



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

# Provider Operations Bulletin

FEBRUARY 2023

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

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**SECTION 1:**

# Beacon Health Options to become Carelon Behavioral Health

On March 1, 2023, Gold Coast Health Plan's (GCHP) behavioral health partner, Beacon Health Options, will change its name to Carelon Behavioral Health.

This will not change your contract, reimbursement, or level of support. For your patients, it will not change their plan or coverage.

There will be no disruptions in service. All contracts, policies, and procedures will remain unchanged. Additionally, all existing phone numbers, emails, websites, and portals will redirect with no new re-registration required.

Updated Carelon Behavioral Health PCP Referral and Care Management forms will be available on the [GCHP website](#) on March 1, 2023.

**SECTION 2:**

# Urgent Care Services

Gold Coast Health Plan (GCHP) offers urgent care services to members at no cost. If a member needs to see a doctor and their condition is not life-threatening, they can go to any in-area, contracted urgent care center.

Urgent care services are to prevent serious damage to a member's health from a sudden illness, injury, or complication of an existing condition. Urgent care services are not for an emergency or life-threatening condition.

Please remind GCHP members that they can go to any urgent care center including those associated with their Primary Medical Home as well as free standing urgent care clinics that are contracted with GCHP.

Urgent care brochures are available and include hours and locations available for members. Contact GCHP's Health Education Department for copies by calling 1-805-437-5718 or email [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

Visit the [GCHP website](#) for a list of urgent care locations.

**SECTION 3:**

## Community-Based Adult Services – Emergency Remote Services (CBAS ERS)

Community-Based Adult Services – Emergency Remote Services (CBAS ERS) is a temporary and time-limited option for participants to receive remote / telehealth services when an emergency restricts or prevents them from receiving services in the CBAS center. It is available for up to three consecutive months for an emergency occurrence. Members may need ERS beyond three months. Following the initial three-month period, when a member is assessed by the CBAS provider to have a continued need for ERS, the provider must submit a new CBAS ERS Initiation Form (CEIF), along with an updated Individualized Plan of Care to GCHP for ERS authorization. GCHP will review the member's individualized plan of care to ensure the extension of ERS continues to support the member's needs. GCHP will also coordinate with CBAS providers as necessary to meet the goal of transitioning the member back to congregate services as soon as feasible.

## SECTION 4:

# Specialty Referrals Real Time Follow Up

Gold Coast Health Plan (GCHP) is committed to providing the best care to members. In-network / in-area specialty physician referrals for office consultations do not require prior authorizations. The primary care provider (PCP) should facilitate patient access to the health care system and appropriate treatment interventions, and is responsible for arranging consultations with specialists.

To assist in real time identification of members who miss scheduled appointments with specialists, GCHP requires the following of PCPs:

- GCHP recommends the office contact members to remind them of any upcoming appointment(s).
- Missed appointments require follow-up calls to the member, documentation in the medical record, and rescheduling of the member's appointment.

Please remember, specialty care access standards for GCHP members are as follows:

- A specialist appointment should be obtained within 15 business days of a request for appointment.
- If you are unable to obtain a specialist appointment within 15 business days of request, an authorization request for the member to see an out-of-area contracted provider may be submitted to GCHP's Utilization Management (UM) Department for review.

Thank you for continuing to provide excellent care to our community.

**SECTION 5:**

# Requests for Non-Emergency Medical Transportation (NEMT)

The Non-Emergency Medical Transportation (NEMT) Form was updated by Gold Coast Health Plan (GCHP) in May 2022. The updated form can be found on the [GCHP website](#).

Effective March 1, 2023, GCHP will no longer accept outdated NEMT forms. To prevent delays with processing requests for NEMT, please remember to use the updated version of the form when submitting requests.

If an outdated form is received by the Utilization Management (UM) Department after March 1, 2023, the requesting provider's office will be contacted to re-submit the request on the form with the revision date of 05/22 (located on the bottom right corner of the form).

Thank you.

## SECTION 6:

# Affirmative Statement About Utilization Management

Gold Coast Health Plan's (GCHP) mission is *"To improve the health of our members through the provision of high-quality care and services."* GCHP supports this mission through its vision statement, *"Compassionate care, accessible to all, for a healthy community."* GCHP staff involved in Utilization Management (UM) decision making understands the affirmation statement about UM incentives as follows:

- UM decision making is based only on appropriateness of care and services and existence of coverage.
- GCHP does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- GCHP does not use incentives to encourage barriers to care and service.
- GCHP does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits.

## Clinical Criteria

The UM Department uses clinically sound, nationally developed, and accepted criteria for making medical necessity decisions. Clinical criteria used, but not limited to, are:

- MCG Care Guide Quality Improvement Guidelines.
- Other nationally recognized criteria: From time to time a service is requested for which a GCHP clinical guideline is not available. In these instances, GCHP medical directors and physician reviewers will review guidelines from other national professional organizations. Resources may include but are not limited to:
  - » Up to Date, an evidence-based, physician-authored clinical decision support resource.
- GCHP clinical guidelines.

The above criteria is available upon request by contacting Customer Service at 1-888-301-1228.



## SECTION 7:

# Medi-Cal Rx Updates

As a reminder, the state Department of Health Care Services (DHCS) carved out all prescription benefits from Managed Care Plans (MCPs) under a program called Medi-Cal Rx. All pharmacy claims should be submitted directly to the state via its pharmacy benefit manager (PBM), Magellan Medicaid Administration, Inc.

For assistance regarding a pharmacy claim or prior authorization, please contact the Medi-Cal Rx Customer Service Center at 1-800-977-2273 or you can send an [email or chat](#). Agents are available 24 hours a day, seven days a week, 365 days a year.

For assistance regarding submitting a prior authorization or appeals for a pharmacy claim to Medi-Cal Rx, please fax 1-800-869-4325.

You may also visit the [Medi-Cal Rx Communication](#) page for any upcoming bulletins and news.

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

Please check the [Medi-Cal Rx Contract Drugs List \(CDL\)](#) on the Medi-Cal Rx Web Portal for the most recent changes to the prescription and over-the-counter drugs and other covered products lists. Most recent changes made were effective Jan. 1, 2023.

## Find A Pharmacy

To find the nearest pharmacy where prescriptions can be picked up, use this [tool](#). Medi-Cal members can now pick up their prescriptions at Costco Pharmacies. Costco membership is not required to access the pharmacy. Please review the [press release](#) from DHCS for more information.

## Updates on the Reinstatement of Prior Authorizations (PAs) and Phasing Out of the Transition Policy for Medi-Cal Rx

DHCS has reported the following new timeline for the continuation of the reinstatement of prior authorizations (PAs) and the end of the Transition Policy.

- **Phase II, Wave 1:** Reinstating PAs for 39 therapeutic drug classes on Jan. 20, 2023.
- **Phase II, Wave 2:** Reinstating prior authorizations for the remaining 47 therapeutic drug classes, including medical supplies, on Feb. 24, 2023.
- **Phase III:** Series of transition lifts affecting beneficiaries 22 years of age and older from March 24, 2023, to June 23, 2023.
- **Phase IV:** Reinstating prior authorizations for beneficiaries 21 years of age and younger and all enteral products to begin no sooner than July 2023.

Phase II, Wave 1 went into effect on Jan. 20, 2023, and includes the 39 drug classes below.

Phase II Wave 1 Drug Classes		
All other dermatologics	Corticotropins	Other Antibiotics
Anabolics	Emollients Protectives	Other Hormones
Androgens	Erythromycins	Penicillins
Anesthetic Local Topical	Estrogens	Progesterone
Antiarthritics	Fat Soluble Vitamins	Streptomycins
Antifungals	Folic Acid Preparations	Sulfonamides
Antimalarials	General Antibacterials and Antiseptics	Systemic Contraceptives

Phase II Wave 1 Drug Classes		
Antiparasitics	Glucocorticoids	TB Preparations
Antiparkinson	Iodine Therapy	Tetracyclines
Anti-Ulcer Preps/Gastrointestinal Preps	Multivitamins	Thyroid Preps
Antivirals	Muscle Relaxants	Topical Nasal and Otic Preparations
Biologicals	Non-Opioid Analgesics	Urinary Antibacterials
Cephalosporins	Ophthalmic Preparations	Vitamin K

Beginning Feb. 24, 2023, Phase II, Wave 2 will reinstate PA requirements for the 47 remaining Standard Therapeutic Classes (STCs), including medical supplies, as listed below. This will only impact new starts for beneficiaries 22 years of age and older.

Phase II Wave 2 Drug Classes		
Adrenergics	B Complex with Vitamin C	Laxatives
All Other Antiobesity Preps	Bile Therapy	Mineralocorticoids
Allergens	Bronchodilators	Oxytocics
Amphetamine Preparations	Chloramphenicol	Parasympathetic Agents
Anesthetics Gen Inhalant	CNS Stimulants	Psychostimulants - Antidepressant
Anesthetics Gen Inject	Coal Tar	Rauwolfias
Anticonvulsants	Cold and Cough Preparations	Sedative Barbiturate
Antidiarrheals	Contraceptives, Non-Systemic	Sedative Non-Barbiturate
Antidotes	Cough Preparations / Expectorants	Trimethoprim
Antihistamines	Diagnostics	Vaginal Cleansers
Antinauseants	Digestants	Vasodilators Peripheral
Antineoplastics	Emetics	Xanthine Derivatives
Antipruritics	Enzymes	Medical Supplies*
Antispasmodic and Anticholinergic Agents	Hematinics and Blood Cell Stimulators	Miscellaneous**
Antithyroid Preps	Hemorrhoidal Preparations	
Ataractics-Tranquilizers	Hemostatics	

\* Note: Diabetic supplies, including testing supplies and insulin syringes, are included with Medical Supplies. Diabetic supplies also include Continuous Glucose Monitoring (CGM) Systems and Disposable Insulin Delivery Devices (DIDDs), both of which require an approved Medi-Cal Rx PA for a paid claim. For more information regarding Medi-Cal Rx coverage of medical supplies, refer to the Medical Supplies section in the Medi-Cal Rx Provider Manual and Covered Products Lists on the Medi-Cal Rx Web Portal.

\*\* All other drugs not otherwise listed except for enteral nutrition products.

Phase III will consist of a series of transition lifts that will begin March 24, 2023, and last until June 23, 2023. This will begin the retirement of the Transition Policy, which allowed a medication to continue to be processed due to historical paid claims data or a grandfathered PA that was previously approved prior to Medi-Cal Rx. Patients who have received medications in any of the affected drug classes during the 15-month look back period will require PAs as early as March 24, 2023, if the medication is identified to be a part of the transition lift. DHCS will release more details in the future. PA requests may be proactively submitted for medications in all phases and waves beginning Feb. 24, 2023, to prevent disruption in care. Please see [How to Prepare for Retirement of the Transition Policy](#) per DHCS for more information.

These changes will not affect beneficiaries under the age of 22 at this time. Reinstating PAs for beneficiaries 21 years of age and younger and all enteral products to begin no sooner than July 2023. For more information regarding the Medi-Cal Rx Reinstatement, please click on the [Medi-Cal Rx Education and Outreach page](#).

Please look for additional information under [Medi-Cal Rx's Bulletins and News](#) as it is released to ensure that you are up to date on the changes.

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 and News, Contract Drugs List (CDL), Provider Manual and other helpful information. Please make sure to bookmark this website today and sign up for the [Medi-Cal Rx Subscription Services \(MCRxSS\)](#).

For assistance regarding Medi-Cal Rx, please call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Agents are available 24 hours a day, seven days a week, 365 days a year.

For prior authorizations regarding pharmacy claims or appeals, please fax them to Medi-Cal Rx at 1-800-869-4325.

## Drug Use Review: Removal of DATA-Waiver (X-Waiver) Requirement

On Jan. 12, 2023, the Drug Enforcement Administration (DEA) confirmed in a [letter to registrants](#) that Section 1262 of the [Consolidated Appropriations Act, 2023](#) eliminated the DATA-Waiver Program. Effective immediately, waiver applications will no longer be accepted.

All prescriptions for buprenorphine will now only require a standard DEA registration number. The previously used DATA-Waiver (also known as X-Waiver) registration numbers are no longer needed for any prescription. Any practitioner with a current DEA registration that includes Schedule III authority may now prescribe buprenorphine for Opioid Use Disorder (OUD) in their practice. There are no longer any limits on the number of patients a prescriber may treat for OUD with buprenorphine.

The DEA also noted that new training requirements will go into effect on June 21, 2023, for all prescribers of controlled substances. New requirements include the completion of an eight-hour training on identifying and treating addiction when a practitioner applies for or renews their DEA registration to prescribe controlled substances.

For additional information on the [removal of the DATA-Waiver requirement](#), see the [statement](#) issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) website.

## SECTION 8:

# Contract and Therapeutic Formulas


The Ventura County Women, Infants and Children (WIC) program promotes fully breastfeeding as the norm for infant feeding, including the sick and premature newborn, with rare exceptions. Effective Nov. 1, 2022, therapeutic formulas may be covered.

If one of WIC's contract formulas is not appropriate for your patient, there may be a medical condition warranting a therapeutic formula (TF). As part of the patient's treatment plan, TFs may be covered by Gold Coast Health Plan (GCHP) when the clinician provides adequate medical justification.

WIC provides TFs in the short-term — usually one month — while the prescription through Medi-Cal is processed. WIC will provide TFs in the long-term for participants whose insurance does not cover them and who are not eligible for Medi-Cal. A letter of denial will be requested.

[Click here](#) for further details on contract and therapeutic formulas.

To speak with a WIC Nutritionist, please call the Ventura County WIC Program at 1-805-981-5251 or email [wic.program@ventura.org](mailto:wic.program@ventura.org).




## Contract and Therapeutic Formulas


*The California WIC Program promotes fully breastfeeding as the norm for infant feeding, including the sick and premature newborn, with rare exceptions.*

Effective 11/2022


**Therapeutic Formulas (prescription required)**




Nutramigen  
W/Enflora LGG  
(powder)




Nutramigen  
(concentrate)



Neosure



Enfacare



PediaSure  
(vanilla only)

If one of WIC's contract formulas is not appropriate for your patient, there may be a medical condition warranting a therapeutic formula (TF). As part of the patient's treatment plan, TFs should be covered by the health plan when the clinician provides adequate medical justification.

WIC provides TFs in the short-term, usually one month, while the prescription through Medi-Cal is processed. WIC will provide TFs in the long-term for participants whose insurance does not cover them and who are not eligible for Medi-Cal. A letter of denial will be requested.


**Please note:** Nutramigen with Enflora LGG (powder) and Nutramigen (concentrate) are two different products. If your patient requires Nutramigen with Enflora LGG, you must include the full name on the prescription.

**WIC requires a prescription every three months for most therapeutic formulas. The prescription must include the:**

- Diagnosis warranting issuance of a therapeutic formula
- Name of the medically necessary formula and amount per day
- WIC foods NOT appropriate for the diagnosis if > 6 months of age
- Length of time the formula and WIC foods are medically require
- Signature and contact information of the health care professional
- Date prescription was written

**Contract formulas DO NOT require a prescription unless your patient is switching from a TF to a contract formula.** The contract formulas provided by the WIC program are Similac Advance, Similac Sensitive, Similac Total Comfort, and Enfamil ProSobee.

For more information or to speak with a WIC Nutritionist please call Ventura County WIC Program at: (805) 981-5251 or email [wic.program@ventura.org](mailto:wic.program@ventura.org)


11/2022

**SECTION 9:**

# Introducing the Dementia Care Aware Warmline

The state Department of Health Care Services (DHCS) is developing the Dementia Aware initiative to establish a statewide provider training program in culturally competent dementia care, as well as a referral protocol on cognitive health and dementia for Medi-Cal beneficiaries.

Aligned with this initiative, SB 48 (Chapter 484, Statutes of 2021) establishes an annual cognitive health assessment as a Medi-Cal-covered benefit, available to Medi-Cal only beneficiaries who are 65 years of age or older and otherwise ineligible for a similar assessment under Medicare. SB 48 makes a Medi-Cal provider eligible to receive payment for this benefit only if the provider completes cognitive health assessment training as specified by DHCS. The target implementation date for this benefit is July 1, 2023.

Dementia Care Aware (DCA) is a state-wide program for primary care providers. It provides the information and tools needed for providers to successfully administer cognitive health assessments and determine the appropriate next steps for patients.

The DCA warmline service will connect clinicians and primary care teams with dementia experts to answer questions about dementia care as they implement the cognitive health assessment and dementia care planning. The warmline contact information will be shared with providers when it's released.

## SECTION 10:

# Managed Care Accountability Set (MCAS) Reporting Year 2023 Data Collection Effort

The annual medical record collection project for the 2022 measurement year (MY) Managed Care Accountability Set (MCAS) measures is scheduled to begin in **Feb. 2023**.

Gold Coast Health Plan (GCHP) is partnering once again with Inovalon, Inc. to lead the medical record data collection and abstraction portion of this project. As a business associate of GCHP, Inovalon is contractually bound to protect, preserve, and maintain the confidentiality of any Protected Health Information (PHI) and to operate in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.

## Medical Record Collection

The MCAS project is a retrospective review of services and clinical care provided to members. Reporting Year (RY) 2023 will assess services provided in 2022 and prior for designated measures. GCHP will report **39 MCAS** measures to the state Department of Health Care Services (DHCS) and, of those, **15 measures** will be held to the minimum performance level (MPL). Measures held to the MPL are evaluated using data sources including claims, encounter and supplemental data, and medical records.

For each of the following measures, a random sample of patient records are selected for medical record review:

- Controlling High Blood Pressure (CBP)
- Cervical Cancer Screening (CCS)
- Childhood Immunization Status (CIS)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Immunizations for Adolescents (IMA)
- Lead Screening in Children (LSC)
- Prenatal and Postpartum Care (PPC)

## Provider Office Participation

The MCAS medical record data abstraction project will start in **Feb. 2023** and end in May 2023. Inovalon may contact your office to request medical records. Information about the data collection process will be included with the medical record request. We want to remind providers to follow Inovalon's chart copying instructions, such as service dates and record type (e.g., labs, clinic notes), to ensure only the necessary documentation is released.

## RY 2023 MCAS Timeline

February - May	<ul style="list-style-type: none"> <li>• Collection and review of medical records.</li> <li>• Compliance audit occurs to validate process / findings.</li> </ul>
June - July	<ul style="list-style-type: none"> <li>• MCAS results are compiled, finalized, and sent to DHCS.</li> </ul>
August - November	<ul style="list-style-type: none"> <li>• Results are assessed by the Quality Improvement (QI) Department for opportunities for improvement.</li> <li>• DHCS assigns improvement projects for measures scoring below the MPL.</li> </ul>

Your cooperation and prompt attention is very much appreciated. Due to the limited timeframe to collect all required medical records within the MCAS deadlines, please ensure timely adherence to Inovalon's requests.

If you have any questions or concerns, please contact the QI Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org). MCAS resources, including a Quick Reference Guide, Tip Sheets and Frequently Asked Questions (FAQs) can be accessed on the [GCHP website](#).

We appreciate your assistance in this effort and thank you for partnering with us to improve the health of individuals, families, and our community.

**SECTION 11:**

# 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), non-English speaking or monolingual members access to language assistance services at medical points of service at no cost to members.

### Language Assistance Services Include:

- Interpreter and translation services. GCHP provides both written and oral interpretation services from a qualified interpreter on a 24-hour basis, seven days a week.
- Sign language interpreting for deaf and hearing-impaired members.
- Alternative formats (such as braille, 20-point font large print, audio, accessible electronic formats) and auxiliary aids and services for people with disabilities.

Members are **NOT** required to provide an interpreter or use a friend or a family member, including minors, to interpret during medical appointments. It is the responsibility of the provider — not the member — to request interpreter services.



## Accessing Language Assistance Services

To access GCHP's Language Assistance Services or to receive training, 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](mailto:CulturalLinguistics@goldchp.org).

## Tips to Optimize Communications with your Patients

Here are few tips to optimize communications when working with telephonic interpreters:

- If possible, speak to the interpreter privately prior to the contact, providing relevant information regarding the member and the important information to convey.
- Interpreters are not allowed to rephrase or clarify. Encourage the interpreter to request clarification or to redirect explanations as needed.
- Direct the conversation to the member, not the interpreter.
- Use short sentences limited to a single concept, if possible.
- Allow adequate time for the interpreter to convey the information in the member's language.
- Avoid excessive medical terminology or technical explanations unless the member requests them.
- Avoid interrupting the interpreter.
- If the member's nonverbal cues indicate confusion, ask the member to summarize or restate what you have communicated.

## DHCS Guidelines on Alternative Format Selection for Members

In compliance with the requirements set by the Americans with Disabilities Act (ADA), GCHP is committed to ensuring effective communication to members with visual impairments or other disabilities.

The state Department of Health Care Services (DHCS) released the All Plan Letter (APL) 22-002: [Alternative Format Selection for Members with Visual Impairments](#), which provides information on the processes to ensure effective



communication with members with visual impairments or other disabilities requiring the provision of written materials in alternative formats, including auxiliary aids and services to individuals with disabilities.

Below are descriptions of each alternative format:

- Large print: Large (no less than 20 point) size Arial font.
- Audio CD: Provides the ability to listen to notices and information.
- Data CD: This allows for the use of computer software to read notices and other written information.
- Braille: Uses raised dots that can be read with fingers.

If you would like training or technical assistance, please 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](mailto:CulturalLinguistics@goldchp.org).



## SECTION 12:

# Health Education

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.

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](mailto:HealthEducation@goldchp.org).

## Chronic Disease Self-Management Program (CDSMP)

Gold Coast Health Plan (GCHP) is offering the Chronic Disease Self-Management Program (CDSMP) for members 18 years of age and older to help them take charge of their conditions and live healthier lives. The CDSMP program is a six-week interactive program that allows members to make individual plans to help them meet their goals. Workshops are available in English and Spanish and provided over the phone, virtually, and a new option of in-person. Space is limited for each workshop. Please contact the Health Education (HE) Department to enroll members. Below is the schedule for CDSMP workshops, and the calendar of new and upcoming classes can also be found on [GCHP website](#).

Class Series #	Date	Day	Time	Name
1	Feb. 7 – Mar. 14	Tuesday	4 p.m.-4:30 p.m.	English Telephonic #1
2	Feb. 9 – Mar. 16	Thursday	11 a.m.-11:30 a.m.	Spanish Telephonic #1
3	Mar. 21 – April 25	Tuesday	3:30 p.m.-5:30 p.m.	Spanish Virtual #1
4	Mar. 23 – April 27	Thursday	10:30 a.m.-12:30 p.m.	English Virtual #1
5	May 2 – June 6	Tuesday	4 p.m.-4:30 p.m.	Spanish Telephonic #2
6	May 4 – June 8	Thursday	11 a.m.-11:30 a.m.	English Telephonic #2
7	June 15 – July 20	Thursday	2:30 p.m.-4:30 p.m.	English In-Person #1
8	June 16 – July 21	Friday	9:30 a.m.-11:30 a.m.	Spanish In-Person #1

## February – National Children's Dental Health Month

Smile! February is National Children's Dental Health Month, and it is a great time to promote the benefits of good oral hygiene, because developing good dental health habits (including regular dental visits) helps children get a jump start on a lifetime of healthy teeth and gums. This year's campaign slogan is "Brush, Floss, Smile!" Visit the 2023 [NCDHM Campaign website](#) to download posters.

## Dental Fluoride Varnish

The state Department of Health Care Services (DHCS) considers patients on any government assistance program, including those with Medi-Cal / GCHP eligibility, at high risk for dental caries. The American Academy of Pediatrics (AAP) recommends children receive Fluoride Varnish application upon first tooth emergence up until their 6<sup>th</sup> birthday.

Fluoride varnish can be applied up to five times per year by their pediatrician.

Providers can refer members to the Health Education Department by using the [GCHP Health Education Referral Form](#) and emailing it to [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org). Providers may also contact us at 1-805-437-5817, Monday to Friday (excluding holidays), 8 a.m. to 5 p.m.

## SECTION 13:

## 2023 GCHP Member Incentives

Gold Coast Health Plan (GCHP) strives to break barriers that prevent members from completing important health care services. One strategy we use to achieve this is through the GCHP member incentive program. In 2023, we will be offering the following incentives\* to members:

- **Child and Adolescent Well-Care Visits (3-21 years old):** Members 3 to 21 years of age can earn a \$25 gift card for completing a well-care visit with their primary care physician in 2023.
- **Cervical Cancer Screening:** Female members 21 to 64 years of age can earn a \$25 gift card for completing a cervical cancer screening (pap test) with their doctor in 2023.
- **Breast Cancer Screening:** Female members 50 to 74 years of age can earn a \$40 gift card for completing a breast cancer screening (mammogram) in 2023.

Members eligible for these programs will be mailed an incentive form in 2023. The member incentive forms are also available for printing on the [GCHP website](#) under For Members > Member Resources > Member Rewards. GCHP encourages its clinic partners to promote the program, help members complete the forms, and assist with faxing completed forms to GCHP.

For questions about the member incentive programs, please contact the Quality Improvement Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

\*All gift cards are for either Target, Wal-Mart, or Amazon.



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

## **Provider Operations Bulletin**

FEBRUARY 2023

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