



**Gold Coast  
Health Plan**<sup>SM</sup>  
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# Provider Operations Bulletin

JUNE 2025

[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)

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## SECTION 1:

# Provider Contact Center Day Closure Notice

Gold Coast Health Plan (GCHP) is happy to provide customer service to the many providers helping our members receive the quality care they need. The GCHP Provider Contact Center is here to assist you with questions related to member care, claim payments, authorization, eligibility, and any other issues you encounter while serving our members.

To help provide outstanding service to our provider community, we periodically offer opportunities for our staff to participate in team building and recognition activities. As part of this effort, our Provider Contact Center will be closed on **Wednesday, July 16, 2025**. This will allow our staff to participate in activities to enhance our ability to offer outstanding service as we work to build strong relationships with our provider network.

For those who have third-party vendors or business partners who contact our Provider Contact Center regularly, for example a billing service, please pass this information to them.

Thank you in advance for supporting GCHP's efforts to continually improve our service.



## SECTION 2:

# Offshore Subcontracting Attestation Form

Gold Coast Health Plan (GCHP) is responsible for fulfilling the requirements applicable to the Medicare program and Health Insurance Portability and Accountability Act of 1996 (HIPAA) and we need your help. Our first tier, downstream or related entity (FDR) is responsible for complying with these requirements. They must ensure that their downstream entities also comply with applicable laws and regulations. This includes the requirements below:

If you conduct offshore business:

1. **Submit an offshore subcontracting attestation form for review and processing before you perform services.**

Complete the GCHP approved [offshore subcontracting attestation form](#) and submit to GCHP no later than **August 27, 2025**.

Gold Coast Health Plan  
Attn: Provider Contracting  
711 E. Daily Drive, Suite 106  
Camarillo, CA 93010-6082

Email: [Providercontracting@goldchp.org](mailto:Providercontracting@goldchp.org)

GCHP must review and process the offshore subcontracting attestation request in CMS systems before you can:

- Perform offshore services for our Medicare plan
- Use an individual or entity to perform offshore subcontracting services for our Medicare plan

2. **Keep this information updated.**

If there are material changes with a previously approved offshore entity (for example, change in location or scope of services), you must submit a new offshore subcontracting attestation form with the new information for review and approval.

If you have questions, please contact [Providercontracting@goldchp.org](mailto:Providercontracting@goldchp.org).

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Integrity • Accountability • Collaboration • Trust • Respect

**OFFSHORE SUBCONTRACTING ATTESTATION FOR MEDICARE COMPLIANCE**

If you are a Ventura County Medi-Cal Managed Care Commission (MCC) Gold Coast Health Plan (GCHP) subcontractor (also referred to as a first-tier, downstream or related entity) providing services that are performed by workers offshore (referred to hereinafter as "Offshore Subcontractor"), indicate your business name and tax identification (ID) number below.

Name of organization (if applicable): \_\_\_\_\_

Tax ID: \_\_\_\_\_

If you manage multiple offshore subcontractors, list the name(s) and tax ID(s) for whom you are completing this attestation or attach a separate sheet.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Attestation completion date: \_\_\_\_\_

**Offshore Subcontractors** - Do you utilize offshore downstream subcontractors or provide services through workers located in offshore countries? The term offshore refers to any country that is not within the United States or one of the United States territories (American Samoa, Guam, Northern Mariana, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of "offshore" include Mexico, Canada, India, Germany, and Japan. Subcontractors that are considered offshore can be either American-owned companies with certain portions of their operations performed outside the United States or foreign-owned companies with their operations performed outside the United States. Offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies. GCHP policy prohibits the transfer or storage of data outside the United States.

Response: ☐ Yes ☐ No

711 East Daily Drive, Suite 106, Camarillo, CA 93010 | 1-888-301-1228 | [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)  
Contract #: 19023 GCHP-1863

## SECTION 3:

# 2025 Provider Surveys Timeline and Details

In our continuous efforts to foster quality health care services and meaningful provider engagement, we are pleased to share the timeline and details for our upcoming provider surveys scheduled for 2025. Your feedback is integral in helping Gold Coast Health Plan (GCHP) meet critical regulatory standards and improve our network performance. Please review the following schedule and key information.

## Survey Timeline Overview

Survey	Timeline
Appointment Availability and After-Hours Access	Late Q2 2025 – End Q3 2025
Provider Satisfaction Survey	Q4 2025

### 1. Appointment Availability and After-Hours Survey

- **Timeline:** ➤ **Survey fielding:** Begins late Q2 2025 ➤ **Conclusion:** Ends at the close of Q3 2025
- **Purpose:** To ensure compliance with the state Department of Health Care Services (DHCS) standards, this survey verifies that our network providers are available to see health plan members promptly — within specified days or hours for various appointment types.
- **Additional information:** For an in-depth look at the DHCS standards, please visit our dedicated [Access and Availability Standards webpage](#).

### 2. Provider Satisfaction Survey

- **Timeline:** ➤ **Survey fielding:** Q4 2025
- **Purpose:** Your voice matters! This survey is designed to capture your experiences and perspectives on key service areas, including:
  - » Finance and payment processes
  - » Utilization and quality management
  - » Call center support
  - » Provider relations and communications
  - » Overall satisfaction

## Key Reminders for Participation

- **Your input is vital:** By completing these surveys within the specified periods, you help us identify opportunities for improvement and ensure that we maintain the excellence our members expect.
- **Timely response:** Please mark your calendars and complete each survey promptly. Your cooperation ensures that every voice is heard, and every insight is valued.

Thank you in advance for your participation and dedication to enhancing our network's service levels. Together, we will continue to drive improvements in both patient care and provider satisfaction.

## SECTION 4:

## Gender-Affirming Services

Gold Coast Health Plan (GCHP) has begun collecting information about gender-affirming care services offered at provider offices within our provider network. 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 their 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](mailto:ProviderRelations@goldchp.org) if your office provides gender affirming care.

### References

[Transgender, Gender Diverse, or Intersex \(TGI\) Care FAQs](#)

[Department of Health Care Services All Plan Letter \(APL\) 24-017](#)

## SECTION 5:

# Provider Information Update Form and Quest Analytics BetterDoctor Survey - Race, Ethnicity, Gender and Telehealth

Gold Coast Health Plan (GCHP) strives to obtain accurate provider information to ensure our systems remain current. This is critical for proper claims administration, authorizations of services, and other operational functions performed by GCHP to support its provider network.

Please use the most current Provider Information Update Form (PIUF) located on our [website](#) when reporting changes to GCHP. The PIUF helps GCHP maintain current and accurate information by reporting additions, changes and/or terminations for providers, practitioner groups and facilities. Updating this information ensures that your claims are paid efficiently, and that our provider data is accurate in our directories and when reporting to the state Department of Health Care Services (DHCS).

## BetterDoctor

GCHP continues to partner with Quest Analytics BetterDoctor, a primary source verified data management service, to obtain updated demographic information for our contracted provider network. Representatives from BetterDoctor continue to reach out to GCHP's provider network via the provider portal, email, fax, and telephone. Please respond to those requests as quickly as possible so that GCHP's systems can be updated expeditiously.

## Race, Ethnicity, Gender and Telehealth

As GCHP continues to move forward with earning National Committee for Quality Assurance (NCQA) accreditation and improving quality of access and care for our members, our PIUF and BetterDoctor survey include areas to capture provider, race, ethnicity, gender, and telehealth availability.

Your participation is vital in helping us assess availability of practitioners within our network to help meet the cultural, ethnic, racial, and linguistic needs for our members.

If you have any questions regarding our PIUF or BetterDoctor survey, please contact GCHP's Provider Relations Department at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

## SECTION 6:

# Men's Health Awareness Month

Statistics show that males have a higher risk of developing several health conditions compared to women, including heart disease, certain cancers, and mental health issues like suicide.

- According to the Centers for Disease Control and Prevention:
  - » Men have a higher risk of heart attacks and strokes.
  - » Men have a higher mortality rate from lung, colorectal, and prostate cancers.
  - » Men are more likely to develop diabetes.
- According to Mental Health America:
  - » Men die by suicide nearly four times as often as women.
- Gold Coast Health Plan's (GCHP) 2023 Healthcare Effectiveness Data and Information Set (HEDIS®) measurement year rates showed males had poor control of chronic conditions and lower rates of preventive screenings, including:
  - » Lower rates of well-care exams in males 12 to 21 years of age.
  - » Lower rates of colorectal cancer screening in males 45 to 75 years of age.
  - » Higher rates of poorly controlled asthma in adult males.
  - » Higher rates of uncontrolled hypertension > 140/90 in adult males.
  - » Higher rates of uncontrolled HbA1c > 9.0 in adult males with diabetes.

Traditional male gender roles, societal expectations, or mistrust with the health care system may lead males to defer or avoid seeking medical care. Men's Health Awareness Month in June helps to heighten awareness on the importance of preventive care and the early detection and treatment of disease among men and boys.

Please share these 10 tips to help your male patients make their health a priority.

1. Establish care with a primary care provider.
2. Schedule annual preventive care check-ups. You don't have to be sick to see your doctor.
3. Get screenings to detect and treat health conditions.
4. Get immunizations to prevent illnesses.
5. Manage chronic conditions like asthma, diabetes, or hypertension.
6. Take medications as prescribed.
7. Prioritize your mental health.
8. Exercise to manage weight and lower your risk of health problems.
9. Eat healthy to live longer and lower the risk of health problems.
10. Quit risky habits like smoking or alcohol use.



Colorectal health is a crucial aspect of men's health that is often overlooked, particularly the importance of getting regular screenings, such as colonoscopies.

Spread the word about the importance of colorectal health and encourage your patients to prioritize their health and well-being. If your patients are due for a colon check, now is the time to take action and schedule a screening.

GCHP offers an online health library provided by Healthwise with a wide range of topics, such as colorectal health, weight management, tobacco cessation, immunizations, and more. Our health library offers interactive tools, videos, and a symptom checker to help members stay on top of their health.

Refer your male patients to GCHP's Health Education Department for workshops, classes, and other resources at [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

## SECTION 7:

# Initial Health Appointment

As of Jan. 1, 2023, the Initial Health Appointment (IHA) requirement states that each primary care provider (PCP) must complete and periodically re-administer a comprehensive IHA, in accordance with the state Department of Health Care Services (DHCS) Population Health Management (PHM) Policy Guide, for all newly assigned members **within 120 days** of the member's enrollment. The IHA consists of a history of the member's physical and behavioral health, identification of risks, assessment of need for preventive screenings or services and health education, and the diagnosis and plan for any treatment of any diseases. For members less than 18 months of age, the IHA must be completed within 120 calendar days of enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) Bright Futures. For members 2 years of age and younger, whichever is sooner. The IHA is not necessary if a member's PCP determines that the member's medical record contains complete information that was updated within the previous 12 months.

The IHA must be provided in a way that is culturally and linguistically appropriate for the member. PCPs shall offer translation, interpretation, and accommodations for any disability, if necessary. PCPs and their staff may contact GCHP's Cultural and Linguistic Department at [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org) for more information.

## Member Risk Assessment

An essential component of the IHA, the member risk assessment, relates to the health and social needs of members, including cultural, linguistic, and health education needs; health disparities and inequities; lack of coverage / access to care; and social determinants of health.

A health risk assessment (HRA) is a patient questionnaire that covers personal and family medical history, lifestyle factors, social determinants of health, and other relevant health information. The HRA helps health care providers evaluate a patient's overall health status and identify risk factors based on the patient's self-reported responses. Providers who effectively identify and manage risk factors can significantly reduce the number of chronic conditions that develop, which improves patient outcomes and decreases health care costs significantly.

While there is no specific format for the HRA, it must address the following questions / topics as appropriate for age:

- Demographic data
- Self-assessment of health status, frailty and physical functioning
- Biometric assessments
  - » Height, weight, body mass index (BMI)
  - » Systolic / diastolic blood pressure
  - » Blood lipids
  - » Blood glucose
- Psychosocial risks
  - » Depression / life satisfaction
  - » Stress / anger
  - » Loneliness / social isolation
  - » Pain / fatigue

- Behavioral risks
  - » Tobacco / drug use
  - » Physical activity
  - » Nutrition and dental / oral health
  - » Alcohol consumption
  - » Sexual history / practices
  - » Motor vehicle safety (e.g., booster seat use, seat belt use)
  - » Home safety

## SECTION 8:

# Pediatric Blood Lead Testing & Anticipatory Guidance

## Pediatric Blood Lead Testing

The Centers for Medicare & Medicaid Services (CMS) requires that all children enrolled with Gold Coast Health Plan (GCHP) receive a blood lead test screening at both 12 months and 24 months of age. Children who have not been tested at 12 or 24 months should be tested by the age of 6. If a capillary blood (finger stick) test result is greater than or equal to 3.5 mcg/dL, the result must be confirmed through a venous blood draw and subsequently, any further blood lead tests out of range must be monitored and managed.

**GCHP pediatric members are considered high risk for lead poisoning; thus, blood lead testing and anticipatory guidance remain essential. While blood lead risk assessment is important, it does not replace the need for anticipatory guidance and blood lead testing.**

## Blood Lead Anticipatory Guidance

Under California regulations, providers must give anticipatory guidance on lead poisoning prevention at each periodic health assessment from 6 months of age to 6 years of age. California statute requires that health care providers inform parents and guardians about:

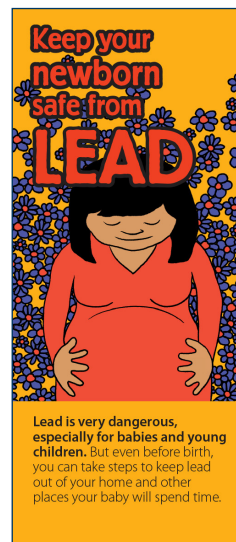
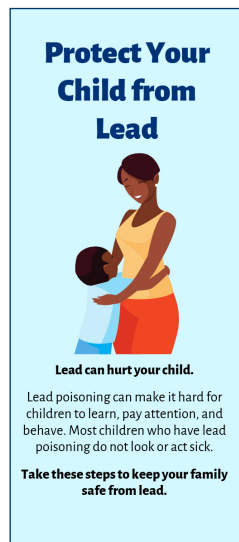
- The risks and effects of lead exposure during childhood
- The requirement of blood lead testing for children enrolled in Medi-Cal
- The requirement of blood lead testing for children not in Medi-Cal who are at high risk of lead exposure

**A blood test is the best way to determine if a child has been exposed to lead.**

Test your patients today.



For more information, visit the [California Department of Public Health Childhood Lead Poisoning Prevention Branch](https://www.cdph.ca/Programs/CID/DCDC/Pages/Childhood-Lead-Poisoning-Prevention-Branch.aspx). Lead screening brochures to provide to parents and caregivers as part of the anticipatory guidance requirement are available by emailing [ClpppAdministration@ventura.org](mailto:ClpppAdministration@ventura.org).



## Focused Lead Screening Medical Record Reviews

To ensure the timeliness of blood lead screenings at age-appropriate intervals and confirmation of blood lead anticipatory guidance provided during well-child visits, our quality improvement nurses will conduct bi-annual medical record reviews. The nurses will reach out to clinics and health systems regarding results of these medical record reviews. Underperforming clinics may be subject to performance improvement activities.

## Lead Test Refusal

If a member's parent or legal guardian refuses the blood lead screening test, providers must ensure a signed statement of voluntary refusal by the member's parent or legal guardian is documented in the member's medical record.

Providers can use the [Lead Test Refusal Form](#) on the GCHP website.

## Lead Poisoning Prevention Resources

GCHP offers additional health education materials and resources for members in English and Spanish. Providers can direct members to our [Health Education webpage](#) or health library. The [Healthwise Health Library](#) offers information on lead screenings and a wide range of topics including videos and interactive tools.

Contact the Health Education Department for additional information at **805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. Providers can also send a [health education request form](#) for members by emailing [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

Get your patients tested for blood lead today!



## SECTION 9:

# Cultural and Linguistic Services

Gold Coast Health Plan (GCHP) is committed to providing the best care to our members. To reduce language barriers and support the linguistic needs of members, GCHP offers language assistance services. The GCHP [Language Assistance Services flyer](#) includes information on how to access these services, including alternative formats, at no cost to members.

## Language Assistance Services

If you need an interpreter during your next appointment, Gold Coast Health Plan (GCHP) has got you covered. We know the importance of being able to communicate with your doctor, mental health clinician, and other health care staff in your preferred language.

GCHP offers the following language assistance services at no cost to members:

### Interpreter Services

- Telephone interpreting by qualified interpreters.
- In-person interpreting.
- Sign language interpreting.
- Virtual interpreting for telehealth visits.

### Translation

- Written materials in your preferred language.

### Alternative Formats

- Such as Braille, large print (20-point Arial font), audio CD, data CD, and other accessible electronic formats and auxiliary aids upon request.




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Ask your doctor or office staff for language assistance services. You can also call 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 visit GCHP's website at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org) or email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

For information about language assistance and GCHP's nondiscrimination notice, visit [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

## Servicios de Asistencia Lingüística

Si necesita un intérprete durante su próxima cita, Gold Coast Health Plan (GCHP) lo tiene cubierto. Sabemos lo importante que es poder comunicarse con su médico, con su médico de salud mental y otro personal de atención médica en el idioma de su preferencia.

GCHP ofrece los siguientes servicios de asistencia lingüística sin costo alguno para los miembros:

### Servicios de Intérprete

- Interpretación telefónica con intérpretes calificados.
- Interpretación en persona.
- Interpretación en Lengua de Señas.
- Interpretación virtual para citas de tele salud.

### Traducción

- Materiales escritos en su idioma preferido.

### Formatos alternativos

- Como Braille, letra grande (fuente Arial de 20 puntos), CD de audio, CD de datos y otros formatos electrónicos accesibles y servicios auxiliares a petición del interesado.




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Pida a su médico o personal de oficina servicios de asistencia lingüística. También puede llamar a los Servicios Culturales y Lingüísticos de GCHP al **1-805-437-5961**, de lunes a viernes, de 8 a.m. a 5 p.m. (excepto días festivos). Si usa un TTY, llame al **711**. También puede visitar el sitio web de GCHP en [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org) o enviar un correo electrónico a [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

Para información sobre asistencia lingüística y el aviso de no discriminación de GCHP, visite [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

## Nondiscrimination Notice, Language Assistance – Notice of Availability, and Effective Communication for Individuals with Disabilities

To remain compliant with the state Department of Health Care Services (DHCS) regulatory requirements, it is important to ensure effective communication and meaningful access to individuals with disabilities and limited English proficiency (LEP).

DHCS requires the inclusion of the nondiscrimination notice in member information and all other informational notices, including the provision of the Notice of Availability (also known as language taglines) that informs members with LEP of the availability of free language assistance services and appropriate auxiliary aids and services for people with disabilities. The posting of the Nondiscrimination Notice and Notice of Availability must be available on websites and physical locations where members seek health care services. The printed Nondiscrimination Notice and Notice of Availability should not be replaced with the quick response (QR) codes.

DHCS All-Plan Letter (APL) 25-005 and templates:

- [APL 25-005 Standards For Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, And Alternative Formats](#)
- [Nondiscrimination Notice](#)
- [Notice of Availability](#)

## Diversity, Equity, and Inclusion (DEI) Training – Testing Phase

As required by DHCS, GCHP is enhancing our Diversity, Equity, and Inclusion (DEI) provider training program to include sensitivity, diversity, cultural competency and cultural humility, and health equity training programs. This will help improve member outcomes by enhancing access to care, reducing health disparities, and increasing quality of care. Stay tuned for information on how to complete the DEI training program.

## Provider Resources and Tools to Care for Diverse Populations

GCHP would like to provide a list of resources to help providers and office staff increase effective communication by enhancing knowledge of the values, beliefs, and needs of diverse patients.

- [A Physician's Practical Guide to Culturally Competent Care - Online Education Program](#)
- [Culturally and Linguistically Appropriate Services \(CLAS\), Cultural Competency, and Cultural Humility](#)
- [Providing CLAS](#)
- [Communication Styles](#)
- [Working Effectively with an Interpreter](#)
- [Effective Cross-Cultural Communication Skills](#)
- [Developing Culturally CAPABLE Materials – Think Cultural Health](#)

## Reminder: Bilingual Fluency Assessments

DHCS requires that all of GCHP's subcontractors, downstream subcontractors, and network providers ensure that staff working in areas that require bilingual fluency are competent in Spanish. Bilingual assessments ensure patients receive quality, culturally competent care by bridging language barriers, improving communication between patients and health care providers, and increasing patient health outcomes.

As a reminder, bilingual staff working in positions requiring bilingual fluency skills should be assessed in a standard process and providers shall maintain records of bilingual assessments. Policies shall include the frequency of staff being assessed or reassessed for bilingual fluency.

For questions or additional resources, visit the GCHP website or contact GCHP's Cultural and Linguistic Services at 1-805-437-5961, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). You can also email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

## SECTION 10:

# 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, useful articles and tips. [Click here](#) to view the most recent edition of our newsletter.

## Medi-Cal Rx Pediatric Integration Completion

Medi-Cal Rx has completed implementation of Pediatric Integration by reinstating prior authorization (PA) requirements for new and continuing therapy claims for members 21 years of age and younger. This means that all claims for new and continuing therapies will be subject to all utilization management (UM) edits, including PA requirements, as applicable per Medi-Cal policy. Pharmacy providers and prescribers may proactively submit PA requests up to 100 days in advance of new start therapy or PA expiration for members 21 years of age and younger. For more information, please refer to the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) and select “Pediatric Integration.”

## Changes to the Contract Drugs List (CDL) and Covered Products Lists

Please check the Contract Drugs List ([CDL](#)) for the most recent changes to the medications and other covered products lists. 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 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 the 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](#).

DHCS has a website for [Medi-Cal Rx](#) that contains the most accurate, up-to-date information. 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. Please make sure to bookmark this website and sign up for the [Medi-Cal Rx Subscription Services \(MCRxSS\)](#).

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 24/7, 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](#).

## Partial Benefit Drugs / Products

Certain products / drugs may be covered by either the Medi-Cal Rx Pharmacy benefit or the GCHP Medical benefit, as they are considered partial benefits under Medi-Cal, including:

- Enteral nutritional products
- Continuous glucose monitors (CGMs)
- Peak flow meter and spacers
- Blood pressure monitors

### For coverage by GCHP for medical benefits:

- **Enteral nutritional products and CGMs** - PA must be submitted for review by GCHP's Utilization Management (UM) Department. You can use the [Prior Authorization Treatment Request Form](#) and fax it to 855-883-1552, or through GCHP's NTT Provider Portal.
- **Blood pressure monitors** - Send a prescription to a contracted durable medical equipment (DME) vendor. The vendor can bill GCHP under medical benefit using form CMS-1500. For a list of contracted DME vendors, refer to the [GCHP Provider Directory](#).

### For coverage by Medi-Cal Rx Pharmacy benefit:

- **Enteral nutritional products** – Submit a PA for one of the [Contracted Enteral Nutrition Products](#). Once PA has been approved, send a prescription to a pharmacy.
- **CGMs** – Submit a PA for one of the [Contracted Continuous Glucose Monitoring Systems](#). Once PA has been approved, send a prescription to a pharmacy.
- **Blood pressure monitors** – Send a prescription to a pharmacy for one of the [Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs](#). One (1) monitor is covered every five years.

**Peak flow meters and inhaler assistive devices (e.g., spacers)** are fully carved-out to Medi-Cal Rx pharmacy benefit and covered. Please submit a prescription to a participating pharmacy for dispensing.

Coverage limits are as follows:

- One (1) peak flow meter per 365 days
- Two (2) inhaler assistive devices (e.g., spacers) per 365 days

If additional quantities are medically necessary beyond these limits, a PA request must be submitted to Medi-Cal Rx. The request should include clinical justification for exceeding the standard coverage limits.

## GCHP Medical Benefit Drugs or Physician Administered Drugs

This section serves as a reminder that Physician Administered Drugs (PADs) include all infused, injectable drugs provided or administered to a member that is billed by a provider on a medical claim by a Procedure Code (i.e. 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 Procedure Code (i.e. 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 the state Department of Health Care Services (DHCS/State Medi-Cal) and the Pharmacy & Therapeutics (P&T) Committee updates the PAD list quarterly. The PAD list and its clinical guidelines are posted on the GCHP website, [Medical Drug Benefit for Providers](#).



**SECTION 11:**

# Timely Access Standards and Methods to Improve Member Access and Availability

The state Department of Health Care Services (DHCS) requires access and availability standards for Medi-Cal providers. Gold Coast Health Plan (GCHP) is proudly charged with maintaining quality care for our members, which includes monitoring access and availability within the network and ensuring that contracted providers comply with access standards.

Please review the table below as a reminder for your practice's scheduling staff and ensure the standards are being incorporated in your clinic workflow. Make note of the in-office wait times for scheduled appointments.

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.

The following methods can be used to improve member access and availability:

- Have appointment availability with other contracted, in-area providers within the same office or different location.
- Have appointment availability with other contracted, in-area, mid-level practitioners, such as a physician assistant or nurse practitioner, within the same office or different location.
- Have weekend appointment availability.
- Have telehealth appointment availability.
- Have cancelled appointment availability.

GCHP's Provider Relations Team is available to assist you with any questions or concerns you may have, by email at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

## **Provider Operations Bulletin**

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