



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

FAQs for Providers

General Questions

Q: What is Gold Coast Health Plan?

A: GCHP is an independent public entity created by County Ordinance. Its principal purpose is to operate a new Health Plan to enroll and serve Ventura County Medi-Cal beneficiaries. *GCHP is NOT a County Agency and will not compete in the commercial health insurance market.*

Q: Who Runs the Plan?

A: The Ventura County Medi-Cal Managed Care Commission governs GCHP. The Commission is comprised of locally elected officials, representatives of physicians, hospitals, clinics, the local Health Care Agency and consumers. Day to day operations are administered and managed by the Health Plan's CEO (Earl Greenia) and a team of dedicated and experienced professionals.

Q: What Role Does GCHP Play in the Future of Health Care in Ventura County?

A: Under Health Reform, a clear advantage of a local Health System like GCHP is that it will shift control to the local level. Its goal is to improve Quality and Access to Healthcare and save money.

Q: How is GCHP Funded?

A: The State's Medi-Cal Program funds GCHP. GCHP took private loans to finance its start-up costs. Once these loans are repaid, GCHP will be solely funded with Medi-Cal payments from the State to care for 110,000 eligible Ventura County beneficiaries.

Q: How are Medi-Cal Beneficiaries enrolled into the Plan?

A: Eligibility is determined by the Human Services Agency and the State. Once the State notifies GCHP of eligible beneficiaries, they will be sent a welcome letter and a GCHP Primary Care Provider Directory. They are asked to select a Primary Care Provider (PCP) – physician or clinic -- to coordinate and manage their care under Medi-Cal. To pick a PCP, the Member can send in the PCP Selection Form or call GCHP at 1-888-301-1228. If they do not select a PCP from the GCHP network within 30 days of becoming eligible then one will be automatically assigned based on their ZIP code and other key factors. The Members can change their PCP at any time but not more than once per month. Changes made prior to the 15th of the month will be effective the first of the following month. Changes made after the 15th of the month will be effective the first of the second following month. It is the Member's responsibility to make sure their PCP has their medical records and is accepting new patients.

Q: How do Physicians who are Serving Medi-Cal Patients Join the GCHP Panel?

A: A formal application has to be made to GCHP. After the provider has completed the credentialing process, a contract can be signed. There are different types of contracts: Primary Care, Specialist, Ancillary and Hospital. The PCP contract is based on a fixed payment per month per Medi-Cal Member (capitation by aid code). Other providers are paid fee-for-service based on the state Medi-Cal fee schedule. If the provider is enrolled in the Council for Affordable Quality Healthcare (CAQH) then only an authorization for GCHP to access the file is required; however, if the physician is not on file with CAQH then a full credentialing application must be completed. Most physician candidates are presented to a local Credentialing Committee appointed by GCHP to recommend approval or denial of contract status. Some exceptions are Hospital-Based Physicians who are credentialed by the hospitals where they practice.

Q: Who Performs Quality Management?

A: Quality is guided, overseen and approved by the GCHP Quality Assurance / Utilization Review / Peer Review Committee comprised of local physicians.

Q: Who can refer a Member to a specialist?

A: The Member's PCP can refer a Member to an in-network, in-area specialist. A specialist can also refer a Member to another in-network, in-area specialist. These "direct referrals" do not require plan approval. The referring specialist is responsible for keeping GCHP and the PCP informed.

Q: How are claims submitted?

A: Electronic claims submission is the preferred method for submitting claims and encounter data. Electronic claims submission is the most cost effective, efficient and will result in the fastest turn-around. When necessary, claims can be submitted by hardcopy through the U.S. Mail. We cannot accept faxed claims. We are contractually bound to process claims within 30 days of receipt of the clean claim. Claims payment and explanation of claims adjudication are issued weekly.

Q: Can a Physician Limit the Number of Medi-Cal Patients from GCHP?

A: Yes. With appropriate notification to GCHP, physicians who want to limit their practice to current patients only may do so.

Q: Do all Medi-Cal Beneficiaries have to Join GCHP? Do they all have to select a PCP?

A: Yes, with a few aid code exceptions, all eligible Ventura County Medi-Cal beneficiaries are enrolled by the State into GCHP. Beneficiaries who are full-scope/managed care Members are required to select a PCP. Administrative Members are not required to select a PCP. Administrative Members include "dual eligibles" (also called "Medi / Medi" who are covered by both Medicare and Medi-Cal), those with other health insurance coverage (Medi-Cal is *never* primary and is always the payer of last resort), most of those who are confined to a Long Term Care facility, some women covered with Breast, Cervical Cancer and Treatment Program services or beneficiaries with Share of Cost requirements.

Q: Will there be other Managed Care Plans for Medi-Cal in Ventura County?

A: No. GCHP will be the only available managed care Plan in Ventura County for Medi-Cal patients. However, in the federal Health Reform initiative there is much consideration being given to greatly expand Medi-Cal to allow individuals who are now too wealthy or unqualified for Medi-Cal or too young for Medicare or too poor to afford group health insurance to be allowed to join Medi-Cal Plans like Gold Coast. Current estimates are that the size of Medi-Cal in California could easily double.

Q: Who decides what Services are Medi-Cal Covered Benefits?

A: The contract between GCHP and State of California, Department of Health Care Services, Medi-Cal Managed Care Division specifies which services must be covered by GCHP and which services are excluded or “carved-out.” For example, our contract excludes the Family PACT Program, dental care and behavioral health services but does cover solid organ and Bone Marrow Transplants.

Q: Will there be any co-pays for office visits or other services?

A: Not at this time. Currently only monthly Share of Cost payments are required to be satisfied before the Member is eligible for benefits. The Ventura County Human Services Agency determines the Share of Cost.

Q: Does GCHP have additional information available?

A: Yes. Please visit our website at www.goldcoasthealthplan.org. There you can find information about the Provider Web Portal, Provider Directories, Provider Manual, Procedures Requiring Prior Authorization and much more.