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

Consumer Advisory Committee Meeting

Community Room at Gold Coast Health Plan
711 E. Daily Drive, Suite 110, Camarillo, CA 93010
Wednesday, October 19, 2016
5:00 p.m.

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL

OATH OF OFFICE

PUBLIC COMMENT

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

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

APPROVE MINUTES
   1. Regular Meeting of May 18, 2016

DISCUSSION ITEMS
   2. Action Item Review – Luis Aguilar, Member Services Manager
   3. CEO Update – Dale Villani, Chief Executive Officer
   4. Provider Network Update – Steve Peiser, Sr. Director of Network Management
   5. Quality Improvement 2015 HEDIS Update – Al Reeves, MD, Chief Medical Officer
   6. Pharmacy Benefits Manager – Anne Freese, Pharm.D., Director of Pharmacy
   7. CAC 2.0 – Ruth Watson, Chief Operating Officer

Meeting Agenda available at http://www.goldcoasthealthplan.org
Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)
October 19, 2016 Consumer Advisory Committee Meeting Agenda (continued)
LOCATION: Community Room, 711 E. Daily Drive, Suite 110, Camarillo, CA 93010
TIME: 5:00 p.m.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on January 18, 2017, 5:00 p.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, 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 3 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

The agenda was posted on October 14, 2016, at the Gold Coast Health Plan Notice Board and on its website.
CALL TO ORDER

Chief Operating Officer (COO) Ruth Watson called the meeting to order at 5:05 p.m. at the offices of Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Carnegie Conference Room. The Pledge of Allegiance was recited.

SWEARING IN OF COMMITTEE MEMBERS

No members in attendance to be sworn in.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE
Rita Duarte-Weaver, Ventura County Public Health Department
Norma Gomez, Mixteco / Indigena Community Organizing Project
Frisa Herrera, Casa Pacifica
Paula Johnson, ARC of Ventura County
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Pedro Mendoza, Amigo Baby
Curtis Updike, County Human Services Agency (HSA)

ABSENT COMMITTEE MEMBERS
Alicia Flores, La Hermandad
Ruben Juarez, County Health Care Agency
Gilda Macias, Beneficiary
Katharine Raley, County of Ventura Area Agency on Aging

STAFF IN ATTENDANCE
Ruth Watson, Chief Operating Officer
Dale Villani, Chief Executive Officer
Patricia Mowlavi, Chief Financial Officer
Connie Harden, Member Services Specialist
Luis Aguilar, Member Services Manager
Paula Bernal, Grievance and Appeals Specialist
Vickie Connaughton, Health Education Navigator Lead
Anne Freese, Director of Pharmacy
Lupe Gonzalez, Director of Health Education, Outreach Cultural and Linguistic Services
Steve Lalich, Director of Communications
Stacy Nava, Member Services Representative
Kim Osajda, Director of Quality Improvement
Al Reeves, MD, Chief Medical Officer
Language interpreting and translating services were provided by GCHP from Lourdes González Campbell and Associates.

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of December 16, 2015
Committee Member Curtis Updike moved to approve the Meeting Minutes of December 16, 2015. Committee Member Pedro Mendoza seconded. The motion carried with the following vote:

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

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. Action Item Update
Member Services Manager Luis Aguilar stated that the three action items from the December meeting are all closed.

3. CEO Update
Chief Executive Officer (CEO) Dale Villani provided information on the new GCHP initiative called Alternative Resources for Community Health (ARCH). He indicated this initiative is based on our financial performance. He stated that our financial reserves are in a very healthy place from where GCHP was five years ago and that allows us to invest those dollars back into the community. There are four pillars in our ARCH initiative. The first pillar is the provider community. What can GCHP do to put additional dollars into reimbursement programs for physicians that would incentivize them to provide more preventative services and wellness programs? The Network Operations team, along with Ruth Watson, is working on additional contract models.

The second pillar is around services that are not traditional Medi-Cal covered services but make sense from a clinical practice standpoint. Best clinical practice is something GCHP wants to put in place if it benefits the member. The Commission has recently approved two additional services, pulmonary rehabilitation and expansion of podiatry services.

The last two pillars are based around population health. These are other areas where GCHP can invest in the community. GCHP doesn’t have a foundation but we are acting, in
a way, like a foundation in that there are grants and sponsorships that we are putting in place for different organizations. GCHP takes these requests to our Commission and the Commission approves them. For the two most recent initiatives we put forward, we are having a ceremonial awarding of the checks at next Monday’s Commission meeting. One of the awards is to the County Agency on Aging for expanding the Meals on Wheels program. The $20,000 in funding being provided is for additional meals the agency can provide to those individuals that can’t get out. The second award that GCHP is giving is to the National Health Foundation (NHF). They are moving into Ventura County and are working in partnership with the Hospital Association of Southern California. NHF is looking at recuperative care for homeless members that get hospitalized and once discharged, don’t have a place to go. This is an opportunity where GCHP is going to work with the NHF who has done some initial contracting with The Salvation Army for beds that we can help fund. This grant amount is $38,700.

Our Government Affairs team, led by Ralph Oyaga, is the primary contact for this process. He will be putting information on our website on how different agencies can come to GCHP and apply for these sponsorships. GCHP has always had sponsorships for different events. This is a more complete program, one we are excited about. GCHP is a not-for-profit organization and we want that money to go back to the community.

Committee Member Paula Johnson asked, on the podiatry services when you are saying giving back for the community, what does that look like? She stated that in the population she works with, podiatry is huge issue. Dr. Reeves replied that several years ago when the State had financial problems, they cut out podiatry services altogether. The State then partially reinstated some services but only in the Federally Qualified Health Center (FQHC) clinics. GCHP didn’t feel it was right that some of our members in FQHCs can get podiatry services while others can’t. Dr. Reeves went on to say that we have expanded the services so that members can get podiatry services from podiatrists who are contracted with us. Any member can go to these podiatrists with a referral from their doctor.

4. **Financial Update**

Chief Financial Officer (CFO) Patricia Mowlavi reviewed the written update as presented to the Committee. CFO Mowlavi reported that the financials for GCHP are strong. She stated that we come from a period of rapid growth and our membership is leveling off. We are currently at a Tangible Net Equity (TNE) of 545% and we were targeting 500% so we have adequate reserves.

5. **Operations Update**

Chief Operating Officer (COO) Ruth Watson reported on the materials presented to the Committee. COO Watson stated that we now have approximately 204,000 members and are stabilizing. We are not expecting the kind of growth we had before.

COO Watson reported on SB 75 which provides full-scope Medi-Cal for children with unsatisfactory immigration status. She stated that the program went live on May 16, 2016 and benefits were made retroactive to May 1, 2016. There were 2,917 children in Ventura County who transitioned from restricted benefits to full-scope benefits. These children will be on the next eligibility file, making them eligible with GCHP on June 1, 2016. However, there are estimates of between three and four thousand additional children in the county who could apply for this program. Committee Member Updike stated that the Human Services
Agency (HSA) estimates there are around 7,500 potential new children to the program, which includes the 2,917 GCHP will receive.

COO Watson stated that their redetermination date will remain the same as it was. We are trying to work with the county so that once they become a GCHP member, we can reach out to them in advance and talk to them about their upcoming redetermination date and how can we facilitate and help them through the process. This is a new program we are trying to work on with the county to help keep these members enrolled in Medi-Cal. Committee Member Updike stated that HSA has been given instructions by the state not to terminate any child until they have been transitioned. HSA would transition any child with restricted scope regardless of their annual renewal date. However, if they don’t complete the annual renewal, HSA will still discontinue them at the end of the process as they normally do. He went on to state that as with the Affordable Care Act (ACA) members, if they lose their eligibility and come back within 90 days they do not have to reapply for Medi-Cal.

Committee Member Laurie Jordan requested that when talking about a topic like this, can GCHP provide the CAC members with a packet of this information so they know what these letters and included information look like.

Committee Member Frisa Herrera stated this information was helpful as at Casa Pacific, they have some kids who are placed by the parents and they are going through this right now and have been at a loss as to the proper information.

6. Health Education Update
Director of Health Education, Outreach, Cultural and Linguistics Dr. Lupe Gonzalez presented information on the Community Resource Fair held at the Plaza Park in downtown Oxnard on Saturday, May 14, 2016. She stated that there were a total of 43 information booths, 38 from community based organizations and agencies. Five of those booths were GCHP departments. She added that we reached over 300 children and families and provided blood pressure, blood glucose and BMI screenings. GCHP had elected officials in attendance along with entertainment.

Committee Member Rita Duarte-Weaver stated that it was very successful for her program (VC Public Health). They saw about 75 individuals and were able to communicate with them on their renewals. She went on to say that her agency received 17 calls for renewal appointments from people in attendance at this resource fair.

Committee Member Norma Gomez suggested that the community resource fairs should be scheduled on a Sunday as many people in her community work on Saturday.

Dr. Gonzalez reviewed the balance of the materials as presented in the packet to the committee.

7. Report to the Community
Director of Communications Steve Lalich reported that the third annual Report to the Community was sent out in the beginning of April. The Consumer Advisory Committee members were on the distribution list. Director Lalich asked for the Committee’s opinion of the Annual Report such as the kind of information included in it and how GCHP can improve on it. He asked that the CAC members provide him with feedback. Committee Member
Updike stated that the annual report looks good and is visually appealing. Committee Member Mendoza stated that he liked the story about the member. Discussion was held about communications between the CAC members’ agencies and GCHP staff that resulted in that story.

Director Lalich reported the next member newsletter will be in homes the end of June. He stated that thematically the issues dealt with are pediatric care.

8. **Quality Improvement Update**
Director of Quality Improvement Kim Osajda updated the Committee on the Quality Improvement activities as presented in the packet.

**RECESS**

A break was provided at 6:06 p.m. The meeting reconvened at 6:28 p.m.

9. **CAC 2.0**
Chief Operating Officer Ruth Watson stated that CAC 2.0 is designed to make this Committee a product of the CAC and not GCHP. The charter and purpose of the Committee was reviewed by COO Watson.

Discussion was held about the need for the Committee to be self-governing, the requirement to report to the Commission, to be more active in the reviewing of GCHP policies and programs, and among other things, to assist in the setting of agenda items. Discussion was also held on the type of information that is important to the committee members as well as information that is not so important.

COO Watson stated that this is a work in progress and we will discuss this further at the July meeting.

**Comments from Committee Members**

**ADJOURNMENT**

Meeting was adjourned at 7:18 p.m.
<table>
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<tr>
<th>Date</th>
<th>Owner</th>
<th>Department</th>
<th>Action Required</th>
<th>Response</th>
<th>Date Completed</th>
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</thead>
<tbody>
<tr>
<td>5/18/2016</td>
<td>Lupe Gonzalez</td>
<td>Health Education</td>
<td>Provide updated listing of all classes to Paula Johnson of ARC</td>
<td>List provided to Paula Johnson as requested.</td>
<td>6/15/2016</td>
</tr>
<tr>
<td>5/18/2016</td>
<td>Connie Harden</td>
<td>Member Services</td>
<td>Provide County Flyer on SB 75 to CAC members.</td>
<td>Email link to flyer sent to CAC members 6/3/2016.</td>
<td>6/3/2016</td>
</tr>
<tr>
<td>5/18/2016</td>
<td>Connie Harden</td>
<td>Member Services</td>
<td>Provide Pedro Mendoza with a supply of Orientation flyers.</td>
<td>Mailed 100 flyers.</td>
<td>5/19/2016</td>
</tr>
<tr>
<td>5/18/2016</td>
<td>Lupe Gonzalez</td>
<td>Health Education</td>
<td>Provide CAC members with flyers for the June 11th resource fair.</td>
<td>Email link to flyer sent to CAC members 6/3/2016.</td>
<td>6/3/2016</td>
</tr>
</tbody>
</table>
AGENDA ITEM NO. 3

To: Gold Coast Health Plan Consumer Advisory Committee
FROM: Dale Villani, Chief Executive Officer
DATE: October 19, 2016
SUBJECT: CEO Update

VERBAL PRESENTATION
Network Operations

Summary Report
1st Quarter FY 2017

Consumer Advisory Committee
October 19, 2016

Steve Peiser, Sr. Director of Network Management
<table>
<thead>
<tr>
<th>FY 2016 2nd Qtr</th>
<th>Total # of</th>
<th>Current FY 2017-Oct</th>
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<tbody>
<tr>
<td>279</td>
<td>Primary Care Physicians</td>
<td>357</td>
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<tr>
<td>2,821</td>
<td>Specialty Physicians</td>
<td>2,863</td>
</tr>
<tr>
<td><strong>HOSPITALS</strong></td>
<td>11 Acute Care 5 Tertiary Care</td>
<td><strong>HOSPITALS</strong></td>
</tr>
<tr>
<td>265</td>
<td>Behavioral Health Providers</td>
<td>265</td>
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<tr>
<td>101</td>
<td>Pharmacy Providers</td>
<td>235</td>
</tr>
<tr>
<td>385</td>
<td>All Other Providers (Home Health, Ancillaries, SNF’s, CBAS, LTAC’s)</td>
<td>387</td>
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# CONTRACT & ACCESS IMPROVEMENT

1st Qtr FY 2017

<table>
<thead>
<tr>
<th>STATUS</th>
<th>Hospitals</th>
<th>Physicians/ Medical Groups</th>
<th>Ancillary/ Outpatient</th>
<th>SNF/LTC</th>
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<tr>
<td>Finalized</td>
<td>➢ 4 Facilities</td>
<td>➢ 7 Provider Groups</td>
<td>➢ 7 Facilities/Providers</td>
<td>➢ 4 Providers</td>
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<tr>
<td></td>
<td>- Acute Care (2)</td>
<td>- Anesthesia (2)</td>
<td>- Amb. Surg Center (2)</td>
<td>- Simi Valley</td>
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<tr>
<td></td>
<td>- LTAC’s (2)</td>
<td>- Burn</td>
<td>- Asthma Pilot</td>
<td>- Ojai</td>
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<tr>
<td></td>
<td></td>
<td>- Cardiology</td>
<td>- Audiology</td>
<td>- Oxnard (2)</td>
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<tr>
<td></td>
<td></td>
<td>- ER</td>
<td>- Hospice</td>
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<tr>
<td></td>
<td></td>
<td>- GI</td>
<td>- Palliative Care</td>
<td></td>
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<td></td>
<td></td>
<td>- OB</td>
<td>- PT/OT/ST (2)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Pulm Rehab (2)</td>
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<td>Pending</td>
<td>➢ 5 Facilities</td>
<td>➢ 3 Provider Groups</td>
<td>➢ 4 Facilities/Providers</td>
<td>None at this time</td>
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<tr>
<td></td>
<td>- Tertiary care (2)</td>
<td>- Multi-Specialty (2)</td>
<td>- Cardiac Rehab (3)</td>
<td></td>
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<tr>
<td></td>
<td>- Acute Care (2)</td>
<td>- PCP</td>
<td>- Pulm. Rehab</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- LTAC</td>
<td></td>
<td></td>
<td></td>
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<td>Outreach</td>
<td>➢ 1 Facility</td>
<td>➢ 8 Provider Groups</td>
<td>➢ 5 Facilities/Providers</td>
<td>None at this time</td>
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<tr>
<td></td>
<td>- Acute Care/Rehab</td>
<td>- Multi-Specialty (2)</td>
<td>- Acupuncture Services (24)</td>
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<td></td>
<td></td>
<td>- Primary Care (2)</td>
<td>- Bio-Reference Lab</td>
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<td></td>
<td></td>
<td>- Pediatrics (2)</td>
<td>- Nutritional Services (12)</td>
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<td>- ENT</td>
<td>- PT/OT/ST (2)</td>
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<td></td>
<td>- GI</td>
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<tr>
<td></td>
<td></td>
<td>- Orthopedics</td>
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Quality Improvement
2015 HEDIS® Update

Consumer Advisory Committee
Wednesday, October 19, 2016

C. Albert Reeves, MD, CMO
What is the Healthcare Effectiveness Data and Information Set (HEDIS®)?

• Set of standardized performance measures designed to enable comparisons of Gold Coast Health Plan (GCHP) performance

• Measures focus on prevention and screening as well as care provided for a number of conditions across all body systems

• Examines access to health care services

• Meaningful performance measurement aids quality improvement and provides significant information about health care quality
Measure Domains

• **Effectiveness of Care**; measures how well GCHP incorporates widely accepted preventive practices and recommended screening for common diseases

• **Access/Availability of Care**; measures how easy it is for GCHP’s members to access health care providers and whether care is available to those who need it, without inappropriate barriers or delay

• **Utilization and Risk Adjusted Utilization**; measures how intensively plans use physician visits, hospital stays and other resources to care for members identified as having a chronic disease
<table>
<thead>
<tr>
<th>HEDIS Measure/Data Element</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2014-15 Rate Difference</th>
<th>Current NCQA Percentile Ranking</th>
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<tbody>
<tr>
<td><strong>Effectiveness of Care: Prevention and Screening</strong></td>
<td></td>
<td></td>
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<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</td>
<td></td>
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<tr>
<td>BMI Percentile</td>
<td>43.80</td>
<td>80.05</td>
<td>72.51</td>
<td>↓</td>
<td>50th</td>
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<tr>
<td>Counseling for Nutrition</td>
<td>43.31</td>
<td>54.26</td>
<td>55.96</td>
<td>↑</td>
<td>25th</td>
</tr>
<tr>
<td>Counseling for Physical Activity</td>
<td>28.71</td>
<td>41.85</td>
<td>49.88</td>
<td>↑</td>
<td>25th</td>
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<td><strong>Childhood Immunization Status</strong></td>
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<tr>
<td>DTaP</td>
<td>81.27</td>
<td>78.59</td>
<td>80.78</td>
<td>↑</td>
<td>50th</td>
</tr>
<tr>
<td>IPV</td>
<td>95.13</td>
<td>92.65</td>
<td>91.97</td>
<td>↓</td>
<td>50th</td>
</tr>
<tr>
<td>MMR</td>
<td>94.89</td>
<td>92.65</td>
<td>94.40</td>
<td>↑</td>
<td>75th</td>
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<tr>
<td>HiB</td>
<td>94.89</td>
<td>92.97</td>
<td>92.46</td>
<td>↓</td>
<td>50th</td>
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<tr>
<td>Hepatitis B</td>
<td>93.43</td>
<td>90.73</td>
<td>92.46</td>
<td>↑</td>
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<tr>
<td>VZV</td>
<td>94.65</td>
<td>92.97</td>
<td>93.92</td>
<td>↑</td>
<td>75th</td>
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<td>Pneumococcal Conjugate</td>
<td>85.16</td>
<td>81.15</td>
<td>81.75</td>
<td>↑</td>
<td>50th</td>
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<tr>
<td>Combination #3</td>
<td>75.43</td>
<td>69.97</td>
<td>75.43</td>
<td>↑</td>
<td>50th</td>
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<tr>
<td><strong>Immunizations for Adolescents</strong></td>
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<tr>
<td>Meningococcal</td>
<td>63.26</td>
<td>68.86</td>
<td>75.18</td>
<td>↑</td>
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<td>Tdap/Td</td>
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<td>Combination #1</td>
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<td>25th</td>
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<tr>
<td><strong>Cervical Cancer Screening</strong></td>
<td>60.58</td>
<td>61.77</td>
<td>50.61</td>
<td>↓</td>
<td>10th</td>
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<td><strong>Effectiveness of Care: Respiratory Conditions</strong></td>
<td></td>
<td></td>
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<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>18.24</td>
<td>21.15</td>
<td>25.58</td>
<td>↑</td>
<td>25th</td>
</tr>
<tr>
<td>Medication Management for People With Asthma</td>
<td></td>
<td></td>
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<tr>
<td>(NR= Not Reported - Requires 2 years continuous enrollment)</td>
<td></td>
<td></td>
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<tr>
<td>Medication Compliance 50% Total</td>
<td>48.92</td>
<td>54.16</td>
<td>52.70</td>
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<td>25th</td>
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<tr>
<td>Medication Compliance 75% Total</td>
<td>28.03</td>
<td>31.79</td>
<td>32.12</td>
<td>↑</td>
<td>50th</td>
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<tr>
<td>HEDIS Measure/Data Element</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2014-15 Rate Difference</td>
<td>Current NCQA Percentile Ranking</td>
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<td><strong>Effectiveness of Care: Cardiovascular</strong></td>
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<tr>
<td>Controlling High Blood Pressure</td>
<td>54.01</td>
<td>55.01</td>
<td>64.72</td>
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<td>50th</td>
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<td><strong>Effectiveness of Care: Diabetes</strong></td>
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<tr>
<td>Comprehensive Diabetes Care</td>
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<tr>
<td>Hemoglobin A1c (HbA1c) Testing</td>
<td>85.16</td>
<td>90.51</td>
<td>88.56</td>
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<tr>
<td>HbA1c Poor Control (&gt;9.0%)</td>
<td>45.50</td>
<td>32.85</td>
<td>37.71</td>
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<td>HbA1c Control (&lt;8.0%)</td>
<td>45.50</td>
<td>57.91</td>
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<td>Eye Exam (Retinal) Performed</td>
<td>45.74</td>
<td>60.10</td>
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<td>LDL-C Screening Performed</td>
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<td>LDL-C Control (&lt;100 mg/dL)</td>
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<tr>
<td><strong>Effectiveness of Care: Musculoskeletal</strong></td>
<td></td>
<td></td>
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<tr>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>77.07</td>
<td>75.71</td>
<td>73.51</td>
<td>↓</td>
<td>25th</td>
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<tr>
<td><strong>Effectiveness of Care: Medication Management</strong></td>
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<td>Annual Monitoring for Patients on Persistent Medications</td>
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<tr>
<td>ACE Inhibitors or ARBs</td>
<td>88.47</td>
<td>82.14</td>
<td>86.94</td>
<td>↑</td>
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<tr>
<td>Digoxin</td>
<td>93.33</td>
<td>56.25</td>
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<td>Diuretics</td>
<td>89.51</td>
<td>83.27</td>
<td>87.37</td>
<td>↑</td>
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<tr>
<td>Total</td>
<td>88.94</td>
<td>82.30</td>
<td>86.74</td>
<td>↑</td>
<td>25th</td>
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<tr>
<td><strong>Access/Availability of Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Adolescents’ Access to Primary Care Practitioners</td>
<td></td>
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<tr>
<td>12-24 Months</td>
<td>97.37</td>
<td>95.42</td>
<td>94.65</td>
<td>↓</td>
<td>25th</td>
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<tr>
<td>25 Months - 6 Years</td>
<td>86.27</td>
<td>83.12</td>
<td>84.87</td>
<td>↑</td>
<td>10th</td>
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<tr>
<td>7-11 Years</td>
<td>82.26</td>
<td>83.31</td>
<td>85.62</td>
<td>↑</td>
<td>&lt;10th</td>
</tr>
<tr>
<td>(NR= Not Reported - Requires 2 years continuous enrollment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12-19 Years</td>
<td>79.18</td>
<td>82.01</td>
<td>84.14</td>
<td>↑</td>
<td>10th</td>
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<tr>
<td>(NR= Not Reported - Requires 2 years continuous enrollment)</td>
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Gold Coast Health Plan, A Public Entity
<table>
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<tr>
<th>HEDIS Measure/Data Element</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2014-15 Rate Difference</th>
<th>Current NCQA Percentile Ranking</th>
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<tr>
<td><strong>Access/Availability of Care</strong></td>
<td></td>
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<tr>
<td>Prenatal and Postpartum Care</td>
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<td>Timeliness of Prenatal Care</td>
<td>83.94</td>
<td>85.68</td>
<td>82.24</td>
<td>↓</td>
<td>25th</td>
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<tr>
<td>Postpartum Care</td>
<td>59.37</td>
<td>62.81</td>
<td>59.12</td>
<td>↓</td>
<td>25th</td>
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<tr>
<td><strong>Utilization</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>64.23</td>
<td>67.11</td>
<td>64.72</td>
<td>↓</td>
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<tr>
<td><strong>Ambulatory Care</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Visits/1000</td>
<td></td>
<td></td>
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<tr>
<td>Outpatient Visits</td>
<td>205.78</td>
<td>209.28</td>
<td>246.05</td>
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<tr>
<td>ED Visits</td>
<td>38.12</td>
<td>39.21</td>
<td>41.05</td>
<td>↓</td>
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<tr>
<td><strong>Utilization: Risk Adjusted</strong></td>
<td></td>
<td></td>
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<tr>
<td>All-Cause Readmission</td>
<td>13.08%</td>
<td>17.87</td>
<td>15.77</td>
<td>↑</td>
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<tr>
<td><strong>Effectiveness of Care: Overuse/Appropriateness</strong></td>
<td></td>
<td></td>
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<tr>
<td>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
<td>92.82</td>
<td>92.67</td>
<td>94.82</td>
<td>↑</td>
<td>75th</td>
</tr>
<tr>
<td><strong>Effectiveness of Care: Respiratory Conditions</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Appropriate Testing for Children with Pharyngitis (CWP)</td>
<td>43.92</td>
<td>41.49</td>
<td>51.46</td>
<td>↑</td>
<td>10th</td>
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</tbody>
</table>
HEDIS® Rate Comparison 2013 and 2016 Reporting Years (RY)
Comprehensive Diabetes Care – HbA1c Control (<8.0%)

Diabetic members with controlled HbA1c (<8.0) increased 16.54% points. Improvement projects included performance feedback reports. This resulted in the plan moving up significantly from next to last place to 9th place among all plans.
Retinal eye exams increased 38.93% points. Improvement projects include diabetic eye exam member incentive program, reminder letters for the vision service provider and performance feedback reports. This resulted in the plan moving up significantly from 30th (below the MPL) place to 2nd place among all plans in the state.
Comprehensive Diabetes Care – Blood Pressure Control (< 140/90 mm Hg)

Blood pressure control (<140/90 mm Hg) increased 3.40% points. Improvement projects include provider performance feedback reports. This resulted in the plan moving up from 19th place to 12th place among all plans in the state.
Childhood Immunization Status for Combo 3
(Combo 3 Includes: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PVC)

Administration of all 19 immunization (Combo 3) on or before a child’s 2nd birthday decreased 4.62% points. Although we decreased, we performed better than all but 9 plans in the state. Improvement projects include a well-child member incentive for children and parents, provider performance feedback reports, and a performance improvement collaborative with VCMC.
Administration of all Combo 1 immunizations before a child’s 13th birthday increased 2.67% points. Improvement projects include a well-child member incentive for children and parents and performance feedback reports.
Rate increased 12.14% points. Improvement projects include a well-child member incentive for children and parents and provider performance feedback reports. This resulted in the plan moving up significantly from last place to 15th place among all plans.
Rate increased 21.78% points. Although we remain below the MPL, our performance has improved significantly and we did better than 28 other plans in the state. Improvement projects include a well-child member incentive for children and parents and provider performance feedback reports. This resulted in the plan moving up significantly from last place to 25th place among all plans.
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

2016 RY Rate – 64.72%  
2013 RY Rate – 61.80%

Well-child exams increased 2.92% points. Improvement projects include a well-child member incentive for children and parents and provider performance feedback reports.
Cervical cancer screenings (CCS) decreased 7.05% points. Analysis indicates the decline occurred in 2015 when the eligible population doubled due to the Medicaid expansion population. 73% of the non-compliant members were part of this population. 13% of the non-compliant members had no visits with their PCPs.
GCHP performed better than 8 other plans.
GCHP performed better than 8 other plans.
2015 Improvement Projects

• Well-child exam member incentive
• Postpartum member incentive
• Letters mailed to members reminding them to get cervical cancer screening (PAP test)
• Member lists sent to providers listing members who have not had required services (Performance Feedback Report)
• Discussion with providers regarding their HEDIS® rates and how they can improve
2016 Improvement Projects

• Continue member incentives for well-child and postpartum visits
• Continue Performance Feedback Reports
• Development of member health educational materials to send out with member incentive forms
2016 Improvement Projects

• Letters to members who have not had visits to see their primary care physician (PCP)
• Collaboration with VCMC Las Islas clinic to improve immunization rates for two year olds
2016 Improvement Projects

• Texting pilot to remind members to have their PAP test and to see their PCP

• Pay-for-Performance Program to increase childhood access to care
AGENDA ITEM NO. 6

To: Gold Coast Health Plan Consumer Advisory Committee

From: Anne Freese, Pharm.D, Director of Pharmacy

Date: October 19, 2016

Re: Pharmacy Benefits Manager

VERBAL PRESENTATION
AGENDA ITEM NO. 7

To: Gold Coast Health Plan Consumer Advisory Committee

FROM: Ruth Watson, Chief Operating Officer

DATE: October 19, 2016

SUBJECT: CAC 2.0

May 18, 2016 CAC 2.0 Discussion Summary

Purpose of CAC 2.0:
- Transform the Consumer Advisory Committee (CAC) into a committee that is driven by CAC members instead of being led by GCHP.

Current CAC charter reviewed including:
- **Purpose**
  - The Ventura County Medi-Cal Managed Care Commission (VCMMCC) and the Department of Health Care Services (DHCS) requires the establishment of a Consumer Advisory Committee (CAC)
  - The Committee meets quarterly and makes recommendations, reviews policies and programs, explores issues and discusses how the plan may best fulfill its mission as it relates to GCHP members
  - The creation of the CAC gives members a voice at Gold Coast Health Plan (GCHP)
  - The CAC gives GCHP information about important issues that affect Medi-Cal members in Ventura County to further enhance the quality of the experience between the members and the Plan

- **Duties and Responsibilities**
  - To ensure a member centered delivery system that promotes optimal health outcomes and member experiences
  - Inform the Plan of member needs by engaging our members to communicate their needs to the Plan

- **Composition and Qualifications**
  - Eleven members including two permanent seats representing the following:
    - Ventura County Health Care Agency (1) and Ventura County Human Services Agency (1) – permanent seats
    - Foster Children (1)
    - Medi-Cal Beneficiaries (3)
- Beneficiaries with Chronic Medical Conditions (1)
- Persons with Disabilities (1)
- Persons with Special Needs (1)
- Seniors (1)
- Consumer (1)

  - Each of the appointed members, with the exception of the permanent seats, serve a two-year term; individuals can apply for re-appointment as there are no term limits

- Mission, Vision and Values
  - **Mission**
    - To improve the health of our members through the provision of high quality care and services
  - **Vision**
    - Improve access to primary, specialty and ancillary services
  - **Values**
    - Medical care provided will meet appropriate quality of care standards
    - Long term viability of a locally operated Medi-Cal managed care system inclusive of the existing participating provider networks of “Safety Net” providers
    - Expand access, improve benefits and augment provider reimbursement
    - Focus on prevention, education, early intervention services and case management
    - Programs will ensure a high level of member satisfaction

**CAC Evolution**

- Commission updates – CAC is a committee of the Commission and requires reporting to the Commission
  - A Committee member needs to report activities of the CAC to the Commission
    - Frequency and content to be determined
    - The CAC needs to voice the opinions and needs of members to the Commission as opposed to reports only from GCHP staff
    - Ensure the Commission knows who the CAC members are

- **Structure – CAC should be driven by Committee members instead of GCHP staff**
  - Governance would be from the CAC members; a Chair and Vice-Chair who would lead the meetings and work with GCHP staff on determining pertinent agenda items
  - **GCHP would continue to provide staff support to the Committee**
    - Connie Harden would continue to prepare agendas and all materials for the Committee
  - GCHP staff would continue to be engaged as before

- **Ad hoc committees for:**
  - Recruiting CAC members
  - Nominations
  - Obtaining public opinion on GCHP programs as requested by the Commission

- **Program recommendations – CAC should make recommendations to GCHP based on needs of the Medi-Cal members in Ventura County**
• Presentations from the CAC members on their organizations. What is going on with your organization? Bring in outside speakers if needed. Provide a better connection between GCHP and your community.

What GCHP needs from the CAC:
• Obtain public opinion on GCHP programs, in particular as requested by the Commission – ultimately we would like for the Commission to be able to give instructions to the CAC asking for information on how the community views some of the things we are doing.
• Program recommendations based on the needs of Ventura County Medi-Cal members.
• What should we (GCHP) be doing differently?
• What type of information does the Committee want to be presented to the Commission?
  o How those we represent benefit from the programs. We are communicating with our clients.
  o Exactly what the members deal with as GCHP members; the good, the bad and what could be improved, e.g. the Welcome Packet is too wordy and contains too much information.

Committee member comments:
1. Provide documents to Committee members when discussing mailings or other materials for members so they know what is being discussed e.g. Welcome Packets.
2. Send out meeting materials ahead of time so Committee members have time to review and make notes on content.
3. Acronyms – provide a listing and explanation when using, or don’t use them at all.
4. Medical terminology – when used, define it. Why are these things important to the Committee? Let us know the importance of the data presented.
5. What are the important things you want us to share with our clients? Give us a list of the top ten things you want us to pass along. Why is what you are telling us important? What is the take away from the information being presented?
6. Regarding: “The Committee meets quarterly and makes recommendations, reviews policies and programs, explores issues and discusses how the plan may best fulfill its mission” – Most boards and commissions forward policies to the Committee members in advance for their review and motions can then be made. That hasn’t happened with the CAC. If you want our feedback and want us to take a position on a policy, then let us know in advance.
7. Members continue to report on issues around the length of time spent waiting at doctor’s offices for appointments. What can GCHP do about that?
  • COO Watson response: This feedback is helpful and we will ask the Network Operations team to come talk about what we are doing to incentivize providers to do a better job.
8. CAC members all have stories from members and that information is not being shared with the Committee. Need to determine a way to communicate these issues to the Committee.
  • This is a great idea; to make this more our own where we can really speak out and it is not just you on one side and us on the other.
9. Education for members should be provided on a one-on-one basis as most of our members prefer a more private setting.
10. Getting to know what all agencies do that are represented here in this committee will promote better communications for the Committee members.
11. When you have programs that you feel are going to have huge policy or programmatic implications to the clients, how do we translate that and how can we handle it better?
12. CAC members feel that the CAC meetings are just a “check off box” for the state.
13. Training for the Committee members agencies. A full day of “member orientation” training for staff members who work with our members.
14. Non-profit agencies, hospitals and public health contact VC Public Health because they are comfortable with them and don’t really know and trust GCHP yet. GCHP needs to do a better job of educating other agencies.
15. GCHP needs to build the trust of the entire community.

**COO Watson comments:**

1. “We are here to do what you need us to do on the behalf of the members; you represent our members and you are really important to us.”
2. With current financial stability, we want to go above and beyond just providing medical care. What kind of programs do we want to go forward with?
3. Mega-Rule – 1,400+ page document that will change how Medi-Cal and Medicare programs operate throughout the U.S. Once we have analyzed this, we will bring it back to this committee to discuss.
4. What is it we are not bringing up that you want to hear about?
5. At the July meeting we will discuss the appointments of the Chair and Vice-Chair.
6. How do we partner with the CAC members and their agencies? What can we do from a customer service perspective?

Other Comments:

1. For purposes of the Agenda, each topic listed have a goal or purpose listed.
2. Health Education/Cultural & Linguistics sometimes requires field testing of materials and would like to present those materials for feedback. Information to be provided to CAC members well before meeting.