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 (VCMMCC) 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.

Ventura County Medi-Cal Managed Care Commission (VCMMCC) dba Gold Coast Health Plan (GCHP) Consumer Advisory Committee Minutes May 18, 2016

(Not official until approved)

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. <u>Financial Update</u>

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. <u>Operations Update</u>

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. <u>Health Education Update</u>

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. <u>Report to the Community</u>

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.

Ventura County Medi-Cal Managed Care Commission (VCMMCC) dba Gold Coast Health Plan
Action Items
Consumer Advisory Committee Meetings - 2016

Date	Owner	Department	Action Required	Response	Date Completed
5/18/2016	Lupe Gonzalez	Health Education	Provide updated listing of all classes to Paula Johnson of ARC	List provided to Paula Johnson as requested.	6/15/2016
5/18/2016	Connie Harden	Member Services	Provide County Flyer on SB 75 to CAC members.	Email link to flyer sent to CAC members 6/3/2016.	6/3/2016
5/18/2016	Connie Harden	Member Services	Provide Pedro Mendoza with a supply of Orientation flyers.	Mailed 100 flyers.	5/19/2016
5/18/2016	Lupe Gonzalez	Health Education	Provide CAC members with flyers for the June 11th resource fair.	Email link to flyer sent to CAC members 6/3/2016.	6/3/2016

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

711 East Daily Drive, Suite 106, Camarillo, CA 93010-6082 | Member Services: 888-301-1228 | Administration: 805-437-5500 | Fax: 805-437-5132

Gold Coast Health Plan[SM]
A Public Entity

Network Operations

Summary Report
1st Quarter FY 2017

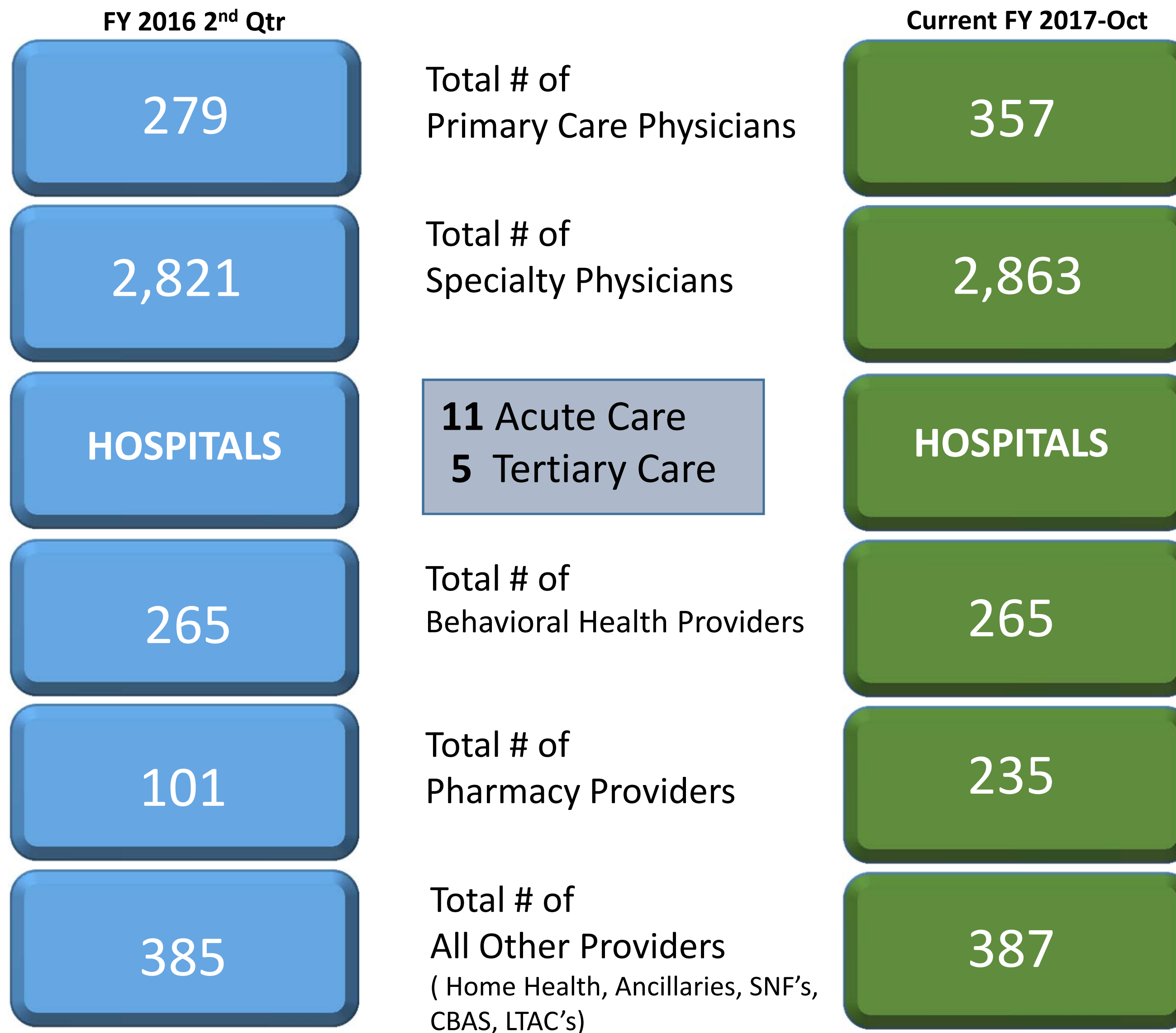
Consumer Advisory Committee
October 19, 2016

Steve Peiser, Sr. Director of Network Management

Integrity
Accountability
Collaboration
Trust
Respect

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

PROVIDER NETWORK GROWTH FYE 2016 2nd Qtr- FY 2017 YTD



Gold Coast Health Plan
A Public Entity

CONTRACT & ACCESS IMPROVEMENT
1st Qtr FY 2017

STATUS	Hospitals	Physicians/ Medical Groups	Ancillary/ Outpatient	SNF/LTC
Finalized	➢ **4 Facilities** - Acute Care (2) - LTAC's (2)	➢ **7 Provider Groups** - Anesthesia (2) 28 - Burn 7 - Cardiology 6 - ER 6 - GI 4 - OB 5	➢ **7 Facilities/Providers** - Amb. Surg Center (2) - Asthma Pilot - Audiology - Hospice - Palliative Care - PT/OT/ST (2) - Pulm Rehab (2)	➢ **4 Providers** - Simi Valley - Ojai - Oxnard (2)
Pending	➢ **5 Facilities** - Tertiary care (2) - Acute Care (2) - LTAC	➢ **3 Provider Groups** - Multi-Specialty (2) 600+ - PCP 3	➢ **4 Facilities/Providers** **- Cardiac Rehab (3)** **- Pulm. Rehab**	None at this time
Outreach	➢ **1 Facility** - Acute Care/Rehab	➢ **8 Provider Groups** - Multi-Specialty 50+ - Primary Care (2) 43 - Pediatrics (2) 7 - ENT 5 - GI 4 - Orthopedics 18	➢ **5 Facilities/Providers** - Acupuncture Services (24) - Bio-Reference Lab - Nutritional Services (12) - PT/OT/ST (2)	None at this time

Gold Coast Health Plan
A Public Entity

Gold Coast Health Plan[SM]
A Public Entity

Quality Improvement 2015 HEDIS® Update

Consumer Advisory Committee
Wednesday, October 19, 2016

C. Albert Reeves, MD, CMO

Integrity
Accountability
Collaboration
Trust
Respect

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

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

Gold Coast Health Plan℠
A Public Entity

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

Gold Coast Health Plan℠
A Public Entity

HEDIS Measure/Data Element	2013	2014	2015	2014-15 Rate Difference	Current NCQA Percentile Ranking
Effectiveness of Care: Prevention and Screening					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile	43.80	80.05	72.51	↓	**50th**
Counseling for Nutrition	43.31	54.26	55.96	↑	**25th**
Counseling for Physical Activity	28.71	41.85	49.88	↑	**25th**
Childhood Immunization Status					
DTaP	81.27	78.59	80.78	↑	**50th**
IPV	95.13	92.65	91.97	↓	**50th**
MMR	94.89	92.65	94.40	↑	**75th**
HiB	94.89	92.97	92.46	↓	**50th**
Hepatitis B	93.43	90.73	92.46	↑	**50th**
VZV	94.65	92.97	93.92	↑	**75th**
Pneumococcal Conjugate	85.16	81.15	81.75	↑	**50th**
Combination #3	75.43	69.97	75.43	↑	**50th**
Immunizations for Adolescents					
Meningococcal	63.26	68.86	75.18	↑	**25th**
Tdap/Td	78.35	80.00	82.00	↑	**25th**
Combination #1	60.34	63.80	67.88	↑	**25th**
Cervical Cancer Screening	60.58	61.77	50.61	↓	**10th**
Effectiveness of Care: Respiratory Conditions					
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	18.24	21.15	25.58	↑	**25th**
Medication Management for People With Asthma *(NR= Not Reported - Requires 2 years continuous enrollment)*					
Medication Compliance 50% Total	48.92	54.16	52.70	↓	**25th**
Medication Compliance 75% Total	28.03	31.79	32.12	↑	**50th**

Gold Coast Health Plan℠
A Public Entity

HEDIS Measure/Data Element	2013	2014	2015	2014-15 Rate Difference	Current NCQA Percentile Ranking
Effectiveness of Care: Cardiovascular					
Controlling High Blood Pressure	54.01	55.01	64.72	↑	**50th**
Effectiveness of Care: Diabetes					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	85.16	90.51	88.56	↓	**50th**
HbA1c Poor Control (>9.0%)	45.50	32.85	37.71	↓	**50th**
HbA1c Control (<8.0%)	45.50	57.91	54.50	↓	**75th**
Eye Exam (Retinal) Performed	45.74	60.10	81.51	↑	**90th**
LDL-C Screening Performed	79.56				
LDL-C Control (<100 mg/dL)	28.47				
Medical Attention for Nephropathy	78.10	83.70	91.24	↑	**90th**
Blood Pressure Control (<140/90 mm Hg)	61.31	63.75	65.69	↑	**50th**
Effectiveness of Care: Musculoskeletal					
Use of Imaging Studies for Low Back Pain	77.07	75.71	73.51	↓	**25th**
Effectiveness of Care: Medication Management					
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	88.47	82.14	86.94	↑	**25th**
Digoxin	93.33	56.25	50.00	↓	**25th**
Diuretics	89.51	83.27	87.37	↑	**50th**
Total	88.94	82.30	86.74	↑	**25th**
Access/Availability of Care					
Children and Adolescents' Access to Primary Care Practitioners					
12-24 Months	97.37	95.42	94.65	↓	**25th**
25 Months - 6 Years	86.27	83.12	84.87	↑	**10th**
7-11 Years (NR= Not Reported - Requires 2 years continuous enrollment)	82.26	83.31	85.62	↑	**<10th**
12-19 Years (NR= Not Reported - Requires 2 years continuous enrollment)	79.18	82.01	84.14	↑	**10th**

Gold Coast Health Plan
A Public Entity

HEDIS Measure/Data Element	2013	2014	2015	2014-15 Rate Difference	Current NCQA Percentile Ranking
Access/Availability of Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	83.94	85.68	82.24	↓	**25th**
Postpartum Care	59.37	62.81	59.12	↓	**25th**
Utilization					
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	64.23	67.11	64.72	↓	**10th**
Ambulatory Care	Visits/1000	Visits/1000	Visits/1000		
Outpatient Visits	205.78	209.28	246.05	↑	
ED Visits	38.12	39.21	41.05	↓	
Utilization: Risk Adjusted					
All-Cause Readmission	13.08%	17.87	15.77	↑	
Effectiveness of Care: Overuse/Appropriateness					
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	92.82	92.67	94.82	↑	**75th**
Effectiveness of Care: Respiratory Conditions					
Appropriate Testing for Children with Pharyngitis (CWP)	43.92	41.49	51.46	↑	**10th**

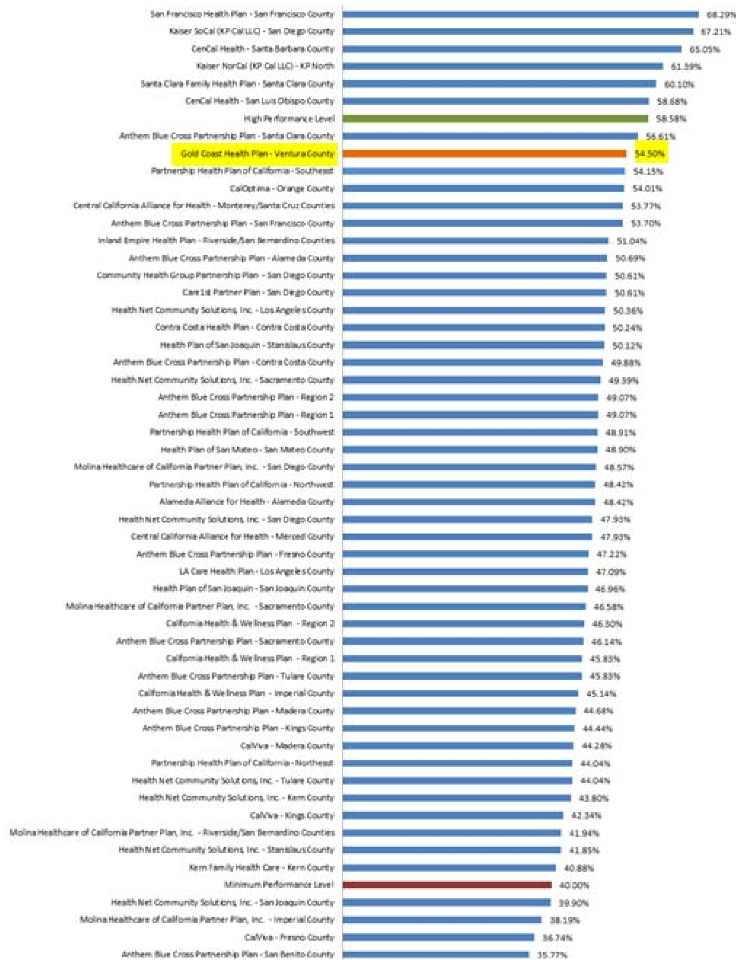
Gold Coast Health Plan
A Public Entity

HEDIS® Rate Comparison 2013 and 2016 Reporting Years (RY)

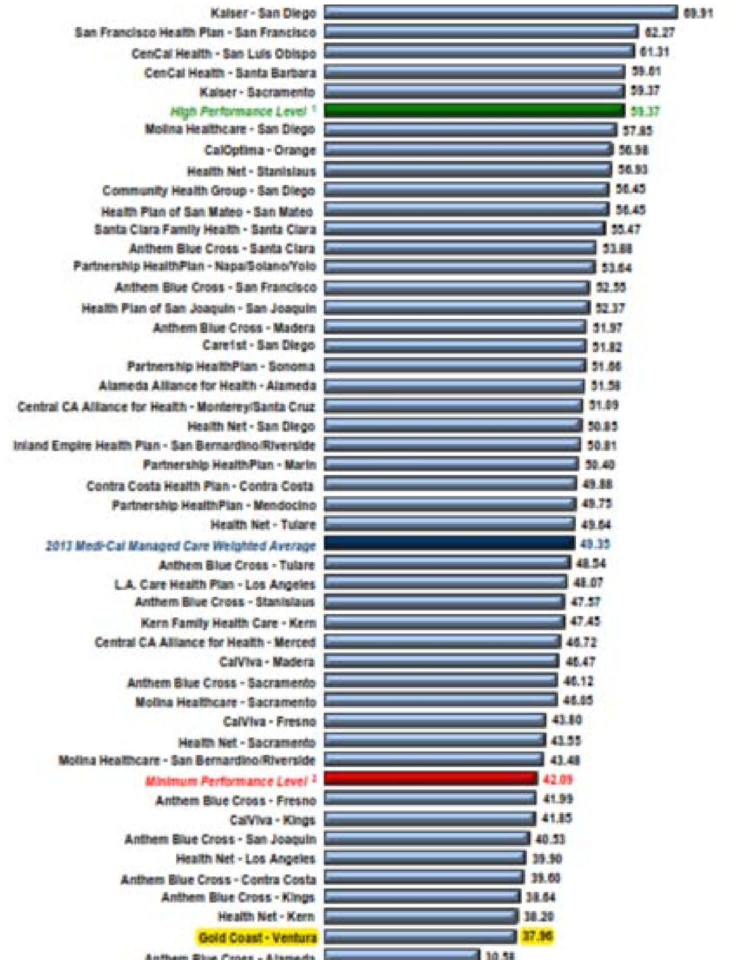
Gold Coast Health Plan℠
A Public Entity

Comprehensive Diabetes Care – HbA1c Control (<8.0%)

2016 RY Rate – 54.50%



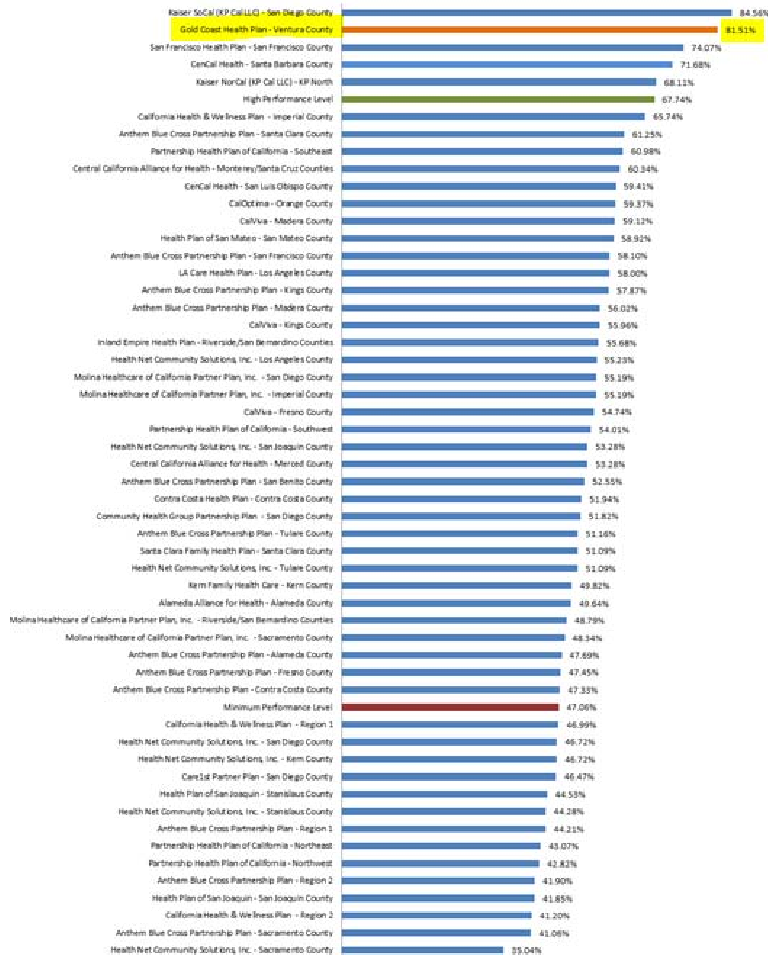
2013 RY Rate – 37.96%



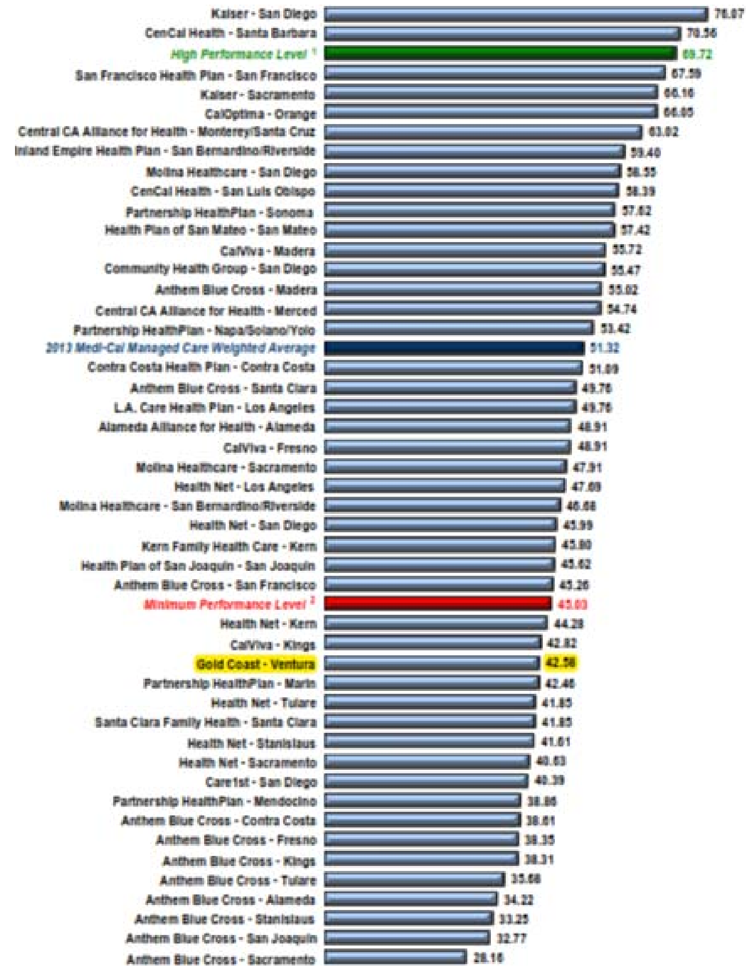
Diabetic members with controlled HbA1c (<8.0) increased 16.54% points. Improvement projects included performance feedback reports. This resulted in the plan moving up significantly from next to last place to 9th place among all plans.

Comprehensive Diabetes Care – Retinal Eye Exam

2016 RY Rate – 81.51%



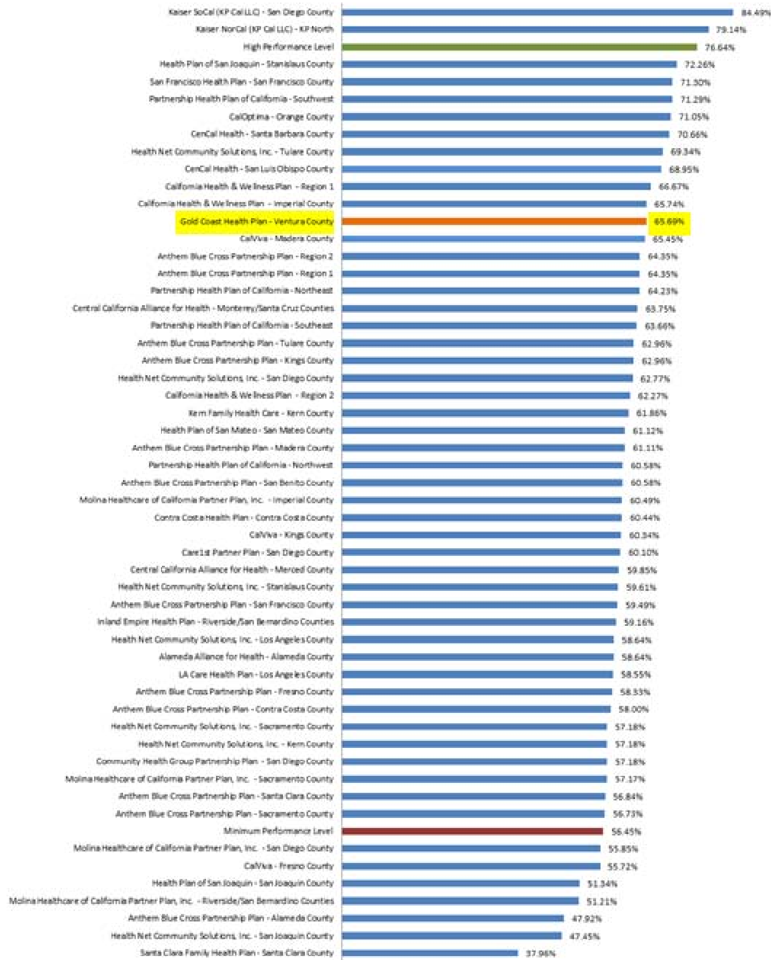
2013 RY Rate – 42.58%



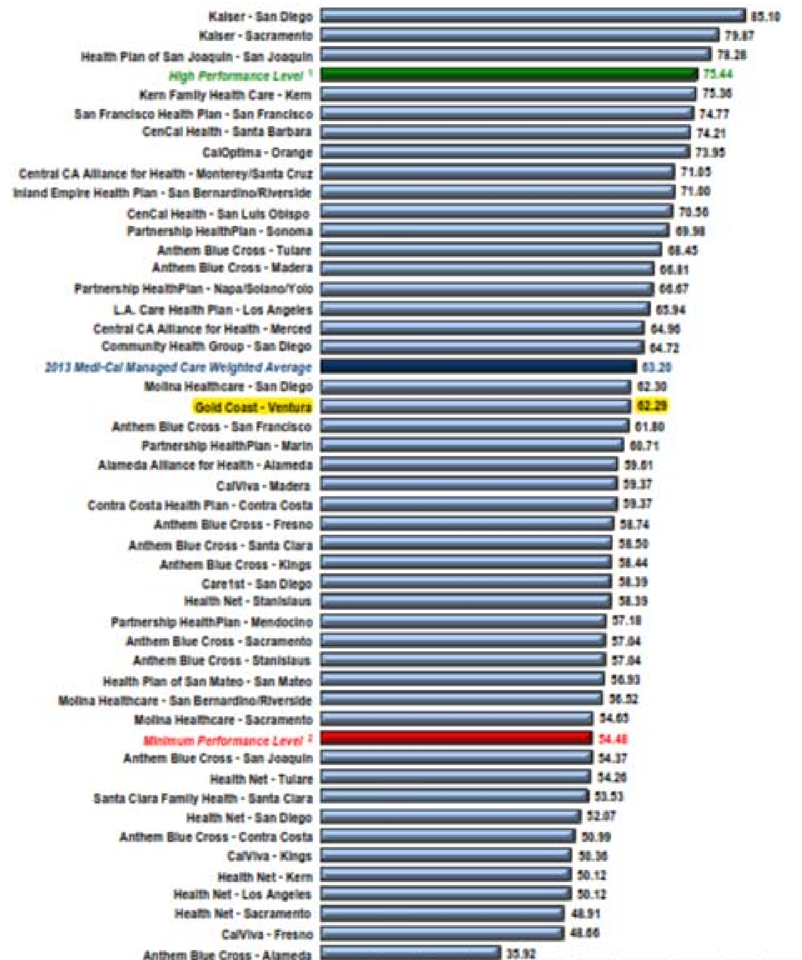
Retinal eye exams increased 38.93% points. Improvement projects include diabetic eye exam member incentive program, reminder letters for the vison service provider and performance feedback reports. This resulted in the plan moving up significantly from 30th (below the MPL) place to 2nd place among all plans in the state.

Comprehensive Diabetes Care – Blood Pressure Control (< 140/90 mm Hg)

2016 RY Rate – 65.69%



2013 RY Rate – 62.29%

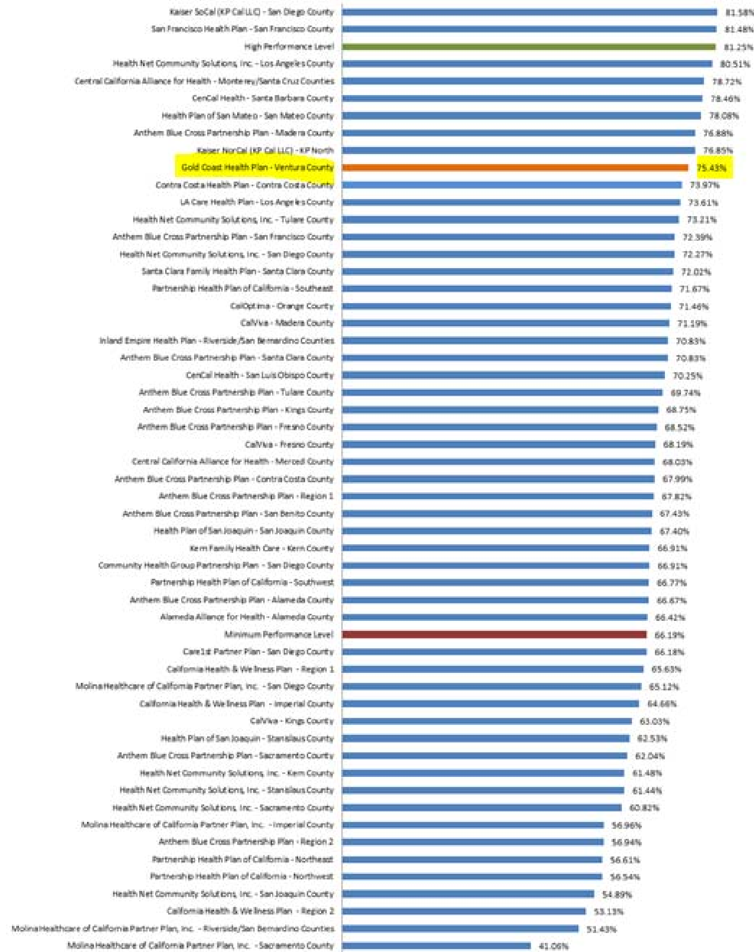


Blood pressure control (<140/90 mm Hg) increased 3.40% points. Improvement projects include provider performance feedback reports. This resulted in the plan moving up from 19th place to 12th place among all plans in the state.

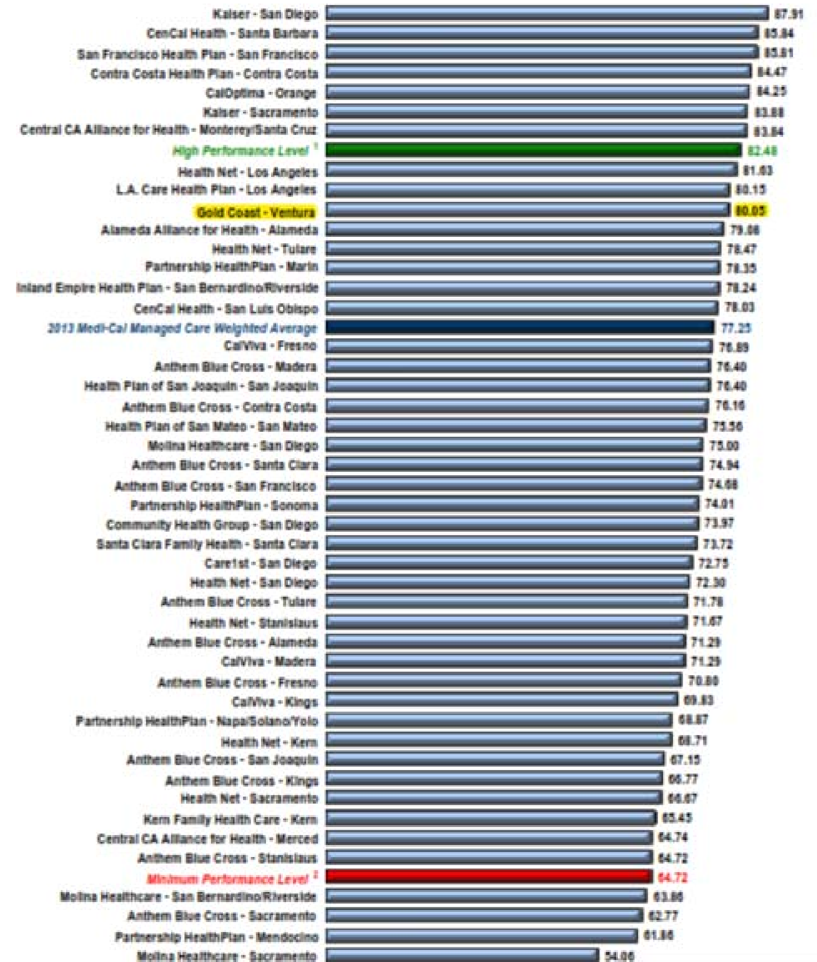
Childhood Immunization Status for Combo 3

(Combo 3 Includes: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PVC)

2016 RY Rate – 75.43%



2013 RY Rate – 80.05%

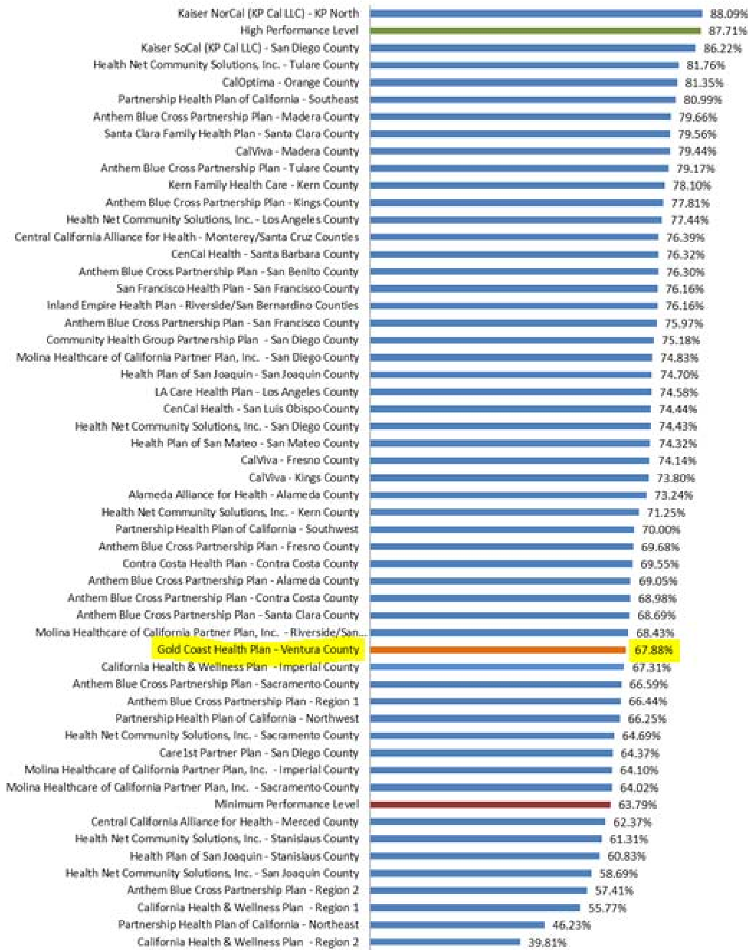


Administration of all 19 immunization (Combo 3) on or before a child's 2nd birthday decreased 4.62% points. Although we decreased, we performed better than all but 9 plans in the state. Improvement projects include a well-child member incentive for children and parents, provider performance feedback reports, and a performance improvement collaborative with VCMC.

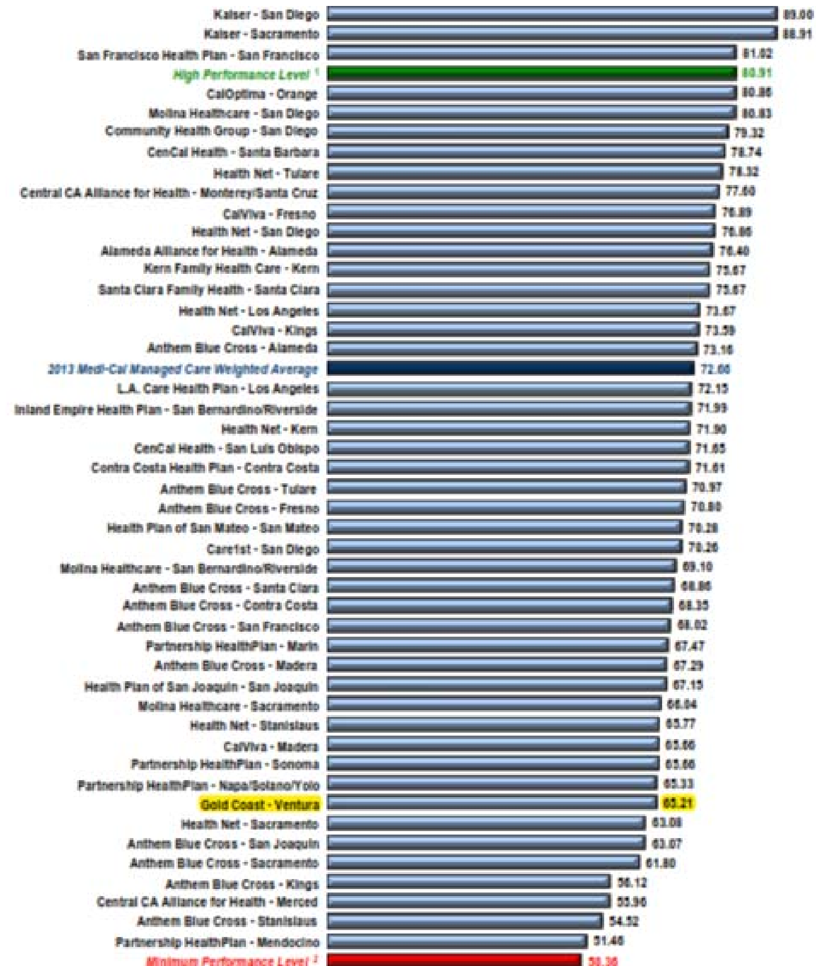
Immunizations for Adolescents for Combo 1

(Combo 1 Includes: 1 Tdap or Td and 1 Meningococcal)

2016 RY Rate – 67.88%



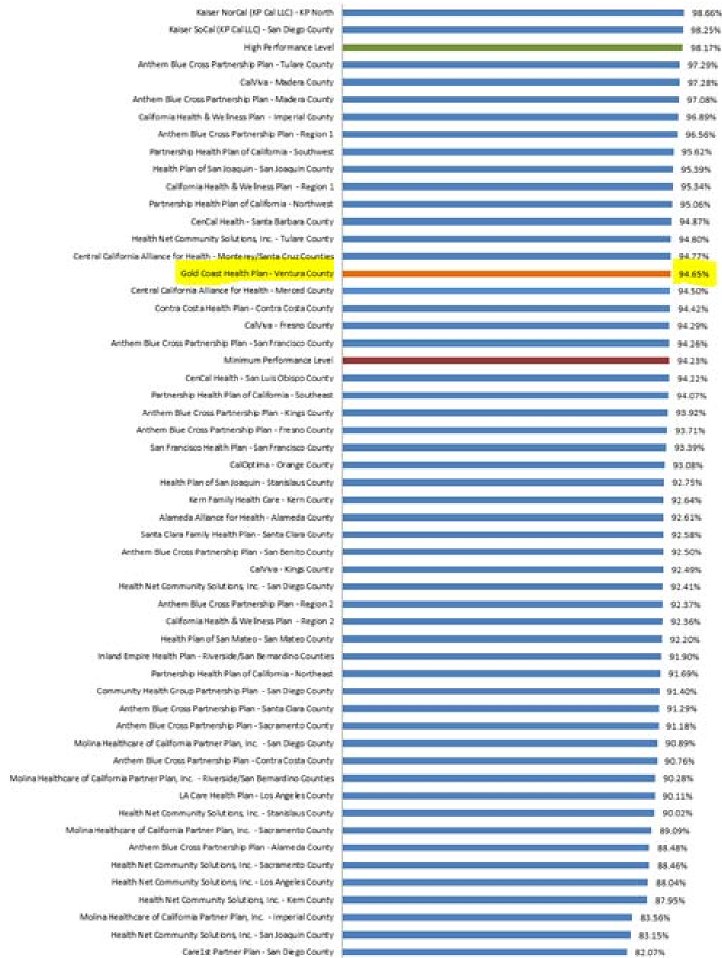
2013 RY Rate – 65.21%



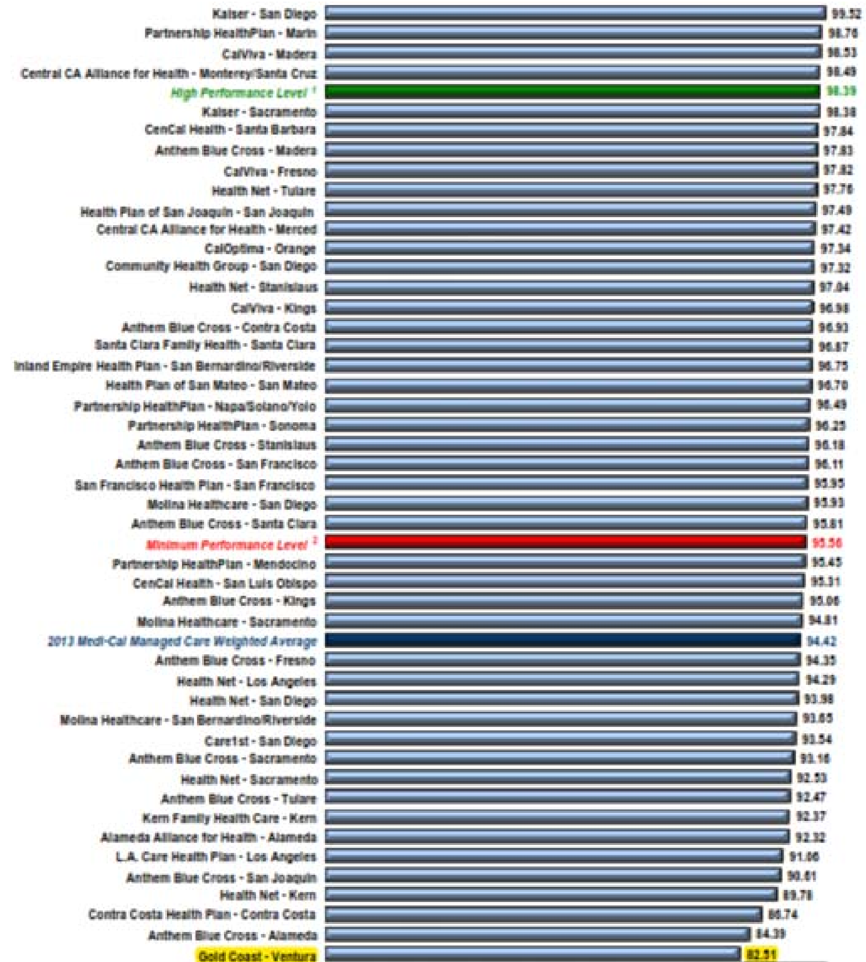
Administration of all Combo 1 immunizations before a child's 13th birthday increased 2.67% points. Improvement projects include a well-child member incentive for children and parents and performance feedback reports.

Children and Adolescents' Access PCP – 12 to 24 Months of Age

2016 RY Rate – 94.65%



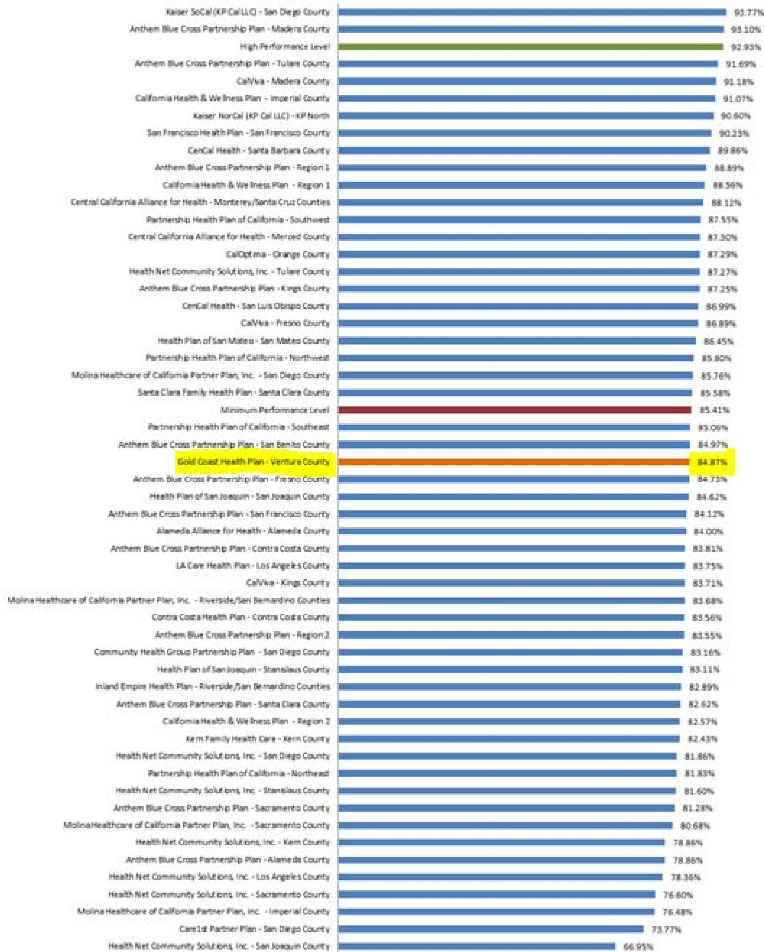
2013 RY Rate – 82.51%



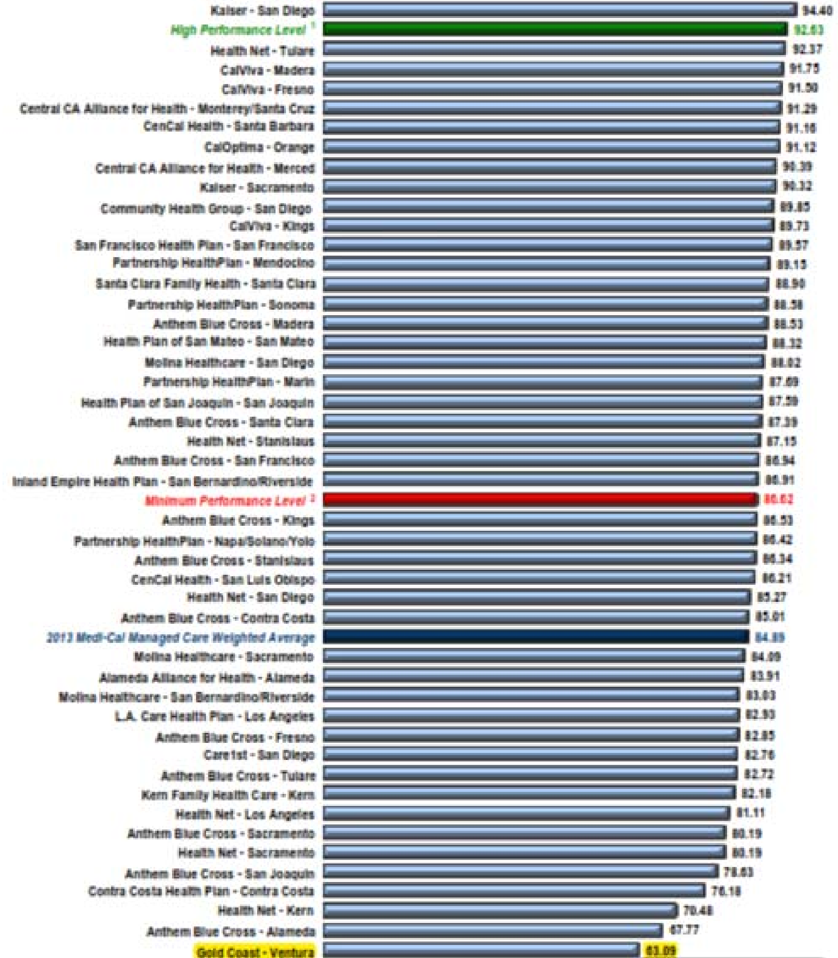
Rate increased 12.14% points. Improvement projects include a well-child member incentive for children and parents and provider performance feedback reports. This resulted in the plan moving up significantly from last place to 15th place among all plans.

Children and Adolescents' Access PCP – 25 Months to 6 Years of Age

2016 RY Rate – 84.87%



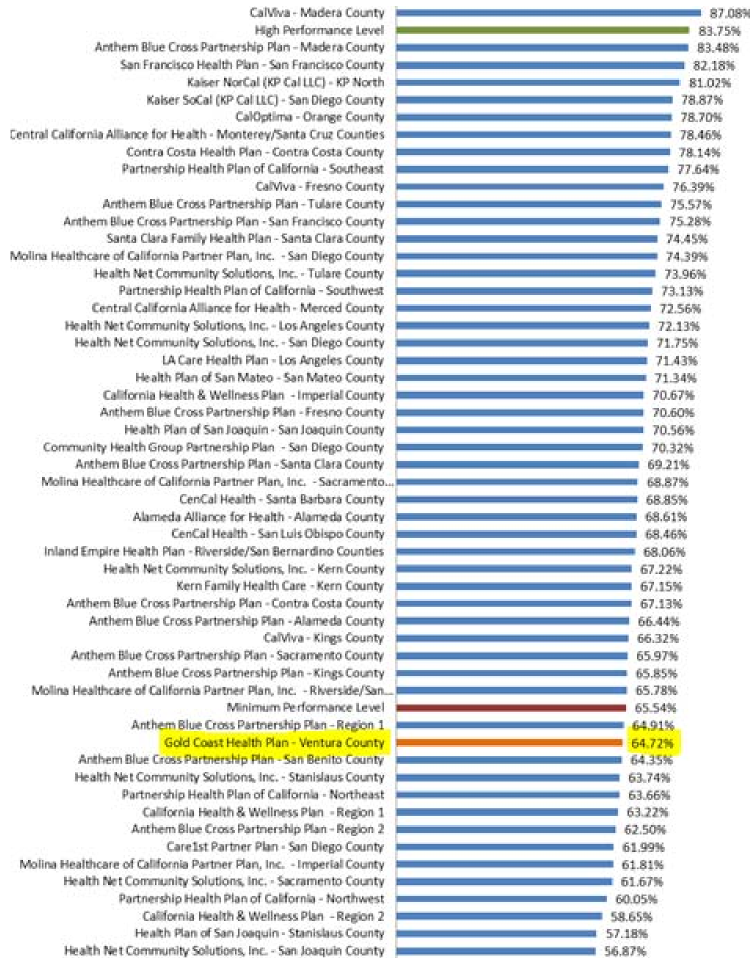
2013 RY Rate – 63.09



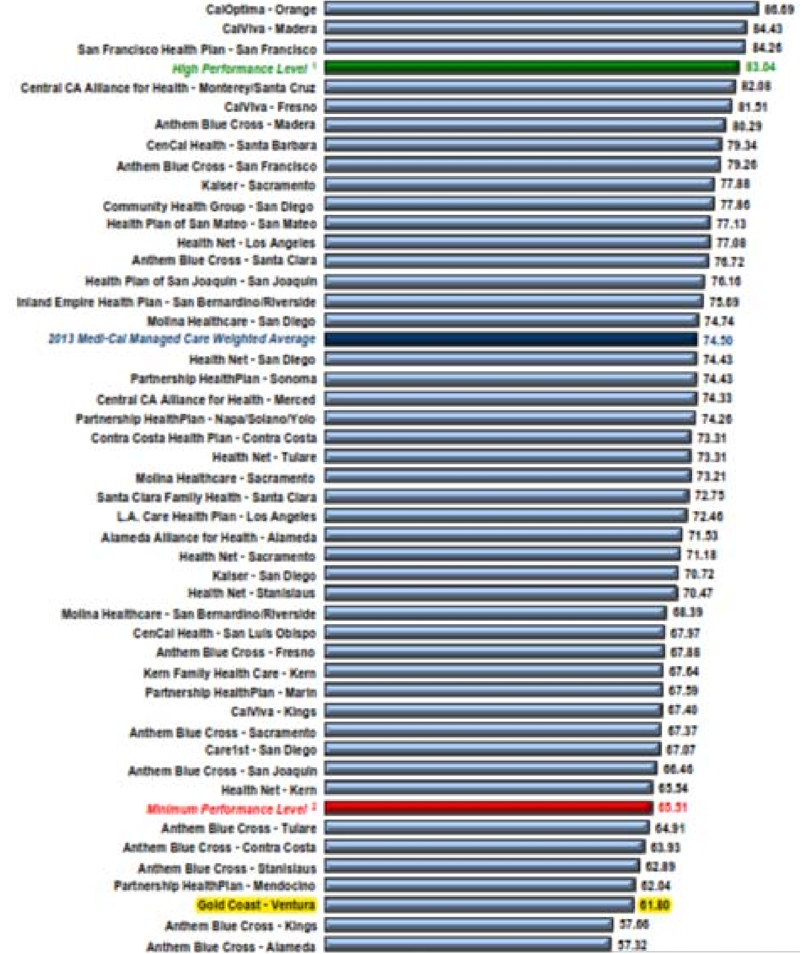
Rate increased 21.78% points. Although we remain below the MPL, our performance has improved significantly and we did better than 28 other plans in the state. Improvement projects include a well-child member incentive for children and parents and provider performance feedback reports. This resulted in 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%



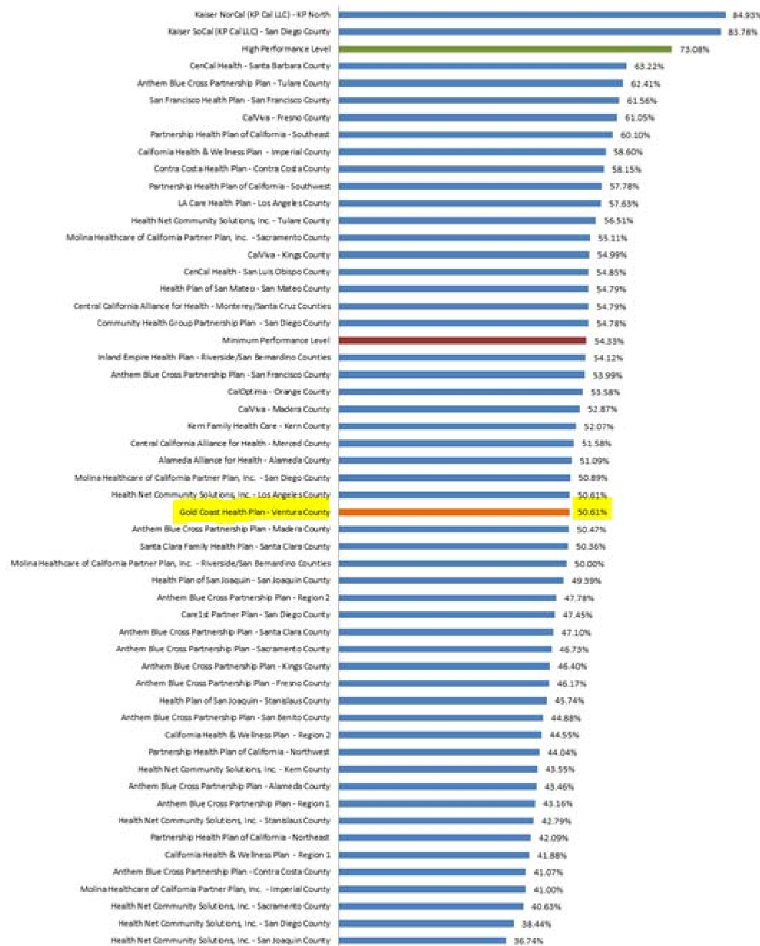
2013 RY Rate – 61.80%



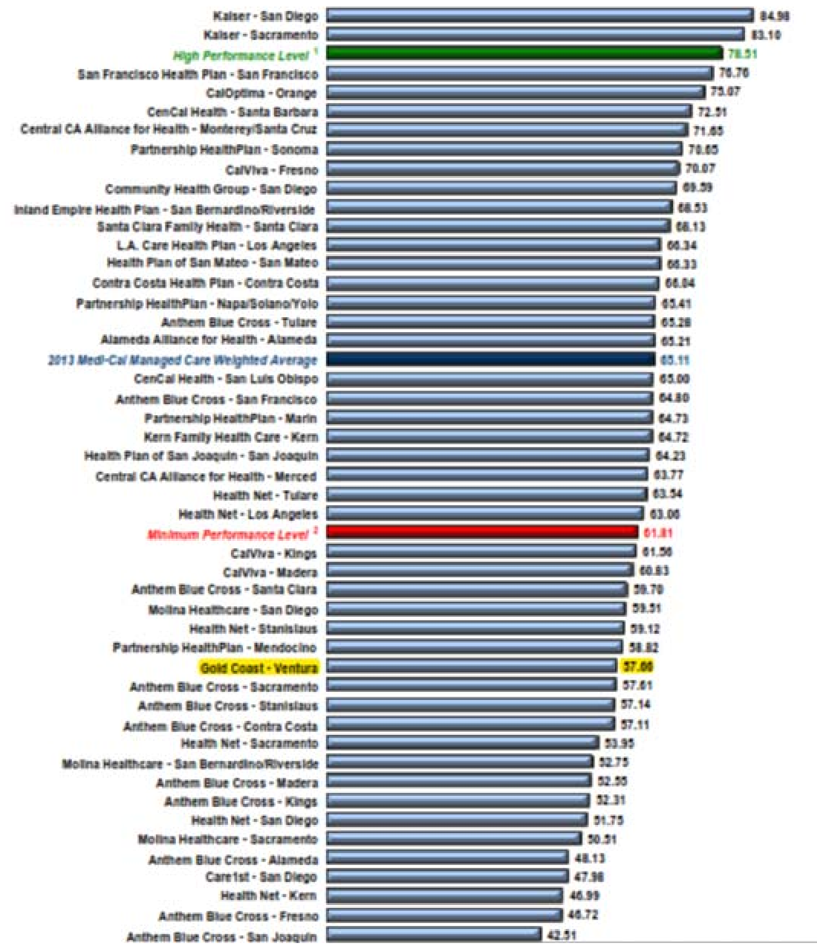
Well-child exams increased 2.92% points. Improvement projects include a well-child member incentive for children and parents and provider performance feedback reports.

Cervical Cancer Screening

2016 RY Rate – 50.61%



2013 RY Rate – 57.66%



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.

Medi-Cal Managed Care Quarterly Performance Dashboard
Released August 18, 2014

QUALITY AND SATISFACTION (Cont.)

HEDIS 2013 Aggregated Quality Factor Score

HPL — MPL — Weighted Average — Rates 2013

100%
90%
80%
70%
60%
50%
40%
30%
20%

KP North - Sacramento
KP South - San Diego
SFHP - San Francisco
CalOptima - Orange
CCAH - Monterey/Santa Cruz
CenCal - Santa Barbara
CHG - San Diego
HPSM - San Mateo
IEHP - San Bernardino/Riverside
Partnership - Napa/Solano/Yolo
Partnership - Sonoma
ABC - San Francisco
CCHP - Contra Costa
HPSJ - San Joaquin
SCFHP - Santa Clara
CenCal - San Luis Obispo
LA Care - Los Angeles
Health Net - Stanislaus
Molina - San Diego
CalViva - Fresno
Health Net - Tulare
Alameda Alliance - Alameda
CalViva - Madera
Health Net - San Diego
ABC - Santa Clara
CCAH - Merced
Partnership - Mendocino
KFHS - Kern
Partnership - Marin
Health Net - Los Angeles
Care First - San Diego
Molina - San Bernardino/Riverside
Health Net - Sacramento
ABC - Madera
ABC - Tulare
ABC - Fresno
CalViva - Kings
GCHP - Ventura
Health Net - Kern
ABC - Stanislaus
Molina - Sacramento
ABC - Sacramento
ABC - Contra Costa
ABC - Kings
ABC - San Joaquin
ABC - Alameda

Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL).

The High Performance Level is 100%. The Minimum Performance Level is 40%. The Weighted Average is 60%.

GCHP performed better than 8 other plans.

Medi-Cal Managed Care Quarterly Performance Dashboard

Released August 18, 2014

QUALITY AND SATISFACTION (Cont.)

HEDIS 2013 Aggregated Quality Factor Score

HPL | MPL | Weighted Average | Rates 2013

100%
90%
80%
70%
60%
50%
40%
30%
20%

KP North - Sacramento
KP South - San Diego
SFHP - San Francisco
CalOptima - Orange
CCAH - Monterey/Santa Cruz
CenCal - Santa Barbara
CHG - San Diego
HPSM - San Mateo
IEHP - San Bernardino/Riverside
Partnership - Napa/Solano/Yolo
Partnership - Sonoma
ABC - San Francisco
CCHP - Contra Costa
HPSJ - San Joaquin
SCFHP - Santa Clara
CenCal - San Luis Obispo
LA Care - Los Angeles
Health Net - Stanislaus
Molina - San Diego
CalViva - Fresno
Health Net - Tulare
Alameda Alliance - Alameda
CalViva - Madera
Health Net - San Diego
ABC - Santa Clara
CCAH - Merced
Partnership - Mendocino
KFHS - Kern
Partnership - Marin
Health Net - Los Angeles
Care First - San Diego
Molina - San Bernardino/Riverside
Health Net - Sacramento
ABC - Madera
ABC - Tulare
ABC - Fresno
CalViva - Kings
GCHP - Ventura
Health Net - Kern
ABC - Stanislaus
Molina - Sacramento
ABC - Sacramento
ABC - Contra Costa
ABC - Kings
ABC - San Joaquin
ABC - Alameda

Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL).

The High Performance Level is 100%. The Minimum Performance Level is 40%. The Weighted Average is 60%.

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

Gold Coast Health Plan℠
A Public Entity

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

Gold Coast Health Plan[SM]
A Public Entity

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

Gold Coast Health Plan℠
A Public Entity

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

Gold Coast Health Plan℠
A Public Entity

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

711 East Daily Drive, Suite 106, Camarillo, CA 93010-6082 | Member Services: 888-301-1228 | Administration: 805-437-5500 | Fax: 805-437-5132

Gold Coast Health Plan[SM]
A Public Entity

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.

<u>What GCHP needs from the CAC:</u>

- 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?
  - How those we represent benefit from the programs. We are communicating with our clients.
  - 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.

<u>Committee member comments:</u>

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.