AMENDED AGENDA

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

Strategic Planning Retreat
Tuesday, December 15, 2020, 2:00 p.m.
Gold Coast Health Plan, 711 East Daily Drive, Community Room, Camarillo, CA 93010
Executive Order N-25-20

Conference Call Number: 877 853 5257 US Toll-free
Conference ID Number: 947 9729 5140
ZOOM LINK: https://healthmanagement.zoom.us/meeting/register/tJAqfu6zpiz4rHtRGqOSebzrqP0pxV1Su1MrI
Para interpretación al español, por favor: llame al
Sala Principal: 805-322-1542 clave 1234
Sala de Grupo #1: 805-507-5775 clave 1234
Sala de Grupo #2: 805-507-5778 clave 1234
Sala de Grupo #3: 805-322-1520 clave 1234
Sala de Grupo #4: 805-507-5779 clave 1234

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.
Members of the public may attend the meeting in person if wearing a mask and social distancing protocols are followed, call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

CONSENT

1. Approval of Meeting Minutes of October 26, 2020 Regular Commission Meeting and amended Commission Meeting Minutes of September 28, 2020

   Staff: Maddie Gutierrez, MMC – Clerk to the Commission
          Deborah Munday, Executive Assistant / Assistant Clerk

   RECOMMENDATION: Approve the minutes.

2. Approval of the 2021 VCMMCC Meeting Calendar

   Staff: Maddie Gutierrez, MMC – Clerk to the Commission
          Deborah Munday, Executive Assistant / Assistant Clerk

   RECOMMENDATION: Approve the 2021 VCMMCC meeting calendar as presented.

3. Pharmacy Benefit Manager Contract Extension

   Staff: Nancy Wharfield, M.D., Chief Medical Officer
          Anne Freese, PharmD, Director of Pharmacy

   RECOMMENDATION: Authorize CEO to sign an extension of the PBM contract to accommodate extension of Medi-Cal Rx implementation date.

STRATEGIC PLANNING SESSION

- Opening Remarks
- Special Focus Areas
- FY2021-22 Strategic Plan
- Discussion
- Next Steps
CLOSED SESSION

4. REPORT INVOLVING TRADE SECRET:
   Discussion will concern: Proposed new service and program
   Estimated date of public disclosure: TBD

5. REPORT INVOLVING TRADE SECRET:
   Discussion will concern: Proposed new service and program
   Estimated date of public disclosure: TBD

COMMENTS FROM COMMISSIONERS

ADJOURNMENT

Unless otherwise determined by the Commission, the next regular meeting will be held on January 25, 2021 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, MMC - Clerk to the Commission
DATE: December 15, 2020

RECOMMENDATION:
Approve the minutes.

ATTACHMENTS:
CALL TO ORDER

Commission Chair Dee Pupa called the meeting to order via teleconference at 2:05 p.m. Clerks were in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

ROLL CALL

Present: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Dee Pupa, Scott Underwood, M.D., and Supervisor John Zaragoza.

Absent: Commissioners Gagan Pawar, M.D., and Jennifer Swenson.

Attending the meeting for GCHP were: Margaret Tatar, Chief Executive Officer, Nancy Wharfield, M.D., Chief Medical Officer, Ted Bagley, Interim Chief Diversity Officer, Kashina Bishop, Chief Financial Officer, Michael Murguia, Exec. Director of Human Resources, Robert Franco, Chief Compliance Officer, Scott Campbell, General Counsel, Cathy Salenko, Health Care General Counsel, Marlen Torres, Executive Director of Strategies and External Affairs, and Eileen Moscaritolo, HMA Consultant.

Additional Staff participating on the call: Vicki Wrighster, Dr. Anne Freese, Helen Miller, Dr. Lupe Gonzalez, Pauline Preciado, Kim Timmerman, Nicole Kanter, Debbie Rieger, Steve Peiser, Carolyn Harris, Anna Sproule, Sandi Walker, Paula Cabral, and Susana Enriquez-Euyoque.

Moss Adams auditors Kimberly Sokoloff and Stelian Damu, and Lourdes Campbell, interpreter.

PUBLIC COMMENT

Dr. Sandra Aldana stated that as we enter flu season it is important for the network of Gold Coast Providers to be vigilant of the needs for consistent testing and support to individuals and families, like those with Developmental Disabilities. It is important to remember that many individuals do not have clear messages about the pandemic and what unusual
symptoms may indicate a need to be checked out for the virus and/or susceptibility for concomitant COVID/FLU diagnosis. This group also needs additional outreach about resources available to them in their preferred languages and necessary modes of communication.

**CONSENT**

1. **Approval of Ventura County Medi-Cal Managed Care Commission Regular Minutes of September 28, 2020.**

   Staff: Maddie Gutierrez, MMC – Clerk of the Commission

   **RECOMMENDATION:** Approve the minutes of August 24, 2020.

2. **Resolution Extension through January 25, 2021**

   Staff: Scott Campbell, General Counsel

   **RECOMMENDATION:** Adopt resolution 2020-008 to extend the duration of authority empowered in CEO through January 25, 2021.

3. **Chief Diversity Officer Contract Extension.**

   Staff: Joseph T. Ortiz, BBK Diversity Counsel

   **RECOMMENDATION:** Staff recommends that the Commission approve the proposed Third Amendment to the Consulting Services Agreement and Statement of Work.

4. **Pharmacy Benefits Manager (PBM) Contract Amendment.**

   Staff: Nancy Wharfield, M.D., Chief Medical Officer
   Anne Freese, PharmD., Director of Pharmacy

   **RECOMMENDATION:** Staff recommends the Commission authorize the signing of the amendment.

Commissioner Dee Pupa motioned to approve Consent agenda items 1 through 4. Supervisor Zaragoza seconded.
Roll Call Vote:

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Dr. Laura Espinosa, Sevet Johnson, Dee Pupa, Scott Underwood, M.D., and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioners Gagan Pawar, M.D., and Jennifer Swenson.

Commissioner Pupa declared the motion carried.

UPDATES

5. Medi-Cal Rx Update

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Anne Freese, PharmD., Director of Pharmacy

RECOMMENDATION: Accept and file the update.

Commissioner Jennifer Swenson joined the meeting at 2:22 p.m.

Dr. Anne Freese will review the PowerPoint titled Medi-Cal Rx Update. Dr. Freese stated she wanted to concentrate on Prior Authorizations, the appeals process, transition benefit, and the communication that will be put forth from GCHP to members. She noted there are some challenges with the State, and they are working on the coordination of care after the January 1, 2021 transition. The claims responsibility table was reviewed. Dr. Freese noted post transition responsibilities will be overseen by GCHP.

Dr. Freese reviewed the changes and effects on providers. The prior authorization process is pending final details on submissions. Dr. Freese noted that if the request is denied, there is a second review and final decisions are within 24 hours, but the State may defer a decision. Authorizations may take longer than 24 hours.

The State will accept appeals, pending details and a State Fair hearing can be requested.

Dr. Freese reviewed the Transition Benefit. She noted the State offers 180 days (1/1 – 6/30). The State will grandfather medications. The State may limit the transition period to one year only- from the date the Rx is written. We must ensure providers
and members are aware of the transition guidelines. The communication scheduled was reviewed. Letters have been sent.

Dr. Freese reviewed the Training schedule from the State. Web-based training is available. There are notices posted on the GCHP website along with email blasts to providers. Website shows all updates from State. Members have received the 90-day notice, the 60-day notice will go out on November 1. GCHP will also do an Outreach Campaign from November through December. On January 1, 2021 GCHP will issue new ID cards.

Dr. Freese also noted there are ads in English and Spanish. Print ads are in the local papers and there is a community newsletter that will also have updated information. The member portal on the web page by the State is still pending. Dr. Freese stated all portals will have a workflow set up for providers in order to be prepared for transition. The State also has a mailbox for questions.

Commissioner Espinosa asked if it will be a smooth transition for members, and will providers have more steps. Dr. Freese stated the transition has less steps but cannot guarantee it will be smoother. Commissioner Espinosa asked if members can contact GCHP. Dr. Freese stated phone numbers will be provided. Commissioner Pupa asked if a member impact analysis was done. Dr. Freese responded the State has done some analysis but no member impact. The State does updates monthly.

Commissioner Fred Ashworth motioned to approve the Medi-Cal Rx Update. Commissioner Laura Espinosa seconded.

Roll Call Vote:

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

NOES: None.

ABSENT: Commissioners Gagan Pawar, M.D.

Commissioner Pupa declared the motion carried.
FORMAL ACTION


   Staff: Kashina Bishop, Chief Financial Officer
   Moss Adams Representatives

   RECOMMENDATION: Staff recommends that the Commission approve the audited financial statements as of, and for the year ending June 30, 2020.

   Chief Financial Officer, Kashina Bishop stated there were no further adjustments that needed to be done. She noted a 225% TNE at the end of the year. Internal control recommendations were made by Moss Adams. It was noted that continued rigor will be placed over Conduent claims processing oversight.

   Moss Adams representatives, Stelian Damu and Kimberly Sokoloff reviewed their scope of services and responsibilities. Areas of audit emphasis were also reviewed.

   Commissioner Swenson motioned to approve the audited financial statements for the year ending June 30, 2020. Commissioner Ashworth seconded.

   Roll Call Vote:

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

   NOES: None.

   ABSENT: Commissioners Gagan Pawar, M.D.

   Commissioner Pupa declared the motion carried.


   Staff: Kashina Bishop, Chief Financial Officer

   RECOMMENDATION: Staff recommends that the Commission approve the September 2020 financial package.

   Chief Financial Officer Kashina Bishop presented the unaudited September 2020 Financials PowerPoint. She gave a financial overview noting September net loss of $1.2 million. Fiscal Year to Date Net Loss of $2.2 million. TNE is $75.1 million and
215% of the minimum required. The Medical Loss Ratio is 95.5% and administrative ratio is 5.6%.

CFO Bishop reviewed updates on the Solvency Action Plan noting total annual savings of $10.3 – 11.3 million. She reviewed the current focus and annualized impact in savings. Phase 2 of the Solvency Action Plan was reviewed.

Net premium revenue is $218.1 million, over budget by $8.7 million and 4%. CFO Bishop also reviewed the Membership graphs. She noted FYTD care costs are $208.4 million and $6.8 million over budget.

Graphs for Total Fee for Service, Inpatient medical expenses, and long-term care expenses were reviewed. CFO Bishop noted directed payments are over budget by $5.9 million, laboratory is over by $819,000 and mental and behavioral health is over by $1.1 million. We are currently at 215% of the TNE required.

Commissioner Ashworth motioned to approve the September 2020 financial package. Commissioner Cho seconded.

Roll Call Vote:

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

NOES: None.

ABSENT: Commissioners Gagan Pawar, M.D.

Commissioner Pupa declared the motion carried.

8. Provider Contracting Credentialing, and Data Management (PCCM) System Implementation – Approval of Additional Funds.

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Staff recommends the Commission approve and delegate to the CEO the authority to execute agreement amendments and/or change orders with Symplyr with a new NTE amount of $1,592,700 for the duration of the five-year agreement.
Chief Medical Officer, Nancy Wharfield, M.D., stated GCHP is requesting a revised not-to-exceed amount to complete an in-progress, critical provider contracting, credentialing and provider data management (PCCM) system implementation. CMO Wharfield noted the request had been presented to the Executive Finance Committee and had received approval. She is now presenting to the full Commission for approval.

Commissioner Ashworth motioned to approve and delegate to the CEO the authority to execute agreement amendments and/or change orders with Symplr with a new NTE amount of $1,592,700 for the duration of the five-year agreement. Commissioner Espinosa seconded.

Roll Call Vote:

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

NOES: None.

ABSENT: Commissioners Gagan Pawar, M.D.

Commissioner Pupa declared the motion carried.

9. Quality Improvement Committee 2020 Third Quarter Report

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Kim Timmerman, Director of Quality Improvement

RECOMMENDATION: Approve the 2019 QI Program Evaluation. Receive and file the complete report as presented.

Kim Timmerman, Director of Quality Improvement, presented the Quality Improvement Committee 2020 Third Quarter Report via PowerPoint presentation. Ms. Timmerman noted DHCS has place a hold on Preventative Care Outreach due to COVID-19.

Supervisor Zaragoza left the meeting at 3:45 p.m.

HEDIS/MCAS measures for postpartum care, children & adolescent access to PCP, cervical cancer screening, well child visits for ages 3 through 6, childhood immunization status, asthma medication ratio, well-child visits in first 15 months of life, and adolescent well care. Quality Improvement projects for comprehensive diabetes care, child immunization status, and asthma medication ratio were also reviewed.
Metrics, key points and outcomes for cultural and linguistic needs and preferences along with after-hours availability were also reviewed.

The 2019 QI work plan evaluation summary were reviewed. Objectives are as listed:

Objective 1: Improve quality and safety of clinical care services 50% of goals met
Objective 2: Improve quality and safety of non-clinical care services 100% goals met
Objective 3: Improve member safety 100% goals met
Objective 4: Assess and improve member experience 100% goals met and
Objective 5: Ensure organizational oversight of delegated activities 100% goals met

Commissioner Pupa noted it was good to see improvements. She also noted that GCHP had received the Quality Award for Innovation Care Coordination.

Commissioner Ashworth motioned to approve the 2019 QI Program Evaluation as presented. Commissioner Espinosa seconded.

Roll Call Vote:

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

NOES: None.

ABSENT: Commissioners Gagan Pawar, M.D.

Commissioner Pupa declared the motion carried.

REPORTS

10. Chief Executive Officer (CEO) Report

Staff: Margaret Tatar, Interim Chief Executive Officer

RECOMMENDATION: Receive and file the report.

CEO Tatar review the presidential election and what it could mean to Medi-Cal. The next step is for GCHP to work with DHCS on implementing the approved legislative bills that will impact GCHP in 2021.

CEO Tatar reviewed community relations information which includes sponsorships, in-kind donations, and continued participation in collaborative meetings held throughout the community. She informed the Commission that GCHP Compliance will
continue to monitor all CAPs. The goal is to ensure compliance is achieved and sustained by delegates.

CEO Tatar gave an update on the system conversion and HSP MediTrac. She stated the "Go Live" date is scheduled for December 14, 2020. CEO Tatar also noted 2 ETP project risks and how GCHP is mitigating the risks. Providers will see some changes with the implementation of the HSP MediTrac system and a provider resource guide has been created for this purpose.

AHP Plan-to-Plan contract was approved by DHCS on 9/23/2020 and the amended plan-to-plan agreement has been drafted and is currently under review.

11. **Chief Medical Officer (CMO) Report**

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

**RECOMMENDATION:** Receive and file the report.

Chief Medical Officer, Nancy Wharfield, M.D., reviewed the California Health Care Foundation findings with the Commission. A full report is expected to be published in early 2021.

CMO Wharfield also presented an update on Proposition 56 Behavioral Health Integration (BHI). DHCS is using Prop 56 funds to create the BHI program. The goal is to increase Medi-Cal Managed care plan network integration for providers at all levels, focus on new target populations or health disparities, and improve the overall level of integration or impact. CMO Wharfield also noted that GCHP received the DHCS Innovation Award, this is the third consecutive year that GCHP has been acknowledged with DHCS Quality awards.

CMO Wharfield also gave a telemedicine update noting a strong engagement and we need better quality goals. She also noted no COVID-19 related admissions. The Nurse Advice Line has received over 2500 calls since March 2020. Most calls are in English. Promotion of the Advice line have been done in Spanish and we will keep promoting.

Dr. Anne Freese reviewed pharmacy benefit trends. She noted an increase in membership. 90-day supplies of medication continue to be filled due to COVID-19. Dr. Freese also reported that the cost of generic prescriptions has increased.
12.  **Chief Diversity Officer (CDO) Report**

Staff: Ted Bagley, Interim Chief Diversity Officer/ Interim Human Resources Director

**RECOMMENDATION:** Receive and file the report.

Chief Diversity Officer, Ted Bagley, noted that although we are in a pandemic, he has continued to be very connected with the community. He met with LULAC appointees, Rick Castaniero and Arnoldo Torres to discuss a continued development for a good working relationship in order to resolve issues.

CDO Bagley noted there were no new diversity related cases. He has continued to meet with the Diversity Council to address GCHP diversity needs, and there have been 4 new participants to the Council to balance the cultural mix.

13.  **Executive Director of Human Resources (H.R.) Report**

Staff: Michael Murguia, Executive Director of Human Resources

**RECOMMENDATION:** Receive and file the report.

Executive Director of Human Resources, Michael Murguia stated he is reviewing the employee survey. There is a 15-member team who meets bi-weekly. He also stated he had participated in the meeting with LULAC representatives, Rick Castaniero and Arnoldo Torres.

Commissioner Espinosa stated there is misinformation in the community and she wanted to clarify that Mr. Castaniero and Mr. Torres DO NOT represent LULAC. There was a change in leadership at the beginning of the year. LULAC is sensitive about who represents them. Cynthia Salas is the current District Director for LULAC. Commissioner Cho thanked Commissioner Espinosa for the clarification. CDO Bagley stated he had met with Mr. Castaniero monthly while he covered Human Resources and was not aware of the change. CDO Bagley stated he and H.R. Executive Director, Michael Murguia will meet with the appropriate person.

Roll Call Vote:

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Dr. Laura Espinosa, Sevet Johnson, Dee Pupa, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Gagan Pawar, M.D. and Supervisor John Zaragoza.

Commissioner Pupa declared the motion carried.

The Commission adjourned into Closed Session at 4:25 p.m.

CLOSED SESSION

14. LIABILITY CLAIMS

CLAIMANT: Lifeline Medical Transport (Ojai Ambulance Inc.)
AGENCY CLAIMED AGAINST: Ventura County Medical Managed Care Commission dba Gold Coast Health Plan.

General Counsel, Scott Campbell stated the Reportable Action: The Commission unanimously voted to deny the claim.

Commissioner Gagan Pawar, M.D., and Supervisor John Zaragoza were absent and did not participate in the vote.

ADJOURNMENT

Commissioner Pupa adjourned the meeting at 4:45 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission
CALL TO ORDER

Commission Chair Dee Pupa called the meeting to order via teleconference at 2:03 p.m. Clerks were in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

ROLL CALL

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

Absent: Commissioners Fred Ashworth, Laura Espinosa, Jennifer Swenson, and Scott Underwood, M.D.

Attending the meeting for GCHP were: Margaret Tatar, Chief Executive Officer, Nancy Wharfield, M.D., Chief Medical Officer, Ted Bagley, Interim Chief Diversity Officer, Kashina Bishop, Chief Financial Officer, Michael Murguia, Exec. Director of Human Resources, Robert Franco, Interim Chief Compliance Officer, Scott Campbell, General Counsel, Cathy Salenko, Health Care General Counsel, Marlen Torres, Executive Director of Strategies and External Affairs, and Eileen Moscaritolo, HMA Consultant.

Additional Staff participating on the call: Vicki Wrighster, Dr. Anne Freese, Rachel Lambert, Bob Bushey, Helen Miller, Dr. Lupe Gonzalez, Pauline Preciado, Kim Timmerman, Nicole Kanter, Debbie Rieger, Steve Peiser, Sandi Walker, Paula Cabral, and Susana Enriquez-Euyoque.

Rohan Reid from AmericasHealth Plan (AHP), Barry Zimmerman from the County of Ventura, and Anna Rangel, interpreter.

PUBLIC COMMENT

None.
CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Commission Regular Minutes of August 24, 2020.
   Staff: Maddie Gutierrez, MMC – Clerk of the Commission
   RECOMMENDATION: Approve the minutes of August 24, 2020.

2. Adopt a Resolution to Renew Resolution No. 2020-005 to Extend the Duration of Authority Empowered in the CEO to Issue Emergency Regulations and Take Action related to the Outbreak of Coronavirus (“COVID-19”)
   Staff: Scott Campbell, General Counsel
   RECOMMENDATION: Adopt resolution 2020-006 to:
   1. Extend the duration of authority granted to the CEO to issue emergency regulations and take action related to the outbreak of COVID-19.

3. Adopt a Resolution Canceling the Upcoming November 16, 2020 Ventura County Medi-Cal Managed Care Commission (“Commission”) Regular Meeting.
   Staff: Scott Campbell, General Counsel
   RECOMMENDATION: Staff recommends the following:
   1. To adopt Resolution No. 2020-007 to cancel the upcoming November 16, 2020 regular Commission meeting.

4. Approve Amendment No. 4 to Agreement (“Agreement”) with Health Management Associates (“HMA”) to authorize additional HMA resources to assist in management of Gold Coast Health Plan (GCHP).
   Staff: Scott Campbell, General Counsel
   RECOMMENDATION: Staff recommends the following:
   1. To approve Amendment No. 4 authorizing additional HMA resources to assist CEO, Margaret Tatar, in management of Gold Coast Health Plan (GCHP).

Supervisor Zaragoza motioned to approve Consent agenda items 1 through 4. Commissioner Pupa seconded.
Roll Call Vote:

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioners Fred Ashworth, Laura Espinosa, Jennifer Swenson, and Scott Underwood, M.D.

Commissioner Pupa declared the motion carried.

Commissioners Laura Espinosa and Scott Underwood, M.D. joined the meeting at 2:05 p.m.

FORMAL ACTION

5. GCHP’s PACE Organization Letter of Support Criteria Policy

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Staff recommends the Commission approve to delegate the Chief Executive Officer (CEO) to manage any requests in accordance with this Commission policy.

Chief Executive Officer, Margaret Tatar, reviewed the PACE program. CEO Tatar noted that GCHP has taken a proactive approach and has written an internal policy. The policy is to set criteria that must be met in order to operate a PACE center in Ventura County. The CEO will manage all requests in accordance with Commission policy.

Commissioner Atin asked for clarification. Commissioner Atin stated there might be other parties interested in participating in PACE. CEO Tatar stated interested parties can be reviewed and discussed. Commissioner Atin asked if the contracts have a significant value, and scope. CEO Tatar stated PACE delivers both Medicare and Medicaid – two (2) checks would be received. Commissioner Alatorre asked what other plans are doing. He asked if Commission could also approve issuance of the letter or only the CEO. CEO Tatar stated requests can be on an Ad-Hoc basis and presented to the Commission.

Commissioner Atin stated he would support the policy with an amendment stating the Commission must be notified prior to approval of the letter. CEO Tatar stated criteria can be approved to analyze and present to the Commission. Commissioner Atin
asked if an RFP process would be used for letter approval or will it be sole source. CEO Tatar stated we (GCHP) are not the procurer of the services. COHS duals are mandatorily enrolled in our plan. There is no ability to dis-enroll. Commissioner Atin asked how many PACE providers there will be. CEO Tatar stated it is not unlimited but that CMS and DHCS decide. CEO Tatar believes that Ventura County could support 1 to 4 PACE organizations. Commissioner Atin asked how it is determined approval of one organization over another. CEO Tatar stated there is no way to predict on how the State will decide. Commissioner Atin stated he thought it would be reasonable to notify the Commission of letters of interest. The CEO would then present recommendations to the Commission for action.

Commissioner Atin motioned to approve the amended motion stating the Commission would approve criteria and that approval of letters would be decide by the Commission pursuant to the criteria. Commissioner Pupa seconded.

Commissioner Espinosa noted point of discussion: approve the criteria and give authority to the CEO to make recommendations and the Commission would give final approval. CEO Tatar stated the Commission would have final say. The Commission could vote on the criteria only, and CEO will present recommendations for approval by Commission.

Roll Call Vote:

AYES: Commissioners Antonio Alatorre, Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Scott Underwood, M.D. and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioners Fred Ashworth, and Jennifer Swenson.

Commissioner Pupa declared the motion carried.


Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff recommends that the Commission approve the August 2020 financial package.

Chief Financial Officer Kashina Bishop presented the unaudited August 2020 Financials PowerPoint. She gave a financial overview noting August net loss of $266,000. Fiscal Year to Date Net Loss of $1.0 million. TNE is $68.0 million and 192%
of the minimum required. The Medical Loss Ratio is 95.3% and administrative ratio is 5.6%.

CFO Bishops anticipated a significant decrease to the IBNR liability. She will present final audited statements at the October Commission meeting. Financial impacts due to COVID-19 were reviewed. CFO Bishop noted an increase in membership as well as a 10% increase to long-term care facility rates. Authorizations and claims volume continue to increase but is still lower on a PMPM basis.

CFO Bishop reviewed updates on the Solvency Action Plan noting total annual savings of $10.1 – 11.1 million. She reviewed the current focus and annualized impact in savings.

Net premium revenue is $144.5 million, over budget by $6.6 million and 5%. CFO Bishop also reviewed the Membership graphs. She noted current health care costs are $137.6 million and $4.9 million over budget.

Graphs for Total Fee for Service, Inpatient medical expenses, and long-term care expenses were reviewed. CFO Bishop noted directed payments are over budget by $3.6 million and pharmacy is over by $1.2 million. We are currently at 192% of the TNE required.

Commission Chair Pupa asked if once adjustments are made, we will adjust June financials and roll forward. CFO Bishop stated that was correct. Commissioner Alatorre asked how this can be avoided going forward. CFO Bishop stated we are improving internal controls. HMA Consultant, Eileen Moscaritolo, stated with the new platform there will be new controls. Commissioner Alatorre asked if overpayments were recovered. CFO Bishops stated $6 million of $9 million were recovered. Commissioner Alatorre asked if these were claw backs or letters. CFO Bishop stated there were claw backs from future payments.

Commissioner Atin motioned to approve the August 2020 financial package. Commissioner Alatorre seconded.

Roll Call Vote:

AYES: Commissioners Antonio Alatorre, Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Scott Underwood, M.D. and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioners Fred Ashworth, and Jennifer Swenson.
Commissioner Pupa declared the motion carried.

REPORTS

7. **Chief Executive Officer (CEO) Report**

   Staff: Margaret Tatar, Interim Chief Executive Officer

   **RECOMMENDATION:** Receive and file the report.

   Chief Executive Officer, Margaret Tatar announced that last Thursday DHCS approved the GCHP/AHP proposal. She stated the organization is very happy to secure the proposal approval and will continue to work with AHP.

   Commissioner Pupa requested the Commission be updated on the readiness review. CEO Tatar stated she will make this a standing item in her report.

   CEO Tatar stated DHCS has an RFI for commercial plans – this does not affect GCHP, but we are watching. The Stated indicates terms will be reflected in all managed care plans in 2023/24. At the local level we continue to be committed to the community.

Commissioner Jennifer Swenson joined the meeting at 2:55 p.m.

8. **Chief Medical Officer (CMO) Report**

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

   **RECOMMENDATION:** Receive and file the report.

   Chief Medical Officer, Nancy Wharfield, M.D., reviewed her report including charts and graphs. Dr. Anne Freese gave an update on the Medi-Cal Rx transition. She noted there is pending information on details of the appeals process. She will keep the Commission informed and more details released. Dr. Freese also noted the State now has a dedicated Rx website available.
9. **Chief Diversity Officer (CDO) Report**

Staff: Ted Bagley, Interim Chief Diversity Officer/Interim Human Resources Director

**RECOMMENDATION:** Receive and file the report.

Chief Diversity Officer, Ted Bagley noted he has attended various Zoom meetings, He has created "Ted Talks" on the website and touches upon various topics of interest. He noted there are no new cases.

CDO Bagley did ask the Commission to begin to consider what they want to do with the CDO position. His contract ends in December, and he is asking the Commission to consider options on contract renewal and length of time. This item can be discussed in more detail at the next Commission meeting.

10. **Executive Director of Human Resources (H.R.) Report**

Staff: Michael Murguia, Executive Director of Human Resources

**RECOMMENDATION:** Receive and file the report.

Executive Director of Human Resources, Michael Murguia, noted he has completed his transition period with Mr. Bagley. Training sessions on home education has been completed. The trainings were done in collaboration with Mr. Joe Ortiz of BBK.

He is currently working through the performance review process. Mr. Murguia is also initiated the action plan on the employee survey. He will begin to create an Employee Action Team to assist with the survey. Mr. Murguia is also reviewing organization policies, beginning with an assessment of recruiting processes and policies. There is currently a lot of activity in recruitment in the organization.


Roll Call Vote:

**AYES:** Commissioners Antonio Alatorre, Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson, Scott Underwood, M.D. and Supervisor John Zaragoza.

**NOES:** None.

**ABSENT:** Commissioners Fred Ashworth.
Commissioner Pupa declared the motion carried.

**ADJOURNMENT**

Commissioner Pupa adjourned the meeting at 3:27 p.m.

Approved:

_____________________________________________________________________

Maddie Gutierrez, MMC
Clerk to the Commission
AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Maddie Gutierrez, MMC – Clerk to the Commission
        Deborah Munday, Executive Assistant / Assistant Clerk
DATE: December 15, 2020
SUBJECT: Approval of the 2021 VCMMCC Meeting Calendar

RECOMMENDATION:
Approve the 2021 VCMMCC meeting calendar as presented.

ATTACHMENTS:
Copy of 2021 VCMMCC Meeting Calendar.
These meetings will be held at a different location and will begin at 6PM.
AGENDA ITEM NO. 3

To: Ventura County Medi-Cal Managed Care Commission

From: Anne Freese, PharmD, Director of Pharmacy

Date: December 15, 2020

RE: PBM Contract Amendment

SUMMARY:
Gold Coast Health Plan (“GCHP”) contracts with OptumRx, a Pharmacy Benefits Manager (“PBM”), to provide pharmacy benefit services to GCHP’s members. The State is anticipated to transition pharmacy benefit services to Medi-Cal Rx upon implementation, which was extended by the State from January 1, 2021, to April 1, 2021. The current contract with the PBM terminates on December 31, 2020. A new contract amendment is needed to extend this contract until March 31, 2021.

DISCUSSION:
Amendment #5: “Extension Agreement”
Staff is negotiating a contract amendment that adds the following provisions to the contract with the PBM:

1. Extends the termination date until March 31, 2021;
2. Reduces termination prior notice requirement from 90 days to 45 days for termination related to Medi-Cal Rx implementation only;
3. Maintains current price structure for administrative fees; and
4. Extends pricing guarantees to apply quarterly or to a timeframe that provides substantially similar results as the annual pricing guarantees.

FISCAL IMPACT:
Due to the State’s extension of implementation of Medi-Cal Rx, GCHP will remain responsible for PBM administrative fees and drug costs until implementation of Medi-Cal Rx. Staff anticipates the administrative fees to be substantially similar to the existing fee and pricing structure of the current contract. Although drug pricing is anticipated to remain similar to the current contract, drug costs may fluctuate depending on utilization.

RECOMMENDATION:
Staff recommends the Commission authorize the execution of an amendment reflecting the items discussed in this report.
Agenda

Welcome and Introductions
• Overview of Vision
• Strategic Planning Process

Margaret Tatar, CEO
Marlen Torres, Executive Director, Strategy & External

Federal Landscape Under President-Elect Joe Biden Administration

Jon Blum, MPP, Vice President, Federal Policy and Managing Director, Medicare, Health Management Associates

State Landscape

Marlen Torres, Executive Director, Strategy & External

Health Equity

Dr. Wharfield, Chief Medical Officer
Pauline Preciado, Senior Director Population and Health Equity

Diversity and Inclusion

Ted Bagley, Chief Diversity Officer

Public Plans in the Exchange and Dental Benefit

Margaret Tatar, CEO

Breakout Sessions (4 groups)

Marlen Torres, Executive Director, Strategy & External

Main Session – Groups report out on Observations/recommendations

Marlen Torres, Executive Director, Strategy & External
GCHP Strategic Objectives

1. GCHP will be a health care leader delivering quality health outcomes to our members.

2. GCHP will be a collaborative community partner.

3. GCHP will be an effective strategic business partner in Ventura County.

4. GCHP will demonstrate responsible fiscal stewardship of public funds.

5. GCHP will be considered a great place to work.

6. GCHP will be positioned to best meet the future demands of providing quality health care and exceptional service for our members.
Tactics for Achieving our Strategic Objectives

1. Clear outcomes, achievement of which GCHP reports regularly to the Commission, Community Advisory Committee (CAC), and Provider Advisory Committee (PAC).

2. Strong focus on GCHP mission and commitment as a County Organized Health System (COHS).

3. Continued focus on Equity and Diversity, building on the success of GCHP’s appointment of a Chief Diversity Officer (CDO) and GCHP’s commitment to addressing social determinants of health.

4. Continued focus and discipline relating to the Commission’s expectation for GCHP’s successful management of the Solvency Action Plan.

5. Continued focus on ongoing improvement to internal controls and efficacy of plan management.

6. Continued focus on quality as evidenced by GCHP’s successful work in this area in collaboration with our Ventura County providers.

7. Successful system conversion.

8. Successful collaboration with DHCS in connection with the transition of the pharmacy benefit from the plans to DHCS.

9. Successful implementation of the plan-to-plan agreement with AmericasHealth Plan.
Federal, State and Local Landscape
# Landscape: Key Drivers

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
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</thead>
</table>
| **CLIMATE** | Vaccine Q1-2 | ➢ Likely sustained period of low real interest rates  
➢ Fiscal space for governments to mitigate consequences of pandemic | | | | |
| **COVID + world view** | Vaccine Q1-2 | ➢ Likely sustained low interest rates  
➢ Long term labor market impacts yet to be determined | | | | |
| **COVID + US economy** | Vaccine Q1-2 | ➢ Likely sustained period of low real interest rates  
➢ Fiscal space for governments to mitigate consequences of pandemic | | | | |
| **U.S. Federal** | Biden Administration 2021-25  
➢ Biden will promote diversity and civil rights  
➢ ACA challenge before SCOTUS - likely to be upheld  
➢ Biden will be strong supporter of Medicaid and Medicare  
➢ Biden’s CMS will likely respond favorably to CA’s waiver | | | Presidential Term 2025-29 | |
| **CA State** | Governor Newsom Term 2019-23 | New Gubernatorial Term 2023-27 | | | | |
| **Length and severity of pandemic, along with efficacy of stimulus, will drive CA’s revenue future.** | | | | | | |
| **Waiver Ext.** | Anticipated New Five-Year Waiver Term 2021-26 | | | | | |
| **Commercial MCO RFP** | Re-procurement + readiness review for commercial MCOs | New contract terms for all MCOs, reflective of new Waiver and new State requirements | | | | |

Key Takeaways:

1. Federal policy will be critical over next decade re: stimulus policy, entitlement policy, civil rights
2. Medi-Cal policy will be a function of several waivers Governor Newsom negotiates for 2021-26
3. Medi-Cal enrollment will stay at elevated levels for near term
4. Expectations for Medi-Cal plans re: improved outcomes, elimination of bias, and efficiency will grow
2021 Health Care Agenda Will Be Shaped by Divided Government and Exogenous Factors

Election Results (as of November 18, 2020)

- **Presidency**: 306 – 232
  - Joseph Biden Elected
- **Senate**: 48 – 2 – 50
  - Likely Republican control
- **House**: 218 – 13 – 204
  - Democrat Control
- **Governors**: Republicans will control 28 governorships; Democrats 22
- **State Houses**: Republicans control 29 legislatures; Democrats 19 (1 split and 1 non-partisan)

Exogenous Factors Will Shape Health Care Agenda

- COVID-19 pandemic at highest peak levels
- Economy has yet to rebound
- State and local government fiscal crisis
- ACA Supreme Court Decision
- Federal deficit

Political Implications of Divided Government

- Elements of Biden platform likely will not pass the Congress (e.g., public option)
- Senate may become the starting point for future legislation and negotiation
- Republican-controlled Senate will impact who gets appointed and confirmed to Cabinet and other Senate-approved positions
- President-Elect Biden may look to regulatory authorities and state waivers to implement his agenda
Presidency Transition Timeline and Early Activities

January 20, 2021

Transition

Primary Activities:
• Trump Administration remains in power (EOs, final regs, other executive actions)
• Biden announces key appointments and nominations
• Lame-duck Congress considers remaining legislative business and potential stimulus bill
• President-elect becomes the de-facto head of the Democratic party

Biden Administration

Primary Activities:
• Senate confirmation of Cabinet and other key positions
• Executive Orders to establish early policy priorities
• Priority rescinding of regulations
• Submission of budget and legislative priorities to Congress

Biden Administration’s Early Priorities
• COVID response to control the pandemic
• Economic stabilization and recovery
• Address health care disparities
• Repair the ACA
Likely Biden Administration Actions/Policies on COVID Response

Biden Campaign Proposals:

1. Rapidly expand availability of free COVID-19 testing
2. Initiation of U.S. Public Health Jobs core to hire 100,000 contact tracers in communities most at risk
3. Increase the nation’s capacity for prevention, response and treatment and use the Defense Production Act to ramp up production of masks, face shields, and other personal protective equipment (PPE)
4. Accelerate the development of treatment and vaccines, including $25 billion investment in a vaccine manufacturing and distribution plan
5. Provide timely information and medical advice and guidance
6. Improve public health systems improvements to predict, prevent, and mitigate pandemic threats
7. Increase resources to state and local communities, including establishing a renewable fund for state and local governments to help prevent budget shortfalls; Emergency package to ensure schools have needed resources to open safely; “Restart package” to help small businesses cover the costs of operating safely
8. Eliminate cost barriers for prevention and care for COVID-19

Policies to Watch:

• Extension of the public health emergency that currently is scheduled to expire on January 20, 2021
• Extensions/additions of Medicaid waivers and Medicare payment flexibilities

Potential Disruptors/Influencers:

• FDA approval of COVID-19 vaccine(s); availability and uptake of vaccine in the US
Likely Biden Administration Actions/Policies to Restore the ACA

Biden Campaign Proposals:
1. Provide new choices of ACA coverage through a public option plan
2. Expand tax credit eligibility and limit the cost of coverage to make ACA coverage more affordable

Policies to Watch:
• Efforts to expand Marketplace enrollment: open enrollment periods, restore navigator program, renew education and marketing
• Rescind executive orders such as interstate insurance sales, short-term limited-duration health plans, and religious exceptions to coverage for LGBTQ and women’s reproductive health
• Expanded consumer health literacy efforts
• Expansion of Essential Health Benefits to cover pandemic-related services

Potential Disrupters/Influences:
• Supreme Court Outcome in April-June 2021; Republican Senate’s willingness to engage in legislative fixes after Supreme Court decision
• Roll back of Trump Administration’s 2019 guidance on 1332 waivers; implementation of new paradigm for 1332 waivers
• Public option initiatives promoted by states
Likely Biden Administration Actions/Policies for Medicaid

Biden Campaign Proposals:

1. Provide premium-free coverage through a public option for eligible individuals in states that have not expanded Medicaid coverage; provide states that have expanded Medicaid the choice to move expansion populations to the public option.

2. Ensure that people making less than 138% of federal poverty level (FPL) are automatically enrolled for coverage through public schools or by eligibility for other federal programs.

3. Expand access to home and community bases services (HCBS) by eliminating the current waitlist and providing states with option to convert current HCBS waivers into a new state plan option with an enhanced federal match.

Policies to Watch:

- Suspension of all actions to promote or approve work requirements
- Review recent and pending regulations and promulgate changes
- Continuation of flexibilities provided to states in response to COVID
- Incentives and dollars for non-expansions states to expand coverage
- Promotion of health disparities initiatives and greater state accountability to address them
- Reform of long-term services and supports to ensure safer living environments
- Potential changes to Medicaid Disproportionate Share (DSH) payments

Potential Disrupters/Influences:

- Supreme Court Outcome in April-June 2021
- State fiscal crisis
Likely Biden Administration Medicare Priorities

Biden Campaign Proposals:

1. Expand Medicare to individuals 60-65.
   • The Biden Campaign proposed to lower Medicare eligibility to those age 60 and to permit individuals age 60-65 to “buy-into” the program on a voluntary basis. The Campaign stated that any new Medicare costs associated with the policy would be paid from sources outside of the Medicare trust fund

2. Reduce prices of pharmaceuticals (see slide 9)

Policies to Watch:

• Potential changes to Medicare Advantage payment rates
• Extensions of COVID-19 waivers and flexibilities including telemedicine
• Promotion of value-based payments and Center for Medicare and Medicaid Innovation (CMMI) agenda

Potential Disruptors/Influencers:

• Medicare Trust Fund is projected to go insolvent in 2022 which may accelerate Congressional and Administration actions to reduce Medicare costs
Likely Biden Administration Actions/Policies on Commercial Market

Biden Campaign Proposals

1. Promote public option to put greater pressure on provider reimbursements and private insurance premiums
2. Address market concentration across the health care system by implementing more aggressive anti-trust enforcement of health care mergers
3. Create limitations on practices that drive medical debt; renew push to limit “surprise” and balance billing
4. Reduce prices of pharmaceuticals (see following slide)
5. Increase wages and benefits for low-wage direct care workers (e.g., home health workers)
6. Double federal investment in community health centers

Policies to Watch:

• Reinstatement of limitations on short-term health insurance; rollback of Trump administration 12 months limit to Obama-era 90 days
• Acceleration of testing and deployment of innovations that target higher quality across the health care system

Potential Disruptors/Influencers:

• Republican Senate’s willingness to engage on drug pricing and surprise billing
Likely Biden Administration Prescription Drug Pricing Priorities

Biden Campaign Proposals

1. Lower Medicare prescription drug costs by: 1) repealing the statutory prohibition on Medicare negotiating drug prices with manufacturers; 2) establishing an independent review board to assess the value of “specialized biotech drugs that will have little to no competition; and 3) limiting the increase of brand, biotech and “abusively priced” generic drugs

2. Leverage International Reference Pricing by creating a Review Board that will use International Reference Pricing to help set drug prices for newly launched specialty (Part B) drugs

3. Allow drug reimportation

4. Limit drug price increases to inflation, including Medicaid and Public Option (if implemented) and all brands, biologics, and some generics

5. Eliminate the tax break for advertising drugs

Policies to Watch:

• Biden Administration actions to repeal or modify current and future Trump Administration regulations and Executive Orders to control drug prices

• Action on the Grassley-Wyden introduced legislation (S. 4199)

• Actions to further regulate pharmacy benefit managers after the Supreme Court issues its decision on Rutledge v. PCMA

Potential Disruptors/Influencers:

• COVID-19 vaccine successes could mean manufacturers enjoy a hiatus in criticism over drug pricing, which could ameliorate Executive administrative actions

• Drug shortages for COVID-19 treatments could raise drug prices/rationing
Likely Biden Administration Actions/Policies to Address Behavior Health

**Biden Campaign Positions**

1. Provide flexible grants to states and localities for prevention, treatment, and recovery efforts
2. Ensure that Medication Assisted Treatment (MAT) is universally available
3. Support development and expand coverage for alternative pain medications and treatments
4. Expand mental health parity laws

**Policies to Watch:**

- Federal opioid settlements
- Promotion of new Medicare/Medicaid models to better integrate behavior health services
- Expansion of telehealth services

**Potential Disruptors/Influencers:**

- COVID-19 pandemic overshadowing opioid epidemic as priority public health crisis
# Immediate Impact of Elections on Key Stakeholders and Policy Priorities

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Post-Election Immediate Impacts</th>
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<tbody>
<tr>
<td><strong>States</strong></td>
<td>• Additional support for PPE, public health infrastructure, and schools</td>
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<tr>
<td></td>
<td>• Likely extension of Public-Health Emergency (PHE) and FMAP increase</td>
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<td>• Additional state fiscal relief key Biden Administration priority for next stimulus legislation</td>
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<tr>
<td><strong>Medicaid Programs</strong></td>
<td>• Likely extension of PHE and Maintenance of Effort Requirements</td>
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<td>• Biden Administration engagement to encourage remaining states to expand Medicaid eligibility</td>
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<tr>
<td><strong>Exchanges</strong></td>
<td>• Expansion of enrollment</td>
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<td></td>
<td>• Unlikely legislative consideration of federal public option</td>
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<tr>
<td><strong>Managed Care Plans</strong></td>
<td>• Unlikely legislative consideration of federal public option</td>
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<tr>
<td>• Medicaid</td>
<td>• Increased scrutiny of Medicare Advantage rates and margins</td>
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<tr>
<td>• Medicare Advantage</td>
<td>• Increased Medicaid enrollment</td>
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<tr>
<td>• Exchanges</td>
<td>• Potential volatility in Medicaid managed care regulation as new federal regulations take effect</td>
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<td></td>
<td>or get potentially modified</td>
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<tr>
<td><strong>Providers</strong></td>
<td>• Unlikely legislative consideration of federal public option</td>
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<td>• Greater public support for PPE and pandemic readiness</td>
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<td></td>
<td>• Likely greater scrutiny on consolidation and price increases</td>
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<td>• Federal public option more unlikely</td>
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<td></td>
<td>• Potential renewed push to limit balanced billing</td>
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<td>• Continued promotion of reimbursement for telemedicine</td>
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<tr>
<td><strong>Prescription Drug Manufacturers</strong></td>
<td>• Continued regulatory focus on prescription drug prices and promotion of reimportation</td>
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<td>• Legislative focus switches from H.R. 3 to Grassley-Wyden legislation</td>
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State Landscape
1. Telehealth
   a. Legislation will be introduced which will address the telehealth priorities of providers and advocates by codifying the COVID-19 telehealth flexibilities. Specifically, we expect the following issues will be included in legislation:
      i. Recognizing FQHC telehealth services as PPS billable visits
      ii. Requiring payment parity in Medi-Cal (already required for commercial plans)
      iii. Allowing reimbursement for telephonic/audio-only care, in addition to audiovisual telehealth services
      iv. Allowing FQHCs to see patients via telehealth
   b. There may also be a telehealth proposal from the Administration, as the Governor’s veto messages indicate that DHCS is evaluating the existing telehealth policies to determine which flexibilities should be available post-pandemic.
2. Affordable Care Act (ACA)
   a. Depending on the outcomes of the Supreme Court decision on the ACA, the ACA may be the subject of state-level legislation.
   b. The Administration will explore the impact of the ACA in California and its legal challenges at the federal level.

3. Data Sharing and Health Information Exchanges (HIEs)
   a. The Legislature is exploring data sharing and a statewide HIE.
   b. Hearings on this topic have begun.
1. Between 2020-21 and 2021-22, the caseload is expected to grow from 13.8 million enrollees to 14.9 million—an increase of 8%, or 1.1 million beneficiaries.

2. Revised caseload projections show a saving of nearly $870 million (General Fund) in 2020-21 relative to budget act assumptions.

3. Projected COVID-19 vaccination costs will be minimal in 2020-21 and, instead, will peak in 2021-22 at around $140 million (General Fund).

4. Assuming the expiration of the national COVID-19 public health emergency, we assume that enhanced federal funding under the pandemic will expire in December 2021.

5. The Medi-Cal items subject to suspension are:
   a. Most Proposition 56-funded provider payment increases
   b. The extension of coverage for postpartum mental health
   c. The restoration of previously eliminated optional benefits
   d. The expansion of screening and intervention to drugs other than alcohol
Agenda

1. Overview of current state
   a. Health care industry
   b. Ventura County
   c. GCHP

2. GCHP Health Equity Framework

3. Core Components of Health Equity (HE)

4. Recommended Health Equity Strategies
Current State of Health Equity

Health care industry
• Emerging EBPs to promote HE

Ventura County
• Alignment of Governance and Leadership in Healthcare (AGLH)
• VC Health Equity Metrics and Collaboratives

Gold Coast Health Plan
• Population Health Framework

(Institute for Healthcare Improvement; 2016)
Framework for Health Care Organizations to Achieve Health Equity

1. Make Health Equity a Strategic Priority
   - Leadership Commitment
   - Sustainable Funding

2. Develop Structure and Processes
   - Establish a Governance Committee
   - Dedicate Resources

3. Deploy Strategies to address Social Determinants of Health
   - Health Care Services
   - Socioeconomic Status
   - Physical Environment
   - Healthy Behaviors

4. Decrease Institutional Racism
   - Physical Space
   - Reduce Implicit Bias

5. Develop Partnerships with Community Organizations
   - Leverage community assets through alignment and shared goals in health equity

(Institute for Healthcare Improvement; 2016)
Core Components of Health Equity

1. Organizational commitment
2. Create a Health Equity assessment
3. Establish cross divisional Health Equity Implementation Team (HEIT)
4. Education plan for staff
5. Developing a sustained health equity communications strategy
Health Equity Strategy
Recommendations for 2021

1. Secure Leadership Engagement and Commitment
2. Execute Health Equity Assessment
3. Establish Governance Structure and HEIT
4. Communication Plan
5. Staff Education
6. Programmatic Technical Assistance
7. Quality Improvement
Diversity & Inclusion

ALL are welcome HERE
Diversity & Inclusion: Workforce Demographics

GCHP continues to transform under the diversity initiative, it is increasingly important that we all have the tools necessary to measure the impact of our efforts. As part of this strategic plan, we will provide an analysis of the workforce demographics on an on-going basis. At the end of FY 2019, GCHP's workforce totaled 193 FTE's and 10 temporary and contract workers.
GCHP’s Diversity & Inclusion Strategy

GCHP Business Objectives

- Governance
  - Facilitate Guidance
  - Management Commitment
- Communications
  - Understanding of D&I
  - External Efforts
- Process Intervention
  - Provide opportunity to adjust current process to facilitate increased D&I
Racism: A Public Health Crisis

1. Internal/external focus
2. Understanding current state
3. Identifying areas of focus (community)
4. Status of interpreters for the indigenous and non-English speaking communities
5. Resources for contact
6. Chief Diversity Officer
7. CDO/county resource
8. CDO and medical
9. Work with county
10. County budget
Public Plans and the Exchange
Public Plans and Exchange

1. Few public plans have participated in the Exchange

2. Benefits of public plans participating in the Exchange
   a. Provide continuity of care for members transitioning off Medi-Cal to Exchange products
   b. Allow public plans to offer new lines of business in their markets

3. Risks:
   a. Managing the increased risk as GCHP re-establishes the appropriate levels of reserves
   b. Securing appropriate authority to participate in commercial insurance market: licensure, ordinance change (if necessary), retention of appropriate staff to address new functions
Dental Benefit
Emerging Dental Policy

1. State has dental managed care in select counties

2. In its original CalAIM proposal, state articulated a long-term goal of fully integrated plans that would include all Medi-Cal services, including Dental

3. This opens up possibility for plans, particularly public plans, to pilot or implement dental managed care within their programs

4. Benefits:
   a. Provide access to dental services for underserved populations
   b. Manage dental networks to address the cultural and linguistic needs of Medi-Cal members
   c. Allow GCHP, in particular, to champion the concept of ‘whole person care’ in Ventura county

5. Risks:
   a. Securing actuarially sound rates to ensure access
   b. Managing the increased risk as GCHP re-establishes the appropriate levels of reserves
Proposed FY 2021-2022 Strategic Plan
GCHP Strategic Objectives

1. GCHP will be a health care leader delivering quality health outcomes to our members.

2. GCHP will be a collaborative community partner.

3. GCHP will be an effective strategic business partner in Ventura County.

4. GCHP will demonstrate responsible fiscal stewardship of public funds.

5. GCHP will be considered a great place to work.

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5. Continued focus on ongoing improvement to internal controls and efficacy of plan management.

6. Continued focus on quality as evidenced by GCHP’s successful work in this area in collaboration with our Ventura County providers.

7. Successful system conversion.

8. Successful collaboration with DHCS in connection with the transition of the pharmacy benefit from the plans to DHCS.

9. Successful implementation of the plan-to-plan agreement with AmericasHealth Plan.
1. **GCHP will be a health care leader delivering quality health outcomes to our members**

**Tactic 6: Continued focus on quality as evidenced by GCHP’s successful work in this area in collaboration with our Ventura County providers.**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Measure/Timeframe</th>
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<tbody>
<tr>
<td><strong>Establish Annual Provider Quality Awards Event</strong></td>
<td>• Host inaugural awards event Q4 2020 ✓</td>
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</table>
| **Advocate for and promote HIE for Ventura County** | • Engage, assist, and convene stakeholder groups in the HIE evaluation and decision-making process – Nov. 2019 - March 2020 ✓  
  • Select and Procure HIE Solution – Nov./Dec. 2020  
  • Implement HIE Solution, Phase I – Q1 2021 |
| **Optimize encounter data collection and quality** | • Assess current state, identify gaps. Establish baseline, incremental performance goals, and workgroups. – Nov. 2020 ✓  
  • Develop improvement action plans – Dec. 2020 |
| **Launch GCHP Enterprise Data Warehouse** | • Procurement and Commission Recommendation – Jun. 2020 ✓  
  • Phase 1 completion – Jan. 2021 |
| **Comply with CMS/ONC advancement of interoperability** | • Research solution marketplace, conduct risk assessment, and determine approach – March 2020 ✓  
  • Establish the budget – Apr. 2020 ✓  
  • Procurments and Execution of Contract – Dec. 2020  
| **Value Based Care and Payer Contract Modeling** | • Research health care payer marketplace options – Q2 2021  
  • Align with GCHP business needs / propose recommendation / secure funding – Q3 2021  
  • Procurement(s) Completed – Q4 2021  
  • Begin Implementation – Q1 2022 |
| **GCHP will achieve outcomes in the 50th percentile in all measures of MCAS** | • Implement gap closure program – Dec. 2019 ✓  
  • Implement INDICES provider portal for providers – Oct. 2020 ✓  
  • Leverage quality forum for clinic system best practices – Mar.-May 2020 ✓  
  • Increase member incentive opportunities and budget accordingly - FY20-21 ✓ |
1. GCHP will be a health care leader delivering quality health outcomes to our members.
2. GCHP will be a collaborative community partner.
3. GCHP will be considered a great place to work.

**Tactic 3: Continued focus on Equity and Diversity, building on the success of GCHP’s appointment of a Chief Diversity Officer (CDO) and GCHP’s commitment to addressing social determinants of health.**

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<thead>
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<th>Goals</th>
<th>Measure/Timeframe</th>
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| Demonstrate activities to improve health outcomes for vulnerable and high-risk populations | • Initiate a high-risk population focus that would include disparity analysis, outcome measurement, and community/member engagement (Jul. 2020-Ongoing throughout 2021)  
• Execute PNA (Population Needs Assessment) interventions to address member barriers (Aug. 2020 - Feb. 2021)  
• Develop system to identify and monitor health outcomes of high-risk members (Q1 2021) |
| Oversight of Behavioral Health Incentive Programs | • Convene and engage with provider participants administering the BHI programs (Aug. 2020 – Q1 2021)  
• Develop infrastructure support, oversee, and assess success of BHI pilot programs (Nov 2020 – Q1 2021) |
| Diversity and Inclusion | • Ensure that our Diversity and Inclusion Committee is diverse, representative of the population and has the courage of candor-Q1 2021  
• Continue to develop relationship with minority and community groups (L.U.L.A.C., N.A.A.C.P., Veterans)-Ongoing throughout 2021  
• Cultural Lunch-n-Learn series-Ongoing throughout 2021  
• Continue to review areas such as internal and external communications, promotions, compensation, career development-Ongoing throughout 2021  
• Adopt-A-School process-Q2 2021  
• Diversity best practice sharing with other networks across Ventura County-Ongoing throughout 2021 |
2. GCHP will be a collaborative community partner.

**Tactic 2: Strong focus on GCHP mission and commitment as a County Organized Health System (COHS).**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Measure/Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Analyze CalAIM proposal and work with key Ventura County stakeholders on next steps</strong></td>
<td>• Analyze requirements for Medi-Cal Healthier California for All initiatives – Dec. 2019 ✓ ✓ • Identify key Medi-Cal Healthier California for All collaboration stakeholders – Dec. 2019 ✓ ✓ • Establish internal and external workgroup participants and schedules – Jan.-Feb. 2020 ✓ ✓ • Conduct meetings with county stakeholders in preparation for Cal AIM implementation – Jan. 2020 ✓ ✓ • Develop and implement strategy and engagement calendar for public release – March 2020 ✓ ✓</td>
</tr>
<tr>
<td><strong>Further Population Health Initiatives to support quality improvement efforts</strong></td>
<td>• Continue to facilitate and support community collaborative efforts to improve health outcomes, such as the VC Community Health Improvement Collaborative (VCCHIC) – Ongoing throughout 2021 • Facilitate the adoption of Health Information Exchange (HIE) among health care partners – CY 2019 through Q4 2021</td>
</tr>
<tr>
<td><strong>Implement Population Health Management Initiative</strong></td>
<td>• Dependent on DHCS guidance</td>
</tr>
<tr>
<td><strong>Submit WPC/GCHP Transition plan to DHCS</strong></td>
<td>• Collaborate with the Whole Person Care Team on DHCS transition deliverables (Dec. 2020) • Prepare GCHP/DHCS transition plan (Jul. 2021)</td>
</tr>
<tr>
<td><strong>Implement Enhanced Care Management (ECM) &amp; ILOS (Collaborate with current WPC program transition plan)</strong></td>
<td>• Plan ECM transition report for DHCS • Addressing the required target population for ECM • Identifies ILOS initiatives</td>
</tr>
<tr>
<td><strong>Obtain NCQA Certification</strong></td>
<td>• Begin NCQA process • Submit NCQA application • Secure NCQA certification • Begin alignment of process with NCQA standards</td>
</tr>
<tr>
<td><strong>Implement D-SNP</strong></td>
<td>• Advance, promote, facilitate county, community, and commission collaborations regarding D-SNP approach • Begin D-SNP application process • Submit D-SNP application • Secure D-SNP • PBM RFP D-SNP</td>
</tr>
</tbody>
</table>
3. GCHP will be an effective strategic business partner in Ventura County.

**Tactic 6:** Continued focus on quality as evidenced by GCHP’s successful work in this area in collaboration with our Ventura County providers.

**Tactic 9:** Successful implementation of the plan-to-plan agreement with AmericasHealth Plan

**Tactic 1:** Clear outcomes, achievement of which GCHP reports regularly to the Commission, Community Advisory Committee (CAC), and Provider Advisory Committee (PAC).

<table>
<thead>
<tr>
<th>Goals</th>
<th>Measure/Timeframe</th>
</tr>
</thead>
</table>
| Procure and implement provider contract modeling, credentialing and data management solution to support transition to APMs and integrate with new core claims system. | • Implement eVips system – Feb. 2021  
• Provider Webinars – Q4. 2020  
• Provider Resource Guide – Q4 2020  
• Provider Operations Bulletin – Q4 2020 |
| Ensure ASO performs to full contractual compliance | • Assessment of ASO performance – March 2020  
• Review findings with Executive Finance – Q2 2021  
• Review assessment findings with Commission – Q4 2021 |
| Implement AHP plan-to-plan (P2P) pilot and evaluate and support county plan-to-plan contract efforts | • Achieve enterprise consensus on delegated oversight implementation for new business model  
• Perform pre-delegation audit following regulatory approval of the P2P Pilot  
• Work with the delegates to address any pre-delegation deficiencies  
• Facilitate ongoing conversations with GCHP business owners to ensure adequate line of sight into the implementation and execution of the P2P Pilot |
| Utilize and leverage multi-channel communications to share outcomes and successes | • Launch GCHP Community eNewsletter – Aug. 2020  
• Refresh GCHP intranet “Compass” – March 2020  
• Launch GCHP social media platform – Q1 2021  
• Refresh GCHP website – Jun. 2020 |
| Optimize communications with and responsiveness to GCHP Commission | • Packet updates; ongoing through 2021  
• CAC and PAC annual presentation: Q1 2021 |
4. GCHP will demonstrate responsible fiscal stewardship of public funds

Tactic 4: Continued focus and discipline relating to the Commission’s expectation for GCHP’s successful management of the Solvency Action Plan.

Tactic 5: Continued focus on ongoing improvement to internal controls and efficacy of plan management.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Measure/Timeframe</th>
</tr>
</thead>
</table>
| Reduce interest paid on claims by 10% | • Implement reporting and metrics in claims queues to reduce interest related to delays in payments – Dec. 2019 ✔
• Identify pass through opportunities and reporting for errors and omissions – Dec. 2019 ✔
• Identify reporting and agreement from external vendor to capture errors and omissions which impact interest and overpayments – Feb. 2020 ✔ |
| Prospective RDT Reporting | • Comprehensive workflow and process map completed – Dec. 2020
• Completion of gap analysis – Dec. 2020
• Establishment of governance structure and workplan – Jan. 2021
• Development of monthly reporting tool – Mar. 2021
• Quarterly reconciliation process with encounter data – Mar. 2021 |
| Implement Phase Two of the Solvency Action Plan | • Complete the outlier rate analysis – Jan. 2021
• Make contracting changes to minimize financial risk associated with efficiency adjustments – Mar. 2020
• Implement contractual changes associated with the outlier rate analysis – Mar. 2020 |
| Establish formal organizational risk management program | • Obtain budgetary funding approval for Enterprise Risk Management (ERM) platform – Q3 2021
• Develop and implement ERM framework based upon platform chosen – TBD |
5. GCHP will develop the best culture and be considered a great place to work (Retain, Develop, and Attract Talent).

### Tactic 2: Strong focus on GCHP mission and commitment as a County Organized Health System (COHS).

<table>
<thead>
<tr>
<th>Measure/Timeframe</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conduct employee survey (Retain Talent)</strong></td>
<td>All GCHP departments will have regular meetings; no less than bi-monthly mandatory all-hands meetings (Retain Talent)</td>
</tr>
<tr>
<td><strong>Share results with Commission – Jan.-Feb. 2020</strong></td>
<td>Identify and document current talent retention and organizational development initiatives (Retain and Develop Talent)</td>
</tr>
<tr>
<td><strong>Develop action plan(s) based on survey results to address culture improvement opportunities identified by the survey – Jan. 2021</strong></td>
<td>Identify high performers (Director and Manager level) through talent calibration sessions with the leadership team - Jul. 2021</td>
</tr>
<tr>
<td><strong>Employee survey completed by Dec. 2019</strong></td>
<td>Design and implement development programs and opportunities to address high performer needs - Jun. 2021</td>
</tr>
<tr>
<td><strong>Share results with Commission – Jan.-Feb. 2020</strong></td>
<td>Develop an employee recognition program – Q2 2021</td>
</tr>
<tr>
<td><strong>Conduct all-staff meeting for feedback based on a 1-5 point scale for all presentations. Will strive for 4.0 evaluation ratings - Ongoing throughout 2021</strong></td>
<td>Complete evaluation - Q1 2021</td>
</tr>
<tr>
<td><strong>Identify high performers (Director and Manager level) through talent calibration sessions with the leadership team - Jul. 2021</strong></td>
<td>Implement process changes - Q2 2021</td>
</tr>
<tr>
<td><strong>Identify current talent retention and organizational development initiatives (Retain and Develop Talent) - Jul. 2021</strong></td>
<td>Evaluate employee contribution (Retain Talent) - Q2 2021</td>
</tr>
<tr>
<td><strong>Design, schedule, and implement learning opportunities for managers and above to prepare them to be servant leaders with an eye to accountability - Ongoing throughout 2021</strong></td>
<td>Evaluate organization structure to ensure transitional progression/succession positions exist - Ongoing throughout 2021</td>
</tr>
<tr>
<td><strong>Evaluate organization structure to ensure transitional progression/succession positions exist - Ongoing throughout 2021</strong></td>
<td>Recognize employee contribution (Retain Talent) - Q2 2021</td>
</tr>
</tbody>
</table>
6. GCHP will be positioned to best meet the future demands of providing quality health care to our members.

**Tactic 5:** Continued focus on ongoing improvement to internal controls and efficacy of plan management.

**Tactic 7:** Successful system conversion.

**Tactic 8:** Successful collaboration with DHCS in connection with the transition of the pharmacy benefit from the Plans to DHCS.

### Goals

<table>
<thead>
<tr>
<th>Goals</th>
<th>Measure/Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful implementation of GCHP enterprise portfolio initiative:</td>
<td>• Successful implementation of HSP-MediTrac and iTransact</td>
</tr>
<tr>
<td></td>
<td>• Windows 10 Upgrade – March 2020 [✓]</td>
</tr>
<tr>
<td></td>
<td>• Internet Security Enhancements</td>
</tr>
<tr>
<td></td>
<td>o Secure Web Gateway – Nov. 2020 [✓]</td>
</tr>
<tr>
<td></td>
<td>• Network and Security Architecture – Jul. 2021</td>
</tr>
<tr>
<td></td>
<td>• Internet Service Provider Expansion – Jul. 2021</td>
</tr>
<tr>
<td>Invest and implement foundational technology infrastructure that enables GCHP nimbleness and enhances information security</td>
<td>• Successful Go Live – Q1 2021</td>
</tr>
<tr>
<td>Successful Pharmacy Carve Out by April 1, 2021</td>
<td>The following measures are successfully being implemented on an ongoing basis:</td>
</tr>
<tr>
<td></td>
<td>o Assist DHCS with provider and member notification to ensure understanding of the new carve-out processes and to limit negative member impact – Ongoing through 2021</td>
</tr>
<tr>
<td></td>
<td>o Develop ability to consume NCPDP drug format – dependent upon state PBM project timeline – Ongoing through 2021</td>
</tr>
<tr>
<td></td>
<td>o Analyze and communicate implications from the Rx carve out for HRA, IHAs, and case management – Ongoing through 2021</td>
</tr>
<tr>
<td></td>
<td>o Participate and provide feedback into Rx Carve out stakeholder groups to ensure minimum disruption to GCHP members – Ongoing through 2021</td>
</tr>
<tr>
<td></td>
<td>o Ensure continuing conversations with DHCS regarding data collection changes related to Pharmacy Carve-out – Ongoing through 2021</td>
</tr>
</tbody>
</table>

Ensure optimal process for meeting state public agency, DHCS and CMS Medi-Cal/Medicaid program regulatory compliance.

Establish process to include and consolidate CMS and local state public agency regulations into compliance purview – July 2020
6. GCHP will be positioned to best meet the future demands of providing quality health care to our members (Continued).

**Tactic 5: Continued focus on ongoing improvement to internal controls and efficacy of plan management.**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Measure/Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin alignment of process with NCQA standards</td>
<td>• Initiate a gap analysis – TBD (CalAIM Requirements Dependent)</td>
</tr>
<tr>
<td>Improve Medical and Behavioral Health Integration</td>
<td>• Identify opportunities to improve behavioral health services through oversight of Behavioral Health Integration Pilot Programs – (Q1 2021-Q4 2022)</td>
</tr>
<tr>
<td>Disaster Recovery/Business Continuity Plan</td>
<td>• Development of Incident Response Plan-Ongoing throughout 2021</td>
</tr>
<tr>
<td></td>
<td>• Development of action and communication plan regarding known upcoming natural disaster/natural disaster-like events annually known to CA (fire/public safety power shutoffs)-Ongoing throughout 2021</td>
</tr>
<tr>
<td>Continue quality innovation for best member health outcomes</td>
<td>• Continue collaboration with DHCS on performance improvement process-Ongoing throughout 2021</td>
</tr>
<tr>
<td></td>
<td>• Focus on equity from a quality perspective-Ongoing throughout 2021</td>
</tr>
<tr>
<td>Member Communication Strategies</td>
<td>• Continued cross functional collaboration on TPCA barrier and mitigation strategies-Ongoing throughout 2021</td>
</tr>
<tr>
<td>Year</td>
<td>U.S.</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>2021</td>
<td>Biden term 2021-25</td>
</tr>
<tr>
<td></td>
<td>End of public health emergency Jan 2021</td>
</tr>
<tr>
<td></td>
<td>Possible Medicare Trust Fund Insolvency</td>
</tr>
<tr>
<td></td>
<td>SCOTUS on ACA April-June 2021</td>
</tr>
<tr>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>2023</td>
<td>General Election</td>
</tr>
<tr>
<td>2024</td>
<td></td>
</tr>
</tbody>
</table>

**GCHP**

1. Ongoing commitments to accountability, diversity, quality, SAP
2. Conversions: ✓ Medi-Cal Rx ✓ HSP ✓ PCCM
3. Enhanced internal controls
4. Collaborate on Wavier
5. AHP Plan to Plan
6. Collaboration on optimal modes of behavioral health integration
7. Likley start of ECM and ILOS – CalAIM
8. Consider KK licensure (waiver, public plan option, etc)

**Waiver extension**

- Likely RFP commercial MCOs
- Re-procurement + readiness review for commercial MCOs
- New contract terms for all MCOs

**GCHP**

1. Ongoing improvements to accountability, diversity, quality, SAP
2. Ongoing collaboration with Community on Wavier
3. Ongoing collaboration to realize optimal modes of Behavioral Health Integration
4. Launch and execute Strategic Planning Process for 2022 – 26, to include community and to reflect the full implementation of the Waiver for California
5. If approved by Commission, secure KK licensure

**Future state**

1. Anticipated future state for GCHP accountability, diversity, quality, SAP
2. ETA for DHCS’ likely revision to all MCO contracts reflecting new requirements for commercial plans from RFP and all plans based upon the Waiver
3. Opportune time for GCHP to update / revise its major network contracts
4. ETA for Behavioral Health integration model(s)
5. Collaborative implementation of Waiver program(s) per Strategic Plan for 2022-26

**Possible future scenarios**

1. Anticipated restoration of Commission approved excess TNE
2. Possible post-COVID State budget recovery (‘good case scenario), with corresponding decrease or levelling off of GCHP enrollment to pre-COVID levels
3. Conduent Service Agreement Ends
Open for Discussion
Next Steps:

The Strategic Plan, inclusive of the input received, will come before the Commission for approval at the January 25, 2021 meeting.
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Attachments / Sources .................................. Slides 60-64

Internal Controls and Accomplishments ...... Slides 65-84

Glossary ..................................................... Slides 85-87
1. International Monetary Fund on long term impact of pandemics: 

2. See following charts from the above article relating to long term impacts of pandemics on world economies: 
   a. Interest rates: Wars versus pandemics 
   b. Pandemics: Historical perspective 
   c. Wages: Steady rise
Interest rates: Wars versus pandemics

As shown in Chart 1, pandemics have long-lasting effects on interest rates. Following a pandemic, the response of the natural rate of interest is tilted down by nearly 1.5 percentage points about 20 years later.

IMF also finds that it takes an additional 20 years for the natural rate to return to its original level.

**Chart 1**

**Wars versus pandemics**

The real interest rate tends to stay elevated for decades following wars, which is the opposite of what happens following a pandemic.

(response of real interest rates to a pandemic, percent)

Source: Jordà, Singh, and Taylor (2020).

Note: Shaded regions represent standard deviation bands.
Historical perspective
Throughout recorded history, there have been at least 15 large pandemic events with at least 100,000 deaths.

<table>
<thead>
<tr>
<th>Event</th>
<th>Start</th>
<th>End</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Death</td>
<td>1331</td>
<td>1353</td>
<td>75,000,000</td>
</tr>
<tr>
<td>Italian Plague</td>
<td>1623</td>
<td>1632</td>
<td>280,000</td>
</tr>
<tr>
<td>Great Plague of Seville</td>
<td>1647</td>
<td>1652</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Great Plague of London</td>
<td>1665</td>
<td>1666</td>
<td>100,000</td>
</tr>
<tr>
<td>Great Plague of Marseille</td>
<td>1720</td>
<td>1722</td>
<td>100,000</td>
</tr>
<tr>
<td>First Cholera Pandemic</td>
<td>1816</td>
<td>1826</td>
<td>100,000</td>
</tr>
<tr>
<td>Second Cholera Pandemic</td>
<td>1829</td>
<td>1851</td>
<td>100,000</td>
</tr>
<tr>
<td>Russia Cholera Pandemic</td>
<td>1852</td>
<td>1860</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Global Flu Pandemic</td>
<td>1889</td>
<td>1890</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Sixth Cholera Pandemic</td>
<td>1899</td>
<td>1923</td>
<td>800,000</td>
</tr>
<tr>
<td>Encephalitis Lethargica Pandemic</td>
<td>1915</td>
<td>1926</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Spanish Flu</td>
<td>1918</td>
<td>1920</td>
<td>100,000,000</td>
</tr>
<tr>
<td>Asian Flu</td>
<td>1957</td>
<td>1958</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Hong Kong Flu</td>
<td>1968</td>
<td>1969</td>
<td>1,000,000</td>
</tr>
<tr>
<td>H1N1 Pandemic</td>
<td>2009</td>
<td>2010</td>
<td>203,000</td>
</tr>
</tbody>
</table>

Sources: Alfani and Murphy (2017); Taleb and Cirillo (2020); and https://en.wikipedia.org/wiki/List_of_epidemics and references therein.
Wages: Steady rise

Chart 2

**Steady rise**

Real wages tend to rise gradually in the decade following a pandemic.

(response of real wages to a pandemic, percent)

Source: Jordà, Singh, and Taylor (2020).

Note: Shaded regions represent standard deviation bands.
ACAP Policy Proposals for the Biden Administration and the 117 Congress

1. Increase the FMAP during the ongoing pandemic and enact a permanent countercyclical FMAP bump for future times of economic downturn and need.

2. Pass 12 months of continuous Medicaid eligibility.

3. Improve actuarial soundness in MCO rate setting.

4. Allow for more opportunities for D-SNPs to address social determinants of health by redesigning Star Ratings groups, adding SDOH indicators to the risk adjustment models, and/or allowing for more flexible use of the Special Supplemental Benefits for the Chronically Ill.

5. Limit short-term, limited-duration insurance plans and require all short-term coverage to end by December 31 annually.

6. Support automatic or semi-automatic enrollment processes for Medicaid and CHIP as well as the Marketplaces.

7. Improve APTC availability, particularly for younger consumers.
Internal Controls and Accomplishments
Internal Control

Process of assuring an organization’s objectives in operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations and policies.
<table>
<thead>
<tr>
<th>Internal Control Issue</th>
<th>Root Cause</th>
<th>Resolution</th>
<th>Implications / Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider communications</td>
<td>Stakeholders from different departments didn’t have insight into the communications that were being sent out by other departments</td>
<td>Formed a provider communication workgroup to review and provide input on provider communications from all departments.</td>
<td>Streamlined communications for the audience</td>
</tr>
<tr>
<td>Member communications</td>
<td>Stakeholders from different departments didn’t have insight into the communications that were being sent out by other departments</td>
<td>Formed a member communications workgroup to review and provide input on member communications from all departments.</td>
<td>Streamlined communications for the audience</td>
</tr>
<tr>
<td>Internal communications</td>
<td>Communications were sent to staff intermittently</td>
<td>Started sending daily emails to the staff to provide information on a variety of topics.</td>
<td>Streamlined communications for the audience</td>
</tr>
<tr>
<td>Commission communications</td>
<td>Commissioners received updates intermittently between Commission meetings</td>
<td>Started updating the commission regularly on the goings on at GCHP.</td>
<td>Streamlined communications for the audience; commissioners don’t have to wait until monthly meetings for updates</td>
</tr>
</tbody>
</table>

### Decision Support Services (DSS)

**DSS/Finance/IT:** IBNP/IBNR File Delivery

- Timing not optimal; time for month-end close was taking 3-4 weeks or more

- Waiting for updated files to be returned to GCHP from Milliman (MedInsight); data not available until Business Day 10 or later and weak close management

- **Resolution:**
  - Evaluated the month-end close process, which included the implementation of pre-close entries and a daily close status call to keep team on track to close timely even when issues came up.
  - In collaboration with IT, DSS built new file development process circumventing MedInsight to deliver to Finance by no later than 5th of the month

- **Implications / Importance:**
  - Allowed us to close month-end within 6-8 business days; enabled timely review of financials by leadership and Commission; ability to identify and proactively address financial performance
<table>
<thead>
<tr>
<th>Internal Control Issue</th>
<th>Root Cause</th>
<th>Resolution</th>
<th>Implications / Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DSS (cont.)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Prop 56 Payments delayed or in arrears | • Complex calculations; processes heavily manual.  
• Multiple data streams feeding the process, causing delays. | • Refined SQL queries, reducing manual intervention and increasing data process efficiencies.  
• Working with providers to ensure efficient delivery of data to GCHP up front.  
• Organized payment data for easier analysis & reporting.  
• 2021 Goal: Build database to support Finance reconciliation. | Providers receiving Prop 56 payments in a timelier manner. |
| **DSS/IT:** Periodic delays in delivering 274 | Delays in receiving files from vendors; manual processing prone to human error. | • Met DHCS 274 mandates for Telehealth, Foreign Languages, and PCP Capacity  
• Building review process in collaboration with IT to reduce manual intervention.  
• Defining roles and responsibilities; establishing escalation steps  
• Began refining process in 2020; results expected in 2021 | State regulatory requirement to deliver file on or before the 10th of each month |
<table>
<thead>
<tr>
<th>Internal Control Issue</th>
<th>Root Cause</th>
<th>Resolution</th>
<th>Implications / Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter Data Improvement</td>
<td>Submission from providers may be incomplete or inaccurate</td>
<td>• Implementing stronger SNIP level validation</td>
<td>More complete and accurate encounter data in support of RDT, MCAS, and Health Improvement initiatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Implementing completeness and accuracy measures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Building response reports to providers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Removal of direct submissions into the Claims System; moving all providers to clearinghouse partnerships.</td>
<td></td>
</tr>
<tr>
<td>DSS/Ops Request intake process unclear</td>
<td>Intake form completed sporadically, “drive-by” requests, inconsistent following of process making intake tracking difficult.</td>
<td>DSS included in implementation of Service Desk ticketing system put in place by IT.</td>
<td>Ability to more effectively track work efforts and generate dashboards and reporting on progress</td>
</tr>
<tr>
<td>Data exchange between VCMC/VCHCA challenged</td>
<td>Multiple requests through multiple channels out of VCMC and into and out of GCHP caused confusion and doubled work efforts in some cases.</td>
<td>Met with VCMC to discuss streamlining process by creating point-persons within each organization. Standing weekly “sync up” meetings in place between both entity data groups.</td>
<td>Reduction of redundant data requests and exchanges. Increased HIPAA compliance. Internal efficiencies gained.</td>
</tr>
<tr>
<td>VCMC EPP Payments not optimized</td>
<td>Data submitted by VCMC did not have all of the elements required to maximize specialty reimbursements.</td>
<td>GCHP worked with VCMC to modify data which worked somewhat. GCHP reached out to DHCS to discuss possibility of using Rendering Provider as a Specialty Taxonomy Source. The State responded by including that in their methodology, increasing specialty assignment accuracy and subsequently reimbursement credit back to VCMC.</td>
<td>Increases one of GCHP’s strategic partner’s reimbursement per the EPP Program.</td>
</tr>
<tr>
<td>Internal Control Issue</td>
<td>Root Cause</td>
<td>Resolution</td>
<td>Implications / Importance</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
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<tr>
<td>Claims EFTs in transit recorded as $9.2M of Medical Expense (error)</td>
<td>When the last business day of the month falls on check-run day there is a timing issue between when Claims Expense is recorded and the money leaves our bank (the following month). This happens multiple times per year and due lack of documentation of how to treat it and changing staff responsible for entry, it was prone to error.</td>
<td>Accounting treatment determined and journal entry documentation and processes were updated to account for this situation as Claims Payable going forward until EFTs cleared the following month.</td>
<td>Efficiency (less time taken during close trying to figure out how to account for) and accurate representation of GCHP’s financial positions</td>
</tr>
<tr>
<td>Employee updates for payroll</td>
<td>Paper forms/data entry by another department was causing updates to be delayed into ADP</td>
<td>Implementation of self-service portal in ADP. Employees can make their own personnel and benefit changes online timely and accurately in ADP;</td>
<td>Less employee abrasion and more accurate process with less opportunity for error.</td>
</tr>
<tr>
<td>FloQast Close Management Software Implementation</td>
<td>Lack of historical documentation has made it difficult to understand entries into the accounting system.</td>
<td>Close Management Software allows us to store month-end close checklists and documentation (completed), review and sign-off by preparer and review of account reconciliations (completed), the ability to automate reconciliations and amortizations (in process), perform month-over-month analytics of balance sheet and income statement (in process) and review status of close with close analytics capability (in process).</td>
<td>Improved documentation improves accuracy of financial statements. In addition, creates a more efficient review for management and auditors. Audit ready every month.</td>
</tr>
<tr>
<td>Internal Control Issue</td>
<td>Root Cause</td>
<td>Resolution</td>
<td>Implications / Importance</td>
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<tr>
<td>---------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Re-established Expense and Utilization meeting</td>
<td>Duplicative work in various departments.</td>
<td>Cross functional workgroup to review medical expense trends, gain mutual understanding of root cause of increases or decreases, determine if root cause is actionable, and track next steps.</td>
<td>Improved reporting and potential to identify medical expense savings.</td>
</tr>
<tr>
<td>Improved reporting for DHCS Rate Development Template (RDT) and Supplemental Data Requests (SDRs).</td>
<td>Inaccurate and inconsistent submissions to DHCS.</td>
<td>Improvement in reconciliation and documentation for the SDRs and RDT.</td>
<td>Maximization of revenue, identification of risk areas, and improved credibility with DHCS.</td>
</tr>
<tr>
<td>Enterprise Project Portfolio Reporting</td>
<td>Expenses not being reviewed by all accountable staff.</td>
<td>Distribution of a monthly report that shows Enterprise Project actual expenses to date as compared to budget.</td>
<td>To ensure that GCHP leadership is aware of how enterprise projects are tracking financially; improved monitoring and accountability.</td>
</tr>
<tr>
<td>Accounting and Finance Onboarding Improvements</td>
<td>Lack of documentation.</td>
<td>Pulled together onboarding materials and consolidated in one location for reference; additionally created an onboarding checklist for new staff and assignment of new staff to a “buddy” who will help them as they get up to speed on department policies, systems and procedures.</td>
<td>To ensure that all staff is onboarded with the information they need to perform job successfully and understand accounting and finance for a managed care health plan.</td>
</tr>
<tr>
<td>Payroll Desktop Procedure Updates</td>
<td>Lack of documentation.</td>
<td>Review and updating of Accounts Payable and Payroll desktop procedures</td>
<td>To ensure they are current and reflect appropriate internal controls and are available for cross-training purposes</td>
</tr>
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</tr>
<tr>
<td>Reconciliation Improvement Project (in process)</td>
<td>Lack of support and documentation.</td>
<td>Ongoing review of General Ledger balance sheet account reconciliations to identify areas for improved support and validate balances. Still working through accounts but multiple improvements have been made to date.</td>
<td>Ensures the accuracy of our Financial Statements and adequate support for audits by clearly reflecting what the balances in our accounts represent.</td>
</tr>
<tr>
<td>Accounts Payable Workflow Documentation (in process)</td>
<td>Lack of documentation.</td>
<td>Development of workflow and procedure documentation for Accounts Payable</td>
<td>Timely processing of invoices and complete audit trail approved by external auditors</td>
</tr>
<tr>
<td>Accounting Process Desktop Documentation (in process)</td>
<td>Lack of documentation.</td>
<td>Review and updating of Accounting desktop procedures (processes, Journal Entries, Reconciliations and reporting)</td>
<td>To ensure they are current and reflect appropriate internal controls and are available for cross-training purposes</td>
</tr>
<tr>
<td>Care Management (QI) Administrative Expense Reclass (in process)</td>
<td>Not being properly reported, internally and externally.</td>
<td>Review of federal regulations and eligible expenses for reclass to MLR. Working with Health Services on formalizing and documenting a process that supports reclass.</td>
<td>To ensure that our process is documented and aligned with regulations for audit purposes.</td>
</tr>
<tr>
<td>Monthly Administrative Expense Reports and Reviews with Budget Owners (planned for Nov/Dec 2020)</td>
<td>Classification errors or budget variances not being reviewed until the next year’s budget process.</td>
<td>Implementation of administrative actuals to budget reports for budget reports and bi-weekly review meetings to discuss variances.</td>
<td>Ensures visibility, accountability to budget, and accuracy of classifications. Will expedite budget process.</td>
</tr>
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</tr>
</tbody>
</table>
| Contract expiration tracking | Minimal enterprise visibility to contracts and their financial implication to GCHP. In 2017, Procurement implemented a manual based Excel database and email process to notify contract owners of their contract expirations. | Implemented a contract management system that automated the manual-based Excel expiration notification process that creates a working queue of contract renewals and terminations for Procurement. The new system also provides contract owners easy access to review their contracts. | • Increased visibility of contractual exposure.  
• Central repository that can easily identify where PHI is being shared with a third-party down to the specific type of engagement.  
• Proactively monitors contracts and their financial and contractual obligations and rights.  
• Prevents the ability of contracts to auto-renew without notification, review and input of every term related procurement.  
• Reduces invoice discrepancies where non-funded contracts and their associated PO were out of funds or expired due to no visibility.  
• Provides reporting features for both the contract owner and Procurement.  
• Provides Procurement the necessary lead time to terminate, source or renew the contract proactively and collaboratively with the business. |
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<tbody>
<tr>
<td><strong>Finance/IT:</strong> Multiview migration to the cloud</td>
<td>Maintaining the financial system environment and infrastructure on-premise.</td>
<td>Decommissioned and eliminated business continuity and InfoSec risks of on-premise solution. Implemented vendor’s new cloud solution. Reduced IT’s administrative maintenance overhead for infrastructure and platform; simplified future upgrades to introduce new features and fixes sooner; ensured GCHP keeps up to date running a vendor supported version of the software.</td>
<td>• Eliminated on-premise infrastructure reducing administrative maintenance overhead for infrastructure and platform. • Simplified future upgrades to introduce new features and fixes sooner. • Ensured GCHP keeps up to date running a vendor supported version of the software. • Continues the use of financial controls through automated PO approval aligned to the Signature Authority Policy approval levels.</td>
</tr>
<tr>
<td><strong>Finance/Health Services (UM):</strong> PDR turnaround time not meeting the regulatory requirements</td>
<td>Delays in review due to staffing contraints</td>
<td>• Improve turnaround to meet or exceed the regulatory requirement. • Appropriate staffing. • Elimination of backlog. • Continued monitoring of turnaround time and queue size with prompt collaboration with executive team and claims for staffing and queue reduction strategies.</td>
<td>• Regulatory compliance • Elimination of interest penalties.</td>
</tr>
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</tr>
<tr>
<td>CCD review process does not currently have GCHP review and approval requirements</td>
<td>Process flaw</td>
<td>Review and improve the controls associated with system changes</td>
<td>2021</td>
</tr>
<tr>
<td>Settlement Validation</td>
<td>Ensure claims submitted for settlement have not been paid in the claims system</td>
<td>Validate claims listed on the settlement agreement have not been previously paid for the same line in the Claims system.</td>
<td>High – Duplicate payment risk is reduced</td>
</tr>
<tr>
<td>Policy and procedure documentation</td>
<td>Missing policy/procedure documentation</td>
<td>Additional clarity needed with policies and procedures</td>
<td>Adherence to DHCS requirements</td>
</tr>
<tr>
<td>PDR Acknowledgement reporting</td>
<td>PDRs must be acknowledged within the regulatory timeline</td>
<td>Validate PDRs are acknowledged in accordance with regulatory requirements</td>
<td>Adherence to DHCS requirements</td>
</tr>
</tbody>
</table>

**Health Services: Health Education**

<table>
<thead>
<tr>
<th>Language Assistance Services</th>
<th>Current vendors exceeded the funding amount and allowed for an open public bid option</th>
<th>RFP process and vendor selection</th>
<th>Awarded contract to three vendors to provide language assistance services to members and providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Needs Assessment (PNA) Submission</td>
<td>DHCS requirement to conduct an annual PNA</td>
<td>PNA completed on time and submitted to DHCS for review and approval. PNA approved by DHCS.</td>
<td>Sets the stage for GCHP strategic objectives for the year.</td>
</tr>
<tr>
<td>Community Advisory Committee (CAC) Special Meeting</td>
<td>Engage stakeholders in the PNA process</td>
<td>Conducted PNA stakeholder engagement needs assessment with members of the CAC and employees</td>
<td>DHCS requirement to engage stakeholders in the strategic planning of the PNA strategic objectives</td>
</tr>
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</tr>
<tr>
<td>Health Services: Quality Improvement (QI)</td>
<td>Leverage quality forum for clinic system best practices</td>
<td>The need was recognized to establish an efficient mechanism to collaborate with clinic systems (vs. holding individual meetings), while providing the opportunity to discuss challenges and share best practices.</td>
<td>Feb 2020: Launched QI Collaboration Forum – a platform to convene medical directors, QI managers/staff, clinic administrators to disseminate information and promote best practice sharing. Forum convenes three times per year.</td>
</tr>
</tbody>
</table>

**QI/IT:** Invest in quality data/advance data optimization

<table>
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<tbody>
<tr>
<td>Production of Managed Care Accountability Set (MCAS) provider progress reports and member-level gap reports was manual and labor-intensive.</td>
<td>August 2020: Launched Inovalon INDICES® tool. Replaced obsolete solution with a new vendor supported and regulatory compliant solution. Added new business capability for GCHP’s provider groups to have visibility into their transactional data driving their quality outcomes.</td>
<td>Provided data visualization and reporting dashboards to provider partners to help improve measure outcomes and performance and support PDSA efforts. Includes monitoring of current and projected measure performance, measure trending and gap analysis viewable at the member or clinic level.</td>
</tr>
</tbody>
</table>

Promote, recognize, and advance the success of providers in quality and performance

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<tr>
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</thead>
<tbody>
<tr>
<td>Without clinic-wide pay-for-performance or other incentive programs in place, need for provider motivation and recognition based on quality performance.</td>
<td>October 2020: Provider Recognition Quality Awards</td>
<td>Recognize clinic systems for outstanding performance based on MCAS outcomes and incentivize future achievements</td>
</tr>
</tbody>
</table>

Health Services: Utilization Management

<table>
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<th>Internal Control Issue</th>
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<th>Implications / Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCS CES Edits for ED</td>
<td>Staffing constraints</td>
<td>• In collaboration with Claims, created an editing function to identify “always CCS” eligible diagnosis. • Claim denial results in re-routing of claims to proper payor (CCS).</td>
<td>• Cost avoidance of CCS ED cases • Accomplished without additional staffing</td>
</tr>
</tbody>
</table>
### Human Resources

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<tbody>
<tr>
<td>Employee Survey Results</td>
<td>To improve engagement and increase retention, an Employee Survey was distributed to all employees. The results were shared in Quarter 1, 2020. Due to the pandemic, all action plans were placed on hold as of March 2020.</td>
<td>In November 2020, we assembled a cross-functional team to assist with action plans to strengthen our engagement and retention. The Action Plan team reviewed all survey results, met with the outside consultant that analyzed our survey data, and met with Chief Diversity Officer Ted Bagley to better understand results.</td>
<td>Our Action Plan team is focusing in three key areas. 1. Communications 2. Recognition 3. Senior Team Credibility In Phase 1, we are focusing on recognition by evaluating the Gold Bar program and benchmarking other companies. In Phase 2, we will be focused on Communications. In Phase 3, we will be focused on senior team credibility. We meet on a biweekly basis and expect our team will meet 6-9 months.</td>
</tr>
</tbody>
</table>

### IT

<table>
<thead>
<tr>
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<th>Root Cause</th>
<th>Resolution</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Emergency 911 Compliance – Megan’s Law &amp; Ray Baum Act</td>
<td>Regulation</td>
<td>GCHP in compliance by required date, Feb. 2020</td>
<td>FCC New Regulation</td>
</tr>
<tr>
<td>Improved and automated information security risk assessment program</td>
<td>Compliance/Business Process Improvement</td>
<td>Implemented robust automated infosec risk management process to assess business associate HIPAA compliance. Developed and deployed using existing Compliance 360 software platform.</td>
<td>Compliance; standardized consistent automated vendor scoring model; faster results</td>
</tr>
<tr>
<td>Internal Control Issue</td>
<td>Root Cause</td>
<td>IT (cont.)</td>
<td>Resolution</td>
</tr>
<tr>
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</tr>
<tr>
<td>New Health Insurance Portability and Accountability Act (HIPAA) Policies</td>
<td>Compliance</td>
<td>21 new HIPAA information security policies</td>
<td>Team board (implemented manually then digitally); team stand up; focus and finish with improved quality and incremental/continuous improvement delivery</td>
</tr>
<tr>
<td>Agile Concepts and Tools</td>
<td>Business Process Improvement</td>
<td>HIPAA compliance audit passed; new policy and InfoSec training developed; Achieved federal required certification to use Social Security data for credentialing GCHP providers</td>
<td>Further protects GCHP workforce, operations, data, and member privacy</td>
</tr>
<tr>
<td>Death Master File</td>
<td>Provider Credentialing</td>
<td>HIPAA compliance audit passed; new policy and InfoSec training developed; Achieved federal required certification to use Social Security data for credentialing GCHP providers</td>
<td>Palo Alto Network routing rework to prepare for Modern Data Warehouse initiative and correct legacy routing deficiencies</td>
</tr>
<tr>
<td></td>
<td>Internet Access Security Enhancement - Control and monitor internet activity</td>
<td></td>
<td>PC Administrator Password Random Changes to secure high-risk network account access.</td>
</tr>
<tr>
<td></td>
<td>Computer Network Improvements</td>
<td></td>
<td>Symantec Endpoint Anti-Malware replaced and retired IT outsourced vendor partner’s less effective solution and administration</td>
</tr>
<tr>
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</tr>
<tr>
<td>Identify Access Management Program for Microsoft platform</td>
<td>Operational</td>
<td>Restrictions and threat avoidance including:</td>
<td>Policy, Effectiveness, Information Security Risk Mitigation</td>
</tr>
<tr>
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<td>09/25/19 - Azure Cond Access</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>12/30/19 - MS365 Sec Enhancement</td>
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<td>04/17/20 - OneDrive Sec</td>
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<td>05/06/20 - Modern Auth</td>
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<td>05/06/20 - Disable Int. Apps</td>
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<td>05/07/20 - Automate Risk Sign-ons</td>
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<td>05/20/20 - SharePoint Sec Improve</td>
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<td>06/30/20 - Azure Admin Center Sec</td>
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<td></td>
<td>07/08/20 - Azure App Cleanup</td>
<td></td>
</tr>
<tr>
<td>Established Change Advisory Board (CAB) and an automated IT change management solution</td>
<td>Operational</td>
<td>Twice weekly CAB; Implemented automated change solution with ticketing, automated approvals/voting, and clear audit trail of all technology production changes</td>
<td>Policy, Effectiveness, Efficiency</td>
</tr>
<tr>
<td>Strengthened GCHP computer network access by adding mandatory multi-factor authentication (MFA)</td>
<td>Operational</td>
<td>MFA/Radius Authentication – Core Network is more difficult to breach due to new 2-factor access requirement</td>
<td>Policy, Effectiveness, Information Security Risk Mitigation</td>
</tr>
<tr>
<td>Implemented Advanced Threat Protection and Safe Links Scanning in MS365 Exchange</td>
<td>Operational</td>
<td>Real-time scanning of all email attachments and a security review of all email web-links (using Microsoft Artificial Intelligence)</td>
<td>Effectiveness, Information Security Risk Mitigation</td>
</tr>
<tr>
<td>Implemented Advanced Threat Protection and Safe Links automated alerts in MS365 Exchange</td>
<td>Operational</td>
<td>Alerting of suspicious activity with Microsoft Cloud. This enables IT Security to review activity that could lead to a breach if not contained quickly.</td>
<td>Efficiency, Information Security Risk Mitigation</td>
</tr>
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<td>Alerting of suspicious activity with Microsoft Cloud. This enables IT Security to review activity that could lead to a breach if not contained quickly.</td>
<td>Efficiency Information Security Risk Mitigation</td>
</tr>
<tr>
<td>New Information Security Awareness Educational Program</td>
<td>Operational</td>
<td>New KnowBe4 Information Security Awareness Solution implemented to replace 3-year-old solution. Offers fresh approach and content to develop GCHP’s human firewall. Enables benchmarking and enterprise progress reporting.</td>
<td>Policy, Effectiveness, Regulation Information Security Risk Mitigation</td>
</tr>
<tr>
<td>Re-implemented Computer Workstation Security Policy Standards and Encryption</td>
<td>Operational</td>
<td>Implemented new encryption solution and automated policy-based operating system rules for all GCHP workstations</td>
<td>Policy, Effectiveness, Efficiency, Information Security Risk Mitigation</td>
</tr>
<tr>
<td>Transitioned 100% GCHP workforce to remote due to COVID emergency</td>
<td>Operational</td>
<td>Transitioned and trained entire GCHP workforce to securely WFH in two days</td>
<td>Effectiveness, Efficiency Business Continuity</td>
</tr>
<tr>
<td>Upgraded all GCHP computers to new Windows 10 operating system</td>
<td>Compliance</td>
<td>Updated and Deployed more than 200 new Windows 10 computers before Microsoft ended support for Windows 7 operating system; trained staff</td>
<td>Continued support by Microsoft and prevention of cyberattack/breaches</td>
</tr>
<tr>
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</tbody>
</table>
| Microsoft Platform Security Score Improvements - GCHP exceeds health care and global benchmarks | Operational | Achieved security scores higher than Microsoft benchmarks for:  
• Similar seat count (Microsoft’s other customers who have about 300 licenses like we do);  
• Industry (health care and government sector); and  
• Global (all Microsoft customers worldwide) | Policy, Effectiveness Information Security Risk Mitigation |
<p>| IT Asset Management Solution | Operational | Full initial inventory and asset tagging. Implemented asset management software solution tying assets to GCHP associates. | Efficiency/Effectiveness |
| Improved GCHP Workstation/Mobile Device, Application, and Patching Management | Operational | Microsoft Intune Device and Application Management | Efficient and Automated Modern Device Management of GCHP workstations/mobile phones Information Security Risk Mitigation |
| Automate secure GCHP network connection for entire remote workforce | Operational | Always On VPN | Secure connectivity to protect GCHP network &amp; data Information Security Risk Mitigation |
| New Disaster Recovery Solution, Technology Infrastructure | Operational | New disaster recovery solution implemented in July 2020 to replace outgrown legacy solution that no longer met GCHP’s business needs | Reliable data backup solution in the event of a disaster. 168x improvement in GCHP recovery point object. |
| Facilities Badge System Upgrade | Operational | 8/31/20 | Reliable and current solution for employee badges |</p>
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<td>File Transfer Automation Major Upgrade</td>
<td>Operational</td>
<td>4/15/20</td>
<td>Reliable and current solution</td>
</tr>
<tr>
<td>Office Phone System Major Upgrade</td>
<td>Operational</td>
<td>8/11/20</td>
<td>Reliable and current solution</td>
</tr>
<tr>
<td>Established Network Operations Center Infrastructure Monitoring</td>
<td>Operational</td>
<td>8/1/19</td>
<td>Reliable and current solution</td>
</tr>
<tr>
<td>IT Virtual Infrastructure Major Upgrade</td>
<td>Operational</td>
<td>7/15/20</td>
<td>Reliable and current solution</td>
</tr>
<tr>
<td>Storage Infrastructure Enhancement</td>
<td>Operational</td>
<td>7/1/19</td>
<td>Expand capacity to support business needs</td>
</tr>
<tr>
<td>Migration and sunsetting of vulnerable legacy database (DB1)</td>
<td>Operational</td>
<td>8/31/20</td>
<td>Risk Mitigation</td>
</tr>
<tr>
<td>HEDIS Encounter Data Collection Improvement</td>
<td>Business Process Improvement</td>
<td>Modified HEDIS encounter data collection process for more accurate HEDIS measure results</td>
<td>Efficiency/Effectiveness</td>
</tr>
<tr>
<td>Electronic Signature Solution</td>
<td>Business Process Improvement</td>
<td>Implemented for provider contracting (PCCM integration) and procurement department non-provider contracts</td>
<td>Efficiency/Effectiveness</td>
</tr>
<tr>
<td>Increased frequency of lab data feed to daily for timely COVID reporting/monitoring</td>
<td>Operational</td>
<td>Increased lab data reporting frequency from monthly to daily for timely insights re: member COVID testing</td>
<td>COVID Reporting Compliance</td>
</tr>
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</tr>
<tr>
<td>Provider Data Quality Improvements</td>
<td>Business Process Improvement</td>
<td>Targeted data analysis and exception reporting to support Provider Network Operation’s department ongoing data quality efforts for multiple projects</td>
<td>Improved compliance and quality outcomes (274, Provider Directory, Claims Data)</td>
</tr>
</tbody>
</table>
| MHK Medical Management Improvements | Operational/Business Process Improvement Compliance | • Conduent staff provided with view only access to eliminate GCHP’s admin burden for auth validation  
• Nurse Advice Line tracking  
• Continuity of Care Letter  
• Patient Activation Measure (PAM-10) Assessment  
• CBAS State File  
• Member incremental data file | Efficiency, Effectiveness Compliance |
<p>| Completed HSHAG Audit | Compliance | Successfully completed annual HEDIS audit | Audit and compliance |
| Renegotiated Contract for Multi-Function Devices (printer/scanner/copier/fax) | Financial Savings | 50% annual cost reduction = $27.3k annual savings | Cost Reduction |
| New ShoreTel Registered Partner Contract (office phones) | Financial Savings | 68% annual cost reduction = $25k annual savings | Cost Reduction |</p>
<table>
<thead>
<tr>
<th>Internal Control Issue</th>
<th>Root Cause</th>
<th>Resolution</th>
<th>Implications / Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operations</strong></td>
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<td>834 monthly load to IKA did not include all members in February 2020.</td>
<td>Member enrollment data load validation was not done in a timely manner by Conduent.</td>
<td>Conduent must validate the 834-monthly load and send an email to Luis Aguilar, member services manager, with a summary of the enrollment data load results within one business day of completion.</td>
<td>This ensures that all eligible members are loaded in the system and prevents any potential delay in care.</td>
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<tr>
<td><strong>Pharmacy</strong></td>
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</tbody>
</table>
| Pharmacy Benefit Manager (PBM) MAC Appeal | PBM System Error/ Glitch and Failure to Notify | • Additional fields on biweekly reporting; weekly review with PBM; quarterly reporting to Pharmacy & Therapeutics Committee and Quality Improvement Committee  
• Process detailed in new policy | • Ensuring compliance to state law  
• Reduced audit risk  
• Better business partner with pharmacy providers to ensure administrators adhering to law/regulations  
• Enhanced vendor oversight for GCHP |
| Provider outlier behavior | Overutilization of medications with increased costs to GCHP | • Removal of provider from network  
• FWA reporting | • Medically appropriate utilization  
• Cost Savings |
Glossary: A-G

ACA: Affordable Care Act
ACAP: Association for Community Affiliated Plans
AGLH: Alignment of Governance and Leadership in Healthcare
AHP: AmericasHealth Plan
APM: Alternative Payment Model
APTC: Advance Premium Tax Credits
ASO: Administrative Services Organization
BHI: Behavioral Health Integration
CAC: Community Advisory Committee
CalAIM: California Advancing and Innovating Medi-Cal
CDO: Chief Diversity Officer
CHIP: Children’s Health Insurance Program
CMS: Centers for Medicare & Medicaid Services
COHS: County Organized Health System
DHCS: Department of Health Care Services
D-SNP: Dual Eligible Special Needs Plans
EBP: Evidence-Based Practice
ECM: Enhanced Care Management
EO: Executive Order
FMAP: Federal Medical Assistance Percentage
FQHC: Federally Qualified Health Center
GCHP: Gold Coast Health Plan
Glossary: H-W

HE: Health Equity
HEIT: Health Equity Implementation Team
HIE: Health Information Exchanges
ILoS: In Lieu of Services
MCAS: Managed Care Accountability Set
MCO: Managed Care Organization
MSO: Management Services Organization
NCPDP: National Council for Prescription Drug Program
NCQA: National Committee for Quality Assurance
PAC: Provider Advisory Committee
PBM: Pharmacy Benefit Manager
PCCM: Provider Credentialing and Contracting Management
PNA: Population Needs Assessment
PPS: Prospective Payment Systems
RDT: Rate Development Template
RFP: Request for Proposals
SCOTUS: Supreme Court of the United States
SDOH: Social Determinants of Health
TNE: Tangible Net Equity
VBP: Value-Based Payments
WPC: Whole Person Care