

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
dba Gold Coast Health Plan**

Community Advisory Committee Meeting

Regular Meeting

Wednesday, July 29, 2020 4:00 p.m.

**Gold Coast Health Plan, 711 East Daily Drive, Community Room
Camarillo, CA 93010**

Executive Order N-25-20

Conference Call Number: 1-805-324-7279

Conference ID Number: 449 927 955#

Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the Community 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 (3) minutes unless the Chair of the Committee extends time for good cause shown. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

OPENING REMARKS

1. Chief Executive Officer Opening Remarks

Staff: Margaret Tatar, Interim Chief Executive Officer

CONSENT

2. Approval of Ventura County Medi-Cal Managed Care Regular Minutes of April, 29 2020 and Special Meeting Minutes of May 27,2020.

Staff: Maddie Gutierrez, MMC – Clerk of the Commission

RECOMMENDATION: Approve the minutes of April 29, 2020 and May 27, 2020.

UPDATES

3. State Budget Fiscal Year 2020-2021 Update

Staff: Marlen Torres, Executive Director of Strategy & External Affairs

RECOMMENDATION: Receive and file the update.

4. Medi-Cal Rx – Member Communications

Staff: Dr. Anne Freese, Pharmacy Director

RECOMMENDATION: Receive and file the update

5. Gold Coast Health Plan Website Re-Design Update

Staff: Susana Enriquez, Public Relations Manager

RECOMMENDATION: Receive and file the update

PRESENTATION

6. Solvency Action Plan

Staff: Margaret Tatar, Interim Chief Executive Officer
Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the presentation.

7. COVID-19 Federal Emergency Management Agency (FEMA) Grant Program

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the presentation.

8. Strategies on How to Improve MCAS/HEDIS Quality Measures

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

RECOMMENDATION: Receive and file the presentation.

9. New Risk Assessment Survey

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Rachel Lambert, Director of Care Management

RECOMMENDATION: Receive and file the presentation.

DISCUSSION

10. CAC Membership

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Luis Aguilar, Member Services Manager

COMMENTS FROM COMMITTEE MEMBERS

11. CAC Feedback / Roundtable Discussion

ADJOURNMENT

Unless otherwise determined by the CAC Committee, the next regular meeting will be held on October 28, 2020 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Commission.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.



AGENDA ITEM NO. 1

TO: Community Advisory Committee
FROM: Margaret Tatar, Interim Chief Executive Officer
DATE: July 29, 2020
SUBJECT: Opening Remarks

VERBAL PRESENTATION

AGENDA ITEM NO. 2

TO: Community Advisory Committee
FROM: Maddie Gutierrez, Clerk to the Commission
DATE: July 29, 2020
SUBJECT: Approval of the Community Advisory Committee Meeting Regular Minutes of April 29, 2020 and Special Meeting Minutes of May 27, 2020.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the April 29, 2020 and May 27, 2020 Community Advisory Committee meeting minutes.

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

**Community Advisory Committee (CAC) Minutes
April 29, 2020**

CALL TO ORDER

Committee member Ruben Juarez called the meeting to order via teleconference at 4:09 p.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

ROLL CALL

Present: Committee members Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, Curtis Updike and Pablo Velez.

Absent: Committee members Estelle Cervantes, Rita Duarte-Weaver, Norma Gomez and Victoria Jump.

Attending the meeting for GCHP Executive team were Margaret Tatar, Interim Chief Executive Officer, Patricia Tanquary, Interim Chief Executive Officer, Nancy Wharfield, M.D., Chief Medical Officer, Marlen Torres, Steve Peiser, Nilesh Hingarh, M.D., Dr. Anne Freese, Pauline Preciado, Luis Aguilar, Adriana Sandoval-Jimenez, Bryan Quijada, Dr. Lupe Gonzalez, and Susana Enriquez.

PUBLIC COMMENT

None.

CONSENT

- 1. Approval of the Community Advisory Committee Meeting Regular Minutes of April 29, 2020.**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes.

Committee member Paula Johnson motioned to approve the minutes. Committee member Pablo Velez seconded.

Roll Call vote as follows:

AYES: Committee members Frisa Herrera, Paula Johnson, Ruben Juarez, Curtis Updike and Pablo Velez.

NOES: None.

ABSTAIN: Committee member Laurie Jean Jordan

ABSENT: Committee members Estelle Cervantes, Rita Duarte-Weaver, Norma Gomez and Victoria Jump

UPDATES

2. COVID – 19 Update

Staff: Margaret Tatar, Interim Chief Executive Officer
Patricia Tanquary, Interim Chief Executive Officer

RECOMMENDATION: Receive and file the update.

CEO Tatar stated that at the federal level there are four (4) major congressional actions in progress. Currently there is an act going through the Senate for paycheck protection. The country is preparing for a recession.

In the state of California, shelter in place orders are set to expire in early May, but we are anticipating an extension of the stay at home order. There is a deadline of June 30th for the state to pass the budget.

Local efforts at GCHP: Staff has moved to shelter in place and telework. The county has set a stay at home order until May 15th. Our rapid cycle member communications have focused on reaching the farmworker population to stay safe. We have also focused on the homeless population (CBAS) and are also working with the nursing home population.

CEO Tatar asked the committee if they had any other suggestions on what more GCHP can do. She asked if it would be helpful to do a training on telehealth. CMO Wharfield ask the committee how the homeless are getting their medications. Committee Vic-Chair Juarez stated CVS Pharmacy in Newbury Park delivers meds. Transportations services deliver meds as well, but unfortunately some cannot be delivered. CMO Wharfield asked for suggestions on what GCHP can do to assist.

Committee Vice-Chair, Juarez stated members are getting stimulus checks, but they do not have a California ID in order to cash their check. Free vouchers are being issued to replace the ID. The vouchers cannot be used on-line.

Dr. Lupe Gonzalez stated a Tip sheet will be provided for telehealth information. CEO Tatar stated GCHP welcomes member input and GCHP staff is working to think “outside of the box”.

Committee member Velez stated his organization has been working on providing teletherapy. The biggest hurdle is the access to HIPAA compliant technology. Lowest income families are being left behind. Mr. Velez’ organization is doing a lot of support and guidance. GCHP is working to secure deals with bigger providers for tablets. There needs to be a bridge for telemedicine. Access is of utmost importance for tele-therapy and tele-health. CEO Tatar stated she will work with staff to brainstorm on providing hardware and training regarding technology. Mr. Velez stated WIFI is an issue as well. Doctors want to be able to see the patient while consulting.

Mr. Velez stated in most families the children have Medi-Cal, but parents are fieldworkers. He mentioned there are no longer pop-up groceries places open after field workers get home, due to long working hours the food pop-ups are missed.

3. Government Relations & Community Affairs Update

Staff: Marlen Torres, Executive Director of Strategy and External Affairs

RECOMMENDATION: Receive and file the update.

Exec. Director of Strategy & External Affairs, Marlen Torres gave a brief update on community activities that her team is working on. She listed the various organizations in which GCHP was able to give a monetary sponsorship. The team is currently:

- Working with school districts in Ventura County
- Working with the farmworker community and sharing resources
- Working with the homeless population through Whole Person Care and backpack medicine

Ms. Torres is also participating collaboratively in various community meetings. Ms. Torres noted the majority of GCHP members are in Oxnard and Santa Paula. She also noted she will contact Food Share regarding Pop-Ups after hours and will report to the committee at the next meeting.

Committee Vice-Chair Juarez suggested dropping off GCHP flyers with phone numbers on the back to Best Western, and Vagabond hotels in Newbury Park. Ms. Torres stated that will be done.

4. Nurse Advise Line Program

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

RECOMMENDATION: Receive and file the update.

CMO Wharfield stated this program connects the public to a nurse in the language of their choice. CareNet is the business partner in this program. People calling the Nurse Advice Line do not have to have GCHP membership to get the help needed. Currently there have only been five (5) Spanish speaking calls received. Committee member Johnson suggested a flyer be distributed in both languages. Committee member Velez asked if the nurses are doing triage. CMO Wharfield stated the nurses will listen and give advice. Public can stay home, up to needing to call 911, if necessary. The Nurse Advice Line also advises to follow up with their doctor, but they do not prescribe medicine and assist in avoiding the Emergency Room if it is not necessary.

Committee member Jordan stated she had a concern about over the counter medications. Some people don't have the money to purchase what they need. CMO Wharfield suggested members get in touch with the case manager team, nurses on the advice line are aware of the GCHP urgent care network. The nurses will advise to follow up with a doctor but will not make the appointment for the member. Mr. Velez asked if the nurses can identify an issue and prioritize so the patient can be seen sooner. The CM team will follow up to get the care that is needed. CMO Wharfield stated a flyer can be sent to the committee in order to disperse to the public. Mr. Juarez stated there is a program that covers medication for adults that insurance will not cover. For children, there is CCS, which can assist in covering medications,

5. Pharmacy Update

Staff: Anne Freese, PharmD, Director of Pharmacy

RECOMMENDATION: Receive and file the update.

Dr. Freese stated Medi-Cal Rx has lifted prescription restrictions to get scripts early and up to a three (3) month refill at one time. This lift makes it easier for members to shelter in place.

Medi-Cal Rx is a new initiative by DHCS and is scheduled for January 1. All pharmacy benefits will be carved out by the State. The State will be billed directly. There will be a ninety (90) and sixty (60) day notice to members on this transition. GCHP will also send a thirty (30) day notice to members. Currently there is not much communication with providers as the transition policy is still in development. There will be a grandfathering period.

Committee member Johnson asked if prescriptions filled for two (2) to three (3) months will be done automatically or will the member need to make the request. Dr. Freese stated the member will need to ask and suggested the member reach out to their physician for the refill. Mr. Juarez stated this will be helpful for members. Dr. Freese again stated the member will need to contact their pharmacy. Some medications are not going to have this access, the member will need to follow up with their doctor. Test strips are included in the ninety (90) day refill.

6. Telehealth Update

Staff: Steve Peiser, Sr. Director of Network Management

RECOMMENDATION: Receive and file the update.

Mr. Peiser stated telehealth has grown under the COVID-19 pandemic. Federally Qualified Health Centers (FQHC) such as Clinicas del Camino Real have had restrictions lifted. Patients can now currently receive care at home. The consent for telehealth has been waived and providers can provide services from their homes. The Provider Relations staff has been trained to respond to inquiries on telehealth billing requirements. Mr. Velez stated the speed has been outstanding and there have been no delays. This has been more convenient for many families. Mr. Velez asked about enrollment process during this time. Luis Aguilar, Member Services Manager, stated his department receives inquiries from potential recipients and they are referred to the Human Services Agency in order to get paperwork submitted. Hospitals are also helping with presumptive eligibility. Committee member Updike stated his offices are currently closed but paperwork can be done in a normal way. Mail-in applications and phone applications are processed after all information is received. If eligible, there is a ninety (90) day retro for Medi-Cal. Mr. Updike will provide all information for the process so that it is included in the packet going out to committee members. He will also include a Quick Start guide.

CEO Tatar stated we are tracking enrollment because there will likely be an increase; the anticipated increase is approximately ten to twenty (10-20%) percent more. CEO Tatar stated the enrollment count will be kept on the agenda for future meetings.

Mr. Peiser stated the most vulnerable members have gotten services the CBAS centers. An amendment was drafted and sent to the State. DHCS accepted the amendment and it has served as a pre-cursor to APL for CBAS under COVID-19. GCHP was way ahead of the curve. The Provider Network Outreach was streamlined, and the process was tailored for providers.

7. Communications Update

Staff: Susana Enriquez-Euyoque, Public Relations Manager

RECOMMENDATION: Receive and file the update.

Mr. Enriquez reviewed her PowerPoint presentation with the committee.

Ms. Enriquez reviewed all the publicity done for the Nurse Advice Line and COVID-19 information:

- Newspaper, various radio stations and television public service announcements
- All information was done in both English and Spanish
- Member Handbook also had information on the Nurse Advice Line
- COVID-19 can be found on the GCHP website
- Member Frequently Asked Questions (FQA's) and flyers can be found on the GCHP website
- Member newsletter has been updated with COVID-19 information. The newsletter will be sent out mid-June.

Committee member Johnson asked if the graphic information can be shared with the committee so they can disperse in their organizations. Ms. Enriquez stated she will have the information translated into Spanish as well and get all information out to a central GCHP source to send out to the committee.

Committee member Frisa Herrera motion to approve agenda items 2 through 7. Committee member Ruben Juarez seconded the motion.

Roll Call Vote as follows:

AYES: Committee members Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, Curtis Updike and Pablo Velez.

NOES: None.

ABSENT: Committee members Estelle Cervantes, Rita Duarte-Weaver, Norma Gomez and Victoria Jump

The motion carried.

COMMENTS FROM COMMITTEE MEMBERS

8. CAC Feedback / Roundtable Discussion

Committee member Jordan asked if GCHP does a Treatment Authorization in advance. CMO Wharfield responded that GCHP does prior authorizations and utilization management. Committee member Jordan gave an example of the information she is requesting: her insurance gave approval; but the approval had an expiration date, due to COVID-19 she could not meet the deadline, therefore would GCHP extend an approval date due to circumstances? CMO Wharfield stated GCHP authorization is for ninety (90) days and has now been extended an additional ninety (90) days.

Dr. Freese stated pharmacy has also extended prior authorization dates that were expiring, there is an extension for ninety (90) days. But after May 1 there will not be further extensions, but members and providers can make the request. It can be re-evaluated if there is a need.

Committee member Updike stated DHCS announced as of August 1, 2020, the poverty level has been expanded. The State is holding work groups and offering a pandemic transfer card in the amount of \$365 per child to help with the purchase of food, there is no cash involved. The DMV is closed to walk-ins, everything must be done on-line. The vouchers for the California ID cannot be used on-line. Committee member Herrera asked if there was a go-live date. Mr. Updike stated details are still being worked out, there will be more information on 4/30/2020. This is a State-run program.

Committee member Velez asked that all information be sent to the Clerk so she can distribute to the committee.

Mr. Juarez stated some families have lost jobs and they are asking for rental assistance for rent in May – he asked if there was an agency that gives information for assistance. CEO Tatar stated she did not know of any source, but it will be investigated. Luis Aguilar, Member Services Manager, stated he saw a resource on VC Alert for rental assistance, he will forward the information to all.

Luis Aguilar, Member Services Manager, asked the committee if they would be available for a special meeting in May to review the PNA. The committee's input is needed before sending the report to DHCS. The clerk will follow up and schedule. The meeting should only take one (1) hour in order to review and get feedback.

Luis Aguilar also announced the committee has two (2) seats that must be filled. He asked for referrals or recommendations. One of the seats will be a beneficiary seat or the parent of a Medi-Cal recipient.

ADJOURNMENT

Committee member Paula Johnson motioned to adjourn the meeting. Committee member Pablo Velez seconded.

With no further business to discuss the clerk adjourned the meeting at 6:18 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission



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

**Community Advisory Committee (CAC) Special Meeting Minutes
May 27, 2020**

CALL TO ORDER

Committee Chair Rita Duarte-Weaver called the meeting to order via teleconference at 4:04 p.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

ROLL CALL

Present: Committee members Rita Duarte-Weaver, Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, Victoria Jump, Curtis Updike and Pablo Velez.

Absent: Committee member Norma Gomez.

Attending the meeting for GCHP: Margaret Tatar, Interim Chief Executive Officer, Nancy Wharfield, M.D., Chief Medical Officer, Marlen Torres, Luis Aguilar, Adriana Sandoval-Jimenez, Bryan Quijada, Dr. Lupe Gonzalez, Veronica Estrada, and Carmen Moran.

PUBLIC COMMENT

None.

PRESENTATION

1. Population Needs Assessment (PNA)

Staff: Dr. Lupe Gonzalez, Director of Health Education/Cultural and Linguistic Services

RECOMMENDATION: Receive and file the presentation.

Dr. Gonzalez reviewed the PowerPoint presentation with the committee. Dr. Gonzalez reviewed the Department of Health Care Services (DHCS) key requirements for the PNA report. PNA is based on several different criteria, it is based on reviewing our data sources in order to develop strategies with

measurable outcomes. The data sources reviewed are claims data and encounter data. DHCS also completed a health disparity report in 2016. Data from 2016 is reviewed and the information is compared to the 2019 report. Based on the data, an action plan and strategies must be identified.

CAC members are key stakeholders who represent various beneficiaries of our population. The three key goals to improve health outcomes for members are: Identifying health needs and health disparities, evaluate health education, cultural and linguistic needs and quality improvement activities, as well as implement targeted strategies. CAC members have an opportunity to provide feedback on the various needs of our members.

GCHP has received five (5) completed surveys from CAC. Dr. Gonzalez encourages those who have not completed the survey to please do so, responses are still being incorporated into the report.

Dr. Gonzalez asked the committee for feedback on areas of improvement that could be identified. Committee member Johnson stated smaller education programs would be beneficial as well as attending the programs with peers. Information provided needs to be basic and understandable to those being educated.

Committee member Velez stated he completed the survey. He asked if there is a way to work with WIC in a coordinated manner. Nutritionists need to be engaged to assist in the prevention of child obesity and adult diabetes. WIC offers a high amount of refined sugar; such as apple juice, capri juices, lots of cereals etc. Families need to be educated in nutrition in order to understand less sugar is healthier.

Committee member Juarez stated the survey is clear. He noted there are plenty resources that GCHP and the County provide. Mr. Juarez is currently working with the homeless population in Thousand Oaks and Newbury Park. Mr. Juarez noted the clients are not responsible. Services are available but members do not use the resources. CMO Wharfield asked if Mr. Juarez had suggestions to assist the homeless in taking better care of themselves. Mr. Juarez stated “hand-holding” seems to be the only way it works. Clients won’t make appointments but will attend if the appointment is made for them. Dr. Gonzalez noted there is a section in the survey for homelessness. Mr. Juarez noted that representatives on site periodically is very helpful.

Dr. Gonzalez noted it was important to have communication with members. Committee Chair Duarte-Weaver asked if GCHP can send text messages to members. CMO Wharfield stated texting is highly regulated by DHCS. GCHP

is in the process of a text messaging campaign. She noted GCHP must follow guidelines set by DHCS. Ms. Duarte-Weaver noted texting works well. Dr. Gonzalez stated that in the past, members wanted direct mailings, now it is better to have direct communication. Mr. Juarez stated mailing is good, there are centers where mail is delivered to the homeless. Ms. Weaver noted that many members do not receive renewals due to address change, but they will keep the same phone number for years. Committee member Updike stated the County does a lot of texting as well as mailings. Dr. Gonzalez noted older adults prefer mail. Mr. Velez stated families with children have limits on data. They also have loaned tablets. Government phones have low data, often mail gets lost.

Dr. Gonzalez asked if there was any feedback on appropriate translation. Committee Chair Duarte-Weaver stated GCHP contracts members in their native language. She had nothing negative to note.

Mr. Velez felt the form was holistic and he would like to see the results.

Dr. Gonzalez reminded those who have not submitted their survey, to complete the form and return it to GCHP. The report is due to DHCS at the end of June. Marlen Torres, Executive Director of Strategy & External Affairs asked Dr. Gonzalez for the deadline date to submit their survey responses. Dr. Gonzalez stated the final deadline was June 2, 2020.

Committee member Victoria Jump motioned to receive and file the presentation. Committee Chair Rita Duarte-Weaver seconded.

The vote is as follows:

AYES: Committee members: Rita Duarte-Weaver, Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, Victoria Jump, Curtis Updike and Pablo Velez.

NOES: None.

ABSENT: Committee member Norma Gomez.

The motion carried.

2. CAC Member Role and Responsibilities

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Luis Aguilar, Member Services Manager

RECOMMENDATION: Receive and file the presentation.
Executive Director of Strategy & External Affairs, Marlen Torres, stated she wanted to remind the committee that there are a few members who have met their term limit. She will be reaching out to confirm their dates and ask if they would like to continue to participate in the committee. There will be applications for open positions. All CAC members must be approved by the Commission. Luis Aguilar, Member Services Manager, stated each CAC member's feedback is important. He would like the Commission to see how CAC and GCHP collaborate. He suggested a special meeting to prepare for a Commission presentation. Mr. Aguilar also stated there will be follow-up on the issues discussed in the meeting. Ms. Torres stated GCHP's goal is to be more proactive with the committee.

Committee member Paula Johnson motioned to receive and file the presentation. Committee member Victoria Jump seconded.

The vote is as follows:

AYES: Committee members: Rita Duarte-Weaver, Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, Victoria Jump, Curtis Updike and Pablo Velez.

NOES: None.

ABSENT: Committee member Norma Gomez.

The motion carried.

COMMENTS FROM COMMITTEE MEMBERS

3. CAC Feedback / Roundtable Discussion

Committee member Frisa Herrera stated she had nothing to add. Committee member Velez asked how is GCHP being affected, will there be cuts with the current scenario. Interim CEO, Margaret Tatar, stated the budget is being followed. The Governor has made significant cuts to Medi-Cal. Optional benefits are being eliminated. There is also a proposal to eliminate the CBAS program and there will be a retroactive rate cut of 1.5% as of July 2019. GCHP

is evaluating the cuts which will impact the organization. The Plan has aimed to do the maximum possible for members and providers. GCHP reserves (TNE) are very anemic. GCHP will have to adhere to the benefit cuts and some cuts may be considered for our network. The plan for GCHP is to remain solvent. CEO Tatar will keep the CAC informed. Mr. Velez asked if GCHP has applied to any federal programs. CEO Tatar stated we have attempted to secure federal dollars for GCHP, but we have not been successful, we did not meet the criteria, but we will update at the next meeting. GCHP tried to get FEMA and will continue to try to get monies from programs. We are monitoring the state budget and triggers. We continue to look for ways to support our community.

Committee member Updike stated there are some proposals now off the table are: the income level for population of 138% has been removed and is now back to 100%. Medi-Cal for ages 65 and over, regardless of immigration status has also been pulled. Dental benefits are now back to the year 2004 level for the adult population. Various smaller programs are also being eliminated. CEO Tatar stated Cal-AIM has been postponed. The updates will be added to the agenda in order to keep the committee updated.

Committee member Velez noted that families are not using tele-health or going to clinics. Families are frightened due to the pandemic. He asked if there is a strategy to educate families, there is a big concern for prevention and immunizations. CEO Tatar stated tele-health is now more available and is being promoted, but not everyone will use it. There have been talks in the organization on how to promote tele-health, possibly promoting areas with free outdoor Wi-Fi to still provide privacy for members. Committee member Jordan suggested connecting with school districts to promote immunizations to meet school requirements. CEO Tatar stated these items will be added to the agenda in order to follow up at the next meeting. Ms. Torres stated she will send out a memo to the committee in June with updates.

Committee member Juarez stated there was a lot of helpful information. He stated his organization is continuing to provide homeless services at Motel 6, Best Western, and Vagabond hotels. There is a total of 608 that have been housed in the hotels throughout the county. Mr. Juarez thanked Mr. Updike for all the information, and Bryan Quijada for dropping off flyers. Mr. Juarez stated he will be working in the Thousand Oaks/Newbury Park area until end of June.

Committee Chair Duarte-Weaver stated her program is assisting with Medi-Cal renewals and learning new ways to do business.

Committee member Updike stated he had nothing to add.

Committee member Velez thanks GCHP for the speed in their responses and it is great to feel the support GCHP gives to various organizations.

Ms. Torres stated radio and television PSA's will be considered to provide health information, education and immunization information.

ADJOURNMENT

Committee Chair Rita Duarte-Weaver adjourned the meeting at 5:10 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission



AGENDA ITEM NO. 3

TO: Community Advisory Committee
FROM: Marlen Torres, Executive Director of Strategy & External Affairs
DATE: July 29, 2020
SUBJECT: State Budget Fiscal Year 2020-2021 Update

VERBAL PRESENTATION

RECOMMENDATION:

Receive and file the update.

State Budget Summary FY 2020-21

July 29, 2020

Marlen Torres
Executive Director, Strategy and
External Affairs

Integrity

Accountability

Collaboration

Trust

Respect

Allocations to Address COVID 19

- The Budget reflects:
 - Estimated spending of \$5.7 billion to respond directly to the COVID-19 pandemic.
 - Expenditures include personal protective equipment necessary to reopen the economy, hospital surge preparation, and other expenditures to support populations at greater risk of contracting COVID-19.
 - \$716 million reserve within the Special Fund for Economic Uncertainties so the state can respond quickly to the changing conditions of the COVID-19 pandemic.
 - Funding for counties that are on the front lines of addressing the public health impacts of the pandemic.
 - Of the \$9.5 billion in Coronavirus Relief Fund received by the state, \$4.5 billion is allocated to local school districts, \$1.3 billion is allocated to counties, and \$500 million to cities.
 - Including \$750 million General Fund to provide support for counties experiencing revenue losses due to the pandemic.

Funding to Address Homelessness

- The Budget prioritizes funds to mitigate homelessness and takes a new approach by allocating \$600 million for Project HomeKey to acquire permanent housing through the purchase and renovation of motel properties throughout the state.
- The Budget also includes \$300 million General Fund to cities, counties, and continuums of care to support efforts to reduce homelessness.

Supporting Californian's Facing the Greatest Hardships

- The Budget takes several steps to support Californians facing the greatest hardships by maintaining eligibility for the Medi-Cal program including the following:
 - Expanded senior eligibility
 - Preserves optional benefits
 - Maintains CBAS and MSSP programs
 - Maintains Proposition 56 provider rate increases in the budget year
 - Maintains In-Home Supportive Services (IHSS) service hours and developmental services rates at current levels for the budget year
- It includes an increase in the overall maximum Supplemental Security Income/State Supplemental Payment grant by passing the federal cost-of-living adjustment on to recipients.
- The Budget maintains CalWORKS eligibility and grant levels and extends the time limit for aid to adult recipients from 48 months to 60 months.

Medi-Cal Program

- Estimated caseload: 14.5 Million by July 2020
- Maintains the following Benefits:
 - Optional Expansion Benefits
 - ✓ Screening, Brief Intervention and Referral to Treatment (SBIRT)
 - ✓ Podiatry
 - ✓ Optometry
 - ✓ Physical Therapy
 - Diabetes Prevention Program
- Community Based Adult Services (CBAS)
- Multipurpose Senior Services Program (MSSP)
- Proposition 56
 - Supplemental payments for physicians
 - VBP Program
 - Behavioral Health Integration Incentive Program
 - Pediatric Hospital Payments
 - Loan Repayment Program

Medi-Cal Program Continued

- Delays CalAIM Implementation
- Delays full-scope Medi-Cal expansion to undocumented seniors in the upcoming budget if the Department of Finance determines there are sufficient General Fund revenues for that fiscal year and the ensuing three fiscal years to support the expansion.
- Authorizes DHCS to reduce capitation rate increments for Medi-Cal managed care plans by up to 1.5 percent for the July 1, 2019, to December 31, 2020, rating period to account for reduced utilization related to the COVID-19 public health emergency.
- Authorizes DHCS, in consultation with affected Medi-Cal managed care plans, to develop and implement a risk corridor to limit the financial risk of either overpayments or underpayments of capitation rates during the July 1, 2019, to December 31, 2020, rating period.

Questions?



AGENDA ITEM NO. 4

TO: Community Advisory Committee
FROM: Anne Freese, Pharm.D., Director of Pharmacy
DATE: July 29, 2020
RE: Medi-Cal Rx – Member Communications

SUMMARY:

Gold Coast Health Plan (GCHP) staff is seeking Community Advisory Committee (CAC) input and advice on member communications regarding the upcoming Medi-Cal Rx transition occurring January 1, 2021.

DISCUSSION:

The California Department of Health Care Services (DHCS) will be carving out all outpatient retail pharmacy benefits from all Managed Care Plans (MCP) on January 1, 2021 under a new program called Medi-Cal Rx. Upon implementation, all retail pharmacy claims will be submitted directly to the state via its pharmacy benefits manager (PBM). Gold Coast Health Plan is working with advocacy groups, other MCPs and DHCS in order to facilitate the implementation of the carve out and will continue to bring information as it becomes available to this group.

The member communication strategy as outlined by DHCS is as follows:

- October 1, 2020: DHCS will send a 90-day written member notice
- November 1, 2020: DHCS will send a 60-day written member notice
- November-December 2020: GCHP will conduct an outbound automated call campaign (**call script attached**)
- December 1, 2020: GCHP will send a 30-day written member notice (**letter template attached**)
- January 2021: GCHP will be sending new ID cards to all members removing GCHP's PBM pharmacy processing information

Attached are draft documents for the written notice to members along with the call script for the telephonic outreach. Each document will be translated into Spanish. The letters from GCHP will be mailed with both the English and Spanish versions, along with the standard non-discrimination notice that offers translation services. The call script will be utilized for the outbound campaign and will include both English and Spanish.

GCHP is requesting committee member feedback on these documents.

MCP 30-Day Call Campaign Script Medi-Cal Rx Transition

Hello, this is your health plan [MCP Name]. We're calling to let you know that there will be a change in how you get your medications.

You should have received several letters in the mail informing you of the change.

Starting on January 1, 2021, [MCP name] will no longer manage the pharmacy services for your Medi-Cal benefits.

If you are eligible for both Medicare and Medicaid, the Medi-Cal Rx transition does not change your current Medicare Part D pharmacy coverage. Medi-Cal Rx may cover things Medicare does not, so you should talk to your doctor or pharmacy if you have questions.

Also, starting January 1, 2021, take your Medi-Cal Benefits Identification Card, the BIC card, when you go to the pharmacy. The pharmacy will use the information on your card to look up your information and give you your medications.

If you did not receive your BIC or it is lost or stolen, you may ask for a BIC from your county social services office.

If you have questions about your medication or other pharmacy services, please call [MCP Call Center phone number].

If you have questions about the letters you have received, or have general Medi-Cal Rx questions, contact the Medi-Cal Member Help Line at 1-800-541-5555 Monday thru Friday, 8am to 5pm.

90/60/30-Day Notice to Medi-Cal Beneficiaries Medi-Cal Rx Transition

[Insert Month/Day, 2020]

Dear Medi-Cal Beneficiary (or Legal Designee):

If your health plan is Senior Care Action Network (SCAN), or Programs of All-Inclusive Care for the Elderly (PACE), then this letter does not apply to you.

For all other Medi-Cal beneficiaries, on January 1, 2021, the Department of Health Care Services (DHCS) will change how your Medi-Cal pharmacy benefit is managed. The new approach will be called “Medi-Cal Rx”.

If you are eligible for both Medicare and Medicaid, the Medi-Cal Rx transition does not change your current Medicare Part D pharmacy coverage. Medi-Cal Rx may cover things Medicare does not, so you should talk to your doctor or pharmacy if you have questions.

What is changing?

If you receive your prescriptions through a health plan, on January 1, 2021, your Medi-Cal health plan will no longer manage the pharmacy services for your Medi-Cal benefits. Please see questions below.

If you do not have a health plan and have (regular) fee-for-service (FFS) Medi-Cal, the only change will be how your Medi-Cal pharmacy benefit is managed.

As of January 1, 2021, DHCS will work with a new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan) to provide Medi-Cal Rx services and support.

For most people, nothing will change. For some of you, your doctor will need to fill out a form to get approval when you renew your prescriptions or talk to you about changing your medications.

Most pharmacies in the state will be part of the new system but some will not be. If you need a new pharmacy, you can talk to your doctor about options and also use the Medi-Cal Rx website to find a pharmacy. Please see questions below.

What do I need to do?

Most people will not need to do anything. There is no change in your Medi-Cal eligibility or benefits.

Your health plan, doctors, and pharmacies know about the change and know what to do. If you want to talk to your doctor to see if your current medications need an approval

form or if you want to check if your pharmacy is in the new system, please see questions below.

Will I need to change my medication?

Most people will not have any change in their medications. The list of medications that Medi-Cal Rx allows without a prior approval may be different than the list your health plan uses. If you are on a medication that needs a prior approval, your doctor or pharmacy will have to fill out a form and get approval when you renew your prescription. Your doctor might also talk to you about changing to a medication that is similar that does not need the prior approval. Your doctor and pharmacy will know about this change.

Where can I get help finding a pharmacy?

Most people will be able to use the same pharmacy they do now on January 1, 2021. There may be pharmacies that are not enrolled with Medi-Cal Rx. If you use a mail order pharmacy that is based outside of California, you may need to change to another one that is in the Medi-Cal Rx system. If you need help finding a pharmacy near you on or after January 1, 2021, use the Medi-Cal Rx Pharmacy Locator online at www.Medi-CalRx.dhcs.ca.gov or call Customer Service at 1-800-977-2273 twenty-four hours a day, seven days a week or 711 for TDD Monday thru Friday, 8am to 5pm (**Note: You can only use this website and phone number starting January 1, 2021**). If you need help finding a pharmacy for Medi-Cal Rx in advance of January 1, 2021, contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm.

What happens now?

Your access to your pharmacy benefits should not change. Always keep your health plan ID Card and your Medi-Cal Benefits Identification Card (BIC) with you. Starting January 1, 2021, take your Medi-Cal BIC card when you go to the pharmacy. The pharmacy will use the information on your card to look up your information and give you your medications.

There will be no change in how you pay for your medications. For most Medi-Cal beneficiaries, there is no cost.

What happens if I have a complaint on or after January 1, 2021 about how my pharmacy services are handled?

Magellan will accept and resolve your complaint. You can submit a complaint either in writing or by telephone by going to www.Medi-CalRx.dhcs.ca.gov or calling Customer Service at 1-800-977-2273 (**Note: You can only use this website and phone number to file a complaint on or after January 1, 2021**). You will not submit Pharmacy complaints through your health plan as of January 1, 2021.

How can I appeal a pharmacy benefit decision?

The California Department of Social Services has a State Fair Hearing process if you want to appeal a pharmacy benefit decision. If you receive your prescriptions through a health plan, this process is different from the appeals process you may have used with your health plan. In a State Fair Hearing, a judge reviews your request and makes a decision.

If you do not agree with a denial or change related to your pharmacy services under Medi-Cal Rx, you can ask for a State Fair Hearing. If a service is denied or changed, a form to request a State Fair Hearing will automatically be sent to you with the notice of denial or change. You can send it to:

California Department of Social Services
 State Hearings Division
 P.O. Box 944243, MS 19-37
 Sacramento, CA 94244-2430

You may also call to ask for a State Fair Hearing by calling toll-free at 1(800) 952-5253 (TTY: 1-800-952-8349). Please note that the number can be very busy so you may get a message to call back later.

You can get more information about the State Fair Hearing Process by going to www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx.

On or after January 1, 2021, you can also get the form by going to www.Medi-Cal.Rx.dhcs.ca.gov or by calling Customer Service at 1-800-977-2273 twenty four hours a day, seven days a week, or 711 for TDD Monday thru Friday, 8am to 5pm.

Who do I contact for help or more information?

If you belong to a Medi-Cal Managed Care Plan (MCP)	If you get your care from Fee For Service (FFS) Medi-Cal
<p>On or Before December 31, 2020</p> <ul style="list-style-type: none"> If you have questions about your medication or other pharmacy services, please call your Managed Care Plan. If you have questions about this notice or have Medi-Cal Rx general questions, contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm. 	<p>On or Before December 31, 2020</p> <ul style="list-style-type: none"> You can call the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm.
<p>On or After January 1, 2021</p> <ul style="list-style-type: none"> You can call DHCS' contractor Magellan at the Medi-Cal Rx Call Center Line (1-800-977-2273 twenty-four hours a day, seven 	<p>On or After January 1, 2021</p> <ul style="list-style-type: none"> You can call DHCS' contractor Magellan at the Medi-Cal Rx Call Center Line (1-800-977-2273 twenty-four hours a day, seven

days a week. or 711 for TDD, Monday thru Friday, 8am to 5pm)	days a week. or 711 for TDD, Monday thru Friday, 8am to 5pm)
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You may also contact DHCS by email at RxCarveOut@dhcs.ca.gov. Make sure to write that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email. DHCS staff will reply with a secure email asking for your information, if they need that information to assist you.



AGENDA ITEM NO. 5

TO: Community Advisory Committee
FROM: Susana Enriquez-Euyoque, Public Relations Manager
DATE: July 29, 2020
SUBJECT: Gold Coast Health Plan Website Re-Design Update

VERBAL PRESENTATION

RECOMMENDATION:

Receive and file the update.



AGENDA ITEM NO. 6

TO: Community Advisory Committee

FROM: Margaret Tatar, Interim Chief Executive Officer
Kashina Bishop, Chief Financial Officer

DATE: July 29, 2020

SUBJECT: Solvency Action Plan Progress Update

VERBAL PRESENTATION

RECOMMENDATION:

Receive and file the update.

Solvency Action Plan

Progress Report:

Community Advisory Committee

July 29, 2020

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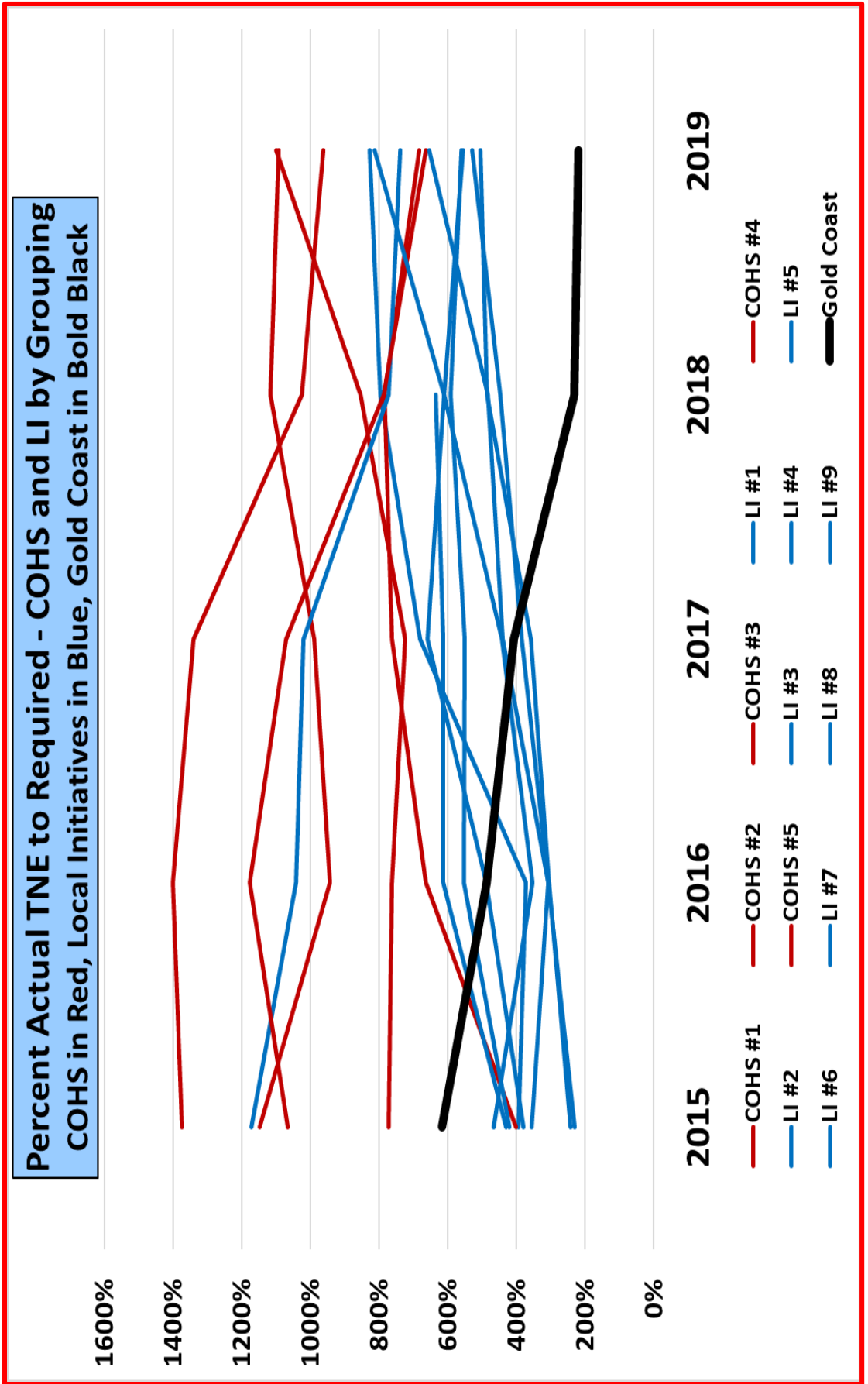
Agenda

1. Background:
 - a. Required Tangible Net Equity (TNE)
 - b. Comparison to California Public Plans
 - c. State Budget and financial implications
2. Solvency Action Plan – Initiative Update
3. Identify risks and challenges for the upcoming quarter relating to ongoing progress for Solvency Action Plan
4. Questions and comments

Background: Tangible Net Equity Requirements

1. TNE is a health plan's total assets minus total liabilities reduced by the value of intangible assets and unsecured obligations of officers, directors, owners, or affiliates outside of normal course of business.
2. Required TNE for a plan is the greater of 1 million dollars or a % of premium revenues or a % of healthcare expenses.
3. Excess TNE is the difference between total TNE and required TNE.

Background: GCHP Outlier Status Among Public Plans

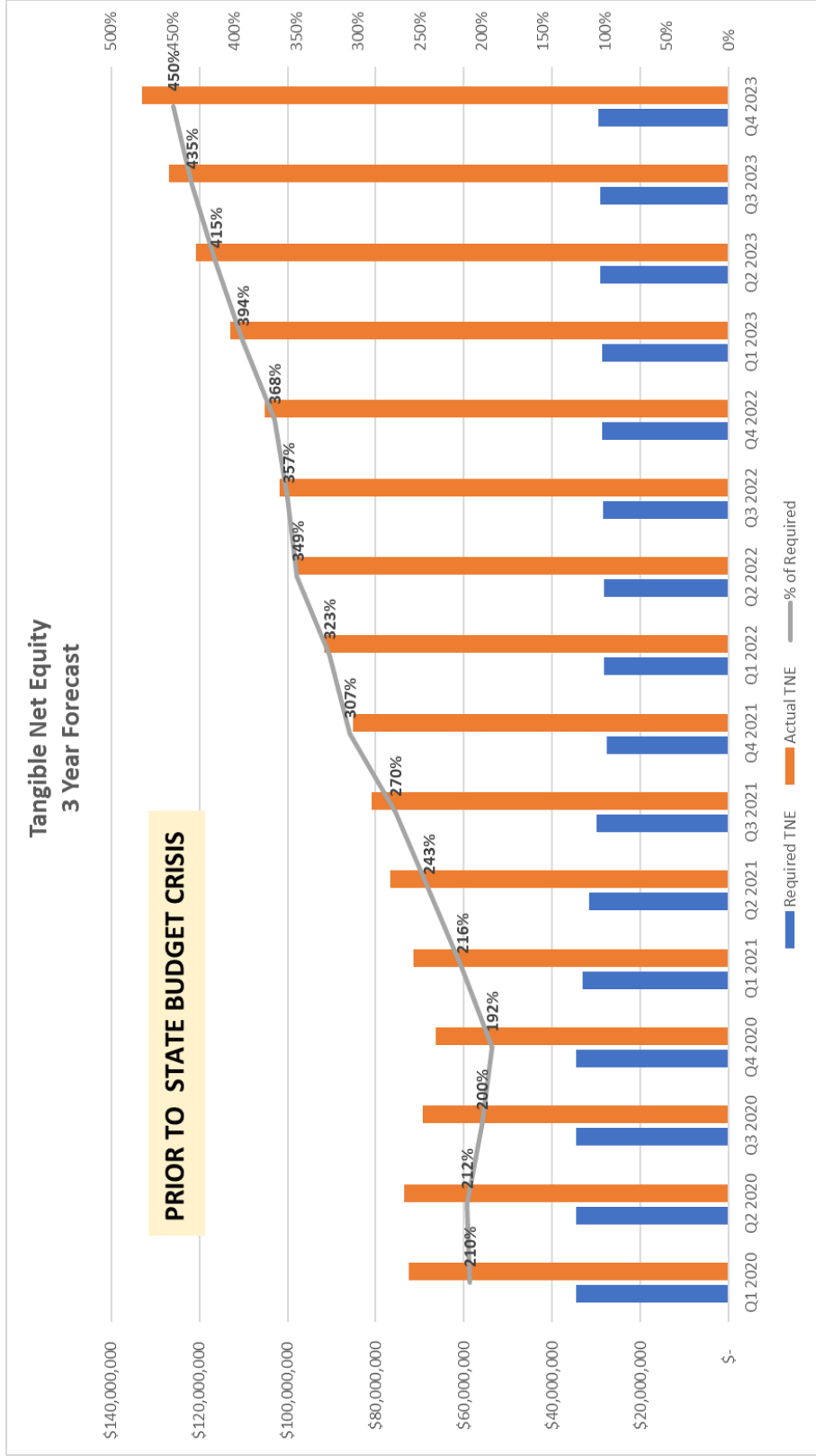


Background: State budget update

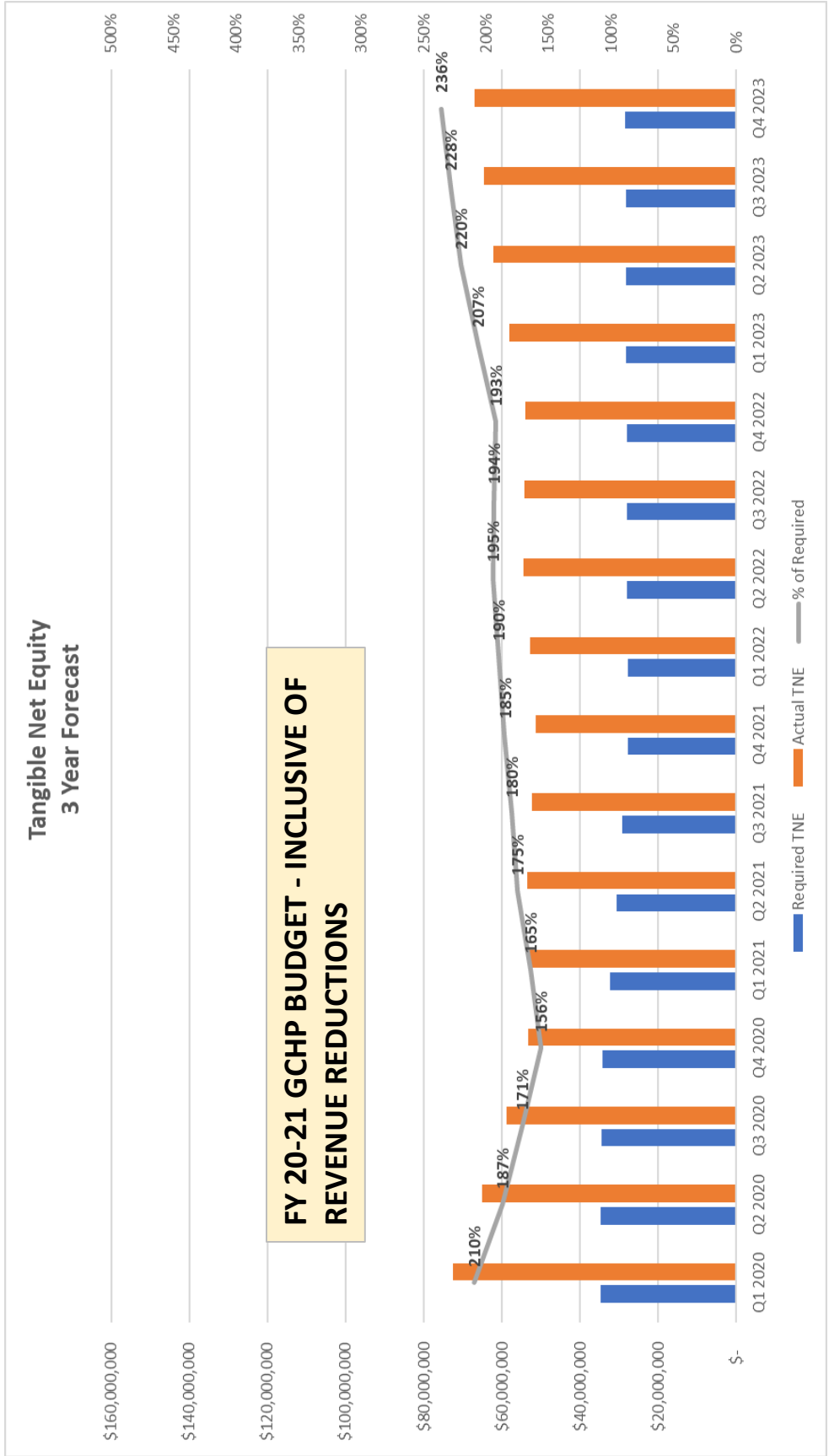
As a response to the public health emergency and the negative economic consequences to California, budget proposals include managed care rate reductions and program efficiencies.

1. 1.5% rate reduction retroactive to July 1, 2019
2. Increase of 10% to Long Term Care facility rate effective March 1, 2020 through the emergency (unfunded to plan)
3. Efficiency adjustments to upcoming rate year beginning January 1, 2021

Background: State budget update – impact to TNE forecasts



Background: State budget update – impact to TNE forecasts



Update: Solvency Action Plan – Phased Approach

Phases	Action(s)	ETA
Phase 1	Secure Commission approval of key elements Institute GCHP administrative reductions Make necessary rate adjustments to Adult Expansion and LTC rates	June 2020
Phase 2	Focus on value-based purchasing throughout network Implement HMS recoveries Analyze additional rate adjustments based on final State budget	August 2020 and ongoing
Phase 3	Advance capitated network development for certain services	February 2021
Phase 4	Advance centers of excellence and HIE with ER notification Shift to APR-DRG for contracted hospitals	April 2021

Update: Solvency Actions - June to July 2020

Actions	Annualized impact in savings
Rate reductions to LTC rates	\$1.8 M
Partial implementation –reduction to PCP Adult Expansion rates	\$2.0 M
Expansion of provider capitation agreement	Reduces required TNE
Administrative expense reductions	\$1.5 M

Solvency Action Plan – risks and challenges

1. Receipt of revised capitation rates from the State and calculation of true financial impact
2. Provider acceptance of rate decreases and potential impact to network
3. Unknown impacts to medical expenses with the pandemic

Questions or comments?



AGENDA ITEM NO. 7

TO: Community Advisory Committee
FROM: Kashina Bishop, Chief Financial Officer
DATE: July 29, 2020
SUBJECT: COVID-19 Federal Emergency Management Agency (FEMA) Grant Program

VERBAL PRESENTATION

RECOMMENDATION:

Receive and file the update.



Gold Coast Health Plan

Federal Emergency Management Agency (FEMA) California Covid-19 Public Assistance Grant Program

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FEMA COVID-19 Grant Overview:

Eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under FEMA's Public Assistance Program.

Eligible Applicants:

- State agencies
- Local governments
- Special districts
- Federally recognized Indian Tribal Governments
- Private non-profit organizations which own or operate a private nonprofit facility

Eligible Expenses:

- Management, control, and reduction of immediate threats to public health and safety
- Emergency medical care
- Medical sheltering
- Purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits
- Security and law enforcement
- Communications of general health and safety information to the public

Status of GCHP's application

1. Application approved
2. Introductory call with Cal OES
3. Identifying expenses that qualify – expense must directly relate to protection of life
 - a. Personal protective equipment
 - b. Labor for cleaning



AGENDA ITEM NO. 8

TO: Community Advisory Committee

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

DATE: July 29, 2020

SUBJECT: Strategies to Improve MCAS/HEDIS[®] Quality Measures

SUMMARY:

Gold Coast Health Plan (GCHP) must report Managed Care Accountability Set (MCAS)/Health Effectiveness Data Information Set (HEDIS[®]) measures annually to assess and evaluate the quality of care and services delivered to its members. GCHP must create improvement plans for measures that are low performing or do not meet the Minimum Performance Level (MPL) established by the Department of Health Care Services (DCHS). The 2019 measurement year (MY) MCAS/HEDIS[®] rates were finalized last month and this presentation will review the three low performing measures that did not meet the MPL:

- Well-Child Visit in the First 15 Months of Life (W15)
- Asthma Medication Ratio (AMR)
- Chlamydia Screening in Women (CHL)

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Consumer Advisory Committee receive and file the presentation.

ATTACHMENTS:

- 1) Timmerman, K., (2020). Quality Improvement, Community Advisory Committee, Strategies on How to Improve MCAS/HEDIS Quality Measures, Presentation Slides.

Strategies to Improve MCAS/HEDIS[®] Quality Measures

Community Advisory Committee
July 29, 2020

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Managed Care Accountability Set (MCAS)

MCAS is a set of performance measures selected by DHCS from national measure sets:

- National Committee for Quality Assurance (NCQA) HEDIS® measures
- Centers for Medicare and Medicaid (CMS) Adult and Child Core Measures

Medi-Cal Managed Care Plans (MCPs) report MCAS outcomes annually to evaluate the quality of care and services delivered to members.

For the 2019 measurement year, MCAS included 43 measures that addressed the following domains of care:

- Primary Care Access and Preventive Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Behavioral Health

Managed Care Accountability Set (MCAS)

Minimum Performance Level (MPL)

- For specific MCAS measures, DHCS mandates that MCPs achieve a rate that meets or exceeds the 50th national Medicaid percentile ranking.
- For measures with rates below the MPL, MCPs must implement improvement projects.

Of the 43 MCAS measures reported for MY 2019:

- 18 were held to the MPL
- 25 were not held to the MPL



Low Performing Measures in 2019

Well-Child Visits in First 15 Months of Life (W15)

The percentage of infants who turned 15 months in 2019 and had six or more well-child visits with a PCP during the first 15 months of life.

Measure	MY 2019 Rate	National Medicaid Ranking
W15	54.99	10 th Percentile



Low Performing Measures in 2019

Chlamydia Screening in Women (CHL)

The percentage of women, 16 to 24 years of age, who were identified as sexually active and had at least one chlamydia screening in 2019.

Measure	MY 2019 Rate	National Medicaid Ranking
CHL	56.02	25 th percentile



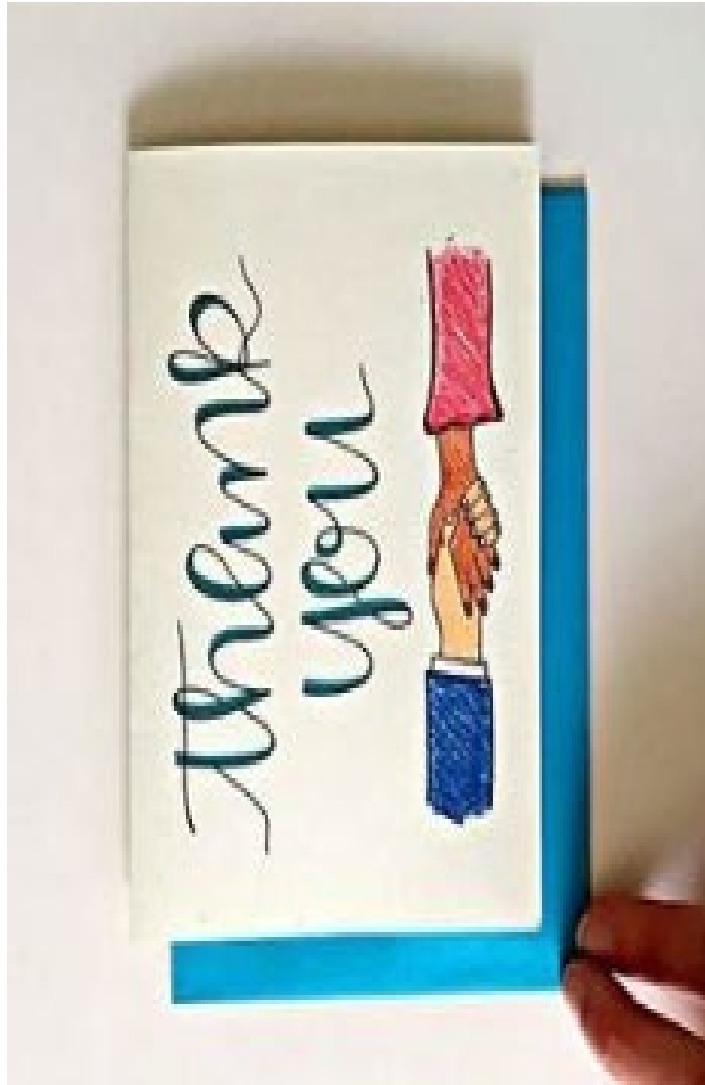
QI Activities/Interventions to Improve Metrics

- Analytic studies
 - ✓ Causes of low performance
 - ✓ Barriers in care
 - ✓ Health disparities
- Member outreach and education campaigns
 - ✓ Gaps in care – appointment scheduling
 - ✓ Education regarding preventive screenings and medication management
- Provider and member awareness campaigns
 - ✓ MY 2019 clinic report cards
 - ✓ 2020 clinic rate and gap reports
 - ✓ Provider communications (e.g. Provider Operations Bulletins, Memorandums, GCHP website resources)
 - ✓ Member communications (e.g. *Winning Health*, GCHP website resources)
- Member Incentives
 - ✓ Child/Adolescent Well Care Member Incentive: \$15 gift card
 - ✓ Cervical Cancer Screening Member Incentive: \$25 gift card

CAC Forum Discussion/Feedback

- What may be key barriers to members completing care for the following:
 - Infants - six or more well care exams by 15 months?
 - Women - annual chlamydia screenings?
 - Children and adults - managing their asthma medication?
- What additional activities/intervention strategies should GCHP consider to help improve performance measure outcomes?
- What community partnerships/resources can be used to help increase member engagement to improve these measures?







AGENDA ITEM NO. 9

TO: Community Advisory Committee

FROM: Nancy Wharfield, M.D., Chief Medical Officer
Rachel Lambert MS LMFT, Director of Care Management

DATE: July 29, 2020

SUBJECT: Updated Care Management Risk Assessment Survey

SUMMARY:

The Risk Assessment Survey has been updated to reflect importance of Social Determinants of Health when determining a member's health risk level.

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Consumer Advisory Committee receive and file the updated Risk Assessment Survey.

ATTACHMENTS:

- 1) Lambert, R., (2020). Care Management, Community Advisory Committee, Care Management Risk Assessment Survey Update, Presentation Slides.

Care Management Risk Assessment Survey Update

Community Advisory Committee

July 29, 2020

Rachel Lambert
Director of Care Management

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AGENDA

- Risk Assessment Survey Overview
- Risk Assessment Scoring
- Review Proposed Updated Risk Assessment Survey

Risk Assessment Survey Overview

- Care Management Coordinators (CMCs) perform a Risk Assessment Survey (RAS) at the beginning of the Care Management process to determine a baseline risk level for our members
- The RAS is a 35 question survey that assesses:
 - Provider Connection/Medical Equipment (10 points possible)
 - Inpatient and ED Utilization (18 points possible)
 - Physical/Medical Conditions and Comorbidities (21 points possible)
 - Polypharmacy and Medication Adherence (23 points possible)
 - Social Determinants of Health (28 points possible)

Notes About Scoring the RAS

- Our SPD population is considered high-risk regardless of RAS score
- The survey is housed within our medical management system and is scored automatically based on member answers
- The RAS score does not affect a member's access to CM services
- The RAS is used as a tool to help nurses and social workers in working with members and is used along with the Patient Activation Measure (PAM) to develop member centric goals appropriate for member's risk and level of engagement in their care.

Provider Connection/Medical Equipment (10 points possible)

RAS Questions	Potential Answer	Risk Value
When was the last time you saw your PCP?	In the last 30 days	0
	1-3 months	0
	3-6 months	0
	> 6 months	2
Do you see a specialist regularly?	Never	5
	Yes	0
	No	0
Do you have any barriers to being able to get to your PCP or Specialist?	Yes	2
	No	0
Do you use medical equipment?	Yes	0
	No	1
Did your doctor prescribe medical equipment that you have been unable to get?	Yes	2
	No	0

Physical/Medical Conditions and Comorbidities

(21 points possible)

RAS Questions	Potential Answer	Risk Value
Has your Doctor told you that you have any of the following conditions: Asthma, Arthritis (DJD), Heart Disease (CAD, CHF), Cystic Fibrosis, Stomach Issues (GERD), Diabetes (DM), Hepatitis, Seizures, Lung Disease (COPD), Kidney Disease, Cancer, Hypertension/high blood pressure (HTN), HIV/AIDS, High Cholesterol (Dyslipid), Tuberculosis (Total number of Comorbidities)	1-Comorbidity	1
	2-Comorbidities	3
	3-Comorbidities	5
	4-Comorbidities	10
	5-Comorbidities	13
Do you have any hearing deficits?	Yes	0
	No	0
Do you have any vision deficits?	Yes	0
	No	0
Do you have a condition that you feel is getting worse?	Yes	3
	No	0
Are you pregnant?	Yes	2
	No	0
BMI > 40?	Yes	3
	No	0

Inpatient and ED Utilization (18 points possible)

RAS Questions	Potential Answer	Risk Value
Have you been admitted to the hospital 3 or more times in the past 12 months?	Yes	4
	No	0
Have you been hospitalized within the last 3 months?	Yes	4
	No	0
Do you currently live in a hospital or other type of facility?	Yes	4
	No	0
Number of ER visits in the last 12 months	0	0
	1-4	3
	5 +	6

Polypharmacy and Medication Adherence (23 points possible)

RAS Questions	Potential Answer	Risk Value
How many prescribed medications are you currently taking?	0-3	0
	3-6	1
	6-10	2
	10-15	3
	15 +	5
Do you understand how to take your medication?	Yes	0
	No	2
Do you take your medications as prescribed? If no, how often do you forget or skip it?	Yes	0
	No- 0-2 times per week	3
	No- 3 or more times per week	5
Have you been on oxygen within the past 3 months?	Yes	4
	No	0
<i>Are you taking any medication NOT prescribed by your doctor or health care provider?</i>	Yes	4
	No	0
<i>Do you smoke tobacco or use any recreational drugs?</i>	Yes	3
	No	0

Social Determinants of Health (28 points possible)

RAS Questions	Potential Answers	Risk Value
Are you currently involved with any community agencies like CBAS or Tri-Counties Regional Center?	Yes No	0 0
Do you have someone who helps take care of you?	Yes No	0 0
Do you feel you need help in doing your regular daily activities?	Yes No	1 0
Have you given legal permission for someone to speak on your behalf regarding your health?	Yes No	0 0
<i>PHQ-2: Over the past two weeks have you felt little interest or pleasure in doing things?</i>	Not at all	0
	Several days	1
	More than half the days	2
	Nearly every day	3
<i>PHQ-2: Over the past two weeks have you been feeling down, depressed, or hopeless?</i>	Not at all	0
	Several days	1
	More than half the days	2
	Nearly every day	3
Is there something in your life that you feel is out of control?	Yes	2
	No	0

Social Determinants of Health (28 points possible)

RAS Questions	Potential Answers	Risk Value
<i>Within the past 12 months, have you worried about whether your food would run out before you got money to buy more?</i>	Yes No	2 0
<i>Within the past 12 months, have you run out of food before you had the money to buy more?</i>	Yes No	3 0
<i>Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?</i>	Yes No	5 0
<i>Within the past 12 months have you been unable to get utilities (heat, electricity, water) when it was really needed?</i>	Yes No	3 0
<i>Are you the primary caregiver for an elderly member of your family and or a disabled/sick child?</i>	Yes No	2 0
Do you feel safe where you live?	Yes No	0 2
Has your doctor prescribed medication for depression or anxiety?	Yes No	2 0