



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

Provider Operations Bulletin

SEPTEMBER 2025

www.goldcoasthealthplan.org

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SECTION 1:

Health Education

Childhood Obesity Campaign

Childhood obesity is a major health concern with long-term consequences. According to the Institute of Medicine, obese youth are likely to be obese in adulthood and are at higher risk for the following: Type 2 diabetes, hypertension, asthma, early maturation, and orthopedic problems. In California, 47% of Latino adolescents and 21% of Latino children were overweight in 2022. Among Gold Coast Health Plan (GCHP) members, obesity is the second most common chronic condition, affecting 7.5% of the member population 0–20 years of age. Addressing obesity early is critical to improving the health outcomes of our members and community.



GCHP currently offers healthy eating booklets for children and families from the [Dairy Council of California](#). Providers may refer members to receive materials from GCHP or [download and print materials](#) directly from the Dairy Council. Materials are available in English and Spanish.

To address this health concern, GCHP is developing a childhood obesity campaign. We are inviting providers to join our workgroup to help form this program and create meaningful change. If you are interested in participating in this workgroup or referring members, please contact GHCP's Health Education Department at HealthEducation@goldchp.org.

Preparing for Lead Prevention Week

National Lead Poisoning Prevention Week is October 19 - 25, a time to raise awareness and take action. Families may not be aware that many things can contain or be contaminated with lead such as paint, air, water, soil, food, and manufactured goods. We want to encourage members to:

- Complete a **blood lead screening** at their next well-care visit.
 - » Members ages 0-2 who have a blood lead test on or before their second birthday can earn a \$25 gift card. [Download the form for more information.](#)
- **Remove sources of lead** in the home by regularly dusting surfaces and maintaining all painted surfaces in good condition.
- Have **good nutrition** and incorporate foods high in iron, calcium, and vitamin C to reduce lead absorption.

As you prepare for National Lead Poisoning Prevention Week, we want to ensure that families are informed and that children are getting tested. Here are resources that can help with your efforts:

- [United States Environmental Protection Agency](#)
- [Centers for Disease Control and Prevention](#)
- [GCHP Healthwise Library](#)

For additional support, contact GCHP's Health Education Department at **1-805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.



SECTION 2:

Cultural and Linguistic Services

Accessing Language Assistance Services



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

To access language assistance services, including translation and alternative formats (such as Braille, large print, audio, accessible electronic formats) and auxiliary aids and services for individuals with disabilities, contact GCHP's Cultural and Linguistic Services or visit GCHP website > For Providers > Provider Resources > Language Assistance Services.

Submit a completed request form to GCHP's Cultural and Linguistic Services at least 5-7 business days in advance to CulturalLinguistics@goldchp.org. For any changes or cancellations, please contact us at least 25 business hours in advance.

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

CULTURAL AND LINGUISTIC SERVICES
Language Assistance and Auxiliary Services Request Form
REQUESTS FOR SERVICES REQUIRE 5-7 BUSINESS DAYS ADVANCE NOTICE.

Is this an urgent request? ☐ Yes ☐ No

Please select all that apply:

☐ Oral Interpreter (In-Person) Request ☐ Sign Language Interpreter Request ☐ Visual (Deaf/Blind) Interpreter Request
☐ Telephone Interpreter Request ☐ Translation (Written) Request
☐ Other Alternative Format (etc.) _____
☐ Check here if translation is related to Dual English Special Needs Plan (D-SNP).

REQUESTOR INFORMATION

Date Requested: _____ Appointment Date (Time if applicable): ☐ AM ☐ PM Appointment End Time (if applicable): ☐ AM ☐ PM
 Name of Requestor: _____ Phone Number: _____
 Provider Name: _____
 Clinic Name: _____ Fax Number: _____
 Email Interpreter confirmation will be emailed. Please PRINT CLEARLY.

MEMBER INFORMATION

Member Name: _____ Gender: ☐ Male ☐ Female ☐ Don't Know
 Med-Cat ID Number (REQUIRED): _____ Date of Birth: _____
 Primary Care Provider: _____
 Type of Appointment: _____

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Rev. 02/05

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Integrity • Rendición de Cuentas • Colaboración • Confianza • Respeto

SOLO PARA USO DE LA OFICINA DE GCHP
Fecha de recepción: _____
Fecha de traducción: _____
No. de seguimiento: _____

SERVICIOS CULTURALES Y LINGÜÍSTICOS
Formulario de solicitud de asistencia de idiomas y servicios auxiliares
LAS SOLICITUDES DE SERVICIOS REQUEREN UN AVISO DE 5 A 7 DÍAS DE ANTELACIÓN.

¿Esta solicitud es urgente? ☐ Sí ☐ No

Marque todas las que apliquen:

☐ Solicitud de intérprete oral (en persona) ☐ Solicitud de intérprete de lengua de señas ☐ Solicitud de intérprete virtual (teleasistencia)
☐ Solicitud de intérprete por teléfono ☐ Solicitud de traducción (escrita)
☐ Otro formato alternativo, etc.: _____
☐ Marque aquí si la traducción está relacionada con el Plan de Necesidades Especiales para Personas con Doble Inglés (D-SNP).

INFORMACIÓN DEL SOLICITANTE

Fecha de solicitud: _____ Hora de inicio de la cita (si aplica): ☐ AM ☐ PM Hora de finalización de la cita (si aplica): ☐ AM ☐ PM
 Nombre del solicitante: _____ Número de teléfono: _____
 Nombre del proveedor: _____
 Nombre de la clínica: _____ Número de fax: _____
 Correo electrónico de envío de la confirmación de intérprete por correo electrónico - Por favor, ESCRIBIR CLARAMENTE.

INFORMACIÓN DEL MIEMBRO

Nombre del miembro: _____ Género: ☐ Masculino ☐ Femenino ☐ No sé
 Número de identificación de Medi-Cal (REQUERIDO): _____ Fecha de nacimiento: _____
 Proveedor de atención primaria: _____
 Tipo de cita: _____

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Rev. 02/05

Additionally, telephone interpreting services are available to GCHP providers 24 hours a day, seven days a week. If you are a medical healthcare provider, or behavioral health provider, it is important to use the correct access code when accessing a telephone interpreter. Please use the following information:

For Medical Providers and Staff

To access a telephone interpreter:

1. **Dial:** 1-866-421-3463
2. **Provide access code:**
Health Care Providers Access Code: 843014
3. **Indicate language needed:** Press 1 for Spanish, press 6 for all other languages
4. **Provide:**
 - Caller's full name
 - Clinic / agency name
 - Department name
 - Identify if you are a provider or GCHP staff member
 - Member's zip code
 - Member's 9-digit cin number

For Carelon Behavioral Health Providers

To access a telephone interpreter:

1. **Dial:** 1-866-421-3463
2. **Provide access code:**
Carelon Behavioral Health Providers Access Code: 80086648
3. **Indicate language needed:** Press 1 for Spanish, press 6 for all other languages
4. **Provide:**
 - Caller's full name
 - Clinic / agency name
 - Department name
 - Identify if you are a provider or GCHPlan staff member
 - Member's zip code
 - Member's 9-Digit cin number

Note: Document the interpreter's name and the member's ID number in the medical chart for reference.

As a reminder, members **are NOT required** to bring an interpreter or use a friend or family member, including minors, to interpret during their medical and behavioral health appointments.

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](#).

Coming Soon: Diversity, Equity, and Inclusion (DEI) and Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training Program

GCHP is in the process of launching a new Diversity, Equity, and Inclusion (DEI) and Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training Program that encompasses sensitivity, diversity, cultural competency, cultural humility, and health equity trainings for all GCHP network providers and staff. Stay tuned for more details.



Contact us!

For questions or if you would like to receive an overview of GCHP's language assistance services and training opportunities, contact GCHP's Cultural and Linguistic Services at **1-805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. You can also email CulturalLinguistics@goldcho.org.

SECTION 3:

Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Coverable as a Non-Specialty Mental Health Service (NSMHS)

Transcranial Magnetic Stimulation (TMS) is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain, primarily to treat mental and behavioral health conditions. As of April 2024, the state Department of Health Care Services (DHCS) updated its Medi-Cal non-specialty mental health (NSMHS) benefit policy to allow coverage of medically necessary TMS when rendered by qualified and specially trained NSMHS providers who possess the appropriate equipment required for delivery. While TMS is now covered under NSMHS, counties are still responsible for TMS under Specialty Mental Health Services (SMHS).

Under current Medi-Cal policy, Medi-Cal providers such as neurologists, physicians (MDs), physician assistants (PA), nurse practitioners (NP), psychiatrists, and clinical psychologists may bill for medically necessary TMS provided to Medi-Cal members under the NSMHS benefit using the following Current Procedural Terminology (CPT) codes in conjunction with the listed International Classification of Diseases (ICD)-10 diagnosis codes:

CPT Codes:

- CPT code 90867 (TMS treatment; initial, including cortical mapping, motor threshold determination, delivery and management)
- CPT code 90868 (TMS treatment; subsequent delivery and management, per session)
- CPT code 90869 (TMS treatment; subsequent motor threshold re-determination with delivery and management)

ICD-10 Diagnosis Codes

- F32.1 (Major depressive disorder, single episode, moderate)
- F32.2 (Major depressive disorder, single episode, severe without psychotic features)
- F32.3 (Major depressive disorder, single episode, severe with psychotic features)
- F32.4 (Major depressive disorder, single episode, in partial remission)
- F33.2 (Major depressive disorder, single episode, in full remission)
- F33.9 (Major depressive disorder, recurrent, unspecified)
- F34.1 (Dysthymic disorder)

For more information, please refer to the [Non-Specialty Mental Health Services: Psychiatric and Psychological Services](#) section of the Provider Manual.

SECTION 4:

Medi-Cal Rx and GCHP Pharmacy Services Updates

GCHP website and Pharmacy Newsletter

Gold Coast Health Plan (GCHP) provides Medi-Cal Rx updates in the [Provider Pharmacy Services](#) section of our website. GCHP Pharmacy Services also publishes a quarterly newsletter that includes important Medi-Cal Rx updates and useful articles and tips. [Click here](#) to view the most recent edition of the newsletter.

Medi-Cal Rx Changes to the Contract Drugs List (CDL) and Covered Products Lists

Please check the [Contract Drug List \(CDL\)](#) for the most recent changes to the medications and other covered products. These updates typically occur at the beginning of every month. You may also view the Medi-Cal Rx [Drug Lookup Tool](#). This easy-to-use feature has been upgraded and now allows you to look up drugs by brand or generic name. It also lists the National Drug Code (NDC) and available dosages, any restrictions, and whether prior authorization (PA) is required. There is also a link to CoverMyMeds to submit an electronic prior authorization (ePA). For instructions on how to use this feature, [click here](#).

For more information regarding Medi-Cal Rx, please view the [Medi-Cal Rx Education & Outreach page](#) and look for any new updates under [Medi-Cal Rx's Bulletins & News](#).

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

For assistance regarding a pharmacy claim or PA, please contact the Medi-Cal Rx Customer Service Center at **1-800-977-2273**. Agents are available 24 hours a day, 7 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**.

To locate a Medi-Cal Rx contracted pharmacy, [click here](#).

Medi-Cal Rx Update: Pharmacy Reimbursable Physician-Administered Drug (PAD) List

Medi-Cal Rx is updating its policy on physician-administered drugs (PADs). PADs are considered a medical benefit, not a pharmacy benefit.

- The **Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drug List** will be archived.
- Drugs eligible for coverage via Medi-Cal Rx, including specific PAD drugs, will be found here [Medi-Cal Rx Approved NDC List](#) and the [Medi-Cal Rx Contract Drugs List](#).
- Claims for medical benefit PADs will be denied under pharmacy benefits with **Reject Code 816** and a message to "submit under the medical benefit." Submit claims for these denied PAD drugs to GCHP under medical benefit.

GCHP Medical Benefit Drugs or Physician-Administered Drugs

Physician-administered drugs (PADs) include all infused, injectable drugs provided or administered to a member that are billed by a provider on a medical claim by a procedure code (J-Code). These providers include, but are not limited to, physician offices, clinics, outpatient infusion centers, and hospitals.

GCHP maintains risk for PADs and with few exceptions, these medications are not billable under the California Medi-Cal pharmacy benefit program (Medi-Cal Rx). Certain PAD drugs require prior authorization to ensure medical necessity prior to receiving the drug therapy. Any request for a PAD medication (administered at a provider's office or infusion / hospital facility) via J-Code requiring a prior authorization must be submitted as a [Prior Authorization Treatment Request Form](#) to GCHP to be considered for coverage under the medical benefit. For the most part, PADs are covered under the medical benefit and billed by the provider on a medical claim to GCHP. The provider will need to purchase the drugs from their wholesaler, distributor, or manufacturer (or another internal process at their site of practice) and then administer to the member and later bill GCHP for reimbursement.

GCHP, with direction from DHCS and the Pharmacy & Therapeutics (P&T) Committee, updates the PAD list quarterly. The PAD list and its clinical guidelines are posted on GCHP website, [Medical Drug Benefit for Providers](#).



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