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

Provider Advisory Committee Meeting (PAC)

Tuesday, August 13, 2019 7:30 a.m.
Gold Coast Health Plan, 711 E. Daily Drive, Community Room, Camarillo, CA 93010

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL

PUBLIC COMMENT

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

Persons wishing to address the PAC are limited to three minutes. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Committee.

CONSENT ITEMS

1. Approval of the Provider Advisory Committee meeting minutes
   Regular meeting of May 8, 2019

REPORTS

2. Financial Report and Recovery Strategy
   Staff: Kashina Bishop, Chief Finance Officer (CFO)
   Steve Peiser, Sr. Director, Network Management

3. Government Relations Overview – Provider Implications
   Staff: Marlen Torres, Director, Government and Community Relations

Meeting Agenda available at http://www.goldcoasthealthplan.org
VENTURA COUNTY MEDICAL CARE COMMISSION (VCMC) DBA GOLD COAST HEALTH PLAN (GCCP)
AUGUST 13, 2019 PROVIDER ADVISORY COMMITTEE MEETING AGENDA (continued)
LOCATION: Community Room at 711 E. Daily Drive, Camarillo, CA 93010
TIME: 7:30 a.m.

PRESENTATION

4. Managed Care Accountability Set (MCAS) Preview
   Staff: Pauline Preciado, Director, Population Health
   Kimberly Timmerman, Director, Quality Improvement

DISCUSSION ITEM

5. Roundtable discussion – questions and comments from Committee members
   Staff: Steve Peiser, Sr. Director, Network Management

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Provider Advisory Committee will be held on November 12, 2019, 7:30 a.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110 Community Room, Camarillo, CA 93010.

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

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.

The agenda was posted at the Gold Coast Health Plan Notice Board and on its website.
CALL TO ORDER

Senior Director, Network Management, Steve Peiser called the meeting to order at 7:38 a.m. at the offices of Gold Coast Health Plan (GCHP), 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Community Room. The Pledge of Allegiance was recited.

OATH OF SERVICE

Member Services Specialist Connie Harden administered the Oath of Office to all Committee members.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE
Masood Babaeian, Ventura Transit Systems, Inc.
Linda Baker, RN, Clinicas del Camino Real
Joan Buck-Plassmeyer, Los Robles Homecare Services, Inc.
David Fein, Shield HealthCare
Will Garand, Community Memorial Health System
Katy Krul, Oxnard Family Circle
Sim Mandelbaum, U.S. Skilled Serve, Inc.
Richard Montmeny, Dignity Health, St. John’s Pleasant Valley Hospital
Pablo Velez, Amigo Baby, Inc.

PUBLIC COMMENT

None

1. Introductions and Welcome

Sr. Director, Network Operations Steve Peiser welcomed the group of PAC committee members. He stated that we worked long and hard to reconvene the PAC, hopefully we will see some of the benefits of that. The focus of today’s discussion is going to be somewhat informational but with a focus specifically on giving you all some things to think about. Introductions were made around the room.

2. CEO Welcome

A recorded message from CEO Dale Villani was presented to the Committee
3. Market Changes

Market Overview and Challenges:

Sr. Director, Network Operations Steve Peiser presented a PowerPoint presentation included in the meeting materials. Mr. Peiser reviewed the different managed care models in the State of California. Mr. Peiser then provided an overview and key issues for Medi-Cal Managed Care and the provider network.

Value Based Payments:

Sr. Director, Network Operations Steve Peiser presented information on value based payments to providers as in the meeting materials. Mr. Peiser stated that GCHP had created a value based program, but it was ineffective. We are now looking at a means in which to focus on our HEDIS measures. He went on to say that this is even more important now that DHCS has changed the percentile from 25% to 50% and a penalty will be placed on those not meeting the 50% percentile. The notion is that there may be small increases in base payment, but the large dollars are going to be based on quality.

Committee Member Will Garand asked Mr. Peiser which organizations are on the Steering Committee. Mr. Peiser responded that the committee is internal and that the hope that the PAC will be instrumental in helping to guide some of this process for us.

4. Financial Overview

Chief Financial Officer Kashina Bishop provided a verbal update on the finances of GCHP. She provided an overview of the way the state pays GCHP and what the rates are based on. Discussion was held on the 97% medical loss ratio (MLR) and the most expensive services to the Plan.

5. Quality Report

Director, Quality Improvement, Kimberly Timmerman provided an overview of the Quality Improvement department and activities as presented in the meeting materials.

6. New guidelines for access to care

Chief Medical Officer (CMO) Dr. Nancy Wharfield presented her report on advancements in monitoring quality in managed care as in the meeting materials.

7. Roundtable discussion – questions and comments from Committee members

Sr. Director, Network Operations Steve Peiser asked committee members what they would like to hear about at the upcoming meetings. Committee Member Sim Mandelbaum stated that when you get into more detail with that subcommittee about the value based/alternate payment methods, he would like to know more before GCHP decides what to do.

Committee Member David Fein, asked what the level of commitment is to this group meeting regularly, and if it will be a meaningful experience. Is the plan more committed to making this an effective group where we as providers can actually help? Mr. Peiser replied a lot of thought and effort has gone into
how to restructure this committee and gathering the right mix of members. He went on to say that there are still two seats to be filled and that GCHP is 100% committed. Going forward, we will meet on a quarterly basis and that we interact appropriately. We will work on strategies and topics of interest that the providers have a keen interest in helping us with, in terms of formulating those types of strategies and address certain issues that are hitting all of us.

Committee Member Linda Baker stated that we are working more with the care coordination and transition issues. How that is rolling out and how we can all be more effective and make that happen.

Committee Member Pablo Velez asked if there was a possibility of starting the meeting at a time different than 7:30 a.m. Steve Peiser replied that we will send out a Survey Monkey to determine everyone’s preferred time and day.

**ADJOURNMENT**

Sr. Director, Network Operations Steve Peiser asked for a motion to adjourn the meeting. Committee member Richard Montmeny motioned to adjourn the meeting; Committee Member Katy Krul seconded the motion. Motion passed. Meeting adjourned at 9:10 a.m.

Submitted by Connie Harden

Approved by: ____________________________ Date: __________

Connie Harden, Member Services Specialist
AGENDA ITEM 2

To: Gold Coast Health Plan Provider Advisory Committee

From: Kashina Bishop, Chief Finance Officer (CFO)
Steve Peiser, Sr. Director, Network Management

Date: August 13, 2019

Re: Financial Report and Recovery Strategy

Verbal Presentation
AGENDA ITEM 3

To:       Gold Coast Health Plan Provider Advisory Committee
From:    Marlen Torres, Director, Government and Community Relations
Date:  August 13, 2019
Re: Government Relations Overview – Provider Implications

PowerPoint Presentation
AGENDA ITEM 4

To: Gold Coast Health Plan Provider Advisory Committee

From: Pauline Preciado, Director, Population Health
      Kimberly Timmerman, Director, Quality Improvement

Date: August 13, 2019

Re: Managed Care Accountability Set (MCAS) preview

PowerPoint Presentation
DHCS Quality Update

Provider Advisory Committee (PAC)

GCHP Quality Department

August 13, 2019
The California Department of Healthcare Services (DHCS) recently announced changes to its Quality Improvement (QI) and Performance Monitoring Program.

These changes are in alignment with recent direction from Governor Gavin Newsom and his goal to strengthen all early childhood programs and services.
Performance Measure Changes Measurement Year 2019

**EAS**
- External Accountability Set
- Reporting Years 2012-2019
- All HEDIS® measures

**MCAS**
- Managed Care Accountability Set
- Launched with Reporting Year 2020
- CMS Child and Adult Core Set Measures

**MPL**
- Minimum Performance Level (MPL)
- Increased from the 25th percentile to 50th percentile
- DHCS sanctions can be incurred if MPLs not met
MCAS Reporting

39 MCAS Performance Measures

19 held to 50th percentile MPL

20 Monitored for performance
MPL Measures

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

Women's Health
- BCS - Breast cancer screening
- CCS - Cervical cancer screening
- CHL - Chlamydia screening
- PPC Pre - Prenatal care
- PPC Post - Postpartum care

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

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

Children's Health
- CAP - Children's Access to Primary Care Practitioner
  - 12 to 24 months
  - 25 months to 6 years
  - 7 to 11 years
  - 12 to 19 years
- DEV - Developmental screening in the first three years of life

Women's Health
- CCW - All Women Ages 15 to 44 (CCW)
  - Most or moderately effective contraceptive
  - Long Acting Reversible Contraceptive (LARC)
- CCP - Postpartum Women Ages 15 to 44 (CCP)
  - Most or moderately effective contraception – 3 days
  - Most or moderately effective contraceptive – 60 days

Behavioral Health
- CDF - Screening for Depression and Follow-Up Plan: Age 12 and Older
Non-MPL Measures

Pharmacy

• ADD Int. - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications – Initiation Phase
• ADD C/M - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications – Continuation and Maintenance Phase
• COB - Concurrent Use of Opioids and Benzodiazepines
• OHD - Use of Opioids at High Dosage in Persons without Cancer

Acute and Chronic Disease

• HIV - HIV Viral Load Suppression
• MPM Ace/Arb - Annual Monitoring for Patients on Persistent Medications: ACE Inhibitors or ARBs
• MPM Diu - Annual Monitoring for Patients on Persistent Medications: Diuretics
• AMB ED - Ambulatory Care: Emergency Department
## Analysis of GCHP MY2018 Results Compared to New MCAS MPL

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<th>MEASURE</th>
<th>MY 2018 50th Percentile</th>
<th>Difference</th>
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<tr>
<td>Adolescent Well-Care Visits (AWC)</td>
<td>34.55**</td>
<td>-20.02</td>
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<td>Adult Body Mass Index Assessment (ABA)</td>
<td>42.31**</td>
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<td>Antidepressant Medication Management – Acute Phase (AMM-A)</td>
<td>66.37</td>
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<td>Antidepressant Medication Management – Continuation Phase (AMM-C)</td>
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<td>Asthma Medication Ratio - Total (AMR)</td>
<td>57.73</td>
<td>-4.55</td>
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<td>Breast Cancer Screening (BCS)</td>
<td>60.78</td>
<td>2.74</td>
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<td>Cervical Cancer Screening (CCS)</td>
<td>56.08</td>
<td>-4.02</td>
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<td>Childhood Immunization Status (CIS) - Combo 10</td>
<td>35.04</td>
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<td>Chlamydia Screening in Women Ages 16 – 24</td>
<td>54.29</td>
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<td>Comprehensive Diabetes Care HbA1c Testing</td>
<td>89.29</td>
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<td>Comprehensive Diabetes Care HbA1c Poor Control &gt;9%</td>
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<td>Controlling High Blood Pressure &lt;140/90 mm Hg</td>
<td>63.26</td>
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<td>Immunizations for Adolescents - Combo 2</td>
<td>34.06</td>
<td>2.19</td>
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<td>Prenatal &amp; Postpartum Care - Timeliness of Prenatal Care</td>
<td>86.17</td>
<td>2.96</td>
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<td>Prenatal &amp; Postpartum Care - Postpartum Care</td>
<td>77.39</td>
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<td>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children &amp; Adolescents: Body Mass Index</td>
<td>91.76*</td>
<td>16.21</td>
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<td>Well-Child Visits in the First 15 months of Life Six or More Well Child Visits</td>
<td>15.29**</td>
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<td>Well-Child Visits in the 3rd to 6th Years of Life</td>
<td>74.73</td>
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** Administrative Rate only for Hybrid Measure
Priority Areas based on Preliminary Data:

✓ Adolescent Well Care Visits
✓ Asthma Medication Ratio
✓ Cervical Cancer Screening
✓ Chlamydia Screening
✓ Well Child Visits in the First 15 Months of Life
MCAS Strategy

The Future of Managed Care and Population Health

- Partnering with Providers
- Better use of Data and Analytics
- Focus on Clinical Innovation
- Addressing the Social Determinants of Health
GCHP MCAS Strategy- Overview

Data Analytics
- Understanding Populations

Provider Engagement
- (PI) Teams
- Clinical Focus
- GCHP QI Efforts

Community Based Interventions
- External Stakeholders
Performance Improvement (PI) Teams

(PI) Opportunities:

- Internal Subject Matter Experts (SMEs)
- Quality Leader Partnership
- Data Process Review
- EHR Informatics Assistance
- Identify Data Sharing opportunities
- Ongoing Support for QI activities
- Share Successful Practices from other MCPs
Other GCHP QI Activities:

• Care Gap Closure – Member Engagement Program

• NEW: Indices Portal for Provider Reporting

• Current Process Improvement Projects

• GCHP Member Focused Activities:
  o Member Incentives
  o Chronic Disease Self-Management Program
  o Post-Partum Visitation Program
  o Asthma Prevention Program
Other Provider Resources to QI activities:

• Provider Relation Representative
• Health Navigation Assistance
• Care Management
• Beacon Services
• Access to Transportation Services
AGENDA ITEM 5

To: Gold Coast Health Plan Provider Advisory Committee

From: Steve Peiser, Sr. Director, Network Management

Date: August 13, 2019

Re: Roundtable discussion – Committee members

Verbal discussion
2019
Ventura County Medi-Cal Managed Care
Provider Advisory Committee Meetings

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