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

Provider Advisory Committee Meeting (PAC)

Wednesday, May 8, 2019, 7:30 a.m.
Gold Coast Health Plan, 711 E. Daily Drive, Community Room, Camarillo, CA 93010

AGENDA

OATH OF SERVICE
CALL TO ORDER/ROLL CALL
PLEDGE OF ALLEGIANCE
ESTABLISH QUORUM

PUBLIC COMMENT

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

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

1. Introductions and Welcome
   Staff: Steve Peiser, Senior Director, Network Management

2. CEO Welcome
   Staff: Dale Villani, Chief Executive Officer (CEO)

3. Market Changes
   Staff: Steve Peiser, Sr. Director, Network Management
   Medi-Cal enrollment; Value-based payment

4. Financial Overview
   Staff: Kashina Bishop, Chief Finance Officer (CFO)
   Quarterly financial overview

5. Quality Report
   Staff: Kimberly Timmerman, Director of Quality Improvement

Meeting Agenda available at http://www.goldcoasthealthplan.org
6. **New guidelines for access to care**  
   Staff: Dr. Nancy Wharfield, Chief Medical Officer (CMO)

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

**ADJOURNMENT**

Unless otherwise determined by the Committee, the next regular meeting of the Provider Advisory Committee will be held on August 14, 2019, 7:30 a.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110 Community Room, Camarillo, CA 93010.

Meeting Agenda available at [http://www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)

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

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

The agenda was posted at the Gold Coast Health Plan Notice Board and on its website.
AGENDA ITEM 1

To: Gold Coast Health Plan Provider Advisory Committee
From: Steve Peiser, Senior Director Network Management
Date: May 8, 2019
Re: Introductions and welcome

Verbal Presentation
AGENDA ITEM 2

To: Gold Coast Health Plan Provider Advisory Committee
From: Dale Villani, Chief Executive Officer (CEO)
Date: May 8, 2019
Re: CEO Welcome

Video Presentation
AGENDA ITEM 3

To: Gold Coast Health Plan Provider Advisory Committee
From: Steve Peiser, Senior Director Network Operations
Date: May 8, 2019
Re: Market Changes

Verbal Presentation
Market Overview and Challenges

Provider Advisory Committee

May 8, 2019

Steve Peiser
Senior Director
Network Management
**Figure 1**

**Medi-Cal Managed Care Models, by County**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Enrollment as of Dec. 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-Plan</td>
<td>6,823,513</td>
</tr>
<tr>
<td>Imperial/San Benito</td>
<td>84,183</td>
</tr>
<tr>
<td>Regional Model</td>
<td>294,386</td>
</tr>
<tr>
<td>Geographic Model</td>
<td>1,132,152</td>
</tr>
<tr>
<td>COHS</td>
<td>2,109,832</td>
</tr>
</tbody>
</table>
Unassigned members are Newly Eligible/Enrolled

Administrative Member(s)
- Share of Cost (SOC): a Member who has Medi-Cal with a Share of Cost requirement.
- Long-Term Care (LTC): A Member who is residing in a skilled or intermediate-care nursing facility and has been assigned an LTC Aid Code.
- Out of Area: A Member who resides outside GCHP’s service area but whose Medi-Cal case remains in Ventura County.
- Other Health Coverage: A Member who has other health insurance that is primary to their Medi-Cal coverage; this includes Members with both Medi-Cal and commercial insurance. Medi-Cal is the payer of last resort; therefore GCHP Members with other coverage must access care through their primary insurance.
Medi-Cal Managed Care: An Overview and Key Issues

- **Access to care**
  - Gaps in access: certain specialists, behavioral health providers, long term care services
  - Low payment rates barrier to participation
  - Language and cultural gaps

- **Controlling costs**
  - Continued increases in total medical expenses for all COHS plans over the past 4 years. Rate of increase 65% from $1,280 to $2,121
  - GCHP MLR is 97% an unsustainable trend
  - Alternative Payment methodologies

- **Transitions for people with complex needs**
  - Robust transition care planning is required for patients moving from FFS to Medi-Cal managed care.
  - Beneficiary and provider engagement, timely transfers of data, continuity of care protections, beneficiary information & navigation assistance and coordination of carve-out services (i.e. CCS)

- **Increasing focus on metrics, performance quality and accountability**
  - DHCS has taken significant steps to improve data reporting by Medi-Cal Plans, needed for:
    - rate setting, monitoring, value based initiatives and quality performance (HEDIS)
  - DHCS established a performance dashboard making Plan-level quality available increasing transparency and accountability

- **Other issues:**
  - Increased State regulation & Mega-Rule
    - sets the stage for changes in the role and operation of managed care plan to transform the health care delivery and payment system.
Gold Coast Health Plan Provider Network Summary

<table>
<thead>
<tr>
<th>PROVIDER TYPE</th>
<th># of PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care (MD’s, DO’s, Midlevel's)</td>
<td>388</td>
</tr>
<tr>
<td>Specialists</td>
<td>4,957</td>
</tr>
<tr>
<td>Hospitals (Acute &amp; Tertiary)</td>
<td>19 Acute/5 Tertiary</td>
</tr>
<tr>
<td>Behavioral Health (MD’s, Ph.D’s, MSW’s, LCSW’s LMFC</td>
<td>382</td>
</tr>
<tr>
<td>Pharmacy (Ventura County Only)</td>
<td>157</td>
</tr>
<tr>
<td>Other Service Providers</td>
<td>404</td>
</tr>
</tbody>
</table>
Value Based Payments

Provider Advisory Committee

May 8, 2019

Steve Peiser
Senior Director
Network Management
Network Strategy & Innovation

- A shift toward increased collaboration between payors and providers, outcome-based payment is driving innovation in payment models and delivery system configuration.

- We are developing and implementing value-based incentive programs that reward care providers for improvements in quality and efficiency.
  - Payment Reform/Alternative payment Strategy
  - Delivery System Strategy
  - Aligned Payor-Provider Strategy

- We are supporting delivery systems as they become more integrated and accountable for cost, quality and experience outcomes.

- Alignment across our Network, Product and Clinical innovations will allow us to increase value for providers and consumers.
VALUE BASED CONTRACTING STEERING COMMITTEE

- Develop and recommend standards for value based/ Pay-for-Performance models
- Identify opportunities for additional value based initiatives
- Evaluate and approve value based payment parameters
- Establish mechanisms for assuring consistency and coordination across all value based models and payment mechanisms
- Ensure that value based models and payment methodologies implemented enable the transformation of care delivery, improve quality of health care delivery and reduce the rate of growth of health care costs (TRIPLE AIM)
- Serve as the nexus for coordinating evaluation and next steps for all proposed value based models and payment design
- Establish standards for the tracking and reporting of outcome metrics
Defining Value Based Payments

**CATEGORY 1**
FEE FOR SERVICE – NO LINK TO QUALITY & VALUE

**CATEGORY 2**
FEE FOR SERVICE – LINK TO QUALITY & VALUE

A. Foundational Payments for Infrastructure & Operations
   (e.g., care coordination fees and payments for HIT investments)

B. Pay for Reporting
   (e.g., bonuses for reporting data or penalties for not reporting data)

C. Pay-for-Performance
   (e.g., bonuses for quality performance)

**CATEGORY 3**
APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

A. APMs with Shared Savings
   (e.g., shared savings with upside risk only)

B. APMs with Shared Savings and Downside Risk
   (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)

**CATEGORY 4**
POPULATION – BASED PAYMENT

A. Condition-Specific Population-Based Payment
   (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)

B. Comprehensive Population-Based Payment
   (e.g., global budgets or full/percent of premium payments)

C. Integrated Finance & Delivery System
   (e.g., global budgets or full/percent of premium payments in integrated systems)

**3N**
Risk Based Payments
NOT Linked to Quality

**4N**
Capitated Payments
NOT Linked to Quality
AGENDA ITEM 4

To: Gold Coast Health Plan Provider Advisory Committee
From: Kashina Bishop, Chief Financial Officer (CFO)
Date: May 8, 2019
Re: Financial Overview

Verbal Presentation
AGENDA ITEM 5

To: Gold Coast Health Plan Provider Advisory Committee
From: Kimberly Timmerman, Director, Quality Improvement
Date: May 8, 2019
Re: Quality Improvement Overview

PowerPoint Presentation
Provider Advisory Committee: Quality Improvement Overview

Kimberly Timmerman, MHA, CPHQ
Director, Quality Improvement
May 8, 2019
Agenda

✓ Quality Improvement Program Summary/Goals
✓ HEDIS®
✓ 2019 QI Work Plan Highlights
✓ Improvement Projects
✓ Member Incentive Projects
✓ Member Outreach Campaign
✓ Q&A
Quality Improvement Program Summary

Program Description

• The Quality Improvement (QI) Department at Gold Coast Health Plan provides systematic monitoring and evaluation of quality of care by measuring outcomes of health care services and the health status of targeted patient groups.

What is the focus of QI Activities?

• Quality of Care Outcomes
• Quality of Service
• Patient Safety
• Credentialing and Peer Review
Quality Improvement Goals

• Continuously improve the quality, appropriateness, availability, accessibility, coordination and continuity of health care services to members across the continuum of care.
• Measure and enhance member satisfaction with the quality of care and services provided by the Plan’s network providers.
• Maintain compliance with state and federal regulatory requirements.
• Identify opportunities and make improvements based on the measurement, validation and interpretation of data.
• Facilitate organization wide integration of quality management principles.
What does QI Monitor and Measure?

1. Quality of Care Outcomes
   • Healthcare Effectiveness Data and Information Set (HEDIS®)
   • Consumer Assessment of Healthcare Providers and Systems (CAHPS)

2. Safety
   • Potential Quality Issue (PQI)
   • Provider Preventable Condition (PPC)
   • Facility Site Review

3. Credentialing and Peer Review
   • Practitioner and organizational credentialing
   • Ongoing monitoring
Healthcare Effectiveness Data and Information Set (HEDIS®)
HEDIS® is the measurement tool used by the nation’s health plans to evaluate their performance in terms of clinical quality and customer service.

Requires an annual retrospective review of claims, encounter and supplemental data, and medical record review, to assess designated performance metrics.

Department of Healthcare Services (DHCS) mandates which measures GCHP will need to monitor and report on.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
HEDIS Project – MY2018/RY2019 Measures

Hybrid Measures (Administrative Data + Medical Records)

• Childhood and Adolescent Immunizations
• Well Child Visits (ages 3-6)
• Weight Assessment & Counseling for Nutrition & Physical Activity in Children & Adolescents
• Cervical Cancer Screening
• Comprehensive Diabetes Care (HbA1c, Eye Exam, Microalbumin Test, Blood Pressure)
• Prenatal & Postpartum Care
• Controlling High Blood Pressure
HEDIS Project – MY2018/RD2019 Measures

Administrative Measures (Claims, Encounter Supplemental Data only)

• Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
• Asthma Medication Ratio
• Breast Cancer Screening
• Monitoring for Patients on Persistent Medications (ACE/ARBs, Diuretics)
• Use of Imaging Studies for Low Back Pain
• Children & Adolescent Access to PCP
  • 12-24 Months
  • 25 Months -6 Years
  • 7-11 Years
  • 12-19 Years
Governor’s Mandate for Improvement: Predicted Measures

- Derived from CMS Adult and Child Core Measures
- Potentially 19 additional new measures proposed
  - Prenatal/Postpartum Care
  - Early Childhood
  - Chronic Disease Management
  - Behavioral Health Integration

Consequences
- New 50th percentile goal (current MPL 25th percentile)
- Sanctions will be applied
- Goals/sanctions apply to CURRENT measurement year (2019)
## 2019 QI Work Plan Highlights

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>Goal</th>
<th>2018 Interventions To Improve Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Monitoring for Patients on Persistent Medications</td>
<td>Meet or exceed DHCS MPL</td>
<td>• ELIZA Member Outreach Campaign&lt;br&gt;• Annual HEDIS Report Cards&lt;br&gt;• Bi-Monthly HEDIS Progress Reports&lt;br&gt;• DHCS IP: A process improvement collaborative with Quest Diagnostics to improve the collection of lab data.</td>
</tr>
<tr>
<td>Asthma Medication Ratio</td>
<td>Meet or exceed DHCS MPL</td>
<td>• Optum Rx Provider Outreach Campaign&lt;br&gt;• Annual HEDIS Report Cards&lt;br&gt;• Bi-Monthly HEDIS Progress Reports&lt;br&gt;• DHCS IP: Provider Education Campaigns</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>Improve rates compared to prior year performance.</td>
<td>• Annual HEDIS Report Cards&lt;br&gt;• Bi-Monthly HEDIS Progress Reports&lt;br&gt;• Provider Education Campaigns&lt;br&gt;• Barrier Analysis to identify high utilizers</td>
</tr>
</tbody>
</table>
## 2019 QI Work Plan Highlights

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<th>Goal</th>
<th>2018 Interventions To Improve Rates</th>
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</thead>
<tbody>
<tr>
<td>Cervical Cancer Screening</td>
<td>Increase rates by 4% over previous measurement year.</td>
<td>• ELIZA Member Outreach Campaign</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Annual HEDIS Report Cards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bi-Monthly HEDIS Progress Reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provider Education Campaigns</td>
</tr>
<tr>
<td>Childhood Immunization Status Combo 3</td>
<td>Increase rates by 3% over previous measurement year.</td>
<td>• ELIZA Member Outreach Campaign</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Annual HEDIS Report Cards</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Provider Education Campaigns</td>
</tr>
<tr>
<td>Children and Adolescents’ Access to Primary Care Practitioners</td>
<td>Improve 3% over prior year performance.</td>
<td>• ELIZA Member Outreach Campaign</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Annual HEDIS Report Cards</td>
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<td></td>
<td>• Bi-Monthly HEDIS Progress Reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Well-Child Exam Member Incentive Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CAP Measure Barrier Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
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## 2019 QI Work Plan Highlights

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<tr>
<th>HEDIS Measure</th>
<th>Goal</th>
<th>2018 Interventions To Improve Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Diabetes Care: Blood Pressure Control</strong></td>
<td>Meet or exceed DHCS MPL</td>
<td>• Internal process improvement and data collection interventions to improve the collection of data.</td>
</tr>
<tr>
<td><strong>Comprehensive Diabetes Care: Medical Attention for Nephropathy</strong></td>
<td>Meet or exceed DHCS MPL</td>
<td>• ELIZA Member Outreach Campaign</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Annual HEDIS Report Cards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bi-Monthly HEDIS Progress Reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provider Education Campaigns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• DHCS IP: Academic detailing intervention to increase screening for nephropathy using the urine test for protein or albumin.</td>
</tr>
<tr>
<td><strong>Postpartum Care</strong></td>
<td>Increase rates by 3% over previous measurement year.</td>
<td>• Postpartum Exam Member Incentive Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Postpartum Outreach Campaign for New Mothers (by Health Education Department)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Postpartum Barrier Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Annual HEDIS Report Cards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provider Education Campaign</td>
</tr>
</tbody>
</table>
# DHCS Improvement Projects

<table>
<thead>
<tr>
<th>HEDIS® Measure</th>
<th>Intervention</th>
</tr>
</thead>
</table>
| **Annual Monitoring for Patients on Persistent Medications (MPM)** | **Clinic Partners:** Quest Diagnostics and Clinicas del Camino Real  
**Goal:** Improve the collection of lab data for members who had lab services ordered at Clinicas del Camino Real.  
**Intervention:** Submit monthly *Missing Quest Diagnostics Lab Data* reports to Quest Diagnostics to facilitate the retrieval of the missing labs and to improve the lab vendor’s monthly reporting of GCHP lab data. |
| **Asthma Medication Ratio (AMR)**                   | **Clinic Partner:** Optum Rx  
**Goal:** Increase the utilization of long-term controller medication (LTCM) for patient diagnosed with asthma so the ratio of LTCM to total asthma meds is ≥ 50%.  
**Intervention:** (1) Optum Rx faxes providers reports of patients that need asthma medication management due to underutilizing LTCM and/or overutilizing short-acting beta agonist. |
| **Comprehensive Diabetes Care - Nephropathy Monitoring (CDC-N)** | **Clinic Partner:** Sierra Vista Family Medical Clinics  
**Goal:** Increase diabetic nephropathy monitoring using the urine test for protein or microalbumin.  
**Intervention:** A clinician-to-clinician training focused on implementing change in clinic practice by providing education on the CDC-N guidelines and evidence-based clinical practice guidelines. |
<table>
<thead>
<tr>
<th>HEDIS® Measure</th>
<th>Intervention Activities</th>
</tr>
</thead>
</table>
| Child Immunization Status – Combo 3                 | **Clinic Partners:** Mandalay Bay Women’s and Children’s Medical Group and GCHP’s Health Education Department.  
**Goal:** Increase the administration of all “Combo 3” vaccinations on/before the child’s second birthday.  
**Interventions:** (1) A telephonic member outreach program to schedule immunizations appointments. (2) Implement a process to assess each child’s immunization status at every clinic encounter. |
| Comprehensive Diabetes Care (CDC) HbA1c > 9.0 Disparity | **Clinic Partner:** Las Islas Family Medical Clinic  
**Goal:** Reduce uncontrolled HbA1c (>9.0) in non-English speaking Hispanics diagnosed with diabetes  
**Intervention:** A telephonic member outreach program to schedule point-of-care HbA1c tests and triage members based on their HbA1c level. |
Member Incentive Projects
**2018 Postpartum Exam Member Incentive Evaluation**

**Member Incentive:** Women that had a postpartum exam within 21-56 days after a livebirth delivery receive a large pack of diapers (sizes 1, 2, or 3).

**2018 Goal:** Increase the 2018 MY administrative postpartum exam rates (PPC-Post measure) by 3% over the previous measurement year (2017 MY).

**Results:** PPC-Post admin rate increased by 12.09% points from 63.69% to 75.78%, which is greater than 90th percentile.

**Successes:**
- The postpartum exam administrative rate increased 12.09% points (exceeding goal of 3%).
- The member incentive participation rate increased 63% in 2018.
- Health Navigator program, launched in Q4 2018, increased member engagement.

**Barriers:**
Despite increased member incentive engagement in 2018, the overall participation remained low with only 258 forms returned out of the 1823 forms delivered to members.

<table>
<thead>
<tr>
<th>Measure</th>
<th>2017 MY Final Admin Rate</th>
<th>2018 MY Initial Admin Rate*</th>
<th>Rate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPC-Post</td>
<td>63.69%</td>
<td>75.78%</td>
<td>+12.09</td>
</tr>
</tbody>
</table>

*This rate is based on the initial 2018MY administrative rate. The final administrative rate will be available after the admin refresh in April 2019.

**2015-2018 Postpartum Member Incentives Awarded by Year**

<table>
<thead>
<tr>
<th>Study Period</th>
<th>Member Participation</th>
<th>Forms Mailed to Members</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/16 – 12/31/16</td>
<td>98</td>
<td>2142</td>
<td>4.6%</td>
</tr>
<tr>
<td>01/01/17 – 12/31/17</td>
<td>158</td>
<td>1897</td>
<td>8.3%</td>
</tr>
<tr>
<td>01/01/18 – 12/31/18</td>
<td>258</td>
<td>1823</td>
<td>14.15%</td>
</tr>
</tbody>
</table>
2018 Well-Child Exam Member Incentive Evaluation

Member Incentive: Children, 3 to 6 years of age, receive the choice of a $15.00 gift card to Target or Walmart for completing a well-child exam between 01/01/18 / to 12/31/18.

2018 Goal: Increase well-child exams in children 3 to 6 years of age (W34 measure) by 5% points over the previous measurement year (2017 MY).

Results: W34 admin rate increased by 6.50% points from 63.27% to 69.77% (exceeding goal of 5%).

Successes:
- The well-child exam (W34) administrative rates increased 6.50% points.
- The member incentive participation rate increased 304% in 2018.

Barriers: Despite increased member incentive engagement in 2018, the overall participation remained low with only 1,130 forms returned out of the 21,375 forms mailed to children.

HEDIS® Administrative W34 Rate Comparison 2017-2018MY

<table>
<thead>
<tr>
<th>Measure</th>
<th>2017 MY Final Admin Rate</th>
<th>2018 MY Initial Admin Rate*</th>
<th>Rate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>W34</td>
<td>63.27%</td>
<td>69.77%</td>
<td>+6.50</td>
</tr>
</tbody>
</table>

*This rate is based on the initial 2018MY administrative rate. The final administrative rate will be available after the admin refresh in April 2019.

2017-2018 Well-Child Member Incentives Awarded by Year

<table>
<thead>
<tr>
<th>Study Period</th>
<th>Member Participation</th>
<th>Forms Mailed to Members</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/17 – 12/31/17</td>
<td>280</td>
<td>14,322</td>
<td>2%</td>
</tr>
<tr>
<td>01/01/18 – 12/31/18</td>
<td>1,130</td>
<td>21,375</td>
<td>5.3%</td>
</tr>
</tbody>
</table>
Eliza Member Outreach Campaign
Closing Gaps in Care
Eliza Member Outreach Campaign: Summary

Program
• GCHP contracted with Eliza to conduct outreach to members via Interactive Voice Response (IVR) in a year-end care gap closure initiative.

Measures in scope:
• Childhood Immunizations
• Well Child Visits (ages 3-6)
• Children & Adolescents’ Access to Primary Care Practitioners (12mo.–19 yrs)
• Breast Cancer Screening
• Cervical Cancer Screening
• Comprehensive Diabetes Care (HbA1c, Eye Exam, Microalbumin Test)
• Monitoring for Patients on Persistent Medications

Timeline
November 12, 2018 - December 14, 2018
Eliza Member Outreach Campaign: Final Performance Measures

- Over 36,000 unique calls attempted
- 2,118 individuals connected to live agent
  - 82% of connected individuals completed the live agent call
  - The remaining 18% who connected to the live agent may have disconnected the call early

<table>
<thead>
<tr>
<th>Gold Coast Performance</th>
<th>Standard Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>84% reachable (valid contact info for member)</td>
<td>79-87% reachable</td>
</tr>
<tr>
<td>24.6% of reached members connected to a live agent (2,118 members)</td>
<td>14% connect rate</td>
</tr>
<tr>
<td>19.3% of connected members scheduled at least 1 appointment (409 members)</td>
<td>12% appointment rate</td>
</tr>
</tbody>
</table>

Total appointments scheduled: 793
- 409 (19%) members scheduled at least one appointment of 2,118 members connected
Next Steps

- Formally evaluate program effectiveness
  - Review claims/encounter data for targeted members – Q2
  - Assess HEDIS results – Q3

- Assess options for member engagement campaigns for 2019
  - RFP for HEDIS Gap Closure Vendor – Q2
  - Target outreach activity June – Dec 2019
Questions?
AGENDA ITEM 6

To: Gold Coast Health Plan Provider Advisory Committee
From: Dr. Nancy Wharfield, Chief Medical Officer (CMO)
Date: May 8, 2019
Re: New guidelines for access to care

PowerPoint Presentation
Advancements in Monitoring Quality in Managed Care

Nancy Wharfield, MD, CMO

Provider Advisory Committee

May 8, 2019
• New Quality Mandate

• Mandate Details

• What does this mean for providers?
New Quality Mandate

• JLAC audit

• Governor Newsom mandate for DHCS / Managed Care Plans
Mandate Details

• Begins Now – MY 2019 / RY 2020
• Sanctions
• MPL 50\textsuperscript{th} Percentile
• New CMS Core Measure Set (MCAS)
• Proposition 56 Incentives
Proposed Managed Care Accountability Set (MCAS)

- **Children’s Health**
  - *WCC BMI
  - *CIS 10
  - *W15
  - *W34
  - *IMA 2
  - *AWC

- **Behavioral Health**
  - FU ADHD Meds Int.
  - FU ADHD Meds Cont.
  - Antidepressant Med Mgmt Acute
  - Antidepressant Med Mgmt Cont.

- **Women’s Health**
  - *CCS
  - Chlamydia
  - BCS
  - *PPC-Pre
  - *PPC-Pst

- **Acute and Chronic Disease Mgmt**
  - *Adult BMI
  - *CBP
  - *CDC HT
  - *CDC H9
  - AMR
  - PCR
What does this mean for Providers?

• Alternative Payment Methodology (APM)
  • Withhold / Incentives / Sanctions
• Encounter Data Improvement
• Provider Communication
  • System / Individual
  • Report Cards
  • Data JOMS
AGENDA ITEM 7

To: Gold Coast Health Plan Provider Advisory Committee
From: Steve Peiser, Senior Director Network Operations
Date: May 8, 2019
Re: Roundtable discussion – questions and comments from Committee members

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

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