Primary Care Provider Joint Operations Meeting

April 9, 2025

Provider Network Operations

Agenda
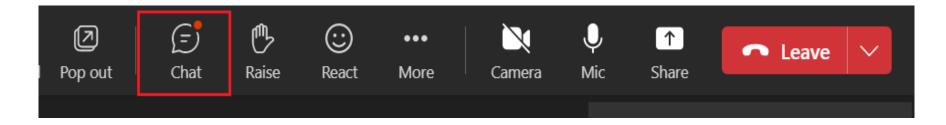
Provider Network Operations	Questions
GCHP Announcements	
Primary Care Physician Roles & Responsibilities - Monica Hernandez	
Provider Portal: Access & User Roles, Passwords, TruCare, Claims - Maria Najar	
Authorization Requests – Julie Martinez & Chris Boral	
IHA Overview and Outreach – Sharon Ramirez	
Lead Screening in Children and Lead Anticipatory Guidance- Heidi Ramirez	
Blood Level Screening – Julianne Block	
FSR & MRR Updates – Chandra Schlee	
Provider Updates & Contact Information – Veronica Esparza	

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Housekeeping Items

❖ Remain on Mute

❖ Add Questions to the Chat

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

Provider Network Operations

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

The following teams make up the PNO Department:

- Provider Relations
- Provider Contracting
- Provider Regulatory and Analytics
- Provider Credentialing

Provider Relations (PR) team is the main point of contact for contracted providers for support and enhance the quality of care and services that our members receive. The PR team investigates provider issues and provides recommendations and solutions during provider site visits and via email communication.

Sonya Ibarra, Manager of Provider Relations

Monica Hernandez, Provider Relations Lead

Veronica Esparza, Provider Relations Lead

Provider Relations Representatives

Maria Najar

Alex Gomez

Shyleen Sandoval

Raymond Reyes

ProviderRelations@Goldchp.org

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GCHP Announcements

711 East Daily Drive, Suite 106, Camarillo, CA 93010   www.goldcoasthealthplan.org

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New 2025 Provider Manual Released

GCHP has completed its annual review of our Provider Manual, and it is now available on the GCHP website.

The Provider Manual describes operational policies and procedures including information on provider responsibilities, claims information, member eligibility, guidelines for medical authorizations and more.

Please take a moment to review our online Provider Manual today!

Go to www.goldcoasthealthplan.org >
For Providers > Provider Resources > Provider Manual

We welcome your feedback on how we can improve the Provider Manual. Please email ProviderRelations@goldchp.org with your comments or suggestions.

For Questions and Gold Coast Health Plan Information,
Please Call 1-888-301-1228 | www.goldcoasthealthplan.org

GCHP Annual Provider Surveys

WE WANT TO HEAR FROM YOU!

GCHP will conduct its annual provider surveys starting in 3rd quarter 2025.

Your participation is appreciated!

- Provider Appointment Availability and After-Hours Survey

- Provider Satisfaction

Medi-Cal for Kids & Teens Training

As of January 1, 2024, DHCS requires all providers who offer services to members under 21 years of age to complete Medi-Cal for Kids & Teens training, previously referred to as Early and Periodic Screening, Diagnostic and Treatment (EPSDT). **This training must be completed every two (2) years.**

If you haven't completed your required training yet, please access the materials on our website at https://www.goldcoasthealthplan.org/for-providers/provider-trainings/medi-cal-for-kids-teens-training/

An attestation form is required as evidence that you have completed the training or attest that you have received the training elsewhere.

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

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

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Non-Specialty Mental Health Services Training (NSMHS)

Starting January 1, 2025, the state Department of Health Care Services requires Medi-Cal plans to provide outreach and education to providers about NSMHS.

The California Legislature passed Senate Bill (SB) 1019 to address the underutilization of covered mental health benefits. The bill aims to close gaps in **Non-Specialty Mental Health Services (NSMHS)**, increase awareness among members and primary care providers (PCPs), and ensure that outreach and education for NSMHS are culturally and linguistically appropriate.

NSMHS services include:
- Mental health evaluation and treatment, including individual, group, and family psychotherapy
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies, and supplements

Training materials and a copy of our Member and Provider Outreach and Education Plan can be accessed on our website:

https://www.goldcoasthealthplan.org/for-providers/provider-trainings/non-specialty-mental-health-services/

An attestation form is required as proof that the training has been completed.

References
DHCS All Plan Letter (APL) 24-012: Non-Specialty Mental Health Services: Member Outreach, Education, and Experience Requirements

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Gender Affirming Care

Gold Coast Healthplan will begin collecting information about gender affirming care services offered at provider offices within our provider directory. The goal of gender-affirming care is to ensure that individuals feel respected and supported in their gender identity, contributing to better mental health, self-esteem, and quality of life.

Gender-affirming care refers to a range of medical, psychological, and social services that support individuals in aligning their gender identity with their physical appearance, social roles, and overall well-being. This type of care is tailored to each individual's needs and can include several different types of support, such as:

- **Medical Care**: This may involve hormone replacement therapy (HRT), gender-affirming surgeries (like top or bottom surgery), or other medical treatments to help individuals transition to their gender identity.
- **Mental Health Support**: Therapy and counseling to support emotional and psychological well-being, help address issues like gender dysphoria (the distress caused by a disconnect between one's gender identity and assigned sex at birth) and provide coping strategies for social or personal challenges.
- **Social and Legal Support**: Helping individuals navigate social and legal aspects of their gender identity, such as changing names or gender markers on identification documents, as well as creating inclusive environments at work, school, or in community spaces.
- **Holistic and Community Support**: Offering support groups, peer mentoring, and other resources that foster a sense of belonging and connection for transgender and non-binary individuals.

Please notify us at ProviderRelations@Goldchp.org if your office provides gender affirming care.

Reference
TGI Health Care FAQs https://www.dmhc.ca.gov/HealthCareinCalifornia/GettheBestCare/TGICare.aspx#FAQ
APL 24-017 https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-017.pdf

Requests for Remits

Remittance advice (RA) is the detail of how claims were processed and paid. RAs can be either paper or in an electronic format.

The paper format of an RA is the Explanation of Payment (EOP). The EOP is mailed to a provider.

The electronic format of an RA is the 835. The 835 is sent through a clearinghouse.

You can choose to receive RAs either electronically or paper.

When requesting an EOP or 835 please provide the following information:
- Provider name
- TIN and NPI
- EFT/Check number
- EFT/Check date
- EFT/Check amount
- Submit a spreadsheet if more than 10 EFT/Checks
- Detailed information of what the issue is, i.e., check total not matching EOP/835, don't have the detail outlining what was recouped.

Please send your request to ProviderRelations@goldchp.org

To enroll in 835 electronic files please email EDI-Support@goldchp.org

Primary Care Physician Roles and Responsibilities

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Provider Office Changes

Help keep provider records current and accurate by notifying GCHP of practice changes in advance. By doing so, you remain in compliance with your Provider Agreement as well as assisting GCHP to be in compliance with the Department of Health Care Services (DHCS) provider data regulations.

If you need to update, add, terminate, or make demographic changes to your organization or to an existing provider in your group, please notify us at least 30 days in advance by submitting a Provider Information Update Form (PIUF). Examples of updates can include:

- Change office location, hours, phone, fax, or email.
- Add or close a location.
- Add or terminate a rendering provider.
- Change in Tax ID and/or NPI.
- Open or close your practice to new patients (PCPs only).
- Gender
- Telehealth
- Race
- Ethnicity

When reporting changes, please utilize our most current PIUF located on the GCHP website and submit completed forms to ProviderRelations@goldchp.org

New Provider Orientations Reminder

The Department of Health Care Services (DHCS) mandates all new providers, including those being added to an existing group, complete a new provider orientation training as part of their contractual obligation to be a Medi-Cal managed care provider with GCHP.

All new providers will receive a Welcome Letter by email that includes the contract start date that the provider can begin to see GCHP members and that serves as our initiation of training with links and resources for providers to begin training.

All providers must submit an attestation form as evidence that the training has been received and completed within 30 days from the provider's contract start date.

GCHP has been working diligently to meet a 100% compliancy rate for providers completing their orientation training within the timely standard and we hope that you will continue to help us achieve this goal as it ensures our new providers have a seamless transition to our network and are equipped to provide the best care for our members.

For additional information and links to training resources, please visit our dedicated webpage at www.goldcoasthealthplan.org > For Providers > Welcome Providers.

Access & Availability Standards

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

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.

First Prenatal Visits: The first prenatal visit must be scheduled within **two weeks** of a member's request.

After-Hours Calls:

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

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

- Appointment availability with other contracted, in-area providers within the same office or different location

- Appointment availability with a contracted, in-area mid-level practitioner within the same office or different location

- Weekend appointment availability when available

- Telehealth appointments

- Cancelled appointment availability

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California Children's Services (CCS)

CCS is a state-funded program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children ages 0-21 with special health care needs.

Patients that have an active case in the CCS program are required to receive treatment from a CCS-paneled specialist for their eligible condition. All requests for CCS diagnostic and treatment services must be submitted using a Service Authorization Request (SAR) form. **Only active Medi-Cal providers may receive authorization to provide CCS program services.**

Submit SARs to:

Ventura County Human Services Agency at 855 Partridge Drive, Ventura, CA 93003.

To submit claims for California Children's Services (CCS) in Ventura County

Send completed Service Authorization Request (SAR) form & supporting documents to the Ventura County CCS office at 2240 E. Gonzales Road, Ste. 260, Oxnard, CA 93036, or via fax to 805-658-4580.

The following are some helpful reminders when submitting claims.

- Submit claims for services that were approved or authorized by the CCS. Claims for services without CCS approval or prior authorization may be denied.
- Submit claims for services rendered to a client confirmed eligible to receive CCS benefits. Claims for services rendered to clients who are not CCS or are no longer eligible to receive CCS benefits will be denied.
- Submit claims in a timely manner.
- Submit claims for services rendered to clients with other health insurance coverage with the Explanation of Benefits (EOB) attached to the claims.

Billing Questions

If you have billing questions, please contact Medi-Cal at (916) 636-1980 (outside of California, please call (800) 541-5555). You can also visit the Medi-Cal website for billing procedures and updates.

Transportation Advertising Campaign

- Social Media
- Radio
- Newspapers
- Bus shelters
- Inside buses
- Flyers

Provider Portal

April 16, 2025

Maria Najar
Provider Relations

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Provider Portal Access & User Roles

Google Chrome is the preferred browser to access the GCHP NTT Provider Portal. Alternative browsers can also be used.

The one-time-passcode (OTP) authentication is an optional security feature that may be disabled by going to My Account, click on Edit, and <u>turn off</u> Two-Step Verification.

Two-Step Verification ❓ ⬤ Off

User Roles

- **Provider Administrator**: Users with access to all portal features including the portal account management feature. There can be one or more portal accounts with a Provider Admin role for a specific Tax ID and/or Location.

- **Office Manager**: Users: Users with access to all portal features excluding the account management feature.

- **Office Staff – Authorizations:** Users with access to all portal features excluding claims and the account management feature.

- **Office Staff- Claims:** Users with access to all portal features excluding the account management feature.

If your provider needs to change the assigned user role of one of your providers, please email ProviderPortal@goldchp.org.

Provider Portal Password

Password Requirements
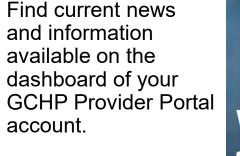
- Minimum of 8 characters, maximum of 30 characters
- Password must meet the following requirements
    - At least 1 letter in uppercase (A-Z)
    - At least 1 letter in lowercase (a-z)
    - At least 1 number (0-9)
    - At least 1 special character (-, $, &, _, %)
    - Must not contain spaces
    - Must not contain dictionary names or words (i.e., English words, Proper Names and or abbreviations such as Admin.
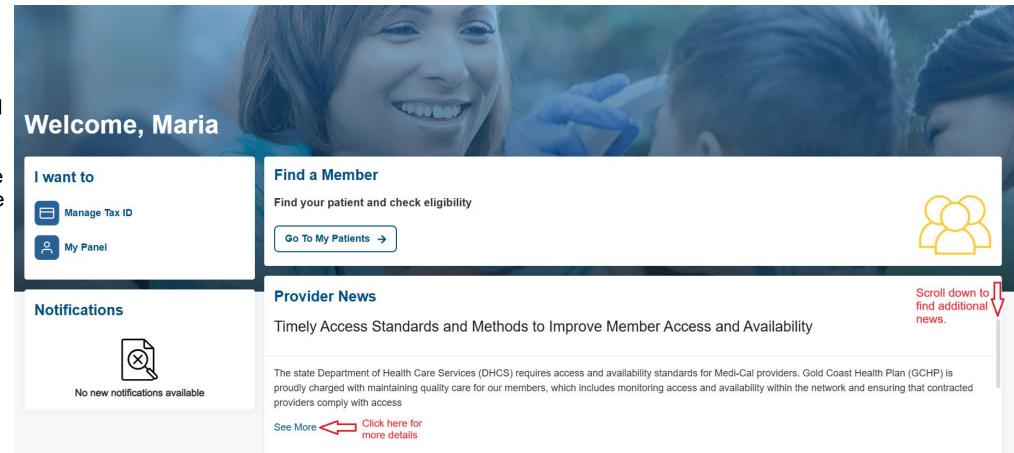
Sample of acceptable passwords: Jh#646790, R$a428267

Password Tips

- Try changing letters to numbers
  For example: 3=E, 0=O, 7=T, 1=I

- Use the special characters listed on the requirements. Any other special characters will trigger an invalid password. Example: !, ?, @

- Do not use too many numbers together that can be identified as commonly used numbers or years. Example: 1986, 2000, 1189

- Break up your words to eliminate dictionary word errors. Example: Cl_a#s

Provider Portal News

Find current news and information available on the dashboard of your GCHP Provider Portal account.

To ensure you receive important updates, we will regularly post information to keep you engaged with event dates, plan changes and other pertinent information.

If you have any questions about a publication, please email ProviderRelations@goldchp.org.

Provider Portal Claims Tips

- Secondary claims should not be submitted via the NTT Provider Portal. Primary EOPs are required for secondary claims therefore we ask these claims to be mailed directly to GCHP for processing

- The NTT provider portal does not accept attachments. Claims that require invoices, Primary EOPs, etc. should be mailed to GCHP claims address. The same applies for claims submitted via EDI (clearinghouse.)

- To obtain the best results when conducting a claim search, select the "Claims in" drop down field. Set "Location" to All.

CLAIMS SEARCH

Claims In	Claim Number	Patient Account Number	Location
Last 30 Days			All

Member Last Name	Member ID	Authorization Number	Claim Status		
			All	Q Search	Advanced Search

TruCare ProAuth Access

From the Provider Portal homepage, when clicking on the Authorizations tab to access **TruCare ProAuth**, if you get a popup error message blocking your access to proceed, please follow these three steps to bypass the popup blocker

1. Click on Extensions icon and select "Always allow popup."

2. Click on the TruCare ProAuth name, located on the top-left corner of the page.

3. Click on "Dashboard" to access the TruCare ProAuth dashboard.

If you continue to experience issues with accessing TruCare ProAuth, please email ProviderPortal@goldchp.org for assistance or call Provider Services at 1-888-301-1228 option #2.

Step 1.
Click on Extensions icon and select "Always allow popup."

Step 2.
Click on TruCare ProAuth name

TruCare ProAuth

Your login to TruCare ProAuth failed or cannot be validated properly.

Make sure that pop-ups are enabled in your browser and that you have provided correct credentials.
Wait until the login process is completely finished. The login popup closes automatically.
If a previous user left this application open, log out that user then relaunch the application. (A subsequent user cannot log in when the previous user is still active in the application.)

If the problem persists, contact the administrator. You can find more details in the browser console logs.

TruCare ProAuth

Dashboard   Step 3.
                   Click on Dashboard

Member Search

Dashboard

— Filter By ?

Member ID   Authorization Number

Date of Service From Date   Date of Service To Date

Authorization Requests

April 9, 2025

Julie Martinez & Chris Boral
Utilization Management Health Services

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Helpful Tips When Submitting An Authorization Request

When submitting authorizations through the Provider Portal please ensure to include the following information:

1. Servicing/Facility/Vendor Provider
2. Requesting/Ordering Provider
3. CPT codes
4. Quantity
5. Dates of service for all portal requests.

For CPT codes, do not enter the same code on more than one line – *increase the quantity to 2 if needed.*

It is Important to include contact name/number and fax number in all authorization requests.

DME prosthetics /Orthotics, Home Health, PT/OT etc.

GCHP recommends that the prescribing provider send the RX with the ICD-10 dx code to the rendering vendor/provider.

The rendering vendor/provider can submit the request for authorization to GCHP with the appropriate codes and quantities.

Expedited Request & Referrals

Please use the following definition to determine when to submit a request or referral as *expedited:*

- A request that may involve an imminent and serious threat to the health of a member, including but not limited to severe pain or potential loss of life, limb or major bodily function.

- When referring to an Out of Area Specialist, please be specific with which specialty, the reason member need to see the specialist and if local care was explored.

- **Remember to include pertinent clinical documentation with all request.**

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Provider Resources

Authorizations can either be requested in the Provider Portal or via fax (855) 883-1552.

To download the Prior Authorization Treatment Request Form, please visit our GCHP website:

https://res.cloudinary.com/dpmykpsih/raw/upload/gold-coast-site-258/media/r/a1bbeaac8bb34da4ba0edc95487ed911/gchp_prior_authorization_treatment_request_form_apr2022_v1-fillablep.pdf

A list of services requiring prior authorization can be found on our GCHP webpage:

https://res.cloudinary.com/dpmykpsih/raw/upload/gold-coast-site-258/media/r/ec872bf4c7de4bdfa5c0a3975636cc3d/gchp_serv_req_prior_auth_form_mar2025_v4p.pdf

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IHA
Overview and Outreach

Wednesday, April 9, 2025

Sharon Ramirez, MSN, RN, PHN, DHCS-CSR
Quality Improvement

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Initial Health Appointment (IHA)

Purpose	Components	Completed By
• Establish relationship between patient and PCP • Ensure timely patient visits that comprehensively assess and provide preventive and needed care • Document patient outreach	• History of patient's physical and mental health • Risk assessment • Assessment of need for preventive screenings or services • Health education • Diagnosis and plan for treatment of any diseases	• Primary care physician (PCP) • Nurse practitioner • Physician assistant • Obstetrician/gynecologist • Certified nurse midwife

All newly enrolled Medi-Cal members must receive a comprehensive IHA within 120 days of enrollment.

Steps for IHA Outreach and Outreach Logs

1. GCHP provider clinic receives new member list.
- GCHP Reports GCHP-Reports@goldchp.org e-mails these lists on or by 11th day of each month

2. Columns for documenting outreach efforts.
- V: Date Letter Sent.
- W: Date 1st phone call
- X: Date 2nd phone call
- Y: Outcome Status Code, i.e., S, N, T, M, O, R, E

3. Review list for established members.
- If established, check for physical exam and all IHA components in last 12 months
- If no PE/IHA in last 12 months, send member an outreach letter and record date letter sent on spreadsheet
    - Outreach letter templates available in English and Spanish upon request
- Mark E for established members; outreach for these members are complete

4. For remaining names or members not established.
- Send outreach letter to member and record date letter sent
- If no address, proceed to making phone calls

Steps for IHA Outreach and Outreach Logs

5. Phone calls to members.
- Three (3) business days after mailing outreach letters, begin calling names on the list using the provided phone numbers on the spreadsheet and record the dates phone calls were made
- ONLY 2 PHONE CALLS ARE REQUIRED
- If HIPAA compliant voicemail is left, this counts as a phone call

6. Document outcome status.
- After *three* attempts (one letter + two phone calls) to reach member, document outcome status

7. If member does not respond to outreach efforts.
- When IHA due date has passed (see Column R), finish completing the GCHP Outreach log form by entering the code "N" to all the names that do not have an outcome code entered in Column Y

8. Where to send outreach logs.
- Send your completed outreach log to Gold Coast Health Plan by fax: **805-248-7616** OR e-mail it to: **IHA@goldchp.org**

Outreach Log Sample

Member Name	Address	Phone Number	EFFECTIVE_ DATE	IHA_ DUE-BY (R)	REPORT _DATE	Date letter sent (V)	Date of 1st call (W)	Date of 2nd call (X)	Status Outcome code (Y)

Outcome Status Code and Legend:
S = Patient scheduled appointment for IHA
N = No response from letter or calls
T = Patient reports they are receiving services at a clinic outside of network
M = Patient moved to another clinic in the same network or clinic system
O = Other: no longer on Medi-Cal, moved out of the county, etc.
R = Refused the offer of an IHA or is not interested at this time
E = Already an established patient at your clinic

Key Activities

QI RNs are independently conducting quarterly IHA MRRs

Finalizing an IHA flyer to include in all new member packets
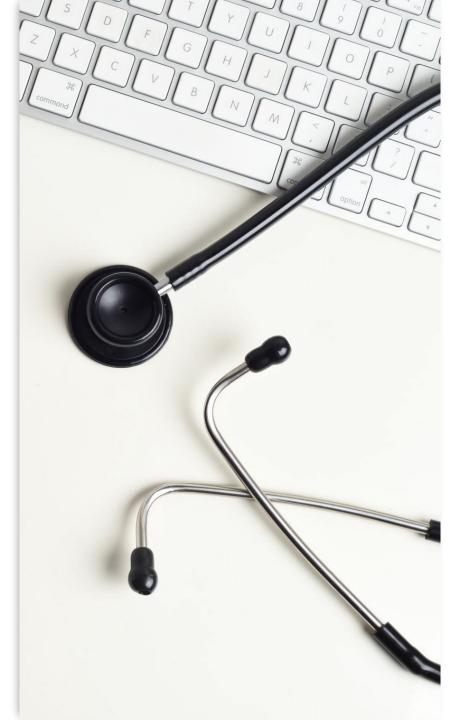
Re-establishing collection of IHA outreach logs

Sharing quarterly IHA and LSC findings at JQPC meetings

IHA Resources

- APL 22-030

- Bright Futures Periodicity Table

- United States Preventative Services Task Force

- DHCS PHM Policy Guide

- GCHP Initial Health Appointment

- IHA Billing Code List

- For continuing education and training questions related to IHA, staff can e-mail IHA@goldchp.org

- For more information regarding translation, interpretation and accommodations for disability, staff can contact GCHP's Cultural and Linguistic Department at CulturalLinguistics@goldchp.org

Lead Screening in Children and
Lead Anticipatory Guidance

Wednesday, April 9, 2025

Heidi Ramirez, BSN, RN, PHN, DHCS-CSR
Quality Improvement

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Measuring Blood Lead Screening in Children

- **DHCS APL 20-016 Lead Screening**
  - <u>Providers are required to screen at</u>:
    - ✓ 12 months and 24 months of age
    - ✓ 12-24 months of age if no documented evidence of BLS at 12 months or thereafter
    - ✓ 24-72 months of age and has no documented evidence of BLS
    - ✓ Any time a change in circumstances has put the child member at risk
    - ✓ If requested by the parent or guardian

HEDIS® Lead Screening in Children (LSC)

PERCENTAGE OF CHILDREN, 2 YEARS OF AGE, WHO HAD ONE OR MORE CAPILLARY OR VENOUS BLOOD LEAD TESTY BY THEIR 2ND BIRTHDAY

MCAS MEASURE FOR MY 2024

HELD TO MINIMUM PERFORMANCE LEVEL

DHCS Lead Screening Refusal Requirements

If the Member's parent or legal guardian refuses the blood lead screening test, Provider must ensure a signed statement of voluntary refusal by the Member 's parent or legal guardian is documented in the Member's Medical Record.

If Provider is unable to obtain a signed statement of voluntary refusal because the Member's parent or legal guardian refuses to sign, or is unable to sign, such as when services are provided through a Telehealth modality, Provider must ensure that the refusal for testing **AND** reason for not obtaining a signed statement of voluntary refusal is documented in the Member's Medical Record.

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REFUSAL OF LEAD TESTING

My child's primary care provider has fully explained the nature, purpose, risks, and benefits of lead testing, other choices, and the risks and consequences of not proceeding.

I was also informed about the anticipatory guidance below from the California Department of Public Health:

- The only way to know if your child has lead poisoning is through a blood test.
- Most children get tested at 1 and 2 years old, but some children over 2 years also need to get tested. Children can be screened before 6 years of age if they have not been screened.
- Lead can harm a child's brain. Most children who have lead poisoning do not look or act sick.

I still choose not to consent to lead testing for my child.

Reason(s) for refusal:

Patient / Child Name: _____ Patient Date of Birth: _____
Parent / Guardian Signature: _____ Date: _____

Clinic Use Only

Reasons why parent / guardian is not able to sign Refusal of Lead Testing Form:

Provider / clinic signature / stamp: _____ Date: _____

Please keep this form and include it in the patient's medical record.

MRN#: _____

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

Anticipatory Guidance

Health care providers are required to provide anticipatory guidance, informing parents and guardians about:

- The risks and effects of childhood lead exposure
- The requirement that children in Medi-Cal should be blood lead tested
- The requirement that children not in Medi-Cal who are at high risk of lead exposure should also be blood lead tested.

Handout must be given for children due for lead screening.

Handout must be given from 6mos – 72mos (6yrs) of age.

Anticipatory Guidance

Lead Brochure Order form
ClpppAdministration@ventura.org

Key Activities

Lead test member incentive ($25)

Lead screening and lead anticipatory guidance criteria are included in quarterly IHA MRRs

Next Steps

- Individual performance to be shared with providers/clinic systems in JQPCs
- Provide additional support to clinics to improve rates
  - Julianne Block will share more in a later presentation

Resources

GCHP Pediatric Lead Screening Website

Provider tip sheet

Lead testing refusal form

Lead Screening Member Incentive

Blood Level Screening

Wednesday, April 9, 2025

Julianne Block RN, BSN
Manager, Care Management and Special Programs,
Health Services

Blood Lead Level Screening (BLL)

Required by DHCS

BLL screening needs improvement county-wide

Most clinics are not meeting the standard

GCHP wants to support your success

Why Is BLL Screening Critical?

- High Levels of Lead can impact a child's cognitive and physical development

- Lead Exposure can come from
  - imported goods
  - contaminated water
  - old paint
  - environmental sources

Homes built before 1978 with peeling paint or imported toys painted with lead-based paint

Lead contaminated soil or dust tracked into the home

Imported spices such as turmeric, and curry powder or home remedies like greta and azarcon

Pottery and ceramic dishes made with lead pigments or glazes

Hobbies involving lead like making lead fishing sinkers, stained glass or home repair

Jobs involving lead like construction, welding, mining, or plumbing

GCHP's Commitment

- Provide Annual Required BLL Training and Certification
    - Capillary testing training for all clinic staff
    - Anticipatory Guidance education
    - Monthly training opportunities for New clinic staff and recertifications
    - On Demand Training access for convenience
- Improved communication and tracking
    - Monthly tracking updates communicated between GCHP and clinics

We want to support the success of our providers!

Monitor and Compliance Efforts

- GCHP will monitor the following:
  - Completion and verification of annual training and certification
  - Compliance with BLL Screening
  - Compliance with providing written and verbal Lead Anticipatory Guidance

Path Forward

Childhood lead exposure is preventable.
Test your patients today.

- Goal
  - Ensure all children receive timely and accurate lead screening
- Increase collaboration between GCHP and Clinics
  - Data
  - Trainings
  - Regular Site visits

Gold Coast Health Plan would like to inform you that we are resuming our DHCS mandated Interim Site Review process, which has been on pause since the Public Health Emergency declared in 2020. The Interim Site Review occurs approximately halfway between triennial Periodic Facility Site Reviews and is comprised of a review of the 14 Critical Elements (CE) that are assessed during each Periodic Facility Site Review, please see Interim Site Review Critical Element Assessment Tool below. Any site that received deficiencies in one or more of the following, CE # 3,4 and/or 8-14 during their most recent Periodic Facility Site Review, will be scheduled for an on-site Interim Review of all Critical Elements. Any site that did not receive deficiencies in the above forementioned CEs, will be eligible to receive an email or fax of the following CE assessment tool and may attest to their continued compliance or advise of any changes, as seen below. Please note that Gold Coast Health Plan reserves the right to perform on-site Interim Reviews for any site at the discretion of our Chief Medical Officer.

We will contact you when it is time for your Interim Site Review and will notify you if you are eligible for the attestation or will undergo an on-site review.

Please feel free to email FSR@golchp.org with any questions regarding the Interim Site Review process reinstatement.

Critical	Yes	No	N/A	Comments
1. Exit doors & aisles are unobstructed and egress (escape) accessible Accessible pedestrian paths of travel provide a clear circulation path including exit door at all times.	☐	☐	☐	
2. Timely review & follow-up of referral/consultation reports & test results The office referral process for tracking and follow up includes documentation of physician review.	☐	☐	☐	
3. Airway Management Must have a wall oxygen delivery system or portable oxygen tank that is maintained at least ₩ full with flow meter, bulb syringe, nasal cannula or mask, and Ambu Bag (appropriate sizes).	☐	☐	☐	
4. Emergency Medications Emergency medicine such as Asthma, Chest Pain, Hypoglycemia, and Anaphylactic reaction management: Epinephrine 1:1000 (Injectable), and Benadryl 25 mg (oral) or Benadryl 50 mg/ml injectable, Naloxone, Chewable Aspirin 81 mg, Nitroglycerin spray/tablet, Bronchodilator medication	☐	☐	☐	
5. Qualified personnel prepare/administer medication There must be a license practitioner (MD, NP, PA, CNM) physically present in the treatment facility during the performance of authorized procedures by the Medical Assistant (MA). The supervising physician must specifically authorize all medications administered by an MA. Pre-labeled medication container and prepared dose must be presented to and verified by a licensed person prior to administration.	☐	☐	☐	
6. Authorized persons dispense medications Drugs are dispensed only by a physician, pharmacist or other persons lawfully authorized to dispense medications upon the order of a licensed physician or surgeon. Drug dispensing is in compliance with all applicable State and Federal laws and regulations.	☐	☐	☐	
7. Drugs and Vaccines Drugs and Vaccines are Prepared and drawn only prior to Administration	☐	☐	☐	
8. Needle stick precautions are practiced on site Safety needles are used on site and are discarded immediately in sharps containers. All sharps container are secured and inaccessible to unauthorized persons.	☐	☐	☐	
9. Personal protective equipment PPE is available for staff use on site & includes water repelling gloves, water-resistant gowns, face/eye protection (e.g. face shield or goggles), & respiratory infection protection (e.g. mask).	☐	☐	☐	
10. Blood and other infectious materials storage and handling Blood, other potentially infectious materials (OPIM), regulated waste are placed in leak proof, labeled and/or color-coded containers for collection, handling, processing, storage (secure location), transport, and shipping..	☐	☐	☐	
11. Cold Chemical Sterilization/High Level Disinfection Staff demonstrate/verbalize necessary steps/process to ensure sterility and/ or high level disinfection to ensure sterility/disinfection of equipment.	☐	☐	☐	Check NA if cold chemical solution is not used
12. Cold Chemical Sterilization/High Level Disinfection Appropriate PPE is available, exposure control plan, MSDS and clean up instructions in the event of a cold chemical sterilant spill	☐	☐	☐	Check NA if cold chemical solution is not used
13. Autoclave / Steam Sterilization Management of positive mechanical, chemical, and or biological indicators of the sterilization process	☐	☐	☐	Check NA if autoclave is not used
14. Autoclave / Steam Sterilization Autoclave spore testing is performed at least monthly with documented results	☐	☐	☐	Check NA if autoclave is not used

Attestation: I hereby affirm that the information indicated on this form and any documents thereto is true, current, correct and complete to the best of my knowledge and belief, and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges or physician participation agreement.

Phyician or Designee Signature/Title_____ Date:_____

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

Provider Resources & Contact Information

Integrity

Accountability

Collaboration

Trust

Respect

Provider Resources

Provider Updates & Bulletins

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

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

Routine Site Visits

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

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

Gold Coast Health Plan℠
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Points of Contact at GCHP

For help with:	GCHP point of contact	Contact Information
1. Provider Questions with GCHP	Provider Network Operations	providerrelations@goldchp.org
2. Provider Questions with GCHP- CalAIM	Provider Network Operations	calaimpr@goldchp.org
3. Information on upcoming CalAIM webinars	Provider Network Operations	providercontracting@Goldchp.org
4. Provider Contracting	Provider Network Operations	providercontracting@goldchp.org
5. Provider Services Call Center	Operations	Phone: 888-301-1228 Option #2
6. Authorization Request	Health Services	Authorizations can either be requested in the Provider Portal or via fax (855) 883-1552.
7. To enroll in 835 electronic files or for support		EDI-Support@goldchp.org

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Gold Coast Health Plan Mailing Address

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

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

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

Questions, comments
or concerns?