Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)

Regular Meeting
Monday, October 28, 2019, 2:00 p.m.
Gold Coast Health Plan, 711 East Daily Drive, Community Room, Camarillo, CA 93010

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCMMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda. Persons wishing to address VCMMCC should complete and submit a Speaker Card.

Persons wishing to address VCMMCC are limited to three (3) minutes unless the Chair of the Commission extends time for good cause shown. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Commission.

CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care Commission Meeting Regular Minutes of September 23, 2019.**

   Staff: Maddie Gutierrez, CMC – Clerk of the Commission

   RECOMMENDATION: Approve the minutes.

2. **Adoption of Policy requiring Findings for Awards of Contracts**

   Staff: Scott Campbell, General Counsel

   RECOMMENDATION: That the Commission adopt the draft policy, Required Findings for Awards of Contracts.

REPORTS

3. Chief Executive Officer (CEO) Update

Staff: Dale Villani, Chief Executive Officer

RECOMMENDATION: Receive and file the update.

PRESENTATIONS:

4. Compensation Analysis Review

Staff: Jean Halsell, Executive Director of Human Resources
Guest Speaker: Steve Smith, LTC Performance Inc.

RECOMMENDATION: Receive and file the presentation.

5. HIF/MET One Year Later: Proactive Case Management for New Members

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Kathy Neal, Executive Director of Health Services
Rachel Lambert, Case Management Manager

RECOMMENDATION: Receive and file the presentation.

FORMAL ACTION

6. Proposed Appointment of a Commissioner as a Fifth Committee Member to the Bylaws Subcommittee of the Commission to review Bylaws and Delineation of Authority Policy

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Staff recommends the Commission appoint a fifth Commissioner to the Bylaws Subcommittee.

7. Quality Improvement Update

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Accept and approve the 2018 Quality Improvement Program Evaluation

8. Fiscal Year 2018-2019 Audit Results

Staff: Kashina Bishop, Chief Financial Officers

RECOMMENDATION: Approve and accept the FY2018-19 Financial Audit results.

9. August / September Financials Report

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive, approve, and file August/ September financials report.

10. Contract Award Approval – Health Management Systems Inc.

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: To award the three (3) year agreement to the highest scoring bidder, Health Management Systems Inc. based on fair and open competition.

REPORTS

11. Chief Medical Officer (CMO) Update

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the update.

12. Chief Diversity Officer (CDO) Update

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the update.

APPENDIX

CLOSED SESSION

13. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9 of litigation. Number of potential cases: One case.

14. CONFERENCE WITH LEGAL COUNSEL – INITIATION OF LITIGATION
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: Number of potential cases: Three cases.

15. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer.

16. CONFERENCE WITH LABOR NEGOTIATORS
Agency designated representatives: Ventura County Medi-Cal Managed Care Commission Commissioners.
Non-represented employee: Chief Executive Officer

17. PUBLIC EMPLOYMENT
Title: Chief Executive Officer.

COMMENTS FROM COMMISSIONERS

ADJOURNMENT

Unless otherwise determined by the Commission, the next regular meeting will be held on November 18, 2019 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on http://goldcoasthealthplan.org. Materials related to an agenda item submitted to the Commission after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Commission.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 3 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Maddie Gutierrez, Clerk to the Commission

DATE: October 28, 2019

SUBJECT: Meeting Minutes of September 23, 2019 Regular Commission Meeting

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the September 23, 2019 Regular Commission Meeting minutes.

Ventura County Medi-Cal Managed Care Commission

(VCMMCC)

dba Gold Coast Health Plan (GCHP)

September 23, 2019 Regular Meeting Minutes

CALL TO ORDER

Commissioner Antonio Alatorre called the meeting to order at 2:04 p.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

PLEDGE OF ALLEGIANCE

Commissioner Alatorre led the Pledge of Allegiance.

ROLL CALL

Present: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa and Supervisor John Zaragoza.

Commissioners Fred Ashworth and Jennifer Swenson were not present at Roll Call. Commissioner Swenson arrived at 2:06 p.m. Commissioner Ashworth arrived at 2:20 p.m.

Absent: Commissioner Lanyard Dial, M.D.

PUBLIC COMMENT

None.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Commission Meeting Regular Minutes of August 26, 2019.

Staff: Maddie Gutierrez, CMC, Clerk of the Commission.

RECOMMENDATION: Approve the minutes.

Commissioner Alatorre asked for correction on the vote taken for Agenda Item 9 AmericasHealth Plan Pilot Changes. Both commissioners Alatorre and Pawar had recused themselves from discussion on this item and therefore did not vote. Commissioner Swenson's vote also needed to be added. Chief Executive Officer Dale Villani asked for correction to the same item: "There are two documents the

State must approve: 1) the boiler plate and 2) *the membership plan* in place of the contract template."

Commissioner Espinosa motioned to approve the minutes with corrections noted. Commissioner Zaragoza seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and John Zaragoza.

NOES: None.

ABSENT: Commissioners Fred Ashworth and Lanyard Dial, M.D.

Commissioner Alatorre declared the motion carried.

2. Approval of Credentials / Peer Review Committee Member

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Approve Nilesh Hingarh, M.D., as an active member of the Credentials / Peer Review Committee.

Commissioner Swenson motioned to approve Nilesh Hingarh, M.D. as an active member of the Credentials / Peer Review Committee. Commissioner Pawar seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and John Zaragoza.

NOES: None.

ABSENT: Commissioners Fred Ashworth and Lanyard Dial, M.D.

Commissioner Alatorre declared the motion carried.

3. Chief Executive Officer (CEO) Update

Staff: Dale Villani, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

Chief Executive Officer Dale Villani reported the following updates:

- Mr. Johnson Gill has resigned as commissioner effective September 4. The county will name his replacement.

Plan Performance Highlights:

- July marks the beginning of a new fiscal year and the financials look promising. GCHP experienced a $51.9 million loss in the 2018/19 fiscal year that led to the implementation of various action plans and difficult decisions on staffing. The Plan is not in peril. Member care has not been impacted, although membership has declined.
- There is a rate increase from the state for the year, as well as a modest surplus for the month of July.
- The Plan's recent organizational changes are resulting in improved synergies.
- There are no current diversity issues and CDO Bagley has been a great asset to the executive team.
- GCHP quality performance continues to improve. Last year, GCHP received the Most Improved Quality Award from DHCS.
- GCHP continues to perform well on annual regulatory audits. The DHCS medical audit did not have any material deficiencies or findings
- The state auditor noted that the Plan's PBM rates are reasonable.

Additional highlights:

- DHCS Director Jennifer Kent has resigned. Currently there is no interim replacement.
- The current Medi-Cal Waiver program will expire after 2020. Stakeholder engagement initiatives are underway and GCHP has offered to volunteer/participate in the process, but has not yet received appointment.
- AmericasHealth Plan – CEO Villani has met frequently with AHP's CEO, Mr. Rohan Reid. There is shared frustration from both parties as they await a decision from the state about whether the pilot can move forward. The state has been continually asked about membership enrollment and the pool from which members will be drawn. The state has questioned the delegation of duties, which was completed by AHP's CFO, Sonia DeMarta. The boilerplate and DOFR are also complete and quality metrics have been defined. Both teams are committed to a successful pilot.
- Delegation and plan-to-plan contracts – There are changes in the marketplace and contracting strategies are evolving. Moving forward, plan-to-plan contracts will be done on a larger scale. CEO Villani has met with county officials to discuss the potential for a plan-to-plan contract. Delegation oversight will have a significant role in meeting new requirements. CEO Villani asked the Commission to consider authorizing him to enter into plan-to-plan contracts.

  Commissioner Zaragoza said that it appeared to him that the AHP plan-to-plan contract will be approved by the state. He recognized Clinicas and AHP for their diligence and Clinicas for an excellent job serving the community. He said new programs might be financially beneficial for GCHP and will help reduce TNE. With the permission of the commission, he said he would like to direct CEO Villani and

his staff to evaluate the plan-to-plan model and provide a recommendation at the October 28 commission meeting.

General Counsel, Scott Campbell stated there is a policy for adding agenda items. The Commission Chair, Vice-Chair and the CEO will meet and determine if Commissioner Zaragoza's request will be added to the agenda for the October meeting. Commissioner Atin also suggested adding an item to the agenda about delegating power to the CEO for conducting transactions similar to the AHP plan-to-plan. Commissioner Swenson stated the Bylaws need to be amended, which will be discussed at the Bylaws and Delineation AdHoc Subcommittee meeting.

Commissioner Fred Ashworth arrived at 2:20 p.m.

GCHP in the Community

- GCHP participated in the Fiestas Patrias activities held in downtown Oxnard. Commissioner Zaragoza commended Marlen Torres for GCHP's participation in the parade. Several thousand residents attended this event.
- Executive Director of Human Resources Jean Halsell, who is a military veteran, is on Rep. Julia Brownley's Veterans Roundtable on Health Care Issues and attended a recent event.
- Chief Medical Officer, Nancy Wharfield, M.D., participated in the Community Health Needs Assessment (CHNA) Implementation Planning Session, hosted by GCHP. There will be another session in October. Commissioner Swenson stated this is the first time a CHNA collaborative has been done and it has received positive feedback.

Commissioner Atin motioned to receive and file the CEO Update. Commissioner Zaragoza seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and John Zaragoza.

NOES: None.

ABSENT: Commissioner Lanyard Dial, M.D.

Commissioner Alatorre declared the motion carried.

FORMAL ACTION

4. Chief Diversity Officer Role

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Commission to provide direction to staff.

Chief Diversity Officer, Ted Bagley, reviewed four options for the chief diversity officer position effective January 2020. Mr. Bagley stated it is up to the commission and CEO Villani to decide on an option. One option is to fill the position with a full-time resource, which he said is not justified because there is not enough work. The second option is to fill the position with another consultant. The third option is to continue with him as the CDO. Mr. Bagley works two days per week, with flexibility for offsite meetings. The fourth option is to not fill the position at all, which could be an option in the future, but not recommended by Mr. Bagley it at this time. Mr. Bagley's recommendation was to continue with him as CDO.

Commissioner Atin thanked Mr. Bagley for his leadership over the past year, commented that he has taken a proactive approach with the community and employees. Commissioner Atin recommended the commission keep Mr. Bagley as CDO. Commissioners Swenson and Pupa agreed with Commissioner Atin's recommendation. Commissioner Espinosa also supported option three for the CDO position, and added that there is still more work to be done because the commission not had the diversity training as requested and continues to receive complaint letters about the Plan. She stated she believes the CDO should be the first point of contact before the commission. Mr. Bagley responded there is a distinction between what the CDO handles and what is more appropriate for Human Resources to handle. Mr. Bagley reviews issues and if they are H.R. related, he forwards them to Executive Director Halsell. If the employee is not satisfied, Mr. Bagley will continue to help because he wants to see the problem resolved. The hotline is available and there are avenues of correction available. Commissioner Alatorre stated that the Commission needs to receive reports and that employees are still going outside to complain; there is lack of trust. Commissioner Alatorre stated that a third party survey needs to be done, and he has hopes there will be good employee participation. Mr. Bagley commented that it is hard to fix an issue when he is not aware of it. He needs to know about the issue so he can work on it. Commissioner Zaragoza stated there needs to be an atmosphere where employees are not afraid to lose their jobs. The Commission needs to work with the CDO so he can resolve these issues. CDO Bagley stated that trust takes time. Some issues are deep rooted and the Plan isn't there yet, but is heading in the right direction. The Commission needs to follow through on complaints; some complaints are not actionable because they are not specific and are anonymous. CDO Bagley stated the complaints he receives are investigated and he keeps a log. Commissioner Cho asked when the last employee survey was done. CEO Villani stated the last survey was done in 2016. CDO Bagley stated

once the survey is done, we need to target the culture of the entire organization. Commissioner Espinosa stated that tight budgets increase anxiety within organizations. She encourages employees to be honest and transparent. The Commission wants to see the organization running well and functioning. She added that she would also like to see vendors included in the CDO report.

Commissioner Atin motioned to approved option three to continue with the current resource two days per week with one day of flex-time, as needed, for exceptional circumstances and allow Mr. Bagley to continue based on the current schedule. Commissioner Zaragoza seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and John Zaragoza.

NOES: None.

ABSENT: Commissioner Lanyard Dial, M.D.

Commissioner Alatorre declared the motion carried.

5. July Financials Report

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive, approve and file the July financials report.

Chief Financial Officer Kashina Bishop stated that July is the first month of the fiscal year. The July financials reflect a slight gain and is the first month in some time with no loss. Commissioner Swenson asked if there will be a deeper review of last fiscal year's financial losses at the Executive Finance Committee to better understand the reasons for such a large loss. CFO Bishop responded, yes. CFO Bishop stated that medical expenses drive the Plan's financials and are estimated every month. July's medical expenses are mostly estimated because we are in the first month of the fiscal year and have paid very little for July dates of service.

Fiscal Year 2018/2019 Financial Losses

CFO Bishop explained that in 2017, there were contract changes and settlements which were not reflected in the rates paid to GCHP in FY 2018. In FY 2018, there were significant losses because revenue, based on expenses in CY 2016, could not keep up with medical expenses that rose so sharply in one year. CFO Bishop stated there is a budgeted $1 million gain for the year, but it will be extremely tight. Commissioner Atin asked if more of a margin is needed. CEO Villani stated in 2017, modeling was done around Adult Expansion, but the Plan has to put better contracts in place and make better use of its vendors. He added that

reimbursements are also a concern. We need the market to change; risk will move from GCHP to the contracted providers/health systems.

CFO Bishop reviewed the Behavioral Health Services expense graph, which is trending up. CMO Wharfield stated that mild-to-moderate services are on the increase and autism needs to be included. Commissioner Espinosa said the state is no longer paying regional centers and asked how the shift is being handled. CMO Wharfield stated there is a shift in responsibility. Because this is a new benefit for Medi-Cal Managed Care, we cannot accurately predict growth/set rates. The state utilizes historical payment data for rate-setting and it takes some time to gather data on a new benefit. Commissioner Ashworth asked if the uptick in behavioral health is coming through the emergency room. CMO Wharfield stated "super users" continue to use the emergency department for non-medical care. Many ED visits may be associated with behavioral health problems.

Commissioner Swenson stated there is a significant increase in the expense comparison by year. CFO Bishop stated it is going to take time to see how the Plan is tracking. Commissioner Pawar asked about the medical loss ratio – there is a $12 million gain. CFO Bishop responded that it was mostly due to the increase in revenue from the state. Commissioner Pupa asked about IBNR. CFO Bishop stated that IBNR plus claims payables are added together for total claims submitted.

Commissioner Swenson motioned to receive, approve and file the July Financials Report. Commissioner Cho seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and John Zaragoza.

NOES: None.

ABSENT: Commissioner Lanyard Dial, M.D.

Commissioner Alatorre declared the motion carried.

REPORTS

6. Chief Medical Officer (CMO) Update

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the update.

CMO Wharfield provided the following updates to Commission questions from the last meeting:

- Behavioral Health – Turnaround time for appointments is good. Any doctor can refer and members can also self-refer. However, there is a disparity in access and utilization for Spanish speakers. Numbers show Spanish speaking males under-utilize; therefore, this will be a focus in the future. There was no specific case they could identify in which members were being told to bring their own interpreters to their appointments, but Beacon is sending information to providers about interpreter services.
- Pharmacy Trends – Dr. Anne Freese will give a presentation on the Carve Out at the next Commission meeting.

Commissioner Pawar asked who prepared the report in the Commission packet because it appears we have no issues with Beacon, which is not correct. She stated that patients are not getting appointments within 10 days. CMO Wharfield stated the report only tracks members who request assistance in making an appointment. Since members can self-refer and providers do not need to obtain prior authorization for Beacon care, it is difficult to calculate appointment waiting times. For services provided through VCMC and CDCR, we could request that the systems report out on their appointment waiting times. Commissioner Ashworth asked if there was an uptick on dialysis. CMO Wharfield stated there were none that she was aware of, but she will look into it.

PUBLIC COMMENT

Dr. Sandra Aldana spoke on Agenda Item 4, Chief Diversity Role. She asked for a look at diversity among staff and suppliers. The EOC complaints should also be looked into. Training and cultural competence requires a specific skill set. She suggested there be open discussions scheduled as well. She strongly encourages open discussions along with training, which would include members of the public. Dr. Aldana stated there should be at least one training per year.

7. Chief Diversity Officer (CDO) Update

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the update.

CDO Bagley stated he completely agrees with Commissioner Espinosa on Commissioner Diversity trainings. He will continue with “Lunch and Learn” meetings for employees and managers. CDO Bagley stated there are currently no EOC complaints and no new case investigations.

CDO Bagley noted that he works collaboratively with Marlen Torres, Director of Government Relations and Community Relations, and her team and that there has been a lot of progress made in the community.

CDO Bagley said that the types of discussions and issues he sees in his office include: employee behavior, career focus, community involvement, personal branding and education, adding that he has an open door policy.

On the subject of Commissioner training: On average, four or more Commissioners are unable to make the four-hour training. He asked the Commission if they want to go ahead without them and meet one or two hours prior to a Commission meeting for an open discussion that would include training subjects. Discussion can include specific trends. Commissioner Swenson asked for Commissioner Atin's opinion. Commissioner Atin stated that at the county, they do two-hour trainings and also have an electronic library and online trainings they can participate in. The combination of training and discussions would be a great alternative to a four-hour diversity training. CDO Bagley stated two hours might be more successful and there can be more sessions scheduled as needed. Commissioner Espinosa stated she prefers to start with a two-hour training. Commissioner Alatorre stated a combination of videos and discussion would be productive with an opportunity to ask questions. CDO Bagley stated that formal training is important. Commissioner Atin added that topics can be chosen for discussion and that various topics can be discussed over several sessions. Commissioner Zaragoza asked if the trainings would be held during regular Commission meetings. CDO Bagley stated he preferred to do the trainings separately.

Commissioner Alatorre motioned to receive and file the CMO and CDO Updates. Commissioner Atin seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and John Zaragoza.

NOES: None.

ABSENT: Commissioner Lanyard Dial, M.D.

Commissioner Alatorre declared the motion carried.

At 3:50 p.m. Commissioner Alatorre requested a five (5) minute break before going into Closed Session.

The Commissioner adjourned to Closed Session at 3:55 p.m. regarding the following items:

CLOSED SESSION

8. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer.

OPEN SESSION

The regular meeting reconvened at 5:34 p.m.
General Counsel, Scott Campbell, stated there was no reportable action.

COMMENTS FROM COMMISSIONERS

None.

ADJOURNMENT

Commissioner Alatorre adjourned the meeting at 5:35 p.m.

Approved:

_____
Maddie Gutierrez, CMC
Clerk to the Commission

Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: October 28, 2019

SUBJECT: Adoption of Policy Requiring Findings for Awards of Contracts

SUMMARY:

In response to a report issued by the State Auditor, GCHP Staff is recommending that the Commission adopt the attached draft policy: Required Findings for Awards of Contracts.

BACKGROUND/DISCUSSION:

As directed by the Joint Legislative Audit Committee, the California State Auditor recently concluded its audit of Gold Coast Health Plan's (GCHP's) selection of OptumRx, Inc. as GCHP's Pharmacy Benefits Manager pursuant to a Request for Proposals (RFP). As part of the report issued, known as Report 2018-124, the State Auditor made a series of recommendations to GCHP. One of the recommendations related to the award of contracts by GCHP. Specifically, the State Auditor recommended that the Commission "report its reasoning for awarding contracts or the legal basis, if any, for choosing not to do so."

As such, GCHP has drafted the attached policy for the Commission's review and potential adoption. That policy, if adopted, would provide that GCHP Staff would include in every Staff Report recommending the award of a contract a statement of rationale for awarding the contract to the recommended recipient.

Additionally, any motion by the Commission to award an RFP contract to a recommended recipient would incorporate that rationale unless the motion made is to change the rationale for the award or the intended awardee, in which case the motion should set forth the different rationale and/or reason for the change unless the Commission determined that the deliberative process privilege should be invoked.

RECOMMENDATION:

That the Commission adopt the draft policy, Required Findings for Awards of Contracts.

ATTACHMENT:

1. Gold Coast Health Plan draft policy, Required Findings for Awards of Contract.

Gold Coast Health Plan
A Public Entity

SUBJECT: CONTRACTS	POLICY: #X-X
POLICY: REQUIRED FINDINGS FOR AWARDS OF CONTRACTS	EFFECTIVE: XX/XX/2019

PURPOSE:
This policy will ensure greater public transparency in how contracts are awarded by the Gold Coast Health Plan (GCHP).

POLICY:
In order to ensure greater public transparency, GCHP has established a policy requiring that all involved GCHP personnel, including officers and employees, clearly set forth the rationale for awarding a contract.

SCOPE:
This policy applies to all GCHP Commissioners, officers and employees who recommend or act upon contracts to be approved by the Commission.

GUIDELINES:
Following either the issuance of a RFP by GCHP and the review of any proposals submitted by prospective recipients, or upon the submittal of a contract to the Commission for approval, GCHP shall ensure that any Staff Report include a statement of rationale for awarding the RFP contract to the recommended recipient.

When the Commission is considering awarding a contract, the Commission member making the motion to approve that contract should include the stated rationale, as contained in the accompanying Staff Report, for awarding the contract.

Alternatively, if Commission intends to award the contract based upon a different rationale than that set forth in writing in the accompanying Staff Report, the motion to award the contract should include that different rationale. Similarly, if the Commission chooses to award the contract to a different party than recommended in the accompanying Staff Report for that contract award, the Commission should include in the motion the rationale for choosing a different recipient.

This policy requirement – to ensure any motion that includes a rationale or intended awardee different from that which is set forth in the accompanying Staff Report – does not apply in instances where the Commission has determined that the deliberative process privilege should be invoked. In such instances, the Commission should include in the motion a statement that the deliberative process privilege has been invoked.

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Dale Villani, Chief Executive Officer

DATE: October 28, 2019

SUBJECT: Chief Executive Officer Update

CEO SUMMARY: Verbal Update.

Government Relations Update

New Acting Director of the Department of Health Care Services Earlier this month, Governor Newsom appointed Richard Figueroa as acting director of the Department of Health Care Services (DHCS). He previously served as deputy cabinet secretary in the Office of Governor Gavin Newsom. In the past, Mr. Figueroa also served as director of prevention for The California Endowment as well as deputy cabinet secretary and health care advisor in the Office of Governor Arnold Schwarzenegger. We look forward to working with Mr. Figueroa in his new role.

California Legislative and Policy Update

Managed Care Organization (MCO) Tax

The MCO tax renewal was passed by the Legislature and signed by Governor Newsom, via AB 115, on September 27. AB 115 assesses a tax on managed care organizations operating in California to provide a stable funding source for the delivery of health care services in the Medi-Cal program. The tax is effective July 1, 2019, contingent upon federal approval, to be effective for 3.5 fiscal years: 2019-20, 2020-21, 2021-22, and the first half of 2022-23. Specifically, this bill:

1. Assesses an enrollment-based tax on all full-service health plans licensed by the Department of Managed Health Care (DMHC) or contracted with the Department of Health Care Services (DHCS) to provide services to Medi-Cal beneficiaries.

2. Assesses the tax on a per enrollee basis for each month of enrollment in a plan, based on cumulative enrollment between January 1, 2018 and December 31, 2018 (the "base year").

3. Establishes tiered tax rates based on the level of plan enrollment, with one set of enrollment tiers applied to Medi-Cal enrollees and one set applied to all other enrollees.

4. Based on current enrollment GCHP falls under Tier 1. The tiers are as follows:

	Medi-Cal Tier 1	Medi-Cal Tier 2	Medi-Cal Tier 3	Other Tier 1	Other Tier 2	Other Tier 3
Enrollment:	*Less than 4,000,001*	*4,000,001-8,000,000*	*More than 8,000,000*	*Less than 4,000,001*	*4,000,001-8,000,000*	*More than 8,000,000*
2019-20	$40.00	$0.00	$0.00	$0.00	$1.00	$0.00
2020-21	$45.00	$0.00	$0.00	$0.00	$1.00	$0.00
2021-22	$50.00	$0.00	$0.00	$0.00	$1.50	$0.00
2022-23*	$55.00	$0.00	$0.00	$0.00	$1.50	$0.00

* For the first six months of 2022-23, the tax amount would be the total annual tax divided by two.

Legislative Update

On October 13, Governor Newsom ended the 2019 Legislative Session when he took final action on over the 1,000 legislative bills that reached his desk, signing 870 bills into law. Governor Newsom vetoed 16.5 percent of bills he reviewed, a similar rate to Governor Brown in his last year in office.

Below is the outcome of the legislative bills the Government Relations staff monitored this year.

Legislative Bills Approved:

- AB 577 (Eggman) *Health care coverage: maternal mental health.* This bill permits completion of covered services, for up to 12 months, for an individual who presents written documentation of being diagnosed with a maternal mental health condition to her health plan or health insurer when her provider is terminated, or when she is newly covered, if the provider agrees to the rate and terms and conditions of the health plan or policy.

- AB 678 (Flora) *Medi-Cal: podiatric services.* Prohibits a podiatrist from being required to submit a request for prior authorization for podiatric services rendered in either an outpatient or inpatient basis if a physician providing the same services is not required to submit prior authorization to the Department of Health Care Services (DHCS). Additionally, the 2019 Budget Act restored Medi-Cal optional benefits such as podiatric services, effective January 1, 2020. The Budget included approximately $13.8 million ($3.4 million General Fund) for podiatry in 2019-20. However, since 2016, GCHP has been covering podiatry for member out of plan reserves. Beginning in January 2020, GCHP will receive funding from DHCS to cover this benefit.

- AB 781 (Mainschein) *Medi-Cal: Family Respite Care*. Requires Medi-Cal coverage of pediatric day health care (PDHC) services to be provided at any time of the day and on any day of the week, so long as the total number of authorized hours is not exceeded, up to 23 hours per calendar day.AB 1004 (McCarty) *Developmental Screening Services*. This bill requires the inclusion of developmental screening services for individuals zero to three years of age in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit within the Medi-Cal program. This bill also specifies that these developmental screening services be provided according to the Bright Futures guidelines and recommendations established by the American Academy of Pediatrics. Additionally, the bill requires an external quality review organization to annually assess managed care plan compliance with the provision of developmental screenings, as specified, from July 1, 2020, to July 1, 2023.

- *AB 1642 (Wood) EPSDT Audit Findings & Managed Care Plan Sanctions.* This bill includes requirements for network adequacy reporting, alternative access, and managed care plan sanctions.

- SB 569 (Stone) *Controlled substances: prescriptions: declared local, state, or federal emergency*. This bill establishes prescription content requirements for a pharmacist to furnish a controlled substance without a standard prescription form during a declared state of emergency.

Legislative Bills Vetoed:

- *AB 318 (Chu) Translations and Readability*. This bill required field-testing by a native speaker of specific Medi-Cal beneficiary informing materials. Additionally, it required DHCS to implement field-testing beginning January 1, 2020 and develop a community workgroup no later than January 1, 2021.

- *AB 1175 (Wood) Medi-Cal Mental Health Services.* This bill pertains to Medi-Cal mental health services and coordination between county mental health plans and managed care plans. Plans were in support of AB 1175 as they believe it addressed the challenge of delivering coordinated care across siloed systems by requiring that Medi-Cal managed care plans and county mental health plans share information regarding their shared patients to improve treatment and coordination.

- *SB 503 (Pan) Delegation Oversight.* This bill outlined requirements for oversight of Medi-Cal managed care plan subcontractors, including a definition of subcontractor and specific auditing requirements.

COMMUNITY RELATIONS UPDATE

Sponsorships

Gold Coast Health Plan (GCHP) remains committed to supporting community-based organizations that serve our members with sponsorship opportunities. In September, GCHP awarded sponsorships to the following organizations:

- **FOOD Share:** A sponsorship was awarded to the 4th Annual Blue Jean Ball. Proceeds of the event go towards funding to feed children, families, and seniors in Ventura County.

- **American Heart Association:** A sponsorship was awarded to the Ventura County Heart walk. Proceeds of the event go towards continued scientific research, improve systems of care, and provide lifesaving tools to prevent heart disease and stroke. In addition, GCHP staff raised over $6,000 dollars to further support this cause, making it the top fundraising team.

- **CSU Channel Islands Foundation:** A sponsorship was awarded to the President's Dinner. Proceeds of the event go towards providing students with scholarship opportunities, programs, new technology, facilities and equipment.

- **NAACP Ventura County Chapter:** A sponsorship was awarded to the Freedom Fund Banquet. The event raises funds to enable the organization to educate, advocate, and bring awareness programs to the Ventura County community.

- **Habitat for Humanity of Ventura County:** A sponsorship was awarded to the Hearts & Hammers Dinner and Auction. Proceeds of the event go towards creating affordable homeownership opportunities to low-income families.

- **American Cancer Society:** A sponsorship was awarded to the Making Strides Against Breast Cancer Walk. Proceeds of the event go towards funding innovative breast cancer research, providing free rides to chemotherapy appointments, and offering a 24/7 supportive helpline. Additionally, GCHP staff raised over $4,000 to further support this cause.

Community Events

The Community Relations team participated in several events this past month:

24th Annual Multicultural Festival

The 24th Annual Multicultural Festival, held in Oxnard, is an event that promotes understanding and respect among all racial, religious, and nationality groups. GCHP's Chief Diversity Officer, Ted Bagley, sponsored the event and was in attendance. GCHP's Diversity and Inclusion Council joined the Community Relations team at the GCHP booth and assisted community members. A GCHP member approached the booth and expressed his gratitude for having GCHP coverage and the excellent services GCHP provided him in the multiple surgeries he had. During the event, a Tri County Sentry journalist approached staff for an interview. Below you can find the link to the interview.

Tri-County Sentry: "Multicultural Festival celebrates many nations in Oxnard"

The Farmworker Resource Fair

The Farmworker Resource Fair, hosted by the America's Job Center of California, was an event for the agricultural community, information about county resources were available. Over 30 community-based organizations provided information of services available. Approximately, 620 people attended the event and over 275 community members visited our table. The team extended an invitation to our upcoming Member Benefit Information meeting and explained the benefits of our care management program.

Homeless Resource Fair

Staff participated in the Homeless Resource Fair hosted by the City of Oxnard's Housing Authority. Over 20 community partners offered various health, behavioral, and homeless services. Participants were encouraged to enroll in the County of Ventura's Coordinated Entry and Homeless Management Information System. The GCHP team offered information about our care management services and their role to assist them in locating social services, such as shelter, food pantries, mental health services, and coordinating transportation for medical care. The team also provided event participants with a kit consisting of a water bottle, first aid kit, and string backpack. Over 130 community members visited the table throughout the day. Several community members stated, "Gold Coast Health Plan, we love it".

Lemonwood Elementary Ribbon Cutting

On September 25, Lemonwood Elementary School held a celebratory ribbon cutting and back to school event with neighbors, community members, teachers, parents, and students. The event brought a large number of students and families living in Oxnard, the city with the highest concentration of GCHP membership. The Community Relations team engaged over 140 community members at the event.

Below is a table highlighting the other events the team participated in September.

Event Name	Organization/Event Sponsor(s)	Location
Fall Prevention Forum	Ventura County Area Agency on Aging	Oxnard
Strengthening Our Families	Oxnard School District	Oxnard
Day for Kids	Boys & Girls Club of Greater Oxnard and Port Hueneme	Oxnard
Back to School Night	Ramona Elementary School	Oxnard
Back to School Night	Soria Elementary School	Oxnard
Back to School Night	Chavez K-8 School	Oxnard
2019 Community Resource Fair	Assemblymember Jacqui Irwin OxnardPal City of Oxnard	Oxnard
2019 Family Health Fair	Assemblymember Monique Limon Senator Hannah-Beth Jackson	Santa Paula
Back to School Night	Rio Mesa High School	Oxnard
Back to School Night	Oxnard High School	Oxnard
Binacional Health Fair	Mexican Consulate	Ventura

COMPLIANCE UPDATE

DHCS Annual Medical Audit:

Audits and Investigation (A&I) conducted the annual medical audit June 3, 2019 through June 7, 2019. Staff received the final report from A&I on September 13, 2019. GCHP is required to respond no later than October 14, 2019. The Plan submitted our CAP responses to DHCS and we are pending review and feedback from DHCS. The Plan's goal is to resolve the findings timely. The Plan will continue to keep the commission apprised.

The Joint Legislative Audit released the final audit report on August 15, 2019. The Audit report has two recommendations:

1) To ensure that the public clearly understands the commission's decisions, the commission should report its reasoning for awarding contracts or the legal basis, if any, for choosing not to do so.
2) To ensure that it addresses any significant performance issues by its contractors in a timely manner, Gold Coast should establish a process to immediately require contractors to take necessary corrective action to resolve issues and ensure that they do not recur.

The Plan is required to respond in 60 days, 6 months and 1 year about the steps it took to implement the recommendations that are within statutory authority. Per the direction by JLAC the response included timelines and who or whom is the responsible party for implementing the recommendations. The Plan submitted the response to JLAC on October 14, 2019 with both items classified as partially implemented.
For item number one, a policy and procedure geared towards the commission is being reviewed for approval on the October 28, 2019 Commission meeting. Upon commission approval of the proposed policy and procedure, the Plan will update JLAC.
For item number two, a policy and procedure specific to Pharmacy Benefit Manager oversight was submitted to JLAC for review. Concurrently the policy was also submitted to DHCS for review and approval as it encompasses elements of the Plans DHCS contract requirements. Once approved by DHCS, JLAC will consider it implemented. The Plan will continue to keep the commission apprised.

DHCS conducted facility site review audits on 11 provider sites September 9, 2019 through September 12, 2019. DHCS issued the Plan a CAP on October 14, 2019. Eight (8) findings were on the facility side component and five (5) findings were on the medical record review component. The CAP response is due to DHCS on November 18, 2019. The Plan will keep the commission apprised of the status.

DHCS Contract Amendments:

The draft DHCS contract amendment has included multiple revisions based on CMS review. The contract amendment is still pending approval by CMS and the Plan is pending the final amendment for signature. GCHP has received additional requirements from the Mega Reg via All Plan Letters and has had multiple deliverables due to DHCS to ensure compliance.

GCHP is operating under the requirements of the draft amendment as required by DHCS and GCHP is audited by DHCS to those standards.

Delegation Oversight:

Kaiser	2018 Annual Claims	Open	9/23/2018	Under CAP Pending Closure	N/A
Conduent	2018 Annual Claims	*Open	6/20/2018	Under CAP	Ongoing monitoring imposed
Beacon Health Options	2018 Annual Claims	*Open	6/26/2018	Under CAP & Under Financial Sanctions	Ongoing monitoring imposed
Beacon Health Options	2018 6 month Claims (focused) audit	*Open	11/21/2018	Under CAP & Under Financial Sanctions	Ongoing monitoring imposed
Clinicas del Camino Real, Inc.	2018 Annual Claims Audit	*Open	12/28/2018	Under CAP	Ongoing monitoring imposed
Cedars	2019 Annual Credentialing	Open	July 11, 2019	Under CAP	
Children's Hospital	2019 Annual Credentialing	Open	July 16, 2019	Under CAP	
City of Hope	2019 Annual Credentialing	Open	June 10, 2019	Under CAP	
Optum	2019 Annual Audit (C&L, FWA, HIPAA, UM, Credentialing)	Open	March 4, 2019	Under CAP	
Beacon Health Options	Call Center	Open	May 23, 2019	Under CAP	
VTS	Call Center	Open	April 26, 2019	Under CAP	
CDCR	Concurrent UM Quarterly Audit	Closed	August 29, 2019	N/A (CAP not issued)	

Gold Coast Health Plan (GCHP) is contractually required to perform oversight of all functions delegated through subcontracting arrangements. Oversight includes but is not limited to:

- Monitoring/reviewing routine submissions from subcontractors
- Conducting onsite audits
- Issuing a Corrective Action Plan (CAP) when deficiencies are identified

**Ongoing monitoring denotes delegate is not making progress on a CAP issued and/or audit results were unsatisfactory and GCHP is required to monitor the delegate closely as it is a risk to the Plan when delegates are unable to comply.*

Compliance will continue to monitor all CAP(s) issued. GCHP's goal is to ensure compliance is achieved and sustained by our delegates. It is a DHCS requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP is evaluated during the DHCS annual medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and review audits conducted and corrective plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility Plans have in oversight of delegates.

Opioid Class Action:

The Plan is joining other health plans participating in opioid multi-district litigation (MDL) seeking to recover costs incurred by GCHP associated with the opioid crisis. Opioid manufacturers and their distributors, and in the case of Purdue Pharma its owners (members of the Sackler family) lied to convince the medical community that it was safe for patients to use opioids for long-term treatment of chronic pain problems. GCHP has selected the firms of Solowsky & Allen, P.L. and Mansfield, Bronstein & Stone, LLP (collectively referred to herein as Allen & Mansfield), the same team retained by L.A. Care Health Plan. Allen & Mansfield will represent us on a contingency basis. In the event the suit becomes an administrative burden on our Plan, we have the option to reassess participation and terminate the agreement, paying for only our proportional fees and expenses.

Grievance and Appeals:

Please refer to the attached grievance and appeals graphs in Appendix A.

Grievance Monthly Member Totals Yearly Comparison Graph-

Staff is currently analyzing the increase from 17/18 to 18/19 to identify if the increase is thematic or if any additional correlations exist. DHCS made a policy change where a member must first exhaust the grievance and appeal level at the Plan prior to filing a State Fair Hearing. An increase is a positive as the Plan encourages and educates members on their rights to file a grievance when they experience dissatisfaction. By filing a grievance, the Plan has the opportunity to resolve the issue and mitigate a future occurrence. The Plans goal is to ensure members have an optimal experience when accessing benefits.

Grievance Monthly Provider Totals Yearly Comparison Graph:

Staff has identified an increase and is researching the increase to derive if specific providers are driving volume or all providers are leveraging the grievance process. Staff is researching

the volume of provider grievances the Plan upholds as opposed to the volume overturned. In addition, staff is conducting a root cause analysis on those provider grievances that the Plan overturned. The intent is to gauge if what the Plan is overturning is a systemic issue that we can address, a manual process issue or training issue. By identifying, the core issue it will help the Plan move to a solution which will allow the Plan to alleviate provider abrasion.

Clinical Appeal Monthly Yearly Comparison Graph:
Staff will review the appeals volume increase and will work with the Medical Director and clinical nurses to review the increases in more depth.

Vendor Management Conduent:
Staff is in the discovery phase of various facets of the Conduent Contract performance. A weekly cross-functional team has been established to meet with Conduent and address high priority issues. By working together, we are able to alleviate impact to other departments within the organization and it allows additional visibility into Conduents contract performance. As the discovery phase evolves, the report on Conduent will as well. The Plan has identified some opportunities for improvement in claims processing, grievance and appeals and call center functions. Currently as the Plan works together internally and with Conduent, we were able to identify themes. Themes the Plan has identified include the following, which is not all-inclusive: high dependability on manual processes, system configuration limitations, call center associate training, staffing competency and attrition in claims and call center departments. Staff is reviewing the contract in depth and deciphering functions that are delegated versus those that are not delegated to try to maximize efficiencies and minimize duplication of functions on the Plan side. The vendor management function will continue to evolve and additional reporting will be provided in the future.

HUMAN RESOURCES UPDATE

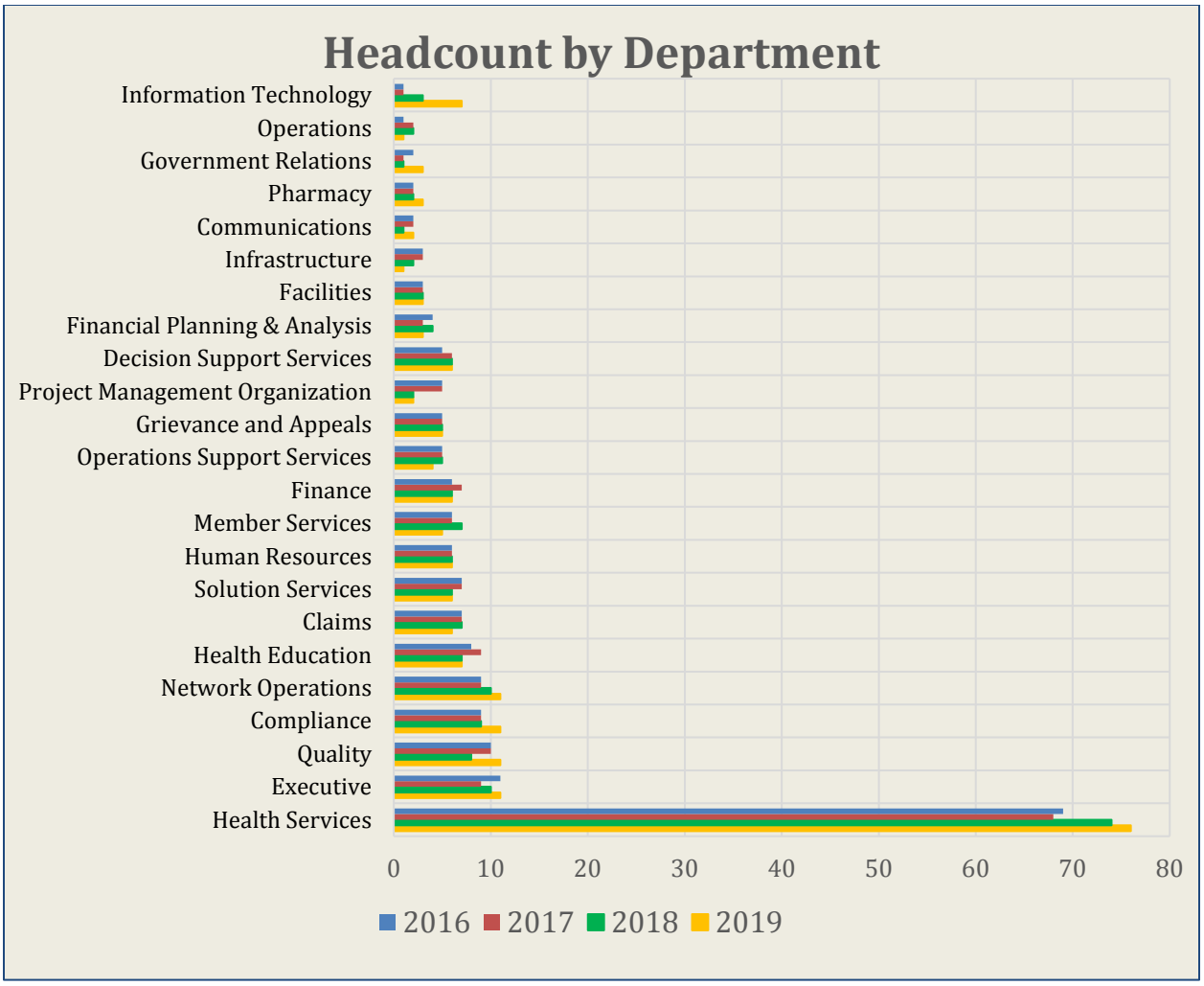
Work in Progress and Upcoming

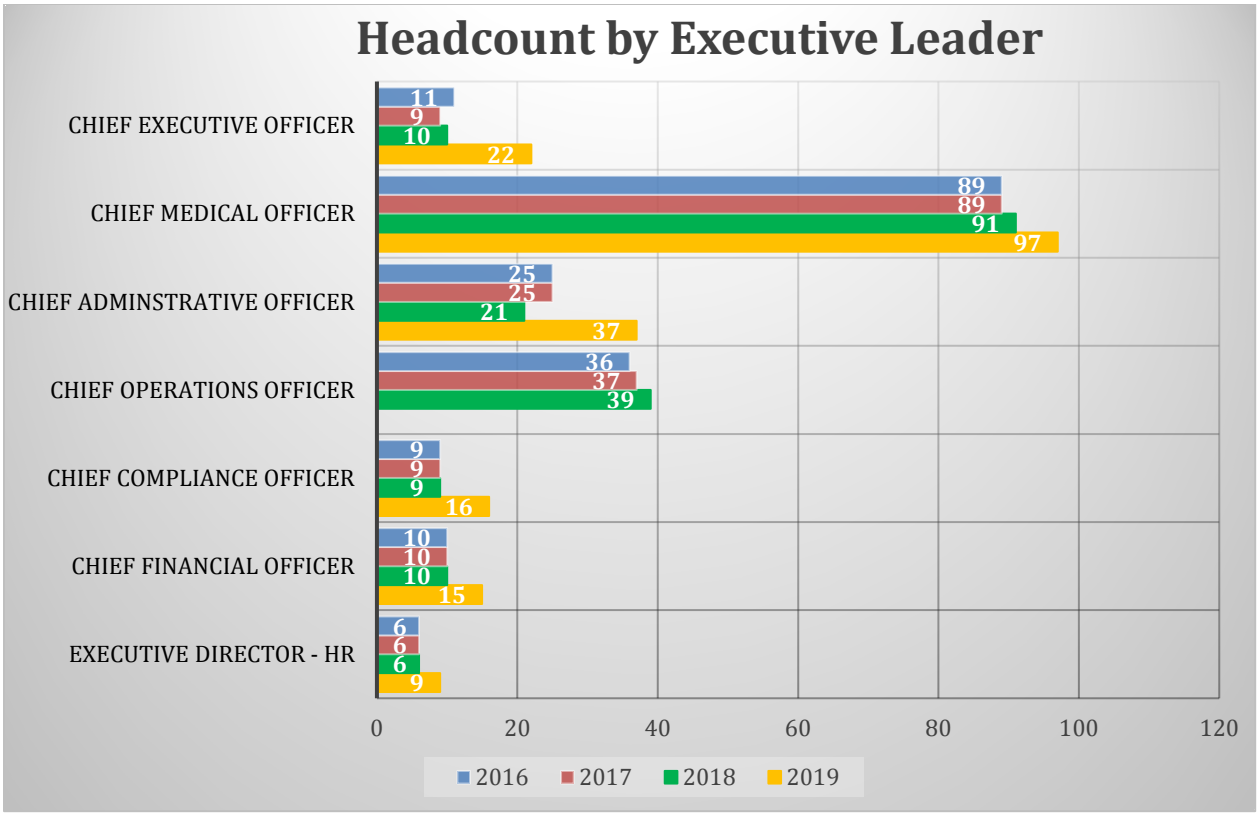
- Ongoing culture work and team building to include DiSC Communication Style workshops
- Employee Survey roll out December 2019 to be completed by year end
- Benefit Open Enrollment November for January 2020 effective date
- Salary Market review with Compensation Plan validation January 2020

Completed

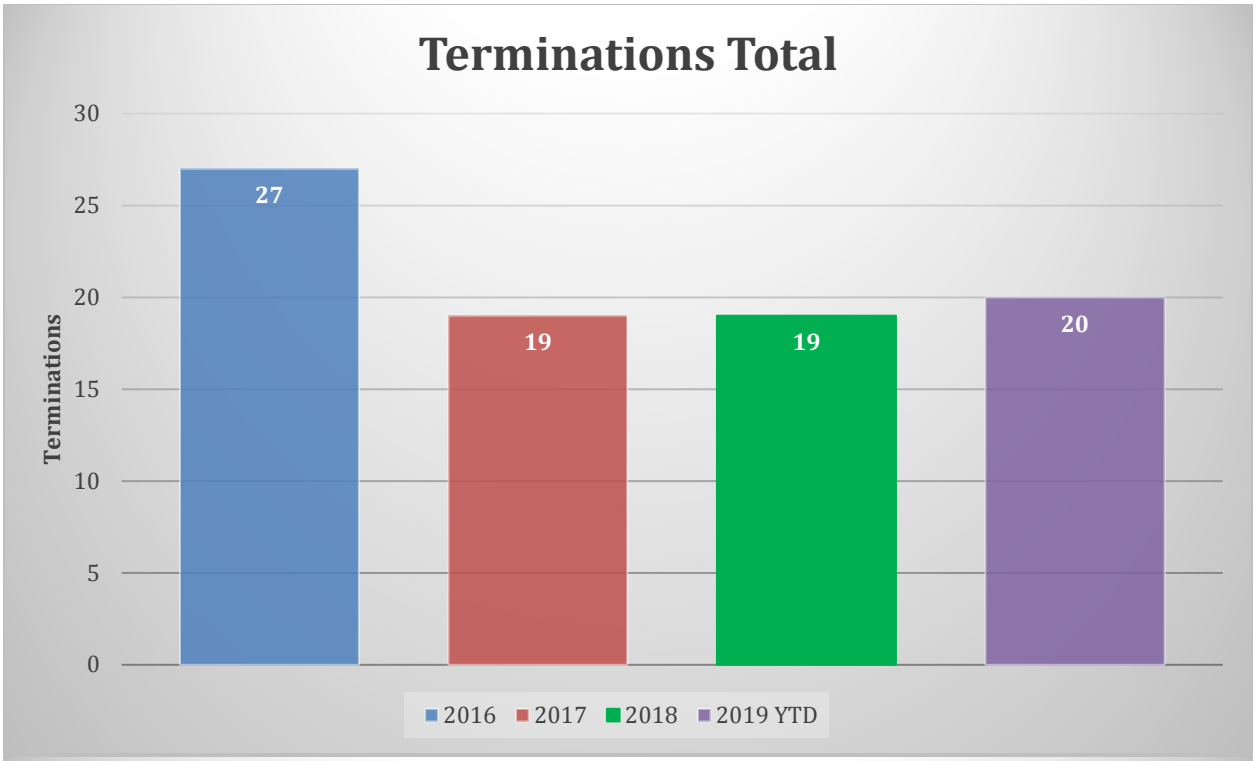
- Performance Reviews and Merit Reviews August through October 2019

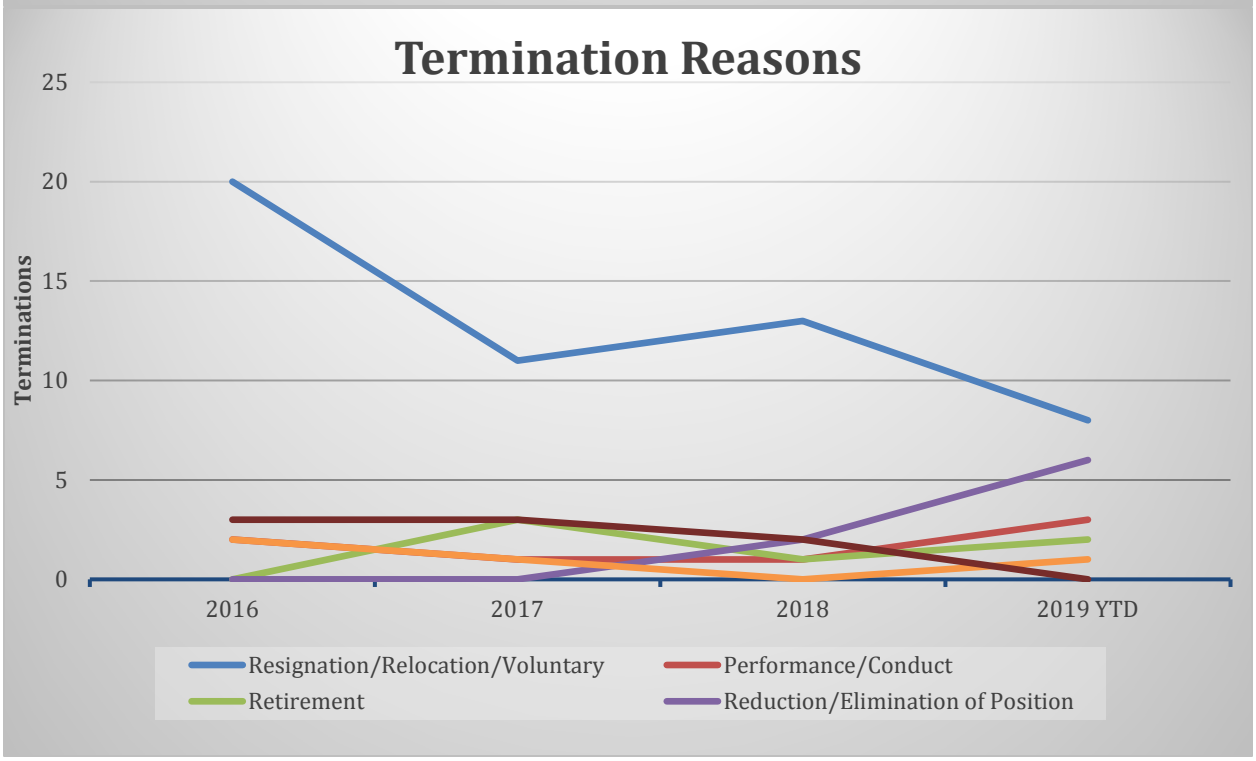
Total headcount includes all active employees. Generally, a 6% vacancy factor is used for staff planning. Budgeted headcount is 202


Headcount by Department
Information Technology
Operations
Government Relations
Pharmacy
Communications
Infrastructure
Facilities
Financial Planning & Analysis
Decision Support Services
Project Management Organization
Grievance and Appeals
Operations Support Services
Finance
Member Services
Human Resources
Solution Services
Claims
Health Education
Network Operations
Compliance
Quality
Executive
Health Services
0
10
20
30
40
50
60
70
80
2016
2017
2018
2019

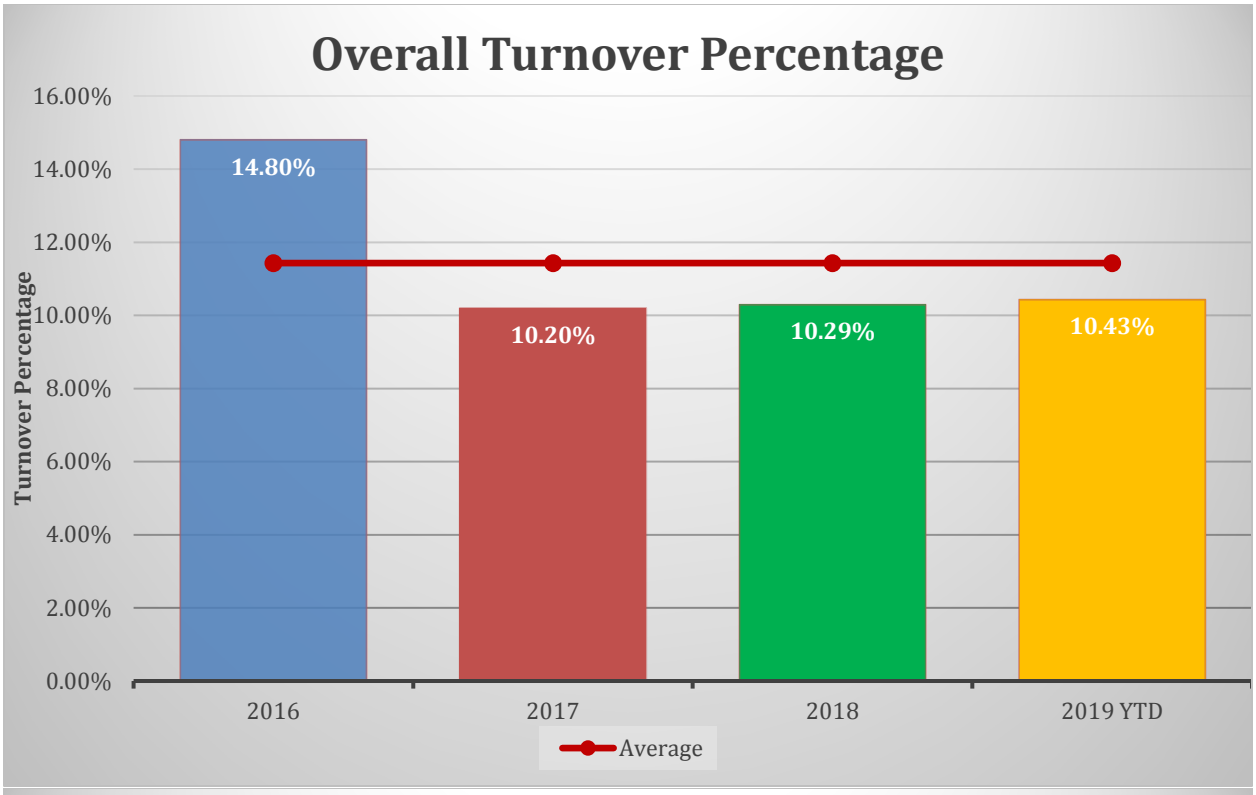


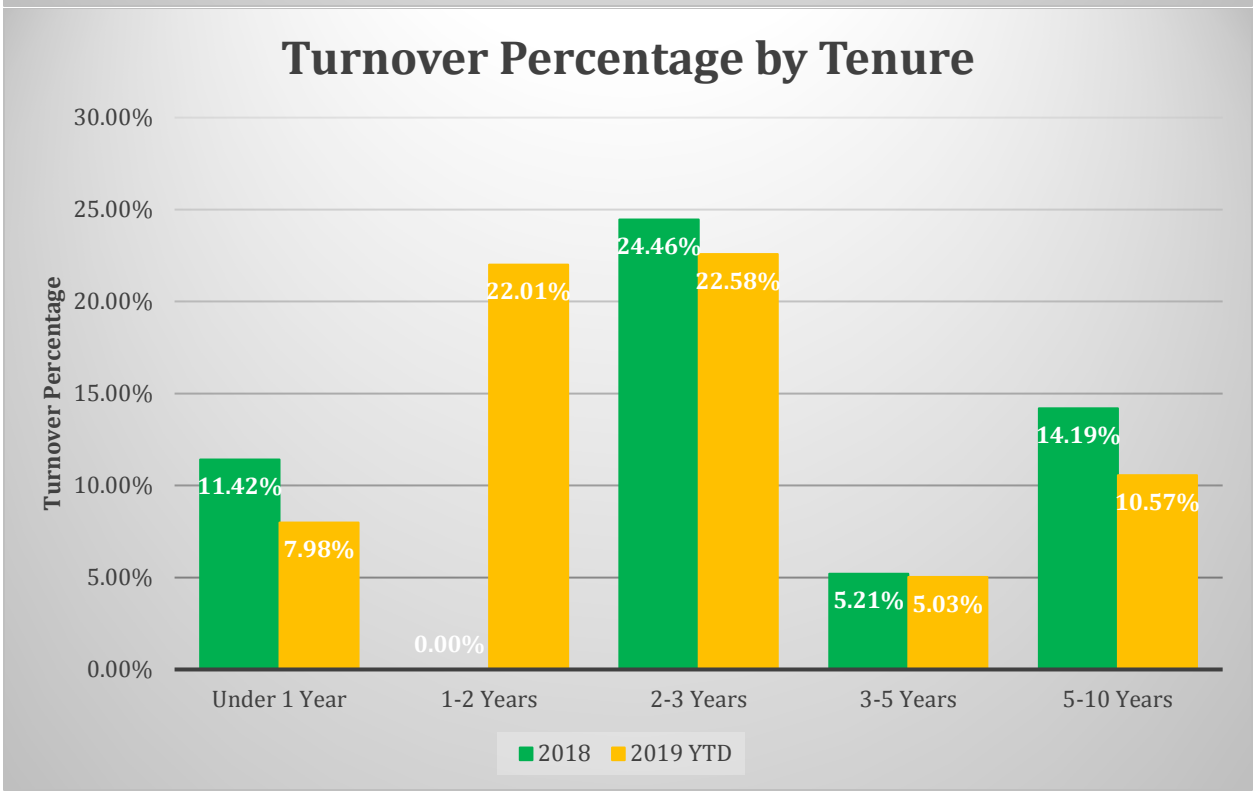
2019 headcount increase for some areas is due to the elimination of the COO position and subsequent restructuring.

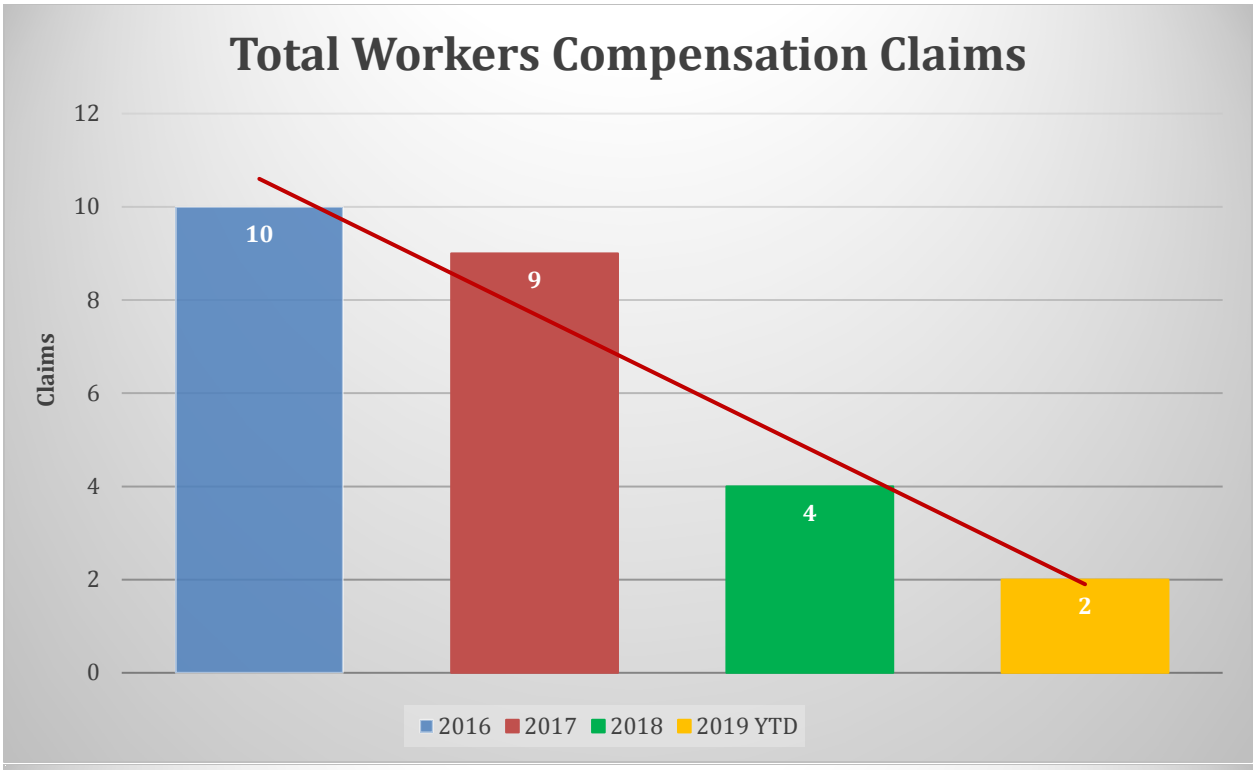


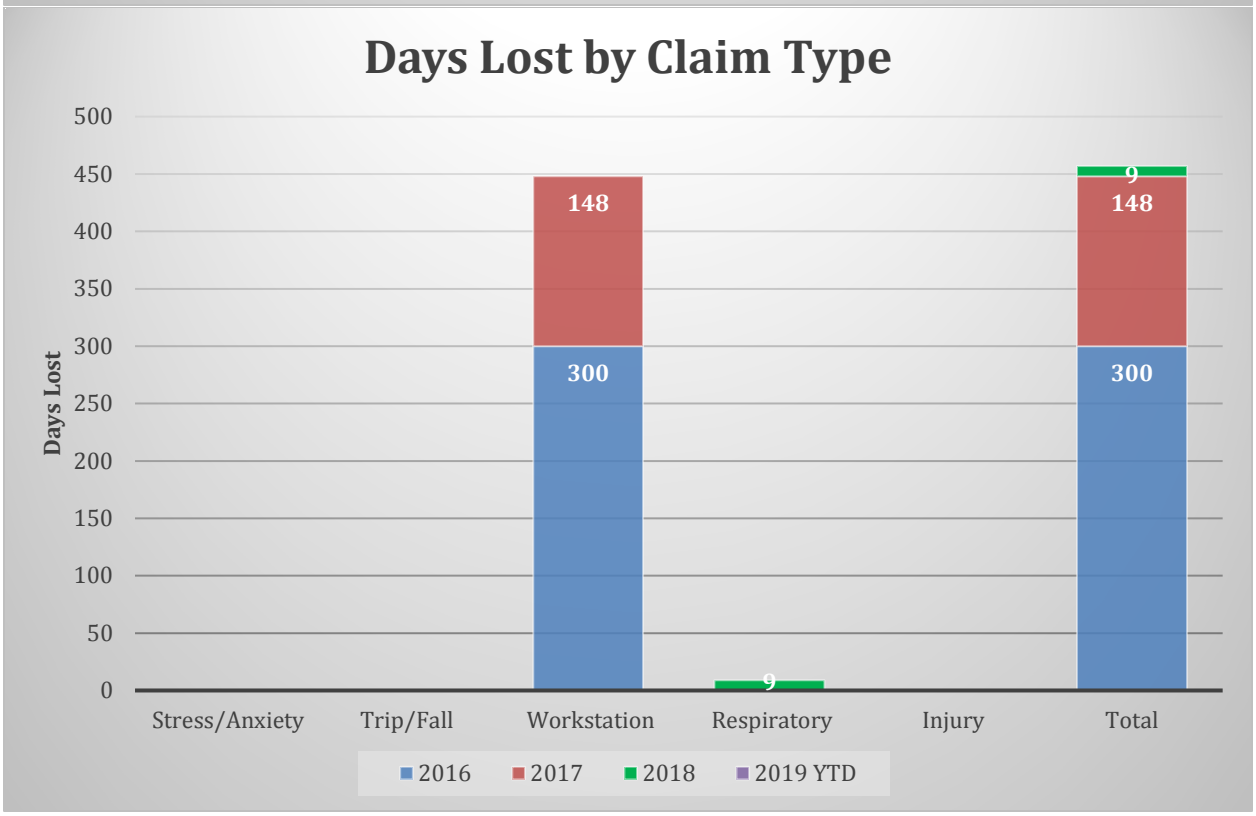


Increase in 2019 due to position eliminations.

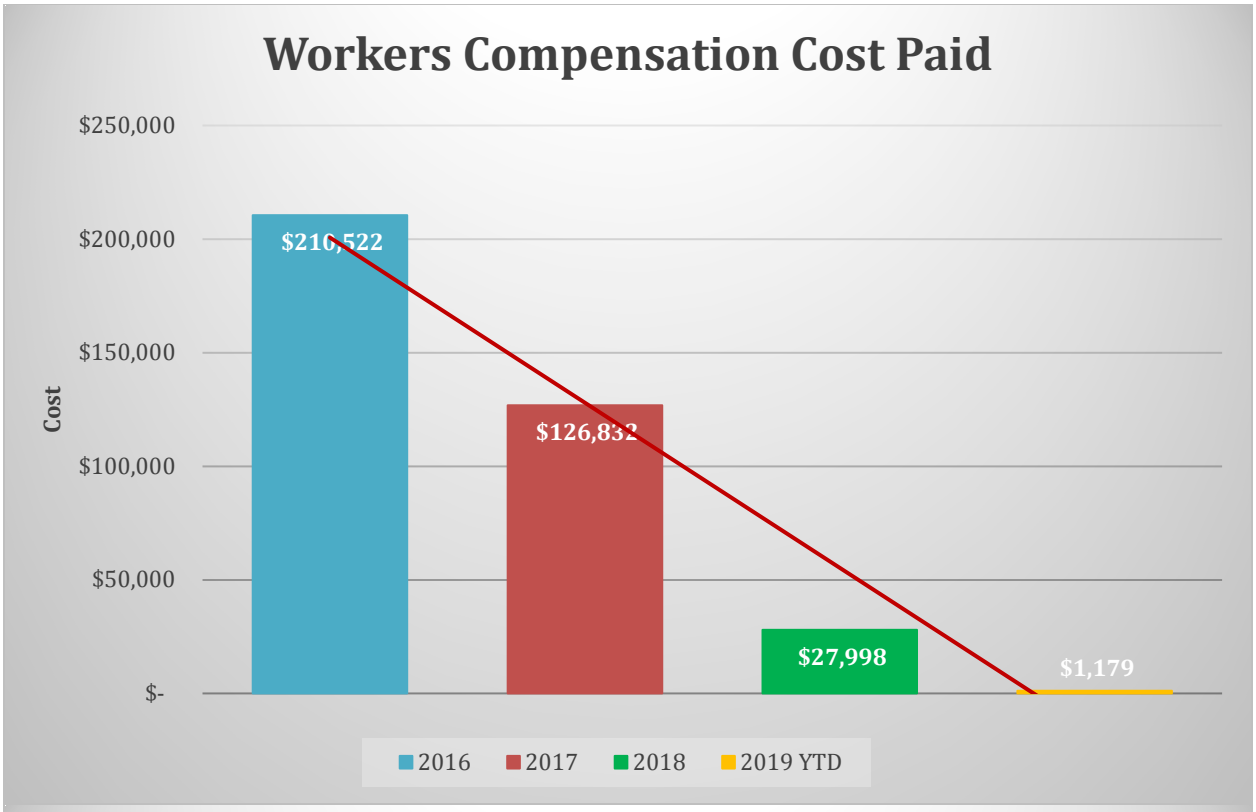

Overall Turnover Percentage
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
Turnover Percentage
14.80%
10.20%
10.29%
10.43%
2016
2017
2018
2019 YTD
Average

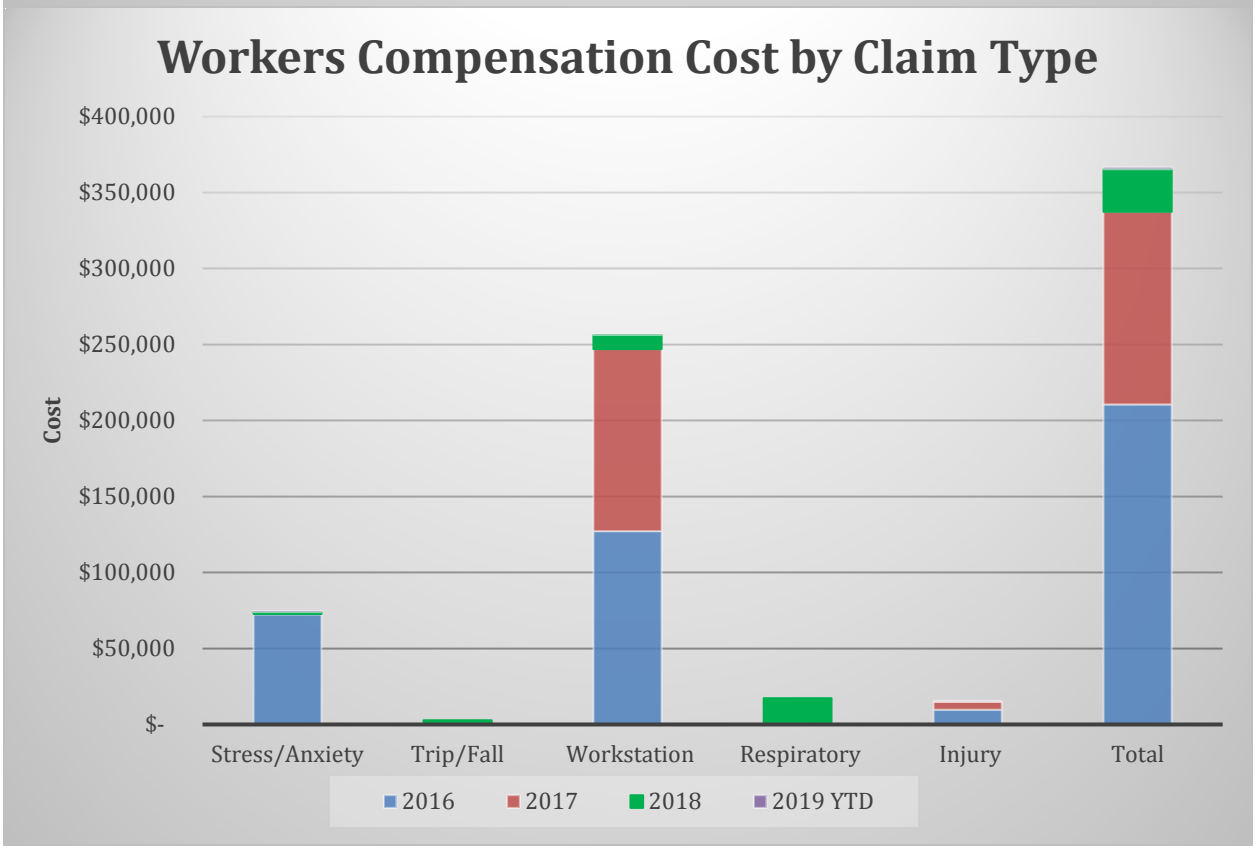

Turnover Percentage by Tenure
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Turnover Percentage
11.42%
7.98%
0.00%
22.01%
24.46%
22.58%
5.21%
5.03%
14.19%
10.57%
Under 1 Year
1-2 Years
2-3 Years
3-5 Years
5-10 Years
2018
2019 YTD

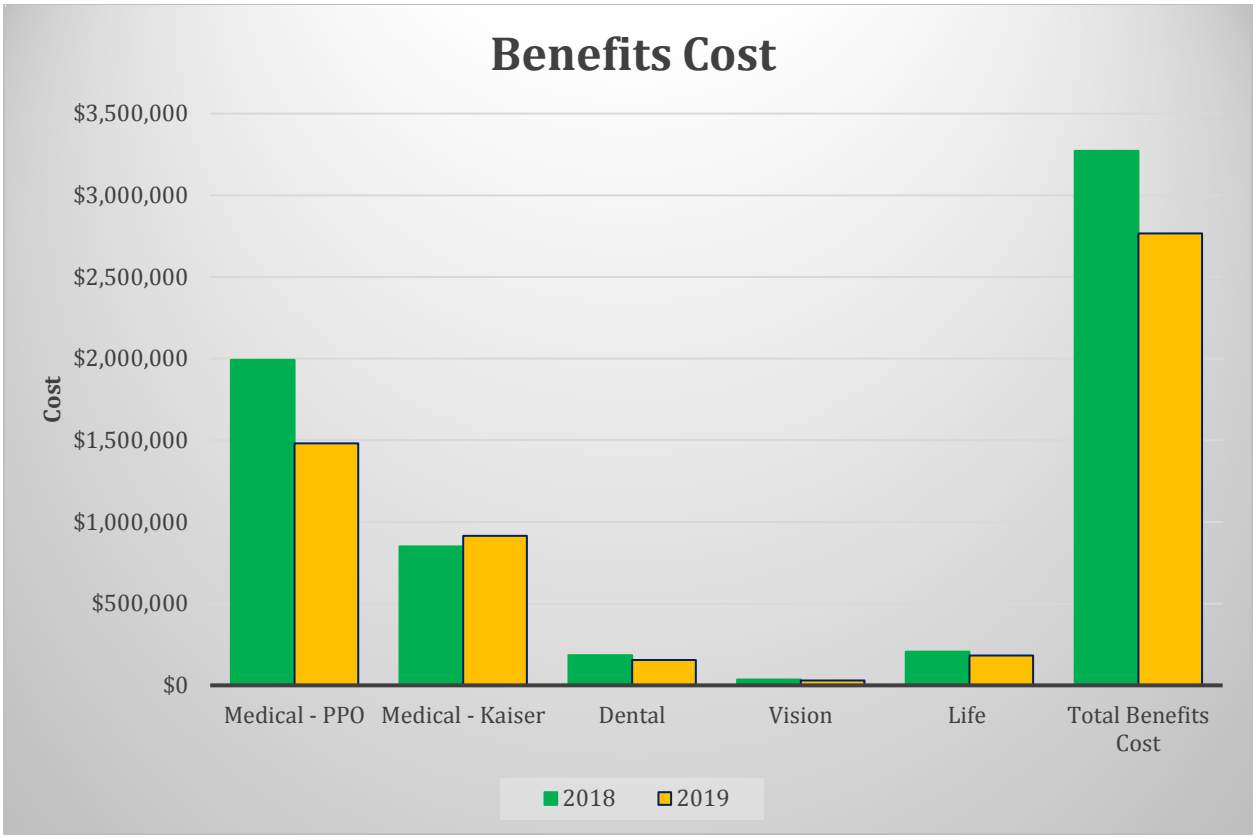




Increased focus on ergonomics and workplace safety has accomplished dramatic results. This decrease decreases administrative expenses with lower WC rates.


Workers Compensation Cost Paid
$250,000
$200,000
$150,000
$100,000
$50,000
$-
Cost
$216,522
$126,832
$27,998
$1,179
2016
2017
2018
2019 YTD


Workers Compensation Cost by Claim Type
$400,000
$350,000
$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$-
Cost
Stress/Anxiety
Trip/Fall
Workstation
Respiratory
Injury
Total
2016
2017
2018
2019 YTD



HR continues to find creative ways to decrease administrative expenses while maintaining competitive benefits and compensation.

NETWORK OPERATIONS

Regulatory:

There were no requests from DHCS

Provider Contracting Update:

- **Medical Cost Reduction Contract Strategy:**
  - Involves strategy in three (3) areas:
    - Hospital (community and tertiary) initiative: 9 hospitals have received proposals. Negotiations in process
    - Narrowed Network initiative
      - Outpatient lab- contract in final stages
      - DME- requires RFP
    - Specialty services (professional and ancillary)- negotiations in process
  - Strategy methodology involves:

  - Standardized rate methodologies across all providers- one size does not fit all. Key concept is balancing economic/financial needs while at the same time maintaining access
  - Full capitation
  - Partial capitation
  - Delegated networks
  - Value based initiatives

- **New Contracts:**
  - Advanced Bionics:
    - New DME contract for cochlear implants. Multiple prior Letters of Agreements. Enhances operational efficiency across Provider Contracting, Health Services and Claims.
  - Leslie D. Cahan, MD
    - Neurosurgeon working at Los Robles Gamma Knife Center at Los Robles Hospital.
- **Amendments:**
    - Ventura Orthopedic Medical Group Inc.
      - Addition of three additional orthopedic providers
    - Central Coast Center for Gynecology Oncology
      - Added one additional physician
- **Better Doctors** – The Plan continues to meet weekly with Quest Analytics as a touch base to ensure that the process continues to move smoothly.

  We also continue to verify the demographic information obtain from Better Doctors. The following reviews were performed:
  - 893 providers were completed and updated in Provider Network Database (PNDB).
  - 816 provider records were audited to ensure the providers were loaded accurately in PNDB and IKA (GCHP Claims system).
  - Below are the YTD updated numbers for the Better Doctors project:

    Updated in PNDB: 3,200
    Audited for Accuracy: 3,169

Provider Contract review: 15 files reviewed for accuracy and system updates.

Provider Contracting and Credentialing Management System (PCCM)

- **PCCM Testing:**
  - Symplir Database Project:

    The Plan team continues to attended bi-weekly meetings with internal GCHP staff and Symplir staff to discuss and make decisions required to support the eVIPs conversion and process configuration. This project includes the review and updating of the Provider Relations Shared Drive. It also includes the testing of the

eVIPs system to ensure that information transfer from GCHP systems is accurate in the eVIPs system setup.
- Completed Test Case Scenarios – 5311 lines
- 153 Case Scenarios

Provider Network Database Updates (Current GCHP Provider System):
Provider Network Operations continues to update its current Provider Network Database to aid in the conversion of data to the Symplir Database system. Provider Network Operations is reviewing and updating information created in the system since July 2011.

- Records Reviewed -9028
- Data Fields Updated - 9037

- **Temporary Staff –** PNO has brought on 2 temporary employees who are currently assisting in the transition to the eVIPS implementation. The planned third temporary staff member has been identified and is slated to start October 28th. They have been focused on provider data updates, as required by the new system.

- **Provider Additions:**

September 2019 Provider Additions- 41 Total

Midlevel	1
Specialist	40

August 2019 Provider Terminations – 47 Total

PCP	1
Mid-level	1
Specialist	45

These provider terminations have no impact on member access and availability. Of note the specialist terminations are primarily associated with tertiary adult and pediatric academic medical centers, where interns, residents, fellows have finished with their clinical rotations.

- **Provider Satisfaction/Provider Access Survey In process** –

  The Plan has retained SPH analytics to perform provider satisfaction and access surveys.
  - **Provider Access Survey**: Provider outreach completed and SPH is currently in data auditing and report composition phase. Estimate delivery of report back to Plan is expected EOM November.
  - **Provider Satisfaction Survey**: Provider outreach started 2nd week of October. Outcomes of outreach response rates are expected to be delivered to the Plan by EOM November with overall report expected back to Plan by the end of the year.

RECOMMENDATION:

Accept and file the CEO Update.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Jean Halsell, Executive Director of Human Resources

DATE: October 28, 2019

SUBJECT: Compensation Analysis Review

Verbal Presentation by Steve Smith, Director of Client Solutions

LTC Performance Strategies Inc.

RECOMMENDATION:

Receive and file the presentation.

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, M.D., Chief Medical Officer
Kathy Neal, RN, DNP, Executive Director, Health Services
Rachel Lambert, LMFT, Care Management Manager

DATE: October 28, 2019

RE: One Year Later: Health Information Form/Medical Evaluation Tool (HIF/MET)

SUMMARY:

GCHP implemented the new member evaluation process called HIF/MET in December 2017. This presentation reviews the process and positive outcomes after the first year of implementation.

RECOMMENDATION:

Receive and file the presentation.

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

HIF/MET One Year Later:
Proactive Case Management of New Members

Dr. Kathy Neal, RN, DNP
Rachel Lambert, MS, LMFT

October 28, 2019

Today's Agenda

- Brief review of Health Information Form/Medical Evaluation Tool (HIF/MET)
- Why focus on new members
- Role of Care Management
- First year results
- Population Health Strategies

What is HIF/MET?

- HIF is a standardized structured dichotomous survey that members complete
- Written in member's preferred language
- HIF collects data related to:
  - Need to see MD within next 60 days
  - Number prescription meds taken
  - Mental Health conditions
  - Recent hospitalizations and ED visits
  - ADL status
  - DME use
  - Presence of any chronic conditions
- MET is the process to identify significant medical needs from the collected data

HIF/MET Form

Filling out this form is voluntary. You will not be denied care based on your confidential answers.

Name:_____ Date of Birth:_____ GCHP/ BIC ID#_____

1.	Do you need to see a doctor within the next 60 days?	○ Yes	○ No
2.	Do you take 3 or more prescription medicines each day?	○ Yes	○ No
3.	Do you see a doctor regularly for a mental health condition such as depression, bipolar disorder, or schizophrenia?	○ Yes	○ No
4.	Have you been to the emergency room two or more times in the last 12 months?	○ Yes	○ No
5.	Have you been admitted to the hospital in the last 12 months?	○ Yes	○ No
6.	Have you needed help with personal care, such as bathing, getting dressed, or changing bandages in the last 6 months?	○ Yes	○ No
7.	Are you using medical equipment or supplies, such as a hospital bed, wheelchair, walker, oxygen, or ostomy bags?	○ Yes	○ No
8.	Do you have a condition that limits your activities or what you can do?	○ Yes	○ No
9.	Are you pregnant?	○ Yes	○ No
	9a. *If Yes, are you currently seeing a doctor for this pregnancy?*	○ Yes	○ No
10.	Do you see a doctor regularly for a chronic medical condition?	○ Yes	○ No

10a. *If Yes, fill in all that apply:*

○ a. Asthma	○ b. Cancer	○ c. Cystic Fibrosis	○ d. Diabetes
○ e. Heart Problems	○ f. Hepatitis	○ g. High Blood Pressure	○ h. HIV or AIDS
○ i. Kidney Disease	○ j. Seizures	○ k. Sickle Cell Anemia	○ l. Tuberculosis

○ m. Other:_____

I understand that this information will be disclosed to Gold Coast Health Plan.

Signature:_____ Date:_____

If not signed by beneficiary, specify relationship: Parent of minor Guardian Other representative

CONFIDENTIAL 4 of 22 pages

Return to Agenda

Why was HIF/MET implemented?

- Done telephonically with seniors and persons with disabilities since 2013
- To meet DHCS compliance with CMS Mega Regs (State of California Health and Human Services Agency, DHCS, 2017)
- Help identify newly enrolled members who may need expedited services

Who HIF/MET Impacts?

- All new members
- New members are those that are enrolled for the first time or are coming back to the health plan after an absence
- Includes other health care coverage, including Medi/Medi's

Administration of HIF/MET

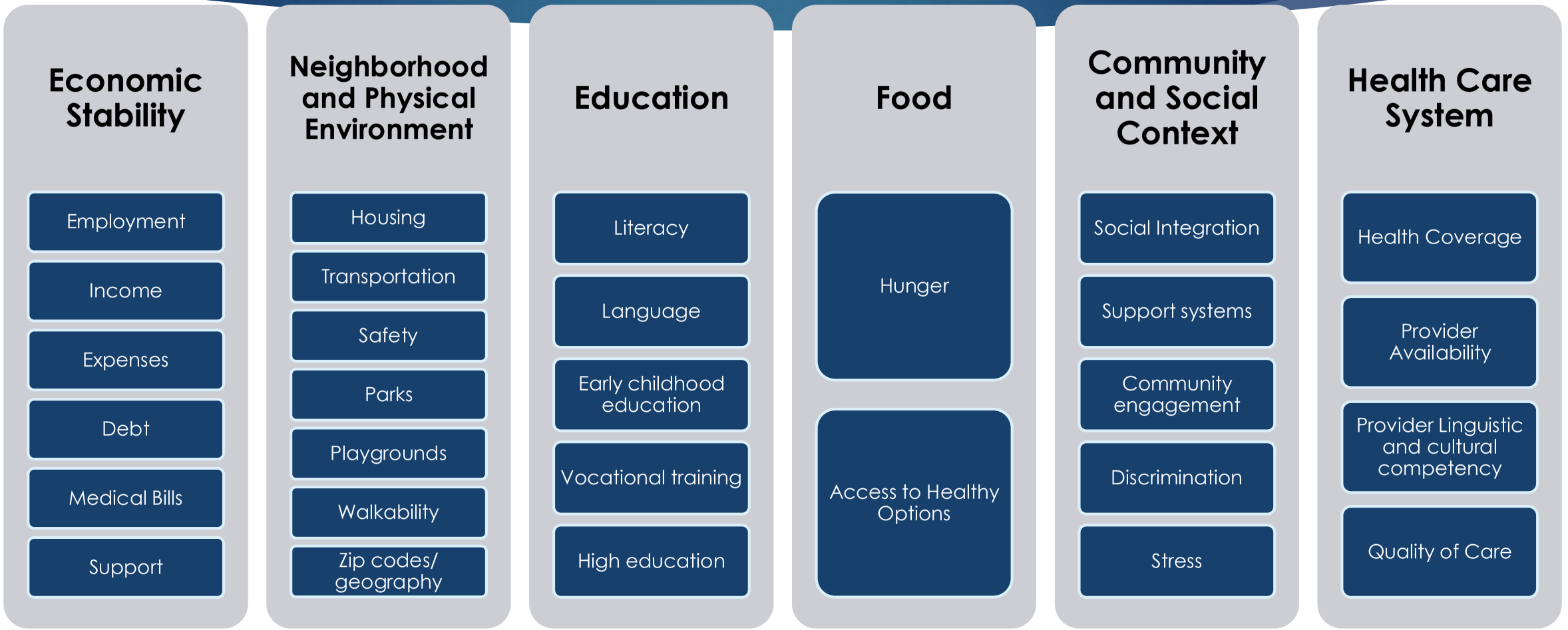
- HIF sent in new member packets that are mailed by the 15th of each month
- Each member receives a "robo-call" on approximately the 23rd of the month, and again two weeks later
- Member asked to complete and return via mail
- All returned HIFs are scanned and sent to Care Management (CM)
- CM reviews each HIF and triages to PCMH, Health Education, Care Coordination, and Complex Case Management as needed

What We Know About New Members

- Lack of efficiency and continuity of care driven by:
  1. Medicaid expansion to previously uncovered individuals
     - Presumptive Eligibility through hospital admissions
  2. High incidence of unmanaged chronic conditions
  3. Use of ED for primary care hard to break

- Helping new members navigate the health plan improves outcomes, satisfaction, and engagement (Sokol, 2018)

Social Determinants of Health



(Artiga & Hinton, 2018)

Return to Agenda

Importance of Member Engagement

Engaged members:

- Follow care guidelines
- Eat right and exercise
- Turn to the health plan for guidance
- Recommend the health plan to their friends and colleagues.

Health plans not engaging members are seeing increased utilization. (Sokol, 2018)

What Does This All Mean?

New members drive utilization because they don't know how to navigate the system

and

health plans don't know about the member's needs yet.....

So what do we do?

Care Management

Telephonic Care Management has been shown to improve care for frequent ED users as well as decreased outpatient visits, admission days, and healthcare costs. (Reinius et al., 2013)

Return to Agenda

Role of Care Management

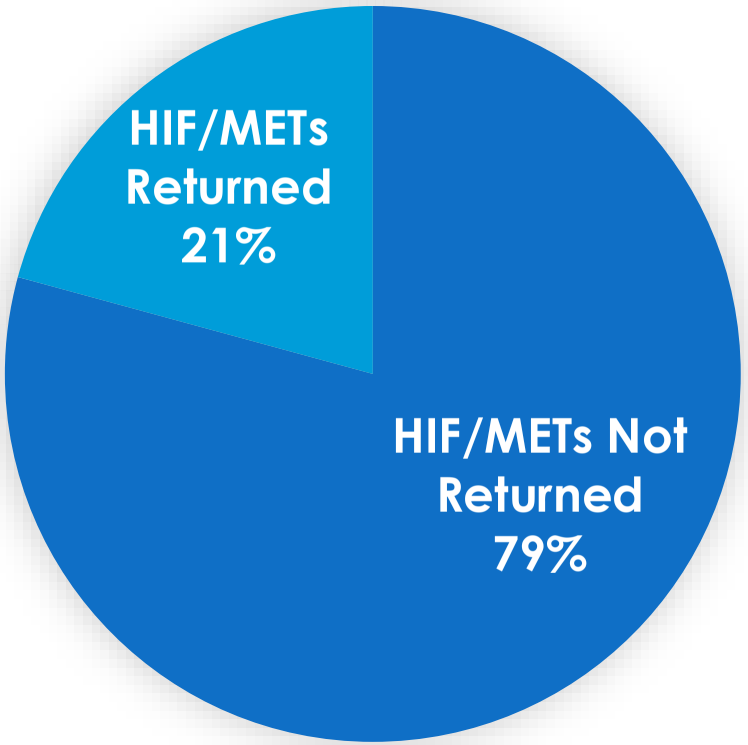
- Assess and address member needs across the continuum of care (Lamb & Newhouse, 2018)
- Bridge the gap between primary care and community resources to meet member's medical and psychosocial needs
- Assist members in understanding their health condition and support to become self-advocates (Palacio et al., 2016)
    - Motivational Interviewing
    - Trauma Informed Care

RESULTS

Return to Agenda

2018 HIF/MET Impact

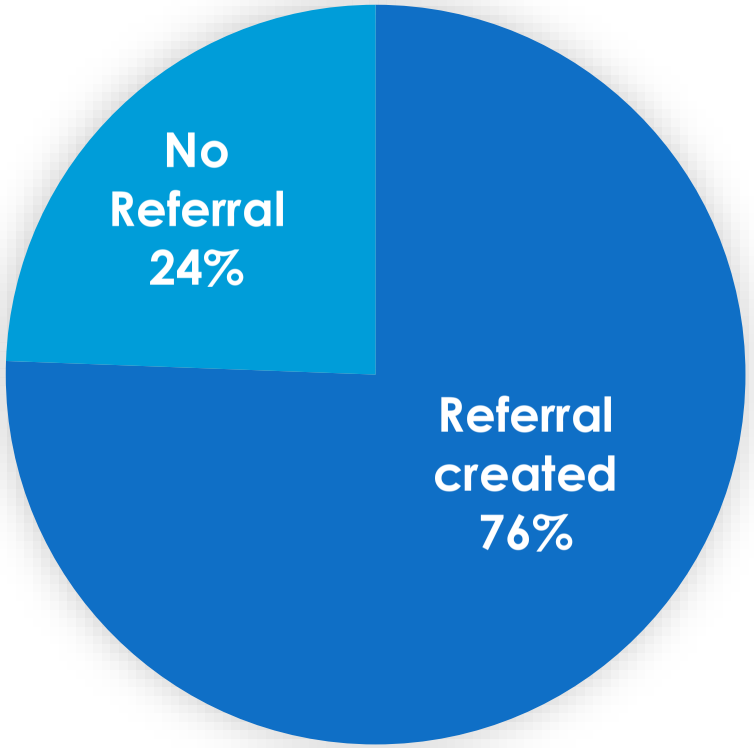
- 30,998 HIF/METs were sent out
- 6,435 HIF/METs were returned



Return to Agenda

2018 HIF/MET Impact

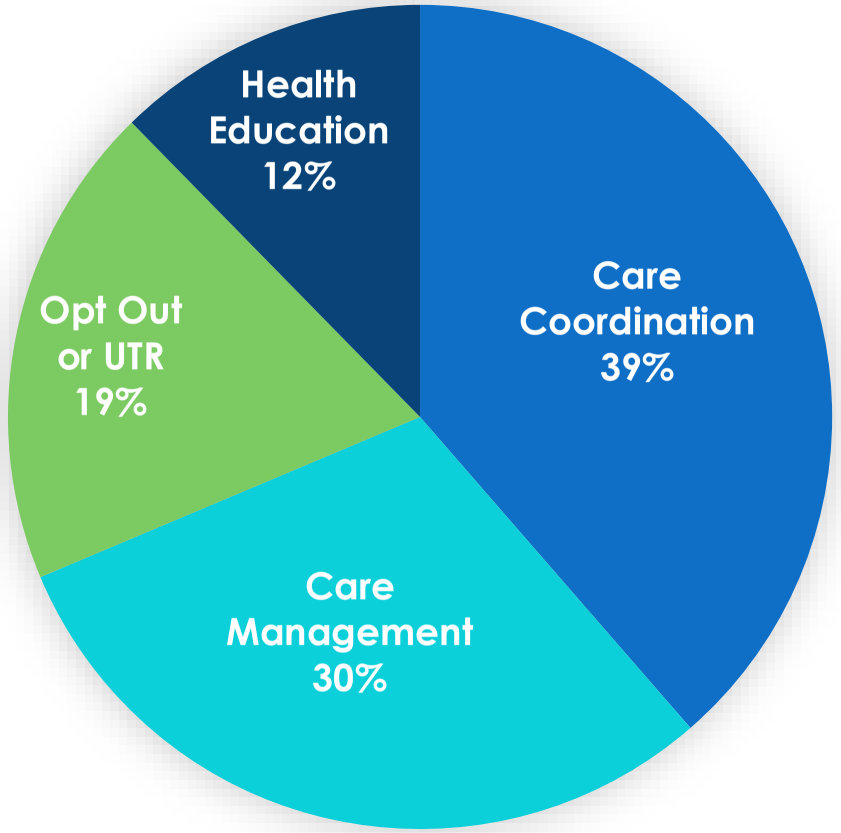
- 4,864 of returned HIFMETs resulted in a referral



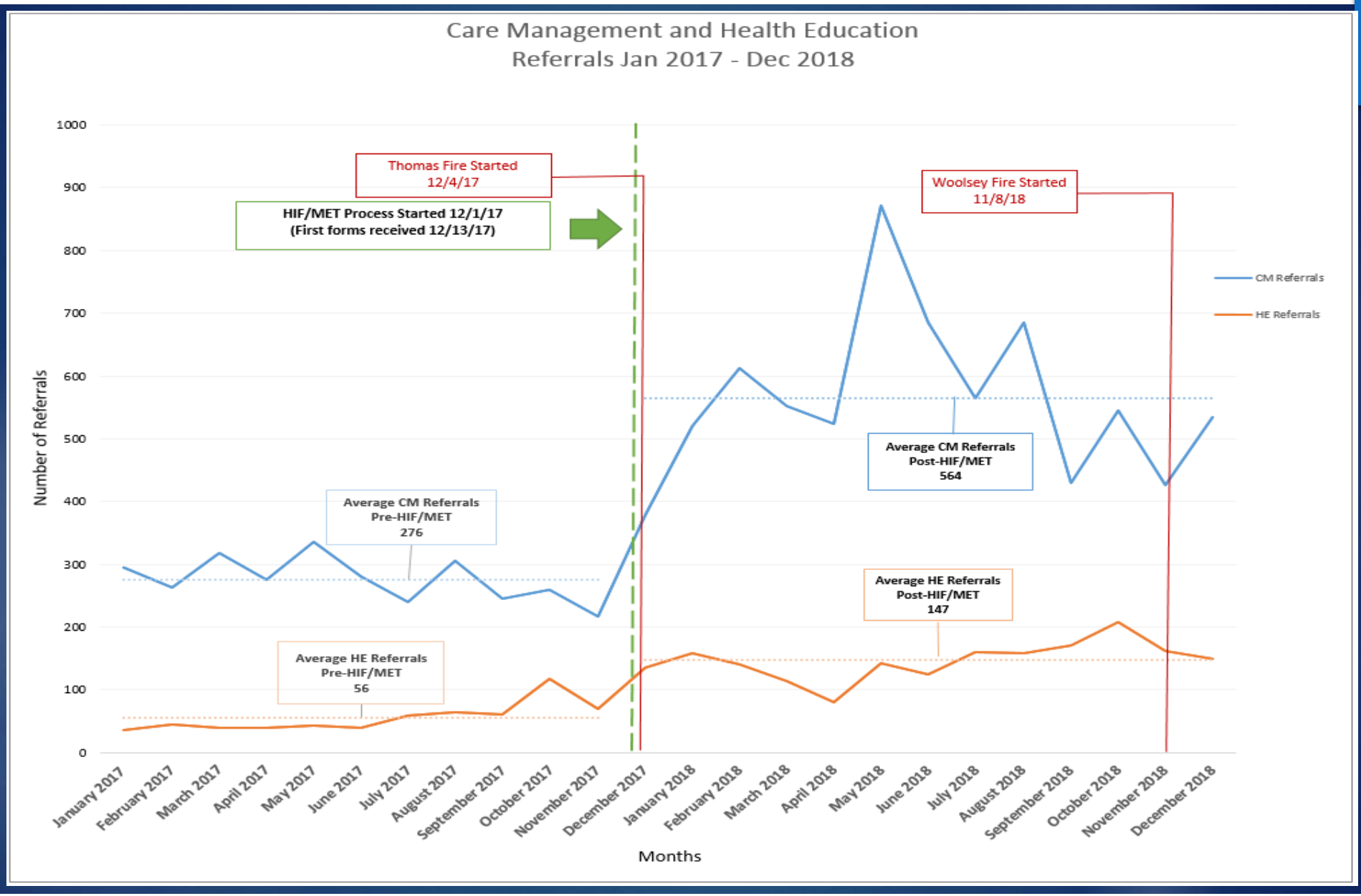
2018 HIF/MET Impact

Of those total referrals:

- 1878 were opened to Care Coordination
- 1461 entered into Care Management
- 600 were provided Health Education materials
- 925 opted out or were unable to be reach (UTR)



Return to Agenda


Care Management and Health Education
Referrals Jan 2017 - Dec 2018
Thomas Fire Started
12/4/17
HIF/MET Process Started 12/1/17
(First forms received 12/13/17)
Woolsey Fire Started
11/8/18
Average CM Referrals
Pre-HIF/MET
276
Average CM Referrals
Post-HIF/MET
564
Average HE Referrals
Pre-HIF/MET
56
Average HE Referrals
Post-HIF/MET
147
CM Referrals
HE Referrals
Number of Referrals
Months
0
100
200
300
400
500
600
700
800
900
1000
January 2017
February 2017
March 2017
April 2017
May 2017
June 2017
July 2017
August 2017
September 2017
October 2017
November 2017
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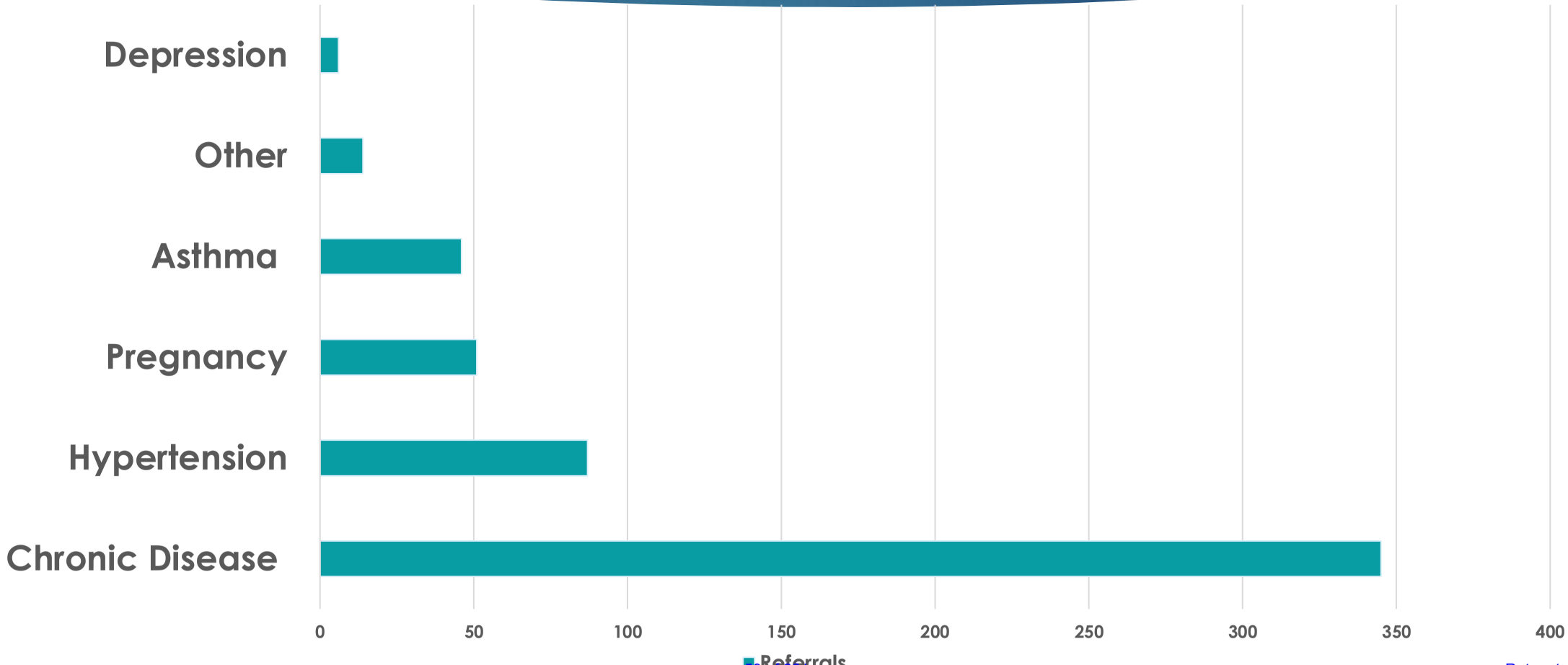
December 2018

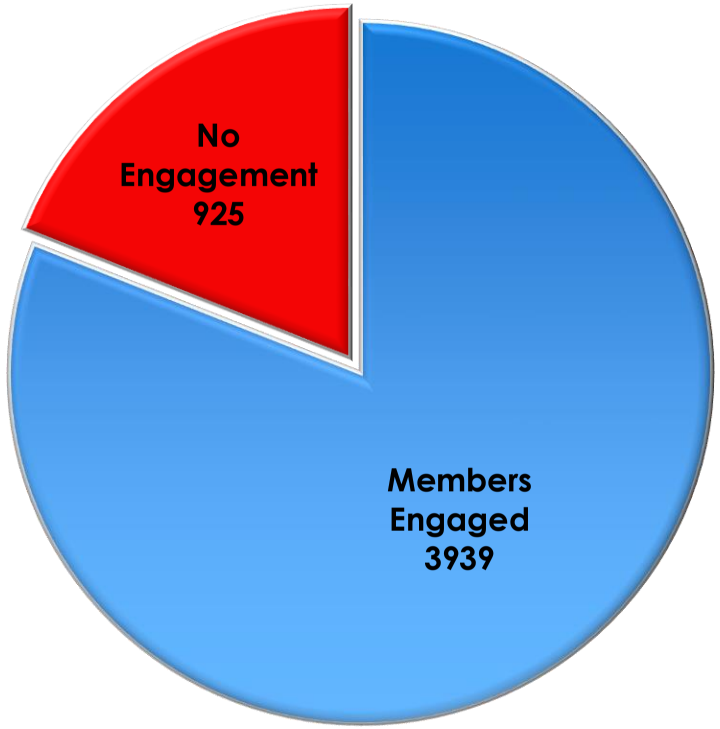
2018 Health Education Referrals



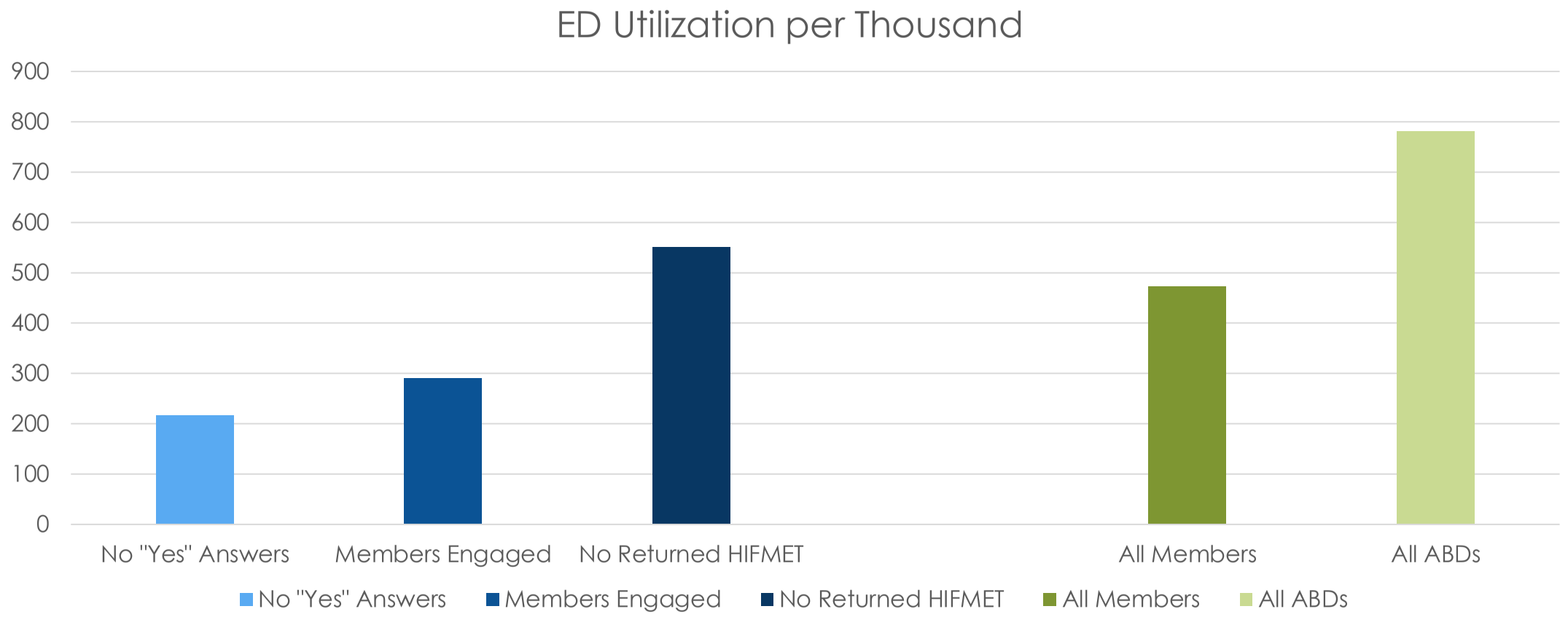
Return to Agenda

Does HIF/MET CM Engagement Reduce ED Use?

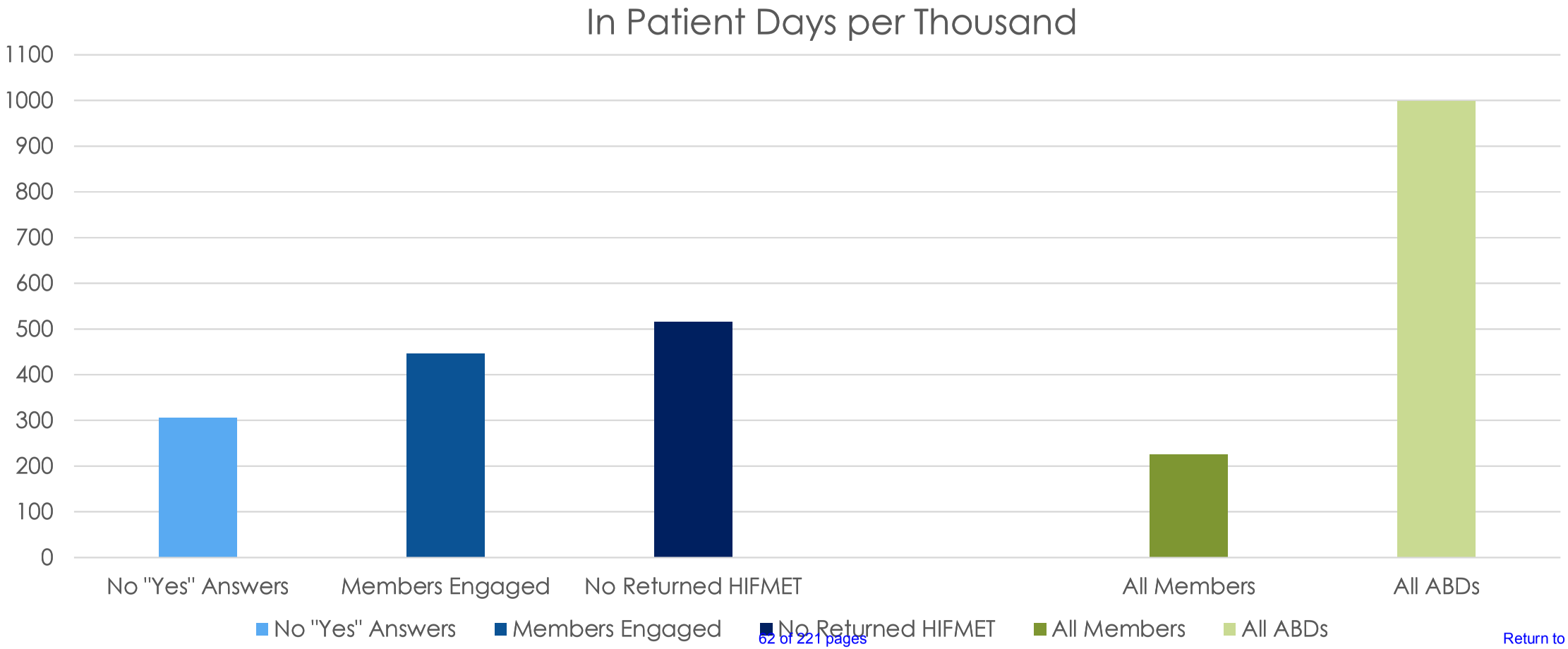
- 4864 members referred to CM
- 3939 engaged in CM
- 71% of engaged members had no ED visits in 2018



Does HIF/MET Response Impact ED Use?

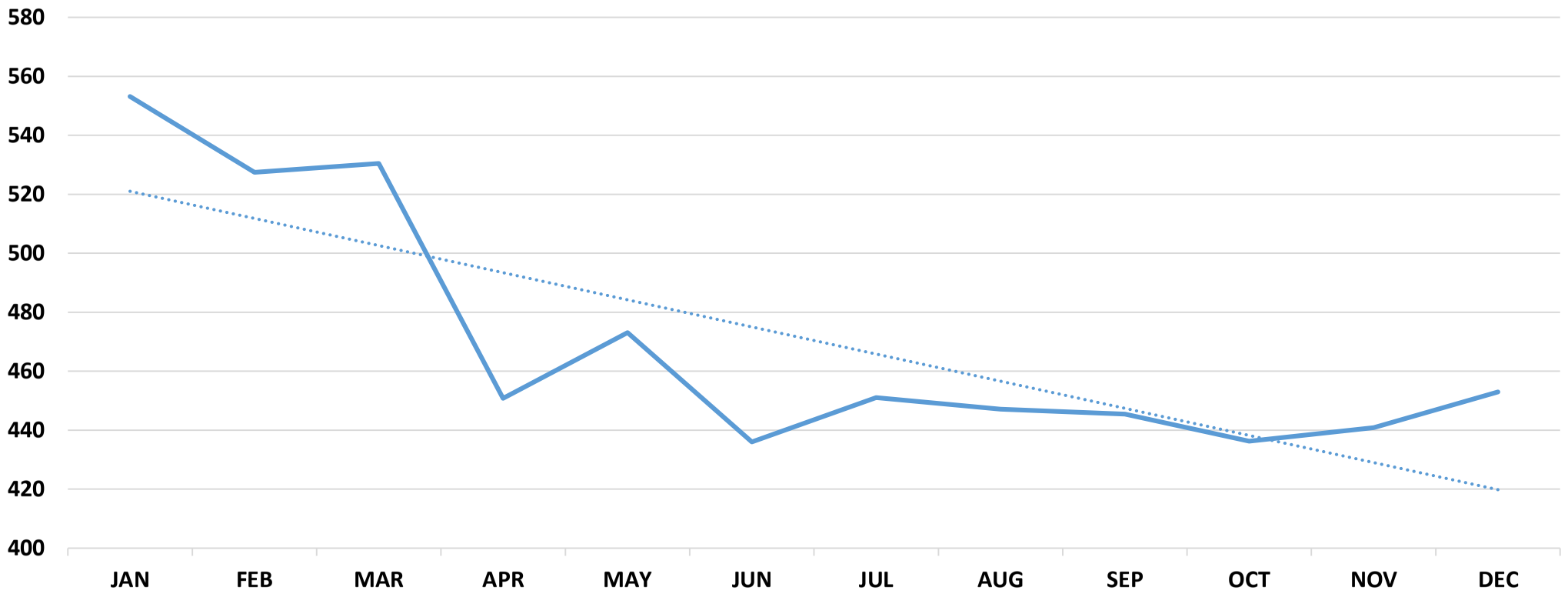


Does HIF/MET Response Impact IP Use?



Return to Agenda

2018 ER Utilization per 1,000 members

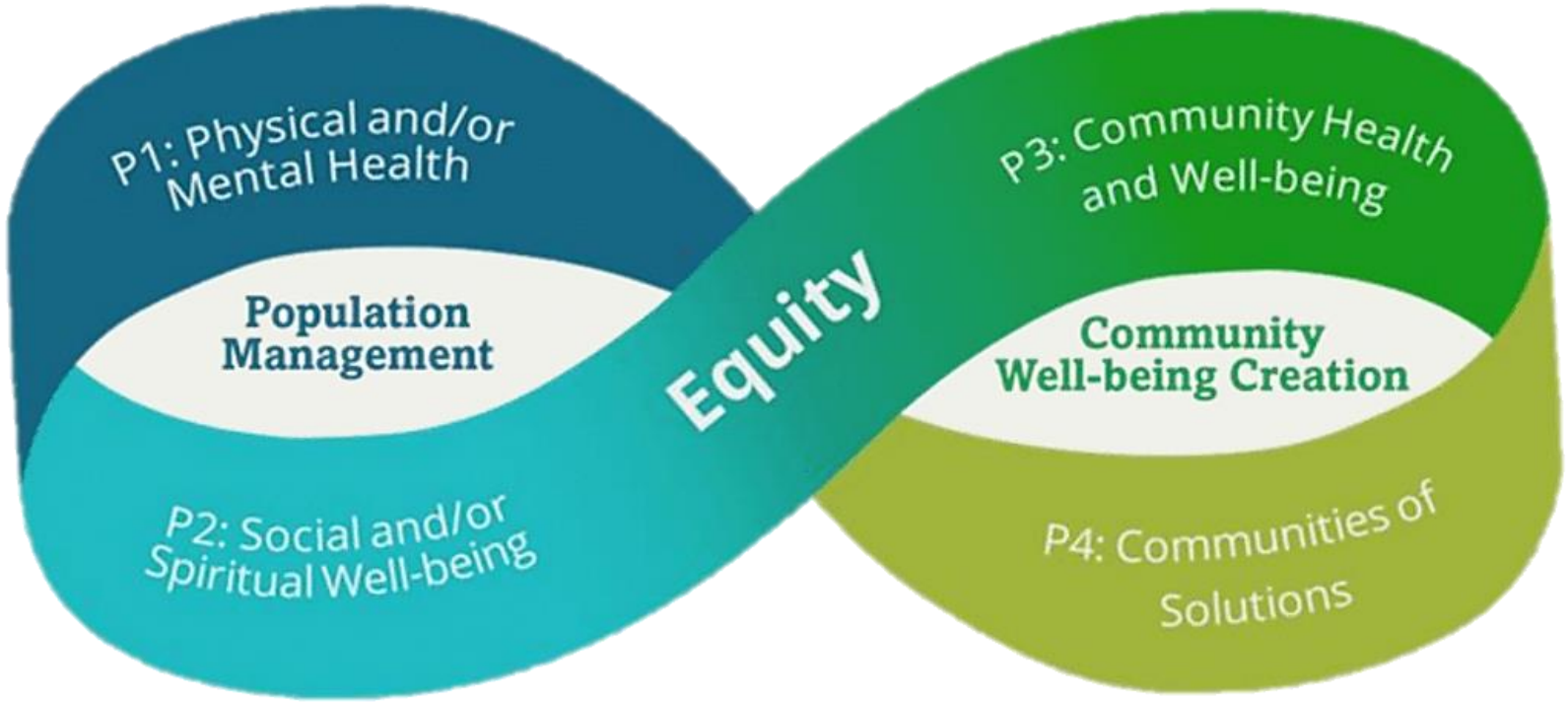


What Else Can We Do With Data?

Population Health

An interdisciplinary structure that utilizes data from across the healthcare continuum to support and align efforts to achieve positive health outcomes for defined populations. (Stout et al., 2018)

Population Health Framework



Source: Pathways to Population Health, 2018

Return to Agenda

Chronic Disease Overview

- Leading causes of death, disability, and diminished quality of life in California. (CDPH 2019)
- Can lead to health inequities, especially for the poor and underserved populations.
- Up to 80% of cardiovascular disease, stroke, type 2 diabetes and over 30% of cancers could be prevented. (CDPH 2019)

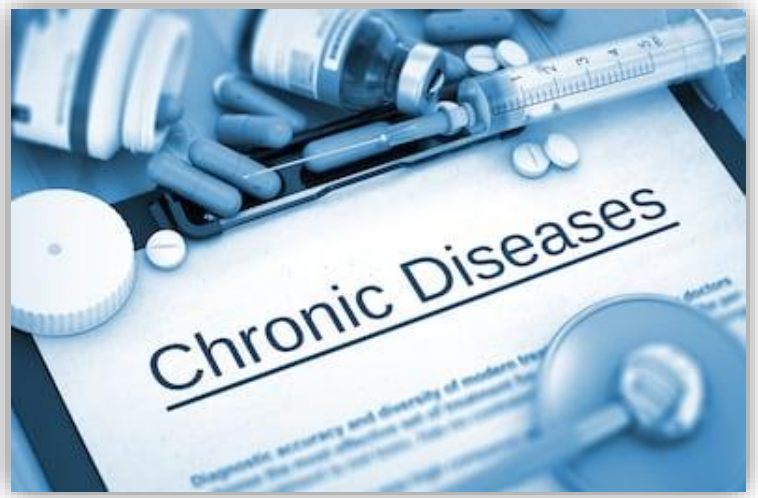
Leading Causes of Premature Death, 2015 - 2017

Rank	Ventura County	Male	Female
1	All Cancers	All Cancers	All Cancers
2	Accidents (Unintentional Injuries)	Coronary Heart Disease	Accidents (Unintentional Injuries)
3	Coronary Heart Disease	Accidents (Unintentional Injuries)	Coronary Heart Disease
4	Drug-Induced Deaths	Drug-Induced Deaths	Cerebrovascular Disease (Stroke)
5	Cerebrovascular Disease (Stroke)	Suicide	Alzheimer's Disease
6	Chronic Lower Respiratory Disease	Motor Vehicle Traffic Crashes	Chronic Lower Respiratory Disease
7	Suicide	Firearm-Related Deaths	Drug-Induced Deaths
8	Alzheimer's Disease	Cerebrovascular Disease (Stroke)	Diabetes
9	Diabetes	Diabetes	Chronic Liver Disease and Cirrhosis
10	Motor Vehicle Traffic Crashes	Chronic Lower Respiratory Disease	Motor Vehicle Traffic Crashes

Source: Vital Records Business Intelligence System (deaths 2015-2017) and Claritas Pop-facts (2016), analysis by Ventura County Public Health, April 2019

Data Driven Strategies from HIF/MET

- Chronic Disease Self Management Program
  - Diabetes
  - Asthma/COPD
  - Cancer
- Diabetes Prevention Program
- Hypertension
- Dementia



Opportunities for the Future

- Find ROI in data long term
- Look at quality outcomes and gaps of care

Questions

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: October 28, 2019

SUBJECT: Proposed appointment of a Commissioner as a fifth committee member to the Bylaws Subcommittee of the Commission to review Bylaws and Delineation of Authority Policy.

SUMMARY:

At the August 26, 2019 Commission meeting, the Gold Coast Health Plan Commission ("Commission") established a Bylaws Subcommittee. This subcommittee is tasked with reviewing the bylaws and making recommendations on any amendments to the bylaws. This subcommittee will also review the Delineation of Authority Policy, which delegates certain authority to the CEO, and propose revisions, amendments, or restatements to the policy, as deemed necessary.

The Commission appointed four commissioners to comprise the Bylaws Subcommittee (Commissioners Atin, Espinosa, Alatorre and Swenson). Subsequently, Commissioner Dee Pupa requested that a fifth commissioner be added to the Bylaws Subcommittee and has indicated she would like to serve on the Bylaws Subcommittee.

BACKGROUND / DISCUSSION:

At the July 22, 2019 Commission meeting, the Commission directed staff to bring an item for consideration of the establishment of an ad hoc subcommittee to review and recommend changes to the bylaws and Delegation Policy. Pursuant to the bylaws, the bylaws are currently subject to review on an annual basis and amendments may be proposed by any member of the Commission. To effectuate any amendment, a full statement of the proposed amendment must be submitted at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon by the Commission and amendment to the bylaws must occur by an affirmative vote of a majority of the voting members of the Commission.

At the August 26, 2019 Commission meeting, the Commission established a Bylaws Subcommittee. The subcommittee is tasked with reviewing the bylaws and making recommendations on any amendments to the bylaws. The subcommittee is also tasked with reviewing the Delineation of Authority Policy, which delegates certain authority to the CEO, and propose revisions, amendments, or restatements to the policy, as deemed necessary.

The Commission appointed four commissioners to comprise the Bylaws Subcommittee. Subsequently, Commissioner Dee Pupa requested that a fifth commissioner be added to the Bylaws Subcommittee.

FISCAL IMPACT:

Establishment of a fifth commissioner to the Bylaws Subcommittee will not result in any immediate fiscal impacts.

RECOMMENDATION:

Staff recommends the following:

1. That the Commission appoint a fifth commissioner to the Bylaws Subcommittee.

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, M.D., Chief Medical Officer

DATE: October 28, 2019

SUBJECT: Quality Improvement Update

SUMMARY:

The Department of Health Care Services (DHCS) requires Gold Coast Health Plan (GCHP) to implement an effective quality improvement system and to ensure that the governing body routinely receives written progress reports from the Quality Improvement Committee (QIC).

The attached PPT report contains a summary of activities of the QIC and its subcommittees.

APPROVAL ITEMS

- 2018 QI Program Evaluation

RECOMMENDATION:

Accept and approve the 2018 QI Program Evaluation.

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Quality Update

Kimberly Timmerman, MHA, CPHQ
Director, Quality Improvement
October 28, 2019

2018 QI Work Plan Evaluation Summary

Return to Agenda

Gold Coast Health Plan℠

2018 QI Program Evaluation

Purpose:

- Analysis and evaluation of the overall effectiveness of the QI Program (structure, communication, resources, practitioner participation)
- A description of completed and ongoing QI activities that addresses:
  - Quality and safety of clinical care provided to GCHP members
  - Service quality and the experience of care for GCHP members
- Assessment of trended measures and analysis of barriers to success

2018 Quality Improvement Program Evaluation

Objectives:

1. Improve Quality and Safety of Clinical Care Services
2. Improve Quality and Safety of Non-Clinical Care Services
3. Improve Member Safety
4. Assess and Improve Member Experience
5. Ensure Organizational Oversight of Delegated Activities

Program Evaluation Key Highlights

Goals that Achieved Metric(s) in 2018:

- **Initial Health Assessment (IHA)** - Completion rates increased from 18% in Q4 2017 to 56% in Q4 2018.
- **Postpartum Care** - Rate increased over 9% from 68.38% in MY 2017 to 75.78% in MY 2018.
- **Childhood Immunization Status - Combo 3** - Rate increased over 5% from 70.53% in MY 2017 to 75.67% in MY 2018.
- **Opioid Prescriptions** –
  - 22% reduction in the total number of opioid users
  - 26% reduction in the number of opioid users with doses above 90 mg MEDD
- **Network Adequacy** – All metrics for ratios of physician to members and distance met in 2018.

Program Evaluation Key Highlights

Goals Not Achieving Metric(s) in 2018:

- **Tobacco Cessation** - Intervention using counseling and/or medication decreased from 36.34% in Q4 2017 to 33.86% in Q4 2018.
- **Cervical Cancer Screening (CCS)** - Rate decreased 1.38% points from 57.46% in MY 2017 to 56.08% in MY 2018.
- **Children and Adolescents' Access to Primary Care Practitioner (CAP)** - 3 of 4 sub-measures improved but did not reach 5% improvement goal
- **Call Center Monitoring** –
  - ASA increased 58 seconds from 51 seconds in 2017 to 109 seconds in 2018.
  - Abandonment rate increased 2.61% from 2.49% in 2017 to 5.11% in 2018.
- **Provider Satisfaction** – Survey not completed in 2018 due to strategic and state regulatory reporting priorities.

Summary Evaluation of Goals/Metrics

Objectives That Met Goals (16)	
Initial Health Assessment (IHA)	**Met**
Postpartum Care	**Met**
Childhood Immunization Status – Combo 3	**Met**
Annual Monitoring for Patients on Persistent Medications	**Met**
Comprehensive Diabetes Care – BP Control < 140/90 mm/Hg	**Met**
Controlling Blood Pressure < 140/90 mm/Hg	**Met**
Asthma Medication Ratio	**Met**
Comprehensive Diabetes Care – Attention to Nephropathy	**Met**
Reduction of Unsafe Opioid Prescriptions	**Met**
Reduction of Concurrent Use of Benzodiazepines and Prenatal Vitamins	**Met**
Network Adequacy as Demonstrated by Availability of Practitioners	**Met**
Practitioner Availability - Cultural and Linguistics Needs & Preferences	**Met**
Facility Site Reviews (FSR)	**Met**
Physical Accessibility Surveys (PARS)	**Met**
Monitoring for Safety Practices	**Met**
Compliance Delegation Oversight	**Met**

Summary Evaluation of Goals/Metrics

Objectives That Did Not Meet Goals (9)	
Tobacco Cessation	**Not Met**
Cervical Cancer Screening	**Not Met**
Children and Adolescents' Access to PCP	**Not Met**
Appropriate Testing for Children with Pharyngitis	**Not Met**
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	**Not Met**
Access to Ambulatory Care – Outpatient Setting	**Not Met**
Provider Satisfaction Survey	**Not Met**
Member Satisfaction Survey	**Not Met**
Call Center Monitoring	**Not Met**

Objectives That Partially Met Goals (3)	
Practice Guidelines	**Partially Met**
Primary Care Access and Specialty Care Access	**Partially Met**
After Hours Availability	**Partially Met**

Objectives Still In-Process Until 2019 (2)	
CDC-HbA1c > 9.0 Disparity PIP	**In Process**
Childhood Immunization Status (CIS) Combo 3 PIP	**In Process**

Return to Agenda

Gold Coast Health Plan℠

Recommendation:
Accept and approve 2018 QI Program Evaluation

Return to Agenda

MY 2018 HEDIS External Accountability Set Performance

Return to Agenda

MY 2018
HEDIS Performance Highlights

GCHP monitored 43 measures (including sub-measures)

- 29 (67%) of those measures improved compared to the prior measurement year
- 31 of the measures/sub-measures are part of the DHCS External Accountability Set (EAS) and are held to Minimum Performance Level (MPL)
  - **All 31 measures met or exceeded DHCS 25th percentile (MPL)**
  - 26 (84%) of the measures/sub-measures met or exceeded NCQA 50th percentile

Return to Agenda

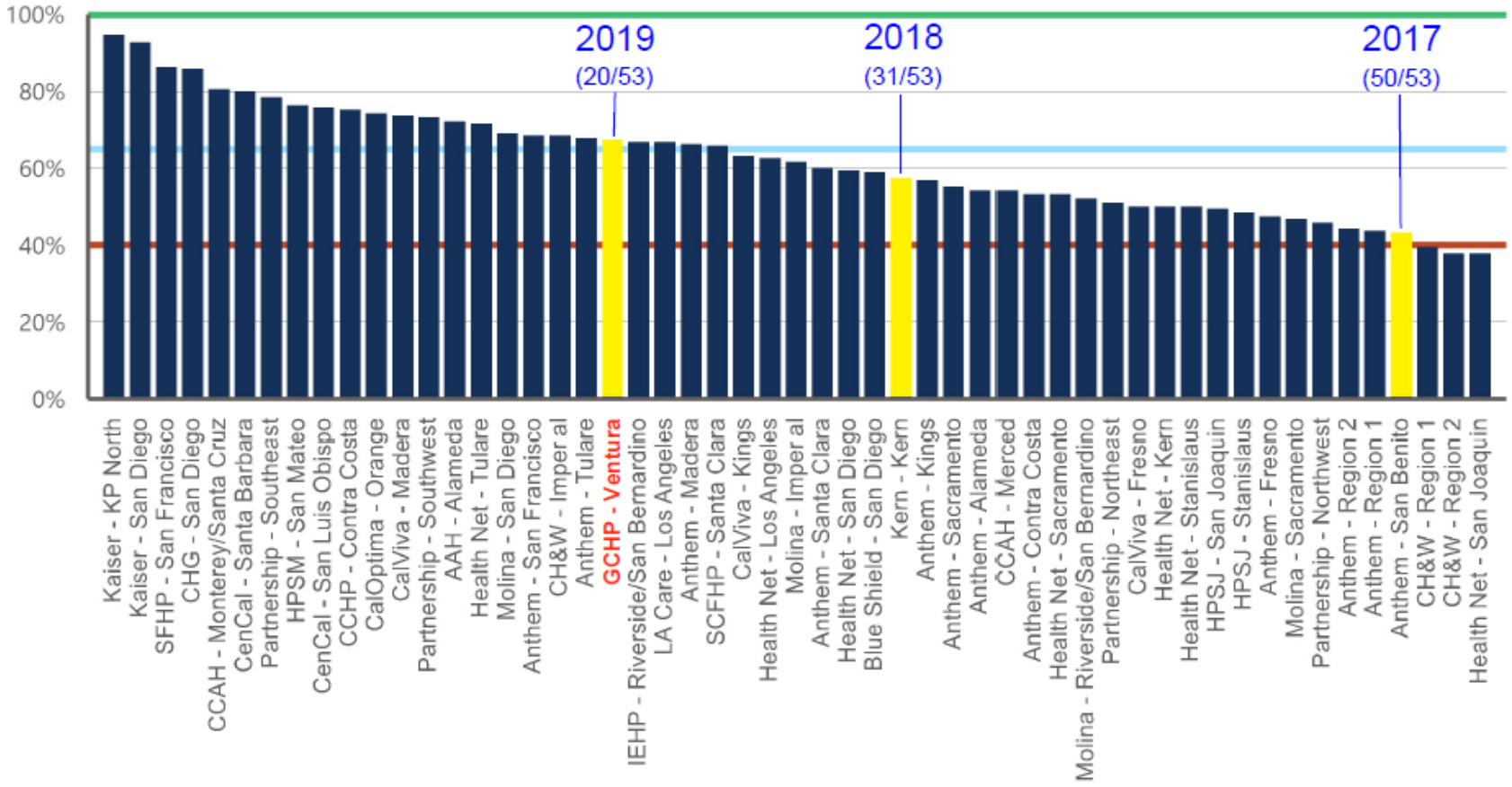
High Performance Areas

- 10 MCPs (11 RUs) are above the MPL on all indicators:
  - CalOptima
  - Central California Alliance for Health
  - Community Health Group
  - Contra Costa Health Plan
  - Gold Coast Health Plan
  - Health Plan of San Mateo
  - Kaiser (North and South)
  - L.A. Care Health Plan
  - San Francisco Health Plan
  - Santa Clara Family Health Plan

2019 HEDIS® Aggregated Quality Factor Score (AQFS)

HPL - 100% | Weighted Average - 65% | MPL - 40%

By HEDIS® Reporting Unit



Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Managed Care Accountability Set (MCAS) Measurement Year 2019

Return to Agenda

Future MCAS

- DHCS transitioned quality measurement from EAS to Managed Care Accountability Set (MCAS) for MY 2019/RY 2020
- MCPs will report on measures from the MCAS
  - Measures are from CMS Child and Adult Core sets, as feasible
  - 39 indicators, MCPs held to the MPL on19 measures (13 hybrid, 6 admin) for RY 2020
  - New MPL is the National Committee for Quality Assurance (NCQA) 50th percentile (where it is available and applicable to the MCPs)
  - Any MCP not meeting the MPL:
    - QI work, immediate sanctions, corrective action plan
  - MCPs continue to report annually and to undergo quality performance audits by the External Quality Review Organization (EQRO)

Return to Agenda

Measures Held to MPL

MCAS
RY 2020

Children's Health

- AWC - Adolescent Well-Care Visit
- CIS 10 - Childhood Immunization Combo 10
- IMA 2 - Immunization for Adolescents Combo 2
- W15 - Well-Child visit first 15 months of life
- W34 - Well-Child visit at 3, 4, 5, 6 years of life
- WCC BMI - Weight assessment and counseling

Women's Health

- BCS - Breast cancer screening
- CCS - Cervical cancer screening
- CHL - Chlamydia screening
- PPC Pre - Prenatal care
- PPC Post - Post partum care

Behavioral Health

- AMM Acute - Antidepressant medication management acute
- AMM Cont - Antidepressant medication management continuation

Acute and Chronic Disease

- ABA - Adult Body Mass Index
- AMR - Asthma medication ratio
- CBP - Controlling high blood pressure
- CDC HT - Comprehensive Diabetes Care: HbA1c testing
- CDC H9 - Comprehensive Diabetes Care: HbA1c >9.0%
- PCR - Plan all-cause readmission

Quality Strategy

- **MCAS Strategy Sessions** held with key leadership - CDCR, VCMC, CMH
- **MCAS Overview Presentations –** Internal Teams/Leadership, MAC, PAC, CAC
- **Provider Education –**
  - Update Memos/Provider Operations Bulletin
  - MCAS Quick Reference Guide, FAQ, and Tip Sheets
- **Gaps in Care Outreach Campaign/Appointment Scheduling**
  - Launched October 14
  - Educational campaigns (IVR/texting) to launch in 2020
- **Member Incentives**
  - Well Care Visits Ages 3-21
  - Cervical Cancer Screening
- **Clinic-Level Gaps in Care Reports**
  - July/September/November Distributions
- **Inovalon HEDIS® Software**
  - Platform Upgrade
  - INDICES Data Visualization/Provider Portal – January 2020
- **New Performance Improvement Projects (PIPs): 2019-2021**
  - Health Equity – Asthma Medication Ratio
  - Adolescent Well Care Visits

Questions?

Return to Agenda

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Contents

Primary Care Access
Specialty Care Access
After Hours Availability
Network Adequacy as demonstrated by availability of practitioners
Provider Satisfaction Survey
Practitioner Availability - Cultural and Linguistics Needs & Preferences

Objective 3: Improve Member Safety

Compliance with Facility Site Reviews (FSR)
Complete Physical Accessibility Review (PAR)
Monitor Clinic for Safety Practices

Objective 4: Access and Improve Member Experience

Assess Member Access and Satisfaction
Conduct Annual Assessment of Complaints and Grievances
Call Center Monitoring

Objective 5: Ensure Organized Oversight of Delegated Activities

Completion of Delegation Oversight Delegated Activities

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met/Not Met
Required by: NCQA MED 2	**Target Completion Date:** Q4 2018

Practice Guidelines

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Diabetes Clinical Practice Guideline (CPG) review and adoption at least every two years	Review and approval by Medical Advisory Committee (MAC) Distribute guidelines to appropriate practitioners	Health Services MAC	MAC Approval Timely distribution	1/1/2018	12/31/2018
Asthma Clinical Practice Guidelines (CPG) review and adoption at least every two years	Review and approval by Medical Advisory Committee (MAC) Distribute guidelines to appropriate practitioners	Health Services MAC	MAC Approval Timely distribution	1/1/2018	12/31/2018
Preventive Health Guideline (PHG) review and adoption at least every two years	Define, review and approval by Medical Advisory Committee (MAC) Distribute guidelines to appropriate practitioners Align PHG with Provider Manual and applicable policies	Health Services MAC Quality	MAC Approval Timely distribution Updates completed	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met/Not Met
Required by: NCQA MED 2	**Target Completion Date:** Q4 2018

Practice Guidelines

Evaluation/Analysis of Intervention(s):

Align Preventive Health Guidelines with Provider Manual and Applicable Policies

GCHP Preventive Health Guidelines (PHG)	PHGs Adopted by the Medical Advisory Committee (MAC)	MAC Approval Date	GCHP Preventive Guideline Resources	Status of PHG Alignment with Provider Manual and Applicable Policies
Immunization Guidelines	• Centers for Disease Control and Prevention (CDC)	07/26/18	2018-2019 Provider Manual: Section 6 Responsibilities of the Medical Home and Primary Care Provider	Yes
Preventive Health Guidelines	• U.S. Preventive Services Task Force (USPSTF) • American Academy of Family Physicians (AAFP) • American Cancer Society (ACS) • Center for Disease Control and Prevention (CDC)	07/26/18	2018-2019 Provider Manual: Section 6 Responsibilities of the Medical Home and Primary Care Provider	No – American Cancer Society and AAFP missing from the adult and pediatric preventive standards.
			Adult Preventive Care Policy (QI-026) QI-026 Adult Preventive Services F	No – American Cancer Society and CDC are missing from the list of recommended guidelines.
			Pediatric Prevention Services (QI-032) QI-032 Pediatric Preventive Services_(	No – AAFP is missing from the list of recommended guidelines.
			Medical Record Requirements (QI-024) QI-024 Medical Records Requiremer	No – American Cancer Society and AAFP missing from the adult and pediatric preventive standards

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services		**Objective Met:** Not Met			
Required by: DHCS		**Target Completion Date:** Q4 2018			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Advance Prevention					
Increase awareness of benefits of tobacco cessation in member population identified as smoking	Research mechanisms to identify smokers (e.g. upon enrollment and/or within existing member population)	QI/Health Ed	50% of identified smokers receive intervention	1/1/2018	12/31/2018
	Create and implement campaign for members and providers	Health Ed/Provider Operations			
	Quarterly measurement of tobacco cessation medication dispensing	Pharmacy			
	Create system to monitor provider performance regarding offering interventions	Health Ed/ QI/DSS			

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services		Objective Met: Not Met			
Required by: DHCS		Target Completion Date: Q4 2018			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Advance Prevention					

Evaluation/Analysis of Intervention(s):

Research mechanisms to identify smokers (e.g. upon enrollment and/or within existing member population)

1. Quantitative analysis information looking at the metrics seen in the tables below. For a comparative analysis, the 2018 measurement year (MY) data was analyzed next to MY 2017 data for trending perspective. The QI goal of 50% of identified smokers receiving the intervention (counseling and pharmacy) was not met as seen in Table 3.
2. Collaboration with DSS to prepare a data report identifying members who had an office visit related to tobacco dependency within the past six months. DSS also utilized pharmacy data to identify members who had a prescription for NRT products within the past six months.
3. The CM/DM/HE teams document in the medical management system if a member self-identifies as a smoker or interested in smoking.
4. The HE Department is working with VCHSA to determine if the membership eligibility file (834 file) contains information about smoking status among newly-enrolled members.
5. HE is working with Operations to assess how the PM 1500 (CHDP Form) can be used to capture smoking status member households.

Quarterly measurement of tobacco cessation medication dispensing

1. Report developed and presented to QIC in 2018 Q3 and Q4.

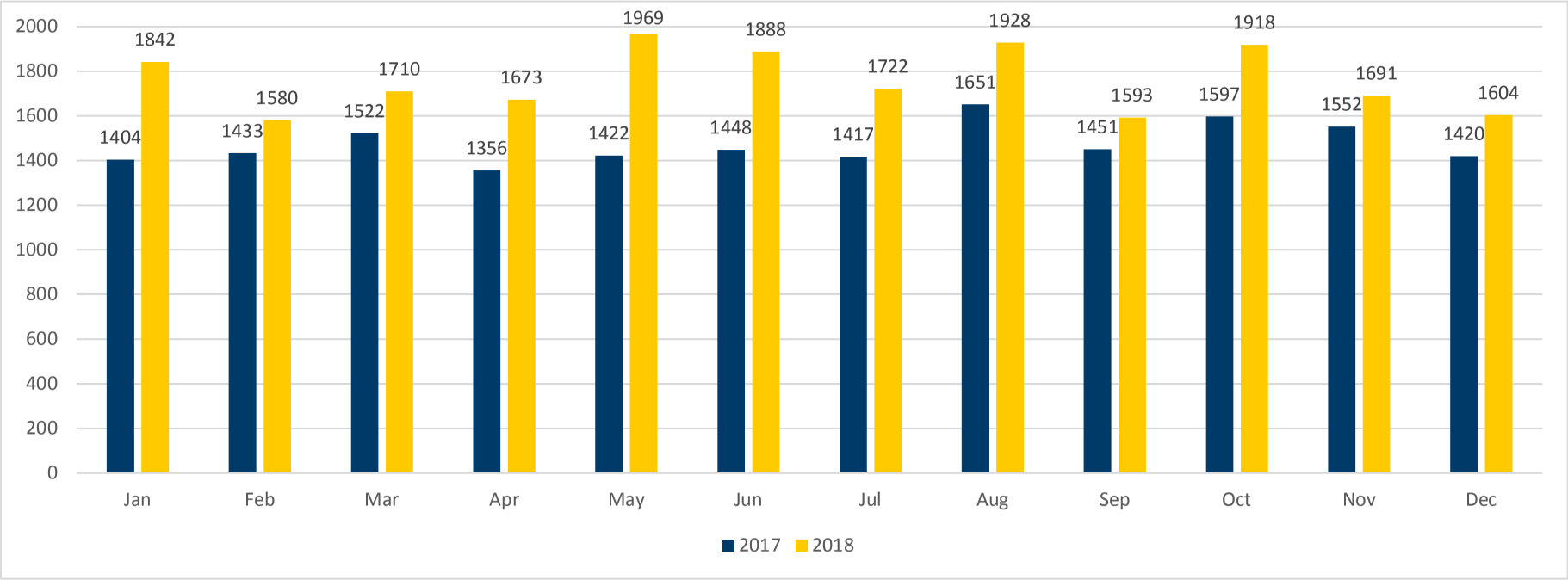
Create and implement campaign for members and providers

1. Member Newsletter "Winning Health" Fall 2018 Issue 2 – Included an article on the Great American Smoke Out and offered helpful tips to quit smoking, as well as availability of telephonic counseling and NRT products. The toll-free number to the California's Quit Smoking Helpline was listed. Over 90,000 household members received the newsletter (printed in English and Spanish) and the member newsletter is posted on the GCHP website (in English and Spanish) for members and providers to download.
2. During Q3, a flyer on smoking cessation was created and provided to the Communications Department for styling and printing. The flyer is part of the promotion campaign to encourage members who smoke to quit. Members received the flyer in November, which is part of the public health observant month to promote smoking cessation.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services					**Objective Met:** Not Met
Required by: DHCS					**Target Completion Date:** Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Advance Prevention					

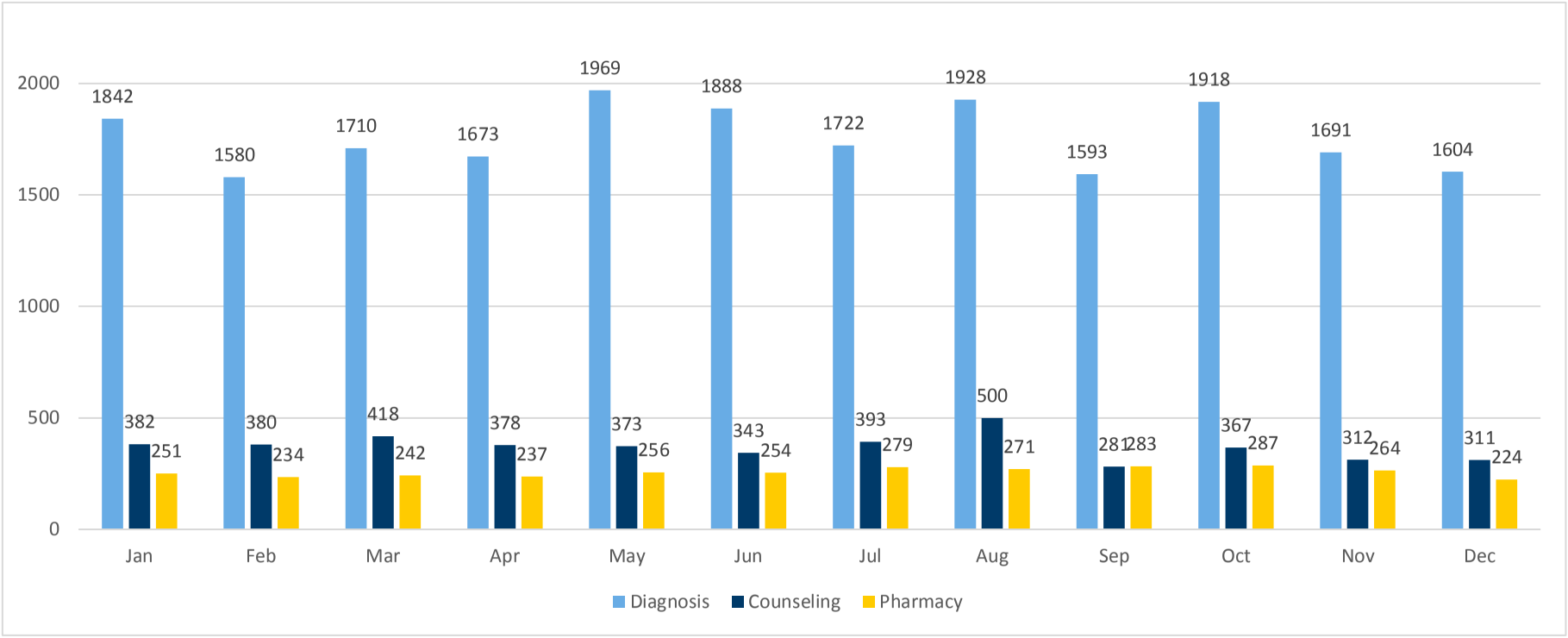
Table 1: 2017 MY and 2018 MY Tobacco Diagnosis by Month



2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services					**Objective Met:** Not Met
Required by: DHCS					**Target Completion Date:** Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Advance Prevention					

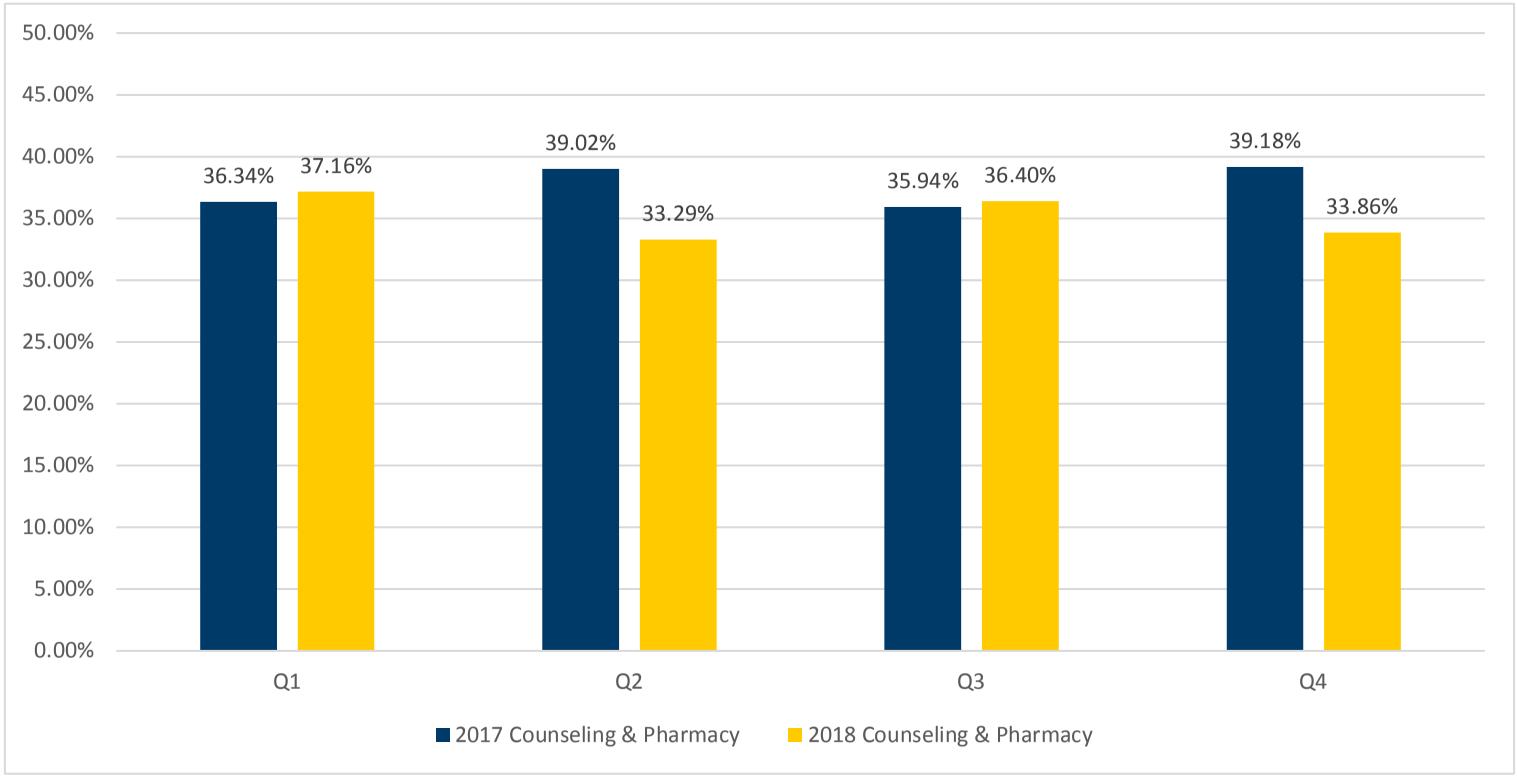
Table 2: 2018 MY Members Diagnosed with Tobacco Use and Counseling/Cessation Medication by Month



2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services					**Objective Met:** Not Met
Required by: DHCS					**Target Completion Date:** Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Advance Prevention					

Table 3: 2017 MY and 2018 MY Quarterly Percentage of Members Diagnosed with Tobacco Use and Provided Counseling and Pharmacy Tobacco Cessation



2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services			**Objective Met:** Met		
Required by: DHCS			**Target Completion Date:** Q4 2018		
Advance Prevention					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Increase rates of Initial Health Assessment (IHA)/IHEBA completion by provider sites	Evaluate current system of monitoring for IHA Educate providers regarding requirements and components of IHA Audit providers and provide feedback Establish mechanism to monitor provider compliance with new member outreach Create and implement campaign to increase provider awareness of requirements	QI Health Ed	Increase rate of IHA completion by 5% compared to CY17	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	Target Completion Date: Q4 2018

Advance Prevention

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

Evaluate current system of monitoring for IHA

- Monitoring of IHA completion is tracked through monthly reports. Members and providers are accurately identified, except for the exclusions. Examples of excluded records are when members go to a provider other than the one assigned to them.

Educate providers regarding requirements and components of IHA

- Providers were educated during provider network orientation, and during IHA surveys (completed by the certified site reviewer). The October 2018 Provider Memo article covered IHA requirements.

Audit providers and provide feedback

- Ongoing telephone, e-mail support and on-site training are provided by QI IHA RN staff.

Establish mechanism to monitor provider compliance with new member outreach

- Declines in IHA compliance scores are shared with the providers regarding areas for improvement.
- Clinic Summary Score sheets are shared with the providers every month.

Create and implement campaign to increase provider awareness of requirements

- "Initial Health Assessment and Staying Healthy Assessment" QI provider memo distributed in October 2018. Included IHA and SHA guidelines, and IHA Q1 & Q2 performance rates.

Metric Goal: Increase of completion rate by 5%

- 2017-Q4 completion rates were 18%. This increased to 56% in 2018-Q4.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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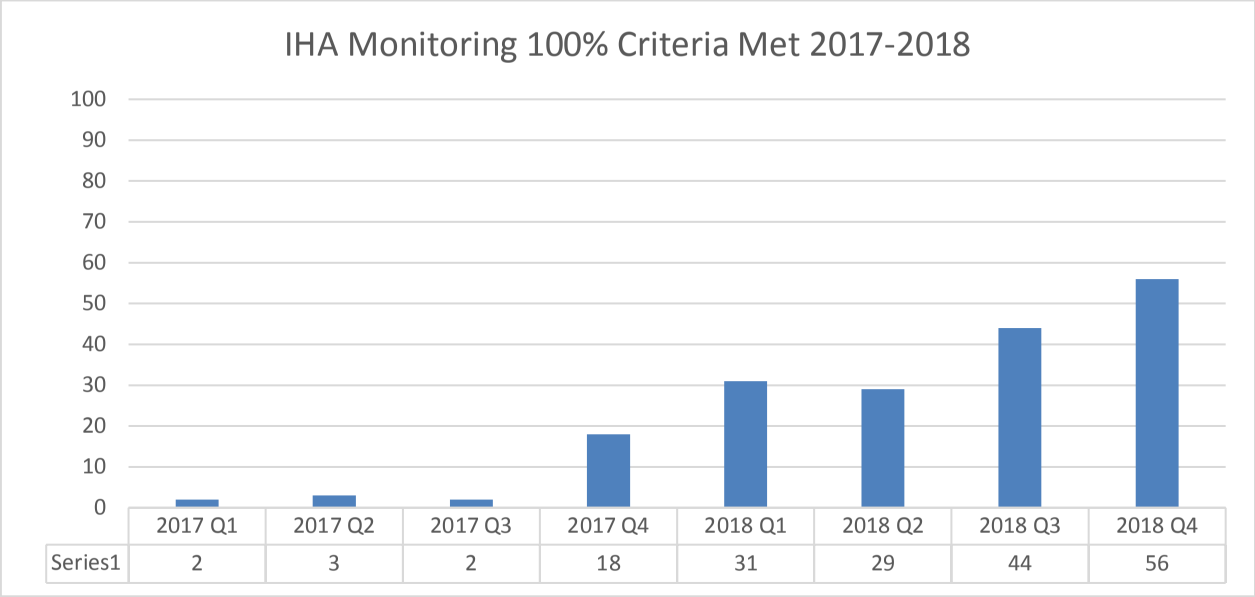
Advance Prevention

Goals	Activities	Responsible Party	Metrics	Start Date	End Date



2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services			**Objective Met:** Met		
Required by: DHCS			**Target Completion Date:** Q4 2018		
HEDIS® Measures					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Postpartum Care – Percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	Re-evaluate effectiveness of the PP intervention and member incentives program. Analyze 2017 outcomes, including demographics (for potential disparity), claims, and medical record documentation; create action plan to address opportunities. Provide provider performance feedback by means of MY2017 annual HEDIS report cards Develop and implement member campaign regarding value of timely postpartum visit	QI QI QI Health Education	Increase rates by 3% over previous measurement year	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	Target Completion Date: Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
Postpartum Care	**68.38**	**77.39**	**90th**	**+9.04**	**Rate increase exceeded 3% goal**

Evaluation of the 2018 Postpartum Exam Member Incentive Intervention

Review of Prediction & Goal

We predicted that the member incentive would engage full-scope Medi-Cal women who had a livebirth delivery to complete their postpartum exams within the 3- 8 week period and our goal was to increase the 2018 MY administrative postpartum exam rates by 3% over the previous measurement year from 63.69% (2017 MY) to 66.69% (2018 MY goal).

Results

We succeeded with fulfilling our prediction that the member incentive would increase member engagement and we exceeded our goal of increasing the administrative postpartum exam rate by 3% points by improving the rate by 12.09% points from 63.69% to 75.78%.

HEDIS Administrative Postpartum Exam Rate Comparison: 2017-2018 MY

Measure	2017 MY Final Admin Rate	2018 MY Initial Admin Rate	Rate Change
Postpartum	63.69%	75.78%*	+12.09

*This rate is based on the initial 2018 MY administrate rate.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

2015 -2018 Postpartum Member Incentives Awarded by Year

Member Incentive	Study Period	Member Participation (Forms Returned From Members)	Forms Mailed to Members	Participation Rate
Postpartum	07/01/15 – 12/31/15	21	506	4.2%
Postpartum	02/01/16 – 12/31/16	98	2142	4.6%
Postpartum	01/01/17 – 12/31/17	158	1897	8.3%
Postpartum	01/01/18 – 12/31/18	258	1823	14.15%

Successes

- Increased postpartum exam administrative rate
- Increased member incentive participation in 2018
- Enhancements to improve the processing of member incentives
  - Health Education outreach
  - Invalid member letter
  - Indexing of member incentive

Barriers

- Low participation
  - Despite the participation increase in 2018, Table 8 also shows the overall participation was still low with only 258 forms returned (valid and invalid) out of the 1823 forms delivered.
- Delays with processing forms
  - Due claims lags, the member incentive forms are retained for 45 days to give the providers enough time to submit the claims.
  - Member addresses are not always updated in the member file received from the state or the members provide an old mailing address on the member incentive forms they submit.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Analyze 2017 outcomes, including demographics (for potential disparity), claims, MR documentation; create action plan to address opportunities.

In August 2018, the QI Department completed a postpartum barrier analysis of the 2017 MY data to identify factors contributing to non-compliance with postpartum exams. Barrier analysis includes looking at claims and clinical data of 150 non-compliant members to identify barriers related to member behavior, provider practice and billing/coding issues.

Barriers Identified:

- Claims Issues
  - Some women had postpartum exams within 21-56 days but this could not be validated administratively due claims or billing issues
    - Global billing
    - Incorrect coding
    - Missing claims

- Access Issues
  - Many women received postpartum exams but not within the 21-56 day post-delivery period.
  - The majority of the women had one or more child, which may suggest that childcare issues could be preventing women from completing their postpartum exams or completing them timely.
  - Many women had clinic visits for non-postpartum care during the 21-56 day post-delivery, indicating missed opportunities to receive postpartum care.

- HEDIS Software Issues
  - The HEDIS software is selecting the wrong data to identify the delivery date.

Possible Interventions to Address Barriers

Category	Count of Barriers Found	Barrier	Interventions
Claims	4	Global Billing	Billing education to increase awareness. Can't ask provider to stop billing globally, but can encourage them to bill separately.

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals		Activities		Responsible Party	Metrics	Start Date	End Date
	9	Incorrect Coding	Coding education (e.g. HEDIS tip sheets). Outreach to providers who submitted incorrect codes or omitted codes from claims.				
Access Issues	47	PP Exam Outside 21-56 Days	Educate member on transportation options (VTS)				
	71	Multi-Para Mothers = Childcare Issues	Educate member on transportation options (VTS)				
	42	Missed opportunities during clinic visits for postpartum care	Member incentive (QI intervention) Member outreach (Health Ed program)				
HEDIS Software	68	Incorrect delivery date selected from claim to calculate the 3-8 timeline.	Work with HEDIS vendor to select date associated with delivery procedure code.				

Provide provider performance feedback by means of MY2017 annual HEDIS report cards

1. Annual HEDIS 2017 MY Reports sent to clinics on 08/22/18.

Develop and implement member campaign regarding value of timely postpartum visit

In August 2018, Health Education C&L Department implemented a Hospital Discharge Visit and a telephonic outreach program to increase the number of postpartum visits among women who deliver at VCMC.

1. Health Education collaborated with UM Department to obtain a list of members who deliver at VCMC.
2. A daily hospital census is prepared by the hospital and faxed to the UM Department. The UM team forwards the list to the HE Department to compare census with the Hospital OB list.
3. The Health Navigator would visit the member at the hospital (VCMC) prior to discharge. On the average 3 days a week.
4. At the hospital, the staff provides the Health Navigator with a "Hospital Discharge roster". The list has the GCHP members marked so the Health Navigator knows who to visit.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
	5. As part of the Hospital Discharge visit, the Health Navigator would provide members with an OB packet. The packet includes the following materials for i.e. newborn enrollment form, Post-partum flyer, WIC, and immunization. In addition, member would receive a lunch bag and the First Five new parent kit in their appropriate language. 6. The Health Navigator returns to the office after the Hospital Discharge visit. The Health Navigator keeps a log sheet and reports all visits in the medical management system MEDHok. The list is reviewed for eligible members and the Health Navigators will follow-up and contact members via telephone. 7. The Health Navigators will attempt to make five (5) outbound calls to members. If the member does not have a copy of the flyer, the form is mailed out to the members. 8. If the Health Navigator is unable to reach the member, a letter and flyer is mailed directly to the member. The Health Navigator will also attempt to contact their PCP to additional assistance.				

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services					**Objective Met:** Met
Required by: DHCS					**Target Completion Date:** Q4 2018
HEDIS® Measures					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Childhood Immunization Status Combo 3 ➢ Percentage of two year old children who receive required vaccines (DTaP, IPV, MMR, HiB, HepB, VZV and PCV) on or before their 2nd birthday	Evaluate MY 2017 performance to identify opportunities Provide provider performance feedback by means of MY 2017 annual HEDIS report cards Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports	QI QI QI	Increase rates by 3% over previous measurement year	1/1/2018	12/31/2018
	Create and implement provider and member education campaigns	QI/Health Ed		1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
CIS Combo 3	**70.53**	**75.67**	**75th**	**+5.14**	**Rate increase exceeded 3% goal.**

Evaluate Measurement Year 2017 Performance - Combo 3 Analysis

The analysis for the Childhood Immunization Status (CIS) – Combo 3 evaluated the compliance of Combo 3 vaccine requirements as well as the individual vaccines in all eligible GCHP members. The following data metrics were evaluated:

- Dtap (4 doses)
- MMR (1 dose)
- Hep B (3 doses)
- PCV (4 doses)
- IPV (3 doses)
- HiB (3 doses)
- VZV (1 dose)
- Combo 3 (all vaccines given)

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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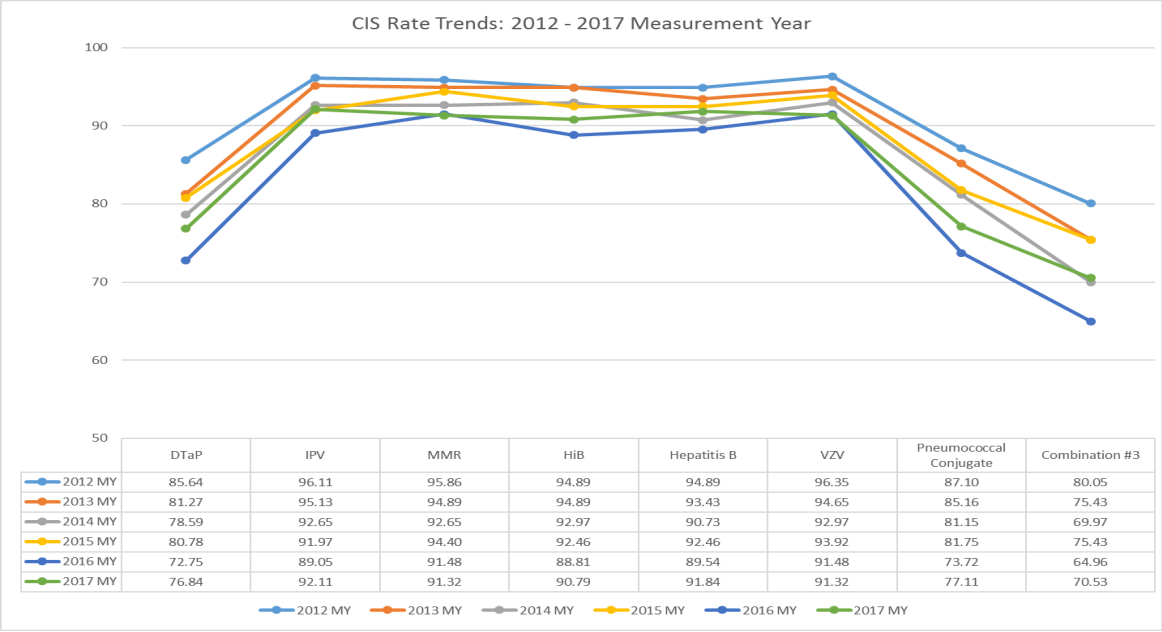
HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Graph 1 shows the trending historical data of vaccine compliance for individual vaccines and CIS Combo 3 rate. This graph demonstrates that immunization rates were on a downward trend from 2012 – 2016 but saw an almost 4% increase in Combo 3, 64.96 to 70.53, exceeding the QI goal, as well as there was an increase in every immunization for 2017 except MMR and VZV.

Graph 1: CIS Rate Trend



	DTaP	IPV	MMR	HiB	Hepatitis B	VZV	Pneumococcal Conjugate	Combination #3
2012 MY	85.64	96.11	95.86	94.89	94.89	96.35	87.10	80.05
2013 MY	81.27	95.13	94.89	94.89	93.43	94.65	85.16	75.43
2014 MY	78.59	92.65	92.65	92.97	90.73	92.97	81.15	69.97
2015 MY	80.78	91.97	94.40	92.46	92.46	93.92	81.75	75.43
2016 MY	72.75	89.05	91.48	88.81	89.54	91.48	73.72	64.96
2017 MY	76.84	92.11	91.32	90.79	91.84	91.32	77.11	70.53

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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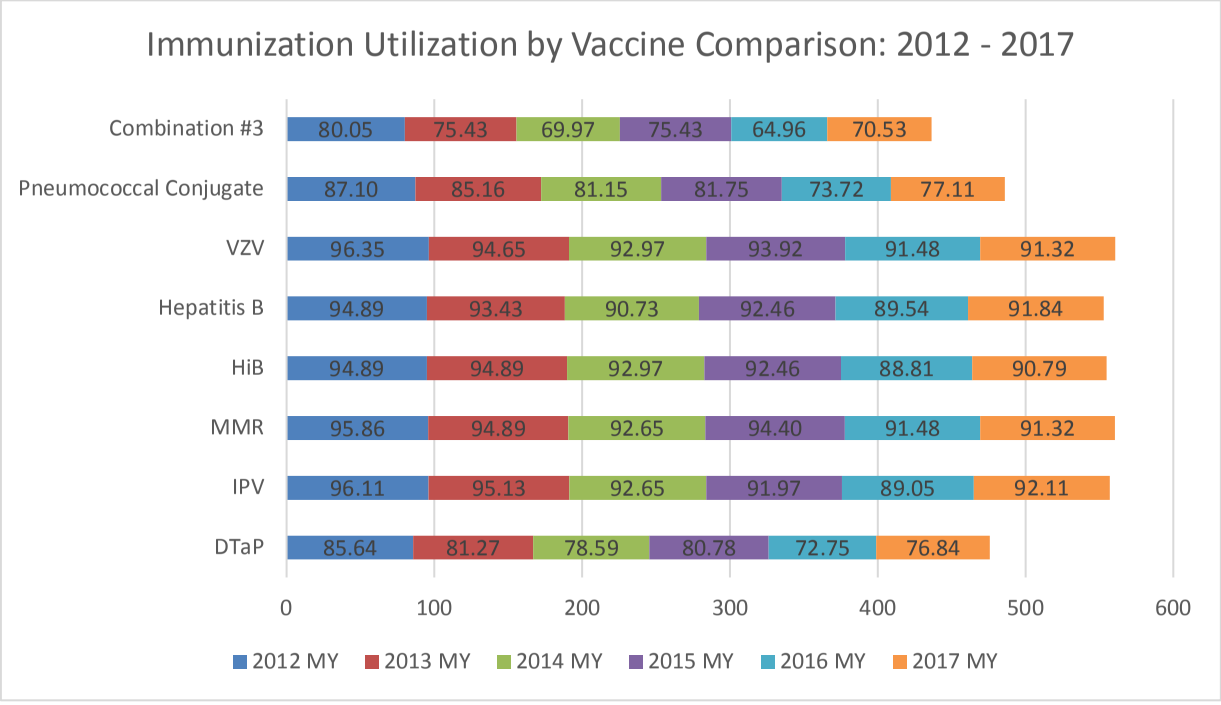
HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Graph 2 shows that the PCV and DTaP have had the lowest compliance rates each year in comparison to Hep B, HiB and IPV. These results shed light on lower compliance rates in vaccines with higher dose requirements.

Graph 2: Immunization Utilization



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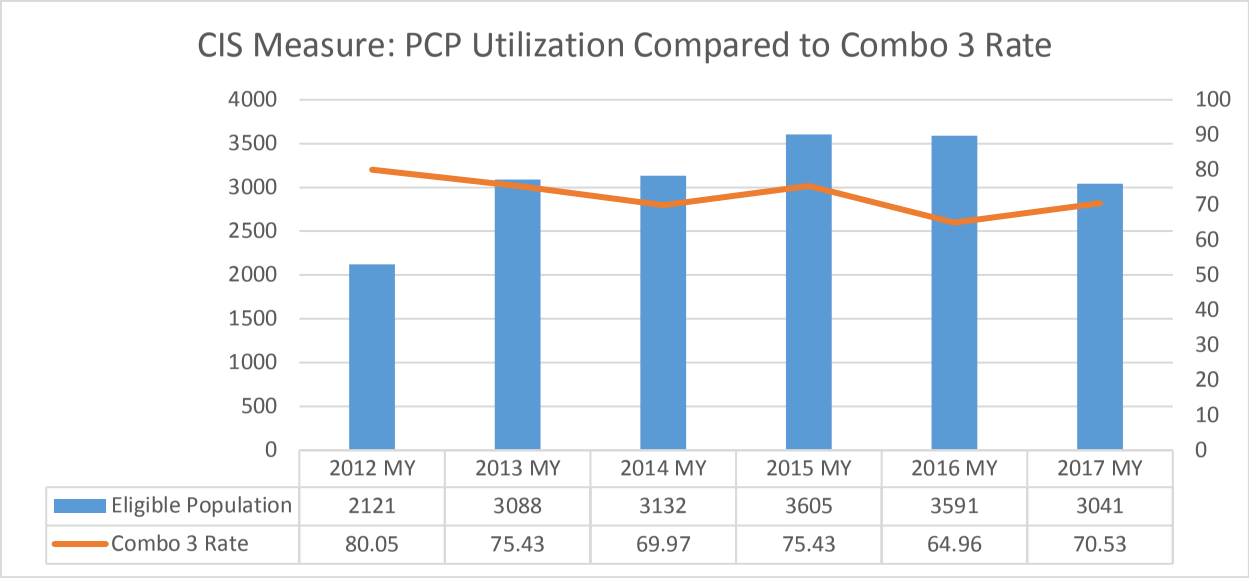
HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Graph 3 shows the PCP utilization rates for children 12 to 24 months of age. A comparison against the trending Combo 3 rate shows that the utilization rates exceed the immunization rates. This may indicate that children are going to the PCP but providers may be missing opportunities to administer immunizations while the child is in the office.

Graph 3: Child Immunization Rates Compared to Office Visits



Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports

1. Bi-Monthly May 2018 MY Reports sent to clinics on 07/03/18.
2. Bi-Monthly July 2018 MY Reports sent to clinics on 09/10/18.

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

3. Bi-monthly Sept 2018 MY Reports sent to clinics on 11/08/18

Create and Implement Provider and Education Campaigns

- "World Immunization Week" provider memo sent on April 27, 2018 that included 2013 – 2017 MY CIS HEDIS® rates, NCQA's national percentile rankings and CIS measure specifications.
- "National Immunization Awareness Month" provider memo sent on August 9, 2018 that included provider information and education regarding vaccinations and the changes to the CIS HEDIS® measure specifications.
- "The Flu: A Holiday Gift Nobody Wants" Fall Member Newsletter. Included vaccination importance for flu, t-dap, whooping cough, Hep A, pneumonia, and meningococcal.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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Required by: DHCS					**Target Completion Date:** Q4 2018
HEDIS® Measures					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Cervical Cancer Screening	Evaluate MY 2017 performance to identify opportunities Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports	QI QI	Increase rates by 5% over previous measurement year	1/1/2018	12/31/2018
	Create and implement provider and member awareness campaign	Health Ed/QI		1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
CCS	**57.46**	**56.08**	**25th**	**-1.38**	**Not Met – Rate did not increase by 5%**

Evaluation of MY 2017 performance to identify opportunities

The evaluation resulted in the following analysis:

- The Final Rate for MY 2017 increased by 2.96% from 54.50 to 57.46. This did not hit the targeted 5% increase.
- This 2017 MY analysis evaluated demographic information including: Affiliation, Age, Ethnicity, Language Spoken and Zip Code. The results found lower levels of compliance in members ages 60-64 and 24-29. It also found the lowest performing clinics were Clinicas Del Camino Real (CDCR) and Ventura County Medical Center (VCMC). See tables below.

Total CCS Eligible Population

Age Group	Compliant	NC	Total	Compliance Rate
24-29	3118	3447	6565	47.49%
30-39	4135	3679	7814	52.92%
40-49	3279	2967	6246	52.50%
50-59	3080	3258	6338	48.60%
60-64	1173	1592	2765	42.42%

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Compliance Rates: Clinic Affiliation

Clinic	Count of Non-Compliant	Count of Compliant	Total Clinic Members	Rate of compliance
Clinicas del Camino Real	3668	2516	6184	40.69%
CMH Centers for Family Health	2386	3629	6015	60.33%
Dignity Health	169	292	461	63.34%
Identity Medical Group	145	129	274	47.08%
Independent Provider	317	330	647	51.00%
Kaiser Permanente	160	557	717	77.68%
VCMC	7478	7325	14803	49.48%

- CDCR expressed interest in receiving an analysis of their CCS performance. They were provided with an analysis that evaluated affiliated clinics, age, ethnicity and language.
- VCMC expressed interest in receiving an analysis of their CCS performance. They were provided with an analysis that evaluated affiliated clinics, age, ethnicity and language.

Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports

- Bi-Monthly May 2018 MY Reports sent to clinics on 07/03/18.
- Bi-Monthly July 2018 MY Reports sent to clinics on 09/10/18.
- Bi-monthly Sept 2018 MY Reports sent to clinics on 11/08/18.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Create and implement provider and member awareness campaign • "Women's Health" - Q3 Provider Operations Bulletin article that included information about cervical cancer screenings, 2014 – 2017 MY CCS HEDIS® rates, NCQA's national percentile rankings, 2019 measure specifications, and other provider education. • GCHP Health Education Department held five (5) workshops on cervical cancer prevention and importance of early screening during the month of January (Cervical cancer awareness month). • Health Education prepared a flyer on cervical cancer and breast cancer screening. The flyer promotes the importance of early screening and detection. The flyer was adapted from the DHCS Breast and Cervical Cancer Prevention Program. The flyer was printed in English and Spanish.					

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Children and Adolescents' Access to Primary Care Practitioners – percentage of members 12 months – 19 years of age who had a visit with a PCP	Evaluate 2017 performance to identify opportunities Evaluate outcomes of CAP P4P and consider expanding Provide provider performance feedback by means of MY 2017 annual HEDIS report cards Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports	QI QI QI QI	Improve 5% over prior year performance	1/1/2018	12/31/2018
	Evaluate member campaign and make changes based on SWOT Create and implement provider and member awareness campaign	HE		1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

CAP Sub-Measures	2017 MY	2018 MY	Percentile	Rate Change
CAP 12-24 Mos.	95.05	94.43	25th	-0.62
CAP 25 Mos. to 6 Years	84.72	86.82	25th	+2.10
CAP 7 – 11 Years	86.12	87.74	25th	+1.62
CAP 12 – 19 Years	83.69	85.17	10th	+1.48

Evaluate 2017 performance to identify opportunities

MY 2017 data analysis looked at the stratified age groups within the measure (12-24 months, 2-6 years, 7-11 years, and 12-19 years) and found the following results:

Age Group	2017 MY Rate	2018 MY Rate	2017 MY Total Population
12-24 Months	95.05	94.43	3555
2-6 Years	84.72	86.82	15971
7-11 Years	86.12	87.74	16346
12-19 Years	83.69	85.17	21636

The results showed that there was a significantly lower rate of compliance in the 2-6 year and 12-19 year age groups. As a result of this disparity, a medical record review of a sample population of 158 members was completed for the 2-6 year age group. The analysis aimed to identify reasons for noncompliance. The analysis reviewed each members profile in IKA claims systems to look for an office visit, type of office visit, clinician who performed visit, clinician credentials, and clinic credentials. Of the 158 members, 102 did not have an office visit and 56 did. The findings revealed a data mapping issue between FQHC and PCP's that might have led to the members with office visits not being identified for compliance.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

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Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Create and implement provider and member awareness campaign

- Provider Memo sent on August 9, 2018 that included provider education and the HEDIS® specifications for the CAP measure.

Evaluate outcomes of CAP P4P and consider expanding

- Evaluation of CAP P4P program delivered to PNO in August of 2018
- Clinicas del Camino Real demonstrated improvement. VCMC and CMH had rates of compliance that were lower than the benchmark.

Evaluation of the 2018 Well-Child Exam (3 to 6 Years of Age) Member Incentive Intervention

PDSA Study Period: 01/01/18 – 12/31/18
Member Incentive: Children, 3 to 6 years of age, can receive a $15.00 gift card to Target or Walmart if he/she completes a well-child exam anytime between 01/01/18 / to 12/31/18.
2018 Goal: Increase well-child exams in children 3 to 6 years of age (W34 measure) by 5% points over the previous measurement year from 63.27% (2017 MY) to 68.27% (2018 MY).
Results: W34 admin rate increased by 6.50% points from 63.27% to 69.77%.
Successes: Increases in the W34 administrative rate and member participation.
Barriers: Despite increased member incentive engagement in 2018, the overall participation was still low with only 1,130 forms returned (valid and invalid) out of the 21,375 forms mailed to children.

HEDIS® Administrative W34 Rate Comparison 2017-2018MY

Measure	2017 MY Final Admin Rate	2018 MY Initial Admin Rate*	Rate Change
W34	63.27%	69.77%	+6.50

*This rate is based on the initial 2018 MY administrative rate.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: DHCS	**Target Completion Date:** Q4 2018

HEDIS® Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

2017-2018 Well-Child Member Incentives Awarded by Year

Study Period	Member Participation	Forms Mailed to Members	Participation Rate
02/01/17 – 12/31/17	280	14,322	2%
01/01/18 – 12/31/18	1,130	21,375	5.3%

Provide provider performance feedback by means of MY 2017 annual HEDIS report cards

1. Annual HEDIS 2017 MY Reports sent to clinics on 08/22/18.

Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports

1. Bi-Monthly May 2018 MY Reports sent to clinics on 7/03/18.
2. Bi-Monthly July 2018 MY Reports sent to clinics on 9/10/18.
3. Bi-Monthly Sept 2018 MY Reports sent to clinics on 11/08/18.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services					**Objective Met:** Not Met
Required by: DHCS					**Target Completion Date:** Q4 2018
Over/Under Utilization					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Appropriate Testing for Children with Pharyngitis (CWP)	Analyze HEDIS MY 2017 performance by clinic to identify opportunities Provide provider performance feedback by means of MY 2017 HEDIS report cards Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports	QI QI QI/Health Education	Meet or exceed NCQA 25th percentile	1/1/2018	12/31/2018
	Create and implement provider campaigns	QI			

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Over/Under Utilization

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
CWP	**60.46**	**55.80**	**<10th**	**-4.66**	**Did Not Meet MPL**

Analyze HEDIS MY 2017 performance by clinic to identify opportunities

The CWP measure saw a 4.66 decrease in rate from MY 2017, 60.46 to MY 2018, 55.80. In addition, the targeted metric of hitting the MPL 25th percentile was not met as the MY 2018 rate was <10th percentile.

Measurement Year 2018 August data analysis by clinic. This data is mid-year and is meant to show a trending rate for the clinics and not an overall performance:

CWP - Affiliate Clinics	Compliant	Non-Compliant	Total	% Compliant Members
Total CWP Population	**947**	**649**	**1596**	**59.34%**
Clinicas Del Camino Real	225	138	363	61.98%
CMH Centers for Family Health	209	149	358	58.38%
Dignity Medical Group	9	8	17	52.94%
Identity Medical Group	0	2	2	0.00%
Independent Provider	120	89	209	57.42%
VCMC	384	263	647	59.35%

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Over/Under Utilization

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Local Clinics

The table below shows the individual clinics within CMH Centers for Family Health, their associated eligible CWP member population, and the related performance rates. Fillmore, Vineyard, and Saviers had the lowest levels of compliance with high-volume.

CWP - CMH Centers for Family Health	Compliant	Non-Compliant	Total	% Compliant Members
All	209	149	358	58.38%
HEALTH - MAIN ST, CMH CNTR FOR FAMILY	17	8	25	68.00%
HEALTH-AIRPORT, CMH CNTR FOR FAMILY	0	8	8	0.00%
HEALTH - PORT HUENEME, CMH CENTERS FOR FAMI	2	0	2	100.00%
HEALTH MED CNTR, SALIDA DEL SOL FAMILY	1	0	1	100.00%
HEALTH-AIRPORT, CMH CNTR FOR FAMILY	19	0	19	100.00%
HEALTH-ASHWOOD, CMH CNTR FOR FAMILY	13	8	21	61.90%
HEALTH-CARMARILLO, CMH CNTR FOR FAMILY	45	18	63	71.43%
HEALTH-FILLMORE, CMH CNTR FOR FAMILY	21	29	50	42.00%
HEALTH-OAK VIEW, CMH CNTR FOR FAMILY	7	4	11	63.64%
HEALTH-OJAI, CMH CNTR FOR FAMILY	1	2	3	33.33%
HEALTH-SANTA PAULA, CMH CNTR FOR FAMILY	19	16	35	54.29%
HEALTH-SAVIERS, CMH CNTR FOR FAMILY	45	37	82	54.88%
HEALTH-VINEYARD, CMH CNTR FOR FAMILY	19	19	38	50.00%

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Over/Under Utilization

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Gender

This analysis evaluated gender within the eligible population and the table below shows the lowest level of compliance is for females at 58.56%.

CWP - Sex	Compliant	Non-Compliant	Total	% Compliant Members
F	489	346	835	58.56%
M	458	303	761	60.18%

Language

This analysis evaluated language within the eligible population and the table below shows that Non-English speakers have the lowest compliance rate at 56.99%.

CWP - Language	Compliant	Non-Compliant	Total	% Compliant Members
English	449	278	727	61.76%
Non-English	489	369	858	56.99%
Unknown	9	2	11	81.82%

Ethnicity

This analysis evaluated ethnicity within the eligible population and the table below revealed that the lowest compliance rate was from Hispanic or Latinos at 58.41%.

CWP - Ethnicity	Compliant	Non-Compliant	Total	% Compliant Members
Hispanic or Latino	632	450	1082	58.41%
Non Hispanic or Latino	265	167	432	61.34%
Declined	16	19	35	45.71%
Unknown Ethnicity	34	13	47	72.34%

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Over/Under Utilization

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Create and implement provider campaigns

- "CWP HEDIS Measure" monthly provider update memo published in December 2018 that included the measure description, GCHP rates, recommendations for appropriate strep testing and CDC guidelines, and additional HEDIS resources.

Provide provider performance feedback by means of MY 2017 HEDIS report cards

1. Annual HEDIS 2017 MY Reports sent to clinics on 08/22/18.

Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports

1. Bi-Monthly May 2018 MY Reports sent to clinics on 07/03/18.
2. Bi-Monthly July 2018 MY Reports sent to clinics on 9/10/18.
3. Bi-monthly Sept 2018 MY Reports sent to clinics on 11/08/18.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services					**Objective Met:** Not Met
Required by: DHCS					**Target Completion Date:** Q4 2018
Over/Under Utilization					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis - percentage of adults 18 – 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	Evaluate 2017 performance for opportunities. Provide provider performance feedback by means of MY 2017 annual HEDIS report cards Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports Create and implement member and provider campaigns	QI QI QI Health Education	Improve 4% compared to prior year performance	1/1/2018	12/31/2108

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Over/Under Utilization

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
AAB	**32.75**	**35.21**	**50th**	**+2.46**	**No Met – Rate did not increase by 4%**

Evaluate 2017 performance for opportunities:

MY 2017 data was analyzed and evaluated the following categories: Affiliated clinics, age, ethnicity, language spoken and sex. The AAB measure did not meet its targeted goal of a 4% increase, but did increase by 2.96 percent from MY 2017 32.75 to MY 2018 35.21. In addition, the measure hit the 50th percentile, exceeding the 25th percentile MPL.

Local Clinics

This analysis looked at GCHP clinics providers to see how they ranked and compared to one another. CMH Centers for Family Health had the lowest rate at 24.55%.

Clinic - AAB GCHP	Compliant	Non-Compliant	Total AAB Members	Non-compliant Rate
Clinicas del Camino Real	54	40	94	42.55%
CMH Centers for Family Health	166	54	220	24.55%
Dignity Health	3	7	10	70.00%
Identity Medical Group	9	3	12	25.00%
Independent Provider	23	13	36	36.11%
VCMC	280	138	418	33.01%
Kaiser Permanente	0	6	6	100.00%

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Not Met
Required by: DHCS	Target Completion Date: Q4 2018

Over/Under Utilization

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Age

The analysis shows that members between the ages of 60-65 years and 40-49 years ranked the lowest at 22.95% and 27.88%.

Age - AAB GCHP	Compliant	Non-Compliant	Total	Non-Compliant Rate
20-29	139	74	213	34.74%
30-39	111	68	179	37.99%
40-49	119	46	165	27.88%
50-59	122	60	182	32.97%
60-65	47	14	61	22.95%

Language

This analysis shows that members who identified as English speaking ranked the lowest at 32.54%.

Language - AAB GCHP	Compliant	Non-Compliant	Total AAB Members	Non-compliant Rate
English	427	206	633	32.54%
Non-English	97	54	151	35.76%
Unknown	14	2	16	12.50%

Ethnicity

This analysis shows that members who identified as Non-Hispanic or Latino had the lowest ranking at 30.03%.

Ethnicity - AAB GCHP	Compliant	Non-Compliant	Total AAB Members	Non-compliant Rate
0 - Blank	16	3	19	15.79%
11 - Hispanic or Latino	195	113	308	36.69%
12 - Non Hispanic or Latino	275	118	393	30.03%
18 - Declined	14	11	25	44.00%

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Not Met
Required by: DHCS	Target Completion Date: Q4 2018

Over/Under Utilization

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

19 - Unknown Ethnicity	38	17	55	30.91%

Gender

This analysis shows that female members had the lower ranking at 30.97%.

Sex - AAB GCHP	Compliant	Non-Compliant	Total AAB Members	Non-compliant Rate
F	390	175	565	30.97%
M	148	87	235	37.02%

Create and Implement Member and Provider Awareness Campaign

"Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis" Provider Operations Bulletin – 2017 MY HEDIS® measure. It included NCQA percentile ranking and HEDIS rates for 2015-2017 MY, provider tips and resources, and importance of this measure.

Provide provider performance feedback by means of MY 2017 annual HEDIS report cards

1. Annual HEDIS 2017 MY Reports sent to clinics on 08/22/18.

Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports

1. Bi-Monthly May 2018 MY Reports sent to clinics on 07/03/18.
2. Bi-Monthly July 2018 MY Reports sent to clinics on 9/10/18.
3. Bi-monthly Sept 2018 MY Reports sent to clinics on 11/08/18.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: NCQA MED 2	**Target Completion Date:** Q4 2018

Over/Under Utilization

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Access to Ambulatory Care >Utilization of Ambulatory Care Outpatient Visits per 1,000 Member Months	Evaluate MY2017 results to identify opportunities Create and implement action plan to improve metric	QI/Claims/ Provider Operations	Meet Medi-Cal Managed Care Performance Dashboard Rate	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: NCQA MED 2	**Target Completion Date:** Q4 2018

Over/Under Utilization

Evaluation/Analysis of Intervention(s):
2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	Medi-Cal Managed Care Dashboard	Rate Change	Goal Status
AMB-OP Visits/1000	**271.06/1000**	**275.07/1000**	**284.64[1]**	**+4.01**	**Not Met**

Evaluate MY2017 data to identify opportunities

- 2017 MY data analysis completed. This analysis evaluated the following categories: Sex, age, ethnicity, language, affiliated clinic, and individual member utilization.
    a. Results showed a total of 85,792 ED visits and 564,328 Outpatient visits – 6.5 times more Outpatient visits than ED visits. Of the ED visits, the highest numbers were as follows:
        i. Age: 20-44 (31,357) and 45-64 (16,765)
        ii. Sex: Female (47,213)
        iii. Ethnicity: Hispanic/Latino (39,315)
        iv. Language: English (61,358)
        v. Clinics: VCMC (42,573)
        vi. Individual Member Utilization:

# Rank	ED Visits	Age	Sex	Ethnicity	Language	Clinic
1	106	50	F	N/A	English	CDCR
2	68	53	M	Hispanic or Latino	Non-English	VCMC
3	56	47	M	Non-Hispanic or Latino	English	CDCR
4	53	60	M	Non-Hispanic or Latino	English	VCMC
5	52	46	M	Hispanic or Latino	English	VCMC

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Not Met
Required by: NCQA MED 2	**Target Completion Date:** Q4 2018
Over/Under Utilization	
Create and implement action plan to improve metric • Provider and member awareness campaigns to increase utilization of outpatient services. [1]AMB-OP rate based on the Medi-Cal Managed Care aggregate score reported in the Medi-Cal Managed Care External Quality Review Technical Report July 1, 2017–June 30, 2018, page 61.	

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** In Process -PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Health Disparity PIP: Decrease the Rate of HbA1c > 9.0 in Non-English-Speaking Hispanic/Latino Members with Diabetes Who Are Enrolled at Las Islas Family Medical Group	2017-2019 two-year performance improvement project (PIP) -health plan/clinic collaborative between GCHP QI and Ventura County Medical Center's Las Islas Family Medical Group. • Submit Modules as directed by DHCS/HSAG for approval • Report updates/results to QIC	QI	By June 30, 2019, decrease the rate of HbA1c > 9.0 among adults, 18-75 years of age, non-English speaking Hispanic/Latinos member with diabetes who are enrolled at Las Islas Family Medical Group from 70.39% to 65.39%.	01/01/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** In Process -PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

Submit Modules as directed by DHCS/HSAG for approval

1. Module 1 PIP Initiation: completed 12/20/17
2. Module 2 SMART Aim Data Collection: completed 1/25/17.
3. Module 3 Intervention Determination and Processing: completed 5/17/18.
4. Module 4 Plan: completed 7/17/18.
5. Module 4 Intervention Testing:
   Intervention Testing Period: 9/4/18 – 6/30/19
   Intervention studied: Gold Coast Health Plan and VCMC Las Islas Family Medical Group are collaborating on a telephonic member outreach and triage program to schedule HbA1c testing appointments for the targeted population.

Report updates/results to QIC

1. HbA1c > 9.0 PIP updates reported to QIC on 03/27/18.
2. HbA1c > 9.0 PIP updates reported to QIC on 06/19/18.
3. HbA1c > 9.0 PIP updates reported to QIC on 09/25/18.
4. HbA1c > 9.0 PIP updates reported to HSAG/DHCS on 10/26/18.
5. HbA1c >9.0 PIP updates reported to QIC on 12/11/18.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** In Process -PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Intermediate Evaluation of the Health Disparity Performance Improvement Project

Status Update

- Clinic successfully performed outreach calls to members on the monthly gap report.
- Challenges with reaching members due to no answer, voice message left and no return call, no voice mail
- Appointments scheduled at the Las Islas Family Medical Group HbA1c clinics
- Challenges with "no shows" at the clinics
- Successful triage of members who completed the HbA1c test at the clinic
- Data collection tool updated to assist the clinic with consistent and accurate collection of information while making the outreach calls

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

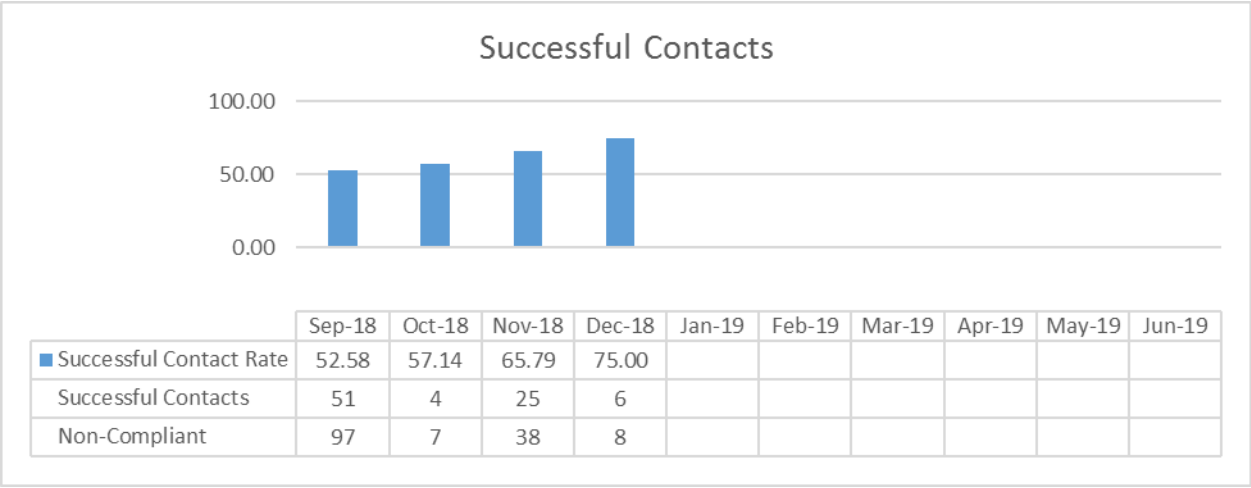
Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** In Process -PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Health Disparity Intervention Metrics

Graph 1: Members with Diabetes Successfully Contacted by Telephone



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Successful Contact Rate	52.58	57.14	65.79	75.00						
Successful Contacts	51	4	25	6						
Non-Compliant	97	7	38	8						

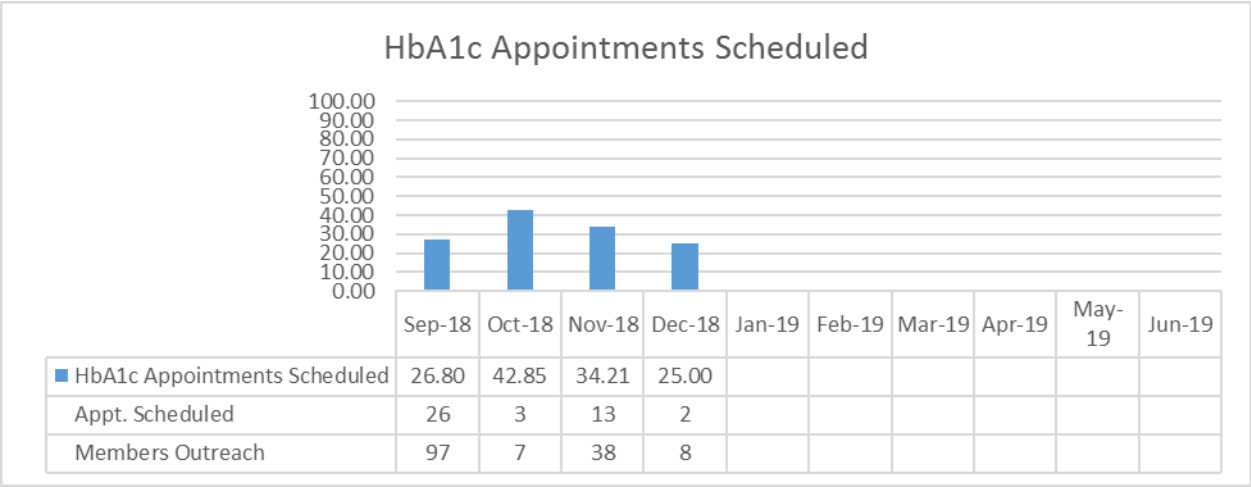
2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** In Process -PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Graph 2: HbA1c Appointments Scheduled



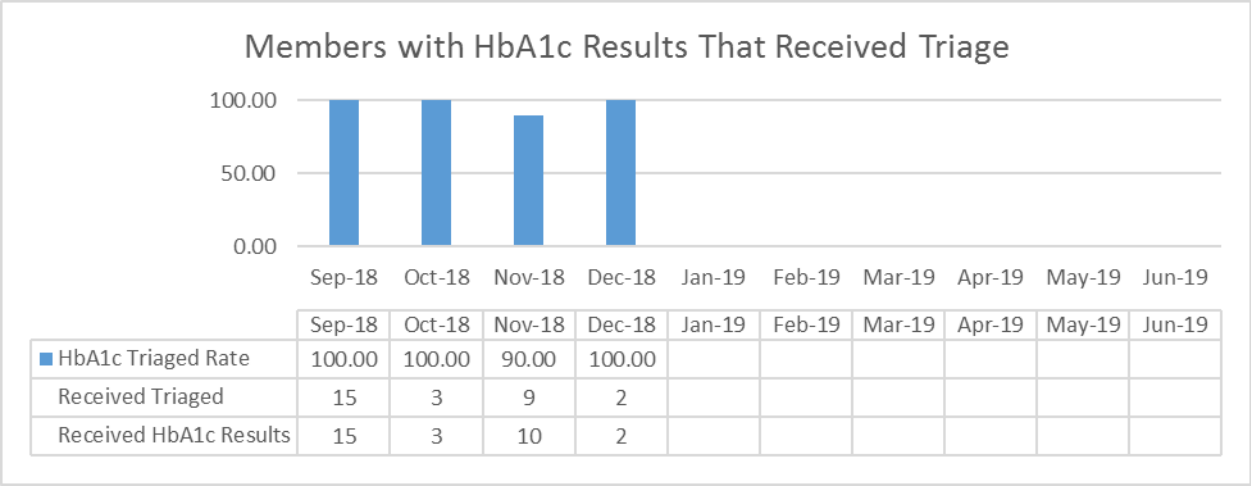
2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: In Process -PIP concludes 06/30/19
Required by: DHCS	Target Completion Date: Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Graph 3: Members with HbA1c Results That Received Triage



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
HbA1c Triaged Rate	100.00	100.00	90.00	100.00						
Received Triaged	15	3	9	2						
Received HbA1c Results	15	3	10	2						

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met: In Process -** PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Child Immunization PIP: Increase the Rate of Combo 3 Immunizations Administered On/Before the 2nd Birthday for Children Enrolled at Mandalay Bay Women's and Children's Medical Group.	2017-2019 two-year performance improvement project (PIP) -health plan/clinic collaborative between GCHP QI and Health Education/Cultural Linguistics (HE/CL) Departments and Ventura County Medical Center's Mandalay Bay Women's and Children's Medical Group. • Submit Modules as directed by DHCS/HSAG for approval • Report updates/results to QIC	QI/ Health Education	By June 30, 2019, increase the rate of Combo 3 immunizations administered on/before the 2nd birthday for children enrolled at Mandalay Bay Women's and Children's Medical Group from 73.64% to 83.64%.	01/01/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met: In Process -** PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

Submit Modules as directed by DHCS/HSAG for approval

1. Module 1 PIP Initiation: completed 12/21/17.
2. Module 2 SMART Aim Data Collection: completed 01/25/18.
3. Module 3 Intervention Determination and Processing: completed 04/20/18.
4. Module 4 Plan: completed 05/25/18.
5. Module 4 Intervention Testing #1
   Intervention Testing Period: 09/03/18 – 12/31/08
   ***Intervention Studied*:** A health plan/clinic coordinated telephonic outreach program to assist with scheduling immunization appointments for children 18-22 months of age who are enrolled at Mandalay Bay Women's and Children's Medical Group.

Report updates/results to QIC

1. CIS PIP updates reported to QIC on 03/27/18.
2. CIS PIP updates reported to QIC on 06/19/18.
3. CIS PIP updates reported to QIC on 09/25/18.
4. CIS PP updated reported to QIC on 12/11/18.
5. CIS PIP updates reported to HSAG/DHCS on 10/19/18.
6. CIS PIP updates reported to HSAG/DHCS on 12/03/18.

Intermediate Evaluation of the Child Immunization Performance Improvement Project
Intervention # 1: Health Plan telephonic member outreach to schedule child immunization appointments for the clinic.
Intervention Study Period: 09/01/18 – 06/30/19 but discontinued on 12/31/18.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

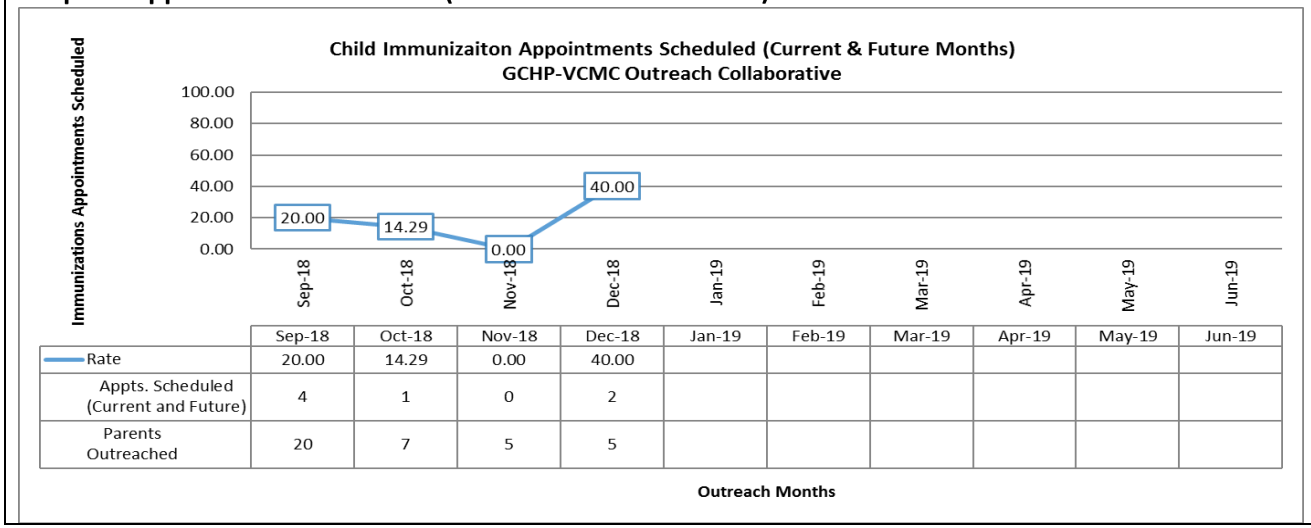
Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met: In Process -** PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Challenges: (1) Generating a child immunization outreach report with up-to-date immunizations, (2) Low volume of member outreach.
Discontinue Intervention #1: Due to challenges with producing an up-to-date immunization outreach report and the low success rates with scheduling immunization appointments, this intervention ended on 12/31/18. The CIS PIP Team (staff from the Mandalay Bay Women's and Children's Medical Group, the QI Department and the Health Education/Cultural Linguistics reviewed the progress and status of CIS outreach intervention. Everyone agreed that the current intervention was not producing the anticipated results, which was mostly attributed to the health plan's challenges with efficiently producing an outreach report with the most up-to-date immunization status to complete more effective outreach only to children with incomplete immunizations. The CIS PIP team agreed to conclude the telephonic intervention on 12/31/2018 and begin planning for a new intervention in 2019.

CIS PIP Intervention Metrics
Graph 1: Appointments Scheduled (Current & Future Months)



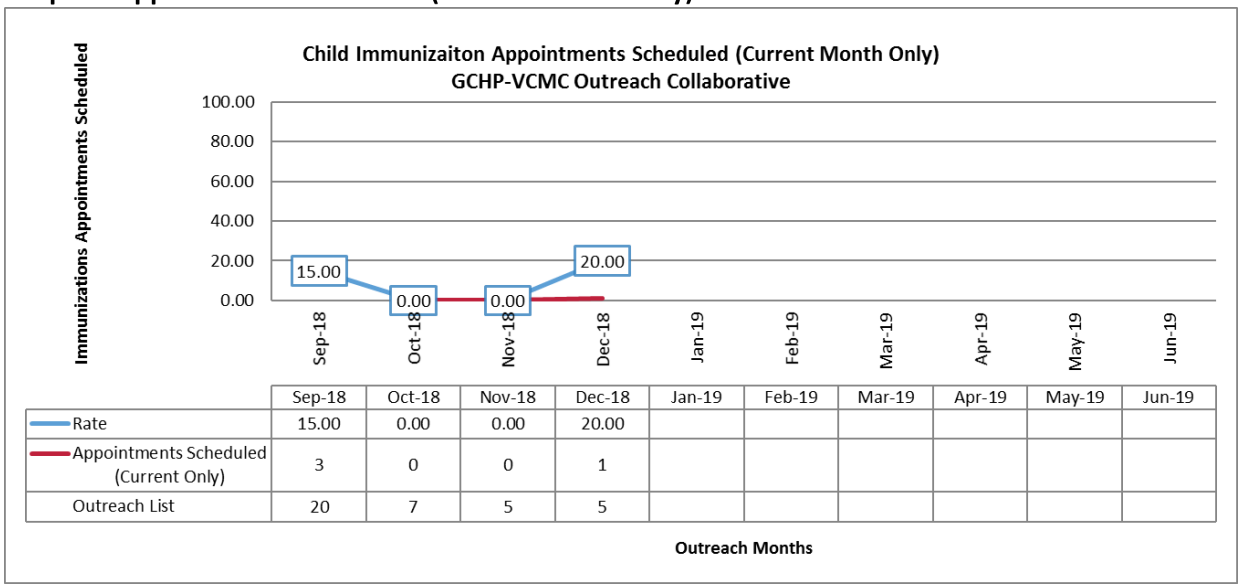
2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met: In Process** - PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Graph 2: Appointments Scheduled (Current Month Only)



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Rate	15.00	0.00	0.00	20.00						
Appointments Scheduled (Current Only)	3	0	0	1						
Outreach List	20	7	5	5						

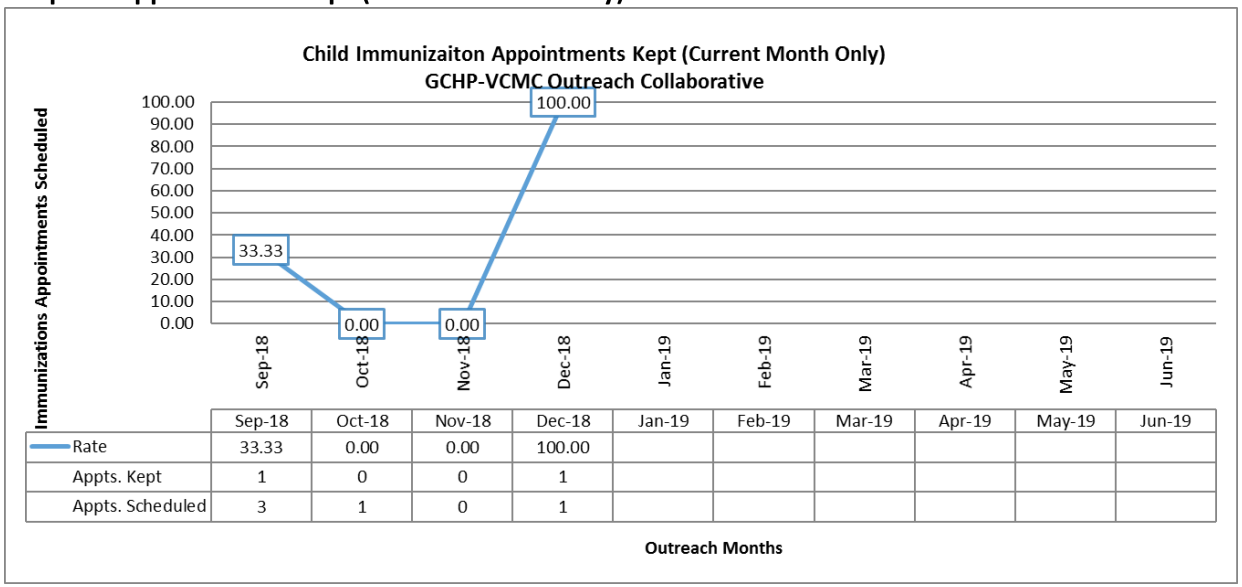
2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met: In Process** - PIP concludes 06/30/19
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Graph 3: Appointments Kept (Current Month Only)



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Rate	33.33	0.00	0.00	100.00						
Appts. Kept	1	0	0	1						
Appts. Scheduled	3	1	0	1						

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services				**Objective Met:** Met	
Required by: DHCS				**Target Completion Date:** Q4 2018	
Quality Improvement Projects					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
IP: Annual Monitoring for Patients on Persistent Medications	Provider performance feedback by means of MY 2017 annual HEDIS report cards Provide bi-monthly prospective 2018 MY HEDIS progress report cards and performance feedback reports Educate providers via provider updates Conducts audits and provide feedback Created non-standard supplemental database to collect lab data through medical record reviews.	QI	Meet or exceed DHCS MPL	1/1/2018	5/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	Target Completion Date: Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
MPM ACE-ARBs	85.48	88.56	50th	+3.08	Exceeded MPL

MPM PDSA 2 (2017-2018)
Study Period: 03/01/18 – 05/31/18.
MPM PDSA 2 Submission to DHCS: 07/02/18
Intervention: The Quality Improvement, Decision Support Services and Information Technology Departments will collaborate and work with Quest Diagnostics Laboratory, as needed, to implement and test the effectiveness of a supplemental data on the monthly lab files received from Quest Diagnostics Lab.
Goal: By 05/31/18, decrease the percentage of missing Quest Diagnostic lab at two CDCR clinics by 50%.
Results: There was a 47.82% and 33.33% reduction of missing Quest Diagnostic lab data in the CDCR Oxnard and CDCR Simi Valley gap reports, respectively.
Conclusion: We did not meet our goal of reducing missing administrative lab data by 50%, but there was a significant reduction in missing Quest lab data. This improvement in data collection will make the gap reports sent to Clinicas del Camino Real more reliable with reporting the current lab status of members in the MPM measure, and other HEDIS measures that rely on lab data, to evaluate compliance with measure indicators.
Next PDSA: Continue testing the effectiveness of this intervention.

MPM PDSA 3 (2017-2018)
Study Period: 06/01/18 – 08/31/18.
MPM PDSA 3 Submission to DHCS: 09/28/18.
Intervention: The Quality Improvement, Decision Support Services and Information Technology Departments will continue to collaborate and work with Quest Diagnostics Laboratory, as needed, to continue testing the effectiveness of the supplemental data validation process implemented in MPM PDSA 2 (03/01/18 – 05/30/18).
Goal: By 08/31/18, decrease the percentage of missing Quest Diagnostic lab at two CDCR clinics by 50%.
Results: We did not meet our goal of reducing missing administrative Quest Diagnostic lab data by 50% at both clinics and, compared to MPM PDSA 2, the volume of missing Quest Diagnostic lab data increased in MPM PDSA. The addition of ongoing validation checks to ensure fields within the lab files comply with standard formatting, and

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

reporting these data integrity issues back to the lab vendor, was successful with reducing the volume of invalid member IDs in the monthly lab files. However, this did not help decrease missing lab data. Therefore, for the next PDSA we will expand the monthly data deficiency/integrity notifications to Quest Diagnostics by including a report of missing labs with the intent to remediate the missing lab issue.

MPM ACE-ARBS PDSA 1 (2018-2019)
Study Period: 10/01/18 – 12/31/18
MPM PDSA "Plan" Submission to DHCS: 10/08/18
Intervention: The Quality Improvement and Information Technology Departments will develop a method of reporting to Quest Diagnostics Laboratory, a list of members who had labs completed by Quest Diagnostics but were not included in the monthly lab files. The goal of the report is to determine root cause and subsequently facilitate the retrieval of missing labs by making the lab vendor aware of the missing lab data.
Goal: By December 31, 2018, decrease the percentage of missing Quest Diagnostics labs from 26.54%* (30/113) to 10%.
Results: We did not meet our goal; instead the rate of missing labs increased by 8.55% points from 26.54% to 35.09%. Through the monthly reporting of missing labs intervention, we were able to retrieve only 24.06% of the 133 missing labs reported to Quest Diagnostics. Although the intervention did not have an impact in reducing the volume of missing labs, the monthly reporting did get Quest Diagnostics staff engaged in identifying the possible causes and solutions to the data deficiency issue.

Conclusion: The monthly feedback and reporting expected from Quest Diagnostics was not completed as planned and we did not achieve our goal with reducing the volume of missing labs. However, by the end of the three-month study a more appropriate contact from Quest Diagnostic's Informatics Department was assigned to this project. The new contact is more informed on the lab vendor's data collection and managed processes and was able to provide an initial root cause analysis and provide and possible solution which will be applied to the MPM ACE-ARBS PDSA 2.
Next Steps: Since the lab data deficiency issues associated with labs completed on CDCR members continues to exist in the monthly Quest Diagnostics lab files, we will continue working with Quest Diagnostics in PDSA 2 by testing the effectiveness of a new member-centric query process they will begin applying to improve the capture of all lab services completed on GCHP members.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Provide provider performance feedback by means of MY 2017 annual HEDIS report cards 1. Annual HEDIS 2017 MY Reports sent to clinics on 08/22/18. **Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports** 1. Bi-Monthly May 2018 MY Reports sent to clinics on 07/03/18. 2. Bi-Monthly July 2018 MY Reports sent to clinics on 9/10/18. 3. Bi-monthly Sept 2018 MY Reports sent to clinics on 11/08/18.					

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services			**Objective Met:** Met		
Required by: DHCS			**Target Completion Date:** Q4 2018		
Quality Improvement Projects					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
IP: Comprehensive Diabetes Care - Blood Pressure Control < 140/90 mm Hg	Ensure aggressive management of medical records retrieval of HEDIS vendor.	QI	Meet or exceed DHCS MPL	1/1/2018	5/31/2018
	Member and provider educational mailing with health education materials	Health Education/QI		1/1/2018	5/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
CDC-BP	65.94	64.72	50th	-1.22	Exceeded MPL

The CDC-BP Continuous Quality Improvement (CQI) Project

The CDC-BP measure uses only medical record data to evaluate the blood pressure compliance status for the random sample of diabetic members pulled into the annual Comprehensive Diabetes Care measure. Access to medical records is key to ensuring each member's clinic history is completely reviewed in order to report the most accurate CDC-BP rate. After the CDC-BP 2016 measurement year (MY) rates were finalized on May 15, 2017, staff from the Quality Improvement (QI) Department reviewed the medical records of the non-compliant members with uncontrolled hypertension to determine the cause for the increase in diabetic members with uncontrolled hypertension. The following barriers were identified in 2017, which were addressed in 2017 and 2018 by implementing the activities outlined above:

- The HEDIS vendor contracted with a 3rd party retrieval vendor (CIOX) that had a separate reporting software that was not integrated with the HEDIS vendor's software which also affected the accuracy and timeliness of retrieval status reports.
- No overreads of non-compliant records by GCHP staff caused missed opportunities for secondary pursuit to find compliant records.
- The provider data in the medical record chase files were not carefully reviewed to remove specialties and locations that are not chased.
- Limited provider education on NCQA's definition of "Adequately Control BP" in the CBP and CDC-BP HEDIS specifications.
- Final chase review was completed incorrectly in 2017.
- GCHP - HEDIS Timeline was not maintained in 2017.
- Limited oversight of the HEDIS vendor's record retrieval, abstraction and overread process in 2017.

Between June 1, 2017 and February 28, 2018, the Quality Improvement applied the following quality improvement activities to increase the Comprehensive Diabetes Care blood pressure sub-measure:

1. Generate provider gap reports with CBP and CDC-BP measure indicators.
2. Member outreach to educate members on monitoring their blood pressure.
3. Retrospective analysis of gaps in the 2016 MY medical record retrieval, abstraction, and overread process.
4. Coordinate HEDIS vendor's remote access to VCMC's EMR.

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	Target Completion Date: Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

5. Provider chase flag logic reconfiguration.
6. Provider education on CBP and CDC-BP measures.
7. Complete a preliminary and final chase review to ensure accurate chase assignment of provider location.
8. Maintain and adhere to a HEDIS project timeline to ensure projects goals are met.
9. Implement an overread process for compliant and non-compliant medical records.
10. Implement oversight of the vendor's medical record retrieval and abstraction activities to ensure project goals are met.

The table below shows that the CDC-BP 2017 MY rate increased 17.28 percentage points achieving a score of 65.94 which ranks at the 50th percentile.

CDC-BP Rate Analysis

Blood Pressure Measures	2016 MY Rate	2017 MY Rate	2017 DHCS MPL	2016-2017 MY Rate Change	Goal Status
CDC-BP	48.66	65.94	52.70	+17.28	Exceeded MPL

NEXT STEPS

The QI Department will continue to practice the QI activities implemented in 2016-2017 to ensure the continuous oversight and monitoring of internal and external activities related to HEDIS data collection and reporting.

Member and provider educational mailing with health education materials

1. "Controlling Blood Pressure Measure" Provider Memo sent on July 31, 2018 that included 2014 – 2017 HEDIS® rates, NCQA's national percentile rankings, measure specifications, and provider education regarding best practice guidelines and blood pressure monitoring.
2. During Q1, the Health Education Department held eight (8) workshops throughout the county as part of February's Heart Awareness Month. The workshops focused on controlling high blood and reducing the risk of diabetes and heart disease. Health Education materials were provided to participants.
3. A tip sheet on controlling hypertension was developed and distributed to members.
4. Members referred to the Health Education Department received information on controlling hypertension and/or diabetes educational materials (available in English or Spanish).
5. Providers received information about workshops and classes related to diabetes and/or hypertension.
6. Providers received a provider order on health education materials at various Joint Operation Meetings (JOMs) during the reporting quarters.
7. The POB, April 2018, contained information on the health education referral form and how providers may refer members on various health topics.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services			**Objective Met:** Met		
Required by: DHCS			**Target Completion Date:** Q4 2018		
Quality Improvement Projects					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
IP: Controlling Blood Pressure < 140/90 mm Hg	Ensure aggressive management of medical records retrieval of HEDIS vendor.	QI	Meet or exceed DHCS MPL	1/1/2018	05/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
	Member educational mailing with health education materials	Health Education			

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
CBP	**54.40**	**63.26**	**50th**	**+8.86**	**Exceeded MPL**

The CBP Continuous Quality Improvement (CQI) Project

The CBP measure uses only medical record data to evaluate the blood pressure compliance status for the random sample of diabetic members pulled into the annual Comprehensive Diabetes Care measure. Access to medical records is key to ensuring each member's clinic history is completely reviewed in order to report the most accurate CDC-BP rate. After the CDC-BP 2016 measurement year (MY) rates were finalized on May 15, 2017, staff from the Quality Improvement (QI) Department reviewed the medical records of the non-compliant members with uncontrolled hypertension to determine the cause for the increased in diabetic members with uncontrolled hypertension. The following barriers were identified in 2017, which were addressed in 2017 and 2018 by implementing the activities outlined above:

- The HEDIS vendor contracted with a 3rd party retrieval vendor (CIOX) that had a separate reporting software that was not integrated with the HEDIS vendor's software which also affected the accuracy and timeliness of retrieval status reports.
- No overreads of non-compliant records by GCHP staff caused missed opportunities for secondary pursuit to find compliant records.
- The provider data in the medical record chase files were not carefully reviewed to remove specialties and locations that are not chased.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

- Limited provider education on NCQA's definition of "Adequately Control BP" in the CBP and CDC-BP HEDIS specifications.
- Final chase review was completed incorrectly in 2017.
- GCHP - HEDIS Timeline was not maintained in 2017.
- Limited oversight of the HEDIS vendor's record retrieval, abstraction and overread process in 2017.

Between June 1, 2017 and February 28, 2018, the Quality Improvement applied the following quality improvement activities to increase the Comprehensive Diabetes Care blood pressure sub-measure:

1. Generate provider gap reports with CBP and CDC-BP measure indicators.
2. Member outreach to educate members on monitoring their blood pressure.
3. Retrospective analysis of gaps in the 2016 MY medical record retrieval, abstraction, and overread process.
4. Coordinate HEDIS vendor's remote access to VCMC's EMR.
5. Provider chase flag logic reconfiguration.
6. Provider education on CBP and CDC-BP measures.
7. Complete a preliminary and final chase review to ensure accurate chase assignment of provider location.
8. Maintain and adhere to a HEDIS project timeline to ensure projects goals are met.
9. Increase inter-rater reliability testing in 2018 from one to two testing sessions.
10. Coordinate the QI Department's remote access to CDCR's EMR.

The table below shows that the CBP 2017 MY rate increased 9.49 percentage points achieving a score of 54.50 which ranks at the 25th percentile.

CDC-BP Rate Analysis

Blood Pressure Measures	2016 MY Rate	2017 MY Rate	2017 DHCS MPL	2016-2017 MY Rate Change	Goal Status
CBP	45.01	54.50	47.69	+9.49	Met MPL

NEXT STEPS

The QI Department will continue to practice the QI activities implemented in 2016-2017 to ensure the continuous oversight and monitoring of internal and external activities related to HEDIS data collection and reporting.

Member and provider educational mailing with health education materials

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
1. "Controlling Blood Pressure Measure" Provider Memo sent on July 31, 2018 that included 2014 – 2017 HEDIS® rates, NCQA's national percentile rankings, measure specifications, and provider education regarding best practice guidelines and blood pressure monitoring. 2. During Q1, the Health Education Department held eight (8) workshops throughout the county as part of February's Heart Awareness Month. The workshops focused on controlling high blood and reducing the risk of diabetes and heart disease. Health Education materials were provided to participants. 3. A tip sheet on controlling hypertension was developed and distributed to members. 4. Members referred to the Health Education Department received information on controlling hypertension and/or diabetes educational materials (available in English or Spanish). 5. Providers received information about workshops and classes related to diabetes and/or hypertension. 6. Providers received a provider order on health education materials at various Joint Operation Meetings (JOMS) during the reporting quarters. 7. The POB, April 2018, contained information on the health education referral form and how providers may refer members on various health topics.					

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services				**Objective Met:** Met	
Required by: DHCS				**Target Completion Date:** Q4 2018	
Quality Improvement Projects					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
IP: Asthma Medication Ratio	Perform barrier analysis to determine factors that contributed to the AMR performance in 2017. Implement and test intervention to improve the AMR rate.	QI/ Pharmacy	Meet or exceed DHCS MPL	8/1/2018	5/31/2019

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
AMR	54.41	57.73	25th	+3.32	Met MPL

Perform barrier analysis to determine factors that contributed to the AMR performance in 2017.

1. 2017 MY AMR data analysis completed. The analysis evaluated the following categories: affiliation (clinic), age, sec, ethnicity and language. All clinics, except Dignity Health and Identity Medical Group were above the 10th percentile.
2. The AMR measure met its targeted metric of meeting or exceeding the MPL by hitting the 50th percentile. The measure saw a 3.32 percent increase from MY 2017, 54.41 to MY 2018, 57.73.

Implement and test intervention to improve the AMR rate.

AMR PDSA 1

AMR Study Period: 10.1.2018 – 12.31.2018

PDSA "Plan" Submission to DHCS: 8.31.2018

Intervention: The QI department partnered with the Pharmacy Department (Anne Freese, PharmD) to monitor a Retrospective Drug Utilization Review (RDUR) intervention that has been designed and will be implemented by pharmacy benefit manager, Optum Rx.

Optum Rx has provided GCHP with the following information on intervention:

3. Start date: 10.1.2018
4. *Intervention:*
    a. Optum Rx will identify members with "clinical asthma concern" by using a proprietary software to run daily retrospective reviews of member pharmaceutical regimens. After the software identifies an eligible member, the last prescribing provider will be flagged for outreach. A scripted letter will be filled in to include the member's asthma medication regimen and recommended guidelines for prescribing patterns. This letter will be faxed to the provider's office.
    b. Feedback from DHCS prompted GCHP to narrow the interventions focus. In response, GCHP performed an analysis on August 2018 HEDIS data to identify low performing, high-volume clinics. The results led GCHP to focus on the following three Centers for Family Health CMH clinics:
        i. CMH – Airport Marina: 21/40 (19 non-compliant members) 52.5%

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	Target Completion Date: Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

ii. CMH – Main Street: 20/41 (21 non-compliant members) 48.78%
iii. CMH – Saviers: 48/84 (36 non-compliant members) 57.14%
iv. Total compliance: 89/165, 53.9% compliance rate N=76

c. In addition to focusing on the performance of the three CMH clinics, GCHP outreached to CMH QI department director, Lori Hooks, to arrange for GCHP to meet with clinic providers. The goal was to present the intervention to the clinicians to make it more robust as well as to receive feedback about the implementation of the fax program.

5. *Data Collection Method:* Optum Rx will evaluate its intervention 180 days (6 months) after it started. Due to time constraints of the PDSA format, GCHP requested monthly outreach logs from Optum Rx to evaluate which members were identified and successfully outreached by the intervention. GCHP will receive these reports on the 15th of November, December, and January. GCHP will compare this list to HEDIS member gap reports. This will help analyze progress of intervention during implementation. The table below shows the results of this data collection.

Month	Total # of GCHP Members Outreached by Optum Rx	Total # of non-compliant GCHP AMR members (HEDIS gap report)	% of members outreached by Optum Rx	# of targeted members for Intervention	# of targeted members outreached
October	432	717	60%	76**	21
November	698	767	91%	76**	11
December	171	N/A*	N/A	76**	2

*GCHP does not receive a gap report from HEDIS vendor for December data.
**This number fluctuated per month as some members became ineligible for the measure.

Goal: To monitor and test Optum intervention and increase compliance rate by 5%, from 53.9% to 58.9%.
Results: This intervention faced barriers that prevented the QI team from successfully changing the compliance in members for the AMR HEDIS measure. Given that the QI team was monitoring another organization's intervention, there was limited opportunity to drive the design of the intervention. Nevertheless, the presentation with the CMH clinicians was successful in obtaining provider feedback that will serve to help modify this intervention for PDSA #2.

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

The QI team also faced difficulty in gathering a full understanding of the details and operations of the Optum Rx intervention. Although the intervention team was responsive and willing to work with us, they provided vague answers that left the QI team unclear on essential program details. This was a barrier to successfully being able to predict outcomes and effectiveness of the intervention on our targeted population.

The QI team's interaction with the CMH clinicians was valuable, despite the challenges and delays in scheduling the presentation. It was insightful to talk with providers about the intervention and solicit feedback on the existing intervention. It was also valuable for the Optum Rx intervention team to hear this provider feedback, and consider some of the ideas for program changes or future enhancements.

For PDSA #2, the QI team plans to work more closely with the administrative team at the CMH clinics to address provider concerns. In partnership with the CMH clinics, the QI team would like to make the following modifications:

- *Intervention Letters:* The providers will forward Optum Rx intervention letter(s) to the CMH administrative team for them to review patient charts.
- *Patient outreach:* The administrative team will reach out to the patient to either educate them about needed changes in their asthma medications or schedule them for an appointment with their PCP to talk about changing their asthma medication regimen.
- *Data collection:* The CMH clinicians will collect information on:
  - Patients outreached
  - Successful/Unsuccessful outreach
  - Scheduled appointment
  - Patient Education
  - Change in asthma medication

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Provide provider performance feedback by means of MY 2017 annual HEDIS report cards

1. Annual HEDIS 2017 MY Reports sent to clinics on 08/22/18.

Provide bi-monthly prospective MY 2018 HEDIS progress reports and performance feedback reports

1. Bi-Monthly May 2018 MY Reports sent to clinics on 07/03/18.
2. Bi-Monthly July 2018 MY Reports sent to clinics on 9/10/18.
3. Bi-monthly Sept 2018 MY Reports sent to clinics on 11/08/18.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services					**Objective Met:** Met
Required by: DHCS					**Target Completion Date:** Q4 2018
Quality Improvement Projects					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
IP: Comprehensive Diabetes Care to improve rate of medical attention for nephropathy in diabetic members (screening or monitoring or evidence of nephropathy)	Evaluate 2017 performance for opportunities Provide provider performance feedback by means of 2017 HEDIS report cards Provide bi-monthly prospective HEDIS progress reports and performance feedback reports Create and implement provider awareness campaigns	QI Health Ed QI	Meet or exceed DHCS MPL	8/1/2018	5/31/2019

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	Objective Met: Met
Required by: DHCS	Target Completion Date: Q4 2018

Quality Improvement Projects

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

2017-2018 Measurement Year (MY) Rate Comparison

Measure	2017 MY	2018 MY	2018 MY Percentile	Rate Change	Goal Status
CDC-Nephropathy	88.08	89.78	25th	+1.70	Met MPL

Evaluate 2017 performance for opportunities

CDC-Nephropathy Screening PDSA 1

CDC-Nephropathy Study Period: 10/01/18 – 12/31/18

PDSA "Plan" Submission to DHCS: 08/31/18

Intervention: Under the leadership of GCHP's Chief Medical Officer, a QI Clinical Leadership Team will implement and test the effectiveness of an academic detailing intervention. Per the Agency for Healthcare Research and Quality, the peer-to-peer format of academic detailing, which involves utilizing clinicians to teach other clinicians, is an effective quality improvement method for introducing and implementing change in clinical practice. The academic detailing will include the following information:

- HEDIS 2017 MY rates.
- Post-HEDIS 2017 MY Barrier Analysis on Diabetic Nephropathy Screening.
- Evidence-based clinical practice guidelines that promote the use of urine protein tests to monitor nephropathy in diabetic patients.
- Provider HEDIS® Tip Sheets to educate providers on the clinical events recognized as attention to nephropathy.

Goal: By December 31, 2018, increase diabetic nephropathy monitoring in patients enrolled at Sierra Vista Family Medical Clinic by 10% from 77.68%* (341/439) to 87.68% (385/439).

Results: We did not meet our 10% goal; the clinic's rate increased by 4.32%.

Conclusion: Due to various barriers with scheduling the academic detailing presentation at the targeted clinic within the three-month study period, we could not complete the intervention as planned and this prevented us from testing the effectiveness of the academic detailing presentation. The intervention was aimed at changing provider lab ordering practices to increase the use of the urine microalbumin test for monitoring diabetic nephropathy. Although we did not have the opportunity to directly impact provider ordering practices, the initial outreach to report this observation to VCMC's Ambulatory Care Medical Director in August 2018 resulted in the implementation of a

Objective #1: Improve Quality and Safety of Clinical Care Services					Objective Met: Met
Required by: DHCS					Target Completion Date: Q4 2018
Quality Improvement Projects					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

technical improvement in the clinic system's EHR through a dot phrase mechanism. This EHR update helped to remind providers to order a diabetic nephropathy screening if a diabetic patient had not completed a urine microalbumin test within the past year.
The post-intervention analysis did reveal that the creatinine/GFR test continues to be the most frequently documented lab in the *Nephropathy Prevention* section of the *Diabetic Outpatient Flowsheet* within the clinic's EHR. The clinics QI RN diabetes educator did confirm that this is because the creatinine/GFR results are generated from the complete metabolic panel (CMP), which measures glucose levels, electrolyte and fluid balance, kidney function, and liver function, while the urine microalbumin test measures only the levels of a blood protein in urine to detect early signs of kidney damage. However, the post-intervention analysis also showed that slightly more urine microalbumin tests were ordered compared to the creatinine/GFR (CMP) test, but more creatinine/GFR tests were completed; all 35 creatinine/GFR orders were completed while only 19 of the 36 orders for urine microalbumin were completed.

Next Steps For PDSA 2, we will test the effectiveness of the clinic system's recently implemented urine microalbumin EHR alert with increasing the utilization of the urine microalbumin test for monitoring diabetic nephropathy screenings.

Provide provider performance feedback by means of 2017 HEDIS report cards

1. Annual HEDIS 2017 MY Reports sent to clinics on 08/22/18.

Provide bi-monthly prospective HEDIS progress reports and performance feedback reports

1. Bi-Monthly May 2018 MY Reports sent to clinics on 07/03/18.
2. Bi-Monthly July 2018 MY Reports sent to clinics on 9/10/18.
3. Bi-monthly Sept 2018 MY Reports sent to clinics on 11/08/18.

Create and implement provider awareness campaigns

1. "Decline in the Annual Diabetic Nephropathy Screenings" QI provider memo sent on June 14, 2018 that included the HEDIS® 2012 – 2017 DM nephropathy screening rates, NCQA's national percentile rankings, measure specifications, and provider education regarding screenings.
2. CDC-Nephropathy Screening PDSA 1

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services				**Objective Met:** Met	
Required by: DHCS				**Target Completion Date:** Q4 2018	
Pharmacy Measures					
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Reduction in potential unsafe opioid prescriptions including the following: • Reduction in number of users above 90 mg MEDD • Reduction in total number of opioids users Reduction in number of opioid users concurrently using benzodiazepines Reduction in number of opioid users concurrently using prenatal vitamins	1. Formulary Edits • Implementation of soft edits • Potential for hard edit development 2. Provider education • Development and release of GCHP opioid use webpage for provider resources	Pharmacy	Reduce 5% from prior year metrics	1/1/2018	12/31/2018
Evaluation/Analysis of Intervention(s): Soft edits for the following potential drug therapy issues were effective as of 1/1/2018: • Concurrent DUR edit of opioid and prenatal vitamins prescriptions • Concurrent DUE edit of opioid and benzodiazepines prescriptions • Concurrent DUR soft edit when cumulative 90 MME daily limit reached across all opioid prescriptions • Retrospective provider intervention program that provides fax notices on dosing, dangerous drug combinations, therapeutic duplication, excessive early refills, and prescriber/pharmacy shopping The webpage has not been completed at this time, but is still in development.					

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

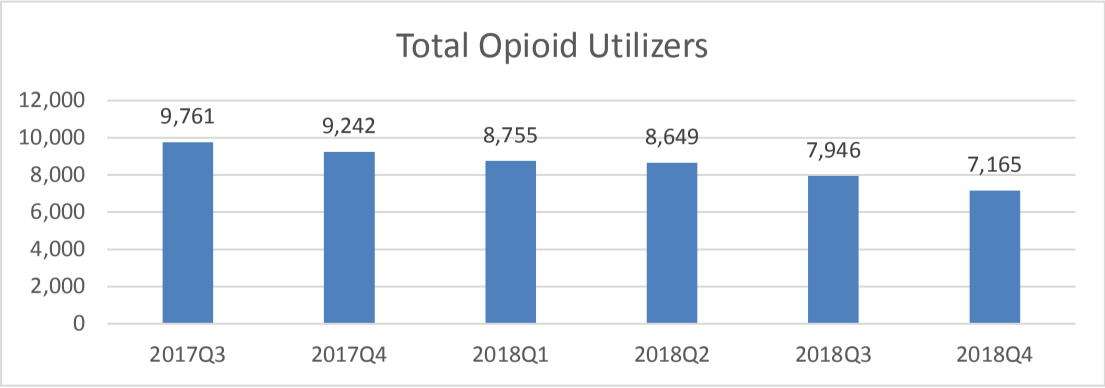
Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Pharmacy Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

The following quarterly results were seen as of 2018Q4:

- 22% reduction in the total number of opioid users
- 26% reduction in the number of opioid users with doses above 90 mg MEDD
- 24% reduction in the number of opioid users also using prenatal vitamins
- 28% reduction in the number of opioid users also using benzodiazepines

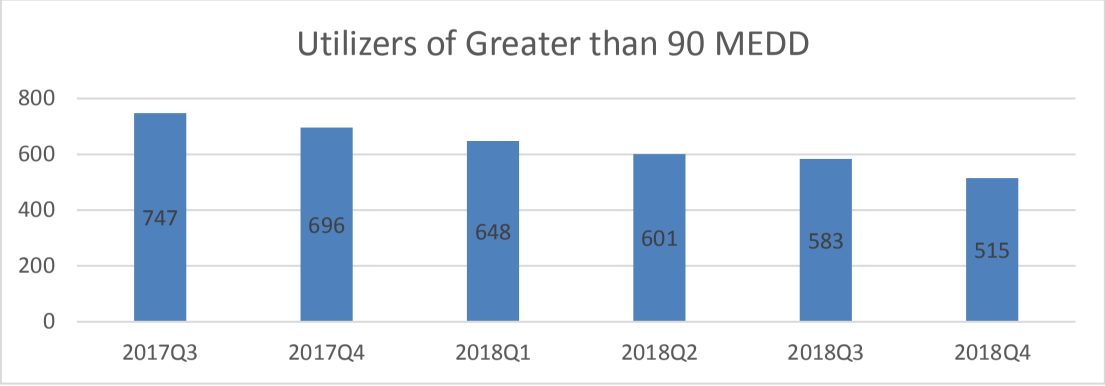


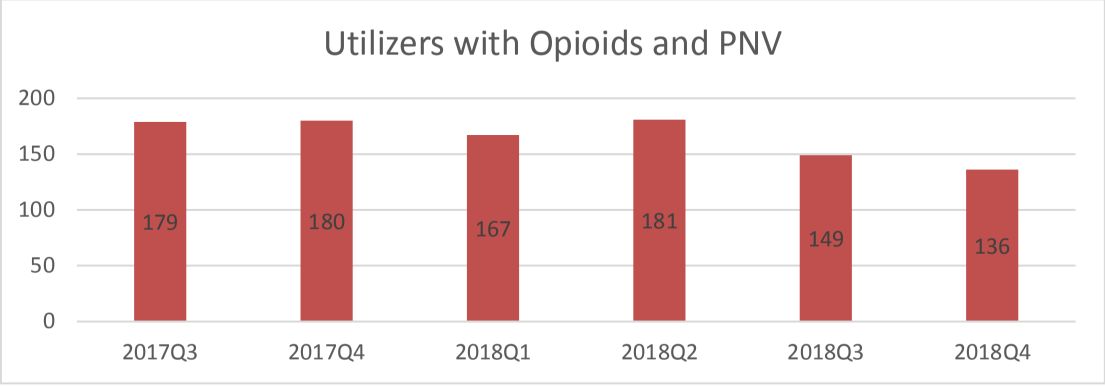
2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Pharmacy Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

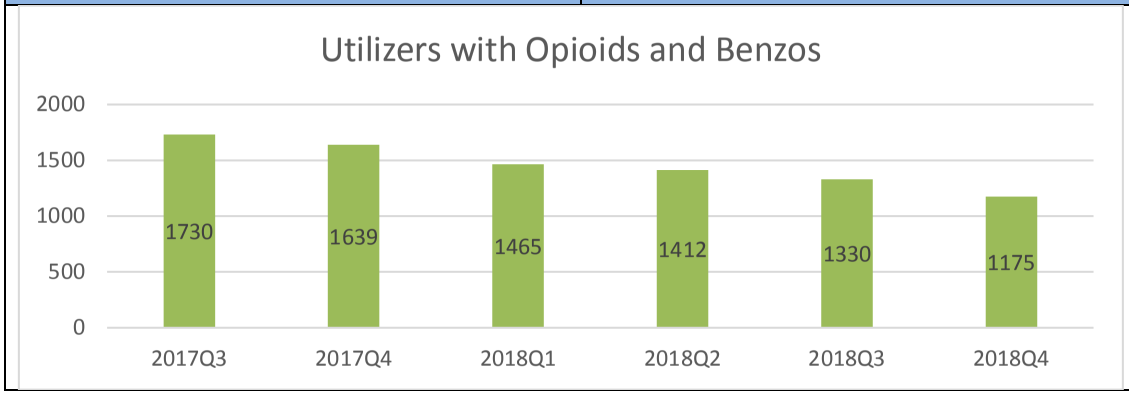




2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #1: Improve Quality and Safety of Clinical Care Services	**Objective Met:** Met
Required by: DHCS	**Target Completion Date:** Q4 2018

Pharmacy Measures

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
					

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services					**Objective Met:** Met/Not Met
Required by: NCQA NET 2; DHCS					**Target Completion Date:** Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Primary Care Access Members are offered: • Non-urgent primary care within 10 business days of request • Urgent care within 24 hours Specialty Care Access Members are offered: • Non-urgent specialty care appointment within 15 business days • Non-urgent ancillary services within 15 business days	Conduct survey and evaluate results Monitor performance and complaints relating to appointments Develop and implement corrective action plans when timely access standards not met Report quarterly performance to QIC	Network Operations G&A Network Operations	Standards met for minimum of 90% of providers	06/01/18	08/31/18

Evaluation/Analysis of Intervention(s):

Grievances and Appeals

Based on the review of the complaints received for the reporting period, the data does not reflect any issues with primary care or specialty care access. However, the G&A department will continue to monitor quarterly.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services					Objective Met: Met/Not Met
Required by: NCQA NET 2; DHCS					Target Completion Date: Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Provider Network Operations

Provider Relations took a comprehensive approach and discussed the Access regulations during Orientations, Site Visits and Joint Operations Meetings.
Network Ops/PR will communicate Access regulations by Provider Bulletin in Q4 2019.
Provider Appointment Availability to be repeated and completed by vendor SPH Analytics Q4 2019.

Provider Appointment Availability Survey (PAAS) took place in Q2 2018 with SPH Analytics. A total of 1183 GCHP providers and/or appointment staff were interviewed. SPH completed 238 PCP audits and 945 Specialist audits meeting the quota of 485 providers audited. A new approach was taken this year.

1. To avoid duplicated calls to the same provider group/phone number and minimize the length of time for survey completion, a roll-up method was put in place. Using the roll-up method, once a survey was completed for any given provider who shared the phone number, the response or data ascertained would be reflective of the entire group.
2. The survey addressed the following appointment types:
   - Urgent care
   - Non-urgent care
   - Physical/Well Woman exam (PCP)
   - Preventive check-up/Well-child exam (PCP)
   - Routine care (Specialist)
   - Average wait time in office
   - Average call back time to patient

Primary Care and Specialty Care access survey results:

1. Urgent care appointment for services that do not require prior authorization within 24 hours: 91.3 % met criteria. Previous survey 2015/16 used DMHC access standard of 48 hrs. which yielded 100% met criteria.
2. Non-Urgent primary care appointment available within 10 business days of request: 99.6% met criteria. Previous survey 2015/16, 90.2 % met criteria.
3. Non-urgent specialty care appointment within 15 business days: 93.2% met criteria. Previous survey 2015/16 resulted in 54.1% met criteria, however only focused on Allergy, Dermatology and Cardio specialists.
4. For Physical exam (PCP) / Well-woman exam (OB/Gyn Specialist) within 10 business days, 88.7% met criteria. Previous survey 2015/16, did not include specific question related to Physical and/or Well-Woman Exam.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services					**Objective Met:** Met/Not Met
Required by: NCQA NET 2; DHCS					**Target Completion Date:** Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
5. Preventive check-up/Well-Child exam (PCP) within 10 business days 86.1% met criteria. Previous survey 2015/16 did not include specific question related to Preventive check-ups/Well-Child exams. 6. Average Wait Time in office < 45 min., 79.3% met criteria with the remaining 20.7% stated they were not sure of the actual wait time or did not know. 7. Average call back time for a medical professional to call a patient back if someone was not immediately available to 8. Assist a patient that believes they need immediate, but not emergency care resulted in 53.8% met criteria of within 60 minutes. While 23.1 % stated over 60 minutes and another 23.1% responded they did not know or were not sure.					

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services		**Objective Met:** Met/Not Met			
Required by: NCQA NET 2; DHCS		**Target Completion Date:** Q4 2018			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
After Hours Availability • Members are able to reach a provider after hours	Conduct survey and evaluate results. Monitor performance and complaints relating to after-hours availability Develop and implement corrective action plans when timely access standards not met Report quarterly performance to QIC	Network Operations Grievances and Appeals	Standards met for 90 % of providers	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services			**Objective Met:** Met/Not Met		
Required by: NCQA NET 2; DHCS			**Target Completion Date:** Q4 2018		
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Evaluation/Analysis of Intervention(s):

Grievances & Appeals

There are no complaints regarding after-hour availability. G&A will continue to monitor for any complaints.

Provider Network Operations

Provider Relations took a comprehensive approach and discussed the Access regulations during Orientations, Site Visits and Joint Operations Meetings.
Network Ops/PR will communicate Access regulations by Provider Bulletin in Q4 2019.
Provider Access After-Hours Survey to be repeated and completed by vendor SPH Analytics Q4 2019.

Results: Hours Survey took place in Q2 2018 with SPH Analytics. Objective of the After-Hours Audit is to contact provider offices during closed office hours (early morning, evening, or weekend hours).

- Over-all of the PCP portion which makes up 20.1% surveyed, 99.2 % reached a recording or auto attendant at which 100% met the after-hours standards.
  - 99.6% Advised by a recorded outgoing message that if the situation is a medical emergency they should hang up and dial 911 or go to the nearest ER/Hospital
  - 100% of PCP offices were compliant with emergency instructions in Spanish.
  - The remaining 0.8% of calls reached a live person or were intercepted by a live person during the recording but met the compliance standards.

- Of the Specialist portion which makes up 79.9% surveyed, 96.8% reached a recording or auto attendant in which 75.2% met the compliance standard.
  - 75.2% Advised by a recorded outgoing message that if the situation is a medical emergency they should hang up and dial 911 or go to the nearest ER/Hospital
  - 60.9 % of Specialist offices were compliant with emergency instructions both in English and Spanish.
    - 39.1% did not have emergency instructions available in Spanish or an option to listen to the recording in Spanish.
  - 78.4% of practices met the compliance standards while speaking with live person
    - 21.6% did not meet compliance standards.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services		**Objective Met:** Met			
Required by: NCQA NET 1; DHCS		**Target Completion Date:** Q4 2018			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Network Adequacy as demonstrated by availability of practitioners	Conduct bi-annual ratio analysis and annual Quest Analytics analysis for primary care and high-volume specialties Identify gaps and implement corrective action plan Monitor progress toward action plans to maintain or improve GeoAccess standards Develop process for network certification process (with ratios) for implementation by 3/31/19 Report bi-annual ratio analysis and annual GeoAccess findings to QIC	Network Operations	Ratios: 1 PCP 1:2000 Total Physicians 1: 1200 Physician Supervision to Non-Physician Practitioner Ratio Nurse Practitioners 1:4 Physician Assistants 1:4 Network maintained PCP located within 30 minutes or 10 miles. Network maintained DHCS core specialists located within 60 minutes or 30 miles. Hospitals 30 minutes or 15 miles.	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services			**Objective Met:** Met		
Required by: NCQA NET 1; DHCS			**Target Completion Date:** Q4 2018		
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Evaluation/Analysis of Intervention(s):

Provider Network Operations

Based on Dec 2018 Membership (no SOC) = 194,692 and Q4 2018 Quarterly Provider Network to DHCS

- Ratios of Members to PCPs 1:781
- Ratio of Members to Total Physicians 1:228
- Nurse Practitioners to PCP Physicians 1:1
- Physician Assistants to PCP Physicians 1:2
- Network maintained 100% access of PCPs located within 30 minutes or 10 miles of members residence
- Network maintained 100% access of DHCS core specialists located within 60 minutes or 30 miles of members residence
- Network maintained 100% access of Hospitals 30 minutes or 15 miles of members residence

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services		**Objective Met:** Not Met			
Required by: GCHP Internal Activity		**Target Completion Date:** Q4 2018			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Provider Satisfaction Survey	Analyze 2017 results and identify opportunities for improvement Develop and implement interventions as needed to improve rates Prepare for 1Q19 provider survey	Network Operations	Development and implementation of action plan to improve provider satisfaction survey.	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services					Objective Met: Not Met
Required by: GCHP Internal Activity					Target Completion Date: Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Evaluation/Analysis of Intervention(s):

Network Operations

The provider survey was not completed in 2018. Because of the challenges of previous surveys, GCHP created a list of key needs and expectations for a more tailored approach to the Provider Satisfaction Survey. This survey was further placed on hold due to competing strategic and State regulatory reporting priorities. We have prioritized moving forward on a Provider Satisfaction Survey to commence no later than the 4th QTR of FY 2019.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services	**Objective Met:** Met
Required by: NCQA NET 1; DHCS	**Target Completion Date:** Q4 2018

Practitioner Availability: Cultural Needs & Preferences

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Practitioner Availability - Cultural and Linguistics Needs & Preferences ➢ Adequate resources to address the cultural, ethnic and linguistic needs of our members	Evaluate the demographic needs of members and identify opportunities for improvement Create and implement an action plan to address areas for improvement	Network Operations Health Education	Development and implementation of action plan to provide members with available resources to meet cultural, ethnic and linguistic needs.	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services	**Objective Met:** Met
Required by: NCQA NET 1; DHCS	**Target Completion Date:** Q4 2018

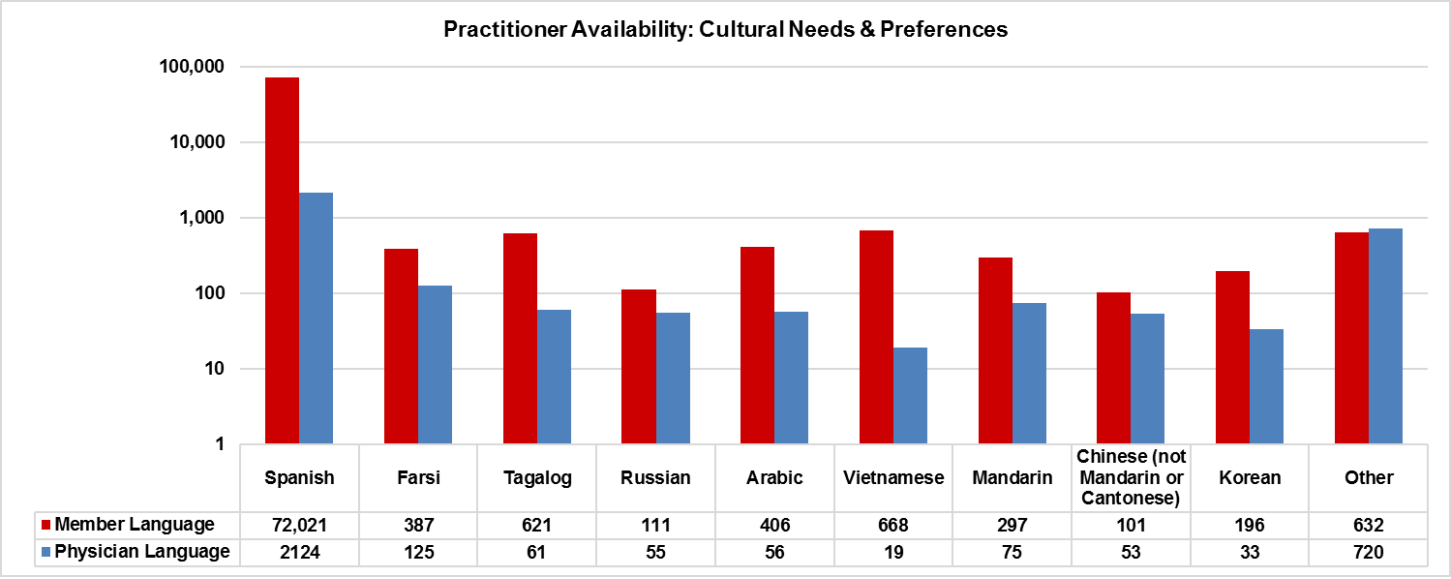
Practitioner Availability: Cultural Needs & Preferences

Goals	Activities	Responsible Party	Metrics	Start Date	End Date

Evaluation/Analysis of Intervention(s):

Network Operations

Network Operations continues to acquire languages spoken by practitioner/professionals including ethnicity. Although providing ethnicity is voluntary, it is still asked. Also, Provider Relations continues to incorporate C&L Education topics and materials during Orientation of new providers. Provider Relations collaborates with Health Ed/C&L during Joint Operation Meetings (JOM) to assure that providers have all the necessary information to address the cultural, ethnic and linguistic needs of our members.



	Spanish	Farsi	Tagalog	Russian	Arabic	Vietnamese	Mandarin	Chinese (not Mandarin or Cantonese)	Korean	Other
Member Language	72,021	387	621	111	406	668	297	101	196	632
Physician Language	2124	125	61	55	56	19	75	53	33	720

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #2: Improve Quality of Nonclinical Services	**Objective Met:** Met
Required by: NCQA NET 1; DHCS	**Target Completion Date:** Q4 2018

Practitioner Availability: Cultural Needs & Preferences

Goals	Activities	Responsible Party	Metrics	Start Date	End Date
Health Education/Cultural Linguistics 1. During Q1-Q3, the Health Education, Cultural and Linguistic (HECL) Services representative, participated in Joint Operation Meetings (JOMs) with Network Operations to provide cultural and linguistic (C&L) service information and resources to providers. 2. A packet of information and instructions on how to request a telephonic and in-person interpreter are handed out during JOMs. 3. During Q2, HECL met with Network Operations to review the cultural diversity and SPD training requirements. 4. An online training tool will be developed for providers to review. The online training will focus on cultural diversity and health care.					

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #3: Improve Member Safety		**Objective Met:** Met			
Required by: DHCS; NCQA MED 4		**Target Completion Date:** Q4 2018			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Compliance with facility site reviews (FSR)	Review FSR database regularly to maintain scheduled visits Complete Initial, Interim, and Tri-annual Facility Site Reviews timely Issue CAPs as needed to facilitate clinic compliance improvement Submit bi-annual reports to DHCS	QI	100% on time	1/1/2018	12/31/2018
Complete Physical Accessibility Review (PAR)	Compile reports for high volume/ancillary specialists Complete PARs for new provider sites Submit report to DHCS	QI	100% on time	1/1/2018	12/31/2018
Monitor Clinic for safety practices	Monitor FSR site visit results from deficiencies, track and trend Monitor member complaints and PQIs involving clinical quality of care concerns (safety) Issue CAP(s) and track improvements as needed	QI Grievances and Appeals	Evaluate tracking system, improve if needed	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #3: Improve Member Safety					Objective Met: Met
Required by: DHCS; NCQA MED 4					Target Completion Date: Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Evaluation/Analysis of Intervention(s):

Review FSR database regularly to maintain scheduled visits

- FSR survey scheduling was interrupted due to staff transition. Database is currently reviewed regularly and visits are completed according to regulatory guidelines.

Complete Initial, Interim, and Tri-annual Facility Site Reviews timely

- Visits were completed timely

Q1 – Q4 2018 - Initial and Periodic FSRs with PARS Completed

Quarter	Initial FSRs with PARS Completed	Periodic FSRs with PARS Completed	FSR(s) with CAPS	Number of CAPS closed	Total number FSR and PARS Completed
Q1	0	1	0	0	1
Q2	0	1	0	0	1
Q3	1	8	0	0	9
Q4	0	4	2	2	4

Q1 – Q4 2018 - Interim FSRs Performed

Quarter	Total number of I-FSR	Total number of I-FSR approved	Total number of critical element CAPs served	Total number of critical element CAPS completed within 10 days.	Total number of critical element CAPS **not** completed within 10 days.
Q1	0	0	0	NA	NA
Q2	0	0	0	NA	NA
Q3	5	5	1	1	0
Q4	30	30	0	0	0

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #3: Improve Member Safety					**Objective Met:** Met
Required by: DHCS; NCQA MED 4					**Target Completion Date:** Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Issue CAPs as needed to facilitate clinic compliance improvement

- CAPs were issued and completed timely

Submit bi-annual reports to DHCS

- Submitted timely

Compile reports for high volume/ancillary specialists

- On December 31, 2018, Gold Coast Health Plan identified and reported to DHCS 393 names of high volume specialty and ancillary service providers and 149 office/facility locations for the year 2018.

Complete PARs for new provider sites

- As of December 31, 2018, 17 location High-Volume Specialist or Ancillary Provider PARS were performed. All High Volume Specialist and Ancillary Service Provider PARS were completed for the year 2018.

Monitor FSR site visit results for deficiencies, track and trend

- Deficiencies were monitored, tracked and trended. There are 0 open CAPs, 0 providers are non-compliant.

Monitor member complaints and PQIs involving clinical quality of care concerns (safety)

- Member grievances and PQIs were reviewed by PQI RN and evaluated by the CMO. Tracked and trended.

Grievances & Appeals

Grievance & Appeals department will continue to monitor member grievances received involving clinical quality of care concerns (safety). Any grievances that involve potential quality issues are referred to Quality Improvement for follow up and investigation.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #4: Assess and Improve Member Experience		**Objective Met:** Met/Not Met			
Required by: NCQA QI 4; DHCS		**Target Completion Date:** Q4 2018			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Assess Member Access and Satisfaction Conduct annual assessment of complaints and grievances.	Review and evaluate 2017 Member Access and Satisfaction Survey Identify opportunities for improvement Create and implement action plan for improvement Continue to monitor complaints and grievances	Network Operations QI Grievances and Appeals	Development and implementation of action plan to improve	1/1/2018	12/31/2018

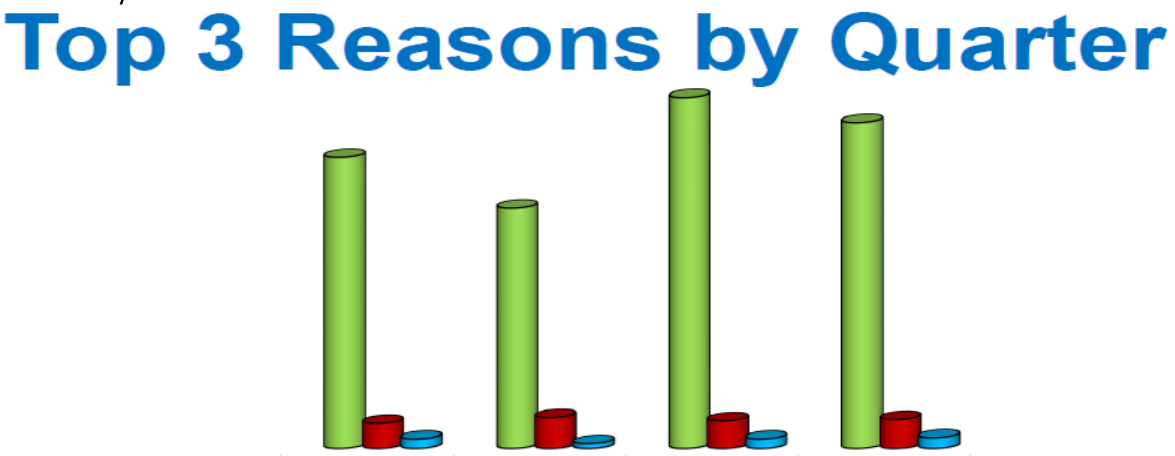
2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #4: Assess and Improve Member Experience					**Objective Met:** Met/Not Met
Required by: NCQA QI 4; DHCS					**Target Completion Date:** Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Evaluation/Analysis of Intervention(s):

Grievances and Appeals

Grievance and Appeals department continuously monitors complaint and grievances related to Member access. For this reporting period, we have not identified any member access trends.



	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Provider Disputes	455	376	548	509
Quality of Care	40	49	44	46
Accessibility	15	8	15	17

Per the trending review analysis for 2018 the report depicts a pattern in Quality of Care issues being reported and the majority of the cases are due to a delay in care. Further review is being done to determine if this related to one specific provider.

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #4: Assess and Improve Member Experience						**Objective Met:** Met/Not Met
Required by: NCQA QI 4; DHCS						**Target Completion Date:** Q4 2018
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**	
Network Operations The provider survey was not completed in 2018. Because of the challenges of previous surveys, GCHP created a list of key needs and expectations for a more tailored approach to the Provider Satisfaction Survey. This survey was further placed on hold due to competing strategic and State regulatory reporting priorities. We have prioritized moving forward on a Provider Satisfaction Survey to commence no later than the 4th QTR of FY 2019.						

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #4: Assess and Improve Member Experience		**Objective Met:** Not Met			
Required by: NCQA QI 4; DHCS		**Target Completion Date:** Q4 2018			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Call Center Monitoring	Customer Service Interventions: • Monitor results/reports of after call survey performed by call center; follow up if issues identified • Monitor Average Speed of Answer (ASA and Abandonment Rate)	Member Services	ASA: 30 seconds or less Abandonment Rate: 5% or less	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #4: Assess and Improve Member Experience			Objective Met: Not Met		
Required by: NCQA QI 4; DHCS			**Target Completion Date:** Q4 2018		
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Evaluation/Analysis of Intervention(s):

Call Center After Call Survey:

Survey results for the overall satisfaction show a 0.66% improvement. In 2018, 97.18% of the callers were satisfied in comparison to a 96.52% in 2017.

Call Center Average Speed of Answer (ASA) and Abandonment Rate:

Results show an increase of 58 seconds for the ASA in 2018 (109 seconds), in comparison to the 51 seconds ASA in 2017. The abandonment rate also shows an increase of 2.61% for 2018 (5.11%) in comparison to 2.49% abandonment rate in 2017.

The call center in Lexington, Kentucky experienced significant attrition the second half of the year and faced challenges in hiring new staff due to a highly competitive market. The staffing level for the call center in Tempe, Arizona was increased. In December 2018, the call center was fully staffed once again when 15 new call center agents began to take phone calls.

Member Services

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Benchmark	2017	2018
Call Center - Aggregate Average Speed of Answer (ASA)	Average Speed to Answer (in seconds)	<= 30 seconds	44.1	108.8
Call Center - Aggregate Abandonment Rate	Percentage of aggregate Abandoned calls to Call Center	<= 5%	0.0	5.11%
Call Center - Aggregate Call Center Call Volume	Monitored to ensure adequate staffing and identification of systemic issues.		138,080	143,316
Call Center - Phone Quality Results	Combined percentage of audit scores for all call center agents	>= 95%	n/a	n/a

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #5: Ensure organizational oversight of delegated activities		**Objective Met:** Met			
Required by: NCQA CR 8; QI 7; UM 13; RR 5; DHCS		**Target Completion Date:**			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Completion of Delegation Oversight Delegated Activities • Credentialing • QI • UM • Members' Rights • Claims	1. Complete audits 2. Issue CAPs as applicable 3. Follow-up on CAPs as applicable 4. Report to Compliance Committee and QIC	Compliance	100%	1/1/2018	12/31/2018

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #5: Ensure organizational oversight of delegated activities		Objective Met: Met			
Required by: NCQA CR 8; QI 7; UM 13; RR 5; DHCS		**Target Completion Date:**			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**

Evaluation/Analysis of Intervention(s): Goal Met
Quantitative:
Q1
Credentialing: Four (4) audits scheduled and completed: VCMC, Clinicas del Camino Real, Community Memorial Health System, and Keck Medicine of USC Medical Group (USCMG).
QI: One (1) audit scheduled and completed: Beacon
UM: Two (2) audits scheduled and completed: Beacon and Clinicas del Camino Real (CDCR)
Members' Rights: One (1) audit scheduled and completed: Beacon
Claims: One (1) audit scheduled and completed: Kaiser

Q2
Credentialing: One (1) audit scheduled and completed: City of Hope
QI: One (1) audit scheduled and completed: Vision Service Plan
UM: No audits due
Members' Rights: No audits due
Claims: Two (2) audits scheduled and one (1) completed: Beacon; CAP issued. Conduent audit scheduled but unable to be completed due to Conduent's failure to upload required documents.

Q3
Credentialing: Two (2) audits scheduled and completed: Children's Hospital Los Angeles Medical Group, and Cedars Sinai Medical Network Services (CSMNS)
QI: No audits due
UM: One (1) focused audit completed: Clinicas del Camino Real
Members' Rights: No audits due
Claims: One (1) audit scheduled and completed: Kaiser

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #5: Ensure organizational oversight of delegated activities			Objective Met: Met		
Required by: NCQA CR 8; QI 7; UM 13; RR 5; DHCS			**Target Completion Date:**		
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Q4 Credentialing: One (1) audit scheduled and completed: UCLA Medical Group QI: One (1) audit scheduled and completed: Beacon UM: Two (2) audits scheduled and completed: Beacon and Clinicas del Camino Real (CDCR) Members' Rights: One (1) audit scheduled and completed: Beacon Claims: One (1) audit scheduled and completed: CDCR **Qualitative:** **Q1** Credentialing: USCMG CAP issued QI: No CAPs issued UM: CDCR CAP issued and closed, focused audit scheduled Members' Rights: Beacon CAP issued and closed Claims: Beacon CAP remains open. Kaiser CAP issued. **Q2** Credentialing: USCMG CAP closed QI: No CAPs issued UM: No audits due Members' Rights: No audits due Claims: Beacon CAP remains open. Kaiser CAP remains open. Conduent CAP issued and placed on three (3) months of ongoing monitoring. **Q3** Credentialing: CSMNS CAP issued QI: No audits due UM: No CAPs issued					

2018 Gold Coast Health Plan
Quality Improvement Work Plan Evaluation

Objective #5: Ensure organizational oversight of delegated activities		**Objective Met:** Met			
Required by: NCQA CR 8; QI 7; UM 13; RR 5; DHCS		**Target Completion Date:**			
Goals	**Activities**	**Responsible Party**	**Metrics**	**Start Date**	**End Date**
Members' Rights: No audits due Claims: Kaiser CAP remains open, Conduent CAP remains open, Beacon CAP remains open **Q4** Credentialing: No CAPs issued QI: No CAPs issued UM: No CAPs issued Members' Rights: Beacon CAP issued and closed Claims: CDCR CAP issued, Beacon CAP remains open, Kaiser CAP remains open Results of all audits reported to Compliance Committee and QIC.					

AGENDA ITEM 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: October 28, 2019

SUBJECT: FY 2018-19 Audit Results (Presented by Moss Adams)

SUMMARY:

The Plan's auditor, Moss Adams LLP (Moss Adams) is presenting the results and findings of the FY 2018-19 (07/01/2018 - 06/30/2019) financial audit of Gold Coast Health Plan (Plan) for review by the Commission.

Auditor's report reflects an "unmodified opinion" (i.e., there were no issues that would impact the financials).

The Plan engaged Moss Adams to perform a financial audit for FY 2018-19. Performing an annual audit is a requirement of the Plan's contract with the State of California's Department of Health Care Services.

BACKGROUND / DISCUSSION:

The primary purpose of the audit is for stakeholders to gain assurance that the Plan's financial statements are properly presented, are free of material misstatements and have been prepared in conformity with accounting principles generally accepted in the U.S. The auditor's report for FY2018-19 resulted in an unmodified opinion; no issues were reported that would have an adverse effect on the Plan's financial results.

A secondary (but important) purpose of the audit is to test and comment on the Plan's design, implementation and maintenance of a system of internal controls that have a relationship with financial reporting.

FISCAL IMPACT:

Plan's auditor, Moss Adams, will be presenting the FY 2018-19 audited results of the change in net assets and tangible net equity (TNE).

RECOMMENDATION:

Staff proposes that the Commission approve and accept the FY 2018-19 Financial Audit results.

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: October 28, 2019

SUBJECT: Contract Award Approval – Health Management Systems Inc.

SUMMARY:

GCHP staff seek approval to enter into a contract with Health Management Systems Inc. for claim recovery services.

BACKGROUND/DISCUSSION:

In an effort to reduce overall medical expenses, ensure that claims are paid appropriately, and improve processes, GCHP staff engaged in the development and implementation of a Request For Proposal (RFP) for claim recovery and coordination of benefits services. The contractor would receive historical and ongoing claims data files, member eligibility data, and provider data. The contractor then mines the data utilizing proprietary algorithms to identify overpayments. Coordination of benefits involves identifying if another party was responsible to pay a claim such as Medicare or another insurance plan.

On July 15, 2019, the Plan publicly posted and issued Request For Proposal, ("RFP") #GCHP05282019 to the following six, (6) vendors requesting a proposal due date of August 5, 2019.

Optum
Health Management Systems
Equian
Conduent Payment Integrity Solutions
Change Healthcare
Performant Recovery

The Plan received four, (4) responsive proposals from the following vendors:
Optum
Health Management Systems
Conduent Payment Integrity Solutions
Performant Recovery

Equian and Change Healthcare submitted a formal notice to decline-to-bid.

Using predetermined weighted evaluation criteria, a cross functional team scored each of the responsive proposals against the RFP's qualitative and quantitative requirements. The results are as follows:

Overall Scoring

		Identified	Optum		Conduent		Performant		HMS	
Section	Decision Factor	Weight	Score	Value	Score	Value	Score	Value	Score	Value
3.1.	Contractor Overview	15.00%	6.38	9.57	6.88	10.32	5.71	8.57	6.74	10.11
3.2.	Contractor Methodology and Approach	35.00%	6.83	23.92	6.26	21.92	6.03	21.10	7.67	26.83
3.3.	Implementation	22.50%	6.83	15.38	7.61	17.13	5.92	13.31	7.22	16.25
4.0	Price & T&C's	27.50%	5.75	15.81	6.88	18.92	9.70	26.68	8.98	24.70
	Totals:	100%		64.68		68.29		69.66		77.89

Decision Factor Overview:

Section 3.1 titled Contractor Overview, requested information about their company, their experience with Medicaid and Medi-Cal, the number of employees and their employee turnover.

Section 3.2 titled Contractor Methodology and Approach, requested information on their recovery methodology and approach, what differentiated them from their competitors, their approach to reducing recoveries, their organizational structure and how that structure would support the services and to identify subcontracting relationships.

Section 3.3 titled Implementation, requested their implementation approach and a task level project plan, a description of the qualification of individuals who would staff the project and their associated resumes.

Section 4 titled Pricing, requested the recovery gain share percent after receipt of the entire overpayment amount for:

Coordination of Benefits Recovery
Overpayment Recovery
Hospital Bill Audit and Recovery

FISCAL IMPACT:

The fee is being negotiated on a percent of gain share, not to exceed 25% of the recovered amount received by GCHP.

RECOMMENDATION:

It is the Plan's recommendation to award this three year agreement to the highest scoring bidder, Health Management Systems Inc. based on fair and open competition.

If the Commission desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, MD, Chief Medical Officer

DATE: October 28, 2019

SUBJECT: Chief Medical Officer Update

Statewide Quality Trends from the Last Decade

In September 2019, California Health Care Foundation (CHCF) published a report of the quality of care provided by Medi-Cal Managed Care Plans (MCPs) between 2009 and 2018.

The report's key findings follow:

- From 2009 to 2018, quality of care in Medi-Cal managed care was stagnant at best on most measures. Among 41 quality measures collected in two or more years, more than half (59%) remained unchanged or declined. The picture looks only slightly better when limited to the 31 quality measures still collected by the Department of Health Care Services (DHCS). Of those, 52% remained unchanged or declined. Specifically, quality of care significantly declined for Medi-Cal enrollees on 4 measures and was unchanged on 12 measures.
- Three of the 4 current measures that declined over time were related to the care of children. Six of the 9 quality measures currently in use that are related to children declined or stayed the same; there was improvement in only 3 of these measures.
- Medi-Cal MCPs' quality scores varied markedly within and across MCPs by ownership. Most striking was the substantially lower quality scores of the for-profit MCPs, on average, relative to the nonprofit and public MCPs.
- While there was variation of MCP performance within each of the Medi-Cal managed care models, County Organized Health Systems had on average better quality scores than counties that furnish Medi-Cal services through either a two-plan or competing commercial model. This remained the case after adjusting for county demographics and physician supply, and was even true for the quality measures used as the basis for the enrollment-based "auto-assignment" incentive in counties with competing MCPs.

Quality scores at GCHP have improved significantly over the past 3 measurement years. We now rank in the top half of all 53 MCPs and are above the weighted average.

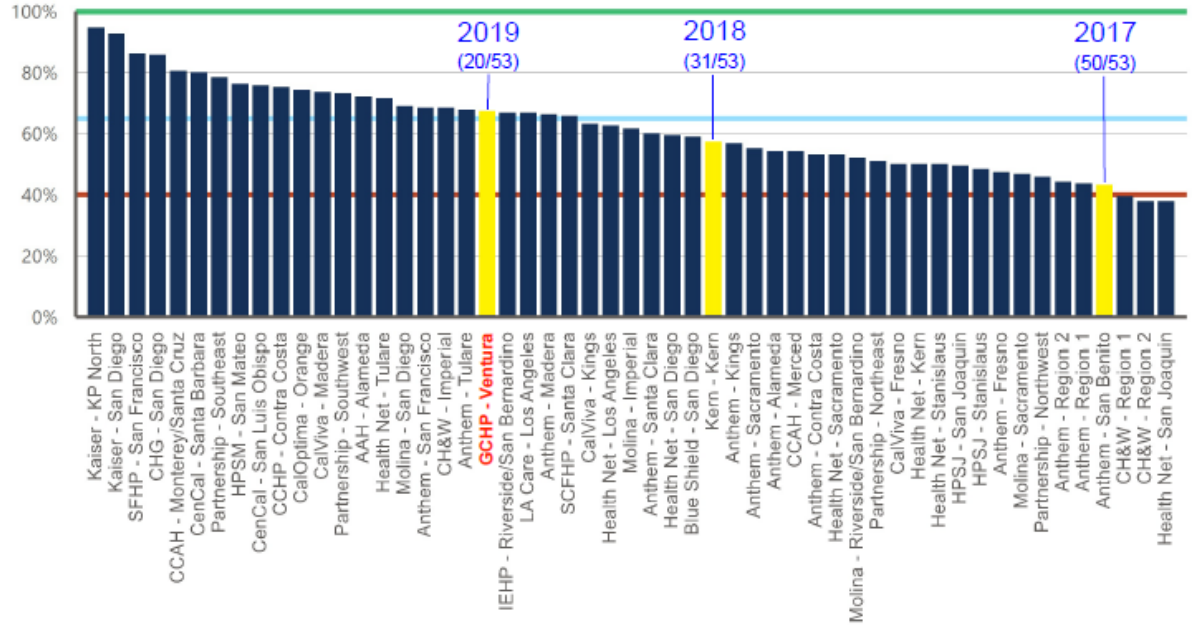
Managed Care Performance Monitoring Dashboard Report
Released September 24, 2019

DHCS

2019 HEDIS® Aggregated Quality Factor Score (AQFS)

HPL - 100% Weighted Average - 65% MPL - 40%

By HEDIS® Reporting Unit



Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Health Information Exchange (HIE) at CHNA

The importance of a regional HIE platform in addressing population health challenges was stressed at the October 17, 2019 Community Health Needs Assessment (CHNA) meeting hosted by GCHP. Topics covered included the value of HIEs, federal and state requirements, and subsidy programs.

HIE Value

Patients with multiple chronic conditions often see many different physicians in a single year. If you include important non-clinical service providers like therapists, nutritionists, and social workers, that figure can be much higher. For the most part, these health and social service providers are partly or totally unaware of each other's diagnostic and therapeutic activities. That lack of knowledge undermines the optimal delivery of health care services for patients with the greatest need for coordinated care. An HIE can help to address these issues.

A provider's connection to an HIE can:

- Improve provider access to information across a medical community
- Improve care coordination
- Improve the quality of care for patients
- Improve efficiency by reducing unnecessary utilization and waste
- Support specific Medi-Cal initiatives, including waiver programs like Whole Person Care

Insights from risk stratification scores and real time Admit/Discharge/Transfer (ADT) alerts support population health efforts and lead to reduced readmissions, a decrease in duplicate testing, and a reduction in ED utilization and ED visit time. With the adoption of an HIE, Inland Empire Health Plan (IEHP), the MCP for San Bernadino County, saw a 39% decrease in patients not seen in the week after discharge, a 3.1% decrease in ED visits and a significantly reduced PMPY cost.

Policy Requirements

The federal and state policy environment will require providers and payers to participate in HIE.

- Medicare, Medicaid and ACA plans must share claims data with patients through application programming interfaces (APIs).
- Office of the National Coordinator for Health Information Technology (ONC) will impose harsh penalties for providers, plans and IT vendors who do not share data.
- CMS will require hospitals to share real-time alerts with community providers as a condition of participation in Medicare and Medicaid.

Subsidies

A Medi-Cal survey found low participation in regional HIEs (only 26% of providers). Sixty three % of survey respondents reported that the cost of connecting to an HIE was a significant barrier. The California Medi-Cal HIE Onboarding Program (Cal-HOP) will make $50 million from a federal matching program available to reduce barriers to HIE adoption.

GCHP will continue to facilitate county-wide discussions about HIE participation with the goal of promoting HIE onboarding in the pursuit of efficient and improved care for our members.

Restriction of Immunization Exemptions

Four years ago, after a significant measles outbreak centered around Disneyland, California passed SB 277 which removed Personal Belief Exemptions for vaccinations of children entering school or childcare. The next year, the measles/mumps/rubella (MMR) vaccine rate for children entering kindergarten increased from 92.9% to 95.6%.

Last month, Governor Newsom signed SB 276 which will restrict Medical Exemptions for children's vaccines. Beginning January 1, 2020, Medical Exemptions will need to be standardized and will need to be renewed at each grade span. In 2021, Medical Exemptions will need to be submitted electronically and the California Department of Public Health (CDPH) will monitor schools with low vaccination rates and doctors with a high number of Medical Exemption submissions.

Continued on Next Page

Restriction of Immunization Exemptions in California

6/15/2015
SB 277

1/1/2020
SB 276
Restricted ME
- Standardized
- Limited Duration*
  - Revocable

1/1/2021
- Electronic ME form
- Temp ME lasts 1 year
- CDPH surveillance:
  - Schools <95% imm rate
  - Doctors > 5 ME/yr

ME = Medical Exemption (initiated by M.D.)
PBE = Personal Belief Exemption (initiated by patient)

* New ME at each grade span (birth–preschool, K-6, 7-12)

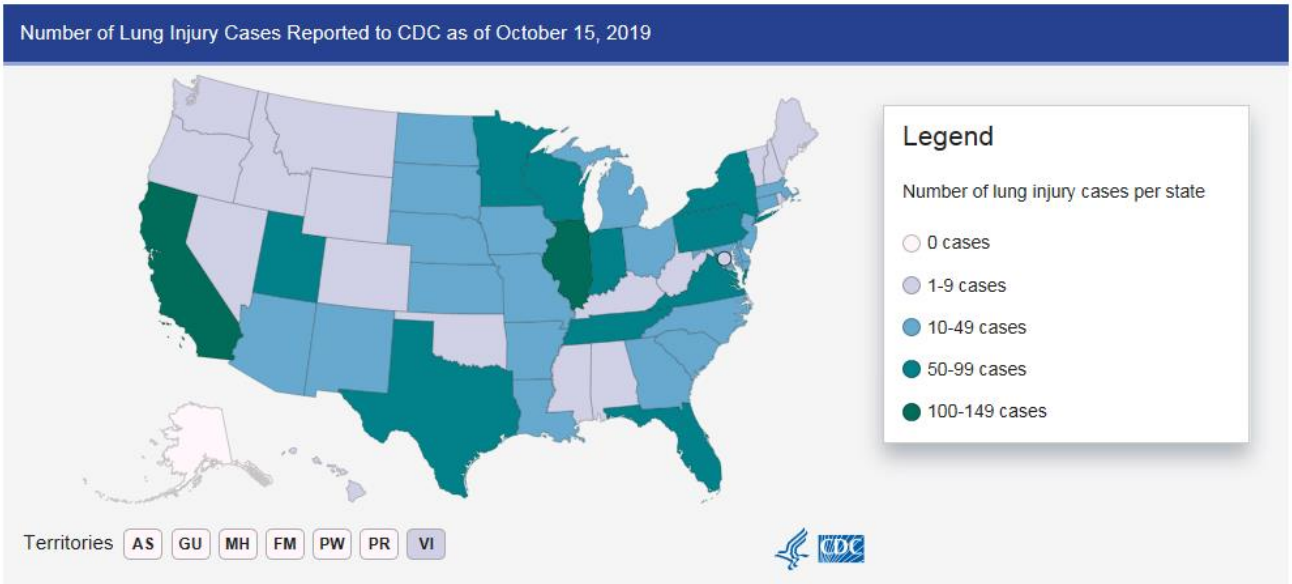
Return to Agenda

Vaping Related Lung Illness

As of October 15, 2019, the Centers for Disease Control and Prevention (CDC) is reporting nearly 1,500 lung injury cases from 49 states. There have been 8 confirmed cases in Ventura County. The lung injury can be serious and even fatal with 33 deaths confirmed in 24 states. Most of the injuries involve young people (median age 23) and tested products commonly contain THC. The specific chemical exposure(s) causing lung injuries associated with vaping remains unknown at this time.

The CDC recommends that people should not:

- Use e-cigarette, or vaping, products that contain THC.
- Buy any type of e-cigarette, or vaping, products, particularly those containing THC, off the street.
- Modify or add any substances to e-cigarette, or vaping, products that are not intended by the manufacturer, including products purchased through retail establishments.



Revision of Practitioner Credentialing Policy

Policy QI-025 Practitioner Credentialing was approved by the Credentialing/Peer Review Committee (C/PRC) on June 27, 2019.

The policy revision included the following highlights:

- Alignment of criteria with the National Committee for Quality Assurance accreditation standards;
- Establishment of minimum criteria that a practitioner must satisfy to be eligible for review by C/PRC, including Medi-Cal enrollment criteria;
- Documentation of non-physician practitioners that will be credentialed by the C/PRC and the associated criteria;
- Enhanced description of the credentialing review process, including defining Type II files and making administrative denials, as well as denials for failure to meet minimum criteria and/or failure to submit requested information to C/PRC;
- Addition of primary source verification information, and
- Removal of provisions that apply only to organizational providers (a separate policy is under revision to solely address Organizational Providers).

Pharmacy Benefit Cost Trends

National Trend Data

Unit Cost

- Price inflation is a top contributor, outpacing utilization growth 4:1.[1]
- Average price increase per drug was 10.5% in the first half of 2019.[2]

Utilization

- The number of prescriptions increased 21% from 2014 to 2017.[5]

Drug Mix

- 59 new drug approval in 2018 – new all-time record high, 28% increase from 2017.[3]
- Pharma TV ad spending increased to $3.73B in 2018.[4]

Drug Trend Factors
Unit Cost
Utilization
Drug Mix

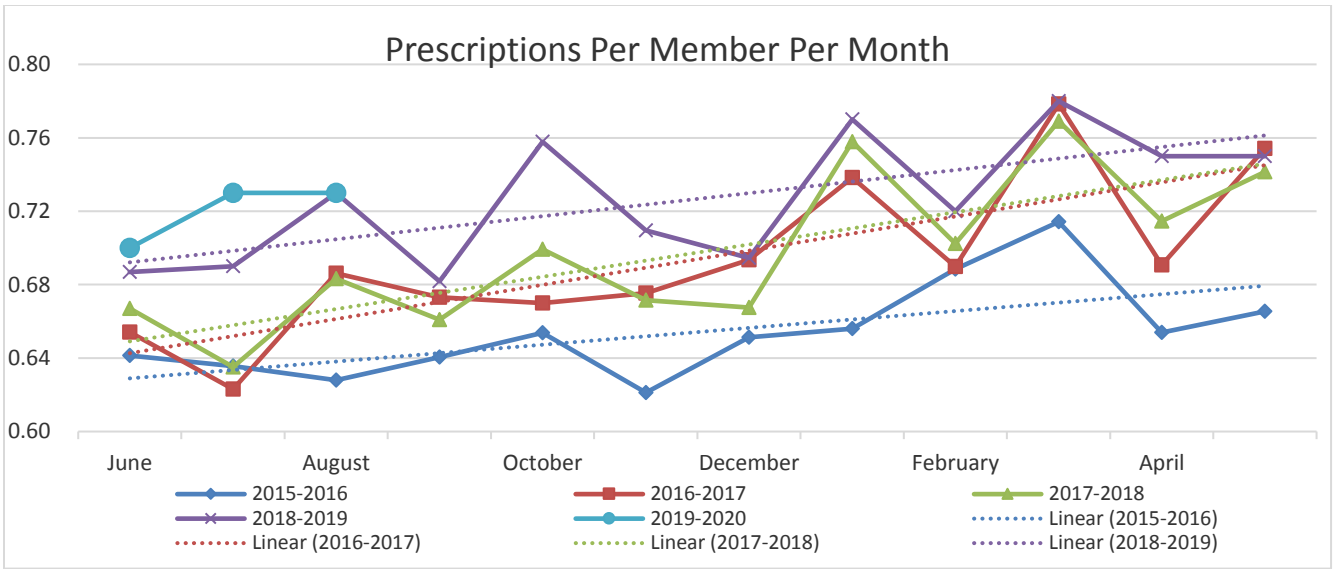
GCHP Annual Trend Data

Unit Cost Trends

OptumRx reported that GCHP's unit cost trends from 2018Q2 to 2019Q2 was a 6.9% increase in unit cost.

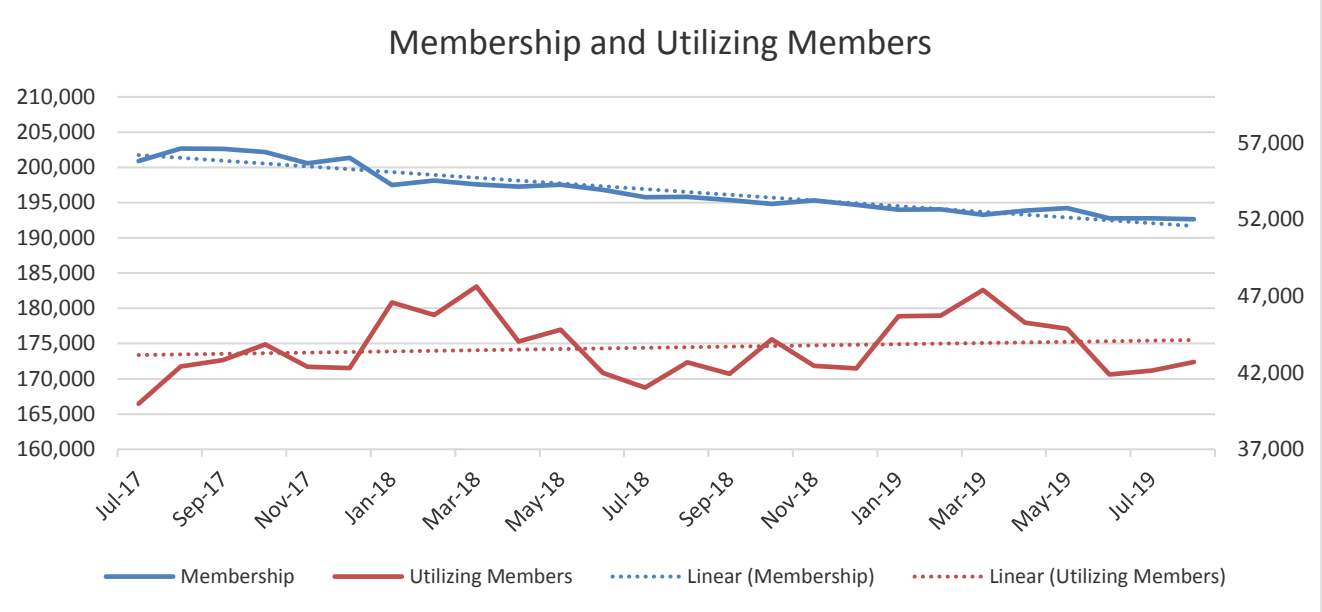
Utilization Trends:

GCHP's utilization is increasing as demonstrated by the number of members using prescriptions and the number of prescriptions each member is using while GCHP's total membership continues to decline.



Number of prescriptions per member continues to increase year over year:

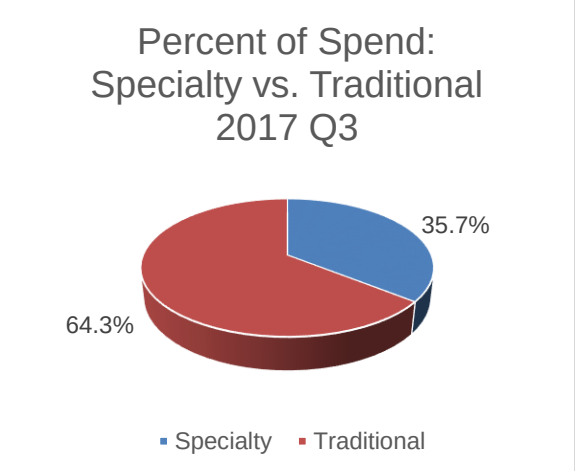
	July RxPMPM	Percent Change
2015	0.64	-
2016	0.62	-3.1%
2017	0.64	3.2%
2018	0.69	7.8%
2019	0.73	5.8%

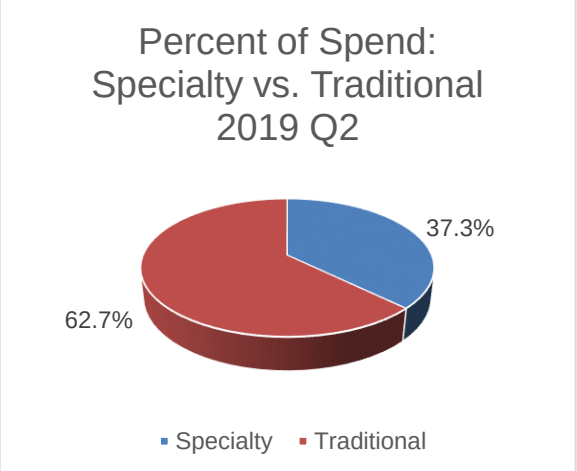


Number of GCHP's members filling prescriptions slowly increases while the total number of GCHP members declines.

	July Utilizing Members	Percent Change	July Membership	Percent Change
2015	38,838	-	189,321	-
2016	42,070	8.3%	207,019	9.3%
2017	39,975	-5.0%	200,903	-3.0%
2018	41,016	2.6%	195,755	-2.6%
2019	42,127	2.7%	192,756	-1.5%

Drug Mix:
GCHP's members are utilizing more specialty drugs with an average cost of $4,672 in Q2 2019.





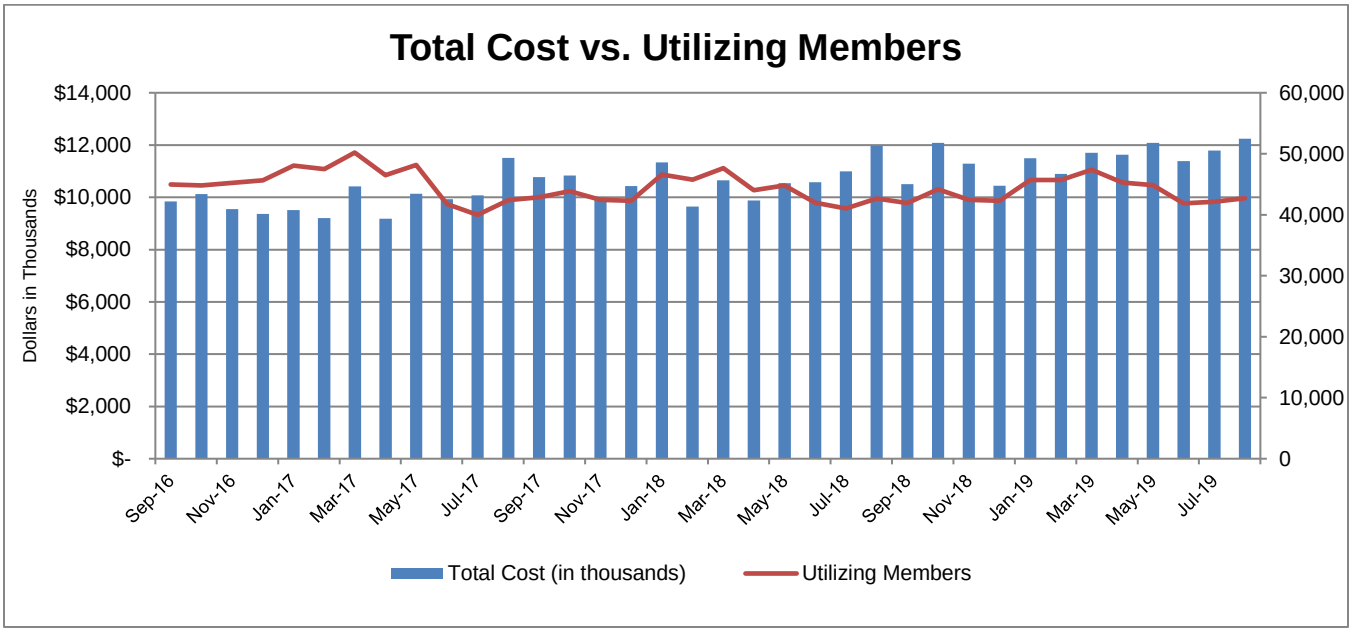
Specialty costs, as a percent of total spending, has increased 4.5% from the second half of 2017 to the first half of 2019. This increase is caused by ~850 more prescriptions and represents an added $3.3M in spend.

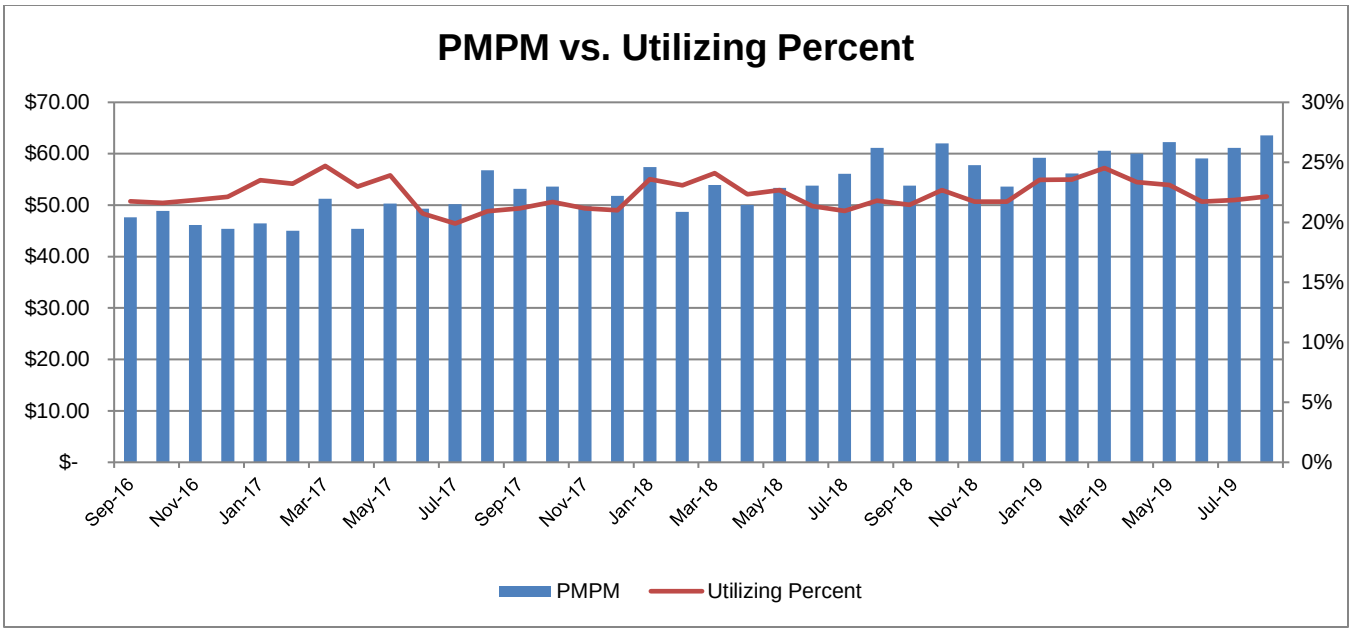
GCHP Monthly Trend Data
Unit Cost:
Avg. brand cost per Rx increased to $505 from $495 while generics increased from $22.65 to $23.41 ($180K for brands; $96K for generics) – increased unit costs
January and July are when the majority of drug price increases occur so it makes sense that we would see bigger impacts in the month following.

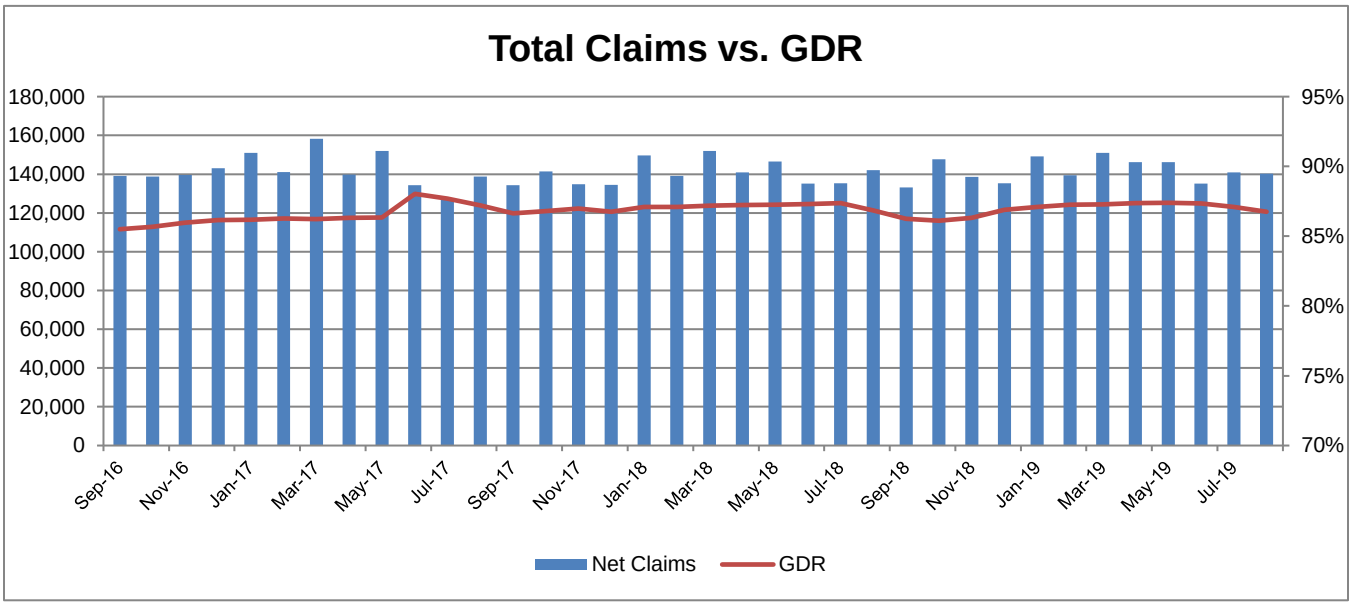
Drug Mix:
Our total number of brand drugs increased in August (~400; represents ~$200K) – unfavorable drug mix (increased higher cost drugs).

Utilization:
Our total number of utilizers increased in August (~500; represents ~$31K) – increased utilization.

PHARMACY COST TRENDS:

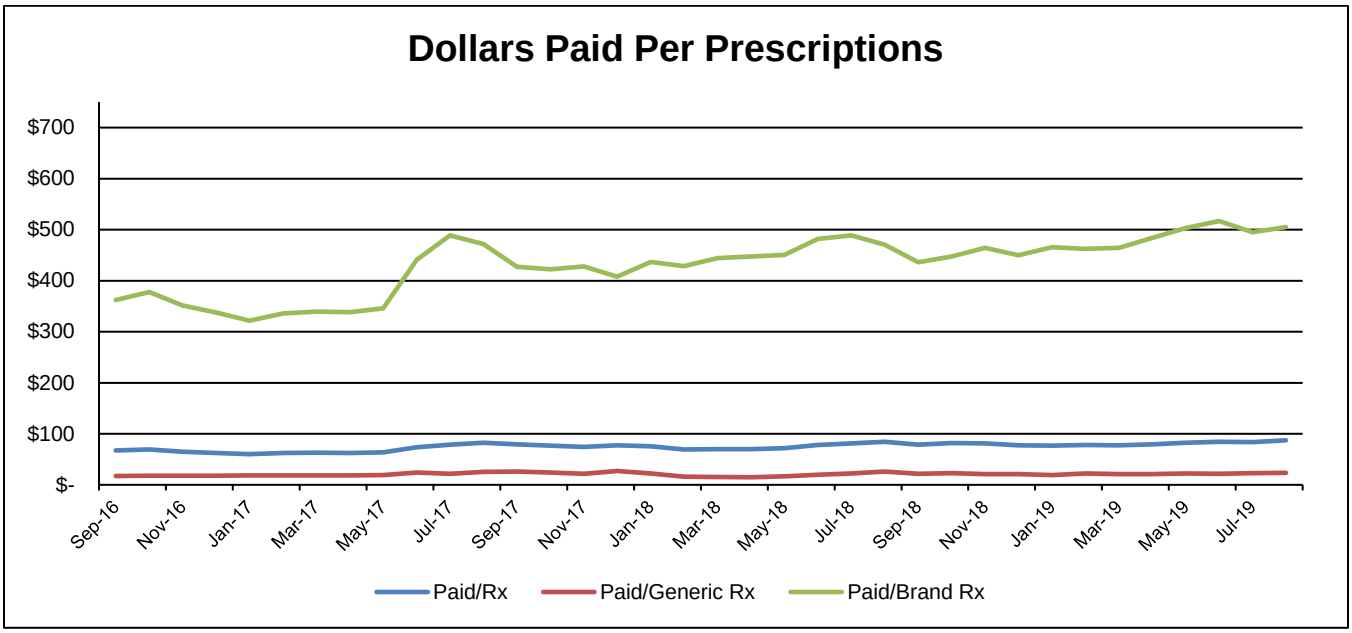






*Claim totals prior to June 2017 are adjusted to reflect net claims.

PAID PER PRESCRIPTION:



Abbreviation Key:
PMPM: Per member per month
PUPM: Per utilizer per month
GDR: Generic dispensing rate
COHS: County Organized Health System
KPI: Key Performance indicators
RxPMPM: Prescriptions per member per month

Pharmacy utilization data is compiled from multiple sources including the pharmacy benefits manager (PBM) monthly reports, GCHP's ASO operational membership counts, and invoice data. The data shown is through the end of August 2019. Although minor changes may occur to the data going forward due to the potential of claim adjustments from audits and/or member reimbursement requests, the data is generally considered complete due to point of sale processing of pharmacy data.

References:

1. https://www.healthsystemtracker.org/chart-collection/recent-forecasted-trends-prescription-drug-spending/?_sf_s=drug+spending#item-contribution-to-growth-in-drug-spending-by-growth-driver_2017
2. https://arstechnica.com/science/2019/07/big-pharma-raising-drug-prices-even-more-in-2019-3400-hikes-as-high-as-879/
3. US Food and Drug Administration. "2018 New Drug Therapy Approvals."
4. https://www.fiercepharma.com/marketing/another-record-year-for-pharma-tv-ads-spending-tops-3-7-billion-2018
5. https://www.kff.org/medicaid/issue-brief/utilization-and-spending-trends-in-medicaid-outpatient-prescription-drugs/

AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Interim Chief Diversity Officer

DATE: October 28, 2019

SUBJECT: Chief Diversity Officer Update

Monthly Actions:

Community Relations

- Attended the Multi-Cultural Festival in Oxnard with our Community Relations team.

- Met with Amgen Chief Executive Officer, Bob Bradway, to request a donation to keep the Oxnard Performing Arts Center (PAC) functional. The PAC is under financial pressures and could possibly close in 2020. The PAC has played a major role in accommodating events for the minority community.
- Attended the Oxnard College Business Expo in support of the Community Relations Team.
- Attended the grand opening of the Ormond Beach Villas for Homeless Veterans on October 3. The project is sponsored by the organization Many Mansions.

- Attended the N.A.A.C.P Annual Dinner at the Courtyard Marriott in Oxnard, CA.
- Meeting with Oxnard School District Superintendent, Karling Aguilera-Fort, to identify a school within the OSD boundaries for the GCHP Adopt-A-School Project.

Case Investigations

- One (1) new, plus one (1) old harassment case - Cases are currently under investigation phase.
- No new "Hot Line" calls or cases.

Other Activities

- Conducted Diversity and Inclusion training for attending members of the Medi-Cal Managed Care Commission. Other sessions will be scheduled to cover the remaining Commissioners who were unable to attend due to schedule conflicts.
- Celebrated Hispanic Heritage Month at our Lunch-N-Learn series during the month. GCHP had two (2) guest speakers: Ventura County Supervisor John Zaragoza and CSUCI Anita Perez Ferguson, Speaker, Author and International Consultant. Exceptional turnout for the event.
- Additional Activities: Update meeting with CEO Dale Villani, to discuss items of interest/concern.

Office Visit activity

- 5 Walk- ins for career discussions
- 2 Grievance walk- ins related to harassment
- 1 Mentor/mentee visit (scheduled)
- 2 Community involvement discussions with interested employees.
- 3 Discussions related to diversity council activities
- 2 Discussion related to Supplier diversity process.

HEALTH OF THE PLAN DASHBOARD

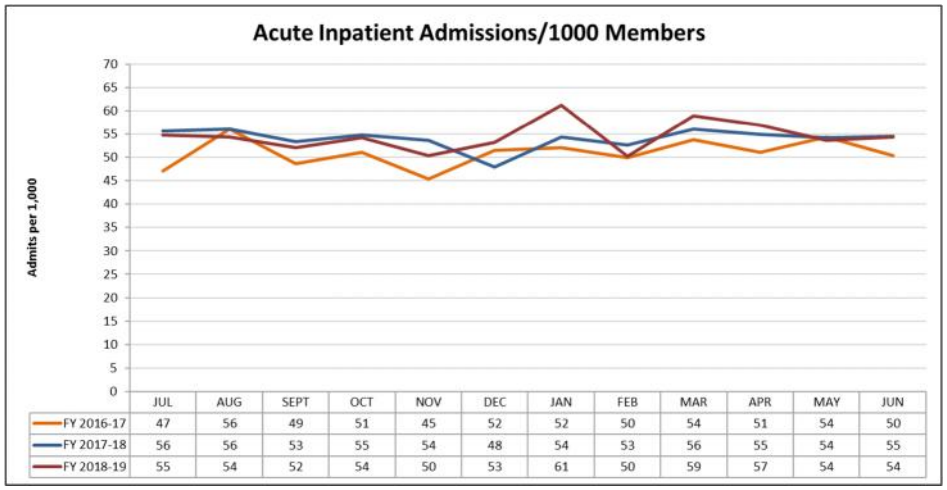
October 2019

Utilization and Cost: Dates of Service between July 1, 2017 and June 30, 2019
Eligible Membership as of October 1, 2019

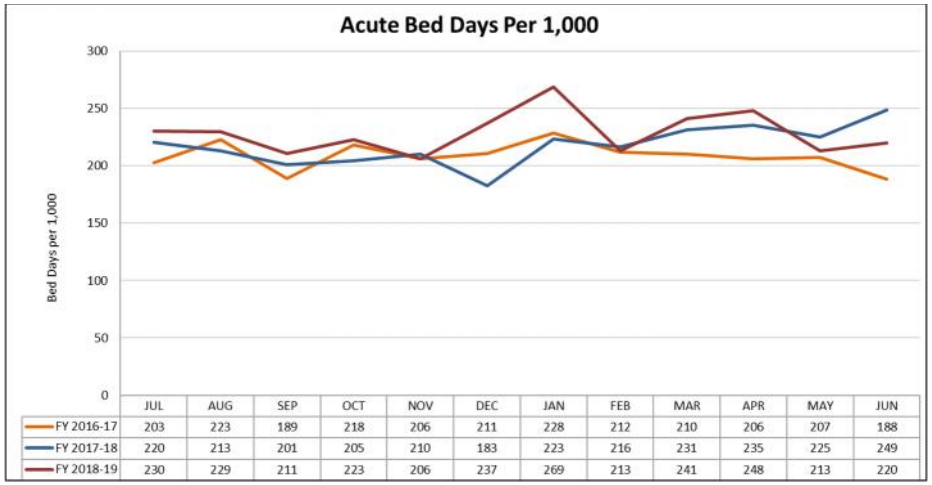
Contents

GCHP Decision Support Services
DSS@goldchp.org

Inpatient Utilization and Cost

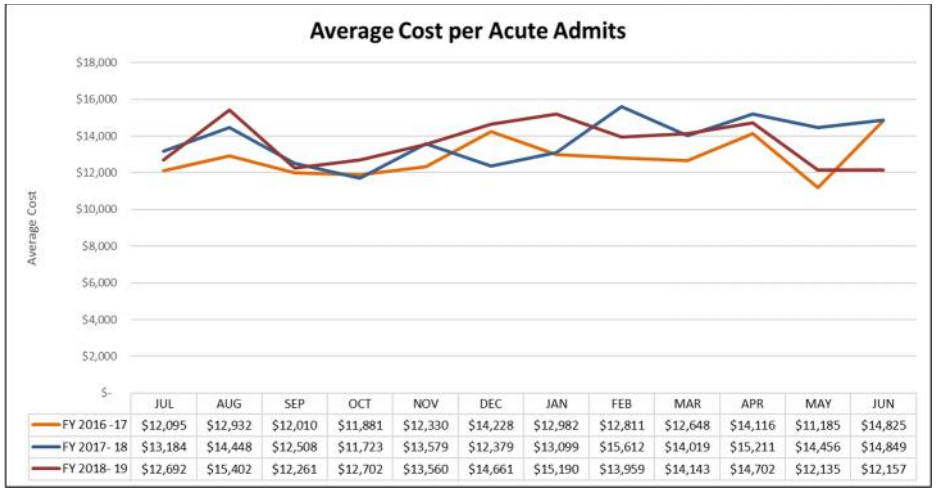


	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	47	56	49	51	45	52	52	50	54	51	54	50
FY 2017-18	56	56	53	55	54	48	54	53	56	55	54	55
FY 2018-19	55	54	52	54	50	53	61	50	59	57	54	54



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	203	223	189	218	206	211	228	212	210	206	207	188
FY 2017-18	220	213	201	205	210	183	223	216	231	235	225	249
FY 2018-19	230	229	211	223	206	237	269	213	241	248	213	220

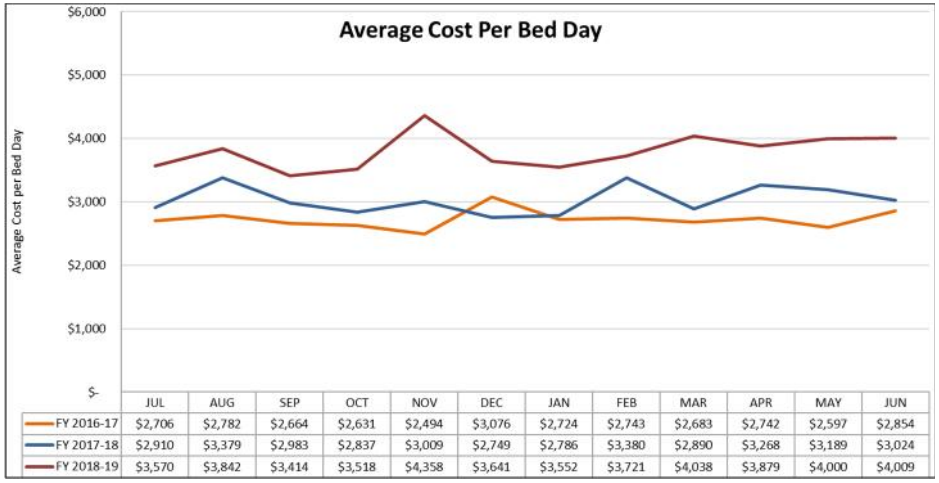
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	4.3	4.0	3.9	4.3	4.5	4.1	4.4	4.1	3.9	4.0	3.8	3.7
FY 2017-18	3.9	3.8	3.8	3.7	3.9	3.8	4.1	4.1	4.1	4.3	4.2	4.6
FY 2018-19	4.2	4.2	4.1	4.1	4.1	4.5	4.4	4.2	4.1	4.4	4.0	4.0



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	$12,095	$12,932	$12,010	$11,881	$12,330	$14,228	$12,982	$12,811	$12,648	$14,116	$11,185	$14,825
FY 2017-18	$13,184	$14,448	$12,508	$11,723	$13,579	$12,379	$13,099	$15,612	$14,019	$15,211	$14,456	$14,849
FY 2018-19	$12,692	$15,402	$12,261	$12,702	$13,560	$14,661	$15,190	$13,959	$14,143	$14,702	$12,135	$12,157

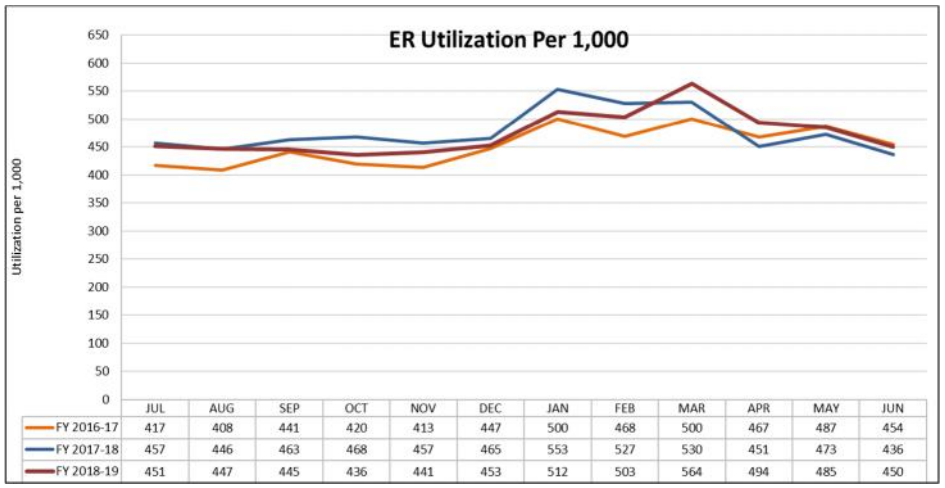
Source: MedInsight Full Claims Cube – File load September 13, 2019
*Dates of Service between June 1, 2017 and May 31, 2019
Current date as of May 31, 2019
Excludes Dual Coverage members

Inpatient Utilization and Cost (cont'd)

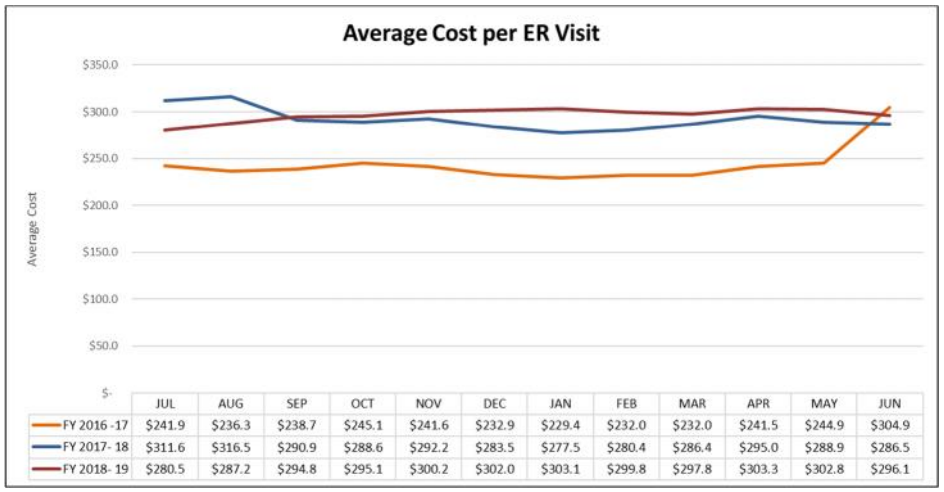


	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	$2,706	$2,782	$2,664	$2,631	$2,494	$3,076	$2,724	$2,743	$2,683	$2,742	$2,597	$2,854
FY 2017-18	$2,910	$3,379	$2,983	$2,837	$3,009	$2,749	$2,786	$3,380	$2,890	$3,268	$3,189	$3,024
FY 2018-19	$3,570	$3,842	$3,414	$3,518	$4,358	$3,641	$3,552	$3,721	$4,038	$3,879	$4,000	$4,009

Emergency Department Utilization and Cost



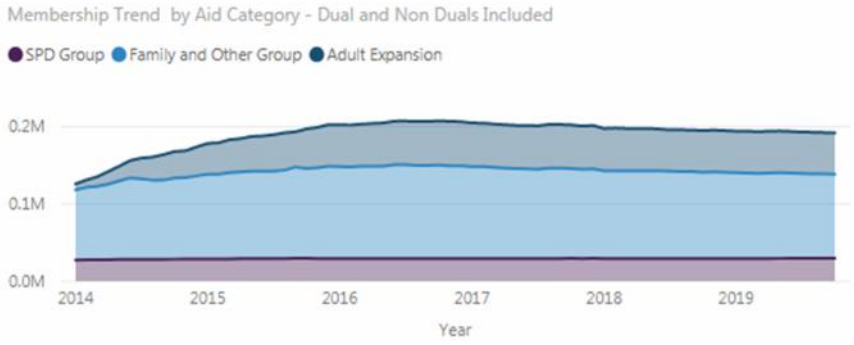
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	417	408	441	420	413	447	500	468	500	467	487	454
FY 2017-18	457	446	463	468	457	465	553	527	530	451	473	436
FY 2018-19	451	447	445	436	441	453	512	503	564	494	485	450

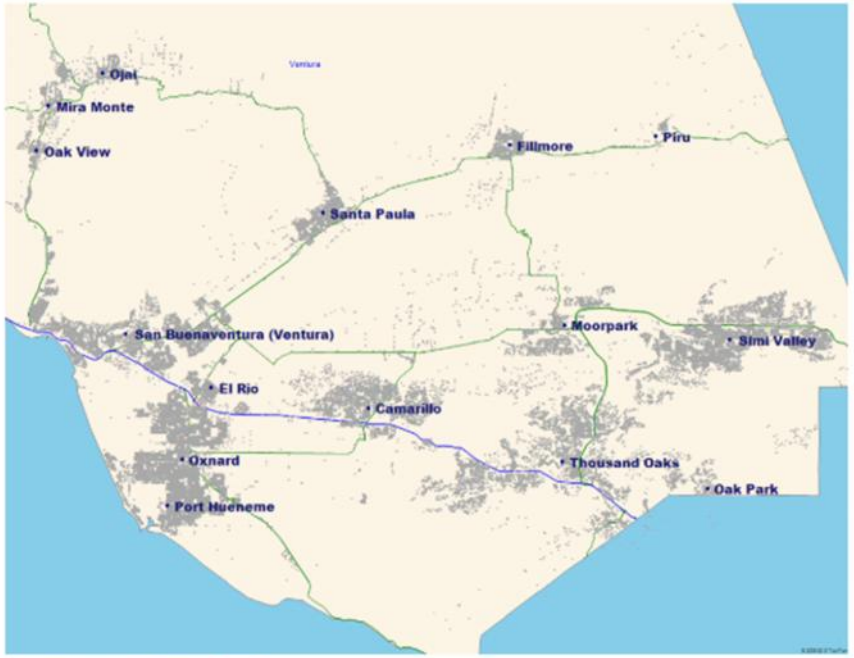


	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016 -17	$241.9	$236.3	$238.7	$245.1	$241.6	$232.9	$229.4	$232.0	$232.0	$241.5	$244.9	$304.9
FY 2017- 18	$311.6	$316.5	$290.9	$288.6	$292.2	$283.5	$277.5	$280.4	$286.4	$295.0	$288.9	$286.5
FY 2018- 19	$280.5	$287.2	$294.8	$295.1	$300.2	$302.0	$303.1	$299.8	$297.8	$303.3	$302.8	$296.1

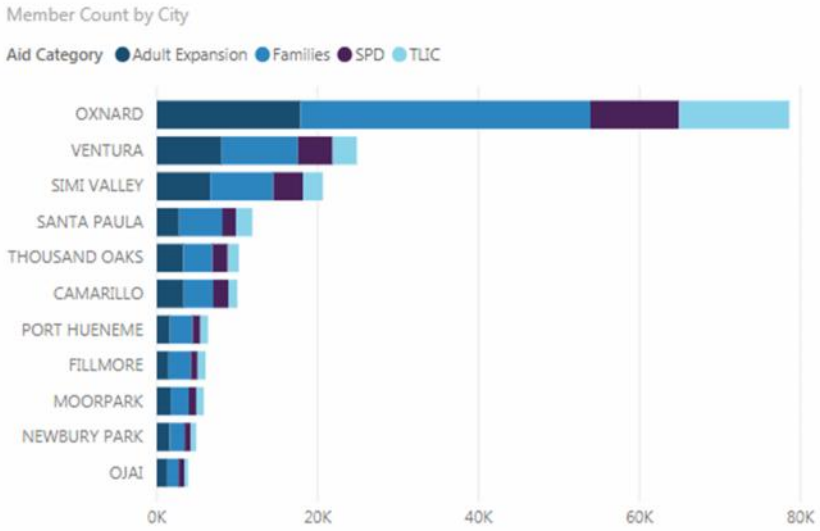
Source: MedInsight Full Claims Cube – File load October 10, 2019
*Dates of Service between July 1, 2017 and June 30, 2019
Current date as of June 30, 2019
Excludes Dual Coverage members

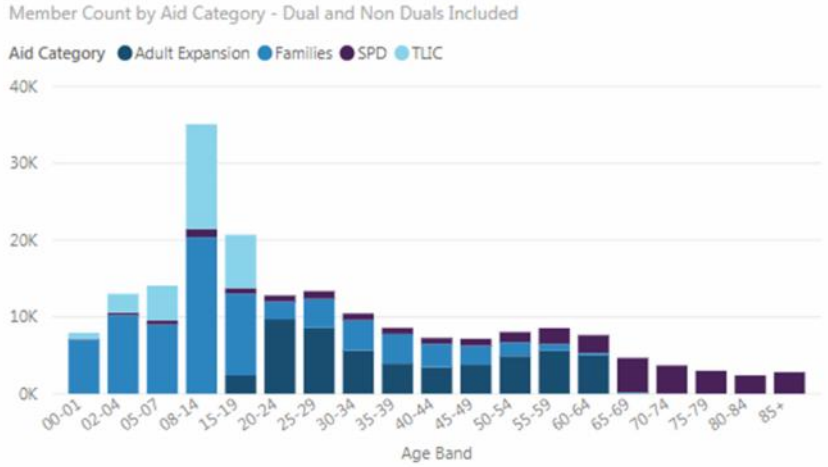
Eligible Membership





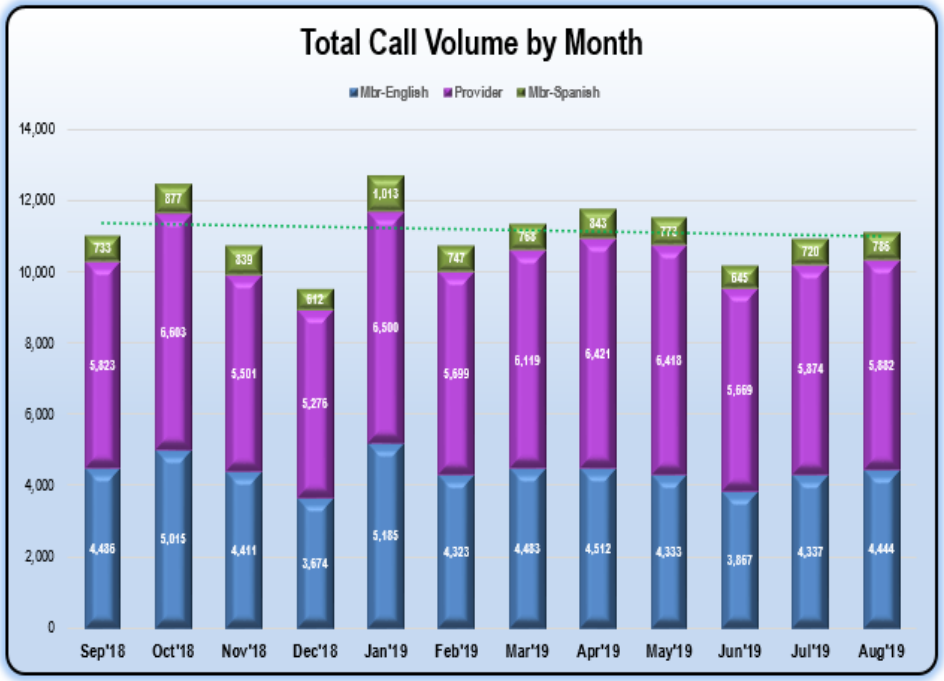
Eligible Membership as of October 2019
Source: GCHP Static Member Table

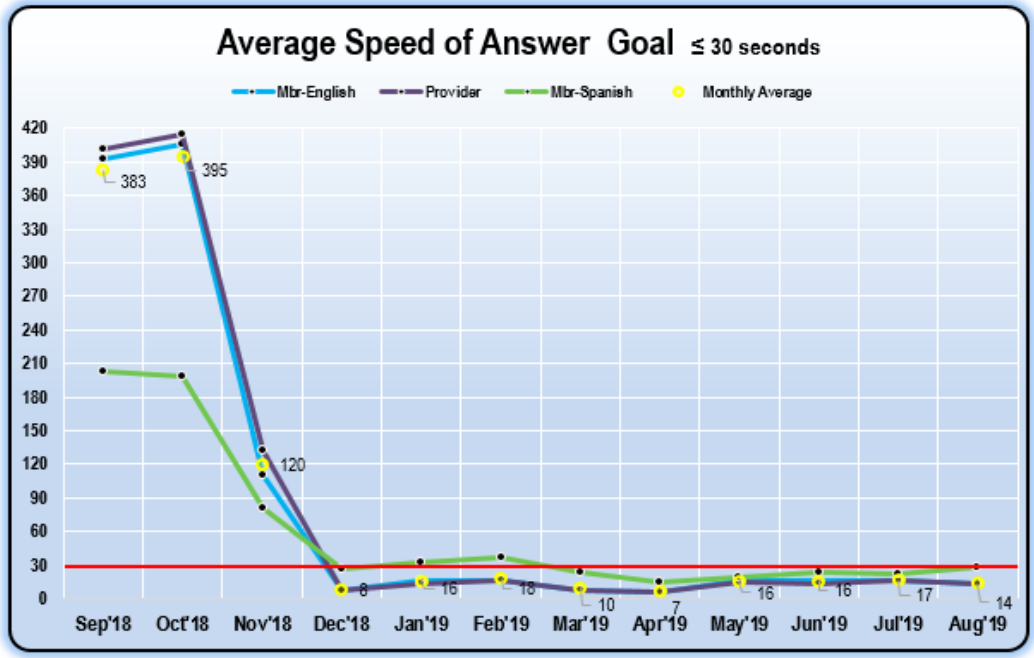


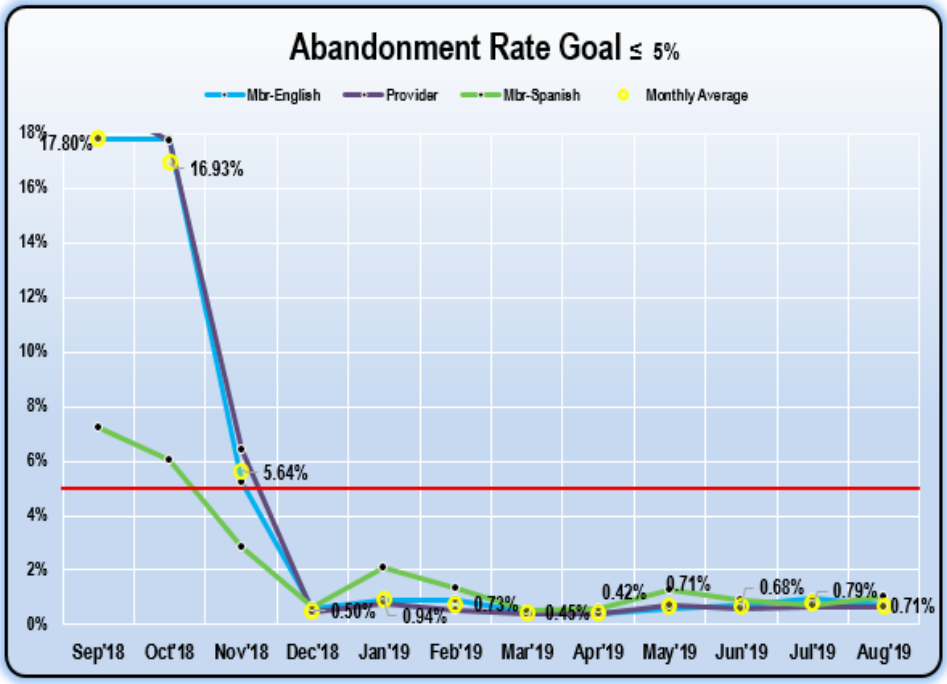


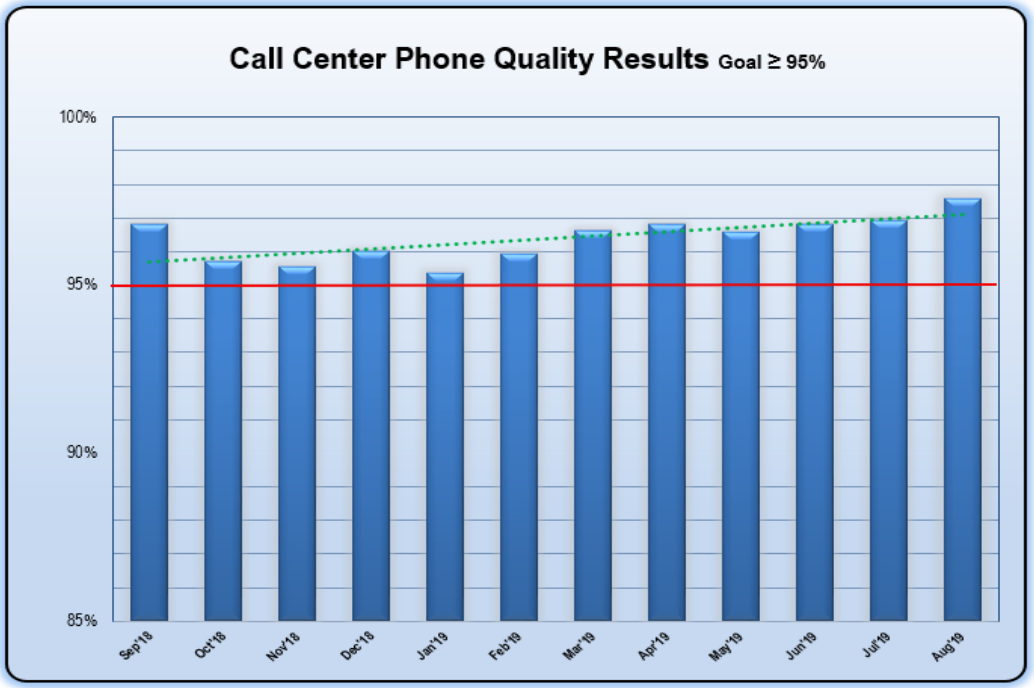
Source: GCHP Static Member Table
Current member counts reflective of October 01, 2019 eligibility data from DHCS
Excludes Share of Cost members

Call Center KPI Dashboard

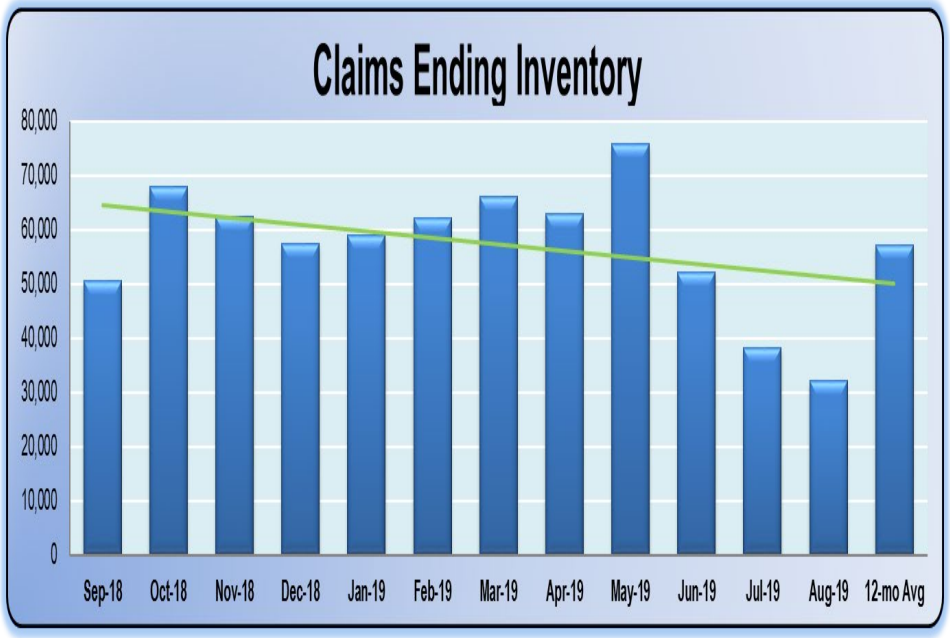


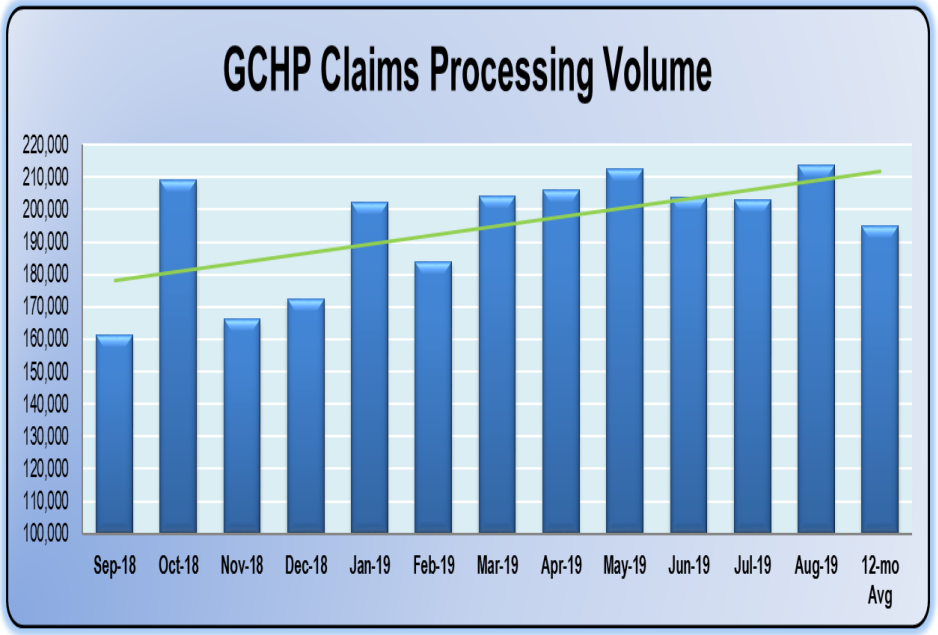


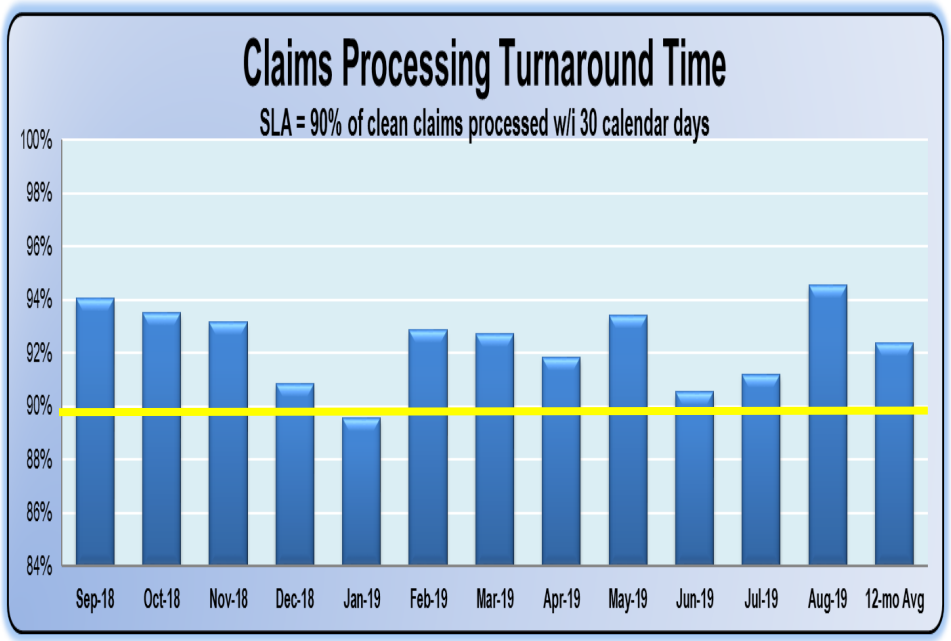


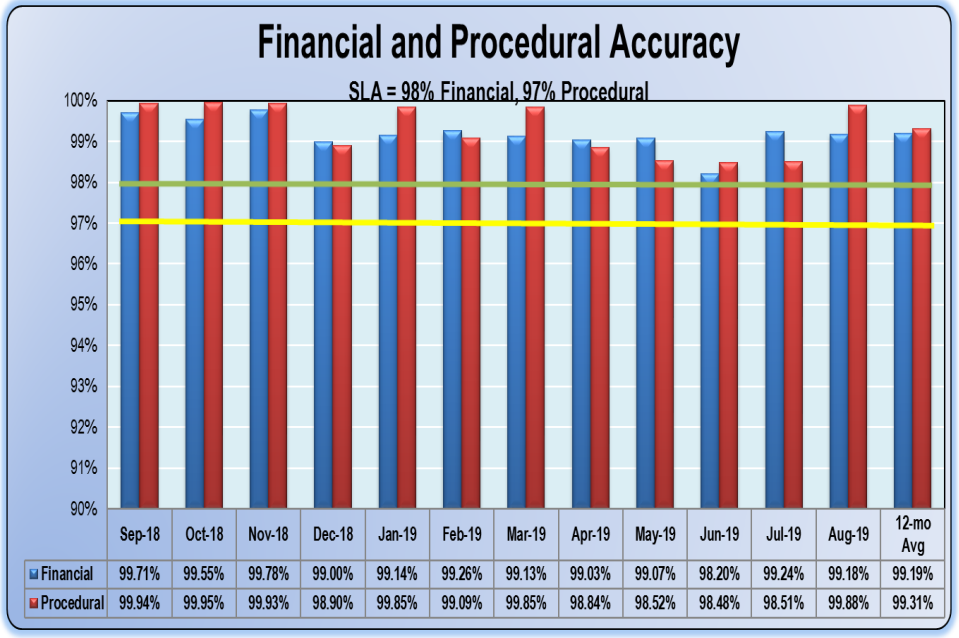


Claims KPI Dashboard



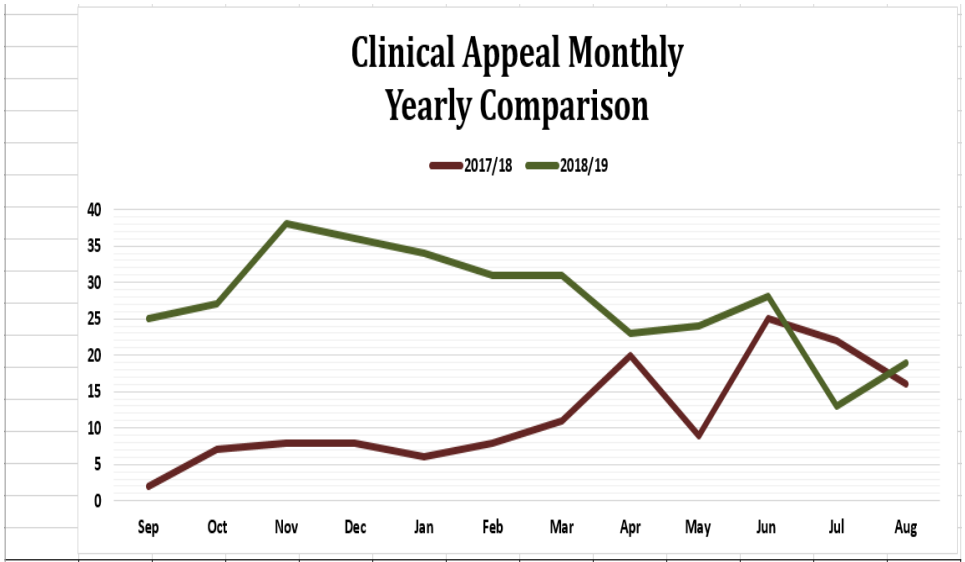




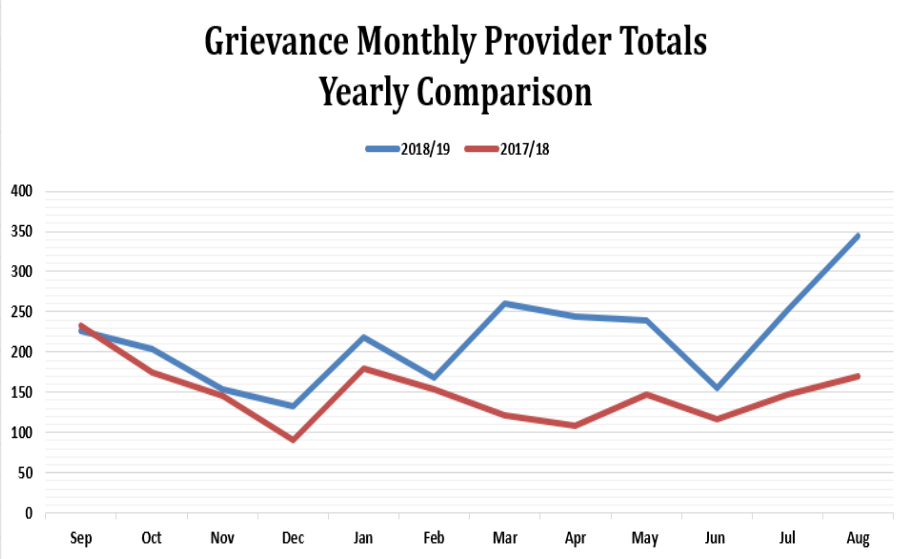


	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	12-mo Avg
Financial	99.71%	99.55%	99.78%	99.00%	99.14%	99.26%	99.13%	99.03%	99.07%	98.20%	99.24%	99.18%	99.19%
Procedural	99.94%	99.95%	99.93%	98.90%	99.85%	99.09%	99.85%	98.84%	98.52%	98.48%	98.51%	99.88%	99.31%

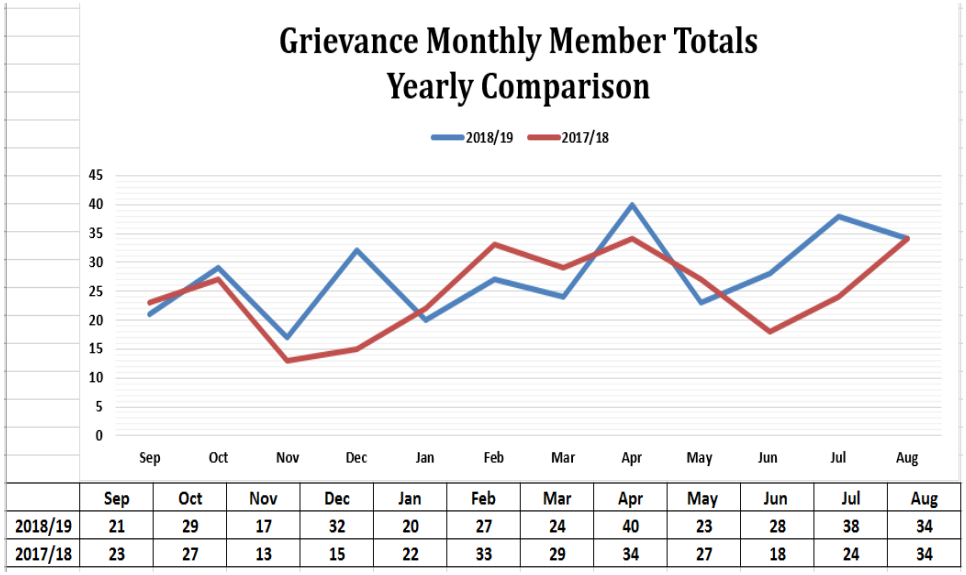
Grievance and Appeals KPI Dashboard



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
2017/18	2	7	8	8	6	8	11	20	9	25	22	16
2018/19	25	27	38	36	34	31	31	23	24	28	13	19

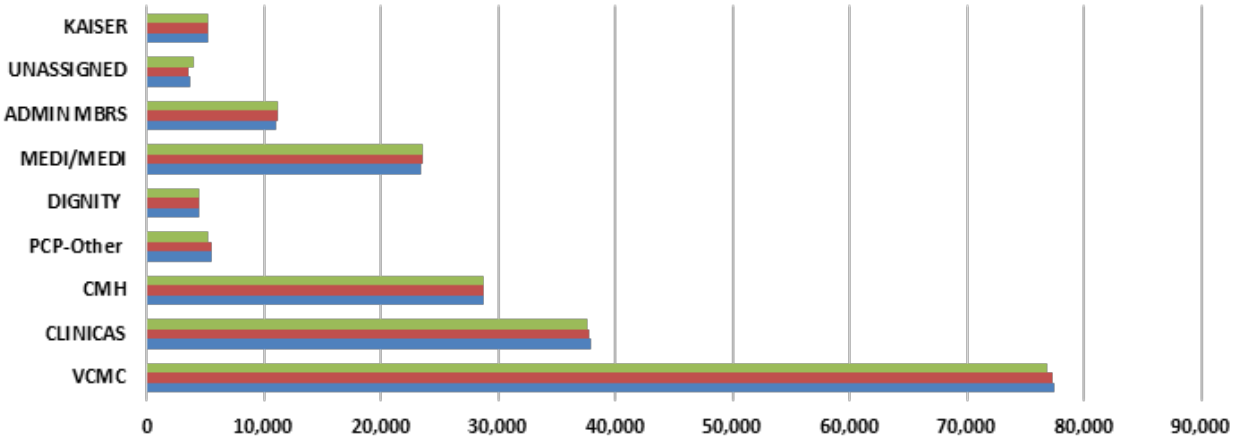


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
2018/19	227	203	153	132	219	169	260	244	239	156	253	344
2017/18	233	175	146	90	180	154	121	108	147	117	148	170



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
2018/19	21	29	17	32	20	27	24	40	23	28	38	34
2017/18	23	27	13	15	22	33	29	34	27	18	24	34

Member PCP KPI Dashboard



	VCMC	CLINICAS	CMH	PCP-Other	DIGNITY	MEDI/MEDI	ADMIN MBRS	UNASSIGNED	KAISER
Sep-19	76,790	37,617	28,751	5,186	4,553	23,574	11,201	4,096	5,200
Aug-19	77,254	37,831	28,834	5,554	4,546	23,533	11,137	3,648	5,262
Jul-19	77,486	37,901	28,739	5,524	4,480	23,421	11,017	3,674	5,280