VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (VCMMCC) DBA GOLD COAST HEALTH PLAN (GCHP)  
CONSUMER ADVISORY COMMITTEE MEETING

711 E. Daily Drive, Suite 106, Camarillo, CA 93010  
Wednesday, July 22, 2015  
5:00 p.m.

AGENDA

CALL TO ORDER / ROLL CALL

WELCOME AND INTRODUCTIONS

PUBLIC COMMENT  A Speaker Card must be completed and submitted to the Secretary of the Committee by anyone wishing to comment:
• Public Comment – Comments regarding items not on the agenda but within the subject matter jurisdiction of the Committee.
• Agenda Item Comment – Comments on the subject matter jurisdiction of the Committee pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Committee Chair during the Committee’s consideration of the item.

APPROVE MINUTES
  1. Regular Meeting of March 18, 2015

DISCUSSION ITEMS
  2. CEO Perspective – Dale Villani, Chief Executive Officer
  3. COO Update – Ruth Watson, Chief Operations Officer
  4. Financial Update – Lyndon Turner, Director of Financial Analysis
  5. Action Item Update – Luis Aguilar, Member Services Manager
  6. Operations Update – Tami Lewis, Director of Operations

Meeting Agenda available at http://www.goldcoasthealthplan.org

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT (805) 437-5562. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (VCMMCC) DBA GOLD COAST HEALTH PLAN
July 22, 2015 Consumer Advisory Committee Meeting Agenda (continued)
PLACE: 711 E. Daily Drive, Suite 106, Camarillo, CA 93010
TIME: 5:00 p.m.

7. Care Management Department – Polly Wohland, Care Management Lead
8. Communications Update – Steve Lalich, Director of Communications
9. Health Education Update – Lupe Gonzalez, Director of Health Education

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee
will be held on September 16, 2015, 5:00 p.m. at 711 E. Daily Drive, Suite 106, Camarillo, CA 93010.
CALL TO ORDER

COO/Interim CEO Ruth Watson called the meeting to order at 5:07 p.m. at the offices of Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Carnegie Conference Room.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE
Alicia Flores, La Hermandad (arrived at 5:20 p.m.)  
Norma Gomez, Mixteco / Indigena Community Organizing Project (arrived at 5:23 p.m.)  
Frisa Herrera, Casa Pacifica  
Paula Johnson, ARC of Ventura County  
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center  
Ruben Juarez, County Health Care Agency  
Pedro Mendoza, Tri-Counties Regional Center  
Katharine Raley, County of Ventura Area Agency on Aging  
Curtis Updike, County Human Services Agency (HSA)

EXCUSED / ABSENT COMMITTEE MEMBERS
Rita Duarte-Weaver, Ventura County Public Health Department  
Michelle Gerardi, Beneficiary

STAFF IN ATTENDANCE
Ruth Watson, Chief Operating Officer / Interim Chief Executive Officer  
Tami Lewis, Director of Operations  
John Meazzo, Interim Chief Financial Officer  
Connie Harden, Member Services Specialist  
Luis Aguilar, Member Services Manager  
Vickie Connaughton, Health Education Specialist  
Stacy Cortez, Member Services Representative  
William Freeman, Director of Network Operations  
Anne Freese, Pharmacy Director  
Guillermo Gonzalez, Director of Government Affairs  
Lupe Gonzalez, Director Health Education  
Steve Lalich, Director of Communications  
Al Reeves, MD, Chief Medical Officer  
Nancy Wharfield, MD, Associate Chief Medical Officer

Language interpreting and translating services were provided by GCHP from Lourdes González Campbell and Associates.
PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. **Regular Meeting of December 10, 2014**
   Committee Member Curtis Updike moved to approve the Meeting Minutes of December 10, 2014. Committee Member Pedro Mendoza seconded. The motion carried with the following vote:

   AYE: Flores, Gomez, Herrera, Johnson, Jordan, Juarez, Mendoza, Raley and Updike.
   NAY: None.
   ABSTAIN: None.
   ABSENT: Duarte-Weaver and Gerardi.
   RECUSED: None.

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. **CEO / COO Update**
   Chief Operating Officer (COO) / Interim Chief Executive Officer (CEO) Ruth Watson presented information from the recent Strategic Planning Session. Interim CEO Watson stated that Gold Coast Health Plan (GCHP) had hired a third party, Health Management Associates (HMA), who provided very interesting information which she shared with CAC members. Interim CEO Watson stated that she asked permission from HMA to share the slides with the CAC members. She went on to say that all of the information furnished is public information. Highlighted information from the presentation was:

   - One out of every two children in Ventura County is covered by GCHP.
   - GCHP has grown from 100,000 members in August 2013 to over 180,000 today.
   - GCHP has added 59,000 members since January 1, 2014.
   - There are approximately 20,000 people in Ventura County who are eligible for Medi-Cal but not yet enrolled.
   - Medi-Cal covers one in five Ventura County residents.
   - GCHP enrollment grew by 44% in 2014 following expansion, outpacing statewide enrollment which increased 20%.

   Committee Member Laurie Jordan asked how GCHP was compensated. CEO Watson replied that GCHP is paid by the State monthly, and that the capitation rate per-member is based on the member’s aid code.

   Interim CEO Watson reported that Vision 2020 planning is in process. Vision 2020 is the next state Waiver. She added that the Waiver is how money comes in for the Medi-Cal program. The 1115 Waiver ends October 31, 2015 and is a five year waiver.
Interim CEO Watson stated there is good news with regards to GCHP’s financial position. She went on to say that improved ongoing operations, along with Department of Health Care Services (DHCS) capitation reimbursement for the Medi-Cal Expansion members, combined with lower than expected utilization of services, has helped to produce $70 million in Tangible Net Equity (TNE). She added that this allowed for the first across-the-board physician provider rate bump beginning in March 2015. GCHP is now reinvesting in projects to improve care for new members and building financial reserves.

Interim CEO Watson presented further information on Medicaid statistics in all states, California and Ventura County. She added that what is interesting is that we have members drop off every month so the increase shown is a net increase. Committee Member Jordan asked if we are following the members who drop off and do we know why they dropped off. Interim CEO Watson replied that GCHP is not provided with a termination reason on the eligibility file we receive from DHCS. She went on to say that one thing we can do to get a better handle on this issue is to send a letter to a member reminding them to re-enroll with Medi-Cal so there is no gap in coverage. Interim CEO Watson stated that we plan to take on this project in the next fiscal year. Committee Member Curtis Updike stated that prior to the Affordable Care Act (ACA) about 40% of Medi-Cal members did not re-enroll, adding that they are looking into reasons why members did not re-enroll. Committee Member Updike went on to say that these were mostly people who did not provide requested information, mostly the transient population. He added that HSA reached out to people and were able to bring back about 60% of those and plans to continue this process independently or with GCHP.

Committee Member Updike stated that for the next CAC meeting, we should report on the 1115 Waiver. Interim CEO Watson agreed and stated that as it was just passed, she wanted to have more information before reporting to the Committee. She went on to say that it is very important to understand the Waiver as it is what funds Medi-Cal. Discussion was held about the Waiver.

Discussion was held about access to care standards for appointments. Interim CEO Watson stated that if members are having problems getting timely appointments, they should call GCHP and we can assist them.

RECESS

A break was provided at 6:15 p.m. The meeting reconvened at 6:30 p.m.

3. CFO Update
Interim Chief Financial Officer (CFO) John Meazzo reviewed the written update as presented to the Committee.

4. Action Item Update
Member Services Manager, Luis Aguilar, presented the Action Items from the December 10, 2014 meeting. Manager Aguilar stated that of the seven action items from the meeting, all had been completed with the exception of two items which will be presented separately at this meeting by Dr. Nancy Wharfield and Director of Government Affairs, Guillermo Gonzalez.
5. **Rainbow Connection Update**
Committee Member Laurie Jordan of the Rainbow Connection reported on Attention Deficit Disorder (ADD) and how Rainbow Connection works to help the affected clients. She stated that the Rainbow Connection is about families helping families. She went on to state that Rainbow Connection is a part of Tri-Counties Regional Center serving Ventura County with offices in Oxnard and satellite offices in Simi Valley and other locations. Funding comes from various programs, including grants from different agencies, and that Tri-Counties Regional Center funds those clients age three (3) years and older. The Rainbow Connection provides families with information, training and support. They also help parents with resources and teach them advocacy skills for their children. They provide health care notebooks to help parents with their appointments. The agency is helping families at the level they understand. Committee Member Jordan stated that some of the functions they hold are social functions, dances, support groups and conferences in different locations.

6. **Operations Update**
Director of Operations, Tami Lewis, reported on the Operations Update as presented. Director Lewis stated that we have exceeded enrollment expectations and currently are at approximately 183,000 members.

Director Lewis stated that the 2015-2016 Member Handbook has been reviewed and sent to the state for their approval and that we hope to have it for use with new members in July.

Director Lewis stated that with regards to membership and claims, we are receiving over 6,500 claims a day as members are utilizing services more. She added that a year ago we were receiving around 5,000 claims a day.

10. **Pharmacy Benefits Overview**
Pharmacy Director, Anne Freese, reviewed the Pharmacy Benefits Overview as presented to the Committee. Director Freese commented that the state has a prescription limit of six (6) prescriptions per month, but that GCHP had increased that limit to ten (10) for GCHP members. She went on to state that going forward, GCHP was going to eliminate the limit on prescriptions as it was more cost effective to lift the limit than to monitor it for the very few members who have need for more than ten (10) prescriptions per month.

Committee Member Updike asked how we fund the additional prescriptions for these members. Director Freese replied that we are able to set our formulary and restrictions as we see necessary. Committee Member Updike asked if GCHP gets reimbursed from Medi-Cal for the additional prescriptions. Interim CEO Watson explained that yes, as a managed care plan we are expected to manage prescription needs within the capitation they give us. Committee Member Updike asked how this impacts the bottom line. Interim CEO Watson explained that Director Freese has been able to save us significant dollars with our pharmacy benefits manager (PBM), Script Care. Interim CEO Watson said that when looking at the duals population, they take about seventeen (17) drugs a day and we are looking at those members to see if they really require all seventeen (17) drugs and to make sure they have been evaluated properly.
7. **Government Affairs Update**  
Director of Government Affairs, Guillermo Gonzalez, reviewed his report as presented. Director Gonzalez provided a description of the 1115 Waiver. He stated that a Medicaid program has to have certain, set services provided through the program and that when a state wants to change services offered that are not in the statute, the state has to request a waiver. He went on to say that the current waiver expires at the end of October 2015 which is the end of the five-year period. Director Gonzalez said that the state is preparing for the new waiver and is planning to do some innovative things in the next waiver. He went on to say that the new waiver is called *Medi-Cal 2020* and that some of the programs they are recommending are the whole person care pilot program, housing and supportive services, a work force development program, etc.

8. **Behavioral Health Utilization Demographics**  
Associate Chief Medical Officer (Associate CMO), Dr. Nancy Wharfield, presented her report on behavioral health utilization demographics. Associate CMO Wharfield began her presentation by stating that this is a picture of mild to moderate health care, not those who are being seen at the county level. Dr. Wharfield stated that when we first began taking care of the behavioral health issues, the number of people seeking services were in the single digits and teens. Now we are getting about 200 – 300 people a month through the system.

9. **Newsletter and Annual Report Update**  
Director of Communications, Steve Lalich, stated that the Winter 2015 edition of the Winning Health newsletter has been mailed and was in homes the end of February or beginning of March. He added that it goes out to unique households, not individual members; we sent out about 78,000 copies of the newsletter. Director Lalich also commented on the Provider Operations Bulletin and the Pharmacy newsletter that both are distributed quarterly to providers. He added that he just completed the *Annual Report to the Community*, and will be distributing it digitally next week. Director Lalich thanked Committee Member Updike for providing information needed for that publication. Committee Member Updike commented on the Daily Health News Report being sent out by Director Lalich.

10. **Pharmacy Benefits Overview (presented after Item 6 above)**

11. **Health Education Update**  
Director of Health Education, Lupe Gonzalez, announced that the invitation has been sent out to our community partners for GCHP’s 4th Annual Community Resource Fair. She went on to state that Health Education had received about fifteen (15) registrations to date. She stated that the fair would be held in downtown Oxnard at Plaza Park on Saturday, June 6, 2015, from 10:00 a.m. until 2:00 p.m. She added that the venue was moved to allow more vendors and more community participation.

**Comments from Committee Members**

None

**ADJOURNMENT**

Meeting was adjourned at 7:28 p.m.
AGENDA ITEM 4

To: Gold Coast Health Plan Consumer Advisory Committee
From: Lyndon Turner, Director of Financial Analysis
Date: July 22, 2015
Re: Financial Update

Financial Update

Gold Coast Health Plan continued to increase its net assets from operations. For the eleven months ended May 31, 2015, total revenues were $514.2 million, and total operational expenses were $482.7 million resulting in an increase in net assets of approximately $69.1 million.

Continued growth in membership, particularly in the new Adult Expansion category, was the main contributor to the Plan’s growth. Approximately 31,000 members have been added since the beginning of the fiscal year and exceed budget projections by 22,500.

During the eleven month period, expenditures for providing medical care to our members totaled $413.6 million, below budget expectations of $496.1 million. The variance was largely the result of the Adult Expansion population which had no historical experience and had significantly lower utilization than had been estimated.

Gold Coast Health Plan’s Tangible Net Equity (TNE), or statutory capital, stood at $108.9 million. This level is 490% of the required TNE, and exceeded both the budget of $46.5 million and the State minimum required TNE amount of $22.2 million. The Plan was at approximately 457% of the minimum TNE requirement when the county lines of credit are excluded from the calculation.

During recent months, the Plan’s investment policy was approved by the Commission and implemented by Finance staff. The result is a low-risk, well-diversified portfolio which currently yields approximately 0.45%.
<table>
<thead>
<tr>
<th>Date</th>
<th>Owner</th>
<th>Department</th>
<th>Action Required</th>
<th>Response</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/18/2015</td>
<td>Ruth Watson or Guillermo Gonzalez</td>
<td>Administration or Government Relations</td>
<td>Present report on the 1115 Waiver at June 17, 2015 meeting.</td>
<td>Ruth Watson, COO to present information at 7/22/2015 meeting.</td>
<td>7/22/2015</td>
</tr>
</tbody>
</table>
To: Gold Coast Health Plan Consumer Advisory Committee
From: Tami Lewis, Director of Operations
Date: July 22, 2015
Re: Operations Update

Membership Update – July 2015
Gold Coast Health Plan (GCHP) added another 1,520 members in July. This brings the total membership to 189,321 as of July 1, 2015. GCHP’s membership has increased by 70,809 or 59.7% since January 2014. The cumulative new membership since January 1, 2014 is summarized as follows:

<table>
<thead>
<tr>
<th>Aid Code</th>
<th># of New Members</th>
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</thead>
<tbody>
<tr>
<td>L1 – Low Income Health Plan (LIHP)</td>
<td>3,218</td>
</tr>
<tr>
<td>M1 – Adult Expansion</td>
<td>40,948</td>
</tr>
<tr>
<td>7U – CalFresh Adults</td>
<td>2,918</td>
</tr>
<tr>
<td>7W – CalFresh Children</td>
<td>770</td>
</tr>
<tr>
<td>7S – Parents of 7Ws</td>
<td>355</td>
</tr>
<tr>
<td>Traditional Medi-Cal</td>
<td>22,600</td>
</tr>
<tr>
<td>Total New Membership 1/1/14 – 6/1/15</td>
<td>70,809</td>
</tr>
</tbody>
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Members assigned to an M1 aid code increased again in July. All other Medi-Cal Expansion aid codes, with the exception of 7S, decreased either due to re-determination into other aid codes or loss of coverage. GCHP had 98 potential new members transitioning from Covered CA as of July 1, 2015; 77 were included on the July eligibility file from DHCS.

Member Handbook
The 2015-16 version of GCHP’s Member Handbook was implemented into production beginning with July 2015 new members.

Member Orientation Meetings – GCHP Member Services continues to offer three (3) Member Orientation meetings, in both English and Spanish, each month in various locations throughout the county. A total of 127 members (97 English, 30 Spanish) plus 17 County Employees/Others have attended meetings in the first six month of 2015 compared with a total of 28 during the same time period in 2014. GCHP continues to include an
informational flyer in each new member packet to make members aware of this opportunity to learn more about GCHP and their Medi-Cal benefits.

**Call Center Statistics** – GCHP’s call center received 14,341 member calls during 2Q2015. The Average Speed to Answer (ASA) was 9.4 seconds compared to a goal of 30 seconds or less and the Abandonment Rate was .63% compared to a goal of 5% or less.

**Grievance and Appeals (G&A)** – GCHP received 309 member grievances during 2Q2015; 275 were administrative and 34 were clinical. GCHP also received 12 appeals during the quarter. The majority of the administrative grievances were related to balance billing (266). The G&A team provides information to Network Operations regarding the providers who are balance billing members incorrectly so the providers can be educated that they are not allowed to bill these members. As of July 1st, GCHP will remove balance billing as a grievance type to be in alignment with the other COHS plans. If the provider continues to balance bill a member after being advised not to do so, the member then has the option to file a formal grievance with GCHP.
Medi-Cal Expansion Update

Consumer Advisory Committee

July 22, 2015

Tami Lewis, Director of Operations
Total Membership as of July 1, 2015 – 189,321
New Members Added Since January 2014 – 70,809

GCHP Membership

GCHP Membership Increase August 2014 - July 2015

Change from Prior Month
Membership Growth

GCHP New Membership Breakdown

- L1 - Low Income Health Plan - 4.54%
- M1 - Medi-Cal Expansion - 57.83%
- 7U - CalFresh Adults - 4.12%
- 7W - CalFresh Children - 1.09%
- 7S - Parents of 7Ws - 0.50%
- Traditional Medi-Cal - 31.92%

Note: GCHP Pended eligibility (not shown) – 1,187 (decreased 315 from June)

- Members with aid code 8E – accelerated enrollment which provides immediate temporary, fee-for service, full scope Medi-Cal benefits for ages 65 and under
Table of Contents

- Introduction
- What is Care Management?
- What our team does
- Care Management Specialties
- The Continuum of Care
- Collaboration with Community Partners
- Referral process
- How to make a referral
- Contact us
- Care Management team
When a GCHP member has health care needs,
you may find it valuable to reach out to a GCHP Care Manager!
What is Care Management?

Care Managers work with people to get the health care and other community services they need, when they need them, and for the best value.

Through telephonic interaction with our members, the Care Manager collects and analyzes data about the actual and potential care needs for the purpose of developing a care plan.

Care Managers strive to empower members to exercise their options and access services to meet their individual health care needs, in order to promote quality outcomes.
How Do We Do It?

Care Management receives between 300 and 325 referrals per month.

We anticipate that this number will increase due to expanded awareness of GCHP CM Services within the community.
Requests for Care Management services are known as referrals. Referrals can come from:

- GCHP Utilization Management Staff
- Physicians
- Hospital Case Managers
- Community partners and agencies
- Data Mining
- Pharmacy
- Behavioral Health
- Self referrals from members or family
The Case Management Society of America sets nationally recognized Standards of Practice, which GCHP Care Management follows:

- Addressing total individual needs—Medical, Psychological, Cultural and Spiritual
- Increasing caregiver involvement
- Minimizing fragmentation of care
- Using evidence-based guidelines
- Facilitating safe, effective, timely and complete transition of care
- Expanding the interdisciplinary team and support system
- Moving members to optimal levels of health and well-being
- Improving member safety and satisfaction
- Improving medication adherence
- Improving outcomes
CARE MANAGEMENT SPECIALTIES

Pediatrics
• Pediatric Care Management
• Identification of members for CCS deferral
• NICU review
• Inpatient CCS eligibility review
• Transition from CCS pediatric to GCHP adult providers
• CHDP Triage and management of specified conditions
• SPD (Seniors and Persons with Disabilities) Triage
• CCS Liaison who confers with CCS nurses and case workers
CARE MANAGEMENT SPECIALTIES

- Adult General
- Hospice and Palliative Care
- Complex and Catastrophic Conditions
- Substance Use Disorders
- Behavioral Health Issues
- Nutritional Assessments and Education
- SPD (Seniors and Persons with Disabilities)
- Assessment of Member Satisfaction
CARE MANAGEMENT SPECIALTIES

Seniors and Persons with Disabilities (SPD)

- State Mandated Program
- Designated by Aid Code
- 80 to 100 members per month
- Assessed for high and low risk
- Physician involvement
- Individualized Care Plan for each member who agrees to participate
ORGAN TRANSPLANT COORDINATION

- Coordinates care with Utilization Management
- Coordinates care with Transplant Facilities
- Authorizes Organ Transplants
- Provides Member education, ensures understanding of multiple medications and self-management
- Provides intensive Care Management for 1 to 6 months pre-and post transplant
- Provides follow-up as needed
CARE MANAGEMENT SPECIALTIES

Social Work
• Provides Care Management for members at psychosocial risk
• Coordinates Behavioral Health Referrals
• Assists members with Share of Cost issues
• Works with State Ombudsman
• Assists with housing needs
• Provides extensive community resources and linkage
• Educates members about IHSS and how to prepare for screening

social worker
CARE MANAGEMENT SPECIALTIES

High Risk OB
- Provide care management for members less than 35 weeks gestation with High-risk OB issues
- Coordinate with transfers to higher level of care
  - i.e., fetus with cardiac issues/defects
- Provide intensive education regarding safety, nutrition, physiological changes, birth control
- Community resources
  - WIC, Public Health, TCRC, CCS
  - Refer to “New Start for Moms”, “Prototypes” (housing)
- Coordinates with CFS (Children Family Services) if required
- Face to face meetings with members
Care Managers Collaborate with our Community Partners

- VC Pact – Pediatric nurse attends meetings
- CHDP—Pediatric Nurse, Manager and Director attend meetings
- Perinatal Substance Abuse—Two nurses attend meetings
- FIMR (Fetal Infant Mortality Report)—Two nurses attend meetings
- CCS—Director, Manager, Medical Director, CCS nurses and COA quarterly meetings
- TCRC—As above--quarterly
- CBAS – interface with providers daily
- Behavioral Health—All staff involved on a case by case basis daily
- VC Public Health—All staff interface with case managers
- TCM (Targeted Case Management)—Interface as needed
- Local Education (LEA)—Interface as needed
- Early Start
- Pharmacy
When you call Care Management at GCHP, you can speak directly with a nurse who can help you determine:

- Appropriate referral placement
- If a Care Manager will be helpful in reaching health goals
- Behavioral Health referrals
- How GCHP may help with coordination of community resources
Once a referral is received, it is reviewed by the Care Management team, the member is contacted telephonically and needs are assessed.

If complex needs are identified:

• A comprehensive assessment is performed
• An individualized care plan will be established
  – Barriers are identified that may be preventing positive outcomes
Successful communication and coordination with the medical management team and the multiple systems that serve our members is an important component of success!
To make a referral, visit the GCHP website at:
goldcoasthealthplan.org
Hover over the “Health Services” tab in the blue banner and click on “Care Management”
Scroll down to the bottom of the Care Management page to find “click here” for the GCHP Care Management referral form.

Click here for the GCHP Care Management referral form. This fillable form can be completed and emailed to caremanagement@goldchp.org or faxed to 855.883.1552.
A fillable referral form will open:

This form can be completed and emailed to caremanagement@goldchp.org or faxed to 855-883-1552
For further information about the Care Management Program, or to speak to a Nurse, please contact the Care Management Department at (805) 437-5653.
Your GCHP Partners
Hello, I’m Dale Villani, the new chief executive officer (CEO) at Gold Coast Health Plan (GCHP). It is an incredible honor for me to lead and serve this great organization. Since joining GCHP in June, I’ve had the distinct pleasure of meeting members, providers and other stakeholders throughout the County.

I joined the team at GCHP for the same reason most people join GCHP—To Improve the Health of Our Members through the Provision of the Best Possible Quality Care and Services. Our mission statement might sound idealistic, but it’s true. GCHP has—and always will maintain—a member-first focus. Building a system that focuses on improving the member’s experience and establishing a medical home model of care is a primary goal of the Plan.

GCHP is part of the historic change in the health care industry. As health care coverage continues to evolve, my job will be to ensure that GCHP continues to thrive and meet the challenges and expectations of our members and providers.

While we have achieved much success in our short history, there is still so much more to do. The current health care industry will not tolerate convention; it demands transformation. Along with the entire team here at GCHP, I promise to lead the charge of delivering meaningful change to our members.

Here’s wishing you the best of health!

Dale Villani
CEO, Gold Coast Health Plan
models may be used in photos and illustrations.

Man up!
5 good reasons to see your provider

Guys can come up with a lot of reasons not to go in for a checkup: “I’m too busy” or “I’ll do it next year.”

But checkups are too important to skip. They are the best way to know if you’re on the right health track. Also, you may be due for a test that could find a serious health problem.

Do these five excuses sound familiar? If so, be sure to read the responses that follow. You may decide to make that long overdue appointment.

1 “I feel fine!” Some common health problems can sneak up with no warning, such as:
- High blood pressure.
- High cholesterol.
- Diabetes.

Yet they can be managed with your provider’s help.

2 “I don’t have a doctor.” Call Member Services at Gold Coast Health Plan and we can tell you the name of your assigned doctor or clinic. Our number is 1-888-301-1228 (TTY 1-888-310-7347) Monday through Friday from 8 a.m. to 5 p.m.

If you have other health insurance or don’t have an assigned doctor, we can tell you that also. Member Services can help you choose a doctor in your area.

3 “I hate needles and all those medical gadgets.” A quick shot or peek in your throat can be uncomfortable for a moment. But these steps can help prevent a serious illness. Or they may find one when it is easy to treat.

4 “I’m too embarrassed.” There are few things doctors haven’t heard before. You can discuss very personal matters, such as sexual issues or depression.

5 “I already know what I need to do.” With the right approach, your doctor will become a coach who helps you improve your health and life. Set goals together. Embrace the challenge!

Sources: American Heart Association

ALCOHOL

Real risks—now and later

Heavy drinking can harm your health—right now and down the road too.

Right now. Drinking alcohol can cause harm now, such as:
- You are more likely to make poor choices. You might choose to drive drunk, hurt yourself or someone else, or have sex without a condom.
- If you are pregnant, alcohol can damage the baby’s brain. Stop all drinking if you think you might be pregnant.
- You may drink to try to cope with depression or another mental health problem. But you’ll need real help—not alcohol—to get better.

Down the road. Long-term heavy drinking also causes harm. It can lead to liver disease, brain damage and heart trouble.

Cancer risk. Alcohol use raises the risk for cancers of the mouth, throat, voice box and esophagus. It also raises the risk for breast cancer, colorectal cancer and liver cancer.

Talk with your provider about alcohol. He or she can help you do what’s best for your health and safety.

Sources: American Cancer Society; American Public Health Association; Centers for Disease Control and Prevention; National Institute on Alcohol Abuse and Alcoholism
Screening tests by age for men

<table>
<thead>
<tr>
<th>Age</th>
<th>Screening Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Blood Pressure: Start screening every 2 years.</td>
</tr>
<tr>
<td>30</td>
<td>Cholesterol: Start screening every 5 years.</td>
</tr>
<tr>
<td>45</td>
<td>Diabetes: Ask your doctor about screening.</td>
</tr>
<tr>
<td>50</td>
<td>Colorectal Cancer: Talk to your doctor about screening options.</td>
</tr>
<tr>
<td>65</td>
<td>Abdominal Aortic Aneurysm: Get screened once between ages 65 and 75, if you’ve ever smoked.</td>
</tr>
<tr>
<td>70</td>
<td>Osteoporosis: Start screening, depending on your risk factors.</td>
</tr>
</tbody>
</table>

**PROSTATE CANCER SCREENING**

A discussion, not a schedule

When it comes to cancer, we hear a lot about early screening. And for the most part, that’s great advice. But times are changing when it comes to prostate cancer.

As it turns out, many cancers of the prostate develop so slowly that treatment might not be needed. So the American Cancer Society and other experts no longer recommend set screening times.

Instead, men should talk with their doctors. Together, they can decide based on each man’s risk factors. Those include:

- Age.
- Family history.
- Ethnic background.
- Diet.
- Overall health.

Screening is generally not recommended for men older than 70 or those who have serious health problems. In these cases, the benefits usually don’t outweigh the risks.

If you decide on screening. There are two common screenings. One is a blood test to measure prostate-specific antigen (PSA). The other is a digital rectal exam. For this test, the doctor inserts a gloved finger into the rectum to feel the prostate. If these tests show possible signs of cancer, the next step is a biopsy.

What to watch for. Prostate cancer usually has no symptoms early on. Later symptoms can include:

- Blood in the urine.
- Problems with urinating.
- Trouble getting an erection.
- Weakness or numbness in the legs or feet.

But remember: Other conditions can also cause these symptoms. And most are less serious than cancer. See your doctor to get the right diagnosis.

Start the conversation. Ask your doctor about screening around age 50. If you’re at high risk, ask about screening around age 45. Those at high risk include:

- African American men.
- Men who have a father, brother or son who had prostate cancer before age 65.

These recommendations are for most men. Talk with your doctor about what’s right for you.

*African American men should talk with their doctor at age 45.

Sources: American Cancer Society; American Heart Association; National Institute of Diabetes and Digestive and Kidney Diseases; National Osteoporosis Foundation
**ACCESS TO CARE**

## Getting an appointment

How long should you have to wait? We know it is important for you to get care from your doctor when you need it. But it is not always possible for a doctor to see you right away. Some types of appointments take longer to get than others. Some specialty appointments may take longer to get than an appointment with your Primary Care Provider (PCP).

California health plans must meet certain standards for access to care. The regulations for this law are called the Timely Access to Non-Emergency Care Services standards. There are different standards for different kinds of appointments.

There are some exceptions. The waiting time for an appointment may be longer if your provider feels that it will not harm your health if you have a longer wait.

<table>
<thead>
<tr>
<th>TYPE OF CARE</th>
<th>GCHP STANDARDS OF CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services</td>
<td>Immediately</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Within forty-eight (48) hours (no preauthorization required)</td>
</tr>
<tr>
<td>Primary Care–routine care</td>
<td>Within ten (10) business days of request for appointment</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>Within fifteen (15) business days of request for appointment</td>
</tr>
<tr>
<td>Non-Urgent Services for diagnosis or treatment</td>
<td>Within fifteen (15) business days of request for appointment</td>
</tr>
<tr>
<td>Initial Health Assessment (IHA), Staying Healthy</td>
<td>Within one hundred twenty (120) calendar days after enrollment in GCHP</td>
</tr>
<tr>
<td>Assessment (SHA), and Individual Health Education</td>
<td></td>
</tr>
<tr>
<td>Behavioral Assessment (IHEBA)</td>
<td></td>
</tr>
<tr>
<td>Sensitive Services</td>
<td>Any GCHP provider; no referral or authorization required</td>
</tr>
<tr>
<td>Mental Health Services–Emergency, life-threatening</td>
<td>Immediate–call 911</td>
</tr>
<tr>
<td>Mental Health Services–Emergency, non-life-threatening</td>
<td>Go directly to the Emergency Room</td>
</tr>
<tr>
<td>Mental Health Services–Urgent</td>
<td>Within forty-eight (48) business hours of request; no referral or authorization required</td>
</tr>
<tr>
<td>Mental Health Services–Non-urgent</td>
<td>Within ten (10) days of request; no referral or authorization required</td>
</tr>
</tbody>
</table>

**things to know**

It’s not too late!

- **Win a gift card for the movies!** If you have diabetes, make an appointment and get your regular retinal eye exam.
- **Monthly raffle!** Schedule and take your children for a well-child checkup with their doctor.
- **Win a Welcome New Baby gift set for getting your postpartum visit!** Schedule and have a postpartum checkup within four to six weeks of giving birth.
  Remember to mail back the completed forms! All checkups must be completed by December 31, 2015.

■ **Win a Welcome New Baby gift set for getting your postpartum visit!** Schedule and have a postpartum checkup within four to six weeks of giving birth.
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  Remember to mail back the completed forms! All checkups must be completed by December 31, 2015.
Hola. Soy Dale Villani, el nuevo Director Ejecutivo de Gold Coast Health Plan (GCHP). Es un inmenso honor para mí dirigir y servir a esta gran organización. Desde que llegué a GCHP en junio, he tenido el gran placer de conocer a miembros, proveedores y otros grupos en el condado.

Me uní al equipo de GCHP por la misma razón que la mayoría de las personas se unen a GCHP – para mejorar la salud de nuestros miembros al proveerles atención y servicios de la mejor calidad posible. Aunque nuestra declaración de misión suene idealista, es la verdad. GCHP siempre ha mantenido –y siempre mantendrá– un enfoque en los miembros. Un objetivo principal del Plan es desarrollar un sistema centrado en mejorar la experiencia de los miembros y establecer un modelo de atención de su hogar médico.

GCHP es parte del cambio histórico en el sector de la atención a la salud. A medida que sigue evolucionando la cobertura de la atención a la salud, mi tarea consistirá en asegurarme de que GCHP siga floreciendo y respondiendo a los retos y las expectativas de nuestros miembros y proveedores.

A pesar de que hemos logrado mucho éxito en nuestra breve historia, sigue quedando mucho más por hacer. El sector de la atención a la salud no tolerará lo convencional; exige transformación. Junto con todo el equipo con el que contamos aquí en GCHP, prometo encabezar la tarea que se me ha encomendado de ofrecer a nuestros miembros un cambio significativo.

¡Les deseo la mejor salud!

Dale Villani
Director Ejecutivo, Gold Coast Health Plan
¡Ya está grandecito!

5 buenos motivos para visitar a su proveedor

Los hombres pueden encontrar muchos motivos para no hacerse chequeos médicos: “Estoy muy ocupado” o “Lo haré el año que viene”.

Pero los chequeos son demasiado importantes como para ignorarlos. Son la mejor forma de saber si su salud va por buen camino. Además, es posible que esté dejando pasar una prueba con la que se podría detectar un problema de salud grave.

¿Le suenan familiares estas cinco excusas? Si es así, lea las cinco respuestas a continuación. Podrían hacer que decida ir a esa cita que tanto ha ignorado.

1 “¡Me siento bien!”
Algunos problemas de salud comunes pueden surgir sin aviso, entre ellos:
- Presión arterial alta.
- Colesterol alto.
- Diabetes.

Pero se pueden controlar con la ayuda de su proveedor.

2 “No tengo un médico”.
Llame a Servicios para Miembros de Gold Coast Health Plan y podemos darle el nombre del médico o la clínica a la que pertenece. Nuestro número es 1-888-301-1228/TTY 1-888-310-7347. Puede llamar de lunes a viernes, de 8 a.m. a 5 p.m.

Si tiene otro seguro de salud o no tiene un médico asignado, también podemos darle esa información. Servicios para Miembros puede ayudarle a elegir un médico en su área.

3 “Odio las agujas y todos esos aparatos médicos”. Una inyección rápida o un vistazo rápido en la garganta puede ser incómodo por un momento. Pero estos pasos pueden prevenir una enfermedad grave o pueden encontrar una en un momento en que sería fácil tratarla.

4 “Me da mucha vergüenza”. Son pocas las cosas que los médicos no han escuchado. Usted puede hablar con su médico de cosas muy personales, como un problema sexual o la depresión.

5 “Ya sé lo que tengo que hacer”. Con el método adecuado, su médico se puede convertir en un instructor que le ayudará a mejorar su salud y su vida. Establezcan metas juntos. ¡Acepte el desafío!

Fuentes: American Cancer Society; American Public Health Association; Centers for Disease Control and Prevention; National Institute on Alcohol Abuse and Alcoholism
Autoexamen para detectar cáncer de testículo
ES UNA ENFERMEDAD DE HOMBRES JÓVENES

El mejor momento para hacerse el examen es después de bañarse.
Con ambas manos:
■ Sostenga un testículo entre sus pulgares y el resto de los dedos.
■ Hágalo girar suavemente.
■ Observe y palpe para detectar bultos o protuberancias.
■ Verifique si se produjeron cambios en el tamaño o la forma o en cómo se siente.

Fuentes: American Cancer Society; National Cancer Institute

PRUEBA DE Detección DE CÁNCER DE PRÓSTATATA

Una conversación, no un programa

Cuando se trata del cáncer, escuchamos hablar mucho de la importancia de la detección temprana. Y la mayor parte del tiempo ese es un buen consejo. Pero cuando hablamos de cáncer de próstata, los tiempos están cambiando.

Al parecer, muchos tipos de cáncer de próstata se desarrollan con tanta lentitud que el tratamiento podría no ser necesario. Por eso, la American Cancer Society y otros expertos ya no recomiendan tiempos fijos para hacerse pruebas.

En lugar de eso, los hombres deben hablar con sus médicos. Juntos pueden decidir en función de los factores de riesgo de cada hombre. Estos factores incluyen:
■ Edad.
■ Antecedentes familiares.
■ Origen étnico.
■ Dieta.
■ Salud general.

Las pruebas de detección por lo general no se recomiendan para los hombres mayores de 70 años o para quienes tienen problemas de salud graves. En estos casos, los beneficios por lo general no superan a los riesgos. Si decide realizarse pruebas de detección. Existen dos pruebas de detección comunes. Una es un análisis de sangre para medir el antígeno específico prostático (PSA).

La otra es el tacto rectal. En esta prueba, el médico se coloca un guante e inserta un dedo por el recto para sentir la próstata. Si estas pruebas muestran posibles signos de cáncer, el paso siguiente es una biopsia.

Cosas a las que debe estar atento.

El cáncer de próstata por lo general no tiene síntomas en su etapa temprana. Los síntomas en etapas posteriores pueden incluir:
■ Sangre en la orina.
■ Problemas al orinar.
■ Dificultad para lograr la erección.
■ Debilidad o adormecimiento de las piernas o los pies.

Pero recuerde: Existen otras enfermedades que también pueden causar estos síntomas. Y la mayoría son menos graves que el cáncer. Consulte a su médico para obtener el diagnóstico adecuado.

Comience la conversación.
Pregúntele a su médico sobre las pruebas de detección. Si alguna vez fumó, hágase una prueba una vez entre los 65 y 75 años.

Si decide realizarse pruebas de detección.

Pruebas de detección por edad para los hombres

20 PRESIÓN ARTERIAL Comience con pruebas de detección al menos cada 2 años.

30 COLESTEROL Comience con pruebas de detección cada 5 años.

45 DIABETES* Consulte a su médico sobre las pruebas de detección.

50 CÁNCER COLORRECTAL Hable con su médico sobre las opciones de pruebas de detección.

65 ANEURISMA DE AORTA ABDOMINAL Si alguna vez fumó, hágase una prueba una vez entre los 65 y 75 años.

70 OSTEOPOROSIS Comience con las pruebas de detección según sus factores de riesgo.

Estas recomendaciones son para la mayoría de los hombres. Hable con su médico para saber qué es lo adecuado para usted.

* Los hombres afroamericanos deben hablar con su médico a los 45 años.

Fuentes: American Cancer Society; American Heart Association; National Institute of Diabetes and Digestive and Kidney Diseases; National Osteoporosis Foundation
ACCESO A LA ATENCIÓN

Pedir una cita

¿Cuánto tiene que esperar?

Sabemos que es importante que reciba los cuidados de su médico cuando los necesita. Pero no siempre es posible que un médico lo vea en seguida. Algunos tipos de citas requieren de más tiempo de espera que otros. Para algunas citas con especialistas esperará más que para las citas con su Proveedor de Atención Médica Primaria (PCP, por sus siglas en inglés).

Los planes de salud de California deben cumplir con ciertas reglas de acceso a la atención. Los reglamentos para esta ley se llaman normas de Acceso Oportuno a Servicios de Cuidado de la Salud que No Son de Emergencia (Timely Access to Non-Emergency Care Services). Hay diferentes normas para diferentes tipos de citas.

Existen algunas excepciones. El tiempo de espera para una cita puede ser más largo si el médico cree que esperar un poco más no sería malo para su salud.

<table>
<thead>
<tr>
<th>TIPO DE ATENCIÓN</th>
<th>ESTÁNDA RES DE ATENCIÓN DE GCHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Servicios de Emergencia</td>
<td>De inmediato</td>
</tr>
<tr>
<td>Atención de Urgencia</td>
<td>Dentro de las cuarenta y ocho (48) horas (no requiere autorización previa)</td>
</tr>
<tr>
<td>Atención Primaria –atención de rutina</td>
<td>Dentro de los diez (10) días hábiles posteriores a la solicitud de la cita</td>
</tr>
<tr>
<td>Atención Especializada</td>
<td>Dentro de los quince (15) días hábiles posteriores a la solicitud de la cita</td>
</tr>
<tr>
<td>Servicios que No Son de Urgencia para diagnóstico o tratamiento</td>
<td>Dentro de los quince (15) días hábiles posteriores a la solicitud de la cita</td>
</tr>
<tr>
<td>Evaluación de Salud Inicial (IHA, por sus siglas en inglés), Evaluación para Mantenerse Saludable (SHA, por sus siglas en inglés) y Evaluación Individual Educativa y del Comportamiento (IHEBA, por sus siglas en inglés)</td>
<td>Dentro de los ciento veinte (120) días de calendario posteriores a la inscripción en GCHP</td>
</tr>
<tr>
<td>Servicios Sensibles</td>
<td>Cualquier proveedor de GCHP; no requieren derivación ni autorización previa</td>
</tr>
<tr>
<td>Servicios de Salud Mental –de Emergencia, con riesgo a la vida</td>
<td>De inmediato –llamar al 911</td>
</tr>
<tr>
<td>Servicios de Salud Mental –de Emergencia, sin riesgo a la vida</td>
<td>Ir directamente a la Sala de Emergencias</td>
</tr>
<tr>
<td>Servicios de Salud Mental –de Urgencia</td>
<td>Dentro de las cuarenta y ocho (48) horas normales de oficina; no requieren derivación ni autorización previa</td>
</tr>
<tr>
<td>Servicios de Salud Mental –No de Urgencia</td>
<td>Dentro de los diez (10) días posteriores a la solicitud; no requieren derivación ni autorización</td>
</tr>
</tbody>
</table>
Health Education Classes 2015

Diabetes Self-Management Classes
Health Education Classes 2015
Diabetes Self-Management Classes
Provider Network Locations

**Diabetes Self-Management Classes**

**Santa Paula Area**

Location: Conejo Valley Family Medical Group
217 N. 10th Street, Santa Paula
Friday, July 17, 2015
Time: 4:00 PM - 5:30 PM
Language: English

Location: Santa Clara Valley NfL - First 5
217 N. 10th Street, Santa Paula
Friday, July 24, 2015
Time: 4:00 PM – 5:30 PM
Language: * Spanish

Location: Santa Clara Valley NfL - First 5
217 N. 10th Street, Santa Paula
Friday, July 31, 2015
Time: 11:00 AM – 12:30 PM
Language: * English

**Conejo Valley Area**

Location: Conejo Valley Family Medical Group
125 W Thousand Oaks Bl., Thousand Oaks
Friday, August 21, 2015
Time: 4:00 – 5:30 PM
Language: * Spanish

Location: Conejo Valley Family Medical Group
125 W Thousand Oaks Bl., Thousand Oaks
Friday, August 28, 2015
Time: 4:00 – 5:30 PM
Language: * Spanish

Location: Conejo Valley Family Medical Group
125 W Thousand Oaks Bl., Thousand Oaks
Friday, September 18, 2015
Time: 4:00 – 5:30 PM
Language: * English

Location: Conejo Valley Family Medical Group
125 W Thousand Oaks Bl., Thousand Oaks
Friday, October 16, 2015
Time: 4:00 – 5:30 PM
Language: * English
# Health Education Classes 2015
## Diabetes Self-Management Classes
### Provider Network Locations

**Conejo Valley Area (continued)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Language</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conejo Valley Family Medical Group</td>
<td>Friday, October 23, 2015</td>
<td>4:00 – 5:30 PM</td>
<td>* Spanish</td>
<td>Conejo Valley Area (continued) Location: Conejo Valley Family Medical Group 125 W Thousand Oaks Bl., Thousand Oaks Time: 4:00 – 5:30 PM Language: * Spanish</td>
</tr>
<tr>
<td>Conejo Valley Family Medical Group</td>
<td>Friday, November 20, 2015</td>
<td>4:00 – 5:30 PM</td>
<td>* English</td>
<td>Conejo Valley Area (continued) Location: Conejo Valley Family Medical Group 125 W Thousand Oaks Bl., Thousand Oaks Time: 4:00 – 5:30 PM Language: * English</td>
</tr>
<tr>
<td>Conejo Valley Area (continued) Location: Conejo Valley Family Medical Group 125 W Thousand Oaks Bl., Thousand Oaks Time: 4:00 – 5:30 PM Language: * English</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Moorpark**

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Language</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moorpark Family Medical Clinic</td>
<td>Wednesday, September 9, 2015</td>
<td>10:00 AM – 11:30 AM</td>
<td>* Spanish</td>
<td>Moorpark Location: Moorpark Family Medical Clinic 612 Spring Rd., Moorpark Wednesday, September 9, 2015 Time: 10:00 AM – 11:30 AM Language: * Spanish</td>
</tr>
<tr>
<td>Moorpark Family Medical Clinic</td>
<td>Wednesday, September 2, 2015</td>
<td>10:00 AM – 11:30 AM</td>
<td>* Spanish</td>
<td>Moorpark Location: Moorpark Family Medical Clinic 612 Spring Rd., Moorpark Wednesday, September 2, 2015 Time: 10:00 AM – 11:30 AM Language: * Spanish</td>
</tr>
</tbody>
</table>
**Diabetes Self-Management Classes**

**Santa Paula Area**

Location: Santa Clara Valley NfL – First 5  
217 N. 10th Street, Santa Paula  
Tuesday, July 14, 2015  
Time: 9:30 AM - 11:00 AM  
Language: *English and Spanish*

Location: Santa Clara Valley NfL - First 5  
217 N. 10th Street, Santa Paula  
Tuesday, July 21, 2015  
Time: 9:30 AM -11:00 AM  
Language: *English and Spanish*

Location: Santa Clara Valley NfL - First 5  
217 N. 10th Street, Santa Paula  
Tuesday, July 28, 2015  
Time: 9:30 AM - 11:00 AM  
Language: *English and Spanish*

Location: Santa Clara Valley NfL - First 5  
217 N. 10th Street, Santa Paula  
Tuesday, August 18, 2015  
Time: 9:30 AM - 11:00 AM  
Language: *English and Spanish*
### Community Health Education Classes 2015
#### Diabetes Self-Management Classes

**Oxnard**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Language</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 21, 2015</td>
<td>6:30 PM – 8:00 PM</td>
<td><em>Spanish</em></td>
<td>The Wellness Center, Oxnard 2697 Saviers Rd, Next To Public Health - Center Point Mall, Oxnard, CA</td>
</tr>
<tr>
<td>August 22, 2015</td>
<td>1:00 PM – 2:30 PM</td>
<td><em>English</em></td>
<td>The Wellness Center, Oxnard 2697 Saviers Rd, Next To Public Health - Center Point Mall, Oxnard, CA</td>
</tr>
<tr>
<td>August 28, 2015</td>
<td>6:30 PM – 8:00 PM</td>
<td><em>Spanish</em></td>
<td>The Wellness Center, Oxnard 2697 Saviers Rd, Next To Public Health - Center Point Mall, Oxnard, CA</td>
</tr>
<tr>
<td>August 29, 2015</td>
<td>1:00 PM – 2:30 PM</td>
<td><em>English</em></td>
<td>The Wellness Center, Oxnard 2697 Saviers Rd, Next To Public Health - Center Point Mall, Oxnard, CA</td>
</tr>
<tr>
<td>September 4, 2015</td>
<td>6:30 PM – 8:00 PM</td>
<td><em>Spanish</em></td>
<td>The Wellness Center, Oxnard 2697 Saviers Rd, Next To Public Health - Center Point Mall, Oxnard, CA</td>
</tr>
<tr>
<td>September 5, 2015</td>
<td>1:00 PM – 2:30 PM</td>
<td><em>English</em></td>
<td>The Wellness Center, Oxnard 2697 Saviers Rd, Next To Public Health - Center Point Mall, Oxnard, CA</td>
</tr>
<tr>
<td>September 11, 2015</td>
<td>6:30 PM – 8:00 PM</td>
<td><em>Spanish</em></td>
<td>The Wellness Center, Oxnard 2697 Saviers Rd, Next To Public Health - Center Point Mall, Oxnard, CA</td>
</tr>
<tr>
<td>September 12, 2015</td>
<td>1:00 PM – 2:30 PM</td>
<td><em>English</em></td>
<td>The Wellness Center, Oxnard 2697 Saviers Rd, Next To Public Health - Center Point Mall, Oxnard, CA</td>
</tr>
</tbody>
</table>

PLEASE NOTE: Schedule may be subject to change.
*For English Interpreter Call 805-437-5603*
Diabetes Management Workshop

Come learn about how to better manage your Diabetes

PRESENTED BY

Gold Coast Health Plan
Health Education Department

Tuesday, July 14, 21, 28 and
Tuesday, August 18, 2015

Santa Clara Valley NfL – First 5
217 – 10th Street, Santa Paula
Telephone: (805) 933-9800
Time: 9:30 A.M – 11:00 A.M

For more information please call the Health Education Department at 805-437-5500
Or email healtheducation@goldchp.org

If you need transportation, interpreting services or special assistance to participate, please contact us at least 5 days in advance
Taller Para Aprender a Manejar Su Diabetes
Los Invitamos a Participar y Aprender Como Mejor Manejar su Diabetes

PRESENTADO POR
Gold Coast Health Plan
Departamento de Educación de la Salud

14, 21, 28 de julio y el 18 de Agosto, 2015
Santa Clara Valley NfL – First 5
217 – 10th Street, Santa Paula
Teléfono: (805) 933-9800
Hora: 9:30 A.M. – 11:00 A.M.

Para más información por favor llame a el Departamento de Educación de la Salud al 805-437-5500
O por email Outreach@goldchp.org

Si necesita transporte, servicios de intérprete o asistencia especial para participar, por favor llame 5 días antes.
2015 Community Outreach Schedule

July – November
Community Outreach Schedule 2015

July

Tuesday, July 14, 2015
Baby Steps Program hosted by Ventura County Medical Center
VCMC Large Cafeteria Auditorium
3291 Loma Vista Rd., Ventura
Time: 5:00pm – 6:30pm

Wednesday, July 15, 2015
Monthly Food Distribution Program & Health Services
Westpark Community Center
450 W. Harrison Avenue, Ventura
Time: 3:30pm – 5:30pm

Saturday, July 18, 2015
Fruit & Veggie Fest hosted by Ventura County Public Health
Bay Marina Center
211 W. Hueneme Rd., Oxnard
Time: 10:00am – 1:00pm

Saturday, July 18, 2015
Camarillo Certified Farmers Market, sponsored by Camarillo Hospice
2220 Ventura Blvd. Old Town, Camarillo
Time: 8:00am – 12:00pm

Sunday, July 19, 2015
Santa Clara Chapel Carnival hosted by Dignity Health St. Johns
Santa Clara Chapel
1333 E. Ventura Blvd., Oxnard
Time: 9:00am – 3:00pm

Tuesday, July 21, 2015
Baby Steps Program hosted by Santa Paula Hospital
Santa Paula Hospital
825 N. 10th Street, Santa Paula
Time: English 5:30pm – 6:30pm
Spanish 6:30pm – 7:30pm

Thursday, July 23, 2015
Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning
612 Spring Rd. Suite 401, Moorpark
Time: 9:00am – 11:00am

Thursday, July 23, 2015
Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning
1955 Bridge Ave., Simi Valley
Time: 12:30pm – 2:30pm

Friday, July 24, 2015
Homeless Veterans hosted by Ventura County Stand Down CA Army National Guard Armory
1270 Arundell Ave, Ventura
Time: 8:00am – 2:00pm

Friday, July 24, 2015
Community Health and Resource Fair Summer BBQ
1001 W. Gonzalez Rd. Oxnard, CA
Time: 5:30p– 7:00pm
Community Outreach Schedule
2015

**July continued.....**

**Sunday, July 26, 2015**
*Jornada Dominical and Health Fair hosted by the Oxnard Mexican Consulate*
3151 West 5th Street, Oxnard
Time: 8:00am – 2:00pm

**August**

**Saturday, August 1, 2015**
*Ventura Community College Back to School hosted by Ventura College Foundation and Promotoras y Promotores.*
Market Place 4667 Telegraph Road, Ventura
Time: 08:00am – 2:00pm

**Friday, August 7, 2015**
*Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning*
217 N. 10th Street, Santa Paula
Time: 9:00am – 11:30 am

**Friday, August 9, 2015**
*National Health Centers Week*
Del Sol Park, 1800 Camino Del Sol Oxnard
Time: 10:00am – 2:00pm

**Wednesday, August 12, 2015 (Tentative)**
*Inaugural K-12 Resource Fair “Transitions to the Future”*
Oxnard PAL Gym, 350 S. K Street, Oxnard
Time: 2:00pm – 6:00pm

**Tuesday, August 11, 2015**
*Baby Steps Program hosted by Ventura County Medical Center*
VCMC Large Cafeteria Auditorium, 3291 Loma Vista Rd., Ventura
Time: 5:00pm – 6:30pm

**Friday, August 14, 2015**
*La Hermandad Food Distribution*
350 S. K Street Oxnard PAL Gym
Time: 10:30am – 12:00pm

**Tuesday, August 18, 2015**
*Baby Steps Program hosted by Santa Paula Hospital*
Santa Paula Hospital
825 N. 10th Street, Santa Paula
Time: **English**: 5:30pm – 6:30pm
**Spanish**: 6:30pm – 7:30pm

**Wednesday, August 19, 2015**
*Monthly Food Distribution Program & Health Services*
Westpark Community Center
450 W. Harrison St. Ventura
Time: 3:30pm – 5:30pm

**Sunday, August 23, 2015**
*Mary Star of the Sea Church Carnival hosted by Dignity Health St. Johns*
463 W. Pleasant Valley Rd. Oxnard
Time: 9:00am– 3:00pm

**Thursday, August 27, 2015**
*Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning*
612 Spring Rd. Suite 401, Moorpark
Time: 9:00am – 11:00am

**Thursday, August 27, 2015**
*Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning*
1955 Bridge Ave. Simi Valley CA 93065
Time: 12:30pm – 2:30pm
Community Outreach Schedule
2015

August continued…

Sunday, August 30, 2015 (Tentative)
10th Annual Informational Farmworker Fair
hosted by California Employment Development Department Oxnard Workforce Services
West Oxnard America’s Job Center of California
635 S. Ventura Road, Oxnard
Time: 12:00pm – 4:00pm

September

Friday, September 4, 2015
Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning
217 N. 10th Street, Santa Paula
Time: 9:00am – 11:30 am

Tuesday, September 8, 2015
Baby Steps Program hosted by Ventura County Medical Center
VCMC Large Cafeteria Auditorium, 3291 Loma Vista Rd. Ventura
Time: 5:00pm – 6:30pm

Friday, September 11, 2015
La Hermandad Food Distribution
350 S. K Street Oxnard PAL Gym
Time: 10:30am – 12:00pm

Saturday, September 12, 2015 (Tentative)
Walking the Path Together
VCOE Conference Center
5100 Adolfo Road, Camarillo
Time: 8:30am – 1:30pm

Tuesday, September 15, 2015
Baby Steps Program hosted by Santa Paula Hospital
Santa Paula Hospital
825 N. 10th Street, Santa Paula
Time: English: 5:30pm – 6:30pm
Spanish: 6:30pm – 7:30pm

Wednesday, September 16, 2015
Monthly Food Distribution Program & Health Services
Westpark Community Center
450 W. Harrison Avenue, Ventura
Time: 3:30pm – 5:30pm

Thursday, September 24, 2015
Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning
1955 Bridge Ave. Simi Valley CA 93065
Time: 12:30pm – 2:30pm

Sunday, September 27, 2015
Jornada Dominical and Health Fair hosted by the Oxnard Mexican Consulate
3151 West 5th Street, Oxnard
Time: 8:00am – 2:00pm
Community Outreach Schedule
2015

October

Friday, October 2, 2015
Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning
217 N. 10th Street, Santa Paula
Time: 9:00am – 11:30 am

Saturday, October 3, 2015
Oxnard Multicultural Festival (Tentative)
College Park, Oxnard College
3250 S Rose Ave., Oxnard
Time: 10:00am – 6:00pm

Friday, October 9, 2015
La Hermandad Food Distribution
350 S. K Street Oxnard PAL Gym
Time: 10:30am – 12:00pm

Tuesday, October 13, 2015
Baby Steps Program hosted by Ventura County Medical Center
VCMC Large Cafeteria Auditorium, 3291 Loma Vista Rd. Ventura
Time: 5:00pm – 6:30pm

Saturday, October 17, 2015 (Tentative)
Fitness Expo Simi Valley
15555 Simi Town Center Drive
Time: 8:00am – 1:00pm

Tuesday, October 20, 2015
Baby Steps Program hosted by Santa Paula Hospital
Santa Paula Hospital
825 N. 10th Street, Santa Paula
Time: English: 5:30pm – 6:30pm
Spanish: 6:30pm – 7:30pm

Wednesday, October 21, 2015
Monthly Food Distribution Program & Health Services
Westpark Community Center
450 W. Harrison Avenue, Ventura
Time: 3:30pm – 5:30pm

Thursday, October 22, 2015
Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning
612 Spring Rd. Suite 401, Moorpark
Time: 9:00am – 11:00am

Thursday, October 22, 2015
Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning
1955 Bridge Ave. Simi Valley CA 93065
Time: 12:30pm – 2:00pm
Community Outreach Schedule
2015

November

Friday, November 6, 2015
Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning
217 N. 10th Street, Santa Paula
Time: 9:00am – 11:30 am

Tuesday, November 10, 2015
Baby Steps Program hosted by Ventura County Medical Center
VCMC Large Cafeteria Auditorium, 3291 Loma Vista Rd. Ventura
Time: 5:00pm – 6:30pm

Friday, November 13, 2015
La Hermandad Food Distribution
350 S. K Street Oxnard PAL Gym
Time: 10:30am – 12:00pm

Tuesday, November 17, 2015
Baby Steps Program hosted by Santa Paula Hospital
Santa Paula Hospital
825 N. 10th Street, Santa Paula
Time: English: 5:30pm – 6:30pm
Spanish: 6:30pm – 7:30pm

Saturday, November 14, 2015 (Tentative)
Senior Summit
CSU Channel Islands University
1 University Dr., Camarillo
Time: 9:00am – 2:00pm

Thursday, November 26, 2015
Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning
612 Spring Rd. Suite 401, Moorpark
Time: 9:00am – 11:00am

Thursday, November 26, 2015
Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning
1955 Bridge Ave. Simi Valley CA 93065
Time: 12:30pm – 2:00pm

Wednesday, November 18, 2015
Monthly Food Distribution Program & Health Services
Westpark Community Center
450 W. Harrison Avenue, Ventura
Time: 3:30pm – 5:00pm
**Community Outreach Schedule**

**2015**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Venue</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>December</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday, December 4, 2015</td>
<td><em>Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning</em></td>
<td>217 N. 10th Street, Santa Paula</td>
<td>9:00am – 11:30 am</td>
</tr>
<tr>
<td>Sunday, December 6, 2015</td>
<td><em>Jornada Dominical and Health Fair hosted by the Oxnard Mexican Consulate</em></td>
<td>3151 W. 5th Street in Oxnard</td>
<td>8:00am – 2:00pm</td>
</tr>
<tr>
<td>Tuesday, December 8, 2015</td>
<td><em>Baby Steps Program hosted by Ventura County Medical Center</em></td>
<td>VCMC Large Cafeteria Auditorium, 3291 Loma Vista Rd. Ventura</td>
<td>5:00pm – 6:30pm</td>
</tr>
<tr>
<td>Friday, December 11, 2015</td>
<td><em>La Hermandad Food Distribution</em></td>
<td>350 S. K Street, Oxnard PAL Gym</td>
<td>10:00am – 12:30pm</td>
</tr>
</tbody>
</table>
| Tuesday, December 15, 2015 | *Santa Paula Baby Steps Program*                                       | Santa Paula Hospital, 825 N. 10th Street, Santa Paula                | English: 5:30pm – 6:30pm  
Spanish: 6:30pm – 7:30pm |
| Wednesday, December 16, 2015 | *Monthly Food Distribution Program & Health Services*                 | Westpark Community Center, 450 W. Harrison Avenue, Ventura          | 3:30pm – 5:30pm |

**PLEASE NOTE:** Schedule may be subject to change.
Group Needs Assessment (GNA) Survey
<table>
<thead>
<tr>
<th>2012 GNA Questionnaire</th>
<th>2016 GNA Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1.</strong> What language do you prefer to speak when talking with your primary care doctor?</td>
<td><strong>Q2.</strong></td>
</tr>
<tr>
<td><strong>Q2.</strong> Does your doctor speak your language?</td>
<td><strong>Q3.</strong></td>
</tr>
<tr>
<td><strong>Q3-</strong> How well do you speak English?</td>
<td><strong>Q4.</strong></td>
</tr>
<tr>
<td><strong>Q4.</strong> Do you need an interpreter when talking with your doctor? An interpreter can explain what the doctors says in your language. 4a. If Yes, who most often interprets for you?</td>
<td><strong>Q8.</strong> Do you ever need a medical interpreter?</td>
</tr>
<tr>
<td><strong>Q5.</strong> Does your doctor or staff give you books, brochures, or flyers about health? 5a. If Yes, are the books, brochures, or flyers easy to read?</td>
<td><strong>Q19.</strong></td>
</tr>
<tr>
<td><strong>Q6.</strong> Which health topic do you want to learn more about?</td>
<td><strong>Q16.</strong> In the past 6 month, did you do any of the following to learn more about your health or a family member's health?</td>
</tr>
<tr>
<td><strong>Q7.</strong> How do you like to learn about health?</td>
<td></td>
</tr>
<tr>
<td><strong>Q8.</strong> In the past year, what have you done to learn more about your health?</td>
<td></td>
</tr>
<tr>
<td><strong>Q9.</strong> Do you have any difficulty getting information and support to stay healthy?</td>
<td></td>
</tr>
<tr>
<td><strong>Q10.</strong> How happy are you with the health education classes and materials you get from the doctor's office, clinic, hospital or health plan?</td>
<td></td>
</tr>
<tr>
<td><strong>Q11.</strong> Health beliefs come from your religion, culture, traditions or family history. How often do your beliefs conflict with the doctor's advice?</td>
<td><strong>Q5.</strong></td>
</tr>
<tr>
<td><strong>Q12.</strong> How often do you use the Internet?</td>
<td><strong>Q22.</strong></td>
</tr>
<tr>
<td><strong>Q13.</strong> How do you prefer to get health information from your health plan?</td>
<td><strong>Q21.</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>13 Questions</strong></td>
<td><strong>22 Questions</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9 New Questions: 1, 6, 7, 11, 12, 13, 15, 17, 18</strong></td>
</tr>
</tbody>
</table>
1. **Survey addressed to Adult member:**

Dear (MemberName),

(HealthPlanName), your managed care health plan, is doing a survey. The survey is to find out how well your health plan and its doctors are meeting the needs of its members. Your name was chosen at random to do this survey. The survey is confidential to protect your privacy. This means (HealthPlanName) and the doctors will not know your responses. You do not have to do the survey. If you choose to do the survey, we would like to give you a **gift card to XX** to thank you for your time.

2. **Survey addressed to Child member:**

Dear Parent/Guardian of (MemberName),

(HealthPlanName), your child’s managed care health plan, is doing a survey. The survey is to find out how well the health plan and its doctors are meeting the needs of its members. Your child’s name was chosen at random. We would like you to fill out the survey for your child. The survey is confidential to protect your privacy. This means (HealthPlanName) and the doctors will not know your responses. You do not have to do the survey. If you choose to do the survey, we would like to give you a **gift card to XX** to thank you for your time.

3. **Gift card information for both:**

After you fill out the survey, you can mail it back in the enclosed pre-paid envelope. If you would like a **gift card to XX**, please fill in the information below. Send this page back with your survey. This page will not be kept with your survey answers. We will only use this page to send you your gift card.

Thank you.

Name:
Address:
City: State: California Zip Code:
Phone number (optional):

4/8/2015
Survey Questions/MAIL or IN-PERSON SCRIPT for 2016 GNA

There are no wrong answers. Please be as honest as you can.

Q1. I am filling out the survey for:
   - Myself
   - My child
   - A family member
   - The person I take care of
   - Other, specify:

   If you are filling out this survey for someone else, please answer the questions how you think they would answer.

   **Primary Care Provider (PCP)** is the main doctor you see for regular check-ups. The PCP is the doctor you contact when you get sick or when you want advice about a health problem. This does not include specialists.

Q2. What language do you prefer to speak with your primary care provider?
   - Arabic
   - Armenian
   - Cambodian
   - Chinese (Mandarin and Cantonese)
   - English
   - Farsi
   - Hmong
   - Korean
   - Russian
   - Spanish
   - Tagalog
   - Vietnamese
   - Other, please specify:

Q3. Does your primary care provider or their office staff speak the language you prefer?
   - Yes
   - No
   - Don’t know

Q4. How often does your primary care provider explain things in a way that is easy to understand?
   - Always
   - A lot
Q5. Health beliefs can come from your religion, culture, traditions, or family history. In your opinion, how often do your beliefs conflict with your doctor’s advice?
   - Always
   - A lot
   - Sometimes
   - Never

Q6. Does your doctor understand and respect (Check all that apply):
   - Your family health traditions
   - Your use of alternative medicine
   - Your religious health choices
   - Your immigration experience
   - Other (please explain):
   - None of the above

Medical Interpreter is a person who can speak your preferred language. They explain what the doctor says. And they make sure you understand what the doctor is telling you about your health.

Q7. Do you know that your health plan has medical interpreters available at no cost to you?
   - Yes
   - No
   - Not Sure

Q8. Do you ever want or need a medical interpreter?
   - Yes (Go to Q9)
   - No (Go to Q13)
   - Not Sure (Go to Q9)

Q9. Are you comfortable asking for medical interpreter services?
   - Yes
   - No
   - Not Sure

Q10. If you would like to use a medical interpreter, you can sometimes choose where the person is during the exam. Which of these choices would you prefer?
Survey Questions/Mail or In-Person Script for 2016 GNA

☐ The person in the exam room with me
☐ The person on the phone
☐ The person using a video chat
☐ Other (please explain):
☐ Not Sure

Q11. Do you ever use a family member to interpret for you?
☐ Yes (Go to Q12)
☐ No (Go to Q13)

Q12. What are all the reasons why a family member interprets for you? Check all that apply:
☐ My doctor or office staff told me to bring a family member to interpret for me.
☐ My doctor’s office didn’t offer interpreter services to me.
☐ I didn’t know I could ask for interpreter services.
☐ I feel more comfortable when a family member interprets for me.
☐ Other (please explain):

That was the last question about interpreters.

Q13. How often do you have a hard time filling out health forms by yourself?
☐ Always
☐ A lot
☐ Sometimes
☐ Never

The next four questions can have many answers. Please check all the answers that apply to you.

Q14. What do you think are important health concerns or issues for people living in your area? Check all that apply:
☐ Safety (such as crime and safe walking/playing areas)
☐ Need ‘timely’ appointments at doctors/clinics
☐ Doctors who do not treat patients with respect
☐ Need more information about health conditions (such as whooping cough and asthma)
☐ Need more information about how to get healthy
☐ Need more clinics and doctors near my home
☐ No access to healthy food
☐ Other (please explain):

4/8/2015
I don’t think there are health concerns in my area.

Q15. What information will be helpful to you on how to use your Medi-Cal health plan? Check all that apply:
   - How to ask a question related to the health plan
   - How to choose a doctor
   - Who to call at night when my doctor’s office is closed
   - When to go to the Emergency Room
   - How to handle a chronic condition such as asthma or diabetes
   - Other (please explain):
   - Nothing. I have all the information I need.

Q16. In the last 6 months did you do any of the following to learn more about your health or a family member’s health? Check all that apply:
   - Searched the internet for health information
   - Went to a health-related class
   - Spoke to a health professional (such as a doctor, nurse, nutritionist, or health educator)
   - Used the Health Plan website
   - Watched a video about health on YouTube
   - Other (Please explain):
   - I didn’t do anything.

Q17. Select the items you would like help with. Check all that apply:
   - Getting an appointment with my primary care provider
   - Getting an appointment with a specialist
   - Finding a provider that lets me bring my children to the appointment
   - Transportation to get to doctor visits
   - Health information in my language
   - Other (please explain):
   - I don’t need any help.

The next two questions have just one answer each.

Q18. How often do you feel confident filling out health forms by yourself?
   - Always
   - A lot
   - Sometimes
   - Never

4/8/2015
Q19. Do the materials you get from your health plan provide the information you need about how your health plan works?

- Always
- A lot
- Sometimes
- Never

The next two questions can have many answers. Please check all the answers that apply to you.

Q20. My health plan gives me information about (Check all that apply):

- Regular check-ups
- Cancer screenings
- Tests for diabetes
- Taking care of my health concerns (such as diabetes or asthma)
- Shots/vaccines (for children, teens and adults)
- Other (please explain):
- None of the above.

Q21. How do you like to get information from your health plan? Check all that apply:

- Health Plan website
- Text messages
- Voice mail/phone messages
- Mail sent to my home
- E-mail
- Social media (such as Facebook, Twitter, Instagram)
- Video on the internet/YouTube
- DVD
- Flash drive
- Audio
- In Braille
- Materials with large text/font size
- Other (Please explain):

This is the last survey question!

Q22. How often do you use the internet?

- Daily
- Weekly
- Monthly
Survey Questions/MAIL or IN-PERSON SCRIPT for 2016 GNA

- A few times a year
- Never

Thank you for your time. Your answers will help (HealthPlanName) plan our programs and services. This concludes our survey. Thank you for your time.
1. **Encuesta dirigida al Miembro Adulto:**
Estimado (Nombre del Miembro),

(Nombre del Seguro Médico), su plan de salud de atención médica administrada, está haciendo una encuesta. La encuesta es para averiguar que tan bien están su plan de salud y sus médicos satisfaciendo las necesidades de sus miembros. Su nombre fue escogido al azar para llevar a cabo esta encuesta. La encuesta es confidencial para proteger su privacidad. Esto significa que (Nombre del Seguro Médico) y los médicos no conocerán sus respuestas. No tiene que participar en la encuesta. Si usted decide participar en la encuesta, nos gustaría darle una tarjeta de regalo para XX para agradecerle por su tiempo.

2. **Encuesta dirigida al Niño miembro:**
Estimado Padre / Tutor de (Nombre del Miembro),

(Nombre del Seguro Médico), el plan de salud de atención médica administrada de su niño, está haciendo una encuesta. La encuesta es para averiguar que tan bien están el plan de salud y sus médicos satisfaciendo las necesidades de sus miembros. El nombre de su niño fue escogido al azar. Nos gustaría que participara en la encuesta por su niño. La encuesta es confidencial para proteger su privacidad. Esto significa que (Nombre del Seguro Médico) y los médicos no conocerán sus respuestas. No tiene que participar en la encuesta. Si usted decide participar en la encuesta, nos gustaría darle una tarjeta de regalo para XX para agradecerle por su tiempo.

3. **Información de la tarjeta de regalo para ambos:**

Después de que usted llene la encuesta, puede enviarla por correo en el sobre adjunto prepagado. Si usted quisiera una tarjeta de regalo para XX, por favor llene la información a continuación. Envíe esta página con su encuesta. Esta página no se mantendrá con sus respuestas de la encuesta. Sólo usaremos esta página para enviarle su tarjeta de regalo.

Muchas gracias.

Nombre:
Dirección:
Ciudad: Estado: California Código Postal:
Número de teléfono (opcional):

4/8/2015
Survey Questions/MAIL or IN-PERSON SCRIPT for 2016 GNA

No hay respuestas incorrectas. Por favor sea lo más honesto posible.

Q1. Estoy llenando la encuesta de:
   - Mía
   - Mi hijo
   - Un miembro de mi familia
   - La persona a la que yo cuido
   - Otra, especifique:

Si usted está llenando esta encuesta por otra persona, por favor conteste las preguntas cómo cree que las contestarían.

El Médico de Cabecera (PCP por sus siglas en inglés) es el doctor principal a quien usted verá durante los chequeos regulares. El PCP es el doctor a quien usted llama cuando se enferma o cuando quiere un consejo sobre un problema de salud. Esto no incluye a especialistas.

Q2. ¿En qué idioma prefiere hablar con su proveedor de atención primaria (médico de cabecera)?
   - Árabe
   - Armenio
   - Camboyano
   - Chino (mandarín and cantonés)
   - Inglés
   - Farsi
   - Hmong
   - Coreano
   - Russo
   - Español
   - Tagalo
   - Vietnamita
   - Otro, favor de especificar:

Q3. ¿Su médico de cabecera o el personal de su oficina hablan el idioma que usted prefiere?
   - Sí
   - No
   - No se

Q4. ¿Con qué frecuencia le explica su médico de cabecera las cosas de una manera fácil de entender?
Q5. Las creencias sobre la salud pueden provenir de su religión, cultura, tradiciones o antecedentes familiares. En su opinión, ¿con qué frecuencia están en conflicto sus creencias con los consejos de su médico?

- Siempre
- Muy frecuentemente
- Algunas veces
- Nunca

Q6. Su médico entiende y respeta (marque todo lo que corresponda):

- Las tradiciones de salud de su familia
- Su uso de medicina alternativa
- Sus opciones religiosas de salud
- Su experiencia con la inmigración
- Otro (favor de explicar):
- Nada de lo anterior

El Intérprete médico es una persona que habla su idioma preferido. Ellos explican lo que dice el médico. Y se aseguran que usted entienda lo que el doctor le está diciendo sobre su salud.

Q7. ¿Sabe que su seguro médico cuenta con intérpretes médicos disponibles sin costo para usted?

- Sí
- No
- No estoy seguro

Q8. ¿Alguna vez quiere o necesita un intérprete médico?

- Sí (Pase a Q9)
- No (Pase a Q13)
- No estoy seguro (Pase a Q9)

Q9. ¿Se siente cómodo pidiendo servicios de interpretación médica?

- Sí
- No
- No estoy seguro
Q10. Si desea utilizar un intérprete médico, a veces puede elegir donde esté esa persona durante el examen. ¿Cuál de estas opciones prefiere?
   - Que la persona esté en la sala del examen contigo
   - Que la persona esté por teléfono
   - Que la persona use el video chat
   - Otra (favor de explicar):
   - No estoy seguro

Q11. ¿Usa alguna vez a un miembro de su familia para que le interprete a usted?
   - Sí (Pase a Q12).
   - No (Pase a Q13)

Q12. ¿Cuáles son todas las razones por las que le interpreta un miembro de su familia a usted? Marque todas las que le correspondan:
   - Mi médico o su oficina me dijeron que trajera a un familiar para que me interprete.
   - El consultorio de mi médico no me ofreció servicios de intérprete.
   - No sabía que podría pedir servicios de intérprete.
   - Me siento más cómodo cuando un miembro de la familia me interpreta.
   - Otra (favor de explicar):

Esta fue la última pregunta sobre intérpretes.

Q13. ¿Con qué frecuencia tiene dificultad para llenar los formularios de salud usted solo?
   - Siempre
   - Muy seguido
   - A veces
   - Nunca

Las siguientes cuatro preguntas pueden tener muchas respuestas. Por favor, marque todas las respuestas que le correspondan a usted

Q14. ¿Cuáles piensa usted que son preocupaciones importantes o problemas de salud para las personas que viven en su área? Marque todas las que le correspondan:
   - Seguridad (como el crimen y zonas seguras para caminar/jugar)
   - Necesitamos que las citas con médicos o clínicas sean “a tiempo”
   - Médicos que no tratan a los pacientes con respeto
   - Se necesita más información sobre las condiciones de salud (por ejemplo, tos ferina y asma)
   - Se necesita más información acerca de cómo recuperar la salud
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- Se necesitan más clínicas y médicos cerca de mi casa
- No hay acceso a alimentos saludables
- Otros (favor de explicar):
- No creo que existan problemas de salud en mi área.

Q15. ¿Qué información será útil para usted sobre cómo usar su plan de salud de Medi-Cal? Marque todas las que le correspondan
- Cómo hacer una pregunta relacionada con el plan de salud
- Cómo elegir a un doctor
- A quién llamar por la noche cuando está cerrado el consultorio de mi médico
- Cuándo ir a la Sala de Urgencias
- Cómo manejar una condición crónica como asma o diabetes
- Otra (favor de explicar):
- Nada. Tengo toda la información que necesito.

Q16. ¿En los últimos 6 meses hizo algo de lo siguiente para aprender más acerca de su salud o la salud de un miembro de la familia? Marque todas las que le correspondan:
- Busqué información de salud en internet
- Fui a una clase relacionada con la salud
- Hablé con un profesional de la salud (por ejemplo, un doctor, enfermera, nutricionista o educador sobre la salud)
- Usé el sitio Web del Plan de Salud
- Vi un video acerca de la salud en YouTube
- Otro (Favor de explicar):
- Yo no hice nada.

Q17. Selecione los temas en los que desea ayuda. Marque todos los que le correspondan:
- Obtener una cita con mi médico de atención primaria
- Obtener una cita con un especialista
- Encontrar un doctor que me permite traer a mis hijos a la cita
- Transporte para llegar a las citas con el médico
- Información de salud en mi idioma
- Otro (favor de explicar):
- No necesito ayuda.

Las siguientes dos preguntas tienen una respuesta cada una.

Q18. ¿Con qué frecuencia se siente seguro de poder llenar los formularios de salud por sí solo?
- Siempre
Survey Questions/MAIL or IN-PERSON SCRIPT for 2016 GNA

☐ Muy seguido  
☐ A veces  
☐ Nunca

Q19. ¿Los materiales que recibe de su plan de salud le proporcionan la información que necesita acerca de cómo funciona su plan de salud?
  ☐ Siempre  
  ☐ Muy seguido  
  ☐ A veces  
  ☐ Nunca

Las siguientes dos preguntas pueden tener muchas respuestas. Por favor, marque todas las respuestas que le correspondan a usted

Q20. Mi plan de salud me da información acerca de (marque todas las que le correspondan):
  ☐ Chequeos regulares  
  ☐ Exámenes de cáncer  
  ☐ Pruebas para la diabetes  
  ☐ Cuidar de mis problemas de salud (como diabetes o asma)  
  ☐ Inmunización/ vacunas (para niños, adolescentes y adultos)  
  ☐ Otros (favor de explicar):  
  ☐ Nada de lo anterior

Q21. ¿Cómo le gustaría obtener información de su plan de salud? Marque todo lo que le corresponda:
  ☐ Sitio Web del Plan de Salud  
  ☐ Mensajes de texto  
  ☐ Correo de voz / mensajes telefónicos  
  ☐ Correo enviado a mi casa  
  ☐ Correo electrónico  
  ☐ Redes sociales (como Facebook, Twitter, Instagram)  
  ☐ Video en el internet/YouTube  
  ☐ DVD  
  ☐ Flash drive (unidad flash)  
  ☐ Audio  
  ☐ En Braille  
  ☐ Materiales con texto y letra tamaño grande.  
  ☐ Otros (por favor explique):
¡Esta es la última pregunta de la encuesta!

Q22. ¿Con qué frecuencia utiliza internet?
   - Diario
   - Semanalmente
   - Mensualmente
   - Algunas veces al año
   - Nunca.

Gracias por su tiempo. Sus respuestas le ayudarán a (Nombre del Plan de Salud) a planificar nuestros programas y servicios. Con esto concluimos nuestra encuesta. De nuevo, gracias por su tiempo.