



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

Executive/Finance Committee Meeting

Special Meeting

Thursday, February 13, 2020 – 1:00 p.m.

Community Room at Gold Coast Health Plan

711 E. Daily Drive, Suite 106, Camarillo, CA 93010

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address Ventura County Medi-Cal Managed Care Executive Finance Committee on the agenda. Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the Executive Finance Committee 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 matter jurisdiction of the Committee.

CLOSED SESSION

1. PUBLIC EMPLOYMENT

Title: Chief Executive Officer

FORMAL ACTION

2. Additional Funding Request – Professional Services Statement of Work Approval for Medical Management System Integration with New Core Claims System

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

RECOMMENDATION: Approve additional funding for Medical Management System/ New Core Claims System integration with a not-to-exceed amount of \$200,000 with a 10% contingency.

CONSENT

3. Approval of Executive Finance Committee Special Meeting Minutes of December 12, 2019.

Staff: Maddie Gutierrez, CMC – Sr. Exec. Assistant/Clerk to the Commission

RECOMMENDATION: Approve the minutes.

UPDATE

4. Strategic Planning Update

Staff: Margaret Tatar, Interim Chief Executive Officer

RECOMMENDATION: Receive and file the update as presented.

5. Financial Update

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the update as presented.

6. Quest Update

Staff: Steve Peiser, Senior Director Network Management

RECOMMENDATION: Receive and file the update as presented.

CLOSED SESSION

7. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to paragraph (4) of subdivision (b) of Section 54956.9 Number of Cases: Unknown.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

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 Board. 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 Tuesday prior to the meeting by 3 p.m. will enable the Clerk of the Board to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 2

TO: Executive Finance Committee

FROM: Nancy Wharfield MD, Chief Medical Officer

DATE: February 13, 2020

SUBJECT: Additional Funding Request – Professional Services Statement of Work Approval for Medical Management System Integration with New Core Claims System

SUMMARY:

MHK, formerly MedHOK, is Gold Coast Health Plan's (GCHP) medical management system (MMS). The MMS is integrated with the Plan's current core claims administration solution, IKA. These integrations support the Plan's regulatory compliance and the delivery of member and provider services in the areas of provider authorization requests, grievances, medical appeals, health education, and care management. There are 22 batch-based integration files between MHK and our administrative services organization, Conduent.

GCHP is actively engaged in a large-scale enterprise transformation project (ETP), partnering with Conduent, to replace IKA with a new core claims system, Health Solutions Plus (HSP) with an estimated roll-out in November 2020. For GCHP to achieve our mission of provisioning high quality care and services to improve the health of our members, ETP must continue the business-critical data sharing between core claims and medical management.

Preliminary CY2017 ETP scope and budgetary planning guesstimates were based upon an assumption that interfaces would be replicated in HSP on a 'like-for-like' basis. Recent in-depth collaborative analysis and functional/technical assessment between Conduent, MHK, and GCHP presents an opportunity for the Plan to add significant long-term business value and lower costs with a business process improvement (BPI) approach rather than a 'like-for-like' approach. The BPI improvement approach enables GCHP to achieve the following outcomes:

- **Create efficiency and increase provider satisfaction through the timely delivery of authorized care** by replacing daily batch integrations with real-time provider authorization requests and decisions so that members receive the right care at the right time in the right place.
- **Mitigate risk of sanctions to the Plan from non-compliance of DHCS authorization turn-around-time standards** by improving efficiency with real-time authorization processing.

- **Reduce administrative burden** by eliminating the need for Health Services’ manual verification of every authorization request in two disparate systems, IKA and MHK. Health Services processed 65,534 authorizations in CY 2019.
- **Long term cost avoidance** by using MHK’s out of the box interface formats rather than current eight-year old GCHP customized legacy formats. Customizations are more difficult to maintain and to upgrade making for a more costly solution.
- **Correct provider data consistency to ensure accurate payment** by fixing a complex interface design flaw requiring Health Services’ rework and manual correction of requesting and servicing provider data.

In July 2019, the Commission approved the Plan’s enterprise project portfolio which includes the ETP project budget. The Plan recommends the Commission approve allocation of the below requested additional funds required to achieve the benefits outlined in the previous paragraph.

FISCAL IMPACT:

An additional \$200,000 for professional services plus, as a contingency, an additional 10% of the total amount approved for the integration is required for project completion. These additional amounts are not included in the FY19-20 ETP budget.

Add Cost differential language

MedHOK SOW	Dollars Requested	Budgeted
Prior Approved Integration Estimate	\$ 73,675	Yes
MHK Integration Estimate	\$200,000	No
10% Future Contingency	\$20,000	No

RECOMMENDATION:

It is the Plan’s recommendation to authorize the CEO to execute a statement of work with MHK Inc. in an amount not to exceed \$200,000 plus as a future contingency, execute any additional change orders up to an additional 10% of the total amount approved (includes prior approved amount and requested amount) for this project.

If the Commission desires to review this contract, it’s available at GCHP’s Finance Department.

AGENDA ITEM NO. 3

TO: Executive Finance Committee
FROM: Maddie Gutierrez, Clerk to the Commission
DATE: February 13, 2020
SUBJECT: Meeting Minutes of December 12, 2019 Special Executive Finance Committee Meeting

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the December 12, 2019 Special Executive Finance Committee meeting minutes.

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
Executive/Finance Committee Special Meeting**

December 12, 2019

CALL TO ORDER

Committee member Antonio Alatorre called the meeting to order via phone conference call at 2:22 p.m. in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

Interim Chief Executive Officer, Margaret Tatar, called into the meeting.

County of Ventura representatives, Bill Foley and Jennifer Wortham joined the call.

ROLL CALL

Present: Committee members Antonio Alatorre, Fred Ashworth, Dee Pupa, and Jennifer Swenson. Committee member Laura Espinosa was not present on the call at time of Roll Call.

Committee member Laura Espinosa joined the meeting at 2:33 p.m.

PUBLIC COMMENT

None.

Committee member Dee Pupa recued herself due to conflict of position held at the County of Ventura. She hung up the phone at 2:24 p.m.

DISCUSSION

1. Relationship Issues between Gold Coast Health Plan and County of Ventura.

Staff: Patricia Tanquary, Interim Chief Executive Officer

Ms. Tanquary passed gavel to Margaret Tatar to set stage on potential agreement between GCHP and VCMC. Ms. Tatar stated she has been working with VCMC on provider contract extensions. She stated she is mindful of long-term goals to put the Plan in good financial footing as well as long term good for VCMC. She also wants to address the short-term needs VCMC has voiced.

Committee member Swenson noted that we cannot share certain information related to a specific entity in a public forum. Ms. Tatar noted she will not share specific rate

information, she wanted to show transparency while maintaining confidentiality of rate information for the Commission and proceed accordingly.

Ms. Tanquary stated this meeting had two purposes: 1) to be transparent, provide information and financial impact of the proposed package and 2) to seek recommendations from the Committee.

Background information: the provider agreements between GCHP and VCMC will expire on 12/31/2019. The Quality Improvement agreement was not signed last year but a proposed revised contract is in consideration this year. In 2018/2019, there was a slight decrease in inpatient rates for VCMC hospital services.

The first component: of the proposal is an increase in hospital outpatient rates for the VCMC. Time was spent analyzing data and comparison of overall inpatient and outpatient rates for all GCHP contracted hospitals. Outpatient rates paid to VCMC are less than the average outpatient rates of other GCHP contracted hospitals. We propose an increase in the VCMC outpatient rates as a parity adjustment for the next contract period. This proposed increase is \$2.7 million over 6 months.

The second proposed component: Quality Improvement Agreement – GCHP is required to meet 50% HEDIS measures. A value-based arrangement with VCMC to improve achievement of 5 metrics has been under discussion for some time and is important to reach this requirement. VCMC could earn up to \$1.15million amount over the next measurement period in 2020. GCHP could make three (3) payments over the next year as part of this Quality Improvement Agreement.

The third proposed component: The Plan suffers from higher costs when members go out of County for subacute care. We are proposing retaining VCMC to provide consulting services to develop and implement a strategic plan to increase subacute beds at VCMC. VCMC has been reviewing an opportunity to create a subacute joint initiative which would be developed over six (6) months in the next year. The amount for this component is \$380,000.00

Committee member Laura Espinosa joined the call at 2:33 p.m.

The total contract change of all components is \$4 million. Chief Financial Officer, Kashina Bishop, stated if everything stays consistent, we should break even with this contract change.

Committee member Swenson asked for a re-cap of components 1 and 2. Ms. Tanquary stated 1) there would be a parity adjustment increasing hospital outpatient daily rates. Total amount = \$2.7 million. 2) Quality Improvement Agreement in the amount of \$1.15 million. Committee member Swenson asked about subacute. Ms.

Tanquary stated in the 2nd half of the year GCHP would anticipate transfers into VCMC instead of out of County. Committee member Swenson asked: 1) where do patients go today, what percentage in County, what percentage out of County - she requested clarity. 2) She does not believe it makes sense to have the Plan bear the cost of development of VCMC's subacute capacity.

Ms. Tanquary stated that a Plan may retain consulting services from a provider for a strategic plan development. The development of the Plan would present savings in Plan future claim costs. Sr. Director of Network Operations, Steve Peiser, stated subacute services in Ventura County is currently limited to Pleasant Valley. Many patients end up in Los Angeles County; 63% of total subacute admission go out of County. Committee member Ashworth stated he agreed with Committee member Swenson on the Plan not funding the cost of this development.

Committee Chair Alatorre stated that the County needs to bear those costs. He stated that the Commission did not know until the October Commission meeting that the County had received an increase as well as a retro payment in the amount of \$8.8 million. Committee Chair Alatorre stated all deals were done behind the scenes and had concerns.

Ms. Tanquary stated that the QIP is important to the Plan. DHCS expects H.P. rates at 50% of MPL. Committee Chair Alatorre stated \$1.15 million should be spread out to all providers. We cannot afford a pilot; the Plan has lost \$57 million. Ms. Tanquary stated that GCHP would like to develop QIPs with other providers in the future but wanted to focus on a first pilot being successful with the largest provider, VCMC. Committee member Ashworth asked about the three (3) payments – claw back with provisions if targets not met? Ms. Tanquary stated GCHP is currently working on the language. We proposed a “true up” concept at the end of the period. Committee member Ashworth stated he supported the QIP, but to limit true-up to same year, not over future contract years, if there was a shortfall. Committee member Ashworth agrees with Committee Chair Alatorre - this would be an expenditure, instead we need to look at savings to re-balance.

Mr. Peiser stated that over five (5) years, VCMC rates have remained stable. Commission members expressed concerns about these added costs. Ms. Tanquary stated VCMC is out of contract by 12/31/2019. If no contract, there would be serious financial repercussion. Ms. Tanquary stated we must notify DHCS if the contract is terminated and transfer members.

Ms. Tatar stated DHCS typically does seek to confer with authority on local plans to deal with local issues. As a COHS, we have obligations to negotiate these issues. Committee Chair Alatorre stated that the County can't afford to have the contract lapse. Committee member Swenson stated she didn't want to see the contract expire,

but there is a disconnect on the path with the County and what is presented today. She agrees with the QIP, but we need to push back based in information given today. We need to align quality and cost. Committee member Ashworth asked if 12/31/2019 is all or nothing. Ms. Tanquary stated there is an urgency for the County – they need to report to their Board of Supervisors next week. Ms. Tanquary stated GCHP has tried to work with VCMC. Committee member Swenson asked what the process for the contract is, if not continued, and asked instead to get an extension. Ms. Tanquary stated that we do not have an extension yet. The County has serious need for all dollars and its budget will be discussed at the next Board of Supervisor meeting.

Ms. Tanquary stated that VCMC may not agree to an extension with no increase but GCHP will pursue such an extension. She suggested a discussion with VCMC about an extension as well as the QIP. Ms. Tanquary stated that the QIP is critical for Plan to improve its HEDIS scores.

Committee member Ashworth stated he proposed to enter into an extension of the current VCMC agreement, not to exceed six (6) months. Commissioners recommended the QIP and not include subacute or outpatient rate increase. They recommended reviewing measurement points in six (6) months to achieve savings as an offset.

Ms. Tanquary clarified the recommendations: 1) enter a six (6) month extension of the VCMC agreement 2) go forward with the QIP, 3) not implement subacute or outpatient rate increase as proposed. These recommendations will be monitored and reported to the Commission.

Committee member Swenson asked for a Roll call on each of the three (3) points:

Roll Call vote for item #1:

Committee Chair Alatorre	No
Committee member Ashworth	No
Committee member Espinosa	No
Committee member Swenson	No

Roll Call vote for item #2

Committee Chair Alatorre	Yes
Committee member Ashworth	Yes
Committee member Espinosa	Yes
Committee member Swenson	Yes

Roll Call vote for item #3

Committee Chair Alatorre	No
Committee member Ashworth	No
Committee member Espinosa	No
Committee member Swenson	No

Clerk asked for second. Committee member Swenson seconded motion.

Clerk asked if there was more discussion. There was none.

Final Roll Call Vote:

Committee Chair Alatorre	No
Committee member Ashworth	Yes
Committee member Espinosa	No
Committee member Swenson	Yes

The vote is tied. The motion failed.

Ms. Tanquary stated that GCHP will communicate this information to County. We will have to see if we can extend the contract and will notify DHCS if the contract expires. She stated concern about members being transferred to other providers if this contract terminates.

Committee member Ashworth asked what the process for a counter proposal is. Ms. Tatar stated the Commission delegated responsibility to management.

Committee Chair Alatorre stated he had heard there are two (2) contracts with VCMC, he asked for confirmation. Mr. Peiser clarified there are three (3) contracts: hospital, specialists and PCP's via clinics. Committee member Espinosa asked if all three (3) contracts are looked at as one (1). General Counsel, Cathy Salenko, stated all three contracts expire on 12/31/2019. Committee member Ashworth asked if there is a thirty (30) day notice provision. Ms. Tanquary stated that was correct.

Ms. Tatar stated based on recommendations made today, GCHP will follow-up with VCMC to negotiation extensions of the current contract. Without extensions, continuity of care and specific provisions apply, and we will continue to update the Commission. If we cannot work with the County, we will notify DHCS. She is confident we can work with the County on continuity of care.

ADJOURNMENT

Committee Chair Alatorre motioned to adjourn. Seconded by Committee member

Meeting adjourned at 3:48 p.m.

Minutes submitted by:

Maddie Gutierrez, CMC

AGENDA ITEM NO. 4

TO: Executive Finance Committee
FROM: Margaret Tatar, Interim Chief Executive Officer
DATE: February 13, 2020
SUBJECT: Strategic Planning Update

RECOMMENDATION:

Receive and file the update as presented.

Integrity

Accountability

Collaboration

Trust

Respect

GOLD COAST HEALTH PLAN STRATEGIC PLAN FY 2020

Margaret Tatar
Interim Chief Executive Officer

February 13, 2020

THE PLANNING PROCESS



Framework

GCHP Strategic Objectives

1. **GCHP will be a collaborative community partner in the implementation of Medi-Cal Healthier California for All**
2. **GCHP will be a health care leader delivering quality health outcomes to our members**
3. **GCHP will be an effective strategic business partner in Ventura County**
4. **GCHP will demonstrate responsible fiscal stewardship of public funds**
5. **GCHP will be considered a great place to work**
6. **GCHP will be positioned to best meet the future demands of providing quality health care and exceptional service to our members**



S
Specific

Do: Set real numbers with real deadlines.
Don't: Say, "I want more visitors."

M
Measurable

Do: Make sure your goal is trackable.
Don't: Hide behind buzzwords like, "brand engagement," or, "social influence."

A
Attainable

Do: Work towards a goal that is challenging, but possible.
Don't: Try to take over the world in one night.

R
Realistic

Do: Be honest with yourself- you know what you and your team are capable of.
Don't: Forget any hurdles you may have to overcome.

T
Time-bound

Do: Give yourself a deadline.
Don't: Keep pushing towards a goal you might hit, "some day."

Primary focus current Fiscal Year through 2026:

1. Medi-Cal Healthier California for All (formerly CalAIM) implementation
2. Enhanced Partnership with Community and Providers on behalf of the Commission in meeting Medi-Cal Healthier California for All requirements
3. GCHP Financial stability
4. Ensure GCHP adequate infrastructure

Key Takeaways- December 9, 2019, Planning Session

Key Landscape changes since December 9, 2019, Planning Session

1. Key California Updates

1. Governor Newsom introduced his FY 2020-21 Budget and key trailer bills, providing details on waiver implementation
2. Under the FY 2020-21 budget, local plans have been identified as possibly participating in a Public Option under Covered California
3. Dr. Brad Gilbert was appointed as the Director of the Department of Health Care Services (DHCS), marking the *first time in California history* that we have a Physician Leader as the Secretary of CAHHS and a Physician Leader as the Director of DHCS
4. Under DHCS, plans are anticipating materially increased expectations

2. Key Federal Updates

1. CMS issued a proposed rule titled Medicaid Fiscal Accountability Regulation (MFAR) aimed at addressing several concerns about certain Medicaid provider payments and states' methods of financing the nonfederal share.
2. Under CMS guidance, states could apply for waivers that would convert their Medicaid programs for adults into a form of a block grant, with capped federal funding and new authorities to cut coverage and benefits

3. 2020 Presidential Election

2020-21 Budget Cycle

FY 20-21 BUDGET DEVELOPMENT CALENDAR

2020	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				
March 20: Submit Budget Package To Department Directors							

2020	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30		
Apr 3: Budget due to Executive Apr 10: Executive Approval April 20: Start Revenue and Medical Expense Budget April 24: Finance to Finalize Review/Questions							

2020	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31						
May 5: Present Prelim Budget to the Executive team May 19: Finalize budget figures May 26: Draft budget document to Executive team							

2020	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30				
Jun 3: Budget document to Maddie for Exec/Fin meeting June 11: Executive Finance Meeting June 15-19: Individual mtgs with interested Commissioners June 22: Commission Approval							

THE PROPOSED PLAN

Objective One: GCHP will be a collaborative, consultative, and fully engaged community partner in the implementation of Medi-Cal Healthier California for All (formerly CalAIM)

STRATEGIES

- Build collaborative consensus throughout the VC health care delivery system in the approach and implementation of Medi-Cal Healthier California for All
- Convey the positive outcomes and successes of our providers within the community and managed care landscape
- Partner with key stakeholders across the care continuum to participate in Medi-Cal Healthier California for All directives




TACTICS

- Work towards shared community goals for Medi-Cal Healthier California for All
- Extend support to advance goals of VC providers in the implementation of Medi-Cal Healthier California for All
- Build VC Community Based Organizations (CBO) collaboration
- Optimize and leverage Commission engagement and guidance
- Actively promote D-SNP across Ventura County
- Develop consistent standards of care in partnership with Providers
- Explore possibility of Universal Consent form

GOALS

- Develop initiatives to address the following DHCS Medi-Cal Healthier California for All directives:
 - Population Health Management
 - Implement Enhanced Care Management (ECM) benefit for management of complex patients
 - Transition of WPC to managed care plan
 - Obtain NCQA Certification by January 2025
 - Implement D-SNP by January 2023
 - Build Quality Metrics into Provider contracts

MEASURE/TIMEFRAME

- Analyze requirements for Medi-Cal Healthier California for All initiatives – Dec 2019 
- Identify key Medi-Cal Healthier California for All collaboration stakeholders - Dec 2019 
- Establish internal and external workgroup participants and schedules – Jan-Feb 2020 
- Develop plans and approaches (ongoing through 2020)
- Plan ECM transition report for DHCS by July 2020
- Begin NCQA process – Feb 2020
- Submit NCQA application – May 2022
- Secure NCQA certification – May 2024
- Begin alignment of process with NCQA standards – Feb 2020
- Advance, promote, facilitate county, community, and commission collaborations regarding D-SNP approach – 2019 and beyond
- Begin D-SNP application process – Feb 2020
- Submit D-SNP application – Nov 2021
- Secure D-SNP – May 2022
- PBM RFP D-SNP - Mar 2021; implement by Jan 2023
- Establish sub-committee to monitor contract performance – June 2020
- Conduct meetings with County stakeholders in preparation for Cal AIM implementation – Jan 2020
- Develop and implement a strategy and engagement calendar for public release – March 2020






COMPLETE




Objective Two: GCHP will be an effective strategic business partner in Ventura County

TACTICS	STRATEGIES
<p>MEASURE/TIMEFRAME</p> <ul style="list-style-type: none"> • Ensure performance of strategic service providers in the execution of plan operations • Evaluate and implement new contractual models to achieve the quality outcomes within the Medi-Cal Healthier California for All framework • Leverage provider relationships in the delivery of Medi-Cal Healthier California for All • Leverage resources to share and convey GCHP story • Expand community events participation and sponsorship 	<p>GOALS</p> <ul style="list-style-type: none"> • Streamline the business partnership experience • Collaborate with our provider network/community to build quality programs and reward excellence in quality Outcomes • Address Medi-Cal Healthier California for All learning curve for both internal and external stakeholders
<ul style="list-style-type: none"> • Conduct provider satisfaction survey - Nov-Dec 2019  • Share results with Commission – Mar 2020 • Develop and execute action plan(s) to address key findings – Mar 2020 and beyond • Conduct regular training and education sessions on Medi-Cal Healthier California for All for internal and external stakeholders – ongoing through 2022 • Implement eVips system – Sept 2020 	<p>Develop and enhance ability to partner with providers in the delivery of quality care to GCHP members and achieve Medi-Cal Healthier California for All goals.</p> <p>Procure and implement provider contract modeling, credentialing and data management solution to support the transition to APMs and integrate with new core claims system.</p> <p>Ensure ASO performs to full contractual compliance</p>
<ul style="list-style-type: none"> • Assessment of ASO performance – Mar 2019 • Review findings with Executive Finance – Apr 2020 • Review assessment findings with Commission – Apr 2020 	<p>Implement AHP Plan-to-Plan (P2P) Pilot & Evaluate and support county Plan-to-Plan contract efforts</p>
<ul style="list-style-type: none"> • Achieve enterprise consensus on delegated oversight implementation for new business model • Perform pre-delegation audit following regulatory approval of the P2P Pilot • Work with the delegates to address any pre-delegation deficiencies • Facilitate ongoing conversations with GCHP business owners to ensure adequate line of sight into the implementation and execution of the P2P Pilot. • Launch GCHP Community eNewsletter – March 2020  • Refresh GCHP intranet “Compass” – Mar 2020 • Launch GCHP social media platform – Mar 2020 • Refresh GCHP website – June 2020 • Solicit Commission feedback for packet format and content – Jan-Feb 2019  • Packet updates; iterative through FY19/20 	<p>Utilize and leverage multi-channel communications to share outcomes and successes</p> <p>Optimize communications with and responsiveness to GCHP Commission</p>



Objective Three: GCHP will be a health care leader delivering quality health outcomes to our members

STRATEGIES	TACTICS
<ul style="list-style-type: none"> • Ensure access to and availability of quality care • Invest in quality data • Build a culture of quality care • Promote integrated care across the continuum 	<ul style="list-style-type: none"> • Promote, recognize, and advance the success of its providers in quality and performance • Advance and promote HIE for Ventura County • Advance data optimization and interoperability • Demonstrate commitment to Quality outcomes
GOALS	MEASURE/TIMEFRAME
Establish Annual Provider Quality Awards Event	<ul style="list-style-type: none"> • Host inaugural awards event Q42020 - Oct – Dec 2020
Advocate for and promote HIE for Ventura County	<ul style="list-style-type: none"> • Engage, assist, and convene stakeholder groups in the HIE evaluation and decision-making process - Nov 2019 – Mar 2020 
Optimize encounter data collection and quality	<ul style="list-style-type: none"> • Assess current state, identify gaps. Establish baseline, incremental performance goals, and workgroups. – Mar 2020 • Develop improvement action plans – May 2020
Launch GCHP Enterprise Data Warehouse	<ul style="list-style-type: none"> • Procurement & Commission Recommendation – Jul 2020 • Phase 1 completion – Dec 2020
Comply with CMS/ONC advancement of interoperability	<ul style="list-style-type: none"> • Research solution marketplace, conduct risk assessment, and determine approach - Mar 2020 • Establish the budget - Apr 2020 • Procurements - Apr-Jun 2020 • Implementation - TBD based on procurement
GCHP will achieve outcomes in the 50th percentile in all measures of MCAS	<ul style="list-style-type: none"> • Implement gap closure program - Dec 2019  • Implement INDICES provider portal for providers - May 2020 • Leverage quality forum for clinic system best practices- Mar-May 2020  • Increase member incentive opportunities and budget accordingly - FY20-21

Objective Four: GCHP will demonstrate responsible fiscal stewardship of public funds

STRATEGIES	TACTICS
<ul style="list-style-type: none"> • Ensure long-term financial solvency • Ensure fiscal discipline • Build a culture of compliance • Invest in the community 	<ul style="list-style-type: none"> • Optimize RDT to maximize revenue • Minimize risk of financial and negative plan brand exposure due to unforeseen/unplanned issues • Develop and implement action plans to ensure appropriate and efficient medical utilization. • Minimize risk of financial and negative plan brand exposure due to unforeseen/unplanned issues • Evaluate current County-wide system resources in order to meet Enhanced Care Management (ECM) requirements and improve delivery of ECM
GOALS	MEASURE/TIMEFRAME
<p>Reduce interest paid on claims by 10%</p> <p>Develop prospective approach to RDT</p> <p>Establish formal organizational risk management</p>	<ul style="list-style-type: none"> • Implement reporting and metrics in claims queues to reduce interest related to delays in payments – Dec 2019  • Identify pass through opportunities and reporting for errors and omissions – Dec 2019  • Identify reporting and agreement from external vendor to capture errors and omissions which impact interest and overpayments - Feb 2020  • Develop approach – Mar 2020 • Develop Risk Management Framework by June 2020 • Complete first full organizational risk assessment by June 2021

Objective Five: GCHP will be considered a great place to work

STRATEGIES	TACTICS
<ul style="list-style-type: none"> Establish a positive workplace culture Ensure that diversity and inclusion are part of our DNA Enhance culture/work environment 	<ul style="list-style-type: none"> GCHP will develop more deliberate strategies for employee communications GCHP will advance talent retention GCHP will shift the culture to a positive inclusive workplace Ensure resources are adequate to meet DHCS and Medi-Cal Healthier California for All mandates and requirements
GOALS	MEASURE/TIMEFRAME
<p>Conduct employee survey</p>	<ul style="list-style-type: none"> Employee survey completed by Dec 2019  Share results with Commission - Jan – Feb 2020  Develop action plan(s) based on survey results to address culture improvement opportunities identified by the survey - Mar 2020
<p>All GCHP departments will have regular meetings; no less than monthly Mandatory all-hands meetings</p>	<ul style="list-style-type: none"> Number of meetings attended throughout fiscal year Percentage of staff attendance at all-hands meetings – Target 100% participation *except for staff on PTO/LOA - Jan 2020
<p>Continue “Culture Code” work to build “safety” throughout the organization</p>	<ul style="list-style-type: none"> Continue work with the Managers to develop consistent behaviors and communication to infuse “safety” throughout the organization Involve employees at all levels in the culture shift Develop and communicate norms for behavior and accountability with formalized feedback for the desired result
<p>Identify and document current talent retention and Organizational Development initiatives</p>	<ul style="list-style-type: none"> Identify high performers through talent calibration sessions with the leadership team by July 2020 Design and implement development programs and opportunities to address high performer needs by June 2020 Design, schedule, and implement learning opportunities for managers and above to prepare them to be servant leaders with an eye to accountability
<p>Recognize employee contribution</p>	<ul style="list-style-type: none"> Develop an employee recognition program – Dec 2020

Objective Six: GCHP will be positioned to best meet the future demands of providing quality health care to our members

STRATEGIES	TACTICS
<ul style="list-style-type: none"> Work across all departments to create work plans that reinforce our foundation while permitting sustainable growth in the future Explore opportunities for future Medi-Cal programs and other lines of business to expand services to GCHP members Explore innovative programs to improve quality outcomes and population health Enable GCHP to successfully implement Medi-Cal Healthier California for All 	<ul style="list-style-type: none"> Develop appropriate infrastructure to meet Medi-Cal Healthier California for All initiatives Participate in the facilitation of new programs and sources of revenue for the community Develop a Pharmacy carve-out strategy Develop and implement action plans to ensure appropriate medical care in an efficient manner Focus on developing internal infrastructure to reduce costs and increase efficiencies Develop leadership, increase transparency, and improve intra and inter-departmental communication
GOALS	MEASURE/TIMEFRAME
<p>Successful implementation of GCHP enterprise portfolio initiatives:</p> <ul style="list-style-type: none"> Successful implementation of ETP Invest and implement foundational infrastructure that enables Plan nimbleness Obtain Knox Keene license <p>Successful Pharmacy Carve Out by January 1, 2021</p>	<ul style="list-style-type: none"> ETP go-live November 2020 Information Technology investment areas for FY 19/20 <ul style="list-style-type: none"> Windows 10 Upgrade - Mar 2020 Cloud Access Security Broker - Jun 2020 Network and Security Architecture - Jul 2020/Implementation Dec 2020 Internet Service Provider Expansion- Sep 2020 Begin Knox Keene license process – Oct 2020 Submit Knox Keene application for licensure – Mar 2021 Secure Knox Keene licensure – May 2022 Assist DHCS with provider and member notification to ensure understanding of the new carve-out processes and to limit negative member impact - Ongoing through 2020 Develop ability to consume NCPDP drug format – dependent upon state PBM project timeline - Ongoing through 2020 Analyze and communicate implications from the Rx carve out for HRA, IHAs, and case management - Ongoing through 2020 Participate and provide feedback into Rx Carve out stakeholder groups to ensure minimum disruption to GCHP members. - Ongoing through 2020 Ensure continuing conversations with DHCS regarding data collection changes related to Pharmacy Carve-out – Ongoing through 2020 Establish process to include and consolidate CMS and local state public agency regulations into compliance purview – July 2020
<p>Ensure optimal process for meeting state public agency, DHCS and CMS Medi-Cal/Medicaid program regulatory compliance</p>	

NEXT STEPS: BUDGET



AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Kashina Bishop, Chief Financial Officer
DATE: February 13, 2020
SUBJECT: Financial Update

SUMMARY:

Staff presented the most recent financial statements at the January 27, 2020 Commission meeting. Staff is presenting updates from discussion items during that meeting. The financial statements as of January 31, 2020 will be presented at the February 24, 2020 Commission meeting.

BACKGROUND/DISCUSSION:

Financial Statement Timing:

Due to the flow of claims data necessary to calculate medical expenses, the earliest possible date that Gold Coast Health Plan (GCHP) can complete financial statements is by the 15th of the following month. There is a lag between when GCHP pays a claim and when the service is performed, and accounting rules require that the medical expense be estimated. The standard methodology to estimate medical expense is through the Incurred But Not Paid (IBNP) calculation which a significant estimate impacting the financial statements each month.

At GCHP, claims data is transferred to Milliman MedInsight on the 2nd business day of each month, MedInsight then processes that data and creates a file for the IBNP calculation by the 10th of each month. The Decision Support Services department utilizes that file to build the data file for Finance within 3 business days. Finance reconciles the file and then forwards on to Edrington Health Consulting to perform the actual IBNP calculation, allowing 2 days to complete and review the calculation, record the necessary journal entry, and review the completed financial statements.

Because of this timeline, GCHP had historically presented the financial statements a month in arrears. However, due to the financial position of the Plan, staff recommends that the Commission is presented with the most current statements available. The Commission meetings in May and November 2020 are early in the month, and we will not have sufficient claims status to produce the financial statements prior to the meeting. During these months, the financial statements will be presented to the Executive Finance Committee in the following month and two months will be presented at the next Commission meeting. We will continue to explore ways to expedite this process in the long term.

Quest Capitation Implementation:

Steve Peiser, Senior Director of Network Operations, will give a verbal presentation on the status of the Quest implementation.

RECOMMENDATION:

Staff requests that the Executive Finance Committee accept and file to financial update.

CONCURRENCE:

N/A

ATTACHMENT:

N/A

AGENDA ITEM NO. 6

TO: Executive Finance Committee
FROM: Steve Peiser, Senior Director Network Management
DATE: February 13, 2020
SUBJECT: Quest Update

SUMMARY:

Gold Coast Health Plan has entered into a Preferred Provider Agreement with Quest Diagnostic labs for the provision of outpatient lab testing, effective February 1, 2020. The purpose of this new arrangement is to better align the delivery of outpatient lab services to achieve better cost, better care and better outcomes for the Plan and our members.

There have been some initial challenges associated with the implementation of the program as two hospital systems for technical and logistical reasons are unable to fully transition patients to Quest in which these health systems will, over a 30-90-day period, continue to refer GCHP members to their hospital lab for services. This will require that the Plan continue to pay these facilities, in the interim, on a fee-for-service basis in accordance with their current contract rate. The purpose of this presentation is twofold:

1. Address the Transitional Cost Impact due to the two health systems not having the ability to fully transition all their members to Quest for outpatient labs.
2. Address Lab Direction Facility Provider Impact (Ventura County Hospital's only). This answers the question raised at the Commission meeting regarding how re-direction of outpatient labs performed in the hospital setting will be impacted.

RECOMMENDATION:

Receive and file the update as presented.



Quest Lab and Plan Impact: *Transitioning Clinics and Ventura County Facility Lab Redirection*

PNO Presentation to Executive Finance Committee
February 13, 2020

Integrity

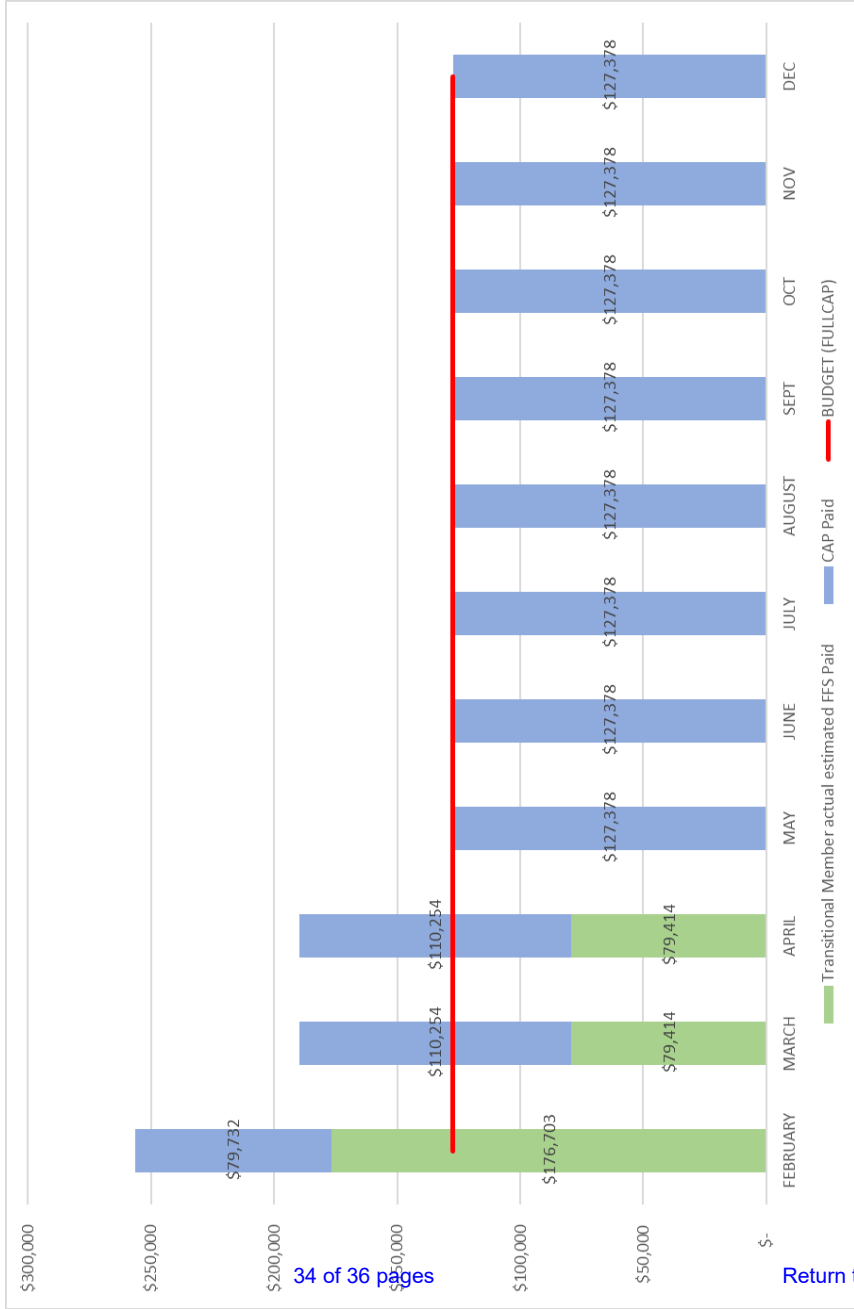
Accountability

Collaboration

Trust

Respect

Transitional Clinic Cost Impact



Month One:

Member: 44,529 FFS – 74,516 CAP
Over: \$256.5K vs \$127.4K

Month Two:

Member: 16,004 FFS – 103,041 CAP
Over: \$189.7K vs \$127.4K

Month Three:

Member: 16,004 FFS – 103,041 CAP
Over: \$189.7K vs \$127.4K

Month Four:

All applicable members transitioned

Result:

\$253.6K Over the expected annual impact: \$1.66M vs \$1.40M

Note:

-Based on December 2019 membership (MI) – 119K Mbrs
-Assumes \$1.07 PMPM Cap Rate

Lab Redirection Facility Provider Impact



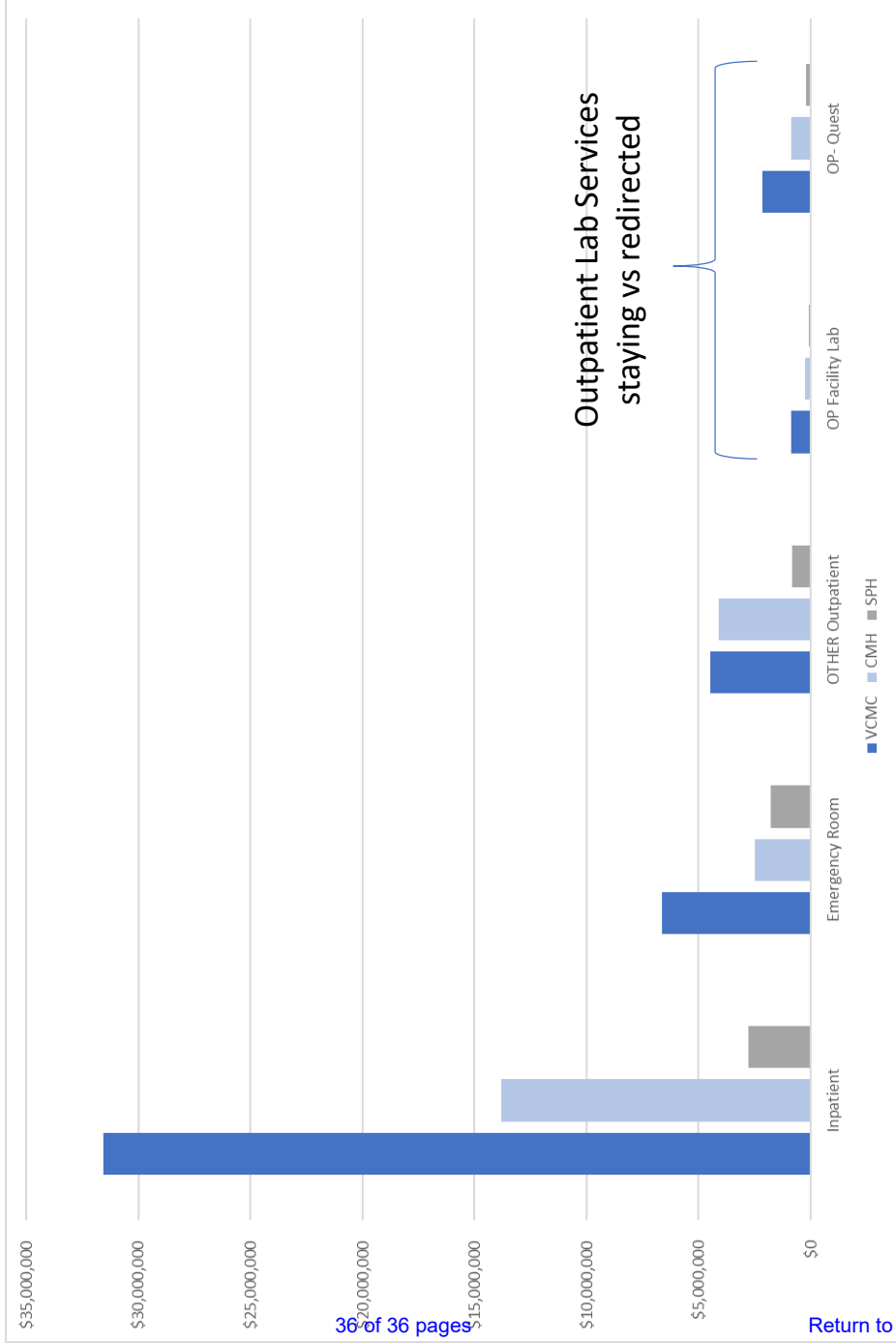
Total Paid to Ventura County facilities for all services (ER/IP/OP/Subacute)

Total Paid for outpatient lab services to VC facilities. Lab services rendered in ER are not impacted.

Total Paid for services at VC facilities which will be transferred to Quest

Average \$ Impact:
2.2% of Total Paid

Lab Redirection Facility Specific Impact



Labs performed in Inpatient and emergency room setting will **remain** within the facility

Outpatient lab services to remain at facility, such as:

- Blood bank
- Cancer related services:
 - Chemotherapy
 - Radiation
- Cytopathology
- Observation Labs