



**Gold Coast
Health Plan**SM
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Provider Operations Bulletin

MAY 2024

www.goldcoasthealthplan.org

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The Provider Operations Bulletin is published bi-monthly by Gold Coast Health Plan's Communications Department as a service for the provider community.

Information comes from GCHP and its partners. If you have any concerns or questions related to specific content, please contact the Network Operations Department at ProviderRelations@goldchp.org or call the GCHP customer service line 1-888-301-1228 and request to speak to your Provider Relations representative.

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SECTION 1:

New and Improved Systems and Services Effective July 1

Exciting changes are on the horizon for Gold Coast Health Plan (GCHP) that are designed to make things easier and better for you, our valued providers! Specifically, we are implementing new systems on July 1, 2024, that are designed to improve your experience and satisfaction with member eligibility verifications, electronic claims processing and payments, and authorization requests and tracking. At the center of these changes lies our unwavering commitment to ensure that you are well informed and prepared to navigate these changes.

Our aim is to facilitate a smooth transition. To that end, we will be providing comprehensive training to equip you with the knowledge and skills necessary to navigate these changes. In the coming weeks, you will be receiving detailed information on the forthcoming changes and training opportunities.

We look forward to working with you throughout this transition, knowing that the coming changes will signal a new era in how we work together to provide quality health care to our members. For the latest information, please visit our website: <https://www.goldcoasthealthplan.org/for-providers/provider-updates/2024-systems-and-services-changes/>. If you have any questions, please email ProviderPortal@goldchp.org.

SECTION 2:

Change Healthcare Cyberattack

Change Healthcare, a subsidiary of UnitedHealth Group, experienced a cyber incident on Feb. 21, 2024. Change Healthcare is a provider payment vendor and a clearinghouse that sends electronic data interchange (EDI) claims and electronic remittance advices (ERAs). This incident has impacted claims payments and clearinghouse functions.

Gold Coast Health Plan (GCHP) has taken proactive steps to safeguard our provider partners and members. We have disconnected our systems from UnitedHealth Group subsidiaries, including Change Healthcare.

If your practice is affected by this cybersecurity incident, we ask that you bill claims through alternative channels to ensure GCHP receives your claim. Below are some methods to submit your claims:

Office Ally

1-866-575-4120

www.officeally.com

GCHP Provider i-Transact Portal

[Click here](#)

Paper Claims

Gold Coast Health Plan

Attn: Claims

P.O. Box 9152

Oxnard, CA 93031-9152

Please email ProviderRelations@goldchp.org with any questions or for Provider i-Transact Portal registration assistance.

SECTION 3:

Medi-Cal for Kids & Teens (formerly Early and Periodic Screening, Diagnostic, and Treatment Services, or EPSDT)

As a health plan, we are proud to take this opportunity to remind you about the Medi-Cal for Kids & Teens services available to all Medi-Cal patients under the age of 21. **Effective Jan. 1, 2024, the state Department of Health Care Services (DHCS) requires all providers to complete Medi-Cal for Kids & Teens training every two years.**

What is Medi-Cal for Kids & Teens?

For Medi-Cal patients under the age of 21, providers must provide a more robust range of medically necessary services than for adults. Medically necessary decisions are individualized. These services are defined in federal and state statute and include:

- **Screening services** including a comprehensive health and developmental history, a comprehensive unclothed physical exam, appropriate immunizations, laboratory tests, and health education.
- **Vision services** including diagnosis and treatment for defects in vision, including eyeglasses.
- **Dental services** including relief of pain and infections, restoration of teeth, and maintenance of dental health.
- **Hearing services** including diagnosis and treatment for defects in hearing, including hearing aids.
- **Other necessary health care**, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.

What are GCHP's expectations for providers?

Providers are expected to:

- Comply with Medi-Cal contract requirements around Medi-Cal for Kids & Teens.
- Coordinate Medi-Cal for Kids & Teens services with other members of a patient's care team.
- Complete Medi-Cal for Kids & Teens training every two years.

We will provide additional information on required training for Medi-Cal for Kids & Teens and the attestation process in upcoming Joint Operations Meetings, new provider orientations, bulletins, and site visits.

DHCS Medi-Cal for Kids & Teens Provider Training:

<https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-EPSDT-Provider-Training.pdf>

Reference: DHCS All Plan Letter 23-005 "[Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members under the age of 21](#)"

SECTION 4:

Provider Network Audits

The state Department of Health Care Services (DHCS) requires health plans to ensure their network of providers are available to see health plan members within a specific number of days or hours for certain types of appointments. To ensure that provider networks are operating within these standards, DHCS performs quarterly audits every year for access and availability and reports any deficiencies to GCHP.

If any provider within GCHP's provider network is identified in the DHCS audit, we will issue a letter outlining the deficiencies along with a Corrective Action Plan (CAP). Providers will have 30 days to respond to the CAP letter with remediation steps to correct the deficiencies.

In addition, GCHP has contracted with an outside vendor to conduct annual surveys for provider satisfaction and provider access and availability. This survey will take place from May through Sept. 2024.

Access and availability standards are:

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 7 business days of request.

GCHP's Provider Relations team is available to assist you with any questions or concerns you may have via email at ProviderRelations@goldchp.org.

SECTION 5:

Provider Methods to Help Improve Member Access and Availability

The following methods can be used to help 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.

SECTION 6:

Urgent Care Services

Gold Coast Health Plan (GCHP) encourages all members who have tried but are unable to access their primary care physician (PCP) for same day appointments to use an in-network contracted urgent care center. GCHP always recommends that PCPs are contacted to validate their availability. However, it is important to stress that approval by a PCP for urgent care access is not required. GCHP wants to ensure that the best quality of care is provided to members and does not want members to be turned away or their care delayed.

SECTION 7:

Reminders and Tips for Submitting Authorization Requests

Portal Submissions

To ensure timely processing of authorization requests, the following information is required when submitting via the Provider Portal. Missing information will cause a delay in processing. The following fields are required to be completed:

- CPT Code
- Quantity
- Dates of Service
- Diagnosis Code
- Requesting Provider
- Facility Provider

Please do not enter the same CPT code on more than one service line. Increase the quantity as needed. For example, if a device / item is needed for the left side and for the right side, increase the quantity to two on the same service line.

Please make sure to upload or fax pertinent clinical documentation with all requests and include the contact's name, phone, and fax number in a claim note in case there are questions regarding the request for authorization.

The Gold Coast Health Plan (GCHP) Provider Relations team offers online trainings to educate and answer your questions about working in the portal. To schedule a time for a webinar training and for any other questions you have, please email ProviderRelations@goldchp.org.

Referrals to Specialists

GCHP is committed to providing the best care to our members. To reduce barriers to care, GCHP has made the decision not to require prior authorizations for in-network / in-area specialty physician referrals for office consults. Whenever possible, specialty care should be provided by GCHP contracted providers within GCHP's service area of Ventura County.

Out-of-Area Referrals

Prior authorization must be obtained when a member is being referred to an out-of-area specialist contracted with GCHP. Reasons GCHP may authorize a consultation out of Ventura County may include:

- The necessary procedure or service is not available through one of GCHP's in-area network providers.
- The expertise required for consultation is beyond what is available through GCHP's in-area provider network.
- The member's medical needs are sufficiently complex to require service out of the area.

When requesting an authorization for an out-of-area specialist, please submit pertinent clinical documentation, including which specialty is needed, the reason the member needs to be seen by the specialist, and if local care was explored.

Ongoing Treatment with an Out-of-Area Provider

Initial approval for an out-of-area specialist is for consultation only. The specialist is responsible for informing the PCP of the patient's status and proposed interventions. When the proposed interventions are available in-network / in-area, member's care should be directed locally.

Ancillary Services

When referring members for ancillary services such as Durable Medical Equipment (DME) / Prosthetics / Orthotics, Home Health, Physical Therapy / Occupational Therapy, etc., GCHP recommends that the prescribing provider send the prescription with the ICD-10 diagnosis code to the rendering vendor / provider. The rendering vendor / provider can submit the request for authorization to GCHP with the appropriate codes and quantities. This helps streamline the authorization process for these services.

Expedited or Urgent Requests

Utilization Management would like to remind providers to use the following definition to determine when to submit a request or referral as expedited or urgent:

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

Expedited / urgent requests are processed within 72 hours of the receipt of the request. Please refrain from submitting requests as expedited / urgent when the definition is not met and a standard review, which is processed within five business days, will meet the member's needs.


SECTION 8:

Additional Requirement for Community Based Adult Services (CBAS) Discharge Notifications


When a member is being discharged from Community Based Adult Services (CBAS), Gold Coast Health Plan (GCHP) requires the CBAS Discharge Notification / Plan of Care Form be submitted to GCHP along with the California Department of Aging CBAS Discharge Summary report. Exceptions to this requirement include discharges for member death, a transfer to another CBAS facility, and member relocation out of Ventura County.

The GCHP CBAS Discharge Notification / Plan of Care Form can be found on the GCHP [website](#).

Please begin submitting this additional form with all future CBAS discharges. If you have any questions, please contact the Utilization Management Department at UM@goldchp.org.



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**COMMUNITY-BASED ADULT SERVICES (CBAS)
DISCHARGE NOTIFICATION / PLAN OF CARE**

FAX TO: 1-855-883-1552 | PHONE: 1-888-301-1228 | www.goldcoasthealthplan.org

Gold Coast Health Plan (GCHP) requires that Community-Based Adult Services (CBAS) providers complete a CBAS Discharge Notification / Plan of Care for any member who determines they no longer need CBAS services. Please complete and submit this form, along with the [California Department of Aging CBAS Discharge Summary Report](#).

Center Name: _____	Date: _____
Member Name: _____	Member ID Number: _____
Name of Member's Physician(s): _____	
Date Denial Notice of Action Issued (if applicable): _____	
Date of CBAS Benefit Terminated (if applicable): _____	
Date of CBAS Discharge: _____	
Member's Current Medical Condition, Treatment(s) and Medication(s): _____ _____	
Potential Referrals for Medically Necessary Services / Other Services or Community Resources Needed: _____ _____	
Name of Member's CBAS Case Manager / Social Worker: _____	
Contact Information for CBAS Case Manager / Social Worker	
Phone: _____	Email: _____
Member / Member Representative Name (Please Print): _____	
Date: _____	
Member / Member Representative Signature: _____	
Date: _____	

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

SECTION 9:

Clarification Regarding Frequency of Well-Child Visits

As a component of our collaboration to advance our work to support increased access to high quality care, we would like to provide clarification regarding Gold Coast Health Plan (GCHP) guidance pertaining to the frequency of pediatric well-child screening examinations for children and adolescents.

GCHP provides coverage for well-child visits and does NOT require a specific amount of time to elapse between these preventive visits.

GCHP guidance regarding the periodicity of well-child preventive screening history and physical examinations advises the use of the most current versions of the U.S. Preventive Services Task Force (USPSTF) Recommendations and the American Academy of Pediatrics (AAP) / Bright Futures Recommendations for Preventive Pediatric Health Care (GCHP Policy QI-032 and GCHP Dec. 2023 Provider Operations Bulletin). While AAP / Bright Futures guidance recommend a periodicity schedule for well-child visits, this is not to be considered a restriction on more frequent well-child encounters based on medical necessity and sound clinical judgement.

For example:

- In a case where a member turned 5 years old in October and completed a well-child visit the same month, a well-child visit at age 6 is permissible prior to October of the next calendar year (e.g., it is not required that there be 12 months between scheduled well child visits).
- In a case where a member is seen for their 2-month well baby visit at age 2 months and 14 days, the 4-month well baby visit can occur on the date that the visit provider determines is clinically appropriate based on the timing of vaccines, the need to re-evaluate a member's development, or other clinical considerations (e.g., it is not required that two full months elapse between scheduled well baby visits).
- In a case where the member is seen for their 15-month well care visit at 16 months, the 18-month well baby visit can occur when the primary care provider deems clinically appropriate, which may be a few days prior to, on, or after the 18-month milestone date.
- Sports clearance physicals are permitted at any time during the calendar year, as are physicals to reassess the health or well-being of a foster child.

Codes used to identify well-care exams are available on the [GCHP MCAS webpage](#) for your reference.

We also want to take this opportunity to remind our network providers that GCHP Medi-Cal members are not to be billed for any covered benefit provided to them, including well-child services.

SECTION 10:

Credentialing Update: Participating Medicaid Provider Status on Council for Affordable Quality Healthcare (CAQH) Application

Gold Coast Health Plan (GCHP) would like to remind our providers that Medi-Cal (Gold Coast Health Plan) is the name for California's Medicaid program available to qualified individuals residing in California. Please ensure you indicate the correct information on your Credentialing Application by marking "Yes" when completing your Council for Affordable Quality Healthcare (CAQH) Application. Please answer "Yes" to the question on Page 2 of the application that asks: "Are you a participating Medicaid Provider?" Below is an image of where to mark Yes.

Other ID Numbers

If you have additional Professional IDs to report, use the Professional IDs

ARE YOU A PARTICIPATING MEDICARE PROVIDER?*	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
ARE YOU A PARTICIPATING MEDICAID PROVIDER?*	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO

SECTION 11:

Asthma Medication Ratio (AMR)

Prevalence of Asthma in the U.S.

In 2023, the Centers for Disease Control and Prevention (CDC) reported that more than 26 million people in the U.S. have asthma and the annual health care costs associated with asthma care exceeded \$50 billion. The high prevalence of asthma and high health care expenditures demonstrate the need for improved access to care and medication management.

Asthma Medication Ratio (AMR) Rates

The AMR measure is one of the Managed Care Accountability Set (MCAS) measures that Gold Coast Health Plan (GCHP) reports annually. The AMR measure evaluates the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year. For more information on the AMR measure, [click here](#).

The table below shows that GCHP's AMR rates have trended below the 25th National Medicaid Percentile for the last five years.

Measurement Year (MY)	2019	2020	2021	2022	2023
AMR Rate	50.09	48.52	51.22	52.41	47.30* (preliminary rate)
National Medicaid Percentile Rank	< 25 th	< 25 th	< 25 th	< 25 th	< 25 th

* Final MY 2023 rates will be reported in June 2024.

Asthma Medication Management

It is important that patients with persistent asthma are adhering to recommended asthma medication regimens. The AMR measure assesses if asthma is being controlled through the use of long-term controller medications. Patients with controlled asthma may have fewer asthma-related hospitalizations and emergency department visits, but patients with an AMR < 50% may indicate over utilization of rescue medications and poorly controlled asthma.

What can you do?

- Follow the recommended clinical practice guidelines per the [2023 Global Initiative for Asthma \(GINA\)](#) updates:
 - » Prescribe *ICS-formoterol (i.e., Symbicort) as a reliever* instead of SABA.
 - » *Low-dose ICS-formoterol (i.e., Symbicort) is the PREFERRED reliever* because it reduces the risk of severe exacerbations compared with treatment options in which reliever is SABA.
 - ICS-formoterol should not be used as a reliever by patients who are taking a different maintenance ICS-LABA.
 - For as-needed use, one inhalation of ICS-formoterol for symptom relief or before exercise or allergen exposure instead of SABA reliever.
 - » May use extra inhalations when symptoms persist or recur but recommend seeking medical care if need more than the following **total inhalations in a single day** (as needed plus maintenance).

Total Maximum Daily Inhalations (as needed plus maintenance)

Budesonide-formoterol (Symbicort)	Adults and Adolescents 12 years of and older.	Children 6-11 years of age.
	12 inhalations per day.	Eight inhalations per day.

- Familiarize yourself and your team with asthma controller and reliever medication clinical guidelines. Below are the [National Institute of Health's \(NIH\)](#) recommended clinical practice guidelines for providing quality asthma care:
 - » Initial Visit
 - Diagnose asthma.
 - Assess asthma severity.
 - Initiate medication and demonstrate use.
 - Develop a written [asthma action plan](#).
 - Schedule a follow-up appointment.
 - » Follow-up Visits
 - Assess and monitor asthma control.
 - Review medication technique and adherence.
 - Maintain, step-up, or step-down medication.
 - Review and revise the asthma action plan as needed.
 - Scheduled next follow-up visit.
- Educate your patients regarding use of their rescue inhalers versus their controller medications.
 - » Advise them that rescue inhalers should be used in emergency situations while controller medications should be used daily or as you prescribe them. Your patients may not know that they will often not feel the effects of their asthma controller medication, but use of their controller medication can prevent most asthma emergencies.
- Ensure that you are following asthma medication prescribing best practices (e.g., 1:1 prescriptions of controller to rescue medications).
- Include members of all health care disciplines (e.g., physicians, pharmacists, nurses, respiratory therapists, and asthma educators) in providing and reinforcing education at all points-of-care.
- Document and code diagnoses and services performed and submit all claims / encounter data timely.

Health Education Resources

GCHP offers free health education services, material, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients.

- Providers, call: 1-805-437-5718
- Members, call: 1-888-301-1228 / TTY 711
- GCHP website, Health Education Resources (provided in English and Spanish): [Click here](#)

If you have any questions on the AMR measure or would like assistance with improving your clinic's AMR rates, please contact the GCHP Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 12:

Blood Lead Testing in Children Under 2 and Blood Lead Test Member Incentive

Early detection of lead in a child’s blood is the best way to reduce any long-term effects of exposure to lead. Ventura County has many houses built before 1978, when lead-based paints were banned. This puts Gold Coast Health Plan (GCHP) members at risk of lead exposure. In addition to lead exposure from paint in homes, members can be exposed to lead from imported spices or candies, handmade pottery / table wear, as well as Chapulines (dried grasshoppers).

The state Department of Health Care Services (DHCS) requires that every child enrolled in Medi-Cal be tested for lead exposure by their second birthday. To align with DHCS requirements, all GCHP members must be tested for lead exposure at 12 months and 24 months of age, unless refused by their parent or guardian. If a parent / guardian refuses a lead test for their child, they must sign a [lead test refusal form](#), which can be found on GCHP’s website. Tests can be completed either through a venous blood draw or capillary test.

GCHP offers a \$25 gift card to all GCHP members who are between 0 and 2 years old for completing at least one blood lead test on or before their second birthday within the calendar year. This incentive is meant to encourage members to complete these important tests.

Member incentive flyers will be mailed out to members on a monthly basis. Providers and members can access the Lead Screening Member Incentive flyer on the [GCHP website](#).

For more information about pediatric lead testing, please visit the [GCHP website](#).

For more information about the Member Incentive Program, please reach out to the Quality Improvement Department at QualityImprovement@goldchp.org.

Get a Free Gift Card!
¡Reciba una Tarjeta de Regalo Gratis!

Lead can hurt your child. Lead can harm a child’s brain. It is vital to screen your child for lead with a blood test at least once before they turn 2 years old.

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

- Be a Gold Coast Health Plan (GCHP) member with full-scope Medi-Cal benefits between 0 and 2 years of age.
- Get a blood lead test on or before the member’s second birthday. Complete this test between **January 1, 2024, and December 31, 2024.**
- Fill out this form and have your doctor or their staff sign or stamp it during your office visit.
- Send the form to GCHP by **January 31, 2025.**

Limit one card per member per year. It may take up to 6-8 weeks after GCHP receives your completed form for you to get your gift card in the mail.

If you have any questions, call GCHP at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call 711.

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El plomo puede hacer daño a su hijo. El plomo puede dañar el cerebro de los niños. Es importante hacer una evaluación de plomo a su hijo con una prueba de sangre al menos una vez antes de que cumpla los 2 años.

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

- Ser miembro de Gold Coast Health Plan (GCHP) con beneficios de Medi-Cal de alcance completo, entre 0 y 2 años de edad.
- Hacerse una prueba de plomo en sangre el día que el miembro cumple 2 años, o antes. Complete esta prueba entre el **1 de enero de 2024** y el **31 de diciembre de 2024.**
- Completar este formulario y hacer que su médico o su personal lo firmen o sellen durante su visita médica.
- Enviar el formulario a GCHP antes del **31 de enero de 2025.**

Límite de una sola tarjeta por miembro por año. Puede tomar hasta 6 a 8 semanas después de que GCHP reciba su formulario completo para que reciba su tarjeta de regalo por correo.

Si tiene alguna pregunta, llame a GCHP al **1-888-301-1228**, de lunes a viernes, de 8 a.m. a 5 p.m. (excepto días festivos). Si usa un TTY, llame al 711.

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REFUSAL OF LEAD TESTING

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

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

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

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

Reason(s) for refusal:

Patient / Child Name: _____ Patient Date of Birth: _____

Parent / Guardian Signature: _____ Date: _____

Clinic Use Only

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

Provider / clinic signature / stamp: _____ Date: _____

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

MRN#: _____

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

SECTION 13:

Improving Chlamydia Screenings in Women 16-24 Years of Age

The Centers for Disease Control and Prevention (CDC) has declared that Sexually Transmitted Infections (STIs) are at epidemic levels across the nation, with chlamydia cases continuing to rise in California. In 2021, for every 100,000 people, there were 582.7 cases of chlamydia in women compared to 382.5 cases in men in Ventura County, according to the California Department of Public Health. Furthermore, women 15 to 24 years of age were disproportionately more likely to contract chlamydia compared to older women.

Chlamydia can negatively affect fertility and can harm an unborn baby if it has gone undetected in a pregnant person, which is why it's important to test your patients today.

Clinical Guideline

The U.S. Preventive Services Task Force (USPSTF) and CDC recommend that all sexually active women under the age of 24 are tested for chlamydia annually. Women 25 and older at high risk should also be tested annually.

Best Practice Sharing from the Ventura County Health Care Agency

At February's Gold Coast Health Plan (GCHP) Quality Improvement Collaborative meeting, the Ventura County Health Care Agency's (VCHCA) Director of Quality and Population Health, Michelle Meisner, and Quality Coordinator, Gadiel Chavez, shared best practices to improve chlamydia screening rates.

Key improvement strategies from their presentation included universal screening in all women 16 to 24 years of age, pairing well-care exams with chlamydia screening, adding alerts to the EMR system, and making sure pre-visit notes include what screenings needed to be performed. The VCHCA MCAS rate for chlamydia screening increased over 10% after strategy implementation.

Thank you, Michelle and Gadiel, for sharing your successful interventions to increase chlamydia screening!

MCAS Measure: Chlamydia Screening in Women

GCHP monitors the performance of the National Committee for Quality Assurance (NCQA) Chlamydia Screening (CHL) performance measure. This measure assesses women 16 to 24 years of age, who have been identified as being sexually active, that are screened for chlamydia on an annual basis.

Chlamydia testing for all members is reimbursable by GCHP.

Other Key Resources

The VCHCA's workflow changes reflect evidence-based research strategies to increase chlamydia screening in women. Below are some resources developed to guide and assist clinics with making these important workflow changes.

1. Chlamydia Coalition
 - a. [How-To Implementation Guide for Healthcare Providers](#)
 - Taking a Sexual History
 - Routinizing Chlamydia Screening
 - Improving Chlamydia Screening and Retesting
 2. Family Planning National Training Center
 - a. [Chlamydia Screening Change Package](#)
 - Include chlamydia screening as a part of routine clinical preventive care.
 - Use normalizing and opt-out language such as, "I recommend a test for chlamydia to all my clients under 25."
 - Use the least invasive, high-quality, recommended laboratory technologies available.
 - b. [Chlamydia Screening Toolkit](#)
 - Best Practice Recommendations
 - Action Steps
 - Training Guides

For more information, please reach out to the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 14:

Cancer Prevention Act and HPV Vaccine Hesitancy

Cancer Prevention Act

Assembly Bill No. 659, the Cancer Prevention Act, requires schools to notify families of 6th graders about human papillomavirus (HPV) vaccination recommendations. Schools must send information to parent / guardians to include “HPV vaccination can prevent over 90% of cancers caused by HPV. HPV vaccines are very safe, and scientific research shows that the benefits of HPV vaccination far outweigh the potential risks.”

For more information, [click here](#).

Addressing HPV Vaccine Hesitancy Using Presumptive Approach and Motivational Interviewing

Importance of Provider Recommendation:

- A child’s physician has repeatedly been cited as the most trusted source of vaccine information across racial and ethnic groups.
- Lack of a provider recommendation was the most common reason cited among parents unsure about HPV vaccination.
 - » One in three parents have not received provider recommendations.
 - » Many providers report recommending HPV vaccine infrequently, late, or not at all.
 - » Providers less often recommend HPV vaccine for preteens, males, and some racial / ethnic minorities.
- Emphasize importance of vaccination by giving a strong and personalized recommendation.
- Recommend same-day vaccination.
- Are consistent.
 - » Routine for all eligible patients.
 - » All staff in a clinic (clinicians, nurses, medical assistants, etc.) share the same message.

Responding to Unsure Parents

- Strongly endorse all recommended vaccines as important for adolescent health.
- Ask open-ended questions and answer parents’ questions and concerns. Remain clear and unwavering in your recommendation.
- Focus on the benefits of the vaccine.
- If vaccine refusal occurs, persevere.
- Emphasize cancer prevention and address parental gaps in knowledge.
- Give a strong recommendation.
- Be persistent. Adolescents are more likely to get the HPV vaccine when providers address parental hesitancy with clear support for HPV vaccination. Bringing up the topic across multiple visits may also be needed.

Vaccine Hesitancy Resources and Training

- Quality Improvement tools to carry out HPV vaccination improvement projects: [Click here](#)
- Motivational interviewing training offered by the Unity Consortium (United for Adolescent Vaccination): [Click here](#)
- Building Confidence in Vaccines: A training module for health workers (World Health Organization): [Click here](#)
- Communicating With Vaccine Hesitant Families: Proven Tools & Strategies (California Immunization Coalition): [Click here](#)
- Presumptive Approach Resources: [Click here](#)

Register for HPV Best Practice Sessions

HPV Vaccination Best Practice Sessions



The American Cancer Society in partnership with the National HPV Vaccination Roundtable and the Indiana Immunization Coalition are launching a 2024 quarterly program for health systems.

[Register Now!](#)



Each session will delve into key interventions, best practices, highlight health systems and provide strategies to increase HPV vaccination.

*CME, CNE and Pharmacy continuing education will be offered for each webinar.

2024 Series Dates

Session 1

MAR 7

2PM EST

The Announcement Approach Training

Session 1 focuses on the Announcement Approach Training on making effective HPV vaccine recommendations and counseling hesitant parents. Healthcare systems can access free materials, updated for 2024

Session 3

AUG 28

2PM EST

Provider Interventions

Session 3 will focus on interventions targeted for providers & their care team.

Session 2

MAY 8

2PM EST

Patient & Parent Interventions

Session 2 will focus on interventions targeted for patients, and parents. An emphasis on back-to-school initiatives, resources and tools for increasing HPV vaccination.

Session 4

NOV 20

2PM EST

System & Policy Interventions

Session 4 will focus on system level and policy changes health systems can implement.

This program is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

SECTION 15:

Cultural and Linguistic Services

Culturally and Linguistically Appropriate Services (CLAS) Training Opportunities

As health care disparities among cultural minority groups persist in the U.S., culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations.

[Think Cultural Health](#) offers a free online educational program, “A Physician’s Practical Guide to Cultural Competent Care,” accredited for physicians, physicians’ assistants, and nurse practitioners. This e-learning program will equip health care professionals with the knowledge, skills, and awareness to best serve all patients, regardless of culture or linguistic background. Continuing education credits are available.

The e-learning program highlights:

- Fundamentals of CLAS, including strategies for delivering patient-centered care.
- Communication and language assistance, including how to work effectively with an interpreter.
- Organizational CLAS-related activities, including strategic planning and community assessment.

To learn more about additional education opportunities and resources, visit the GCHP website, located under the [For Providers](#) tab, or visit the [Think Cultural Health website](#).

The National Culturally and Linguistically Appropriate Services (CLAS) Standards

The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. [Click here](#) to learn more.

1

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:



2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Think Cultural Health
<https://www.thinkculturalhealth.hhs.gov/>
<https://www.thinkculturalhealth.hhs.gov/>

2

The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.¹ Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,² such as socioeconomic status, education level, and the availability of health services.³

Though health inequalities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.⁴

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.^{5,6} By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities⁷ and the National Stakeholder Strategy for Achieving Health Equity,⁸ which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.



Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

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Think Cultural Health
<https://www.thinkculturalhealth.hhs.gov/>
<https://www.thinkculturalhealth.hhs.gov/>

Coming Soon!

GCHP is working with Pacific Interpreters, Inc., to eliminate the use of a provider access code and have a dedicated toll-free number with direct access to an interpreter. Stay tuned for more information.


For questions or additional resources, visit the GCHP website or contact GCHP's Cultural and Linguistic Services Department at 1-805-437-5603, Monday through Friday, 8 a.m. to 5 p.m., (except holidays). You can also email CulturalLinguistics@goldchp.org.

SECTION 16:

Health Education

Asthma

May is Asthma Awareness Month and a time to educate friends, family, and patients about asthma and promote awareness about how this serious, sometimes life-threatening, chronic respiratory disease can be controlled. GCHP encourages providers to complete an [Asthma Action Plan](#) with members to help them take control of their asthma.



Integrity • Accountability • Collaboration • Trust • Respect

ASTHMA ACTION PLAN

Name: _____ Date: _____
 Doctor: _____ Doctor's Phone Number: _____

GREEN ZONE • Doing Well

Symptoms: No cough, wheeze, chest tightness, or shortness of breath during the day or night. Can do usual activities.

Peak Flow: _____ (more than 80% of personal best)

My best peak flow is: _____

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
_____	_____	_____
Before exercise	_____ puffs	5 minutes before exercise

YELLOW ZONE • Asthma is Getting Worse

Symptoms: Cough, wheeze, chest tightness, shortness of breath, waking at night, can do some, but not all, usual activities.

Peak Flow: _____ to _____ (between 50% to 79% of personal best)

1 Add Quick Relief Medicine and keep taking your GREEN ZONE medicine
 Take _____ puffs every 20 minutes for up to 1 hour. Nebulizer once

2 If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment
 Continue monitoring to be sure you stay in the green zone.
If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:
 Take _____ puffs or Nebulizer
 Add _____ puffs (oral steroid) mg per day. For _____ (3 to 10) days.
 Call the doctor before / within _____ hours after taking the oral steroid.

RED ZONE • Medical Alert!

Symptoms: Very short of breath, quick-relief medicines have not helped, cannot do usual activities, symptoms are the same or get worse after 24 hours in Yellow Zone.

Peak Flow: _____ (less than 50% of personal best)

Take this medicine:
 Take _____ puffs or Nebulizer / _____ (oral steroid) mg.

Then call your doctor NOW. Call 911 if:
 You are still in the red zone after 15 minutes AND You have not reached your doctor.

DANGER SIGNS:

- Trouble walking and talking due to shortness of breath. Take _____ puffs of your quick-relief medicine.
- Lips or fingernails are blue.
- ▶ Go to the hospital or call 911.
 Call your doctor _____ (phone).

24-Hour Advice Nurse Line: 1-800-437-5001 / 1-877-431-1700 (toll free). If you use a TTY, call 711.
 Member Services: 1-888-301-1228. If you use a TTY, call 711.

Rev. 7/2023

GCHP works with the Ventura County Health Care Agency to support the Asthma Remediation Program. This program helps members make changes to their home for their health, welfare, and safety and to prevent asthma flare-ups that could result in the need for visits to the Emergency Department (ED) and hospital stays.

For more information, visit the [Ventura County Health Care Agency](#) or call 1-805-981-5183, Monday through Friday, 8 a.m. to 5 p.m. (TTY: 711), or email AsthmaRemediation@ventura.org.

Chronic Disease Self-Management Program

GCHP offers a [Chronic Disease Self-Management Program](#) (CDSMP) for member's 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 telephonically, virtually, and in-person. No authorization is required to join, but space is limited for each workshop. Contact the Health Education Department to enroll members. You can view the schedule for CDSMP workshops on the [GCHP calendar](#).

Free Workshop for Gold Coast Health Plan Members

Chronic Disease Self-Management Program

Gold Coast Health Plan (GCHP) offers free Chronic Disease Self-Management Program (CDSMP) workshops to members over the age of 18 with a chronic health condition. A chronic health condition is one that lasts for a long time, such as arthritis, diabetes, heart disease, depression, obesity, pain and more. The workshop can teach you how to control and manage your symptoms.

Workshops will be held once a week for six weeks. Members can choose between a virtual or telephonic workshop. The virtual workshop is 2.5 hours each week, and the telephonic workshop is 30 minutes each week.

<p>In the workshop, you will learn about:</p> <ul style="list-style-type: none"> ■ Making a weekly action plan ■ Healthy eating ■ Physical activity and exercise ■ Medication usage 	<p>Participants will get:</p> <ul style="list-style-type: none"> ■ "Living a Healthy Life with Chronic Conditions" book ■ Class handouts ■ Relaxation CD ■ Refillable water bottle ■ Backpack ■ Lunch bag
--	--

Sign up now for CDSMP workshops to gain the self-confidence to take charge of your health.



Call the Health Education Department at **1-805-437-5718**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays).
If you use a TTY, call **711**. You can also email HealthEducation@goldchp.org. For more information, visit the GCHP website, www.goldcoasthealthplan.org.



Diabetes Prevention Program

If you have a member with pre-diabetes, you can encourage them to join the free [Diabetes Prevention Program](#) with GCHP's partner, Solera. GCHP members that enroll and participate in the program will receive an activity tracker, a wireless scale (with online programs), and help from a health coach.

Members can visit the Solera website (available in [English](#) and [Spanish](#)) to sign up or call 1-888-305-6008, Monday to Friday, 6 a.m. to 6 p.m. (TTY: 711). Members who have been identified as having pre-diabetes were sent a flyer in the mail and will be receiving a call from Solera to encourage participation and enroll in the program.

Download the program flyer [here](#).



Take the Path to a Healthier You

Don't miss out on this program for Gold Coast Health Plan members

Getting healthier and losing weight is even easier now.

Gold Coast Health Plan (GCHP) has teamed up with Solera to bring you a diabetes prevention program designed with you in mind. When you sign up, you'll get health education information to make healthier food choices, move more, and lower your risk of type 2 diabetes. And it's available at no cost to you!

Don't miss out. Join other Gold Coast Health Plan members who have already gotten started on their health journey.

For other health concerns, call the GCHP 24-Hour Advice Nurse Line toll-free at **1-877-431-1700** (TTY: 711).

For all other questions, call GCHP Member Services at **1-888-301-1228** (TTY: 711), Monday-Friday, 8 a.m. to 5 p.m. (excluding holidays).



1 in 3 people are pre-diabetic.



Losing 5% to 7% of your weight lowers your risk.



Participants who lose weight have more energy and sleep better.

Get Started in Three Easy Steps

1

TAKE A HEALTH QUIZ

Complete a short quiz at solera4me.com/gchp or call **1-888-305-6008** (TTY: 711) Monday through Friday, 6 a.m. to 6 p.m.

2

PICK YOUR PROGRAM

Choose an online-only program from a leading health solution or a community group.

3

GET YOUR TOOLS

Get an activity tracker,* receive a wireless scale (with online programs), and help from a health coach.

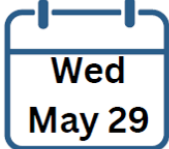
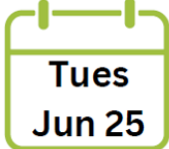
*For participants who complete four weeks of activity tracking. Diabetes Prevention Program guidelines. Applies to select models, limited to one per person. Solera Health reserves the right to discontinue an offer at any time.

GCHP Health Education Workshops

GCHP's Health Education Department hosts 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 in their clinics. 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.

Tobacco Cessation

Ventura County Public Health (VCPH) offers the "Basic Tobacco Intervention Skills Training for Medical and Allied Health Professionals." To register, contact the VCPH Call it Quits Program at 1-805-201-7867 or CallitQuits@ventura.org. See the upcoming training schedule below:

 Wed April 17	12:00 pm - 4:10 pm
 Wed May 29	8:30 am - 12:40 pm
 Tues Jun 25	8:30 am - 12:40 pm

Department of Health Care Services – Approved Health Education Materials

Providers may purchase and use materials developed by approved companies from the state Department of Health Care Services (DHCS). Managed Care Plans (MCPs) are responsible for ensuring that the materials given to Medi-Cal members meet the standards and requirements as outlined in regulations, contracts, and All-Plan Letters for readability and suitability. Written health education materials must be written at or below a 6th grade reading level and use a minimum of 12-point font size. Below is an update list of approved companies:

- Channing Bete Company, Inc.
- Dairy Council of California
- FDB Health
- Healthwise, Inc.
- Institute for Healthcare Advancement
- Krames / StayWell
- MCG
- ViewMedica
- Wolters Kluwer / Emmi

Health Education Materials

For more information, please contact GCHP's Health Education Department, Monday to Friday, 8 a.m. to 5 p.m. (excluding holidays) at 1-805-437-5817. You may also complete our [Health Education Referral Form](#) to refer members to receive materials, or email HealthEducation@goldchp.org.

SECTION 17:

Behavioral Health

California Launches Free Video Series to Help Parents and Caregivers Address Parenting Challenges

A new video series will give parents and caregivers additional resources to face potential parenting challenges they may encounter, particularly as it relates to the mental health of the children in their lives. Both *Positive Parents, Thriving Kids* and the previously released *Healthy Minds, Thriving Kids* series, are a part of the First Partner's California for All Kids initiative, and aim to address the youth mental health crisis through tangible, evidence-based resources, and support.

Positive Parenting, Thriving Kids, produced in partnership with the Child Mind Institute, was launched as part of the state Department of Health Care Services (DHCS) CalHOPE program. Each video is accompanied by learning guides and additional resources adapted for diverse populations. The videos, available in English and Spanish, cover 20 topics that focus on a wide range of situations, such as promoting good behavior in children, talking to teens about alcohol and drugs, and making sure caregivers take care of themselves.

The *Positive Parenting, Thriving Kids* video series topics were identified by a team of more than 40 experts from the Child Mind Institute, Harvard University, the University of California, Los Angeles, the University of California, Berkeley, the University of Southern California, San Diego State University, Peer Health Exchange, and other leading institutions. The video series features a diverse group of individuals, including 150 parents, caregivers, and children. Topics cover four broad themes, including self-care and parent-child relationships, healthy child and adolescent growth, big changes and challenges, and family and community stress.

Maternal Mental Health (MMH) Services

Gold Coast Health Plan (GCHP) is dedicated to meeting members where they are; providing whole person care, support, and resources. In California, one in five women have depression, anxiety, or both while either pregnant or during the postpartum period. To address this issue, GCHP coordinates care to focus on the mother's overall emotional, social, and mental well-being during and after pregnancy.

GCHP offers this service to our members through our partner, Carelon Behavioral Health. Primary care providers (PCP) will be able to screen members during routine appointments and refer them to Carelon for Case Management (CM) services using a [provider referral form](#). Members may also call Carelon for self-identified behavioral or maternal mental health needs. Carelon will provide support scheduling follow-up appointments to help facilitate and improve coordination of care with the member's treatment team.

GCHP is collaborating with Carelon to assist members in identifying resources and supports available from pregnancy through the first year of motherhood. For more information, call 1-855-765-9702 (TTY: 1-800-735-2929).

Maternal Mental Health Care Services

Pregnancy, birth, and early parenthood can be stressful times for parents. 1 in 5 women have a mental health issue during pregnancy or in the year after birth. Getting help early can help improve the health outcomes for both you and your baby.



If you are having any of the following:

- Sadness or depression
- Anxiety or worry
- Cranky with those around you
- Changes in your sleeping or eating patterns
- Difficulty bonding with your baby
- Worry about hurting yourself or your baby

You are not alone.

What does Carelon do?

We will help connect you to care. Carelon has a network of doctors and therapists who give mental health services.

Our staff will ask you a few questions and then give you a referral to an in-network provider or connect you to your local county mental health plan.

How can I reach you?

Call Carelon, Gold Coast Health Plan's Partner, at: 855-765-9702





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

Provider Operations Bulletin

MAY 2024

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