



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

Provider Operations Bulletin

OCTOBER 2022

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:

Home Infusion Therapy (HIT), Administrative Services, Professional Pharmacy Services, Care Coordination, and All Necessary Supplies and Equipment, Per Diem

Home Infusion Therapy (HIT) is not covered by Medi-Cal. However, if services are authorized by Gold Coast Health Plan (GCHP), those services may be a covered benefit. When billing for the following Healthcare Common Procedure Coding System (HCPCS) codes, GCHP requires providers to submit claims itemizing the charges line by line. This is to avoid overlapping dates of service being paid or denied inappropriately, or dates of service that have multiple authorizations that have been approved for the same month. Claims billed not in this line-by-line format will be denied.

Home Infusion Codes:

S5497 – S5498	S9351 – S9368
S5501 – S5502	S9370 – S9490
S5517 - S5521	S9494 – S9497
S9061	S9500 – S9504
S9325 – S9331	S9537 - S9542
S9336 – S9338	S9558 – S9562
S9340 – S9349	S9590

Example of incorrect billing:

01/01/2022 to 01/05/2022 S9500 5 units
or
01/01/2022 to 01/01/2022 S9500 5 units

Example of correct billing:

01/01/2022 to 01/01/2022 S9500 1 unit
01/02/2022 to 01/02/2022 S9500 1 unit
01/03/2022 to 01/03/2022 S9500 1 unit
01/04/2022 to 01/04/2022 S9500 1 unit
01/05/2022 to 01/05/2022 S9500 1 unit

SECTION 2:

Medi-Cal Rx Updates

New Pharmacy Benefit: Blood Pressure Monitors

Medi-Cal Rx began covering blood pressure monitors as a pharmacy benefit as of June 1, 2022.

- Members are eligible to receive a new monitor if they have an ICD-10-CM diagnosis code that justifies medical necessity for cardiovascular monitoring for a chronic condition or on a regular basis.
- One monitor is covered once every five years.
- Covered products are listed on the Medi-Cal Rx website and are frequently updated.

Updates to Continuous Glucose Monitoring Systems

Effective Oct. 1, 2022, both types of continuous glucose monitoring (CGM) systems are medical supplies pharmacy-billed benefits through Medi-Cal Rx, subject to prior authorization (PA) and a contracted [List of Covered Continuous Glucose Monitoring Systems](#). Please refer to the updated List of Covered Continuous Glucose Monitoring (CGM) Systems and the Medi-Cal Rx Provider Manual on the [Medi-Cal Rx Web Portal](#) for specific information.

For Fee-for-Service Medi-Cal beneficiaries: As of Oct. 1, 2022, claims previously paid as a medical benefit billed on a Centers for Medicare & Medicaid Services (CMS) 1500 form via a Healthcare Common Procedure Coding System (HCPCS) must be submitted as a pharmacy claim to Medi-Cal Rx. These HCPCS codes will deny for medical claims submitted with a date of service after Dec. 1, 2022.

Note: Corresponding insulin pumps for some CGM devices will continue to remain a Durable Medical Equipment (DME) billable as a medical benefit billed on a CMS 1500 form via a HCPCS code. Please refer to the DME section of the [Pharmacy Provider Manual](#) on the website for coverage and billing information of DME insulin pumps and accessories.

Diabetic Supplies Updates

Effective Nov. 20, 2022, LifeScan test strips, lancets, self-monitoring blood glucose meters and their accessories will no longer be Medi-Cal Rx-covered pharmacy benefits.

Products deleted from the list will no longer be reimbursable, even with an approved prior authorization (PA), on or after Nov. 20, 2022, and continuing care does not apply. The Maximum Acquisition Cost (MAC) for these products will no longer be guaranteed.

Medi-Cal Rx beneficiaries with coverage through California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) may continue to receive these deleted test strips and lancets with an approved PA demonstrating medical necessity and that no other contracted product could provide the required benefit.

The [List of Covered Diabetic Test Strips and Lancets](#) and [List of Covered Self-Monitoring Blood Glucose Systems \(Glucometers\), Control Solutions, and Lancing Devices](#) have been updated on the [Medi-Cal Rx Web Portal](#).

Phasing Out of the Transition Policy for Medi-Cal Rx

Medi-Cal Rx recently began reinstating its prior authorization requirements and other claim edits that were suspended in February. Phase I of the reinstatement has included three waves and has been implemented as follows:

- Phase I, Wave I, which reinstated Drug Utilization Review (DUR) rejections (soft rejections that are overridden in the pharmacy) went into effect in mid-July 2022 with no reported disruptions.
- Phase I, Wave II went into effect in August 2022. This wave was related to the promotion of CoverMyMeds and encourages more providers to use this as an option to submit PA requests electronically.
- Phase I, Wave III went into effect on Sept. 16, 2022. Wave III relates to reinstatement of PA requirements for 11 drug classes. This should only affect new starts for members 22 years of age and older, for the time being. The 11 classes of drugs involved are: diuretics, antilipemic agents (including statins and omega-3 fatty acids), hypoglycemics, glucagon, antihypertensives, coronary vasodilators (nitrates and pulmonary arterial hypertension agents), cardiovascular agents (including antiarrhythmics and inotropes), anticoagulants, antiplatelets, niacin, vitamin B, and vitamin C products.

Phase II will reinstate PA requirements for the remaining 71 drug classes for new prescriptions and is not expected to go into effect until Phase I has been successfully implemented. The state Department of Health Care Services (DHCS) has stated it will give, at minimum, a 30-day advanced notice of the start of Phase II. Please look for additional information as it is released to be sure that you are up to date on the changes.

The DHCS [Medi-Cal Rx website](#) contains the most accurate, up-to-date information regarding Medi-Cal Rx. The website includes an overview and background information, frequently asked questions (FAQs), preliminary information regarding the transition policy and a high-level overview of the training and communication schedule. In the future, the website will serve as a member and provider portal and will be instrumental in the prior authorization process. Please make sure to bookmark this website and sign up for the Medi-Cal Rx Subscription Services (MCRxSS).

SECTION 3:

REMINDER: Balance Billing

Balance billing occurs when the provider, or billing company acting on behalf of the provider, bills the member the difference between the provider's charge and the allowed amount.

Important: A provider of health care services who obtains proof of Medi-Cal eligibility may not seek payment from the beneficiary for covered services. If the provider receives notice, the provider and any debt collector must cease debt collection and correct any reports to consumer reporting agencies.*

* *Reference: Cal. Welf. & Inst. Code § 14019.4*


SECTION 4:

Updates to the Gold Coast Health Plan (GCHP) Pre-Authorization List

Gold Coast Health Plan (GCHP) continues to evaluate and monitor the services that require authorization. As a result, the Services Requiring Prior Authorization (PA) list has been updated to include:

- California Advancing and Innovating Medi-Cal (CalAIM) benefits:
 - Enhanced Care Management (ECM)
 - Community Supports (CS)
- Enteral Nutrition:
 - Referral to Medi-Cal Rx when provided through a Specialty Pharmacy.
- Genetic Testing exceptions for authorization requirements for biomarker testing associated with a federal Food and Drug Administration (FDA)-approved therapy for:
 - Advanced or metastatic stage 3 or 4 cancer.
 - Cancer progression or recurrence in the member with advanced or metastatic stage 3 or 4 cancer.

The updated list is available on the [GCHP website](#).

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SERVICES REQUIRING PRIOR AUTHORIZATION <small>Only valid codes will be reviewed. Please refer to CMS / MC guidelines to verify validity.</small>		
SERVICE	EXPLANATION	CODES
All Hospital Admissions <small>(All place of service 21 require authorization.)</small>	ELECTIVE ADMISSIONS – All hospital admissions require review by Gold Coast Health Plan’s (GCHP) Health Services Department. For elective admissions, prior authorization is required for the procedure and the hospitalization. EMERGENCY ADMISSIONS – While the admission for emergencies does not require prior approval, hospitals MUST notify GCHP’s Health Services Department within 24 hours of the next business day of the patient admission. All days will be reviewed for medical necessity.	ALL
Ambulatory / Outpatient Surgery	All outpatient surgeries require prior authorization. Exceptions include: <ul style="list-style-type: none"> • Excisions / biopsies • I&D / debridement • Bronchoscopy • Endoscopy • Thoracoscopy • Arthroscopy • Laryngoscopy • Treatment for fractures / dislocations • Flaps / grafts • Device Insertions / Removals including catheters, neurostimulators • Injections for lesions, blocks, facet joints 	ALL
Cardiac Rehabilitation	All cardiac rehabilitation requires authorization.	93797 93786 G0422 G0423
Community-Based Adult Services (CBAS)	All Community-Based Adult Services (CBAS) require authorization.	H2000 S5102
Community Supports (CS)	All Community Supports require an authorization. Eligible population for Housing Transition / Navigation, Housing Deposit and Housing Tenancy and Sustaining: Homeless / at risk of homelessness AND at least one of the following: <ul style="list-style-type: none"> • One or more serious chronic conditions • Serious Mental Illness (SMI) / Substance Use Disorder (SUD) • At risk of institutionalization • Serious Emotional Disturbance (SED) (children / adolescents), OR 	

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SECTION 5:

Updated Prior Authorization Treatment Request Form

Gold Coast Health Plan’s (GCHP) [Prior Authorization Treatment Request Form](#) was updated in April 2022. Please use the updated version of the form when submitting requests for authorizations.

To process requests in a timely manner, Utilization Management (UM) needs the ordering provider, rendering provider and facility / vendor sections completed for all requests. Additionally, when the request is for out-of-network services, please complete the reason for the out-of-network request in the section provided on the form.

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PRIOR AUTHORIZATION TREATMENT REQUEST FORM

URGENT (72 hours) ROUTINE RETRO
 FAX: 1-855-883-1552 PHONE: 1-888-301-1228 www.goldcoasthealthplan.org
TO PROCESS YOUR REQUEST THIS FORM MUST BE COMPLETED AND LEGIBLE

PROVIDER: Authorization does not guarantee payment. Eligibility must be verified at time services are rendered.

Patient Name: _____ Date: _____
 Last _____ First _____
 Mailing Address: _____ City: _____ Zip: _____
 CIN Number: _____ Male Female Date of Birth: _____ Age: _____
 Name of PCP: _____ Location: _____

Ordering Provider:	Rendering Provider:	Facility / Vendor:
<input type="checkbox"/> In-Network <input type="checkbox"/> Out-of-Network <input type="checkbox"/> Out-of-Area	<input type="checkbox"/> In-Network <input type="checkbox"/> Out-of-Network <input type="checkbox"/> Out-of-Area	<input type="checkbox"/> In-Network <input type="checkbox"/> Out-of-Network <input type="checkbox"/> Out-of-Area
Name: _____	Name: _____	Name: _____
Specialty: _____	Specialty: _____	Specialty: _____
NPI: _____	NPI: _____	NPI: _____
TIN: _____	TIN: _____	TIN: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____
Office Contact: _____	Office Contact: _____	Office Contact: _____

AUTHORIZATION REQUEST

Outpatient Facility DME Rental (RR) DME Purchase (NJ) Hospice Interventional Pain Management
 Inpatient Facility Home Health Rehab Services (PT, OT, ST) Surgical Orthotics / Prosthetics
 SNF Home Infusion Radiology Imaging Services CCS Other

Estimated Length of Stay (days): _____

REASON FOR OUT-OF-NETWORK REQUEST

Member's Preference Provider Not Accepting New Patients Provider Not Available In-Network
 Specialized Procedure / Area of Expertise Timely Access to Provider Other: _____

REFERRING PROVIDER'S ORDER MUST BE SUBMITTED

Date(s) of Service: _____ Retro Date(s) of Service: _____
List ALL procedures requested along with appropriate CPT code(s)
 Diagnosis: _____ ICD-10: _____

CPT/HCPCS Code(s)	Requested Procedure(s)	Quantity	CPT/HCPCS Code(s)	Requested Procedure(s)	Quantity

PERTINENT HISTORY (SUBMIT RELEVANT MEDICAL RECORDS, TEST RESULTS, X-RAYS, ETC.)

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SECTION 6:

Expedited or Urgent Requests

Utilization Management (UM) would like to remind providers that requesting a service as expedited or urgent means that waiting the standard timeframe for review (five business days) will seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function of any body organ / body part. When the expedited or urgent definition is not met, please refrain from submitting the request as expedited / urgent, as this may cause a delay in processing authorization requests.

SECTION 7:

Non-Emergency Medical Transportation (NEMT) Form

Gold Coast Health Plan’s (GCHP) [Non-Emergency Medical Transportation \(NEMT\) Prescription / Attestation of Medical Necessity Form](#) was updated in May 2022. Please discard any old versions of the form you may have saved and use the updated version of the form when submitting requests for NEMT. To prevent delays with processing the NEMT request, make sure that all sections of the form are completed.



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NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)
PRESCRIPTION / ATTESTATION OF MEDICAL NECESSITY

In order to process your request, complete all form fields below including physician signature and date of signature. If any field is incomplete, the request cannot be processed and may result in delay of service. This form constitutes a prescription and attestation of the medical necessity for transportation services. Ventura Transit Service (VTS) requires at least 48 hours prior notice for all standard requests. Please submit this form in a timely manner to allow for verification of the information provided below.

1. Member Name: _____	2. GCHP ID Number: _____
3. Member's Preferred Contact Number: _____	4. GCHP Member DOB: _____
4. Servicing Provider / Facility: _____	6. Language Preference: _____
7. Date of Service (DOS) for Authorization. (Not to exceed one year and dependent on member eligibility)	
From: _____	To: _____

8. Days of the week transported to above appointment(s):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Varied

9. Caregiver will accompany: Yes No Reason: _____

10. Diagnosis: _____

11. Medical purpose / justification for visit(s): _____

12. Patient mobilizes via: Wheelchair Walker Cane Bed bound Other (describe) _____

13. Mode of transportation requested: Ambulance Wheelchair van Lifter van Air Other (describe) _____

14. Beneficiary functional limitations (specific physical or mental) that preclude the patient's ability to ambulate without assistance or to be transported by private or public conveyance:

<input type="checkbox"/> Wheelchair bound and unable to self-transfer	<input type="checkbox"/> Hemodialysis
<input type="checkbox"/> Mental confusion	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Respiratory disorder	
<input type="checkbox"/> Other (please describe): _____	

15. Unable to use private or public transportation due to medical condition.

By signing this form, Provider acknowledges that medical necessity was used to determine the type of transportation being requested.

16. Provider Name: _____	17. Date: _____
18. Provider Signature: _____	19. License Number: _____
20. Office Contact Name: _____	21. Phone: _____
22. Provider Specialty: _____	23. Fax: _____
24. Provider Address (number, street, city, zip code): _____	

PROVIDER: Please FAX completed form to GCHP at: 1-855-883-1552

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Rev. 05/22

SECTION 8:

No Wrong Door for Mental Health Services

The No Wrong Door for Mental Health Services Policy's primary goals are to ensure that members receive timely mental health services without delay, regardless of the delivery system where they seek care, and that members are able to maintain treatment relationships with trusted providers without interruption.

Clinically appropriate and covered Non-Specialty Mental Health Services (NSMHS) and Specialty Mental Health Services (SMHS) services are covered and reimbursable Medi-Cal services, even when:

- Services are provided prior to determination of a diagnosis, during the assessment period, or prior to determination of whether NSMHS or SMHS access criteria are met;
- The beneficiary has a co-occurring mental health condition and substance use disorder (SUD);
- Services are not included in an individual treatment plan; **OR**
- NSMHS and SMHS services are provided concurrently if those services are coordinated and not duplicated.

What does this mean for Medi-Cal members?

- Members can be accepted for assessment in either system. Providers will coordinate the care to get the member into the right level of care. Gold Coast Health Plan's (GCHP) partner, Beacon Health Options, can provide coordination. Contact Beacon Care Management at 1-805-437-5656. GCHP's Care Management Department can also help. Call 1-805-437-5656 (TTY 1-888-310-7347) or email CareManagement@goldchp.org.

Behavioral Health Quality Reporting

Gold Coast Health Plan (GCHP) and Ventura County Behavioral Health (VCBH) now share quality reporting for the two following measures:

- 1. Follow-up after emergency department (ED) visit for alcohol and other drug abuse or dependence (FUA-30):** Measures the percentage of ED visits during the measurement year, for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD within 30 days of the ED visit.
- 2. Follow-up after ED visit for mental illness (FUM-30):** Measures the percentage of ED visits during the measurement year, for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days of the ED visit.

For measurement year (MY) 2022 / reporting year (RY) 2023, the state Department of Health Care Services (DHCS) will require these measures to meet minimum performance level (MPL) / 50th percentile. They were not held to the MPL in MY 2021, but the table below shows GCHP's rates ranked at or below the 10th percentile, underscoring the need to improve member access to follow-up care within 30 days of the ED visit.

Measure	2021 MY Denominator	2021 MY Numerator	2021 MY Rate	2021 MY MPL	Percentile
FUA-30	1273	110	8.64	21.31	10 th
FUM-30	1015	300	29.56	53.54	< 10 th

Hospital emergency departments can improve these rates by:

- Participating in the CalBridge Behavioral Health Navigator Program to receive funding and technical support for treating patients with SUD and mental health conditions.
- Using SUD navigators and behavioral health-trained staff to help coordinate follow-up care before patients leave the ED.
- Sharing real-time data (e.g., health information exchange and electronic health records) to ensure provider and health plan care coordination.

Providers can help improve these rates by:

- Completing daily reviews of ED data to identify members who need follow-up care and proactively schedule appointments.
- Scheduling follow-up telehealth visits to improve appointment accessibility.
- Viewing monthly dashboard and gap reports on INDICES®, which is a quality monitoring program for providers. For more information, [click here](#).

GCHP is improving these rates by:

- Using Care Management services to follow up with members after being discharged from the ED. This vital service closes the loop to ensure that members have access to necessary follow-up services and provides continuity of care during a very critical time in their treatment process.
- Evaluating data sources that facilitate the timely identification of members with ED visits.
- Promoting the use of telehealth services to close gaps in care.
- Increasing provider awareness of available resources, such as the CalBridge Navigator Program.

SECTION 9:

Non-Discrimination in Credentialing Notice

Gold Coast Health Plan (GCHP) is committed to ensuring access to a high-quality health care delivery system. As part of our commitment, GCHP conducts Credentials / Peer Review Committee meetings in a non-discriminatory manner. Additionally, reviews of a practitioner's information are completed without discrimination.

No practitioner will be denied privileges with GCHP, have any corrective actions imposed, or have their privileges suspended or terminated solely on the basis of race, ethnic / national identity, age, gender, sexual orientation, or the type of patient that the practitioner treats. You have the right to file any issues or concerns regarding fair and non-discriminatory practices in the credentialing / recredentialing process. Any issues or concerns should be submitted to ProviderRelations@goldchp.org.

For more information about the credentialing or recredentialing process, visit the [GCHP website](#).

SECTION 10:

COVID-19 Vaccines

COVID-19 continues to be an ongoing public health threat and it is as important as ever to recommend the COVID-19 vaccine to your patients. Data consistently shows that a strong recommendation from you increases vaccination uptake. Additionally, the Centers for Disease Control and Prevention (CDC) recommends everyone stay up to date with COVID-19 vaccination, including all primary series doses and boosters for appropriate age groups.

The CDC recommends the following COVID-19 vaccination schedule for patients:

Patients 5 months – 4 years of age	Primary series dose
Patients 5 years – 11 years of age	Primary series dose & monovalent booster
Patients 12 years – 17 years of age	Primary series dose & one Pfizer bivalent booster
Patients 17 years of age and older	Primary series dose & updated booster (either Pfizer or Moderna)
Patients previously exposed to COVID-19	Follow above recommendations

Recommend the COVID-19 vaccine to your patients today! For more information about COVID -19 vaccination guidelines, [click here](#). For more information about COVID -19 vaccination guidelines for immunocompromised patients, [click here](#).

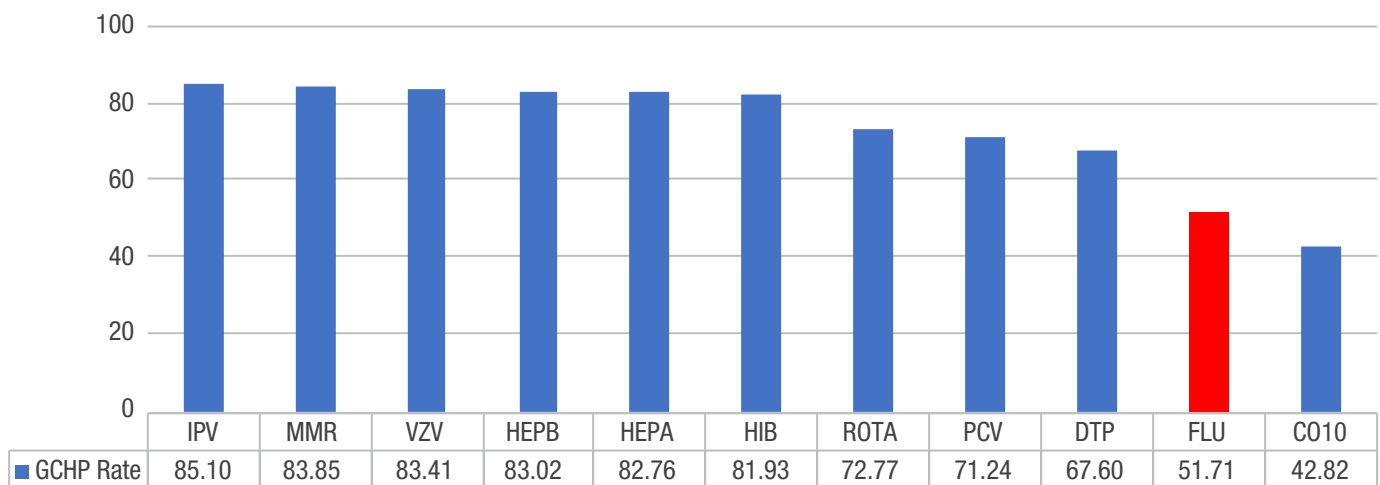
SECTION 11:

Flu Shots for Babies and Toddlers

The flu vaccine typically has the lowest acceptance of all vaccines recommended for children. This is because parents of young children may not know that their child should get a flu vaccine once they reach 6 months of age. The Advisory Committee on Immunization Practices (ACIP) recommends that all children receive two doses of the flu vaccine before they turn 2 years old.

In 2021, Gold Coast Health Plan (GCHP) pediatric members had a flu vaccination rate at least 15% lower than any other recommended vaccine.

2021 GCHP Vaccination Rates by Antigen



As you begin to focus on the upcoming flu season, here are some best practices to help improve flu vaccine uptake:

- Review your patient's immunization record at every encounter and offer the flu vaccine while they're in the office.
- Educate your clinical team about flu vaccines and discuss common misconceptions.
- Provide resources to parents about the importance of flu vaccines.
- Make sure staff have access to the [California Immunization Registry \(CAIR\)](#) and can input flu vaccines given.
- Use the Inovalon® INDICES® provider insights dashboard to identify members who are due for a flu vaccine.

For more information about flu vaccines for children or other childhood vaccines, visit the [GCHP website](#). For any questions, please reach out to the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 12:

NEW: Diabetes HbA1c Test Member Incentive Program

Gold Coast Health Plan (GCHP) is offering a \$25 gift card (Target, Wal-Mart or Amazon) to members diagnosed with diabetes (types 1 and 2) who complete their HbA1c test with their provider by the end of 2022. Members with a gap in care will be mailed a member incentive flyer, health education material, and notice of benefits.

To earn the gift card, the member will need to complete their HbA1c test, fill out the incentive form, have the provider sign / stamp the form, and mail or fax their completed form to GCHP. Members can expect to receive their gift cards four to six weeks after their form has been submitted.

The member incentive flyer is available on the [GCHP website](#). For questions, please contact the Quality Improvement Department at QualityImprovement@goldchp.org.

Contact your patients with diabetes today to get their HbA1c test!

Get a Free Gift Card!

¡Reciba una Tarjeta de Regalo Gratis!





Gold Coast Health Plan (GCHP) values your health. An important part of managing your diabetes is getting your HbA1c tested on a routine basis. Knowing your HbA1c will help prevent serious diseases such as kidney failure, liver disease and severe anemia.

To get your \$25 gift card, you must meet these requirements:

- 1 Be a GCHP member with full-scope Medi-Cal benefits between 18 and 75 years of age.
- 2 Get an HbA1c test with your doctor between **July 1, 2022 and December 31, 2022**.
- 3 Fill out this form and have your doctor or their staff sign or stamp it during your office visit.
- 4 Send the form to GCHP by **January 31, 2023**.

Limit one card per member per year. It may take up to 4-6 weeks after GCHP receives your completed form for you to get your gift card in the mail.

If you have any questions, call Gold Coast Health Plan at 1-888-301-1228 / TTY 1-888-310-7347.

Gold Coast Health Plan (GCHP) valora su salud. Una parte importante del control de su diabetes es hacerse una prueba de HbA1c de manera periódica. Conocer su nivel de HbA1c ayudará a prevenir enfermedades graves como insuficiencia renal, enfermedad hepática y anemia grave.

Para recibir su tarjeta de regalo de \$25, usted debe cumplir estos requisitos:

- 1 Ser miembro de GCHP con beneficios de Medi-Cal completos, entre 18 y 75 años.
- 2 Hacerse una prueba de HbA1c con su médico entre el **1 de julio de 2022 y el 31 de diciembre de 2022**.
- 3 Completar este formulario y hacer que su médico o su personal lo firmen o sellen durante su visita médica.
- 4 Enviar el formulario a GCHP antes del **31 de enero de 2023**.

Límite de una sola tarjeta por miembro por año. Puede tomar hasta 4 a 6 semanas después de que GCHP reciba su formulario completo para que reciba su tarjeta de regalo por correo.

Si tiene alguna pregunta, llame a Gold Coast Health Plan al 1-888-301-1228 / TTY 1-888-310-7347.



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SECTION 13:

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) or non-English speaking members access to language assistance services at medical and behavioral health points of service at no cost to members, 24 hours a day, seven days a week.

Language Assistance Services include:

- Interpreting and translation services. GCHP provides written and oral interpretation services from a qualified interpreter.
- Sign language interpreting for deaf and hearing-impaired members.
- Alternative formats such as Braille, audio format, large print (no less than 20 point Arial font), and accessible electronic format, such as a data CD, as well as requests for other auxiliary aids and services that may be appropriate.

Members are **NOT** required to provide an interpreter or use a friend, family, including minors, to interpret during medical appointments. GCHP discourages the use of bilingual staff members who do not meet the qualifications of a qualified interpreter. Bilingual staff with direct contact with members are required to be assessed for their Spanish bilingual fluency.

Note: Interpretation services provided at a hospital facility are the responsibility of the hospital where the service is provided. GCHP does not contract with LIFESIGNS for sign language interpreting services. Contact GCHP's Cultural and Linguistic Services Department for more information or visit the [GCHP website](#) for additional information.

For easier access when requesting language assistance services for members, GCHP combined the translation and interpreting services request form into the new [Language Assistance and Auxiliary Services Request Form](#). The new form includes all modes of language assistance and auxiliary services. As a reminder, please complete and submit the request form directly to GCHP's Cultural and Linguistic Services Department via email at CulturalLinguistics@goldchp.org or fax to 1-805-248-7481.

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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? <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"/> Virtual (Video/Text) Interpreter Request			
<input type="checkbox"/> Telephone Interpreter Request			
<input type="checkbox"/> Translation (Written) Request			
<input type="checkbox"/> Other (Alternative Format, etc.): _____			
REQUESTOR INFORMATION			
Date Needed:	Appointment Start Time (if applicable):	<input type="checkbox"/> AM <input type="checkbox"/> PM	Appointment End Time (if applicable):
			<input type="checkbox"/> AM <input type="checkbox"/> PM
Name of Requestor:	Phone Number:		
Provider Name:			
Client Name:	Fax Number:		
Email (Interpreter confirmation will be emailed - Please PRINT CLEARLY):			
MEMBER INFORMATION			
Member Name:	Gender:		
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Member ID Number (REQUIRED):	Date of Birth:		
Primary Care Provider:			
Type of Appointment:			
711 East Daily Drive, Suite 106, Camarillo, CA 93010 1-888-301-1228 www.goldcoasthealthplan.org			
Rev. January 2022			

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	Zip
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):	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 CANCELSATIONS MUST BE RECEIVED BY EMAIL OR FAX.			
To cancel or reschedule a confirmed request, please notify GCHP Cultural and Linguistic Services at least 24 business hours in advance.			
Billing Information			
Gold Coast Health Plan Attn: Cultural and Linguistic Services 711 E. Daily Drive, Suite 106, Camarillo, CA 93010 Phone: 1-805-437-5500 Fax: 1-805-248-7481 Email: CulturalLinguistics@goldchp.org			
711 East Daily Drive, Suite 106, Camarillo, CA 93010 1-888-301-1228 www.goldcoasthealthplan.org			
Rev. January 2022			

For additional information, 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.

Free Specialized Telephone Equipment and Devices for Eligible Californians

The Deaf and Disabled Telecommunications Program (DDTP) is a public program mandated by the California State Legislature and administered by the California Public Utilities Commission. The DDTP has two components: the California Relay Service (CRS), which includes Speech to Speech, and the California Telephone Access Program (CTAP), which provides assistive telecommunications equipment. The mission of the program is to provide access to basic telephone service for Californians who have difficulty using the telephone.

The California Telephone Access Program (CTAP) offers specialized telephone equipment and network services at no cost to qualified residents who have difficulty using a standard telephone. To be eligible, providers must certify an individual as having a permanent or temporary disability. They also must:

- Live in California.
- Have access to a telephone service.

Click here to learn more about the [Deaf and Disabled Telecommunications Program](#) or download a [certification form](#) for the California Telephone Access Program in different languages. You may also call 1-800-806-1191 (TTY 1-800-806-4474) or visit www.CaliforniaPhones.org.

October – Health Literacy Month: Building Health Literacy Awareness Through Action

For more than 20 years, October has been recognized as Health Literacy Month. Health Literacy Month is a time of international observance when many agencies work collaboratively to integrate and expand the mission of health literacy. Health literacy and clear communication between health professionals and patients are key to improving patient health and the quality of health care.

To learn more about how you can promote health literacy awareness in your organization and training opportunities, visit the following resources:

- [The National Institutes for Health](#) - Provides additional information on the importance of using plain language.
- [The Office of Disease Prevention and Health Promotion](#) - Provides communication tools and resources.
- [The Institute for Healthcare Advancement \(IHA\)](#) - Provides two short videos on health literacy.
- [Effective Communication For Healthcare Teams](#) - Training addressing health literacy, limited English proficiency and cultural differences.



SECTION 14:

Health Education

Gold Coast Health Plan (GCHP) Health Education Resources

Gold Coast Health Plan (GCHP) offers free health education services to help members achieve a healthy lifestyle. Health education services are designed to ensure that all members have access to health education programs, health promotion materials and classes. You can access our member resources by visiting the [GCHP Health Education webpage](#). Members can access resources including health education materials and flyers in English and Spanish.

GCHP Health Education will be mailing Primary Care Providers (PCPs) samples of health education materials to share with members on a variety of topics.

For additional information or to request health education services, contact GCHP's Health Education Department at 1-805-437-5718, Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays) or email HealthEducation@goldchp.org.

November: Diabetes Awareness Month

November is Diabetes Awareness Month, and GCHP asks providers to encourage members to take an extra step in managing their diabetes. The Health Education Department can provide members with health education materials for members, including the [Diabetes Exam Flyer](#) in English and Spanish.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is a benefit that was created by the Centers for Disease Control and Prevention (CDC). This program works with those with prediabetes to help prevent type 2 diabetes. To learn more or to see if a member qualifies for DPP, visit www.Solera4me.com/gchp or call 1-888-305-6008 (TTY 711).

GCHP also encourages providers to refer members to the [Chronic Disease Self-Management Program](#), available in English and Spanish.

Developmental Screenings

The American Academy of Pediatrics (AAP) recommends developmental and behavioral screening for all children during regular well-child visits at 9 months, 18 months and 30 months of age.

Resources

- [Fact Sheet on Developmental Monitoring and Screening](#)
- [Algorithm from the American Academy of Pediatrics](#)
- [Help Me Grow Ventura County](#)
- [American Academy of Pediatrics](#)
- [Centers for Disease Control and Prevention](#)

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented and could potentially reduce many health conditions.

ACEs Resources

- [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#)
- [DHCS Trauma Screenings and Trauma-Informed Care Provider Trainings](#)

Healthy Eating During the Holidays

For many people, eating healthy is a struggle, but it can be even harder during the holidays. The CDC provides some [helpful tips for healthy eating during the holidays](#) in English and Spanish. Please share this resource with GCHP members.

MyPlate

A great resource for information about eating healthy is [MyPlate](#) from the U.S. Department of Agriculture. There are many resources for members of any age in English and Spanish. The [MyPlate Plan](#) shows food group targets and how much to eat. The food plan is personalized based on age, sex, height, weight, and physical activity level. The CDC also offers [diabetes meal planning](#) and plate method in English and Spanish.

Local Food Pantries

[Food Share Ventura County](#) distributes food through 190 pantry locations and programs to hungry families, seniors, and children in the county. A list of food pantry locations, with dates and times of services throughout Ventura County, can be [downloaded here](#).

Prenatal Resources

GCHP offers free resources to parents, including expectant mothers. Members can find out more information about [pregnancy and postpartum benefits](#) on the GCHP website and sign up for the free e-newsletter for pregnancy and/or new parents.

Breast pumps are a covered benefit for GCHP members. GCHP also offers the Postpartum Care Extension Program. For additional information, members can call GCHP's Member Services Department Monday through Friday, from 8 a.m. to 5 p.m. at 1-888-301-1228 (TTY 1-888-310-7347).

Breastfeeding resources for members:

- [Breastfeeding Coalition of Ventura County \(English\) / Breastfeeding Coalition of Ventura County \(Spanish\)](#)
- [Mother's Milk Bank \(English\) / Mother's Milk Bank \(Spanish\)](#)
- [Ventura County Breastfeeding Resource Guide \(English\) / Ventura County Breastfeeding Resource Guide \(Spanish\)](#)
- [Women, Infants, and Children \(WIC\) Breastfeeding Resources \(English and Spanish\)](#)

Dairy Council Resources

The Dairy Council of California is committed to elevating the health of children and families through the pursuit of lifelong healthy eating habits. For resources on nutritional information for members visit the [Dairy Council of California](#).

SECTION 15:

Population Needs Assessment

Gold Coast Health Plan's (GCHP) [2022 Population Needs Assessment \(PNA\) Report](#) is now available on the GCHP website.

The PNA is conducted to ensure that the health education, and cultural and linguistic needs of members are met. The PNA evaluates the health status of members, adequacy of health education, quality improvement programs, and identifies health disparities and gaps in services.

GCHP would like to thank the many stakeholders, including community-based organizations, health care providers, staff, and representatives from the community, that contributed to this report.

PNA Objectives

Behavioral Health Services

GCHP partners with Beacon Health Options to manage the mental health benefit of GCHP members. The [Primary Care Provider \(PCP\) Referral Form](#) allows providers access to the services available through Beacon Health Options, and the [Care Management Referral Form](#) allows providers to link members to mental health providers, support transition between levels of care, engage members with history of non-compliance and/or link members to community support services, and assist with coordination between multiple agencies.

Members can self-refer for behavioral health services. No prior authorization is needed for outpatient mental health services.

Important Phone Numbers:

- Ventura County Behavioral Health Crisis and Referral Line: 1-866-998-2243
- Suicide Prevention Lifeline: 1-800-273-8255
- Substance Use Treatment Services Access Line: 1-844-385-9200

Someone is available 24 hours a day, seven days a week. For TTY, dial 711.

Student Behavioral Health Incentive Program (SBHIP)

Undoubtedly, there is a growing mental health crisis among youth. The state Department of Health Care Services (DHCS) has committed to making lasting improvements to the systems impacting and providing necessary mental health prevention, assessment, and treatment to our youngest residents.

Partnerships between county behavioral health departments and school districts, managed care plans, such as GCHP, and DHCS seek to improve the statewide continuum of care to ensure every child receives the behavioral health services they are entitled to.

To ensure effectiveness, GCHP has guided local school districts, along with collaboration from the Ventura County Office of Education (VCOE), to complete needs assessments to determine the needs of students and families, and to identify barriers to accessing behavioral health services. GCHP, along with our local education agencies and collaborative partners, will then create project plans to ensure that staffing, resources, and infrastructure can be developed. For questions regarding behavioral health services, email Lucy E. Marrero, director of Behavioral Health and Social Programs, at lmarrero@goldchp.org.

Screening for Tobacco Use

Providers are required to screen members for tobacco use, including smoking, vaping / e-cigarettes, hookahs, smokeless tobacco and passive exposure, beginning at 11 years of age. Tobacco cessation services must be documented in the patient's medical record as follows:

- Initial and annual assessment of tobacco (e-cigarette, vaping products, and/or secondhand smoke) use for each adolescent (11-21 years of age) and all adults, including pregnant patients.
- FDA-approved tobacco cessation medications (for non-pregnant adults of any age).
- Individual, group, and telephone counseling for members of any age who use tobacco products.
- Services for pregnant tobacco users.
- Prevention of tobacco use in children and adolescents (including counseling and pharmacotherapy).

The state Department of Health Care Services (DHCS) [All Plan Letter \(APL\) 10-014: Comprehensive Tobacco Prevention and Cessation Services for Medi-Cal Beneficiaries](#) provides detailed guidance for providers to address this public health threat. In addition to the provision and documentation of tobacco screening, cessation and counseling services, providers must also use approved codes for claims and encounter submissions.

Coding Guidance for Tobacco Cessation and Counseling

Tobacco User Diagnosis

ICD-10-CM diagnosis codes examples

- F17 codes: Tobacco use
- O99 codes: Maternal tobacco use
- T65 codes: Toxic effect of tobacco and nicotine
- Z codes: Exposure or history of tobacco use

Tobacco Cessation and Counseling Services

Code examples

- CPT II: 4000F Tobacco use cessation intervention, counseling
- CPT: 99046 Intermediate counseling and cessation treatment
- HCPCS: G9906 Tobacco user received cessation intervention
- ICD-10-CM: Z71.6 Tobacco abuse counseling

For questions regarding tobacco cessation and counseling or assistance with coding, email QualityImprovement@goldchp.org.

Resources for members

- [American Cancer Society](#): 1-800-227-2345
- [Centers of Disease Control and Prevention](#):
 - English: 1-800- QUIT-NOW (1-800-784-8669)
 - Spanish: 1-855-DEJELO-YA (1-800-335-3569)
- [Kick It California](#):
 - English: 1-800-300-8086
 - Spanish: 1-800-600-8191
- [Ventura County Public Health - Call it Quits](#):
 - Call: 1-805-201-STOP (1-805-201-7867)
 - Email: callitquits@ventura.org

- [Ventura County Behavior Health](#): 1-844-385-9200

Lead Screening

DHCS considers patients on any government assistance program, including GCHP members, at-risk for lead exposure, and requires that they be tested according to clinical guidelines. To learn more about lead poisoning and how to prevent lead exposure, visit the Childhood Lead Poisoning Prevention Branch's (CLPPB's) [Frequently Asked Questions](#) and [Lead Education Materials](#).

Don't forget!

- Provide anticipatory guidance to all patients due for lead testing.
 - Visit [GCHP's website](#) for health education materials.
- For parents who refuse a blood lead screening, document a parental refusal in the medical record including the signed refusal form.
- Use the California Department of Public Health guidelines for interpreting blood lead levels.
- Report any abnormal test results to the California Lead Poisoning Prevention Branch.
- Submit claims to GCHP for blood lead screenings using CPT code: 83655.

Best Practices

- Use the quarterly Lead Screening Gap Report Provided by GCHP's Quality Improvement Department to identify children who need testing.
 - If you are not receiving Gap Reports and would like to, please contact QualityImprovement@goldchp.org.
- Perform point-of-care lead testing during well-child visits.

Stay Compliant with the New GCHP Lead Screening Refusal Form

On November 2, 2020, DHCS released [All Plan Letter \(APL\) 20-016: Blood Lead Screening of Young Children](#) with the additional provider documentation requirements for blood lead screenings in young children. Providers are required to document parental refusal by completing the [lead refusal form](#). Completion of the lead refusal form is mandatory for all parental refusals and the documentation must be saved in the patient's medical record. This refusal form should be used under the following circumstances:

- In the scenario that a child's parent or care giver withholds consent for a lead test, you are required to document this in the child's medical record by obtaining a signed statement of voluntary refusal, or
- Document the reason the signed statement of voluntary refusal was not obtained, such as parent refused or declined to sign it, care was conducted via telehealth, etc.



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

Provider Operations Bulletin

OCTOBER 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