Assistance with access to care.

For questions on coverage and/or how to get services needed, members can call the Member Services Department at 1-888-301-1228 Monday through Friday from 8 a.m. to 5 p.m. If you use a TTY, call 1-888-310-7347 or 711.



SECTION 11:

State Department of Health Care Services (DHCS) Guidance on Reporting Provider-Preventable Conditions

Provider-preventable conditions (PPCs) consist of health care-acquired conditions (HCAC) when they occur in acute inpatient hospital settings only, and other provider-preventable conditions (OPPC), when they occur in any health care setting. Title 42 of the Code of Federal Regulations and the Welfare and Institutions Code require all Medi-Cal providers associated with claims for Medi-Cal payment or with courses of treatment prescribed to a Medi-Cal patient to report PPCs to the state Department of Health Care Services (DHCS).

Providers caring for patients with either Fee-For-Service (FFS) or managed care Medi-Cal are to report a PPC after discovery of the PPC. PPCs that existed prior to the start of treatment of the patient by the provider do not need to be reported. The reporting of PPCs for Medi-Cal beneficiaries to DHCS does not remove the reporting requirement of adverse events and healthcare-associated infections (HAI) to the California Department of Public Health.

DHCS has a secure online reporting portal to report PPCs to DHCS. Gold Coast Health Plan (GCHP) providers must also report the PPC to GCHP via a secure email to PQIReporting@goldchp.org.

For a complete list of HCACs, OPPCs and other information regarding PPCs, click here.



SECTION 12:

Closing Member Gaps in Care Through Secure Digital Outreach

As part of the 2022 quality improvement strategy to engage members in preventive care services, Gold Coast Health Plan (GCHP) continues to partner with third-party vendor Eliza to engage GCHP members through a new platform of secure, digital-focused campaigns. These campaigns are intended to drive member action and adherence to quality gaps in care, and will provide education regarding the importance of preventive services, survey members on their intent to receive services, and assist with scheduling. Content will be offered in English and Spanish to adult and pediatric populations, with a target launch time frame of April 2022.

Targeted measures for the text campaigns are part of the state Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS), and will include:

- Cervical Cancer Screening
- **Breast Cancer Screening**
- Chlamydia Screening
- Child and Adolescent Well-Child Exams (3 to 21 years of age)
- Diabetes Care HbA1c

If you have questions regarding this member outreach campaign, please contact the Quality Improvement at QualityImprovement@goldchp.org.

SECTION 13:

Managed Care Accountability Set (MCAS) Reporting Year 2022: Data Collection Effort

Gold Coast Health Plan (GCHP) wishes our provider partners a happy and healthy 2022! Thank you for your work providing high quality care to GCHP members and within the community. We commend your perseverance and valuable service to GCHP members during these challenging times.

2021 / 2022 MCAS Project

The Quality Improvement (QI) team has begun preparing for the annual Managed Care Accountability Set (MCAS) data collection and reporting project. For Measurement Year (MY) 2021 / Reporting Year (RY) 2022, GCHP will report outcomes on MCAS, a list of quality indicators selected by the state Department of Health Care Services (DHCS). Many of the MCAS measures are part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®), a nationally recognized set of standardized performance measures.

Medical Record Collection

The MCAS project is a retrospective review of services and clinical care provided to members. RY 2022 will assess services provided in 2021 (and prior to that for designated measures). GCHP will report 36 MCAS measures to DHCS and, of those, 15 measures will be held to a minimum performance level (MPL). Measures held to MPL are evaluated using data sources including claims, encounter and supplemental data, and medical records.

For each of the following measures, a random sample of patient records are selected for medical record review:

- Cervical Cancer Screening (CCS)
- Childhood Immunization Status (CIS)
- Comprehensive Diabetes Care HbA1c Poor Control (>9%) (CDC-H9)
- Controlling High Blood Pressure (CBP)
- Immunizations for Adolescents (IMA)
- Prenatal and Postpartum Care (PPC-Pst/Post)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC-BMI/PA/N)

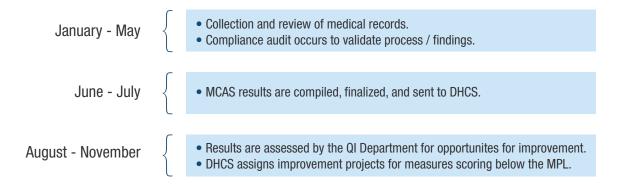
For each of the following measures, claims / encounter and supplemental data are used to assess performance (no medical records are requested):

- Breast Cancer Screening (BCS)
- Child and Adolescent Well-Care Visits (WCV)
- Chlamydia Screening in Women (CHL)
- Well-Child Visits in the First 30 Months of Life (W30)

Provider Office Participation

Clinics can expect to be contacted by Inovalon — the certified HEDIS® vendor — to obtain designated medical records for selected patients, as applicable. Options for medical record submission include electronic medical record (EMR) access, secured / encrypted email, fax, standard mail, or onsite visit. In light of COVID-19 social distancing precautions, electronic means for collection of medical record information is preferred.

2021 MCAS Timeline



MCAS Resources

A variety of reference materials, including newly added measures and updates to existing measures, are available on the GCHP website. These materials are designed to help providers understand the MCAS performance measure requirements, including coding guidance and recommendations for best practices. These resources are currently being updated on the GCHP website to reflect MY 2021 / RY 2022. Materials include:

- Frequently Asked Questions (FAQs)
- Quick Reference Guide
- MCAS Measure Tip Sheets

To view these MCAS resources, click here or visit GoldCoastHealthPlan.org and go to For Providers > Quality Improvement.

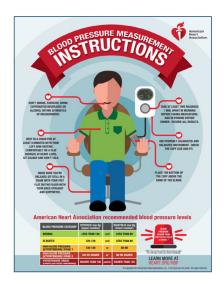
Thank you for your support of the MCAS data collection project. If you have any MCAS questions or concerns, contact GCHP's Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 14:

Health Education

February American Heart Month

February is American Heart Month, a time when people can focus on their cardiovascular health. In recognition of this observance, the Centers for Disease Control and Prevention (CDC) is sharing three toolkits with key hypertension control resources. The American Heart Association also provides a variety of materials for members, including information on how to check their blood pressure at home. Click here to access materials in English and Spanish.

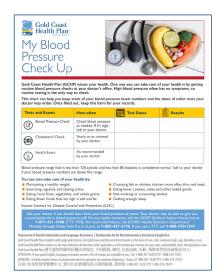




Sources: Centers for Disease Control and Prevention & American Heart Association

Coming Soon!

Gold Coast Health Plan's (GCHP) Health Education (HE) Department is currently working on a new flyer that will assist members with managing their high blood pressure. The flyer is designed to encourage routine blood pressure checks and includes health tips. Once available, the flyer will be posted on the GCHP website and will be available in English and Spanish.





Chronic Disease Self-Management Program (CDSMP)

The HE Department now offers Chronic Disease Self-Management Program (CDSMP) workshops for members in English and Spanish. Classes are being held virtually or by telephone. The workshops are six weeks long, and meetings are once a week for 2.5 hours virtually or for 30 minutes over the phone.

To download the Health Education Referral Form, click here. To download the CDSMP flyer, available in English and Spanish, click here. Workshops began in January 2022 and will run throughout 2022.





2022 CDSMP Workshop Schedule

English Telephone Workshops

| Date Range | Day of the Week | Time | Workshop Name |
|----------------------|-----------------|--------------------|----------------------|
| January 27 - March 3 | Thursday | 2 p.m 2:30 p.m. | English Telephone #1 |
| March 8 - April 12 | Tuesday | 2:15 p.m 2:45 p.m. | English Telephone #2 |
| June 2 - July 7 | Thursday | 2:15 p.m 2:45 p.m. | English Telephone #3 |

English Virtual Workshops

| Date Range | Day of the Week | Time | Workshop Name |
|----------------------|-----------------|--------------------|--------------------|
| February 2 - March 9 | Wednesday | 2:30 p.m 4:30 p.m. | English Virtual #1 |
| April 18 - May 23 | Monday | 2:15 p.m 4:15 p.m. | English Virtual #2 |
| July 12 - August 16 | Tuesday | 2 p.m 4 p.m. | English Virtual #3 |

Spanish Telephone Workshops

| Date Range | Day of the Week | Time | Workshop Name |
|----------------------|-----------------|----------------------|-----------------------|
| January 28 - March 4 | Friday | 11:15 a.m 11:45 a.m. | Telephone workshop #1 |
| March 7 - April 11 | Monday | 2:15 p.m 2:45 p.m. | Telephone workshop #2 |
| June 2 - July 7 | Thursday | 3:30 p.m 4 p.m. | Telephone workshop #3 |

Spanish Virtual Workshops

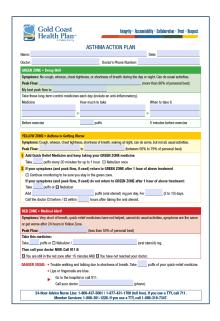
| Date Range | Day of the Week | Time | Workshop Name |
|---------------------|-----------------|----------------------|---------------------|
| April 21 - May 26 | Thursday | 2:15 p.m 4:15 p.m. | Virtual workshop #1 |
| July 14 - August 18 | Thursday | 10:30 a.m 12:30 p.m. | Virtual workshop #2 |

Help Members with Asthma

GCHP has several resources aimed at improving the health of members with asthma. These include:

- Asthma Exam Member Incentive: This incentive offers members 5 to 64 years of age who have been diagnosed with persistent asthma a \$40 gift card to Target, Wal-Mart or Amazon for completing a clinic visit that includes an asthma exam, a new or updated asthma action plan, and a review of asthma medication. The exam must be completed by Dec. 31, 2022. Members can access the member incentive form on the GCHP website.
- Asthma Action Plan: GCHP's HE Department created a fillable asthma action plan for its members. Providers
 and members can access the GCHP Asthma Action Plan, available in English and Spanish, on the GCHP website.
 Primary care providers (PCPs) may request an asthma action plan notepad to complete with GCHP members who
 have asthma.





For additional information or to request health education materials, 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. You may download the HealthEducatio

SECTION 15:

Cultural and Linguistic Services

Language Assistance Services

Gold Coast Health Plan (GCHP) adheres to federal and state regulations that require health plans to provide Limited English Proficient (LEP), non-English speaking or monolingual members access to language assistance services at medical points of service at no cost to members.

Language Assistance Services include:

- Free interpreter and translation services. GCHP provides both written and oral interpretation services from a qualified interpreter on a 24-hour basis.
- American Sign Language (ASL) interpreting for deaf and hearing-impaired members.
- Alternative formats (such as braille, 20-point font large print, audio, and accessible electronic formats), auxiliary aids and services for people with disabilities.

Members are **NOT** required to provide an interpreter, or to use a friend or family member (including minors), to interpret during medical appointments.

Interpretation services provided at a hospital facility are the responsibility of the hospital where the service is provided.

Coming Soon!

GCHP will be introducing an updated language assistance service request form. You will be able to access the updated form through the GCHP Provider Portal. Stay tuned!

Cultural Competency Trainings

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

The training is mandated by the state Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) to ensure staff, providers and delegated entities are meeting the unique and diverse needs of all members. All providers and staff must complete this training.

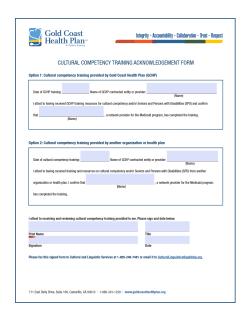




Upon completion of the training, you will be able to define:

- "Cultural Competency" in the health care setting.
- "Health Literacy" in the health care setting.
- "Clear Communication" in patient / provider encounters.

It is important that providers and staff sign and return the GCHP cultural competency training acknowledgment form upon completion of each module via email to CulturalLinguistics@goldchp.org or fax to 1-805-248-7481. If you have already completed a cultural competency training from another organization, please indicate in the appropriate section and return the acknowledgement form. Click here to access the form.



Updated Guidelines on Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services

DHCS recently announced the updated All Plan Letter (AP) 21-004 (Revised): Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, which provides guidance on federal and state requirements regarding nondiscrimination, discrimination grievance procedures, language assistance, and communications with individuals with disabilities. The APL requires that written notice of the availability of free language assistance services be provided in English and in the top 15 languages spoken by limited-English-proficient individuals, as determined by DHCS.

- Nondiscrimination statement template
- Taglines template

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





Provider Operations Bulletin

FEBRUARY 2022

For additional information, contact Customer Service at 1-888-301-1228. Gold Coast Health Plan

711 East Daily Drive, Suite 106, Camarillo, CA 93010

www.goldcoasthealthplan.org