



# Provider Operations Bulletin

JULY 2025

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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 <a href="mailto:ProviderRelations@goldchp.org">ProviderRelations@goldchp.org</a> or call GCHP Provider Services at 1-888-301-1228 and request to speak to your Provider Relations representative.

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### **SECTION 1:**

## Infant Flu Vaccine Member Incentive Extension

Gold Coast Health Plan (GCHP) has extended the timeframe for the 2025 infant flu vaccine member incentive. Previously, the infant flu vaccine member incentive was only valid for vaccinations rendered by March 31, 2025; however, the incentive is now available for services completed through Dec. 31, 2025.

Members 6 months to 2 years of age who complete their flu vaccine on or before their 2<sup>nd</sup> birthday can earn up to two \$25 gift cards for completing their recommended flu vaccine(s) in 2025. The flu vaccine member incentive flyer is available on the GCHP website: https://www.goldcoasthealthplan.org/for-members/member-rewards-program/

For questions, please contact the Quality Improvement Department at QualityImprovement@goldchp.org.

### **SECTION 2:**

# 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 screens 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 the 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 <a href="mailto:CulturalLinguistics@goldchp.org">CulturalLinguistics@goldchp.org</a> for more information.

### Health Risk Assessment

An essential component of the IHA, the Health Risk Assessment (HRA) 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 drivers of health (SDOH).

An HRA is a patient questionnaire that covers personal and family medical history, lifestyle factors, SDOH, 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

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of SDOH include housing instability, food insecurity, transportation needs, utility needs, interpersonal safety, etc. The Social Needs Screening Tool, created by the American Academy of Family Physicians, is one example of a screening tool that providers can use as a member risk assessment.

For members 65 years of age and older, cognitive health assessments can help identify whether members have signs of Alzheimer's disease or related dementias. Examples of validated screening tools include the General Practitioner Assessment of Cognition, the Mini-Cog, and the Eight-item Informant Interview to Differentiate Aging and Dementia.

Adverse Childhood Experiences (ACEs) are potentially traumatic experiences, such as neglect, experiencing or witnessing violence, having a family member attempt or die by suicide, household with substance abuse problems, mental health problems and other experiences that occur in childhood that can affect individuals for years and impact their life opportunities. Two examples of validated screening tools are the Adverse Childhood Experience Questionnaire for Adults and the Pediatric ACEs and Related Life Events Screener (PEARLS).

The state Department of Health Care Services (DHCS) removed the Staying Healthy Assessment (SHA) requirement in January 2023. However, we have encouraged continued use of the SHA to meet screening requirements for risk assessments such as sexual health, safety, nutrition, and tobacco / drug / alcohol use. Per DHCS, the SHA will no longer meet the standards for these risk assessments. GCHP is awaiting further guidance to include the implementation date for new approved screening tools, which will be the date that the SHA will no longer be accepted. **GCHP recommends that you begin to pivot away from use of the SHA and utilize individual approved screening tools.** 

### IHA Reports and Outreach Logs

GCHP's Quality Improvement (QI) Department will continue to distribute monthly IHA outreach lists of newly assigned members to each provider site. These reports are designed and intended to be used for documenting your mandatory IHA outreach attempts. These logs must be completed using the GCHP standardized process for timely IHA outreach log completion and submission.

IHA monthly outreach logs must be submitted to <a href="IHA@goldchp.org">IHA@goldchp.org</a> once completed.

GCHP's QI nurses will review all submitted outreach logs for quality assurance and assessment of compliance with IHAs within the 120-day period.

Providers and their staff can e-mail <a href="IHA@goldchp.org">IHA@goldchp.org</a> for:

- Continuing education and training related to the IHA and outreach logs
- Submission of IHA outreach logs
- Updating contact information for recipients of the IHA monthly report

### **IHA Resources**

- IHA Billing Codes
- United States Preventative Services Task Force
- Bright Futures Periodicity Table
- Comprehensive Health Assessment Forms
- Staying Healthy Assessment Questionnaires
- Social Needs Screening Tool

### **SECTION 3:**

### Well-Child Visits

### Child and Adolescent Annual Well-Child Visit

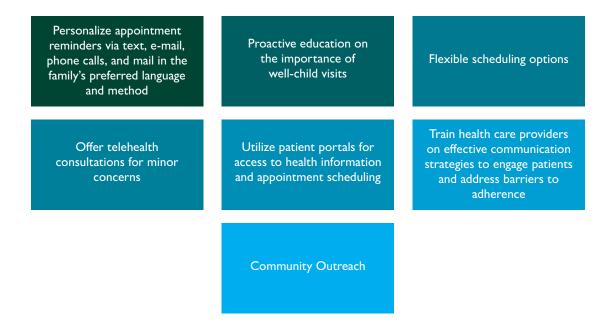
Summertime is a popular time for parents to schedule and complete their child's annual well-child visit before they go back to school. These visits are the opportune time to ensure your patients receive recommended preventive health screenings.

### Strategies to Improve Well-Child Visits Adherence

While well-child visit rates have improved, there is opportunity for improvement to ensure all members who are due for a well-child visit receive one.

Gold Coast Health Plan's (GCHP) Medical Director, Dr. Terri J Brown, recommends the following actionable strategies to use when scheduling and completing well-child exams.

- Conduct proactive outreach to schedule patients due for a well visit and inform / remind them of available GCHP member incentives
- Incorporate developmental milestones into preventive health discussions
- · Actively engage patients and parents / caregivers into the conversation regarding their child's health
- Provide clear, concise information and offer educational materials
- Tailor information to individual families' needs
- Address social drivers of health



### Resources to Help Increase Well-Child Visits

### **Member Incentive Programs**

- Child and adolescent well-child visits
  - Members 3-21 years of age can earn a \$25 gift card for completing their annual well-child exam
- Human Papillomavirus (HPV) vaccine second dose
  - Members can earn a \$25 gift card for completing their second dose of the HPV vaccine between age 9 and on or before their 13th birthday.

The member incentive flyer for all available programs can be found on the GCHP website:

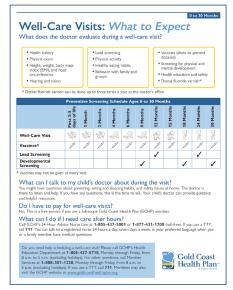
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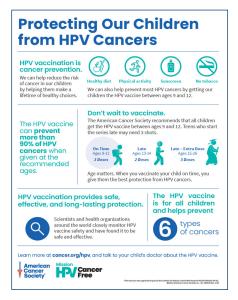


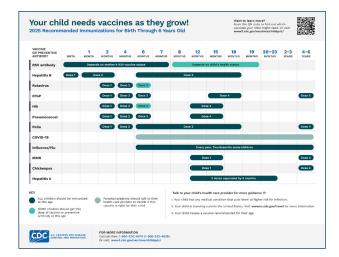
### **Health Education Materials**

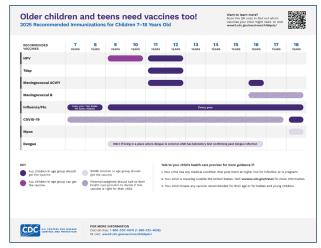
The GCHP website features member-facing materials on what to expect at a well-child visit and immunization schedules for you and your clinic staff to print and share with members. These can be found by clicking this link: https://www.goldcoasthealthplan.org/health-resources/health-education/#well-carevisits











- Request health education workshops or classes at your clinic to help members take control of their health. GCHP
  offers a wide range of classes, including well-care visits, mental health, asthma management, and more.
- Connect with the GCHP's Health Education Department to get resource packets with health information, GCHP services, and community resources. We are currently offering parent packets that include information on healthy eating and lifestyle tips for families.

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

### **SECTION 4:**

# Child and Adolescent Preventative Health Care Lunch and Learn Webinar Recap

On May 1, Gold Coast Health Plan (GCHP) hosted a Child and Adolescent Preventative Health Care Lunch and Learn webinar. Through a partnership with the Ventura County Health Care Agency, GCHP was able to offer 1.0 Continuing Medical Education (CME) credit to attendees. Presentations covered how to address vaccine hesitancy, improve adherence to recommended well-child care, and resources to increase child and adolescent quality metrics.

### Key takeaways:

- Vaccine hesitancy is complex and has a continuum.
  - » In California, only medical exemptions are allowed for school entry.
- The presumptive approach is the best method to initiate vaccine recommendations.
  - » Make strong recommendations, assuming the parent will vaccinate. Use language such as, "Your child needs three shots today," instead of "What do you want to do about shots?"
- There are opportunities to improve our vaccine uptake through quality improvement projects.
- Improving well-child visit adherence should include:
  - » Incorporating developmental milestones into the discussions.
  - » Actively engaging patients and parents / caregivers into the conversation.
  - » Providing clear, concise information and offering educational materials.
  - » Tailoring information to individual families' needs.
  - » Addressing social drivers of health.
- GCHP has <u>performance measure tip sheets</u>, <u>member incentives</u>, and a <u>library</u> of health education materials for provider use to improve their child and adolescent performance measure rates.

### Special thank you to our presenters:

- James Cruz, MD, FAAFP Acting Chief Medical Officer, GCHP
- Carlos O'Bryan, MD, FAAFP Medical Director, Ventura County Health Care Agency, Academic Family Medicine Center and Urgent Care
- Teri J. Brown, MD, FAAP Medical Director, GCHP
- April Whetsell, MPH QI Program Manager, I.

The presentation slides and meeting recording are available on the GCHP website: <a href="https://www.goldcoasthealthplan.org/for-providers/provider-resources/#providertraining">https://www.goldcoasthealthplan.org/for-providers/provider-resources/#providertraining</a>

Note – only attendees to the live presentation will receive CME credit.

### **SECTION 5:**

# Primary Care Substance Use Screening and Follow-Up Care for GCHP Members Ages 13 and Older

Screening for early detection and treatment of mental and substance use disorders in primary care settings can improve quality of life, help contain health care costs, and reduce complications from co-occurring behavioral health (BH) and medical comorbidities. The Bright Futures and American Academy of Pediatrics (AAP) recommendations for Preventive Pediatric Health Care, also known as the <u>Periodicity Table</u>, is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence.

### **Substance and Alcohol Misuse Screenings:**

The US Preventive Services Task Force (USPSTF) recommends screening all adults 18 years or older, regardless of risk factors, for unhealthy drug use. However, some factors are associated with a higher prevalence of unhealthy drug use. These include being aged 18 to 25 years; male sex; having a mental health condition, personality or mood disorder, or nicotine or alcohol dependence; a history of physical or sexual abuse, parental neglect, or other adversity in childhood; or drug or alcohol addiction in a first-degree relative. For children, primary care visits and childhood screenings, including substance use disorder (SUD), will be assessed during all members' initial health appointment (IHA).

### Common Screening Tools:

- Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
- Tobacco Alcohol, Prescription medication and other Substances (TAPS)
- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population
- National Institute on Drug Abuse (NIDA) Quick Screen for adults
  - » The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents

### Substance Use Disorder Measure:

Measure: Follow-Up After Emergency Department Visit for Substance Use (FUA) for Measurement Year 2025

Description: The percentage of emergency department (ED) visits among members 13 years of age and older with
a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was a
follow-up.

Two rates are reported:

- » Rate 1: Follow up within 30 days of the ED visit (31 total days)
  - > Denominator 1: The eligible population.
  - Numerator 1: A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

- » Rate 2: Follow up within seven days of the ED visit (eight total days)
  - > Denominator 2: The eligible population.
  - Numerator 2: A follow-up visit or a pharmacotherapy dispensing event within seven days after the ED visit (eight total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.
- Exclusions: Members receiving hospice care during the measurement year. Members who were admitted for an inpatient visit on or within 30 days of the ED visit for any condition, because this may prevent an outpatient follow-up visit from occurring. ED visits followed by residential treatment on the date of the ED visit or within the 30 days after the ED visit.

Measure: Pharmacotherapy for Opioid Use Disorder (POD) for Measurement Year 2025

- **Description:** The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years and older with a diagnosis of OUD pharmacotherapy event. Two rates are reported:
- Exclusions: Members in hospice or using hospice services any time during the measurement period. Members who died anytime during the measurement period.

### **GCHP Referral and Claim Information:**

If a member presents with mild-moderate BH concerns, then providers can always refer members to Carelon with a completed Primary Care Provider (PCP) <u>Referral Form</u>. If a member presents with moderate to severe BH or substance use disorder (SUD) concerns, then providers can refer to Ventura County Behavioral Health (VCBH) at 1-805-981-6830.

### **FUA Quality Reporting:**

- Best practices for a follow-up with a positive SUD screening:
  - » Timely identification and referral of patients who have SUD.
  - » Referral resource for SUD:
    - > California Department of Public Health Action Notices
- Ensure timely follow-up appointments for patients who meet the measure description and criteria.
- Promote use of telehealth to schedule follow-up appointments.
- Utilize behavioral health care staff and SUD health navigators to facilitate care coordination.
- Methods to identify the type of SUD screening tool used and score
  - » Claims and encounter data indicating the member had a principal diagnosis of AOD in the ED and in the two follow-up visits within seven and 30 days of the ED visit.
  - » Evaluate access to real-time data sources, such health information exchange (HIE) and electronic health record (EHR) data, to identify and schedule follow-up appointments for patient with ED visits for SUD conditions.
  - » Sample CPT codes for identifying a follow-up visit:
    - Behavioral Health Screening or Assessment
      - 99408
      - 99409

### POD Quality Reporting:

- Best practices for POD:
  - » Make outreach calls and/or send letters to advise members of the need for a visit.
  - » Create a checklist of recommended actions when considering long-term opioid therapy.
  - » Establish goals for pain and function, discuss risks and benefits, and use strategies to mitigate any risk.
  - » Consider medication assisted treatment (MAT) for opioid abuse or dependence.
  - » The Centers for Disease Control and Prevention (CDC) has created a set of guidelines to prescribe opioids for chronic pain.
  - » Overdose Prevention

### **Carelon Member Services:**

1-866-477-8208 VCBH Access Line: 1-866-998-2243

(If VCBH has not reached out in seven business days, call them at 805-981-4233).

### **Documentation Requirements:**

Member medical records must include the following:

- The service provided (e.g., screen and brief intervention),
- The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record),
- The name of the assessment instrument (when indicated) and the score on the assessment (unless the screening tool is embedded in the electronic health record); and
- If and where a referral to an alcohol use disorder (AUD) or substance use disorder (SUD) program was made.

### Tip Sheet Reference:

Follow-Up After Emergency Department Visit for Substance Use Pharmacotherapy for Opioid Use Disorder

### **SECTION 6:**

# Community Substance Use and Recovery Resources

In partnership with Ventura County Public Health, Gold Coast Health Plan has created a centralized, easy-to-access resource that makes it easier to find and connect with substance use services available throughout Ventura County. This resource is designed to support timely connections to care and quickly guide those in need to the care and support they deserve. This includes contact information, locations, and details about the types of services offered ranging from mental health support, sober living, and inpatient / detox programs to peer support groups and substance use navigators. This resource list is available on the GCHP website.

### **SECTION 7:**

## Health Education

### Diabetes Prevention Program

Have a member with pre-diabetes? Help them take control of their health by encouraging them to join the free Diabetes Prevention Program with our partner Solera. GCHP members who enroll and participate in the program will receive an activity tracker, a wireless scale (with online programs), and help from a health coach.

GCHP is partnering with Solera Health and will be conducting an outreach campaign for eligible members. Members who have been identified as pre-diabetic will be sent a flyer in the mail and then receive a call from Solera Health to encourage participation and enroll them in the program.

Members can visit <a href="https://solera4me.com/en/gchp/">https://solera4me.com/en/gchp/</a> (for Spanish use https://solera4me.com/es/gchp/) to sign up or call 1-888-305-6008, Monday through Friday, 6 a.m. to 6 p.m. For TTY use 711. Click on the image below to download and print the flyer which you can provide to members.





### Tobacco Cessation – Smoking and Vaping

Smoking remains the leading cause of preventable disease, disability, and death in the United States. The use of e-cigarettes is unsafe for kids, teens, and young adults. Providers in a variety of settings play a critical role in helping people quit using tobacco. Even brief advice from you can make it much more likely that patients will try to quit and ultimately succeed. Follow up with our members to see if they or someone at home is smoking and/or vaping, and if so, provide resources to help them quit smoking. You can download our flyer to provide to members, or direct them to Kick It California for free help to quit smoking, vaping, or chewing tobacco.



### Health Library

GCHP offers members a <u>Health Library</u> provided by Healthwise with a wide variety of topics and can be viewed and/or printed. All materials are available in English and Spanish. You can also direct members to explore the site to learn about different conditions, view short videos, or use interactive tools to discover more about their health.

### GCHP Health Education Workshops

GCHP Health Education Department will be hosting various health workshops throughout the county. Topics include heart health, well-care visits, mental health and substance use, men's health, diabetes, asthma, prenatal and postpartum care, women's health, and much more. Members can visit the GCHP Calendar for upcoming events including these classes, health fairs, and other community events. Providers can request GCHP to host a workshop at their clinics. For additional information or to request health education services, contact GCHP's Health Education, Cultural and Linguistic Services at 1-805-437-5961, Monday through Friday, 8 a.m. to 5 p.m. (excluding holidays), or email <a href="https://excluding-beauty-top-care

For more information, please contact our GCHP Health Education, Cultural and Linguistic Services, Monday through Friday, 8 a.m. to 5 p.m. (excluding holidays) at **1-805-437-5961** Or complete our <u>Health Education Referral Form</u> to refer member to receive materials and email us at <u>HealthEducation@goldchp.org</u>. Both providers and members can visit our GCHP <u>Health Education Webpage</u> to find out more.





# **Provider Operations Bulletin**

**JULY 2025** 

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

Gold Coast Health Plan

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