Gold Coast Health Plan℠
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Provider Advisory Committee (PAC)

Telephonic Regular Meeting
Executive Order N-25-20
Tuesday, June 9, 2020, 7:30 a.m.
Gold Coast Health Plan, 711 East Daily Drive, Community Room, Camarillo, CA 93010
Conference Call Number: 1-805-325-7279
Conference ID: 831 476 418#

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address Provider Advisory Committee (PAC) on the agenda. Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the PAC 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 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 Provider Advisory Committee (PAC) November 12, 2019 Minutes and review of April 7, 2020 Informal Notes**

   Staff: Maddie Gutierrez, CMC – Clerk to the Commission

   RECOMMENDATION: Approve the minutes and review the notes.

UPDATES

2. New Commission Officers and Members

Staff: Steve Peiser, Senior Director of Network Management

RECOMMENDATION: Receive and file the update.

3. Provider Dispute Resolution (PDR) Update

Staff: Anna Sproule, Senior Director of Finance and Claims

RECOMMENDATION: Receive and file the update.

4. Healthcare Interoperability

Staff: Helen Miller, Senior Director of IT
Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Receive and file the update.

5. Legislative Update: Governor's May Revisions to the Budget

Staff: Margaret Tatar, Interim Chief Executive Officer
Marlen Torres, Executive Director of Strategy & External Affairs

RECOMMENDATION: Receive and file the update.

6. Solvency Update

Staff: Steve Peiser, Senior Director of Network Management

RECOMMENDATION: Receive and file the update.

7. Provider Advisory Committee (PAC) Monitoring and Reporting

Staff: Steve Peiser, Senior Director of Network Management

RECOMMENDATION: Receive and file the update.

ROUNDTABLE/DISCUSSION

ADJOURNMENT

Unless otherwise determined by the PAC, the next meeting is scheduled for September 8, 2020 and will be held 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 Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Secretary of the Committee.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Provider Advisory Committee

FROM: Maddie Gutierrez, Clerk to the Commission

DATE: June 9, 2020

SUBJECT: Approval of the Provider Advisory Committee Meeting Regular Minutes of November 12, 2019 and review of informal notes of April 7, 2020.

RECOMMENDATION:

Approve the minutes and review of informal notes.

ATTACHMENTS:

Copy of the November 12, 2019 Provider Advisory Committee regular meeting minutes and informal notes of April 7, 2020 discussion.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
November 12, 2019

CALL TO ORDER

Senior Director of Network Management, Steve Peiser, called the meeting to order at 7:33 p.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

ROLL CALL

Present: Committee members Masood Babeian, Joan Buck-Plassmeyer, David A. Fein, Will Garand. Katy Krul, Sim Mandelbaum and Pablo Velez.

Absent: Linda Baker.

1. Welcome and Opening Remarks

Staff: Steve Peiser, Senior Director of Network Management

Mr. Peiser welcomed all present and stated he had sent out some brief information on the change in leadership.

2. Gold Coast Health Plan – Change in Leadership

Staff: Melissa Scrymgeour, Chief Administrative Officer

CAO Scrymgeour stated there was a special Commission meeting on November 1, 2019. The Commission voted to not renew Mr. Villani's contract and Chief Executive Officer, Dale Villani, submitted his resignation, effective immediately. Health Management Associates will provide services as interim CEO until a permanent CEO is found. HMA will make recommendations at the November 18th commission meeting.

PUBLIC COMMENT

None.

CONSENT

3. Approval of Provider Advisory Committee (PAC) Minutes

Staff: Maddie Gutierrez, CMC, Clerk to the Commission

RECOMMENDATION: Approve the minutes.

Committee member Will Garand motioned to approve the minutes as presented.
Committee member Masood Babeian seconded.

AYES: Committee members Masood Babeian, Joan Buck-Plassmeyer, David A. Fein, Will Garand. Katy Krul, Sim Mandelbaum and Pablo Velez.

NOES: None.

ABSENT: Linda Baker.

Mr. Peiser declared the motion carried.

UPDATES

4. State Health Policy Update.

Staff: Marlen Torres, Director of Government & Community Relations.

RECOMMENDATION: Receive and file the update.

Ms. Torres stated at the last PAC meeting she provided the committee with an overview of the Proposition 56 payment concept coming from the Governor's budget. As of now, things are still in draft form. We are still waiting for final implementation and APL letters from the State. Updates will continue to be provided.

REPORTS

5. Proposed CalAIM Initiative

Staff: Marlen Torres, Director of Government & Community Relations

Ms. Torres also provided an overview of the 1115/1915B waiver proposals via PowerPoint presentation from the Department of California Health Care Services called California Advancing and Innovating Medi-Cal (CalAIM) program.

The framework establishes a foundation beyond accessing health services in traditional delivery settings. Key populations that are identified are: High Utilizers, Behavioral Health, Vulnerable children, Homelessness, Justice involved and the Aging population.

The impact to Managed Care will have a streamline approach and increase standardization across all plans. NCQA accreditation for plans, which applies to GCHP. All plans are required to be NCQA accredited by 2025. Medi-Cal managed care plans will need to develop and maintain a patient-centered population health strategy by January 1, 2021.

Enhanced Care Management In Lieu of Services (ILOS) is a new benefit and come under the health plan and will provide a whole person care approach. Provider types were reviewed. ILOS will cover various services which include, housing transition, housing deposits, short-term post hospitalization housing, recuperative care Sobering centers, etc.

DHCS is proposing to discontinue the Cal MediConnect component of the Coordinated care Initiative and begin transition to statewide managed long-term services. This will require that all Medi-Cal managed care plans to operate Dual Eligible Special Needs Plans as of January 1, 2023. Next steps guidelines were also reviewed.

Committee member Garand asked about the Prime program. Ms. Torres stated it will be going away. He also asked about the Quality Incentive Program. Ms. Torres stated it was tied to performance and not a pass thru. We are expecting a final rule within two (2) months.

Mr. Peiser stated this affects many who are present, there is a need to develop a partnership. CMO Nancy Wharfield, M.D. stated this is not just focused on hospitals. Committee member Velez asked about local planning group – who will design for Ventura County. CMO Wharfield stated it is not created yet, it is still early. Committee member Velez stated we need to be active to ensure needs are met. Ms. Torres stated stakeholder workgroups will include public information. GCHP will be involved for members and the community. Committee member Fein stated CalAIM has a website where comments and feedback can be provided. It gives an opportunity for stakeholders to give input.

6. Diabetes Prevention Program

Staff: Pauline Preciado, Director of Population Health

RECOMMENDATION: Receive and file the report.

Ms. Preciado provided a PowerPoint presentation titled GCHP Clinical and Quality Programs Updates. The presentation included the Diabetes Prevention Program (DPP), GCHP Quality Initiatives – MCAS which includes new member incentive programs and engagement program – HMS Eliza.

Ms. Preciado reviewed what the DPP was; it is a lifestyle change designed to assist Medi-Cal members with prediabetes in order to prevent or delay the onset of type 2 diabetes. She reviewed the program requirements and implementation strategy as well as the enrollment process. The program is mandated by DHCS, has 22 peer coaching session and is a yearlong program. There is a credentialing criterion for providers for them to participate.

Committee member Garand stated the hospital association launched an initiative called Communities Lifting Communities throughout Ventura County which provides screenings to identify diagnosis, food access is also coordinated, and doctors are contracted with GCHP. This is a siloed benefit for Medi-Cal members in order to assist in creating a system of care.

Quality Update /quality measures were reviewed. There will be changes done by Gov. Newsom. The minimum performance level has been increased. APL's will need to be met. There will be a focus and development of strategies. The strategies will be based on member data.

Member incentives were reviewed. GCHP has a rewards program for members. There are gift cards to members which expanded to ages 3 to 21 for well child visits. Cervical cancer screenings patients also receive a gift card from target, Amazon or Walmart. It was noted the Postpartum program will end on 12/31/2019.

There is also a member outreach campaign: HMS Elisa – this is a way to reach out to members via phone call to schedule appointments.

Mr. Velez asked what will follow up after the postpartum program ends. Ms. Preciado stated there will be a built-in system via health education which will be done in the hospital. Our staff will be working directly with hospitals. CMO Wharfield stated we need to be good stewards; we must look at lower performing measures and must shift priorities to bring those numbers up. Ms. Preciado stated the incentives are designed to reach successful numbers. GCHP has received Most Improved for two years in a row.

Mr. Mandelbaum asked if there are incentives for flu shots. Ms. Preciado stated there will be an outreach campaign for the flu shot. Mr. Mandelbaum asked if other counties have different initiatives which are specific to county needs. Ms. Preciado stated it was a combination: DHCS mandates needs that must be met and look at local needs in the County. CalAIM has an umbrella approach – Whole Person Care is statewide. Ms. Preciado stated plans share information and are working together based on needs and resources.

7. GCHP Contract Rate Stabilization Initiative

Staff: Steve Peiser, Sr. Director Network Management

RECOMMENDATION: Receive and file the report.

Mr. Peiser stated the Plan has faced financial challenges and the Commission is asking for a deep diver on why we've had the losses.

Rate adjustments will be done – it is not a "one size fits all", not all tolls will be used for all providers. This will not affect access to care or finance with providers.

We are currently negotiating with two hospitals – we are focusing on rate stabilization. We will need to look at strategies and need to standardize. We will need to achieve a capitated arrangement, with the exclusion of Clinicas. With a capitation agreement there will be a savings to the Plan, but there will be some impact on hospitals. Outpatient lab will be affected, chemo labs will continue in outpatient setting. There will be a consolidation of network opportunities, terminating some arrangements that are providing service outside of the County. Hospice rates will change and there will be an increase in some rate and a re-adjustment on others. We need to build up our dollar reserves in order to continue. We need to stabilize resources.

Mr. Garand asked if GCHP is contemplating with physician specialty. Mr. Peiser responded no. Mr. Garand asked what does GCHP consider DME, how is it defined. Mr. Peiser stated there is a need for further internal discussions and evaluate. Mr. Fein asked if GCHP is open to other ideas for stabilizing reserves, has the Plan reached out to providers? Mr. Peiser stated the Plan is open. We are in early stages and open to discussions. The groups need to provide information in order to work in partnership. Mr. Fein stated GCHP needs to have discussions and meetings to get information and accept input prior to finalizing. There are many ways to get to the financial goal.

ROUNDTABLE/DISCUSSION

Ms. Krul stated there was a letter from the Department of Health which stated that sub-contractors need to be Medi-Cal certified. Mr. Peiser stated some providers were terminated. There is a process in place. There is an interim letter of agreement and once certified the sub-contractor will get the agreement. Policies and procedures need to be followed.

Mr. Fein asked if narrowing the network is a priority. Mr. Peiser stated the area of focus cannot impact access. We must keep in mind what is best for the Plan. We need to pick and choose as well as set priorities. Centers of Excellence are far down the road. Mr. Fein

stated he is seeing a lot of sole sourcing outside of the County and it seems to be causing access issues. Mr. Peiser stated members come first, as well as means to enhance quality.

ADJOURNMENT

With no further items to be addressed, Mr. Pablo Velez motioned to adjourn the meeting. Mr. Will Garand seconded. The meeting was adjourned at 9:01 A.M.

Approved:

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Maddie Gutierrez, CMC
Clerk to the Commission

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
April 7, 2020

Informal Notes

Due to lack of a quorum the formal regular meeting was not held. A discussion was held regarding the topics on the agenda.

Present for the discussion were the following PAC Members: Masood Babian, Linda Baker, David Fein, and Katy Krul.

CONSENT

1. December 12, 2019 Minutes

The minutes were reviewed by those present. There were no changes noted. The minutes could not be approved due to lack of quorum.

UPDATES

2. COVID-19 Update

Margaret Tatar, Interim CEO
Nancy Wharfield, M.D., CMO

Nancy Wharfield, M.D., Chief Medical Officer gave an update on how GCHP is handling COVID-19 pandemic situation

On March 23, IT Department prepared employees in order to work from home. The office is currently closed. Departments are up and running. Members can get 24/7 assistance from the Nurse Advice Line. The Nurse Advice Line is toll-free and has a local 805 number members can call.

The Nurse Advice Line is nationwide and used by many plans. This line just started a week ago. So far there have been 25 calls. The majority of calls have come from younger and middle-aged individuals. Members have a language option when speaking with the nurse. The program has been a great asset for members.

CMO Wharfield has noted prior authorizations have been relaxed. There has been a lift on pharmacy restrictions, tracking drug limitations and telemedicine has been strongly promoted.

Interim CEO Tatar stated GCHP is accelerating provider and member communications. Member communications has been strong in order to stay connected with the community. PSA's have been done through the radio and flyers.

CEO Tatar stated we anticipate from the Newsom Administration and DHCS that the stay at home orders will be in place through May. The Governor has noted that everything in the January budget has now changed. Currently Cal-AIM is on hold and will change. We are currently maintaining a "wait and see" regarding the Newsom administration and the changes in Cal-AIM. Our goal is to comply with several flexibilities through DHCS and maintain good quality of care.

3. Nurse Advice Line Program

CMO Wharfield stated the Nurse Advice Line started at the end of March. There are currently no flyers for PAC, this is all virtual. CMO Wharfield requests PAC to assist in making providers and members aware of the program.

CMO Wharfield noted most of the callers are from the 18-45 age range, and mostly English speakers. She noted we will continue to push this program out to the Spanish speaking community as well. PAC member, Katy Krul asked for GCHP to continue to share information with providers in order to push members to get assistance if necessary.

PAC member, Linda Baker, ask if there was a way in the system to get reports on who called so providers can follow-up. CMO Wharfield stated GCHP Case Managers are currently following up. Case Managers are reaching out to the primary care providers.

4. Cal-AIM Update

Marlen Torres, Executive Director of Strategy & External Affairs, stated prior to COVID-19, there were external and internal meetings being held with providers and county leadership to discuss transition of Whole Person Care to the Enhanced Care Management (ECM) and in-lieu of services and potential services that could be provided.

GCHP held an initial meeting with leadership from large health systems across the county to educate them on the Cal-AIM program, how it would impact the plan and members. We were starting to conduct a survey to learn more about the population health strategies currently taking place in the county. This was basically an environmental scan to ensure there was not a duplication of services while transitioning into a new program. Due to COVID-19, Cal-AIM has stopped, and we are waiting for guidance from DHCS.

Interim CEO, Patricia Tanquary stated the efforts we have made will be useful in the future. We will continue to build on learning that came out of the meetings held. The survey was not completed due to the pandemic.

5. Quest Diagnostic Lab Contract

Steve Peiser, Sr. Director of Network Management, stated we have entered into an important agreement in order to control costs. GCHP has entered into a preferred provider agreement with Quest Labs. This is a special pricing arrangement. We are transitioning members/patients to Quest. This is an estimated savings of $3.4 million for the Plan. We were going to be on a capitated basis, but it would have been difficult transition for larger health systems, therefore we entered a further reduced fee for service, with a lower Medi-Cal rate. The capitated arrangement is expected to be within six months. This capitated arrangement will also give us enhanced data reporting, with a focus on patient-centric data. This reporting will help with HEDIS / MCAS scores.

The enhanced reporting has shifted to COVID-19 reporting. Quest has providing information for reporting purposes. They have identified high-risk patients and provide case management patients.

Quest has a backlog of COVID-19 tests, the turnaround time is down to 4-5 days. We will continue to work with Quest and providers and the relationship has been good.

PAC member, David Fein, asked if there has been feedback from members or providers. Mr. Peiser stated the team has been in touch with the provider community and it is going well. There have been no major concerns.

6. Results of Provider satisfaction Survey and Provider After Hours Survey

Mr. Peiser stated there has been overall satisfaction. There have been 3 surveys: Provider Satisfaction, Provider Availability, and Provider after hours access. All areas have shown increases in satisfaction. Overall the provider satisfaction compared to other plans has shown a positive in how the provider community sees GCHP. We are currently working on enhancing contracts and overall there was a 77% satisfaction rate. The provider dispute process is not working, so we are revamping. There are opportunities for improvement in utilization management and quality. The access to case managers had the highest level of dissatisfaction. Preventative care and wellness had the highest satisfaction. Network and Care Coordination showed an 85% satisfaction score. Improvement is focused on the number of specialists in network.

Pharmacy has an overall satisfaction rate of 84%. There is opportunity for growth regarding branded drugs. For the Call Center; we need to improve the ease of reaching the health plan, improve the call rep's ability to answer questions. The overall satisfaction rate is 92%. Mr. Peiser stated he did not expect the network scores to be as high. The survey was sent to 1,000 providers, only 17% responded, but it gives a starting point for improvement. PAC member David Fein noted a 17% response seemed low.

The After-Hours survey is done every other year. 100% of primary care provider offices are compliant. Compliance rates were reviewed. We will continue to do provider outreach. Mr. Peiser stated there are site visits and a copy of the survey is given and they don't leave until the survey is completed or give a deadline when the completed survey will be picked up. He is looking into incentives, but this requires discussion. Continued communication with providers is critical.

7. Annual Network Certification

Mr. Peiser stated the network certification is required by DHCS yearly. DHCS reviews the adequacy of our network. The information should have been submitted on 3//17/2020, but due to COVID situation the date was extended to 4/23/2020. We are well on track with all the data. There are additional requirements that change the aspect of how we look at our network. Time and Access were defined as "either / or" and it has changed to "and". With the change, we will not meet the access requirements. DHCS now looks at both elements. We have a gap in certain areas of the county due to the change in the definition. Several plans have cried foul. We are hopeful we can achieve compliance this year.

8. Provider Dispute Resolution Process and Provider Manual Update

CMO Wharfield stated we have worked to improve the processes and clean up backlog. Staff has worked overtime to clean up the backlog. We are teaching providers how to submit disputes. Mr. Peiser send out correspondence to the provider network changing the dispute process. The provider dispute process has been streamlined. The process is consolidated from a three-tier process to a two-tier process which is consistent with other plans. The provider manual was updated with specificity with standardization with the process. The manual was submitted prior to the deadline to DHCS. When the manual is approved the committee will get an update.

9. Financial Report, Contract Renegotiation and Savings Initiative

Chief Financial Officer, Kashina Bishop stated the plan has stabilized since last fiscal year. Fiscal year to date, we have a $3.2 million loss as of February. We are keeping an eye on the COVID situation. There was a decrease in utilization in March, which may have an impact going forward. She will continue to monitor. There is a strong correlation between membership and unemployment. There was an increase in membership in April, which is the first time in 2 years. HMA did a report that projected 10% increase in Medicaid in California. Healthier members no longer qualify for Medi-Cal has been a factor. There has been an increase in utilization for the remaining population. Revenue and expenses are over budget, we are starting to see shifts impact our projections with the change in membership.

Healthcare costs have been higher than budgeted by 8%. There is also a 4% increase with in-patient costs, but there is a decrease in out-patient costs related to improvement of language in contracts. Pharmacy costs are within the national standards. The Plan is operating within the administrative budget.

TNE is at $72.4 million, we have one month of operating expenses in reserve. We need to stay above 200%, we are at 219%, if we go below 200%, we will be put on a watch from the state.

The Plan is doing a lot to keep internal controls tight. We are looking to maximize revenue from the State. We are also looking to save on administrative expenses, and we are in the final stages of contracting for overpayment recovery. We are billing insurance carriers if the member had other coverage.

Mr. Peiser reviewed cost savings opportunities. We are revamping agreements, changing stop loss with a total estimated savings of $9.14 million. Out of the $9.14 million savings, $4.2 million is total expenses. We will bring rates for providers to a community standard. The total net savings is $4.89 million, we fell short of the $5 million target.

The discussion ended at 9:23 A.M.

Notes submitted by

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Maddie Gutierrez, CMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Provider Advisory Committee

FROM: Steve Peiser, Sr. Director of Network Management

DATE: June 9, 2020

SUBJECT: New Commission Officers and Members

Verbal Report

AGENDA ITEM NO. 3

TO: Provider Advisory Committee

FROM: Anna Sproule, Senior Director of Finance and Claims

DATE: June 9, 2020

SUBJECT: Provider Dispute Resolution (PDR) Update

SUMMARY:

Provider Dispute Resolution presentation and information for how to access forms and training material.

ATTACHMENTS:

PDR PowerPoint

Gold Coast Health Plan℠
A Public Entity

Integrity

Accountability

Collaboration

Trust

Respect

Provider Dispute Resolution (PDR) Update
June 9, 2020

Anna Sproule Sr. Director,
Finance and Claims

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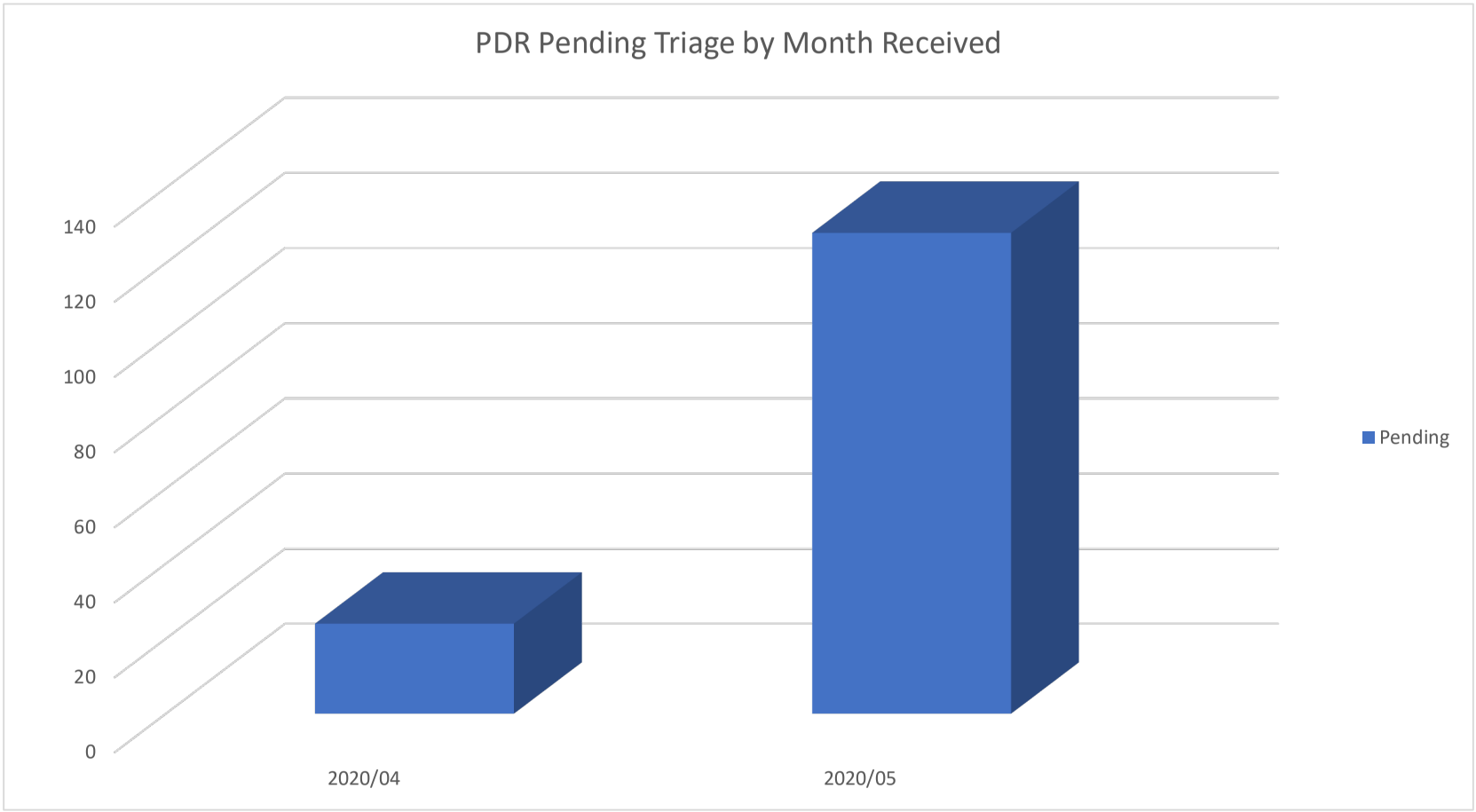
Current PDR Status



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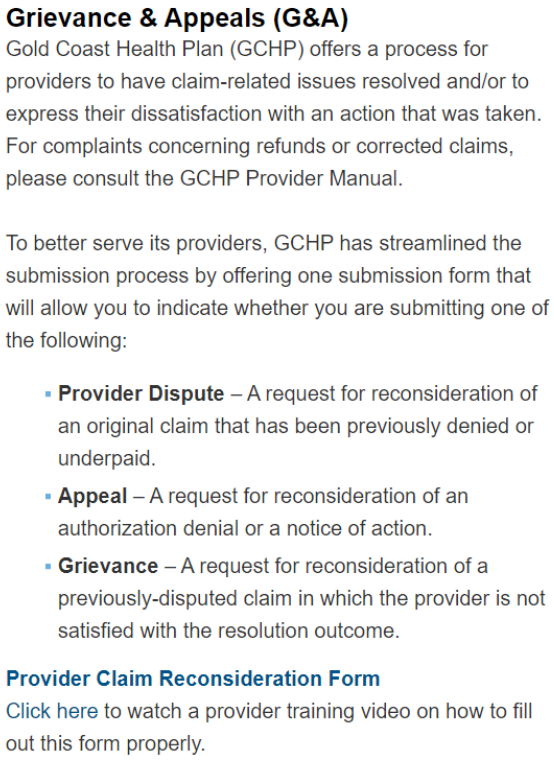
Locating the PDR Form and Training Material

GCHP Website > Providers > Resources > Grievance and Appeals > Provider Claim Reconsideration Form



Grievance & Appeals (G&A)

Gold Coast Health Plan (GCHP) offers a process for providers to have claim-related issues resolved and/or to express their dissatisfaction with an action that was taken. For complaints concerning refunds or corrected claims, please consult the GCHP Provider Manual.

To better serve its providers, GCHP has streamlined the submission process by offering one submission form that will allow you to indicate whether you are submitting one of the following:

- **Provider Dispute** – A request for reconsideration of an original claim that has been previously denied or underpaid.
- **Appeal** – A request for reconsideration of an authorization denial or a notice of action.
- **Grievance** – A request for reconsideration of a previously-disputed claim in which the provider is not satisfied with the resolution outcome.

Provider Claim Reconsideration Form

Click here to watch a provider training video on how to fill out this form properly.

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AGENDA ITEM NO. 4

TO: Provider Advisory Committee

FROM: Helen Miller, Senior Director Information Technology
Eileen Moscaritolo, HMA Consultant

DATE: June 9, 2020

SUBJECT: Healthcare Interoperability

SUMMARY:

The Centers for Medicare & Medicaid Services (CMS) Interoperability and Patient Access final Rule (Rule), a mandate for payers, is effective on January 1, 2021 with enforcement deferred to July 1, 2021. The Rule's overarching goal is to enable patient access to personal health information along with the choice as to when, who, and how that information is shared and utilized.

The Rule transforms healthcare allowing patients to make informed decisions about their healthcare: Patients will have easy access to:

- clinical and claims data, including treatment history and prescriptions
- up-to-date provider listing and pharmacy formulary for their health plan's network
- share data between their providers including hospital notifications
- bring their data with them when switching plans or providers
- know their benefits are coordinated if a dually eligible individual
- discover which providers share data v. which block data to help choose where to get care

As a Medi-Cal payer, GCHP will have increased ability to provide more efficient and coordinated care by sharing health information with patients for better engagement, exchanging data with other payers to get patients the best outcomes, offering a shareable provider directory to help patients find the doctors they need, and maintaining historical claims data to help patients understand their healthcare and expenses.

Lastly, the Rule mandates technical standards that payers and health information technology vendors must use as a common interoperability framework for information exchange. This common framework not only enables data exchange but also encourages marketplace competition for third-party healthcare applications (e.g. mobile phone apps) which patients may elect to use for keeping their health data readily available.

CMS estimates that a Plan's cost to comply ranges from $788k to $2.5M and specified that states must include these costs in the development of Medi-Cal capitation rates. Although the

enforcement date was extended to July 1, 2021, this remains an aggressive timeframe. GCHP will be implementing and supporting new technology and operations for rule implementation and ongoing support and administration of this program as required by CMS.

RECOMMENDATION:

Receive and file the update.

ATTACHMENTS:

Presentation

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Healthcare Interoperability

Provider Advisory Committee

June 9, 2020

Helen Miller, Senior Director IT
Eileen Moscaritolo, HMA Consultant

711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

ONC's Cures Act Final Rule

CMS Interoperability & Patient Access Final Rule

PATIENT FIRST FOCUS – deciding when, who, and how one's health information is accessed & used

- Final CMS rules March 2020 / **effective Jan 2021**
- Mandates **technical standards** for payers & health information technology vendors
- Frees **health information**
  - Claims and encounters
  - Cost information
  - Clinical data
  - Provider Directory
  - Pharmacy Formulary
  - Payer to payer exchange
  - Hospital Admission, discharge , transfer (ADTs) records
  - Improved Coordination of benefits (COB) for medi-medi
- Publicly exposes **information blockers**
- Opens up **marketplace competition** for 3rd party healthcare applications

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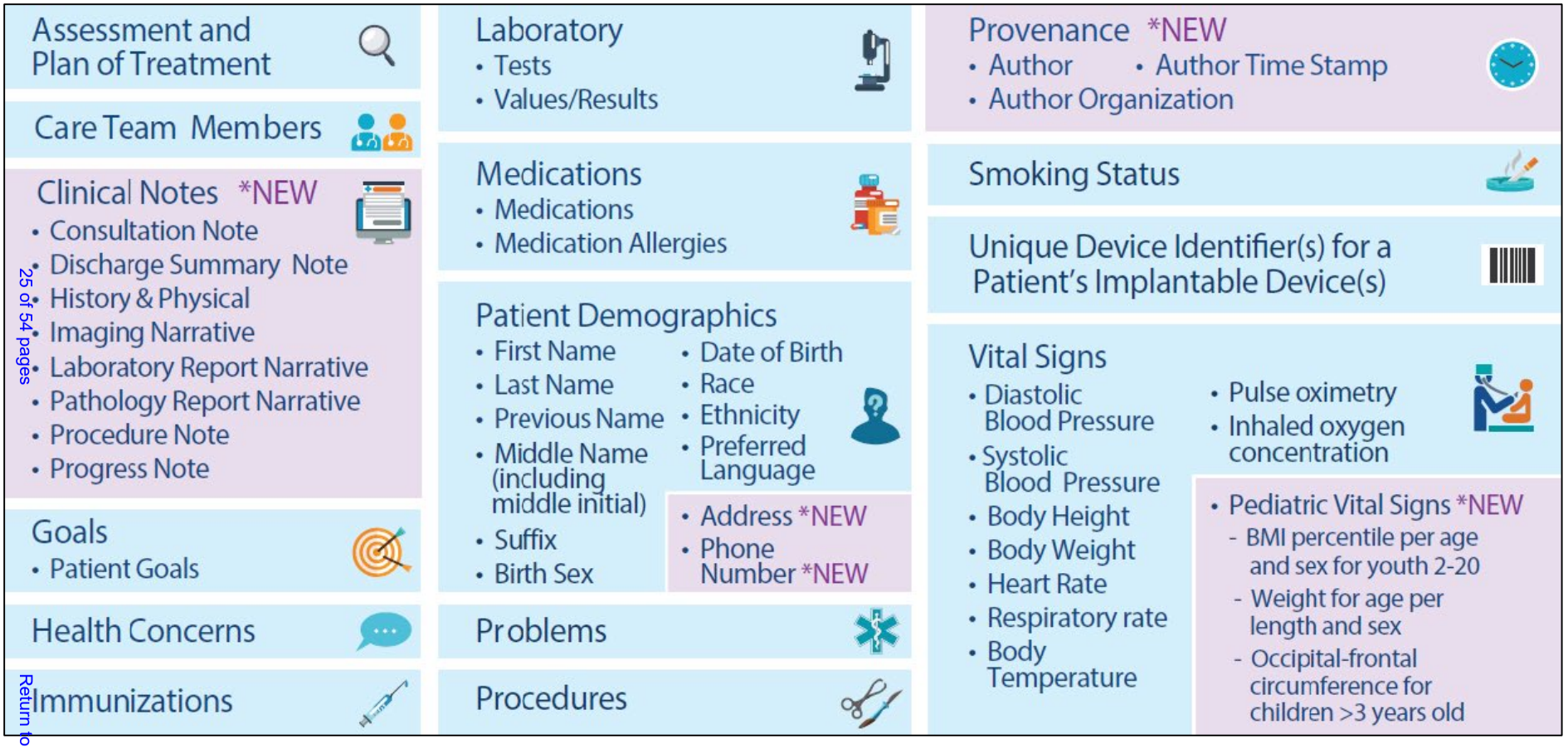
U.S. Core Data for Interoperability (USCDI v1)



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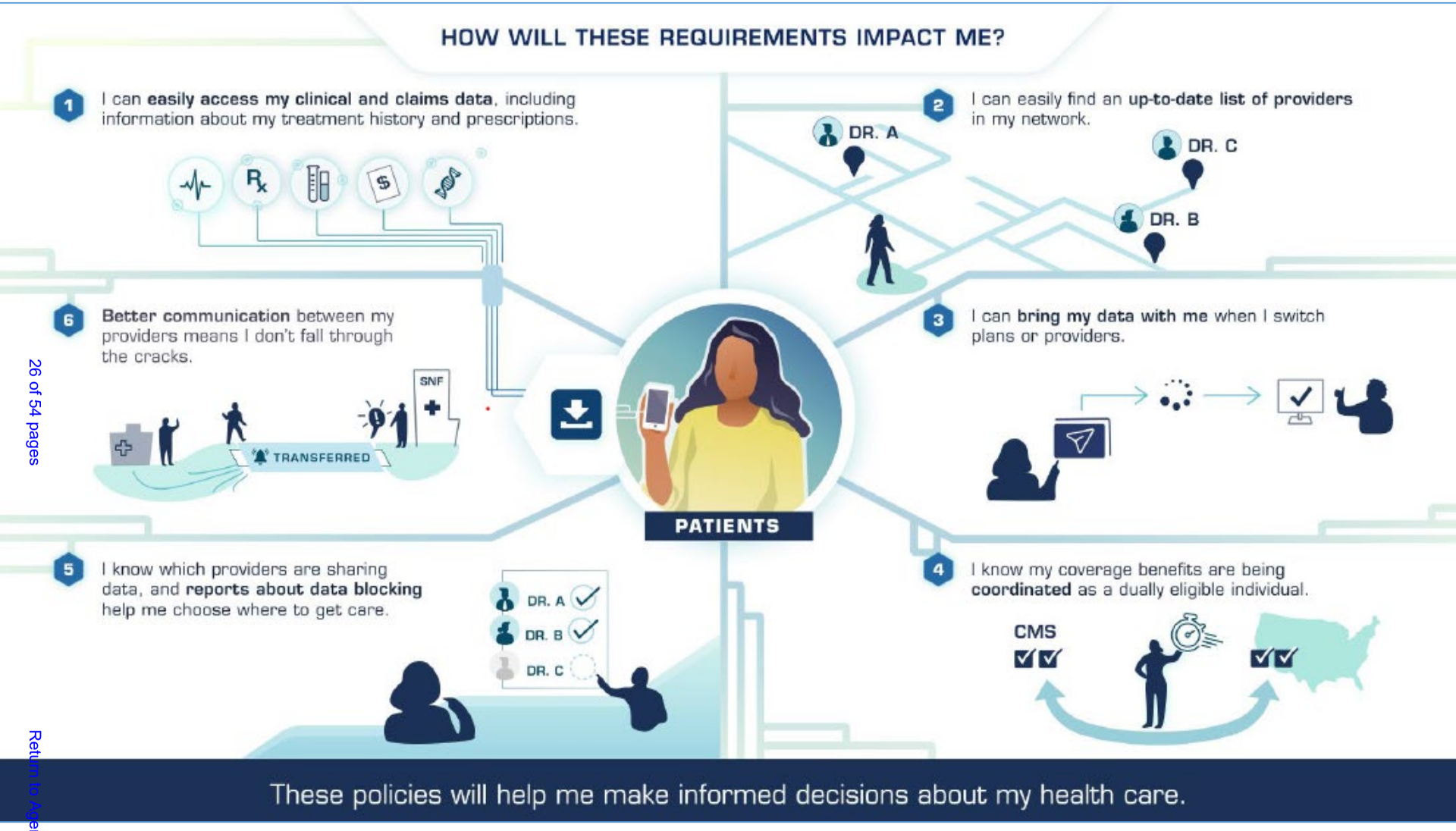
Patient Benefits



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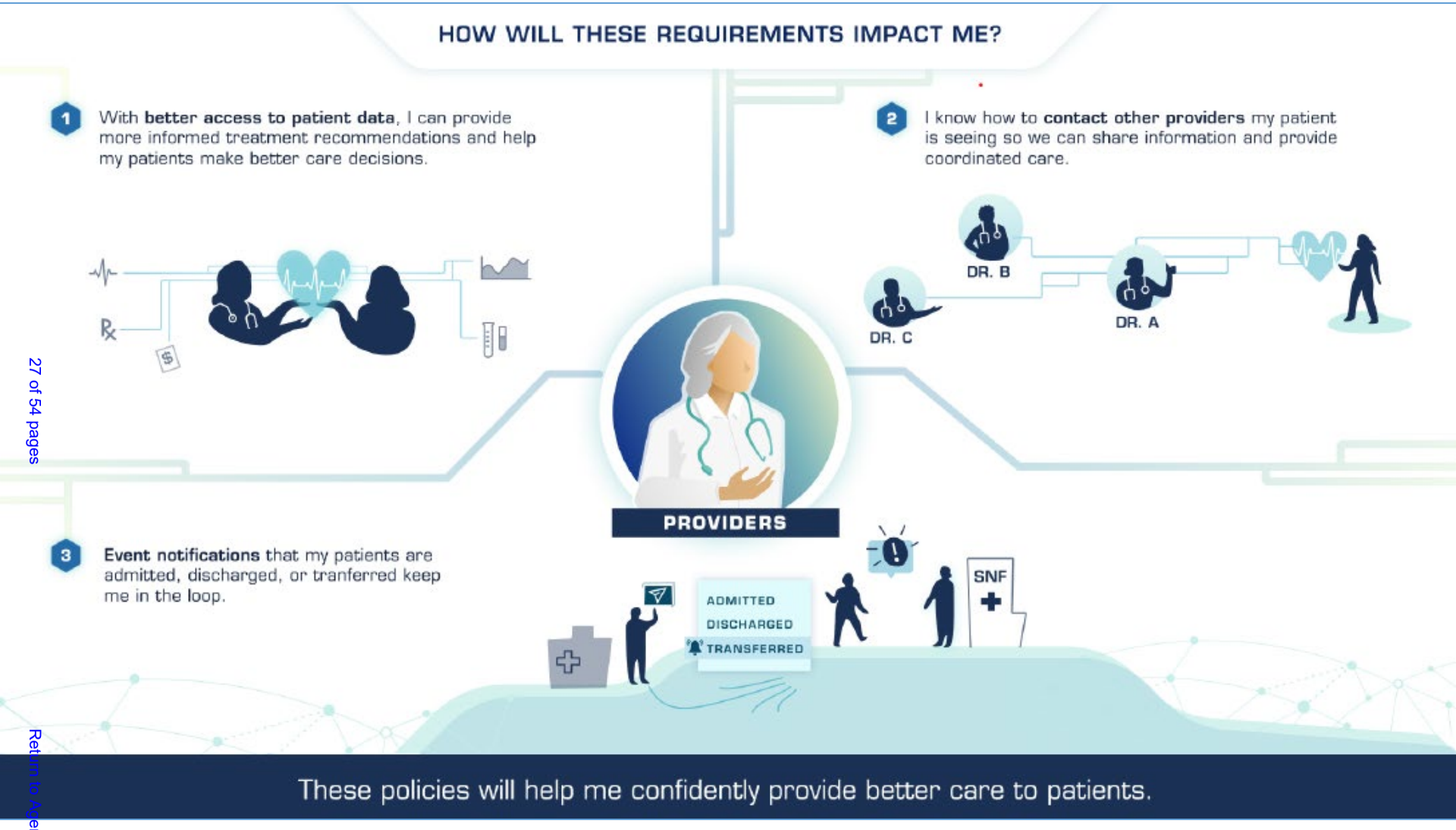
Provider Benefits



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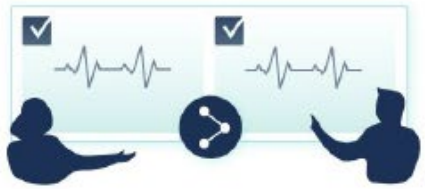
Payer Benefits

HOW WILL THESE REQUIREMENTS IMPACT ME?

1 **Sharing health information** with patients better engages them and strengthens our relationship.



2 **Historical claims data** helps patients understand their health care and expenses.

4 **Offering a provider directory through an API** helps my patients find the doctors they need.

3 **Care Coordination** in a payer-to-payer data exchange helps me provide coverage to get my patients the best outcomes.

These policies will increase my ability to provide more efficient and coordinated coverage.

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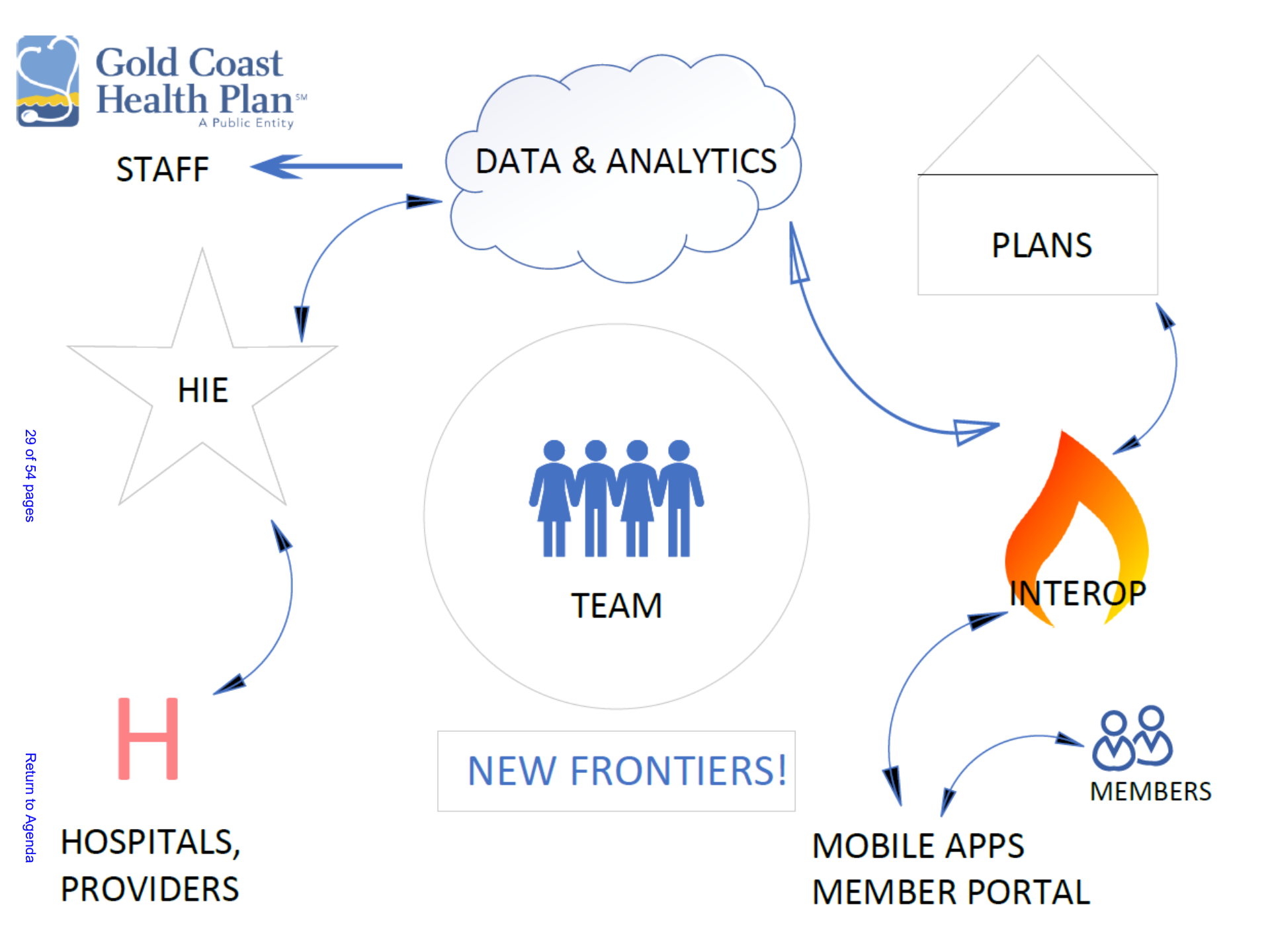

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APPENDIX

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INTEROPERABILITY*

Interoperability, with respect to health IT, means such health IT that enables the:

- secure exchange of electronic health information with, and use of electronic health information from, other health IT
- without special effort on the part of the user,
- allows for complete access, exchange, and use
- of all electronically accessible health information
- for authorized use under applicable state or federal law;
- and does not constitute information blocking

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**Defined in section 3000 of the Public Health Service Act 42 U.S.C. 300jj as amended by section 4003 of the Cures Act*

AGENDA ITEM NO. 5

TO: Provider Advisory Committee

FROM: Margaret Tatar, Interim GCHP Executive Officer
Marlen Torres, Executive Director of Strategy and External Affairs

DATE: June 9, 2020

SUBJECT: Legislative Update: Governor's May Revisions to the Budget

SUMMARY:

California Legislative Update

California Fiscal Year (FY) 2020-21 May Revise

On May 14, Governor Newsom issued his anticipated May Revision budget proposal. The Governor indicated the state faces a budget deficit of over $54 billion. The Governor proposed to use various funding streams to help address the budget deficit:

1. Rainy Day Fund: $7.8 Billion
2. Safety Net Reserve: $450 Million
3. Proposition 98 (school funding): $524 Million

In addition, government workers will face a ten percent cut in wages. The Governor also indicated a five percent reduction in state operational fees.

Below, you will find a high-level summary of the budget proposals impacting the Medi-Cal program.

- Caseload Projection: A caseload increase of over 2 million for a total caseload of 14.5 million by July 2020

- Maintains the optional expansion for undocumented children and young adults

- The following January proposals were removed from the budget:
  - CalAIM
  - Full scope Medi-Cal coverage for Undocumented Older Adults
  - Medi-Cal Aged, Blind, and Disabled Income Level Expansion
  - 340B Supplemental Payment Pool
  - Postpartum Mental Health Expansion
  - Hearing Aids

- Various augmentation reductions were also made, these adjustments include reverting funding for behavioral health counselors in emergency departments, Medi-Cal enrollment navigators, and the Medi-Cal Interpreters Pilot Project. In addition, the May Revision proposes to eliminate the augmentation for caregiver resource centers.

- The following reductions were proposed:

    - Adult Dental and Optional Expansion Benefits
    - Proposition 56 Adjustments—Beginning in 2020-21, the May Revision proposes to shift $1.2 billion in Proposition 56 funding from providing supplemental payments for physician, dental, family health services, developmental screenings, and non-emergency medical transportation, value-based payments, and loan repayments for physicians and dentists to support growth in the Medi-Cal program compared to 2016 Budget Act.
    - Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP)—The May Revision proposes to eliminate the CBAS and MSSP programs. The effective date for CBAS would be January 1, 2021 for a General Fund savings of $106.8 million in 2020-21 and $255.8 million in 2021-22 (full implementation). The effective date for MSSP would be no sooner than July 1, 2020.
    - Federally Qualified Health Centers (FQHC) Payment Adjustments—The May Revision proposes to eliminate special carve outs for FQHCs for a savings of $100 million ($50 million General Fund).
    - County Administration—The May Revision proposes to hold funding for county administration at the 2019 Budget Act level, inclusive of $12.7 million General Fund approved in March 2020 through the Control Section 36.00 process, for a savings of $31.4 million ($11 million General Fund).

- Managed Care Efficiencies—The May Revision proposes various changes to the way that managed care capitation rates are determined. These adjustments would be effective for the managed care rate year starting January 1, 2021 and would yield General Fund savings of $91.6 million in 2020-21 and $179 million in 2021-22, growing thereafter. Additionally, the May revision assumes a 1.5 percent rate reduction for the period July 1, 2019, through December 31, 2020, for General Fund savings of $182 million in 2020-21.

The Legislative Response to the May Revision

Various budget hearings have taken place over the last few weeks. The most significant hearing was held on Thursday, May 28, when the Senate released its budget proposal. Below is a high-level summary:

- The Senate Version closes the $54 billion budget shortfall and ends with total reserves of $11.3 billion, including:
  - $2.0 billion in the Regular Reserve
  - $900 million in the Safety Net Reserve
  - $8.35 billion in the Rainy Day Fund

- The Senate assumes that Federal Funds will come in. However, if they don't the proposed budget solutions will be implemented.

- The trigger solutions effective date is October 1, 2020, ensuring there is time for the federal government to act to provide more relief for state and local governments.

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- Medi-Cal Proposal:

Benefits and Program Proposals	Governor's Proposal	Senate Proposal
Proposed Programs (January 2020): • CalAIM • Behavioral Health Improvement Program • Age, Blind, and Disabled Federal Poverty Increase • Postpartum Mental Health Expansion • Expand Medi-Cal coverage to older adults regardless of immigration status • Hearing Aid Proposal	Withdraws all proposals	Maintains the following proposals: • Expansion of Medi-Cal coverage for older adults regardless of immigration status (Implementation Date: January 1, 2022) • Approves withdrawal of hearing aids programs
Adult Benefits: • *Dental* • *Audiology* • *Speech Therapy Services* • *Optometric and optician/optical lab services* • *Podiatric Services* • *Incontinence Cream and Washes* • *Acupuncture Services* • *Nurse Anesthetist Services* • *Occupational Therapy Services* • *Physical Therapy* • *Pharmacist Delivered Services* • *Screening, Brief Intervention, Referral Treatments for Opioids and Other Drugs* • *Diabetes Prevention program* • *CBAS and MSSP*	Elimination of adult optional benefits	Maintains the benefits

Benefits and Program Proposals	Governor's Proposal	Senate Proposal
Proposition 56 Payments: • Physicians, dental, developmental *screenings, non-emergency medical transportation, family planning and women' health*	Eliminates enhanced payments	• Maintains the enhanced payments • $1 billion by adjusting the Managed Care Organizations charge, in lieu of any cut to Prop 56 funds
CBAS and MSSP	Eliminates both programs	Maintains both programs
Adjust Managed Care Capitation Rates	Reduce managed care capitation rates for gross medical expenses for the period of July1, 2019 through December 31, 2020	Rejects the proposal
Managed Care Efficiencies	• Establishes the APR-DRG rates adjustment via a maximum fee schedule • Implements a Bridge Period risk corridor • Implements a 1.5% rate decrease during the Bridge Period	Rejects the proposal

More information will be provided at the next quarterly meeting once the final state budget has been adopted.

AGENDA ITEM NO. 6

TO: Provider Advisory Committee

FROM: Steve Peiser, Senior Director of Network Management

DATE: June 9, 2020

SUBJECT: Gold Coast Health Plan Solvency Action Plan

SUMMARY:

This discussion will focus on the recessionary impact of the COVID-19 pandemic which has resulted in sudden and negative economic consequences for California. This has significant implications for the state's budget and on the Plan itself. The Newsom Administration released an estimate of the budget deficit on May 7, 2020, of about $54 billion over the next two fiscal years. The fiscal challenge is grave and will be known with greater certainty upon collection of tax revenues in July 2020. Further, it is projected that the state's fiscal challenges will extend well beyond the end of the public health crisis. Experts estimate budget deficits will persist until 2023-24.

Against this backdrop, the Legislative Analyst Office recommends the Legislature use a mix of the tools at its disposal in approaching the 2020-21 budget deficit, including:

1. Using reserves,
2. Reducing expenditures,
3. Increasing revenues, and
4. Shifting costs.

Another impact of the recession is that, as unemployment rises, so too will Medi-Cal enrollment. Experts believe that California could see an increase in Medi-Cal enrollment of up to 20%. As the Medi-Cal plan for Ventura County, it is critical that GCHP be poised to meet the challenges of the next three (3) to four (4) years in meeting its obligations to the Commission, the community, the providers and, most importantly its members. In order to do that, it is imperative that GCHP function optimally, operate with fiscal prudence, and maintain – as paramount – its commitment to the mission of this organization. To meet these obligations, GCHP must address its Tangible Net Equity (TNE) situation. TNE is a reflection of a health plan's solvency. If a plan falls below its required TNE, it can be deemed insolvent and subject to conservatorship. Excess TNE, the difference between required TNE and total TNE, is often considered to be a plan's reserves. From a regulatory perspective, it has been common practice for Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) to more closely monitor the financial condition of those plans that reach, or fall below, 200% TNE and put plans on a watch list at, or below 150% TNE. The purpose of such enhanced monitoring or placing a

plan on the 'watch list' is to avert the ultimate insolvency of the plan and attendant disruptions in enrollee care resulting from such insolvency. It should be noted that a plan would incur the costs of enhanced monitoring or State-imposed monitors.

Neither DHCS nor DMHC establishes minimum Excess TNE (or reserve levels) for the Medi-Cal plans. Plans and their Boards of Directors establish targeted minimum Excess TNE levels (or reserves) as a prudent exercise of their fiduciary obligation. In so doing, Plans and Boards assess impacts of potential state budget crises and unanticipated or unbudgeted medical costs to identify the targeted levels of reserves (or Excess TNE) sufficient to weather such contingencies should they occur. Within the presentation charts have been provided which show the relative Excess TNE levels among the public plans over the past five years. Chart 1 shows Percent Actual TNE to Required trend lines for the County Organized Health Systems (COHS) plans individually by COHS for the years 2015 - 2019.

As a critical step given the above challenges, GCHP's management team has already begun the process of stalling the decline of Excess TNE. The Charts above depict this change in the trajectory of the Excess TNE trend lines. However, the global pandemic and resulting recession require more deliberate and concerted efforts to ensure GCHP's ongoing solvency. To that end, the GCHP management team is developing a Solvency Action Plan for the next Executive Finance Committee meeting and the June 2020 Commission meeting.

FISCAL IMPACT:

None at this time. On a sort term and long-term basis, however, this approach will be critical to the financial stability of GCHP.

RECOMMENDATION:

Staff recommends that the PAC receive and file this report.

ATTACHMENTS:

PowerPoint Presentation; Solvency Action Plan

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Accountability
Collaboration
Trust
Respect

GOLD COAST HEALTH PLAN

PROVIDER ADVISORY COMMITTEE

SOLVENCY ACTION PLAN PRESENTATION

June 9, 2020

Steve Peiser, Senior Director of Network Management
Kashina Bishop, Chief Financial Officer

711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

GCHP's Excess TNE

1. Is ***lowest*** in the State

2. Is ***out of sync with all other Medi-Cal plans*** that have enjoyed a time of relative stability from 2015 – 2019, in terms of membership and rates

3. Poses ***risks to GCHP*** in light of:
   a. State Budget crisis emanating from the pandemic;
   b. Increased reporting and management obligations relating to managing the risk of the Medi-Cal population during the pandemic; and
   c. Increased obligations relating to the Interoperability Rule; and

4. Requires immediate and concerted attention from GCHP

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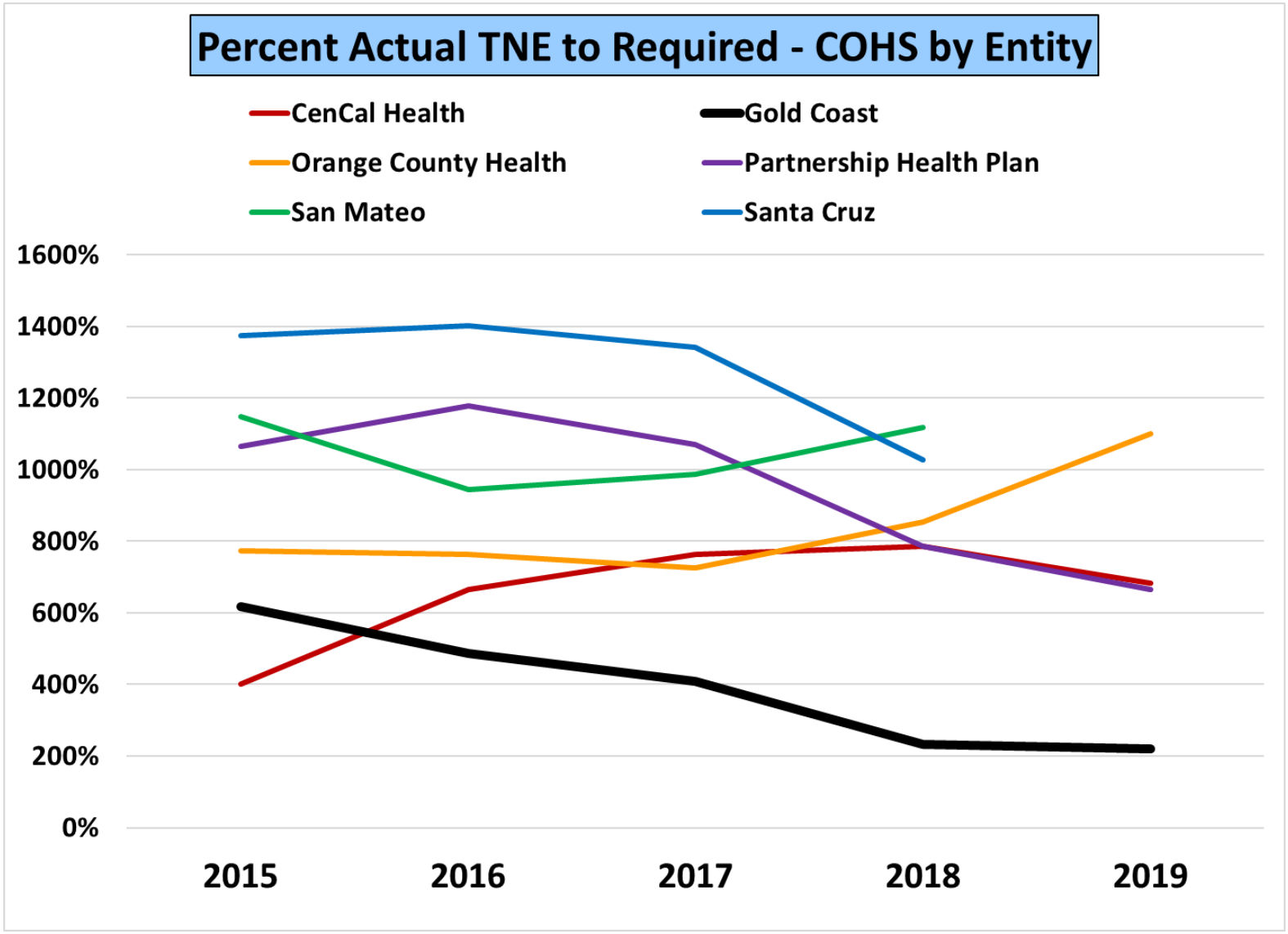
GCHP: Outlier among COHS Plans



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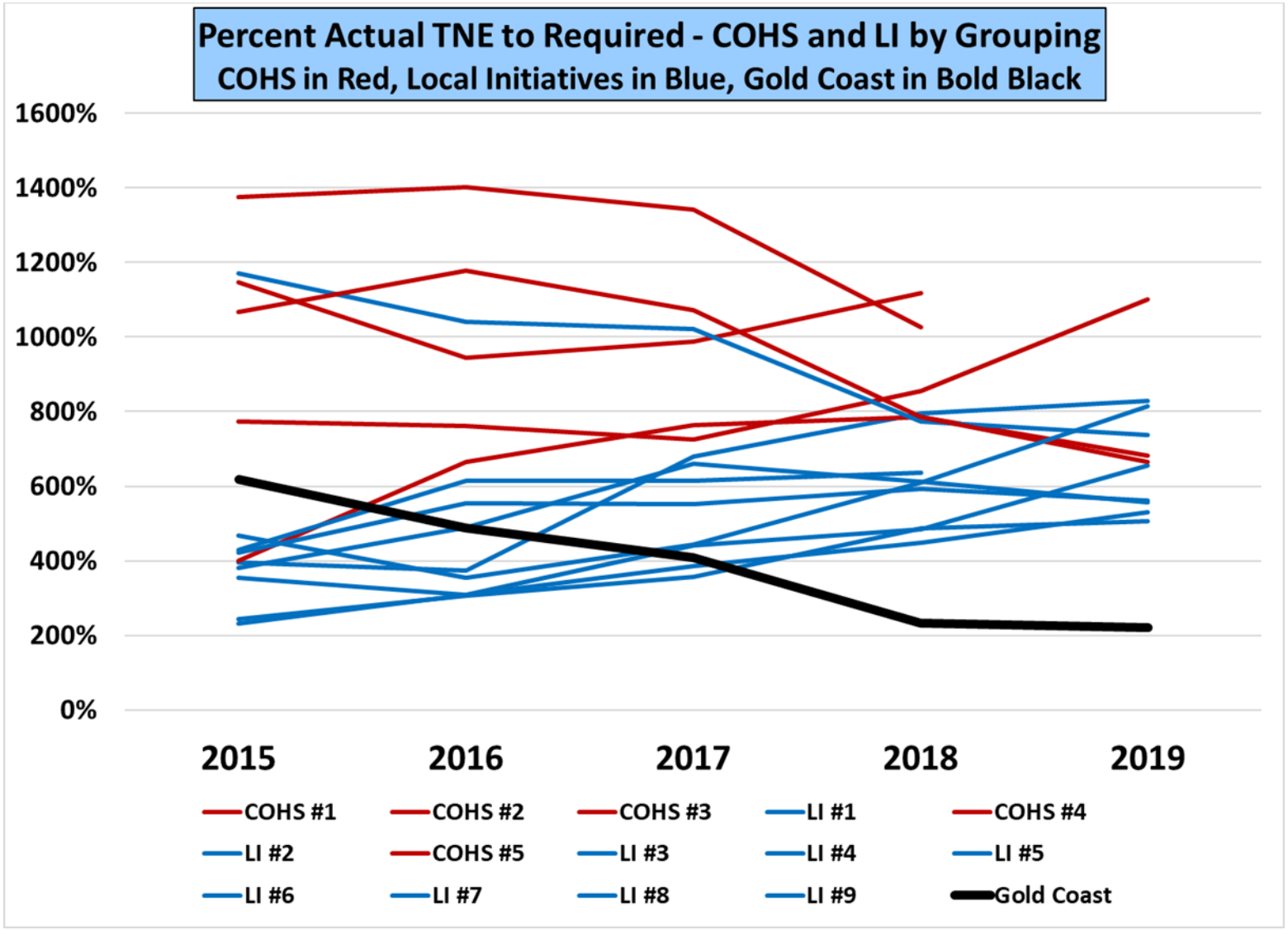
GCHP: Outlier Among all Public Plans



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GCHP: Planning Accordingly

- **State Budget Cuts :**

- Proposed budget cuts include a 1.5% retrospective rate cut effective July 1, 2019, which is estimated to be a $16 million loss of revenue to GCHP.

- Historically, GCHP has not passed along rate cuts to providers.

- GCHP can no longer absorb rate cuts.

- **Tangible Net Equity (TNE)**

- As of April, GCHP's TNE is $73.6 million, 212% of the required amount by the state.
-

- GCHP's TNE reduced significantly over the past few years due to increasing provider rates, rising member utilization and unanticipated reductions in revenue.

- **Rate Cuts**

- To maintain solvency, GCHP can no longer absorb the difference and continue paying providers at the higher rates and absorb rate cuts.

- All provider contracts will be evaluated starting immediately.

- We will approach rate adjustments fairly.

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The Road to Financial Stability

- **Solvency Action Plan:** To ensure that GCHP remains solvent, GCHP Management is finalizing a Solvency action Plan that will:

- Restore a recommended target Excess TNE goal for GCHP, which will balance the interests of maintaining solvency, being better prepared to respond to the ongoing state budget crises and fulfilling the GCHP mission to plan members and those providers who see and treat GCHP members.

- Present models and a plan for tracking and achieving the Excess TNE goals that management will bring to the Commission on a monthly basis as part of the CFO and CEO reports.

- Present critical policies for Commission approval to achieve these goals and to weather the recession that will be upon us for the foreseeable future.

- The Solvency Action Plan will allow us to continue to invest in GCHP to meet regulatory requirements (i.e., interoperability project).

- We will make adjustments as our financial position allows.

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Solvency Action Plan

Activity	Description	Timing
1. Target Excess TNE level	Secure Commission approval for targeted Excess TNE level (450-500% TNE)	June 2020 Commission
2. Solvency Action Plan	Secure Commission approval for Solvency Action Plan	June 2020 Commission + Executive Finance Committee
	Secure Commission approval for the proposition that, if DHCS imposes provider rate cuts to FFS and the plans as a result of the State Budget crisis, GCHP will pass along the actuarially equivalent rate cuts to GCHP providers	June 2020 Commission + Executive Finance Committee
	Secure Commission approval for pursuit of all available pandemic relief funding available to Ventura County	June 2020 Commission
3. Oversight over Solvency Action Plan	Delegate oversight over the Solvency Action Plan to the Executive Finance Committee and ensure that TNE tracking and the Solvency Action Plan is the focus of every Executive Finance Committee meeting	June 2020 Commission + Executive Finance Committee 2020-2022

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Working Together

- We value our relationship with you.
- We remain committed to providing high quality care to our members and being a good community partner.
- We welcome your input on how we can collaborate to create efficiencies.
- We look forward to working with you to weather this storm.

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AGENDA ITEM NO. 7

TO: Provider Advisory Committee

FROM: Steve Peiser, Sr. Director of Network Management

DATE: June 9, 2020

SUBJECT: PAC Monitoring and Reporting

Verbal Report

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Tips for Telehealth Services

Gold Coast Health Plan (GCHP) created this tip sheet to help you when you talk with your health care provider by phone or video. Many health care professionals are using telehealth services to connect with patients during the COVID-19 pandemic.

What is telehealth?

Talking with a health care provider by phone or video is called telehealth. GCHP offers telehealth through a free advice nurse line. Nurses are available 24 hours a day, seven days a week. Many providers also offer telehealth services.

What are the benefits of telehealth?

Telehealth makes it easy to talk to your health care provider about non-urgent conditions. There is no need to leave your home.

Telehealth:

- Can take place in the comfort of your home.
- Does not require travel or childcare.
- Is flexible – you can use a phone or a video device.
- Has short wait times.
- Is available in your preferred language.

Do I need special electronic devices to connect to telehealth services?

Almost anyone with a home phone or cell phone can use telehealth services. If you prefer to connect to telehealth services by video, you will need a phone, computer, laptop or iPad with video capabilities.

What do I need to set-up a telehealth appointment?

If possible, you may want to be in a room that is private and quiet. Talking on the phone or having a video chat with a doctor or nurse can be hard at first.

How do I access GCHP's telehealth services?

The nurse can speak to you over the phone in your preferred language when you or a family member have any medical questions. The nurse can also answer questions or address concerns about the coronavirus.

To reach the Advice Nurse Line, call 1-805-437-5001.
The toll-free number is 1-877-431-1700. If you use a TTY, call 711.

When you call the GCHP Advice Nurse Line, you can expect:

- The nurse to ask for your name, age, and the city you live in. It is your choice to give this information.
- To give your phone number.
- To ask the care team questions about your health condition and take notes, if possible.
- Your health information to be protected.

How do I find out if my doctor offers telehealth services?

Telehealth services vary between health care providers. Call your primary care provider (PCP) and ask if they offer telehealth services.

Will I be charged for using telehealth services?

There is no cost for calling the GCHP advice nurse line or telehealth services through your provider. If you are using a pre-paid phone, it is important to have minutes available to make a call. Your cell phone carrier may charge data and usage fees.

Does Medi-Cal cover teledentistry care or services?

Yes. For more information about teledentistry, call the Medi-Cal Dental Program at **1-800-322-6384**. If you use a TTY, call **1-800-855-7100** or **711**.

Does my mental health provider, Beacon Health Options, offer teletherapy?

Yes. If you are getting outpatient mental health services through Beacon Health Options, call them Monday through Friday from 8:30 a.m. to 5 p.m. at **1-855-765-9702** to make an appointment. If you use a TTY, call **1-800-735-2929**.

How can I get a free cell phone or a low-cost monthly plan?

The California LifeLine Program subsidizes phone service for those who are low-income. Contact the program at **1-866-272-0349** (English) and **1-866-272-0350** (Spanish) or **www.californialifeline.com**.

Where can I find a free internet / Wi-Fi connection?

Ventura County libraries offer free internet access even when they are closed. You don't need a library card or a pin number.

- Visit www.vencolibrary.org/services/wi-fi.
- Set-up your login once and accept their internet policy to gain access.

Is free internet / Wi-Fi available anywhere else?

Yes. Access free Spectrum Wi-Fi hotspots in Ventura County with the Spectrum Wi-Fi Finder on the 'MySpectrum' smartphone app.

- Select Spectrum Wi-Fi.
- Open your browser.
- Sign in with your username and password.

Who can I call if I have any questions about telehealth?

Call GCHP's Member Services Department at **1-888-301-1228**. If you use a TTY, call **1-888-310-7347**.

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Statement of Nondiscrimination and Language Assistance

Gold Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Gold Coast Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-301-1228 (TTY: 1-888-310-7347).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-301-1228 (TTY: 1-888-310-7347).

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Consejos para los Servicios de Telesalud

Gold Coast Health Plan (GCHP) creó esta hoja con consejos para ayudarle cuando tenga una consulta con su proveedor de atención médica por teléfono o video. Muchos profesionales de la salud están utilizando los servicios de telesalud para conectarse con los pacientes durante la pandemia COVID-19.

¿Qué significa telesalud?

Telesalud significa el hablar con un proveedor de atención médica por teléfono o por video. GCHP ofrece telesalud a través de una línea de asesoramiento de enfermeras gratuita. Las enfermeras están disponibles las 24 horas del día, los siete días de la semana. Muchos proveedores también ofrecen servicios de telesalud.

¿Cuáles son los beneficios de telesalud?

Telesalud facilita el poder hablar con su proveedor de atención médica sobre condiciones de salud no urgentes. No hay necesidad de salir de su casa.

Telesalud:

- Puede suceder desde la comodidad de su hogar.
- No requiere viajes ni cuidado de los niños.
- Es flexible – puede usar un teléfono o un dispositivo de video.
- Tiene tiempos de espera cortos.
- Está disponible en el idioma que usted prefiera.

¿Necesito dispositivos electrónicos especiales para conectarme a los servicios de telesalud?

Casi cualquier persona con un teléfono en su casa o celular puede usar los servicios de telesalud. Si prefiere conectarse a los servicios de telesalud por vídeo, necesitará un teléfono, computadora, computadora portátil o iPad que tenga capacidad de video.

¿Qué necesito para programar una cita de telesalud?

Si le es posible, hágalo en una habitación que sea privada y tranquila. El hablar por teléfono o tener una plática por video con un médico o enfermero puede ser difícil al principio.

¿Cómo logro el acceso a los servicios de telesalud de GCHP?

La enfermera puede hablar con usted por teléfono en el idioma de su preferencia cuando usted o un miembro de su familia tenga alguna pregunta médica. La enfermera también puede responder preguntas o hablar sobre sus inquietudes acerca del coronavirus.

Para comunicarse con la Línea de Asesoramiento de Enfermeras, llame al 1-805-437-5001. El número gratuito es 1-877-431-1700. Si utiliza un TTY, llame al 711.

Cuando usted llama a la Línea de Asesoramiento de Enfermeras de GCHP, usted puede esperar:

- Que la enfermera le pida su nombre, edad, y la ciudad en la que vive. Usted decide si da esta información.
- Dar su número de teléfono.
- Poder hacer preguntas al equipo de atención sobre su condición de salud y tomar notas, si es posible.
- Que su información de salud esté protegida.

¿Cómo puedo saber si mi médico ofrece servicios de Telesalud?

Los servicios de Telesalud varían entre proveedores de servicios médicos. Llame a su proveedor de atención primaria (PCP) y pregunte si ofrecen servicios de Telesalud.

¿Me van a cobrar por usar los servicios de telesalud?

No hay ningún costo por llamar a la línea de asesoramiento de enfermeras de GCHP ni a los servicios de telesalud a través de su proveedor. Si está utilizando un teléfono prepagado, es importante que tenga minutos disponibles para hacer una llamada. Su compañía de teléfono celular puede cobrarle por consumo de datos y uso.

¿Medi-Cal cubre la atención o los servicios de teleodontología?

Sí. Para obtener más información acerca de la teleodontología, llame al Programa Dental de Medi-Cal al **1-800-322-6384**. Si utiliza un TTY, llame al **1-800-855-7100** o al **711**.

¿Ofrece teleterapia mi proveedor de salud mental Beacon Health Options?

Sí. Si está recibiendo servicios ambulatorios de salud mental a través de Beacon Health Options, puede llamarles de lunes a viernes de las 8:30 a.m. a las 5 p.m. al **1-855-765-9702** para hacer una cita. Si utiliza un TTY, llame al **1-800-735-2929**.

¿Cómo puedo obtener un teléfono celular gratis o un plan mensual de bajo costo?

El Programa LifeLine de California subsidia el servicio telefónico para las personas de bajos ingresos. Comuníquese con el programa al **1-866-272-0349** (inglés) y al **1-866-272-0350** (español) o **www.californialifeline.com**.

¿Dónde puedo encontrar una conexión gratuita a internet / Wi-Fi?

Las bibliotecas del Condado de Ventura ofrecen acceso gratuito a internet aun cuando están cerradas. No necesita una credencial de la biblioteca ni un número clave.

- Visite www.vencolibrary.org/services/wi-fi.
- Configure su inicio de sesión una sola vez y acepte su política de Internet para obtener acceso.

¿Hay internet / Wi-Fi gratuito disponible en algún otro lugar?

Usted puede ingresar a los puntos de acceso Wi-Fi de Spectrum gratuitos en el condado de Ventura con el buscador de Wi-Fi Spectrum en la aplicación para teléfonos inteligentes "MySpectrum".

- Seleccione Spectrum Wi-Fi.
- Abra su navegador.
- Inicie la sesión con su nombre de usuario y su contraseña.

¿A quién le puedo llamar si tengo alguna pregunta sobre telesalud?

Llame al Departamento de Servicios para Miembros de GCHP al **1-888-301-1228**.
Si utiliza un TTY, llame al **1-888-310-7347**.

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Declaración de No Discriminación y Asistencia Lingüística

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