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

Regular Meeting
Monday, February 22, 2021, 2:00 p.m.
Gold Coast Health Plan, 711 East Daily Drive, Community Room
Camarillo, CA 93010
Executive Order N-25-20
Conference Call Number: 805-324-7279
Conference ID Number: 473 665 29#
Para interpretación al español, por favor llame al 805-322-1542 clave 1234

AGENDA

CALL TO ORDER

OATH OF OFFICE

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCMMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda. Persons wishing to address VCMMCC should complete and submit a Speaker Card.

Persons wishing to address VCMMCC are limited to three (3) minutes unless the Chair of the Commission extends time for good cause shown. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Commission.

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.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Minutes of January 25, 2021.

Staff: Deborah Munday, Sr. Executive Assistant / Associate Clerk of the Board

RECOMMENDATION: Approve the minutes of January 25, 2021.

2. Resolution Extension through March 23, 2021

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Adopt Resolution No. 2021-002 to extend the duration of authority empowered in the CEO through March 23, 2021.

3. Edrington Health Consulting

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff recommends that the Commission approve the amended contract and increase funding for the amendment.

UPDATE

4. HSP MediTrac Update

Staff: Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Accept and file the update.

FORMAL ACTION

5. Appoint replacement to the Executive/Finance Committee.

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Staff recommends making appointment to the Executive/Finance Committee.

6. January 2021 Financial Statements

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff recommends that the Commission approve the January 2021 financial package.

PRESENTATIONS

7. Provider Advisory Committee (PAC) Yearly Overview

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
David Fein, PAC Committee Chair

RECOMMENDATION: Accept and file the presentation.

8. Community Advisory Committee (CAC) Yearly Overview

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Ruben Juarez, CAC Acting Committee Chair

RECOMMENDATION: Accept and file the presentation.

REPORTS

9. Chief Executive Officer (CEO) Report

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

10. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report.

11. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

12. Executive Director of Human Resources (H.R.) Report

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

ADJOURNMENT

Unless otherwise determined by the Commission, the next meeting will be held at 6:00 P.M. on March 22, 2021, 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 Commission 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 3 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Deborah Munday, Sr. Executive Assistant / Associate Clerk of the Board

DATE: February 22, 2021

SUBJECT: Meeting Minutes of January 25, 2021 Regular Commission Meeting

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Minutes for the January 25, 2021 Regular Commission Meeting.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)
January 25, 2021 Regular Meeting Minutes

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 2:02 pm via phone conference call. The Assistant Clerk was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

OATH OF OFFICE

Carmen Ramirez took her Oath of Office.

ROLL CALL

Present: Commissioners Antonio Alatorre, Shawn Atin, Fred Ashworth, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Ramirez, Jennifer Swenson and Scott Underwood, M.D.

Absent: N/A

Attending the meeting for GCHP were: Margaret Tatar, Chief Executive Officer, Nancy Wharfield, M.D., Chief Medical Officer, Ted Bagley, Interim Chief Diversity Officer, Kashina Bishop, Chief Financial Officer, Michael Murguia, Executive Director of Human Resources, Robert Franco, Interim Chief Compliance Officer, Scott Campbell, General Counsel, Cathy Salenko, Health Care General Counsel, Marlen Torres, Executive Director of Strategy and External Affairs, and Eileen Moscaritolo, HMA Consultant.

Additional Staff participating on the call: Vicki Wrighster, Dr. Anne Freese, Rachel Lambert, Helen Miller, Dr. Lupe Gonzalez, Pauline Preciado, Kim Timmerman, Nicole Kanter, Debbie Rieger, Sandi Walker, Paula Cabral, Susana Enriquez-Euyoque, Jamie Louwerens, David Tovar, Carolyn Harris, and Lorraine Carrillo.

Anna Rangel, Interpreter.

PUBLIC COMMENT

None.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Strategic Planning Retreat Minutes of December 15, 2020.

Staff: Deborah Munday, Executive Assistant / Assistant Clerk to the Commission

RECOMMENDATION: Approve the minutes of December 15, 2020.

Commissioner Swenson motioned to approve agenda item 1. Commissioner Pupa seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

ABSENT: Commissioners Laura Espinosa and Dr. Sevet Johnson.

ABSTAIN: Supervisor Carmen Ramirez.

Commissioner Pupa declared the motion carried.

2. Behavioral Health Integration (BHI) Program Oversight

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

RECOMMENDATION: Authorize hire of staff to oversee Department of Health Care Services (DHCS) Behavioral Health Integration programs.

Nancy Wharfield, M.D., Chief Medical Officer, stated we are seeking to hire a resource to oversee the BHI Programs in our county. DHCS is utilizing Proposition 56 funding to incentivize the promotion of the program in the counties through the managed care plans (MCP). Dr. Wharfield added that we have been fortunate enough to have six programs to provide our county through five entities. This was previously started but was delayed by COVID-19. At the end of 2020, things geared up and more insight was received into the program requirements and funding. Memos of Understanding (MOU) were completed for each of the programs. In submitting the MOU's, the programs qualified for readiness. Further funding in years one and two are dependent upon hitting identified milestones. Gold Coast Health Plan (GCHP) will be responsible for collection, evaluation and oversight of the programs, including monitoring milestones and reporting out to various internal committees, the Commission and DHCS.

DHCS is providing MCPs with funding to oversee the programs. GCHP has been provided with $200,000 with the readiness funding for years one and two. Because this money is coming from DHCS and there is no fiscal impact to GCHP. Approval is requested to hire a resource to oversee these very important programs.

Supervisor Ramirez motioned to approve agenda item 2. Commissioner Swenson seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

ABSENT: Commissioners Laura Espinosa and Dr. Sevet Johnson

Commissioner Pupa declared the motion carried.

3. Resolution Extension through February 22, 2021

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Adopt Resolution No 2021-001 to extend the duration of authority empowered by the CEO through February 22, 2021.

Scott Campbell, General Counsel, stated this is an extension of the emergency powers authorizing the CEO to take actions as necessary to respond to the COVID-19 crisis an additional month until the next meeting.

Commissioner Alatorre motioned to approve agenda item 3. Commissioner Underwood seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

ABSENT: Commissioners Laura Espinosa and Dr. Sevet Johnson

Commissioner Pupa declared the motion carried.

FORMAL ACTION

4. Strategic Plan 2021-2022

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

RECOMMENDATION: Staff recommends the Commission approve the Strategic Plan 2021-2022.

Marlen Torres, Executive Director of Strategy and External Affairs, thanked the Commission for attending the December 2020 Commission Strategic Planning retreat. Information was gathered from both the Commission and the leadership team. She summarized the retreat as follows:

Presentations were given to the Commission from a federal and state landscape perspective, as well as presentations for Diversity and Inclusion from Ted Bagley, Chief Diversity and Inclusion Officer, and a Health and Equity and Inclusion presentation from Pauline Preciado, Senior Director of Population Health and Equity.

The retreat then moved into breakout sessions with groups comprised of members of the Commission and the leadership team. There were discussions regarding commitment of equity, diversity, and inclusion, CalAIM potential perspective and programs that would be put forth from the Newsom administration and the Knox Keene license. A couple of additions were made (Slide #36) which discusses the CalAIM proposal. The timelines and dates are subject to change from guidance that will be given by the Newsom administration as they continue to put forth the plan and have discussion with all the stakeholders. There was also a discussion around the hiring of a Chief Operating Officer (COO) (Slide 41) which is geared towards continuing to position for the future.

Upon approval of the Strategic Plan, quarterly updates will be provided. We will work with the internal leadership team and provide monthly updates on the progress of all projects and initiatives. In August 2021 we will come back to the Commission to see if we should continue the Strategic Planning ad hoc committee. This ad hoc committee was started in September 2020 and met once per month in preparation for the December planning retreat.

Commissioner Espinosa joined the meeting at 2:15 pm and Commissioner Johnson joined at 2:20 pm.

Commissioner Espinosa stated that after the retreat she communicated with the group that the CEO position was not discussed. This is a critical position and it is in the plan's best interest from a fiduciary responsibility as well to be looking at that component. Commissioner Swenson commented that she also feels this is important to discuss and if it was strategic in nature or more operational. It was noted that if the

COO position is discussed, then the CEO position should also be discussed. Scott Campbell, General Counsel, commented that there will be an opportunity to discuss the CEO in Closed Session.

Commissioner Alatorre asked if the contract with Health Management Association (HMA) was for eighteen (18) months. CEO Tatar replied that the current contract extends through the end of January 2022. The complete term of that amendment was a seventeen (17) month term beginning in August 2020 and continuing through January 31, 2022. Commissioner Alatorre stated that per the contract HMA would assist in recruiting the new CEO. Therefore, we have twelve (12) months to recruit a new CEO. Commissioner Atin asked if there would be a timeline in the next twelve (12) months to recruit. CEO Tatar stated that a search for a COO had begun and there was a candidate, but we were unable to reach an agreement. Going forward we are ensuring that we have appropriate succession planning. Having a COO brought on board is a priority.

Commissioner Alatorre motioned to approve agenda item 4. Commissioner Atin seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

5. Program of All-Inclusive Care for the Elderly (PACE)

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

CEO Tatar requested that Item 5 be pulled from the agenda. The organizations communicating with GCHP regarding this program requested that it be pulled. This item will be pulled for consideration at a later time.

Commission Chair Pupa stated unless there are objections Item 5 will be pulled.

6. Conduent Contract Amendment

Staff: Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Authorize CEO to sign contract amendment.

HMA Consultant, Eileen Moscaritolo, presented an update regarding the system migration approved by the Commission in 2008 to work with vendor partner Conduent to move to a new managed care system platform. A Statement of Work (SOW) was signed and the implementation began. The current anticipated go-live date is March 1, 2021. There are two amendments that need to be approved at this meeting. The

first amendment concerns service level agreements. The Conduent contract was updated to align with all DHCS requirements. That is a no-cost amendment. The second amendment is intended to cover three things: (1) formally amend the go-live date to March 1, 2021; (2) allow 35 specific changes that we believe we need at GCHP to be equitable from the system we are coming from and going to documented in the contract with no additional costs; and (3) after migration to the new system, keep the old system on-line for a period of time to reference information for research or DHCS inquiries.

We are requesting the Commission to ratify the first amendment which took place in September 2020 and to authorize CEO Tatar to sign the second amendment which would formalize the go-live date and work with Conduent. Commissioner Espinosa asked if the Executive Finance Committee had an opportunity to review the 35 conditions that were mentioned in the report as being available. If so, she would go on their recommendation. Ms. Moscaritolo stated this was not brought to the Executive Finance Committee because there is no cost to the change of the contract. This is formalizing the contract amendments. The changes are mostly related to functionality within our provider portal and some things that we believe are significantly different between the two systems. Ms. Moscaritolo stated she would be happy to review the list with individual Commissioners.

Ms. Moscaritolo requested approval for CEO Tatar to sign the contract extension.

Commissioner Espinosa motioned to approve agenda item 6. Commissioner Johnson seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

Commissioner Pupa declared the motion carried.

7. Contract Extension for DR Management Services

Staff: Eileen Moscaritolo, HMA Consultant

Eileen Moscaritolo, HMA Consultant, discussed the contract extension for DR Management Services.

RECOMMENDATION: Authorize CEO to sign contract extension.

Eileen Moscaritolo, HMA Consultant, stated that as part of the system implementation authorized in 2018, a budget was established for the cost of migrating to a new

system. Within that budget were funds allocated for GCHP to receive consulting services from an external party due to the complexity of a system migration. After a competitive request for proposal (RFP), the contract was awarded to DR Management Services (Debbie Rieger) on December 3, 2019 through February 28, 2021.

The go-live date is March 1, 2021. Ms. Rieger has been working with the team since 2019 through 2020 on this project. The team has requested that DR Management Services be retained after go-live for support. Therefore, we are requesting approval to extend the contract for an additional three months beyond the February 28, 2021 date. The costs are within the original budget for the System Migration Project.

Commission Chair Pupa asked if this would assist with assuring minimal disruption to our providers. Ms. Moscaritolo stated that is correct and we will be working on additional items after go-live. Ms. Rieger's dedication has been invaluable to the team.

Commissioner Swenson motioned to approve agenda item 7. Commissioner Cho seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

Commissioner Pupa declared the motion carried.

8. October – December 2020 Financial Statements

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff recommends the Commission approve the October - December 2020 financial package.

Kashina Bishop, Chief Financial Officer, presented the October through December 2020 financial statements. CFO Bishop noted that calendar year 2020 ended in a better financial position than had been anticipated in the budget. There are still risks ahead with the pandemic and long-term impacts to both the health of our members and the economic impact, as well as our rates we get paid from the state.

During the months of October through December 2020 there was a net loss of $14,000 which brings the fiscal year-to-date loss at $2.3 million in the budget process. It had been anticipated that we could lose approximately $12.5 million. The three main reasons for the improvement were the administrative expenses, below budget at $4.5 million, we received some revenue related to increases in membership for the prior year and medical expenses are running slightly under budget. Our Tangible Net

Equity (TNE) is $75 million, which is 213% of the required by the state. Our Medical Loss Ratio (MLR) is at 95%. Our administrative cost ratio is 5.6%.

The calendar year 2021 draft rates were reviewed. In aggregate the rates represent a 6% increase from what we are currently receiving on an annual basis. There is $14 million more annually than the rates in the fiscal year (FY) 2020-2021 budget.

TNE is at 213% and in the red zone and at risk; therefore, the Solvency Action Plan remains very important to the Commission and management. An Internal Control Workgroup has been established as an appendix to the Strategic Plan outlining all improvements made to internal controls in 2020.

HMS, a vendor who went live in October 2020, is billing other insurance carriers where another insurance carrier had primary responsibility for a claim. There was no impact to providers or members. They are billing other insurance carriers going back three years. Since October 2020, $1.7 million has been collected. We had anticipated an annual range of $1 - 2 million.

An internal control workgroup has been formalized and is being led by Robert Franco, Chief Compliance Officer. The next steps in the work group meetings are the cost of healthcare, looking at avoidable ER utilization, transplant approach, looking at leakage for members who are visiting out-of-area providers on internal controls. A more comprehensive list will be provided at the Executive Finance meeting and other meetings.

Some of this is a priority through the system conversion, as well as having potential savings, and that involves looking at the provider contract language and validating that claims are being paid according to the correct interpretation of contracts. The Contract Steering committee has been formalized and restarted this past month. The committee is looking to divert some of our costs that should be covered by CCS. Work is being completed on revising some of the provider contract templates to have some standardization and to reduce errors. Through the system conversion, we are implementing additional claim edits to minimize payment errors. Focus is on our contract work group and on expanding capitation arrangements, outlier rates, efficiency adjustments and seeing if there are strategies to reduce that risk in the future. Across the board reductions are also being discussed.

Our revenue is over budget by $15.7 million and 4%. Revenue for Proposition 56 is $13.3 million. There is an increase in revenue related to FY 2019 - 2020 membership. Membership is increasing above what was projected in the budget process. We have just over 213,000 members and it continues to increase.

The child aid category is not increasing as much as adult expansion and Seniors and Persons with Disabilities (SPD). Medical expenses are over budget by $9.7 million, with most due to directed payments of Proposition 56. COVID-19 related expenses

are showing increases to lab, radiology, home and community-based services, long-term care, mental and behavioral health services. That is offsetting the savings being seen, so the lower utilization in inpatient/outpatient and in particular emergency room costs, have been reduced significantly.

The inpatient expense is under budget by $3.8 million and 4% fiscal year to date. Long-term care expenses due to facility rate increases from the state and COVID-19 are over budget by $3.5M and 5%.

Outpatient is under budget $2.5M or 8%. Emergency room expenses are under budget by $5.1 million or 31%.

Supervisor Ramirez asked if $5.1 million under budget means less people are going to the emergency room. CFO Bishop stated less people are going to the emergency room and especially in the child aid category that has gone down significantly. Supervisor Ramirez stated that is disturbing and asked if it is because of COVID-19 or income. CFO Bishop replied they are covered through Medi-Cal and it may be that members are not visiting the emergency room as much due to fear. Chief Medical Officer, Dr. Wharfield, stated another component being seen is emergency room avoidance but noted that some emergency room visits are not true emergencies. Many visits are being triaged by telephone and then people are being directed to the appropriate urgent care or same day visit.

CFO Bishop stated that in October we had a gain of just over $2 million, November 2020 a loss of over $2 million and a slight gain in December 2020 bringing the year-to-date net loss of $2.3 million. TNE is approximately $35 million and at 213%.

Commissioner Atin motioned to approve agenda item 8. Commissioner Swenson seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

ABSENT: Gagan Pawar, M.D.

Commissioner Pupa declared the motion carried.

REPORTS

9. Chief Executive Officer (CEO) Report

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

Margaret Tatar, CEO, stated that Governor Newsom has issued his Budget in January 2021, which is an effective time to get a snapshot into how the administration is viewing Medi-Cal and its health care priorities for the coming year.

The Medi-Cal budget for 2021 is $122 billion, $28 billion for the general fund, the rest local and federal funding. This represents a growth in membership and caseload.

Governor Newsom believes that a year from now, when the impact of the pandemic is fully realized, 40% of California's population may be enrolled in the Medi-Cal program. Up to 16 million Californians are projected to be covered in Medi-Cal by 2022. Even if the economy starts improving in 2023-2024, Medi-Cal enrollees will continue to be on Medi-Cal for a period of about two years after financial recovery begins.

Other news in the budget relating to the Medi-Cal program is that there is $1.1 billion for CalAIM, which was featured prominently at our Strategic Planning retreat in December 2020. We look forward to hearing from the department how it intends for plans, providers and the counties to implement CalAIM. We will bring that information to the Commission.

There is also support in the budget to maintain telehealth and telemedicine. When the pandemic hit, the state used its emergency authority to create an exemption and create pathways to increase use of telehealth. There is $94 million in the budget to keep that going. There is also $13 billion in the budget for pandemic relief.

Critical sponsorships that GCHP were able to make on the Commission's behalf were reviewed. Also reviewed were critical updates in connection with delegation oversight.

DHCS approval was received for the AmericasHealth Plan (AHP) plan-to-plan contract arrangement with GCHP. The contract has been finalized and it is our responsibility to counter execute. We are working through readiness to review in a collaborative, exemplary manner with the principals at AHP. March 2021 has been targeted as a go-live window, which is subject to DHCS approvals. This collaboration is going well.

10. Chief Medical Officer (CMO) Report

Staff: Dr. Nancy Wharfield, Chief Medical Officer

RECOMMENDATION: Receive and file the report.

Chief Medical Officer, Nancy Wharfield, M.D., stated GCHP is working with the county and public health to assist with whatever is needed. GCHP can help the most by focusing on whatever the county needs, providers, and our members.
Everything is dependent upon the vaccine supply which is anticipated to be coming in the next weeks and months. GCHP is positioned with communications for our providers and members. We will assist with discussions regarding vaccine hesitancy and have aligned a message with detailed information about where to get a vaccine. We have information that will assist with navigating the system so a member can sign up for the vaccine and we believe that transportation is a benefit that may be an asset.

In the recent Medical Advisory Committee (MAC) meeting, the providers discussed a community of private providers who are interested in learning how to get involved, not only in giving the vaccine, but assisting the members to navigate the system to get signed up to receive the vaccine when available. GCHP works with many community organizations to understand what challenges their constituents may have and what GCHP can offer. Many members may not have computers but have smartphones. We need to ensure that our membership is connected to technology so that they can take advantage of the vaccines at the earliest available time.

Dr. Anne Freese, Director of Pharmacy, presented the Pharmacy report. The Medi-Cal Rx implementation date has been extended by ninety (90) days to April 1, 2021. We are continuing to work with the department for all the ways requested for the transition.

A couple of items have shifted because of the extension. Our provider outreach campaign, our member outreach campaign and the associated member information materials, including the thirty (30) day notice and member ID cards have been pushed back to the end of January 2021. We will be kicking off our member outreach campaign in February and March 2021, and then the thirty (30) day letter that was prepared will be sent to homes on March 1, 2021. All ID cards will be printed and will go out to members at the end of March 2021. All items are on track and are moving toward the April 1, 2021 deadline. We are providing additional communication to providers in terms of any new information that comes from the State. We continue to encourage all of our providers to go to the dedicated Medi-Cal Rx website and enroll for the provider portal and complete any necessary training or educational sessions.

DHCS will be reaching out to all managed care plans, including GCHP, in order to get additional contacts and methods that we can provide to them for their outreach to

providers. Information will be provided so they can reach out directly and connect with our provider systems by enrolling on the dedicated website.

The Pharmacy Benefit Manager (PBM) contract implementation date was extended ninety (90) days. The contract did need to be extended and that was discussed and approved at the Strategic Planning Meeting in mid-December 2021. We were able to get the contract amendment executed. We do have Optum Rx as our PBM until Medi-Cal Rx goes live.

11. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

Ted Bagley, Chief Diversity Officer, stated that Commissioner Espinosa received a lifetime achievement award for her work at the Santa Paula Hospital and the Ventura Community College. Mr. Bagley stated we are proud of the Commissioner and the things she is doing in the community.

There are no new case investigations. There is a positive trend in that people are being more transparent. Issues are being brought to either myself, Michael Murguia, or leadership. Issues are being completed in a timely manner. That has a lot to do with the fact that caseloads are not increasing even with the ongoing pandemic.

One charge that has been received from the Commission and Ms. Tatar is that we are to look more at the Health Equity area as it relates to our members. I have contacted Phin Xaypangna, the new Deputy Executive Officer of Diversity and Inclusion at the County of Ventura. CEO Tatar has been in contact with Gretchen Brown of Local Health Plans of California (LHPC) and we have had some excellent discussions regarding Health Equity. There will be suggestions brought to the Commission. There are some systematic issues going on right now that we need to identify. We are going to identify what those issues are and reach out to the community through Commissioner Espinosa and some of the other community groups. We have started to do that and will get back with the Commission on what direction we are taking on the whole idea of Health Equity.

Commissioner Atin thanked Ted Bagley for his leadership along with CEO Tatar and Michael Murguia. He stated the last several years have been remarkable as far as an emphasis on diversity, equity and inclusion at GCHP.

Supervisor Ramirez extended her congratulations to Commissioner Espinosa and noted that Commissioner Espinosa is always working for the betterment and equity of her community and that it is always a sacrifice to do that, but we are all better off for her contributions.

12. Executive Director of Human Resources (HR) Report

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file this report.

Michael Murguia, Executive Director of Human Resources, reviewed the update from the Employee Survey Committee, which is a cross functional group of 15 employees at all levels whose job it is to create action plans based on the survey results. The Employee Survey Committee met with the consultant that helped with the analysis on the results. There was a meeting with Ted Bagley who was leading the Human Resources Department at one time. We have decided as a team to focus on three areas: Communications across the plan, Creating an open and safe workplace, and Executive Leadership team accountability and communication.

We may feel communications have gotten better but we have a lot more work to do to ensure staff feels confident and comfortable working at GCHP. Ted Bagley did a great job last year and we are getting better, but we have work to do. We have had some changes with the leadership team and there are some credibility issues there. Not just communication but accountability and how we operate as an executive team. We are focusing on these areas too.

This group meets twice per month and will continue through the rest of 2021. Since the survey was taken in late 2019 and the results were in early 2020, we didn't get started until the middle of the year. We need a full year to be able to show results and we will probably plan on our next survey in early 2022. We may have some pulse surveys to ensure we are doing the right thing. We need a good year to make sure our team has an opportunity to make a difference based on the feedback we have been given.

Our first All Staff meeting since my arrival was in October 2021. We did 30-minute interview with CEO Tatar, which was well received. Dr. Wharfield and Eileen Moscaritolo gave key project updates. We wanted the staff to understand what the projects were. We have many challenges in the community and the world and Ted Bagley gave us a very interesting diversity and inclusion outlook of what that means and how that is affecting us as a plan, as well as people and families. We finished with a Q&A panel of the executive team. We had asked for questions in advance because many times people are a little intimidated by asking questions and we received about 19 questions that we spread across the leadership team.

A survey was sent to the staff and asked them to score (1-5) the presentations. We validated that we are at least communicating the way staff wants us to communicate the way they want. We will continue to survey employees after each of our staff meetings. We had a meeting a couple of weeks ago and we have those results and will be reviewing with the executive team.

On November 12, 2020 we had a virtual benefit enrollment meeting which went very well. We have also completed our requirement to have sexual harassment training by all staff by the end of 2020.

GCHP invested in the Proxyclick Entry System a couple of years ago to manage vendor visitors. We have decided to take that system and apply it to our employees as they came into the building. This will allow us to know when employees are in the building and when they leave in the event of an emergency. We purchased a temperature machine for about $450 with a hand sanitizer and people can read the COVID-19 guidelines. We worked with Dr. Wharfield on this process. If the person's temperature is beyond our guideline (98.9) we asked them not to enter the building and go home and seek medical treatment. We felt this was necessary as the second wave is hitting us a little harder.

In February 2021 a Return to Work Committee will be created. It will be a complex process to bring back people to work. The investment of the temperature machines is going to help us because we are going to require temperature checks in the beginning. We will need to stage when employees return to the office and social distance them as well. A lot of people are comfortable and may enjoy working at home and others want to work in the office. We will need to figure out who are essential workers where we can allow remote work and where we can't and establish guidelines. That will take several months to get those guidelines completed and bring to the Commission.

Commissioner Espinosa motioned to approve agenda items 9-12. Supervisor Ramirez seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

Commissioner Pupa declared the motion carried.

The Commission moved to Closed Session at 3:31 p.m. Commissioner Pawar did not join Closed Session due to a schedule conflict.

CLOSED SESSION

13. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Chief Executive Officer

General Counsel, Scott Campbell stated there was no reportable action.

ADJOURNMENT

General Counsel, Scott Campbell adjourned the meeting at 4:05 p.m.

Approved:

_____
Deborah Munday
Executive Assistant / Assistant Clerk to the Commission

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AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: February 22, 2021

SUBJECT: Adopt a Resolution to Renew Resolution No. 2021-001, to Extend the Duration of Authority Empowered in the CEO to issue Emergency Regulations and Take Action Related to the Outbreak of Coronavirus ("COVID-19")

SUMMARY:

Adopt Resolution No. 2021-002-to:

1. Extend the duration of authority granted to the CEO to issue emergency regulations and take action related to the outbreak of COVID-19.

BACKGROUND/DISCUSSION:

COVID-19, which originated in Wuhan City, Hubei Provence, China in December 2019, has resulted in an outbreak of respiratory illness causing symptoms of fever, coughing, and shortness of breath. Reported cases of COVID-19 have ranged from very mild to severe, including illness resulting in death. Since that time, confirmed COVID-19 infections have continued to increase in California, the United States, and internationally. To combat the spread of the disease Governor Newsom declared a State of Emergency on March 4, 2020. The State of Emergency adopted pursuant to the California Emergency Services Act, put into place additional resources and made directives meant to supplement local action in dealing with the crisis.

In the short period of time following the Governor's proclamation, COVID-19 has rapidly spread through California necessitating more stringent action. On March 19, 2020, Governor Newsom issued Executive Order N-33-20 (commonly known as "Safer at Home") ordering all residents to stay at home to slow the spread of COVID-19, except as needed to maintain continuity of operation of the federal critical infrastructure sectors.

The following day, the Ventura County Health Officer issued a County-wide "Stay Well at Home", order, requiring all County residents to stay in their places of residence subject to certain exemptions set forth in the order.

Prompted by the increase of reported cases and deaths associated with COVID-19, the Commission adopted Resolution No. 2020-001 declaring a local emergency and empowering

the interim CEO with the authority to issue emergency rules and regulations to protect the health of Plan's members, staff and providers. Specifically, section (2) of Resolution No. 2020-001 describes the emergency powers delegated to the CEO which include, but are not limited to: entering into agreements on behalf of the Plan, making and implementing personnel or other decisions, to take all actions necessary to obtain Federal and State emergency assistance, and implement preventive measures to preserve Plan activities and protect the health of Plan's members, staff and providers.

Normally under Government Code Section 8630, the Commission must review the need for continuing the local emergency once every sixty (60) days until the local governing body terminates the local emergency. However, under Governor Newsom's March 4, 2020, State of Emergency proclamation, that 60 day time period in section 8630 is waived for the duration of the statewide emergency. Pursuant to Resolution No. 2020-001, the Plan's Local Emergency proclamation and emergency authority vested in the CEO expired on April 27, 2020.

On April 27, 2020, the Commission adopted Resolution No. 2020-002 to renew Resolution No. 2020-001 to: (1) reiterate and renew the Plan's declaration of a Local Emergency through the duration of the Governor's State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and (2) to extend the duration of authority empowered in the CEO to issue emergency regulations and take action. Resolution No. 2020-002 expired on May 18, 2020.

On April 28, 2020, Governor Gavin Newsom alongside State Public Health Officer Dr. Sonia Angell, announced California's Roadmap to Pandemic Resilience, which discussed how the state is planning to modify its state-wide Safer at Home order to "reopen California".

On May 4, 2020, Governor Newsom issued Executive Order N-60-20, declaring that California is prepared to move into the early phase of "Stage 2" to permit the gradual reopening of lower risk businesses and open spaces commencing on Friday, May 8, 2020, with modifications. As the state moves forward with reopening of certain businesses and spaces, Executive Order N-60-20 directs the State Public Health Officer to establish criteria and procedures, as set forth in the order, to determine whether and how local jurisdictions may implement local measures that depart from statewide directives.

Following the Governor's order, the Ventura County Health Officer modified its County-wide Stay Well at Home order on May 7, 2020, to align itself with the State's reopening process announced on May 4, 2020. Under the County Health Officer's May 7th order, certain low risk businesses such as florists, clothing stores, book stores, and sporting goods stores are permitted to re-open with modifications.

On May 18, 2020, the Commission adopted Resolution No. 2020-003 to renew and reiterate the enumerated powers granted to the CEO in Resolution No. 2020-002 above, and to: (1) authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and (2) extend the duration of authority empowered in the CEO to issue emergency regulations and take action. Resolution No. 2020-003 expired on June 22, 2020.

Following the Commission's adoption of Resolution No. 2020-003, the State has permitted new specified businesses and recreation areas to reopen subject to modifications designed to implement social distancing and prevent the further spread of the disease. To help guide businesses and outdoor recreation areas as they reopen, the State Public Health Officer issues

individual reopening protocols for each industry that is permitted to reopen. The individual protocols require these spaces to implement industry-specific safety measures to help combat COVID-19.

In line with the State's directives, the County Health Officer updated its May 7, 2020 order again on May 20th, May 22nd, May 29th, and June 11, 2020. As with the previous County Health Officer orders, the June 11th order permits specified new industries to re-open in line with the State's directives.

In the following weeks however, the State and County Health Department reported a sharp increase in new confirmed COVID-19 cases and hospitalizations. Evidence demonstrates that the timing of these increases is in line with the reopening of "high risk" businesses where individuals may congregate with members who are not part of the same household and remove their face coverings to eat and drink. The uptick in cases prompted the County Health Officer to issue an order on July 2, 2020, ("July 2nd Order") to require the closure of bars, and the temporary closure of County beaches in anticipation of large crowds that were expected and did gather during the Fourth of July weekend.

On July 13, 2020, the State Public Health Officer issued a state-wide order to require the immediate closure of: (1) indoor and outdoor operations of bars, pubs, brewpubs and breweries; and (2) indoor operation of restaurant dining, movie theaters, zoos, museums, cardrooms, wineries and tasting rooms. The order also imposes more stringent requirements on specified counties, including Ventura County that have appeared on the State's monitoring list for three consecutive days to prohibit the indoor operations of: gyms and fitness centers, places of worship, protests, offices for non-critical infrastructure sectors, personal care services, hair salons, barbershops, and malls. Also on July 13, 2020, the County Health Officer issued an order, requiring the closure of indoor operations of the following establishments: gyms and fitness centers, worship services, protests, offices for non-essential sectors, personal care services (e.g., nail salons, body waxing, and tattoo parlors), hair salons and barbershops, and malls.

On July 16, 2020, the County Health Officer amended its July 2nd Order to permit bars that serve food, wineries, and wine tasting rooms to reopen provided that they operate outdoors and abide by applicable State orders and guidance, and additional local requirements set forth in the County order.

Since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th, October 26th, and more recently on January 25, 2021, by adopting Resolution No. 2021-001. Resolution No. 2021-001 expires today, February 22, 2021.

On August 28, 2020, the State Health Officer issued a new order that sets forth an updated framework that is intended to guide the gradual reopening of businesses and activities in the state while reducing the increased community spread of the disease. The new framework is entitled, "California's Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe". Under this updated framework, every county in California is assigned to a tier based on how prevalent COVID-19 is in each county and the extent of community spread—Purple (Widespread), Red (Substantial), Orange (Moderate) and Yellow (Minimal). The color of each respective tier indicates what sectors may reopen.

When ICU bed capacity was rapidly decreasing throughout California, the Governor issued a State Regional Stay at Home Order on December 3, 2020, that triggered greater restrictions on a region consisting of multiple counties depending on that region's ICU hospital bed availability. Once a region had less than 15 percent ICU availability, all counties within the region were required to follow the State Regional Stay at Home Order within 24 hours for at least three weeks.

On January 5, 2021, the State Public Health Officer issued a new order that is intended to reduce pressure on strained hospital systems and redistribute the responsibility of medical care across the state so patients can continue to receive lifesaving care. To preserve services, the public health order requires some non-essential and non-life-threatening surgeries to be delayed in counties with 10 percent or less of ICU capacity under the Regional Stay at Home Order where the regional ICU capacity is at 0 percent.

On January 25, 2021, the California Department of Public Health ended the Regional Stay at Home Order, lifting the order for all regions statewide, including Southern California. This action allowed all counties to return to the Blueprint for a Safer Economy framework which uses color-coded tiers to indicate which activities and businesses can open based on local case rates and test positivity. As of the date of this report, Ventura County is still in the strictest tier—the Purple tier.

Although there are now several vaccines that have proven to help combat the disease in adults, the vaccine is not yet available to the general public. The disease can still spread rapidly through person-to-person contact and those in close proximity.

This resolution will continue to empower the CEO with the authority to issue orders and regulations necessary to prevent the further spread of the disease and protect the health and safety of Plan members and staff through March 22, 2021, the next regularly scheduled Commission meeting. As mentioned above, pursuant to Resolution No. 2020-002, the Plan's Local Emergency proclamation shall remain effective through the duration of the Governor's State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last.

FISCAL IMPACT:

None.

RECOMMENDATION:

1. Adopt Resolution No. 2021-002-to extend the duration of authority empowered in the CEO through March 22, 2021.

ATTACHMENT:

1. Resolution No. 2021-002

RESOLUTION NO.2021-002

A RESOLUTION OF THE VENTURA COUNTY MEDICAL MANAGED CARE COMMISSION, DOING BUSINESS AS THE GOLD COAST HEALTH PLAN (“PLAN”), TO RENEW AND RESTATE RESOLUTION NO. 2021-001 TO EXTEND THE DURATION OF AUTHORITY EMPOWERED IN THE INTERIM CHIEF EXECUTIVE OFFICER OR CHIEF EXECUTIVE OFFICER ("CEO") RELATED TO THE OUTBREAK OF CORONAVIRUS ("COVID-19")

WHEREAS, all recitals in the Commission’s Resolution Nos. 2020-001, 2020-002 2020-03, 2020-004, 2020-005, 2020-006 2020-007, and 2021-001 remain in effect and are incorporated herein by reference; and

WHEREAS, a severe acute respiratory illness caused by a novel (new) coronavirus, known as COVID-19, has spread globally and rapidly, resulting in severe illness and death around the world. The World Health Organization has described COVID-19 as a global pandemic; and

WHEREAS, on March 19, 2020, the Commission adopted Resolution No. 2020-001, proclaiming a local emergency pursuant to Government Code Sections 8630 and 8634, and empowered the CEO with the authority to issue rules and regulations to preserve Plan activities, protect the health and safety of its members staff and providers and prevent the further spread of COVID-19; and

WHEREAS, on April 27, 2020, the Commission adopted Resolution No. 2020-002 to: (1) renew and reiterate the declaration of a local emergency related to the outbreak of COVID-19 declared in Resolution No. 2020-001 to remain effective through the duration of the Governors’ State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and (2) to extend the duration of authority empowered in the CEO through Resolution No. 2020-001 to May 18, 2020; and

WHEREAS, on May 18, 2020, the Commission adopted Resolution No. 2020-003 to renew the authority first granted to the CEO in Resolution No. 2020-001 to June 22, 2020 and to authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and

WHEREAS, since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th, October 26th and January 25, 2021 by adopting Resolution No. 2021-001. Resolution No. 2021-001 expires today, February 22, 2021; and

WHEREAS, on August 28, 2020, the State Health Officer issued a new order that sets forth an updated framework that is intended to guide the gradual reopening of businesses and activities in the state while reducing the increased community spread of the disease, entitled “California’s Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe”; and

WHEREAS, under this updated framework, every county in California is assigned to a tier based on how prevalent COVID-19 is in each county and the extent of community spread—Purple (Widespread), Red (Substantial), Orange (Moderate) and Yellow (Minimal) and the color of each

respective tier indicates what sectors may reopen. As of the date of this Resolution, Ventura County is in the Purple tier; and

WHEREAS, when Intensive Care Unit ("ICU") bed capacity rapidly decreasing throughout California, the Governor issued a State Regional Stay at Home Order on December 3, 2020, that triggered greater restrictions on a region consisting of multiple counties depending on that region's ICU hospital bed availability. Once a region had less than 15 percent ICU availability, all counties within the region were required to follow the State Regional Stay at Home Order within 24 hours for at least three weeks; and

WHEREAS, on January 5, 2021, the State Public Health Officer issued a new order that is intended to reduce pressure on strained hospital systems and redistribute the responsibility of medical care across the state so patients can continue to receive lifesaving care. To preserve services, the public health order requires some non-essential and non-life-threatening surgeries to be delayed in counties with 10 percent or less of ICU capacity under the Regional Stay at Home Order where the regional ICU capacity is at 0 percent; and

WHEREAS, on January 25, 2021, the California Department of Public Health ended the Regional Stay at Home Order, lifting the order for all regions statewide, including Southern California. This action allowed all counties to return to the Blueprint for a Safer Economy framework which uses color-coded tiers to indicate which activities and businesses can open based on local case rates and test positivity. Ventura County is in the strictest tier—the Purple tier.

WHEREAS, unless renewed by the Commission, the delegation of authority empowered in the CEO, pursuant to Resolution No. 2021-001 shall expire today, February 22, 2021; and

WHEREAS, this resolution will continue to empower the CEO with the authority to issue orders and regulations necessary to prevent the further spread of the disease and protect the health and safety of Plan members and staff through March 22, 2021, the next regularly scheduled Commission meeting; and

WHEREAS, although there are now several vaccines that have proven to help combat the disease in adults, the vaccine is not yet available to the general public. The disease can spread rapidly through person-to-person contact and those in close proximity; and

WHEREAS, the imminent and proximate threat of introduction of COVID-19 in Commission staff workplaces continues to threaten the safety and health of Commission personnel; and

WHEREAS, under Article VIII of the Ventura County Medi-Cal Managed Care Commission aka Gold Coast Health Plan's (the "Plan's") bylaws, the CEO is responsible for coordinating day to day activities of the Ventura County Organized Health System, including implementing and enforcing all policies and procedures and assure compliance with all applicable federal and state laws, rules and regulations; and

WHEREAS, California Welfare and Institutions Code section 14087.53(b) provides that all rights, powers, duties, privileges, and immunities of the County of Ventura are vested in the Plan's Commission; and

WHEREAS, California Government Code section 8630 permits the Plan's Commissioners, acting with the County of Ventura's powers, to declare the existence of a local emergency to

protect and preserve the public welfare of Plan's members, staff and providers when they are affected or likely to be affected by a public calamity; and

WHEREAS, the Plan is a public entity pursuant to Welfare and Institutions Code section 14087.54 and as such, the Plan may empower the CEO with the authority under sections 8630 and 8634 to issue rules and regulations to prevent the spread of COVID-19 and preserve Plan activities and protect the health and safety of its members, staff and providers; and

NOW, THEREFORE, BE IT RESOLVED, by the Ventura County Medi-Cal Managed Care Commission as follows:

Section 1. Pursuant to California Government Code sections 8630 and 8634, the Commission adopted Resolution No. 2020-001 finding a local emergency exists caused by conditions or threatened conditions of COVID-19, which constitutes extreme peril to the health and safety of Plan's members, staff and providers.

Section 2. Resolution No. 2020-001 also empowered the CEO with the authority to furnish information, to promulgate orders and regulations necessary to provide for the protection of life and property pursuant to California Government Code sections 8630 and 8634, to enter into agreements, make and implement personnel or other decisions and to take all actions necessary to obtain Federal and State emergency assistance and to implement preventive measures and other actions necessary to preserve Plan activities and protect the health of Plan's members, staff and providers, including but not limited to the following:

A. Arrange alternate "telework" accommodations to allow Plan staff to work from home or remotely, as deemed necessary by the CEO, to limit the transfer of the disease.

B. Help alleviate hardship suffered by Plan staff related to emergency conditions associated with the continued spread of the disease such as acting on near-term policies relating to sick leave for Plan staff most vulnerable to a severe case of COVID-19.

C. Address and implement expectations issued by the California Department of Health Care Services ("DHCS") and the Centers for Medicare & Medicaid Services ("CMS") regarding new obligations to combat the pandemic.

D. Coordinate with Plan staff to realign job duties, priorities, and new or revised obligations issued by DHCS and CMS.

E. Take such action as reasonable and necessary under the circumstances to ensure the continued provision of services to members while prioritizing the Plan's obligations pursuant to the agreement between DHCS and the Plan ("Medi-Cal Agreement").

F. Enter in to such agreements on behalf of the Plan as necessary or desirable, with advice of legal counsel, to carry out all actions authorized by the Commission in the Resolution.

G. Authorize the CEO to implement and take such action on behalf of the Plan as the CEO may determine to be necessary or desirable, with advice of legal counsel, to carry out all actions authorized by the Commission in this Resolution.

Section 3. In Resolution 2020-001, the Commission further ordered that:

A. The Commission approves and ratifies the actions of the CEO and the Plan's staff heretofore taken which are in conformity with the intent and purposes of these resolutions.

Section 4. Resolution No. 2020-001 expired on April 27, 2020.

Section 5. On April 27, 2020, the Commission adopted Resolution No. 2020-002 to:

A. Renew and reiterate the declaration of a local emergency related to the outbreak of COVID-19 to remain effective through the duration of the Governors' State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and

B. To extend the duration of authority empowered in the CEO to issue emergency regulations related to the COVID-19 outbreak to May 18, 2020.

Section 6. The Commission adopted Resolution No. 2020-003 on May 18, 2020, to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-002 and to adopt the following additional emergency measures:

A. In addition to the authority granted to the CEO in Section 2, to authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and

B. Extend the authority granted to the CEO through June 22, 2020.

Section 7. On May 4, 2020, California Governor, Gavin Newsom issued Executive order N-60-20, to modify its state-wide Safer at Home order and allow the state to move into Stage 2 of the reopening process to permit certain low risk businesses and open spaces to open with modifications. Executive Order N-60-20, also directs the State Public Health Officer to establish and criteria and procedures, as set forth in the order to determine how local jurisdictions may implement public health measures that depart from state-wide directives of the State Public Health Officer.

Section 8. The Commission adopted Resolution No. 2020-004 on July 27, 2020 to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-003 through August 24, 2020. Resolution No. 2020-004 expired on August 24, 2020.

Section 9. The Commission adopted Resolution No. 2020-005 on August 24, 2020 to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-004 through September 28, 2020. Resolution No. 2020-005 expired on September 28, 2020.

Section 10. The Commission adopted Resolution No. 2020-006 on September 28, 2020 to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-005 through October 26, 2020.

Section 11. The Commission adopted Resolution No. 2020-007 on October 26, 2020, to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-

006 through January 25, 2021. The Commission canceled the November meeting and the Commission focused on the Strategic Plan during its December meeting.

Section 12. The Commission adopted Resolution No. 2021-001 on January 25, 2021 to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-007 through February 22, 2021.

Section 13. The Commission now seeks to renew and reiterate the authority granted to the CEO approved in Resolution No. 2021-001 through March 22, 2021.

Section 14. Unless renewed by the Commission, the delegation of authority empowered in the CEO, pursuant to this Resolution shall expire on March 22, 2021.

PASSED, APPROVED AND ADOPTED by the Ventura County Medi-Cal Managed Care Commission at a regular meeting on the 22nd day of February 2021, by the following vote:

AYE:

NAY:

ABSTAIN:

ABSENT:

_____
Chair:

Attest:

_____
Clerk of the Commission

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: February 22, 2021

SUBJECT: Additional Funds Approval – Edrington Health Consulting, LLC, SOW 3

SUMMARY:

GCHP staff seeks approval to add $300,000 for work being performed by Edrington Health Consulting, LLC ("EHC"). EHC is providing consulting services in support GCHP's IBNP reserves methodology and the development of GCHP's Rate Development Template ("RDT") and other supplemental data requests, as required by the Department of Health Care Services ("DHCS") requirements. In addition, they perform actuarial services for capitated and plan to plan provider agreements. In the spirit of partnership and support for GCHP, EHC has extended a 25% discount on their services over the past year.

BACKGROUND/DISCUSSION:

EHC operates as a strategic partner, is highly engaged with the DHCS and provides consulting services to several of the State's local initiatives. Services offered by EHC include:

- Capitation rate development and review.
- DHCS reporting.
- Forecasting and reporting.
- IBNP and Reserve Estimation.
- Data Warehousing and analytics.

In January of 2020, the Commission approve the consolidation of EHC SOW 1 for IBNP service development and SOW 2 for RDT services into a single SOW 3. The term of the approval was 24 months, ending on December 31, 2021 and the projected spend amount was $350,000.

In support of GCHP's solvency plan and because of staff vacancies, additional efforts have been utilized in IBNP reserves, GCHP's rate development, and actuarial services thus requiring additional funding beyond the projected amount of $350,000.

FISCAL IMPACT:

SOW and Contract Term	Amount	Period	Budgeted
SOW 1 – Actuary Services, Actual Spend	$83,422	12/17/18 to 12/31/2019	Yes
SOW 2 – RDT Services, Actual Spend	$42,479	7/1/2019 to 6/30/2020	Yes
SOW 3 – Combined Services Original Projected Spend	$350,000	1/1/2020 to 12/31/2021	Yes
SOW 3 – Additional funding	$300,000	1/1/2020 to 12/31/2021	No
Total Projected Cumulative Spend	**$775,901**	**Ending on 12/31/2021**	

RECOMMENDATION:

The Plan recommends the Commission approve adding additional funding to SOW 3 in the amount of $300,000.

If the Commission desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eileen Moscaritolo, HMA Consultant

DATE: February 22, 2021

SUBJECT: HSP MediTrac Update

SUMMARY:

HSP MediTrac Update.

RECOMMENDATION:

Accept and file the update.

ATTACHMENT:

Verbal/PowerPoint Presentation

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HSP Medi-Trac Update
February 22, 2021

Integrity

Accountability

Collaboration

Trust

Respect

HSP Medi-Trac

- HSP MediTrac Managed Care System
  - Date Change to 5/3/2021
  - Amendment Under review
  - Provider Communication

Questions?

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AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: February 22, 2021

SUBJECT: Appoint a Member of the Governing Board of the Ventura County Medi-Cal Managed Care Commission to the Executive Finance Committee of the Commission

SUMMARY:

1. Commission Staff Recommends the Governing Board of the Ventura County Medi-Cal Managed Care Commission Appoint a Board Member the Executive Finance Committee of the Commission

BACKGROUND/DISCUSSION:

The departure of former member of the Governing Board of the Ventura County Medi-Cal Managed Care Commission (dba Gold Coast Health Plan) Fred Ashworth, created a vacancy on the Commission's Executive Finance Committee ("Committee"). The general purpose of the Committee is to assist the CEO and the Commission accomplish its work in the most efficient and timely way.

The procedure for filling vacancies on the Committee is set forth by the Commission's Bylaws which are attached. This Committee is comprised of five (5) Board members that are appointed by a majority vote of the Board. Appointments to this Committee may be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election officers, or other event which results in the Committee lacking full membership. (Bylaws, Art. IV(b)(ii).) The departure of Mr. Ashworth resulted in a vacancy in the Executive Finance Committee, thus necessitating an appointment to this Committee. Because the Executive Finance Committee already has representatives from a private hospital or healthcare system, a representative from the Ventura County Medical Center Health System and a representative from Clinicas Del Camino real, (the bylaws require at least one Committee member from each of these entities), any Commissioner is eligible to fill the vacant position.

FISCAL IMPACT:

None.

RECOMMENDATION:

1. Commission Staff Recommends the Governing Board of the Ventura County Medi-Cal Managed Care Commission Appoint a Board Member to the Executive Finance Committee of the Commission

ATTACHMENT:

1. Bylaws of the Ventura County Medi-Cal Managed Care Commission

AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM

VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (dba Gold Coast Health Plan)

Approved: October 24, 2011
Amended: January 23, 2017

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AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM (dba Gold Coast Health Plan)

ARTICLE I

Name and Mission

The name of this Commission shall be the Ventura County Medi-Cal Managed Care Commission, hereafter referred to in these Bylaws as the VCMMCC. VCMMCC shall operate under the fictitious name, Gold Coast Health Plan.

The VCMMCC shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the VCMMCC and shall not be the obligations of the County of Ventura or the State of California; and

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

ARTICLE II

Commissioners

The governing board of the VCMMCC shall consist of eleven (11) voting members ("members" or "Commissioners") who shall be legal residents of Ventura County. Members shall possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system.

Members of the VCMMCC shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

(a) Physician Representatives. Three members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Association, one shall be selected from a list with a minimum of three (3) nominees submitted by Clinicas Del Camino Real and one shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center Executive Committee.

(b) Private Hospital/Healthcare System Representatives. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be selected from a list with a minimum of three (3) nominees submitted by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system.

(c) Ventura County Medical Center Health System Representative. One member shall be a representative of the Ventura County Medical Center Health System and shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center administration.

(d) Public Representative. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors.

(e) Clinicas Del Camino Real Representative. One member shall be the chief executive officer of Clinicas del Camino Real or designee nominated by the Clinicas del Camino Real chief executive officer and approved by the Ventura County Board of Supervisors.

(f) County Official. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director and approved by the Board of Supervisors.

(g) Consumer Representative. One member shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is

not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position.

(h) Ventura County Medical Center Health System Representative. One member shall be the Ventura County Medical Center Family Medicine Residency Program Director or Faculty Designee and approved by the Board of Supervisors.

Selection and Terms of Commissioners

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: one of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the VCMMCC shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the VCMMCC. The term of each subsequent appointment shall be deemed to commence on March 15 of the year of the appointment.

A member may resign effective on giving written notice to the Clerk of the VCMMCC, unless the notice specifies a later date for his/her resignation to become effective. Upon receipt of such notice, the Clerk shall notify the Chairperson and the Board of Supervisors. The Clerk of the VCMMC shall enter the notice in the proceedings of the Commission. The acceptance of a resignation shall not be necessary to make it effective.

A member may be removed from the VCMMCC by a 4/5 vote of the Board of Supervisors.

Nominations to the VCMMCC shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Board of Supervisors.

ARTICLE III

Officers

(a) Officers of the VCMMCC shall be a Chairperson and Vice-Chairperson.

(b) The Chairperson and the Vice-Chairperson shall be elected by majority vote of the members in attendance at the first meeting of the VCMMCC to serve for the remainder of the calendar year in which the first meeting occurs. Officers subsequently elected to these offices, pursuant to the procedures outlined under "Election" below, shall serve a term of two years or until their successor(s) has/have been duly elected.

(c) No individual shall serve more than two consecutive terms in any of the elected officer positions.

Election

(a) The VCMMCC shall elect officers by majority vote of the members present.

(b) The election of officers shall be held at the first regular meeting of the VCMMCC after March 15 (or after the date upon which the Board of Supervisors appoints Commissioners for the present term if later than March 15) in every even-numbered year. The two-year terms of office shall be deemed to commence on March 15 of the year of the election, regardless of when the election actually occurs. The officers of the prior term shall continue to preside over any meetings and perform all other functions of their offices until new officers are elected.

(c) Notwithstanding the normal election process detailed in paragraphs (a) and (b) above, when circumstances warrant it, an election may be held at any time during the year. Circumstances that would warrant a special election include: one or more of the officers wishes to resign as an officer, or one or more of the officers is terminated.

Duties

(a) The Chairperson shall:

1. Preside at all meetings;

2. Execute all documents approved by the VCMMCC;

3. Be responsible to see that all actions of the VCMMCC are implemented; and

4. Maintain consultation with the Chief Executive Officer (CEO).

(b) The Vice-Chairperson shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson; and

2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.

ARTICLE IV

Standing Committees

(a) At a minimum, the VCMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMMCC for membership on these boards. Each of the boards shall submit a charter to the VCMMCC for approval. All meetings of standing committees shall be subject to the provisions of the Brown Act.

(b) Executive/Finance Committee.

i. Purpose. The role of the Executive/Finance Committee shall be to assist the CEO and VCMMCC accomplish its work in the most efficient and timely way. Meetings of this committee shall be at the request of the Chairperson or CEO to evaluate time sensitive matters. The Committee shall report on all of its activities to the governing board at the next regular meeting of the governing board.

ii. Membership. The Executive/Finance Committee shall be comprised of the following five (5) Commissioners:

1. Chairperson.
2. Vice-Chairperson.
3. Private hospital/healthcare system representative (to rotate between the two representatives following the representative's resignation from the committee). If the Chairperson and/or Vice-Chairperson is a private hospital/healthcare system representative, then the Commission may appoint any one of its members to fill this position.
4. Ventura County Medical Center Health System representative. If the Chairperson and/or Vice-Chairperson is a Ventura County Medical Center Health System representative, then the Commission may appoint any one of its members to fill this position.
5. Clinicas Del Camino Real representative. If the Chairperson and/or Vice-Chairperson is a Clinicas Del Camino Real representative, then the Commission may appoint any one of its members to fill this position.

The CEO and Finance Director will serve as Ex-Officio members to Co-Chair the committee.

Appointments to the Committee shall be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected or at the next regular meeting immediately thereafter. Appointments may also be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election of officers, or other event which results in the Committee lacking full membership.

iii. Duties of the Executive/Finance Committee.

1. Advise the governing board Chairperson on requested matters.

2. Assist the CEO in the planning or presentation of items for governing board consideration.

3. Assist the CEO or VCMMCC staff in the initial review of draft policy statements requiring governing board approval.

4. Assist the CEO in the ongoing monitoring of economic performance by focusing on budgets for pre-operational and operational periods.

5. Review proposed State contracts and rates, once actuary has reviewed and made recommendations.

6. Review proposed contracts for services over the assigned dollar value/limit of the CEO.

7. Establish basic tenets for payment-provider class and levels as related to Medi-Cal rates:

- PCP
- Specialists
- Hospitals o LTC
- Ancillary Providers

8. Recommend auto-assignment policies for beneficiaries who do not select a Primary Care Provider.

9. Review and recommend provider incentive program structure.

10. Review investment strategy and make recommendations.

11. On an annual basis, develop the CEO review process and criteria.

12. Serve as Interview Committee for CEO/CMO/CFO.

13. Assist the governing board and/or the CEO in determining the appropriate committee, if any, to best deal with questions or issues that may arise from time-to-time.
14. Develop long-term and short-term business plans for review and approval by the governing board.

15. Undertake such other activities as may be delegated from time-to-time by the governing board.

iv. Limitations on Authority. The Executive/Finance Committee shall not have the power or authority in reference to any of the following matters:

1. Adopting, amending or repealing any bylaw.

2. Making final determinations of policy.

3. Approving changes to the budget or making major structural or contractual decisions (such as adding or eliminating programs).

4. Filling vacancies or removing any Commissioner.

5. Changing the membership of, or filling vacancies in, the Executive/Finance Committee.

6. Hiring or firing of senior executives, but may make recommendations to the governing board as to their appointment, dismissal or ongoing performance.

7. Taking any action on behalf of the governing board unless expressly authorized by the governing board.

ARTICLE V

Special Committees

Members may be asked to participate on a subcommittee, task force or special project as part of their responsibilities. The VCMMCC may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the VCMMCC.

ARTICLE VI

Meetings

(a) All meetings shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies ("Brown Act").

(b) A regular meeting shall be held monthly. The VCMMCC shall by resolution establish the date, time and location for the monthly meeting. A regular meeting may, for cause, be rescheduled by the Chairperson with 72 hour advance notice.

(c) Closed session items shall be noticed in compliance with Government Code section 54954.5.

(d) Special meetings may be called, consistent with the Brown Act, by the Chairperson or by a quorum of the VCMMCC. Notice of such special meeting shall conform to the Brown Act.

(e) Any meeting at which at least a quorum cannot attend, or for which there is no agenda item requiring action may be cancelled by the Chairperson with 72 hour advance notice.

(f) A quorum shall be defined as one person more than half of the appointed members of the VCMMCC. For these purposes, "appointed members" excludes unfilled positions and those vacated by resignation or removal. Unless otherwise expressly stated in these bylaws, a majority vote of members present and constituting a quorum shall be required for any VCMMCC action.

(g) After three (3) absences of any member during a fiscal year, the reasons for the absences will be reviewed by the VCMMCC and it may notify the Board of Supervisors of the absences, if it deems this action appropriate. Three or more absences from regular meetings may be cause for the VCMMCC to recommend dismissal of that member to the Board of Supervisors.

Conduct of Meetings

(a) The Chairperson shall adhere to the order of items as posted on the agenda. Modifications to the order of the agenda may be made to the extent that (on the advice of counsel) the rearrangement of the agenda items does not violate the spirit or intent of the Brown Act.

(b) All motions or amendments to motions require a second in order to be considered for action. Upon a motion and a second the item shall be open for discussion before the call for the vote.

(c) Voice votes will be made on all items as read. An abstention will not be recognized except for a legal conflict of interest. In furtherance of the foregoing, an abstention or refusal to vote (not arising from a legal conflict of interest) shall be deemed a vote with the majority of those Commissioners who do vote, except when there is a tie vote and the motion or action fails. For example, if there are 7 Commissioners present at a meeting (none of whom are subject to a legal conflict of interest), (i) a motion passes with 3 votes in favor and 4 Commissioners abstaining, (ii) a motion passes with 3 votes in favor, 2 votes against and 2 Commissioners abstaining; and (iii) a motion fails with 3 votes in favor, 3 votes against and 1 Commissioner abstaining.

(d) A call for a point of order shall have precedence over all other motions on the floor.

(e) Without objection, the Chairperson may continue or withdraw any item. In the event of an objection, a motion to continue or reset an item must be passed by a majority of the members present. A motion to continue or reset an item shall take precedence over all other motions except for a point of order.

(f) An amendment to a motion must be germane to the subject of the motion, but it may not intend an action contrary to the motion. There may be an amendment to the motion and an amendment to an amendment, but no further amendments. In the event the maker of the original motion accepts the amendment(s), the original motion shall be deemed modified. In the event the maker of the original motion does not accept the amendment(s), the amendment(s) shall be voted separately and in reverse order of proposal.

(g) Where these Bylaws do not afford an adequate procedure in the conduct of a meeting, the Chairperson may defer to the most current edition of *Rosenberg's Rules of Order*, to resolve parliamentary questions.

(h) The Chairperson shall be permitted to make motions and vote on all matters to the same extent and subject to the same limitations as other Commissioners.

ARTICLE VII

Powers and Duties

The VCMMCC is responsible for all of the activities described in Article I of these Bylaws and in its enabling ordinance. In furtherance of such responsibility, the VCMMCC shall have the following powers and duties and shall:

(a) Advise the Chief Executive Officer (CEO) and request from the CEO information it deems necessary;

(b) Conduct meetings and keep the minutes of the VCMMCC;

(c) Provide for financial oversight through various actions and methodologies such as the preparation and submission of an annual statement of financial affairs and an estimate of the amount of funding required for expenditures, approval of an annual

budget, receipt of monthly financial briefings and other appropriate action in support of its financial oversight role;

(d) Evaluate business performance and opportunity, and review and recommend strategic plans and business strategies;

(e) Establish, support and oversee the quality, service utilization, risk management and fraud and abuse programs;

(f) Encourage VCMMCC members to actively participate in VCMMCC committees as well as subcommittees;

(g) Comply with and implement all applicable federal, state and local laws, rules and regulations as they become effective;

(h) Provide for the resolution of or resolve conflict among its leaders and those under its leadership;

(i) Respect confidentiality, privacy and avoid any real or potential conflict of interest; and

(j) Receive and take appropriate action, if warranted, based upon reports presented by the CEO (or designated individual). Such reports shall be prepared and submitted to the VCMMCC at least annually.

ARTICLE VIII

STAFF

The VCMMCC shall employ personnel and contract for services as necessary to perform its functions. The permanent staff employed by the VCMMCC shall include, but not be limited to, a Chief Executive Officer (CEO), Clerk and Assistant Clerk.

Chief Executive Officer

The CEO shall have the responsibility for day to day operations, consistent with the authority conferred by the VCMMCC. The CEO is responsible for coordinating all activities of the County Organized Health System.

The CEO shall:

(a) Direct the planning, organization, and operation of all services and facilities;

(b) Direct studies of organizations, operations, functions and activities relating to economy, efficiency and improvement of services;

(c) Direct activities which fulfill all duties mandated by federal or state law, regulatory or accreditation authority, or VCMMCC board resolution, and shall bring any conflict between these laws, regulations, resolutions or policy to the attention of the VCMMCC;

(c) Appoint and supervise an executive management staff, and such other individuals as are necessary for operations. The CEO may delegate certain duties and responsibilities to these and other individuals where such delegated duties are in furtherance of the goals and objectives of the VCMMCC;

(d) Retain and appoint necessary personnel, consistent with all policies and procedures, in furtherance of the VCMMCC's powers and duties; and

(f) Implement and enforce all policies and procedures, and assure compliance with all applicable federal and state laws, rules and regulations.

Clerk

The Clerk shall:

(a) Perform the usual duties pertaining to secretaries;

(b) Cause to be kept, a full and true record of all VCMMCC meetings and of such special meetings as may be scheduled;

(c) Cause to be issued notices of regular and special meetings;

(d) Maintain a record of attendance of members and promptly report to the VCMMCC any member whose position has been vacated; and

(e) Attest to the Chair or Vice-Chair's signature on documents approved by the VCMMCC.

Assistant Clerk

The Assistant Clerk shall perform the duties of the Clerk in the Clerk's absence.

ARTICLE IX

Rules of Order

The Chairperson shall be responsible for maintaining decorum during VCMMCC meetings. All motions, comments, and questions shall be made through the Chairperson. Any decision by the Chairperson shall be considered final unless an appeal of the decision is requested and passed by a majority of the VCMMCC members present.

ARTICLE X

Amendments

(a) These Bylaws may be amended by an affirmative vote of a majority of the voting members of the VCMMCC. A full statement of a proposed amendment shall be submitted to the VCMMCC at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon.

(b) The Bylaws shall be reviewed annually and amendments to the Bylaws may be proposed by any VCMMCC member.

(c) Bylaws may be suspended on an ad hoc basis upon the affirmative vote of a majority of the VCMMCC members present.

ARTICLE XI

Nondiscrimination Clause

The VCMMCC or any person subject to its authority shall not discriminate against or in favor of any person because of race, gender, religion, color, national origin, age, sexual orientation or disability with regard to job application procedures, hiring, advancement, discharge, compensation, training or other terms or condition of employment of any person employed by or doing business with the VCMMCC or any person subject to its direction pursuant to federal, state or local law.

ARTICLE XII

Conflict of Interest and Ethics

VCMMCC members are subject to conflict of interest laws, including Government Code section 1090 and the 1974 Political Reform Act (Government Code section 8100 et seq.), as modified by Welfare and Institutions Code section 14087.57, and must identify and disclose any conflicts and refrain from participating in any manner in such matters in accordance with the applicable statutes. Members of the VCMMCC agree to adhere to all relevant standards established by state or federal law regarding ethical behavior.

ARTICLE XIII

Dissolution

Pursuant to California Welfare & Institutions Code, section 14087.54:

(a) In the event the Commissioners determine that VCMMCC may no longer function for the purposes for which it was established, at the time that VCMMCC's then existing

obligations have been satisfied or VCMMCC's assets have been exhausted, the Board of Supervisors may by ordinance terminate the VCMMCC.

(b) Prior to the termination of the VCMMCC, the Board of Supervisors shall notify the State Department of Health Care Services ("DHCS") of its intent to terminate VCMMCC. The DHCS shall conduct an audit of VCMMCC's records within 30 days of the notification to determine the liabilities and assets of VCMMCC. The DHCS shall report its findings to the Board of Supervisors within 10 days of completion of the audit. The Board of Supervisors shall prepare a plan to liquidate or otherwise dispose of the assets of VCMMCC and to pay the liabilities of VCMMCC to the extent of VCMMCC's assets, and present the plan to the DHCS within 30 days upon receipt of these findings.

(c) Upon termination of the VCMMCC by the Board of Supervisors, the County of Ventura shall manage any remaining assets of VCMMCC until superseded by a DHCS-approved plan. Any liabilities of VCMMCC shall not become obligations of the County of Ventura upon either the termination of the VCMMCC or the liquidation or disposition of VCMMCC's remaining assets.

(d) Any assets of VCMMCC shall be disposed of pursuant to provisions contained in the contract entered into between the state and VCMMCC.

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: February 22, 2021

SUBJECT: January 2021 Fiscal Year to Date Financials

SUMMARY:

Staff is presenting the attached January 2021 fiscal year-to-date ("FYTD") financial statements of Gold Coast Health Plan ("GCHP") for review and approval.

BACKGROUND/DISCUSSION:

The staff has prepared the unaudited January 2021 FYTD financial package, including statements of financial position, statement of revenues and expenses, changes in net assets, and statement of cash flows.

Financial Overview:

GCHP experienced a gain of $1,513,293 for the month of January 2021, bringing the FYTD net loss to $780,256. This is a significant improvement from the budget projections that had indicated an anticipated loss of ~$13 million in the first seven months of the fiscal year. The improvement from budget projections is attributed to increased revenue due to changes in prior year membership estimates and favorable CY2021 rates, administrative savings, and medical expense estimates that are currently less than budget by a narrow margin.

Solvency Action Plan (SAP) Update:

To ensure the long-term viability of GCHP, we must remain focused on the SAP. The SAP is comprised of three main categories: cost of healthcare, internal control improvements and contract strategies. The primary objectives within each of these categories is as follows:

1. Cost of healthcare – to ensure care is being provided at the optimal place of service which both reduces costs and improves member experience.

2. Internal control improvements – to ensure GCHP is operating effectively and efficiently which will result in administrative savings and safeguard against improper claim payments.
3. Contracting strategies – to ensure that GCHP is reimbursing providers within industry standard for a Medi-Cal managed care plan and moving toward value-based methodologies.

In addition to the comprehensive list of internal control improvements provided as an appendix to the Strategic Plan, GCHP management has made the following progress in connection with the Commission-approved SAP:

Actions	Annualized impact in savings
Continued focus on interest expense reduction	$500,000
Reduction of LTC facility rates to 100% of Medi-Cal rate	$1.8 million
Sent notification to providers regarding reduction of Adult Expansion PCP rates*	$4.5 million
Revision to Non-Pharmacy Dispensing Site policy	$2-3 million
Contract signed – rate reduction to tertiary hospital	$1.3 million
Optum contract rate reduction	$150,000
HMS Implementation	$1-2 million
Formalization of the internal control workgroup	
TOTAL ANNUAL SAVINGS	**$11.3 – 13.3 million**

* internal issue prevented this from being finalized; it is now in process.

The focus going forward will be on phase 2 of the Solvency Action Plan, which involves the below initiatives. We are pleased to report that the Provider Advisory Committee has created a subcommittee to propose changes for Phase 2 of the SAP.

Category	Current Focus	Annualized impact in savings
Cost of Healthcare	LANE – avoidable ER analysis	TBD
	Pro-active transplant management approach	TBD
	Analysis of leakage to out of area providers	TBD
Internal Control Improvements*	Review of provider contracts for language interpretation and validation	N/A
	Formalization of the contract steering committee	N/A
	California Children's Services – ED Diversion	$500,000
	Revise provider contract templates – a standardized approach to minimize errors	N/A

	Implementation of additional claims edit system (CES) checks to minimize payment errors	TBD
Contracting Strategies	Expansion of capitation arrangements	Required TNE and risk reductions
	LANE/HCPCS analysis	TBD
	Outlier rate analysis	TBD
	Consideration of across the board reductions	TBD

* this is a sub-set of the internal control improvements with impacts to providers. Staff will periodically update the Commission on the comprehensive list.

The management team has concluded that it is imperative that GCHP have a keen focus on fundamental activities that are essential to our success. While the intensive work on internal control improvement continues, some strategies under phase 2 will be temporarily on hold, to mitigate risk and potential provider abrasion. The fundamental initiatives are:

1. HSP System Conversion
2. Americas Health Plan
3. Behavioral Health Integration
4. Cal Aim
5. Major provider contract renewals
6. Continuation of internal control improvement activities

Staff will keep the Commission informed on the progress of these initiatives and the impacts to Phase 2 of the SAP. We anticipate there will be increased bandwidth for Phase 2 in the third quarter of 2021.

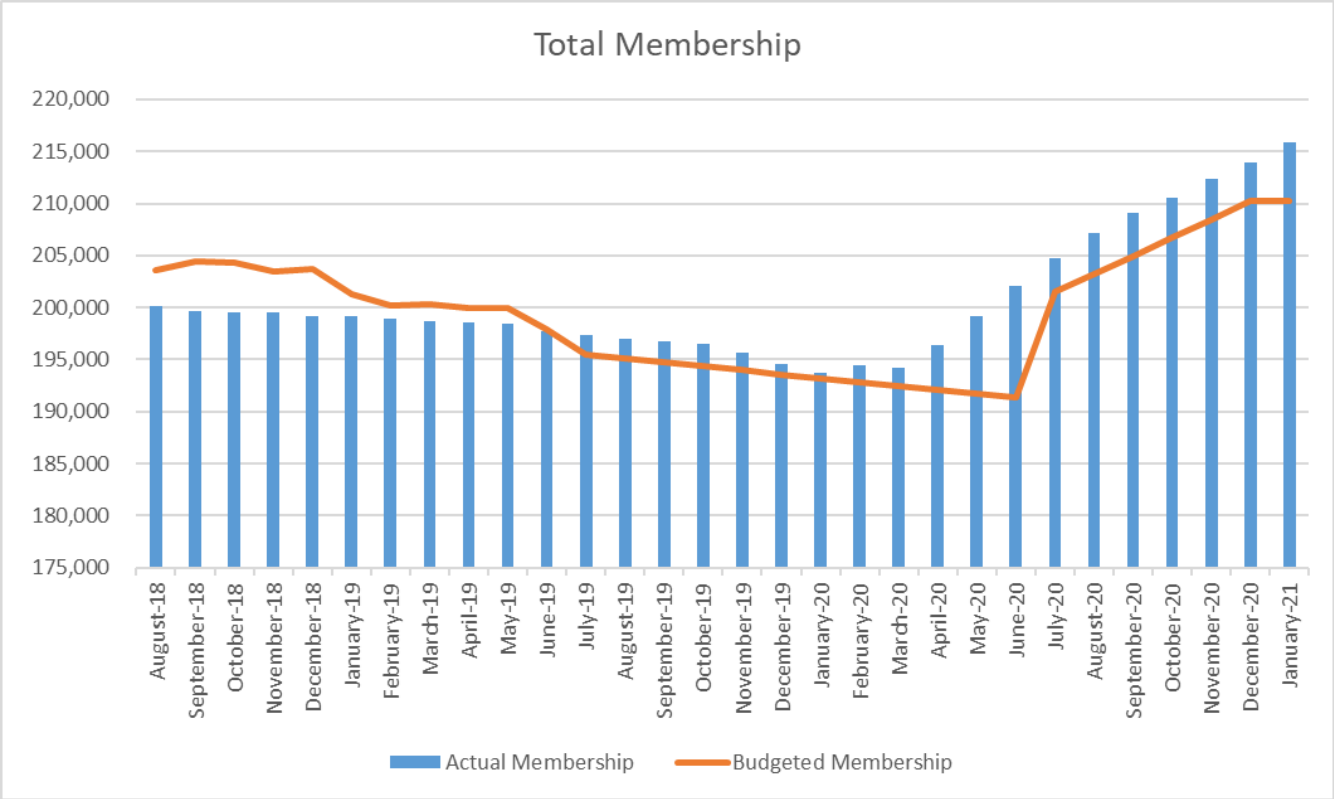
Financial Report:

GCHP experienced a net gain of $1,513,293 for the month of January 2021.

January 2021 FYTD Highlights:

1. Net loss of $780,256, a $12.2 million favorable budget variance.
2. FYTD net revenue is $517.6 million, $33.1 million over budget.
3. FYTD Cost of health care is $490.3 million, $25.8 million over budget.
4. The medical loss ratio is 94.7% of revenue, 1.2% less than the budget.
5. FYTD administrative expenses are $28.4 million, $5.1 million under budget.
6. The administrative cost ratio is 5.5%, 1.8% under budget.
7. Current membership for January is 215,862.
8. Tangible Net Equity is $76.5 million which represents approximately 30 days of operating expenses in reserve and 214% of the required amount by the State.

Note: To improve comparative analysis, GCHP is reporting the budget on a flexible basis which allows for updated revenue and medical expense budget figures consistent with membership trends.


Total Membership
220,000
215,000
210,000
205,000
200,000
195,000
190,000
185,000
180,000
175,000
August-18
September-18
October-18
November-18
December-18
January-19
February-19
March-19
April-19
May-19
June-19
July-19
August-19
September-19
October-19
November-19
December-19
January-20
February-20
March-20
April-20
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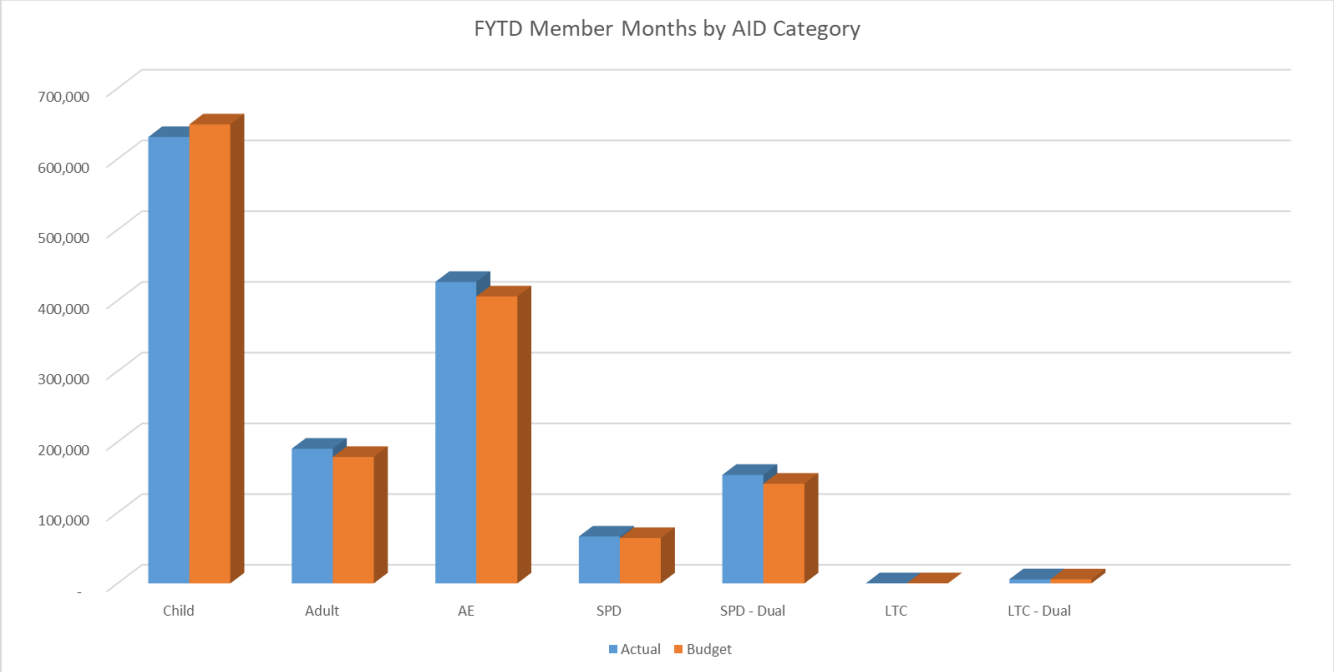
October-20
November-20
December-20
January-21
Actual Membership
Budgeted Membership


FYTD Member Months by AID Category
700,000
600,000
500,000
400,000
300,000
200,000
100,000
-
Child
Adult
AE
SPD
SPD - Dual
LTC
LTC - Dual
Actual
Budget

Revenue

Net Premium revenue is $517.6 million; a $33.1 million and 7% favorable budget variance. The primary drivers of the budget variance are revenue associated with directed payments, CY2021 rates that are more favorable than projected, and revenue account for pharmacy expenses that were anticipated to be carved out this month.

Health Care Costs

FYTD Health care costs are $490.3 million; a $25.8 million and 6% unfavorable budget variance.

Notable variances from the budget are as follows:

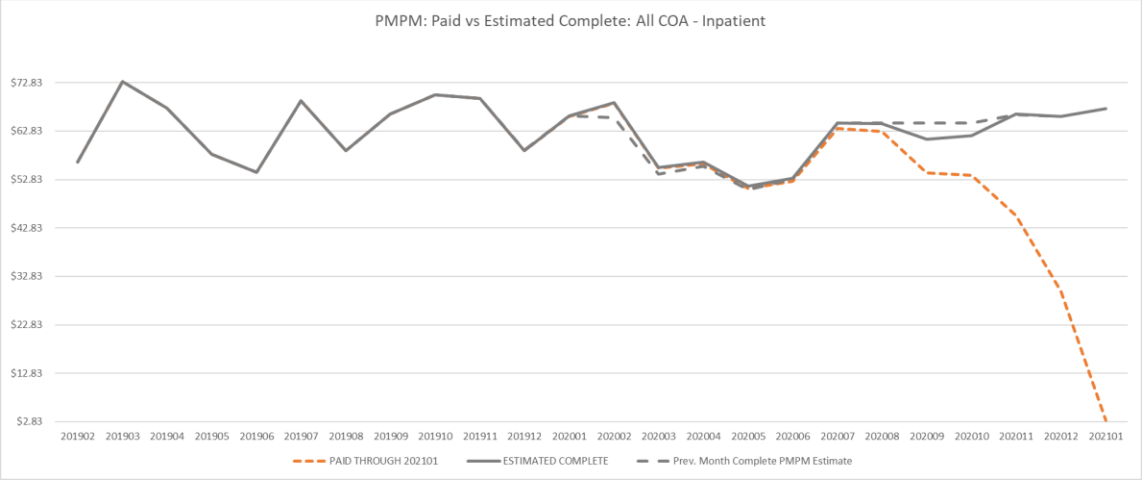
1. Directed payments for Proposition 56 are over budget by $15.3 million. GCHP did not budget for Proposition 56 expenses as the May revise of the State budget had removed funding for Proposition 56. The State budget in June ultimately included Proposition 56 funding. GCHP receives funding to offset the expense.

2. Pharmacy is over budget by $10.9 million. GCHP budgeted for pharmacy to be carved-out effective 1/1/2021 but, that transition has since been postponed to 4/1/2021.

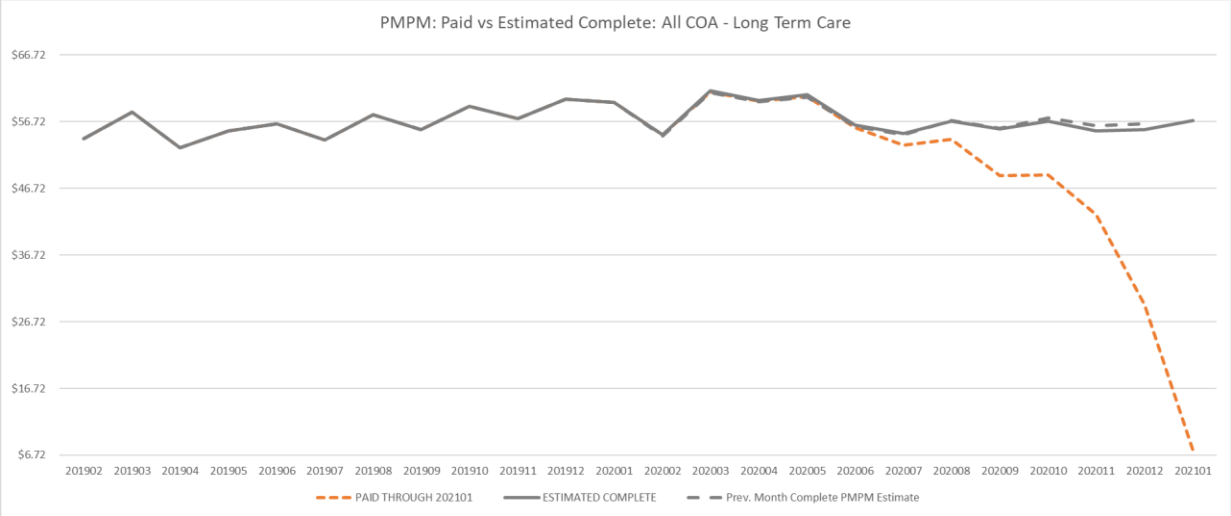
3. Laboratory and Radiology expense are over budget by $2.1 million due to COVID testing.

4. Home & Community Based Services are over budget by $2.2 million due to an increase in Community Based Adult Service utilization. The delivery approach was modified to allow for services to be provided at home due to COVID. GCHP has noted an increase in days following this change.

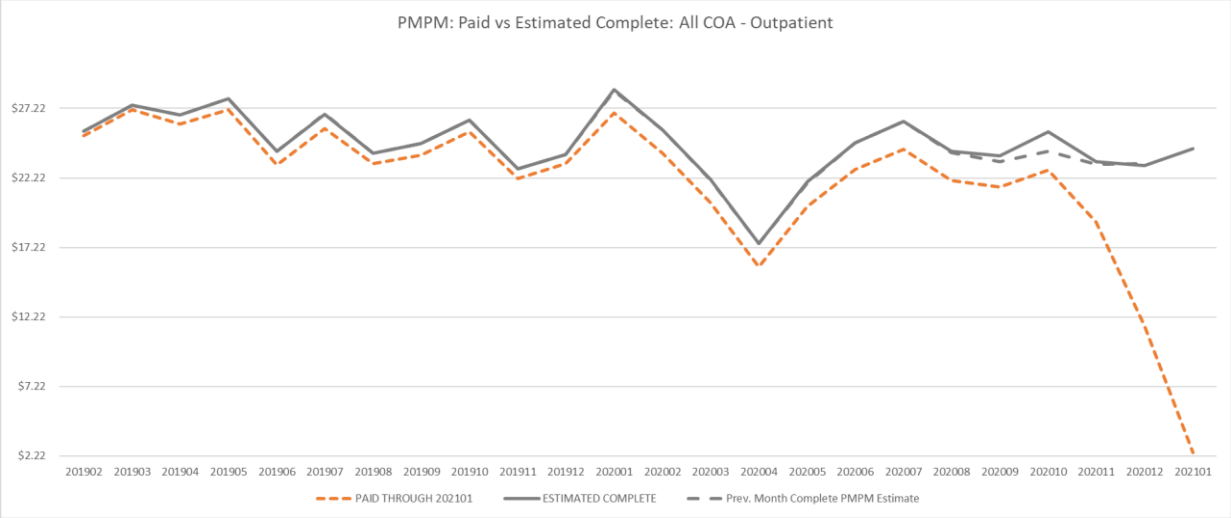
5. Inpatient hospital costs are under budget by $3.9 million (4%) due to decreased utilization from COVID-19 and the increase in membership.



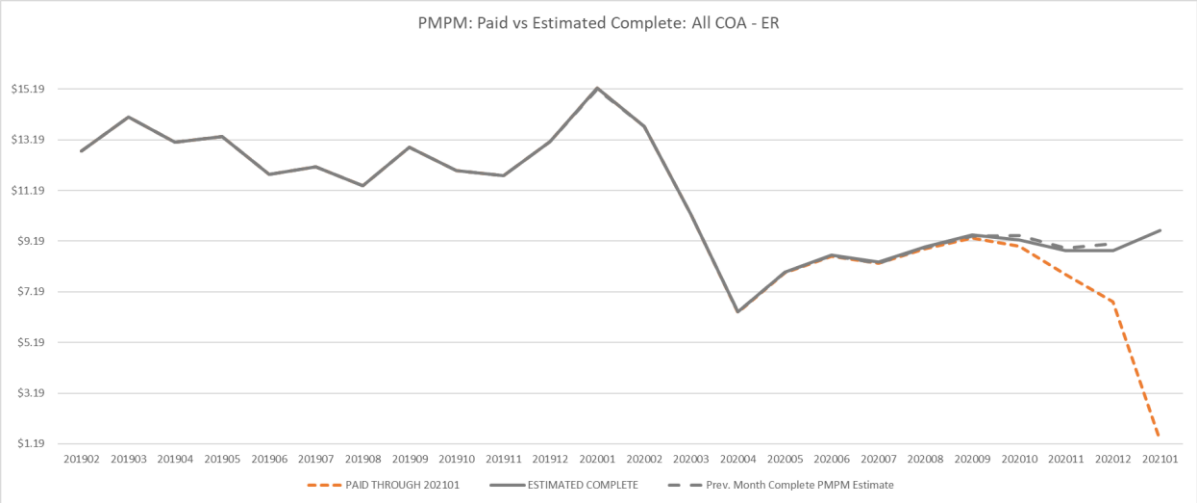
6. Long term care (LTC) expenses are over budget by $4.6 million (6%). The State increased facility rates by 10% effective March 1, 2020 through the emergency. The full impact was mitigated through the Solvency Action Plan and the reduction of LTC contractual rates to 100% of the Medi-Cal fee schedule.



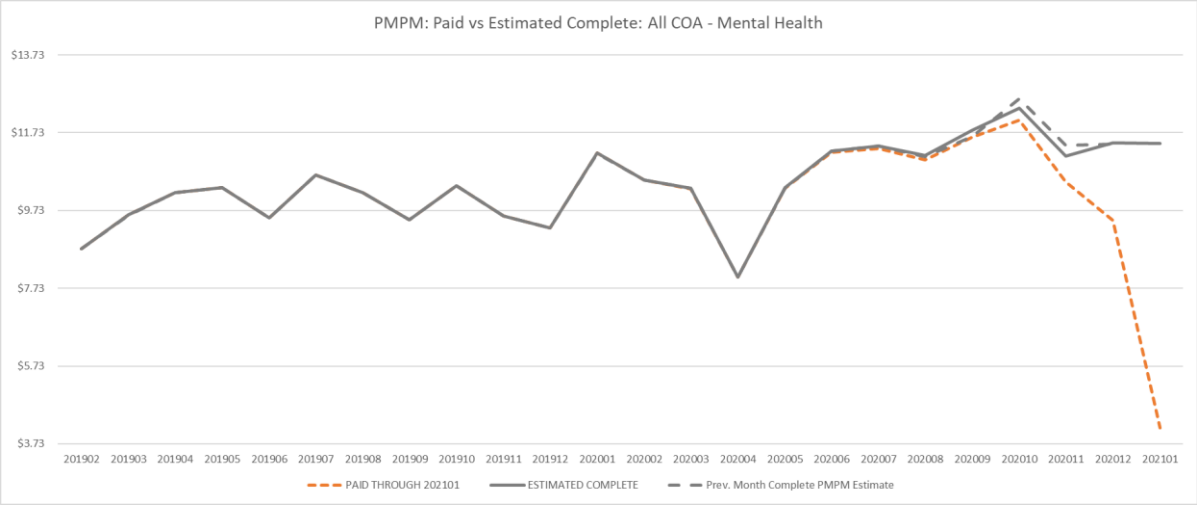
7. Outpatient expenses are under budget by $2.3 million (6%) due to COVID-19 and the increased membership.



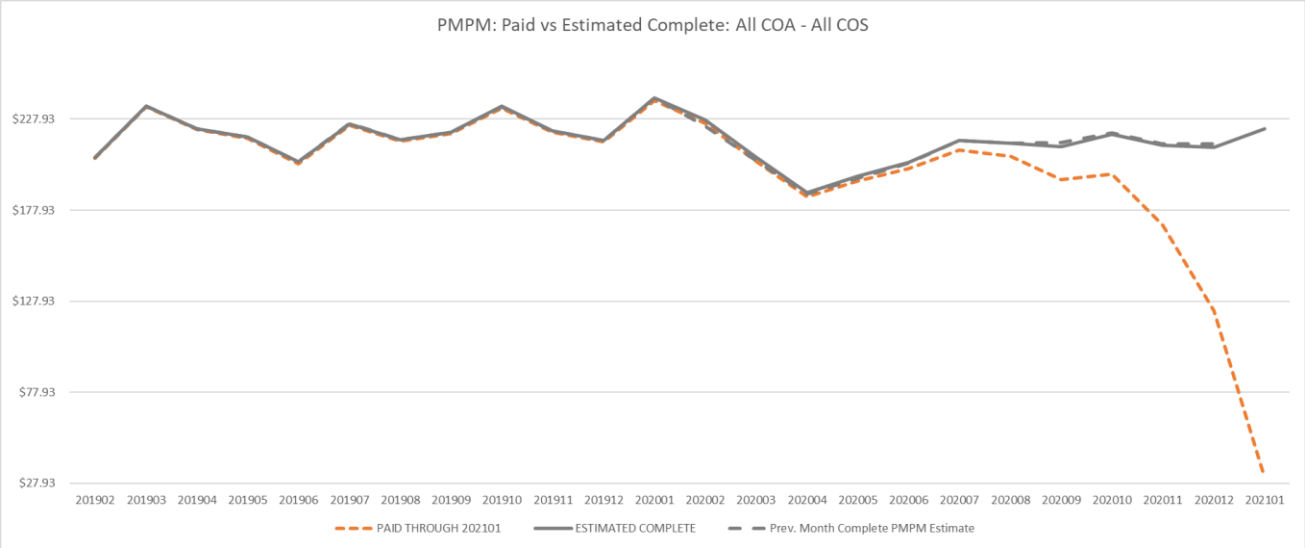
8. Emergency Room expenses are under budget by $5.8 million (31%) due to decreased utilization associated with COVID-19.



9. Mental and behavioral health services are over budget by $2.4 million (17%) due to additional services being provided during the pandemic.



10. Total fee for service health care pmpm costs excluding capitation and pharmacy, and considering date of service, are under budget by $8.49 PMPM (3.7%).



Note: Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as "Incurred But Not Paid" (IBNP) and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred But Not Reported and Claims Payable. The total liability is the difference between the estimated costs (the orange line above) and the paid amounts (in grey above).

Administrative Expenses

The administrative expenses are currently running within amounts allocated to administration in the capitation revenue from the State. In addition, the ratio is comparable to other local initiative health plans.

For the fiscal year to date through January, administrative costs were $28.4 million and $5.1 million below budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 5.5% versus 7.3% for budget.

Cash and Short-Term Investment Portfolio

At January 31, the Plan had $187.5 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool $43.2 million; LAIF CA State $206,750; the portfolio yielded a rate of 2.5%.

Medi-Cal Receivable

At January 31, the Plan had $90.2 million in Medi-Cal Receivables due from the DHCS.

RECOMMENDATION:

Staff requests that the Executive Finance Committee recommend that the Commission approve the January 2021 financial package.

CONCURRENCE:

N/A

ATTACHMENT:

January 2021 Financial Package

Gold Coast Health Plan℠
A Public Entity

FINANCIAL PACKAGE
For the month ended January 31, 2021

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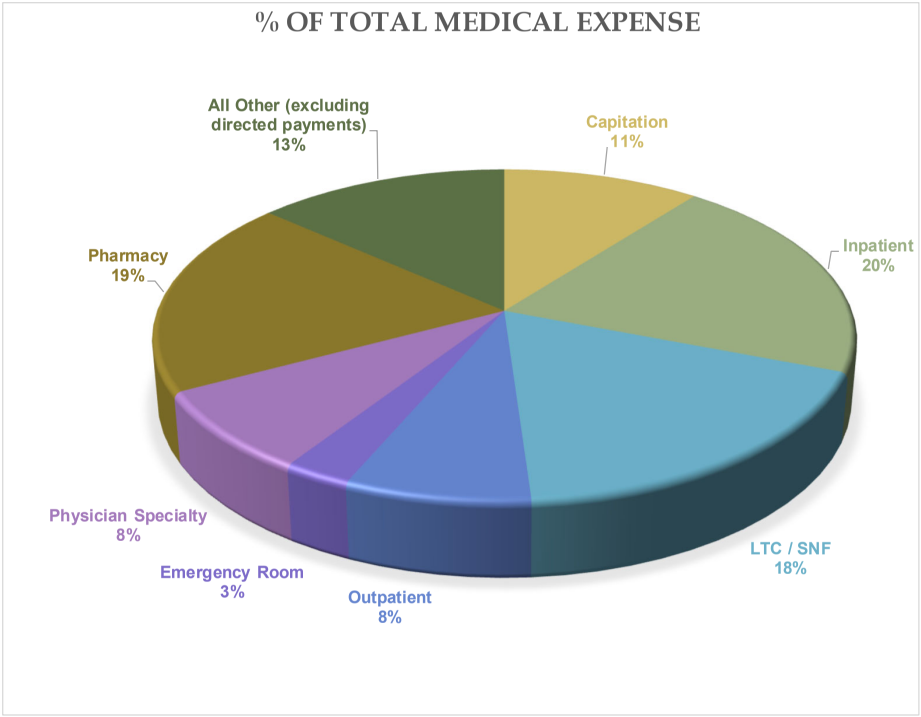
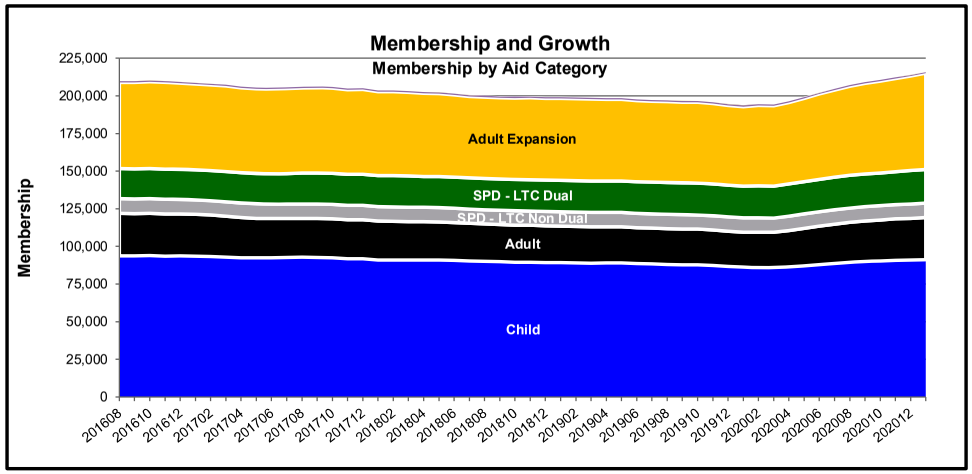
Gold Coast Health Plan

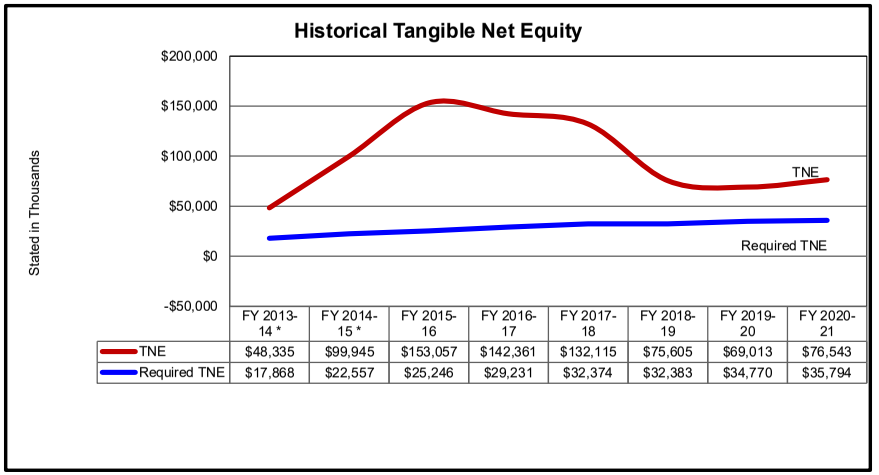
Executive Dashboard as of January 31, 2021

	FYTD 20/21 Budget*	FYTD 20/21 Actual	FY 19/20 Actual	FY 18/19 Actual
Average Enrollment	206,484	208,916	196,012	198,140
PMPM Revenue	$ 331.31	$ 353.94	$ 348.73	$ 299.23
Medical Expenses				
Capitation	$ 33.42	$ 34.12	$ 24.93	$ 23.90
Inpatient	$ 68.86	$ 66.12	$ 65.19	$ 62.09
LTC / SNF	$ 55.51	$ 58.65	$ 59.20	$ 56.06
Outpatient	$ 26.08	$ 24.53	$ 25.81	$ 25.88
Emergency Room	$ 12.98	$ 8.98	$ 11.97	$ 12.14
Physician Specialty	$ 25.96	$ 25.94	$ 27.63	$ 26.71
Pharmacy	$ 55.27	$ 62.74	$ 61.05	$ 56.60
All Other *(excluding directed payments)*	$ 32.06	$ 43.69	$ 41.07	$ 38.20
Total Per Member Per Month	$ 310.13	$ 324.79	$ 316.86	$ 301.58
Medical Loss Ratio	95.9%	94.7%	94.6%	102.0%
Total Administrative Expenses	$ 33,522,887	$ 28,435,761	$ 50,821,685	$ 46,655,880
% of Revenue	7.3%	5.5%	6.2%	6.6%
TNE	$ 50,232,476	$ 76,543,015	$ 71,272,142	$ 75,604,948
Required TNE	$ 27,745,713	$ 35,794,002	$ 34,685,521	$ 32,382,791
% of Required	181%	214%	205%	233%

** Flexible Budget (uses actual membership & member mix against budgeted rates)*







	FY 2013-14 *	FY 2014-15 *	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
TNE	$48,335	$99,945	$153,057	$142,361	$132,115	$75,605	$69,013	$76,543
Required TNE	$17,868	$22,557	$25,246	$29,231	$32,374	$32,383	$34,770	$35,794

STATEMENT OF FINANCIAL POSITION

	01/31/21	12/31/20	11/30/20
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	**144,110,772**	**97,792,784**	**94,001,455**
Total Short-Term Investments	**43,409,825**	**43,409,502**	**43,354,782**
Medi-Cal Receivable	90,173,253	84,310,160	89,249,770
Interest Receivable	156,071	189,586	321,938
Provider Receivable	1,301,727	2,363,308	1,301,405
Other Receivables	6,670,713	6,320,713	6,320,713
Total Accounts Receivable	**98,301,764**	**93,183,767**	**97,193,825**
Total Prepaid Accounts	1,842,980	2,726,173	2,856,718
Total Other Current Assets	153,789	153,789	153,789
Total Current Assets	**287,819,130**	**237,266,015**	**237,560,569**
Total Fixed Assets	**1,370,008**	**1,414,594**	**1,433,738**
Total Assets	**$ 289,189,138**	**$ 238,680,609**	**$ 238,994,307**
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	$ 76,265,360	$ 68,604,964	$ 73,132,233
Claims Payable	16,283,531	11,919,700	7,723,211
Capitation Payable	16,548,187	16,539,426	16,775,512
Physician Payable	19,767,166	18,300,877	18,491,413
DHCS - Reserve for Capitation Recoup	6,068,815	5,141,295	5,257,358
Accounts Payable	25,485	27,563	2,548,474
Accrued ACS	4,721,851	3,231,712	1,765,532
Accrued Provider Reserve	1,069,161	1,001,143	1,068,519
Accrued Pharmacy	13,065,074	14,436,387	19,496,041
Accrued Expenses	49,262,305	1,986,328	1,831,001
Accrued Premium Tax	6,469,740	18,804,221	12,442,248
Accrued Payroll Expense	2,066,213	2,617,843	2,565,671
Total Current Liabilities	**211,612,890**	**162,611,460**	**163,097,213**
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	1,033,233	1,039,427	1,045,621
Total Long-Term Liabilities	**1,033,233**	**1,039,427**	**1,045,621**
Total Liabilities	**212,646,123**	**163,650,887**	**164,142,834**
Net Assets:			
Beginning Net Assets	77,323,271	77,323,271	77,323,271
Total Increase / (Decrease in Unrestricted Net Assets)	(780,256)	(2,293,549)	(2,471,797)
Total Net Assets	**76,543,015**	**75,029,722**	**74,851,474**
Total Liabilities & Net Assets	**$ 289,189,138**	**$ 238,680,609**	**$ 238,994,307**

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR MONTH ENDED January 31, 2021

	January 2021	January 2021 Year-To-Date		Variance	Variance	January 2021 Year-To-Date		Variance
	Actual	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	212,701	1,462,411	1,445,391	17,020	1%	PMPM - FYTD		
Revenue								
Premium	$ 85,566,074	$ 563,889,841	$ 484,473,060	$ 79,416,781	16%	$ 385.59	$ 335.18	$ 50.40
Reserve for Cap Requirements	(1,000,000)	(1,000,000)	-	(1,000,000)	0%	(0.68)	-	(0.68)
MCO Premium Tax	(7,074,739)	(45,288,180)	-	(45,288,180)	0%	(30.97)	-	(30.97)
Total Net Premium	**77,491,335**	**517,601,661**	**484,473,060**	**33,128,601**	**7%**	**353.94**	**335.18**	**18.75**
Other Revenue:								
Miscellaneous Income	-	468	-	468	0%	0.00	-	0.00
Total Other Revenue	-	468	-	468	0%	0.00	-	0.00
Total Revenue	**77,491,335**	**517,602,129**	**484,473,060**	**33,129,069**	**7%**	**353.94**	**335.18**	**18.75**
Medical Expenses:								
Capitation (PCP, Specialty, Kaiser, NEMT & Vision)	7,196,032	49,893,158	48,875,099	(1,018,060)	-2%	34.12	33.81	(0.30)
FFS Claims Expenses:								
Inpatient	14,690,484	96,699,635	100,690,065	3,990,429	4%	66.12	69.66	3.54
LTC / SNF	12,443,462	85,771,554	81,174,933	(4,596,621)	-6%	58.65	56.16	(2.49)
Outpatient	5,849,399	35,878,648	38,138,740	2,260,092	6%	24.53	26.39	1.85
Laboratory and Radiology	788,200	4,808,647	2,754,695	(2,053,952)	-75%	3.29	1.91	(1.38)
Directed Payments - Provider	2,200,078	15,319,826	-	(15,319,826)	0%	10.48	-	(10.48)
Emergency Room	2,047,305	13,139,525	18,973,680	5,834,155	31%	8.98	13.13	4.14
Physician Specialty	5,586,280	37,940,504	37,959,910	19,407	0%	25.94	26.26	0.32
Primary Care Physician	1,928,240	10,532,429	9,066,044	(1,466,386)	-16%	7.20	6.27	(0.93)
Home & Community Based Services	2,401,951	13,734,650	11,573,156	(2,161,495)	-19%	9.39	8.01	(1.38)
Applied Behavioral Analysis/Mental Health Service	2,318,237	17,116,142	14,681,841	(2,434,302)	-17%	11.70	10.16	(1.55)
Pharmacy	12,028,273	91,756,557	80,821,002	(10,935,555)	-14%	62.74	55.92	(6.83)
Provider Reserve	68,018	811,105	673,750	(137,355)	-20%	0.55	0.47	(0.09)
Other Medical Professional	233,857	2,097,323	2,626,150	528,827	20%	1.43	1.82	0.38
Other Medical Care	2,600	21,905	-	(21,905)	0%	0.01	-	(0.01)
Other Fee For Service	798,285	5,076,222	5,017,239	(58,983)	-1%	3.47	3.47	0.00
Transportation	278,991	2,119,225	1,155,116	(964,109)	-83%	1.45	0.80	(0.65)
Total Claims	63,663,660	432,823,896	405,306,319	(27,517,577)	-7%	295.97	280.41	(15.55)
Medical & Care Management Expense	1,380,980	8,718,569	8,645,373	(73,195)	-1%	5.96	5.98	0.02
Reinsurance	340,705	1,990,354	1,669,427	(320,928)	-19%	1.36	1.16	(0.21)
Claims Recoveries	(573,836)	(3,129,668)	-	3,129,668	0%	(2.14)	-	2.14
Sub-total	1,147,849	7,579,255	10,314,800	2,735,545	27%	5.18	7.14	1.95
Total Cost of Health Care	**72,007,541**	**490,296,310**	**464,496,218**	**(25,800,092)**	**-6%**	**335.27**	**321.36**	**(13.90)**
Contribution Margin	**5,483,794**	**27,305,820**	**19,976,842**	**7,328,978**	**37%**	**18.67**	**13.82**	**4.85**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	2,394,466	14,418,055	15,539,655	1,121,600	7%	9.86	10.75	0.89
Training, Conference & Travel	2,645	10,550	83,103	72,553	87%	0.01	0.06	0.05
Outside Services	1,905,392	14,436,791	15,100,274	663,483	4%	9.87	10.45	0.58
Professional Services	228,630	2,631,304	2,114,135	(517,169)	-24%	1.80	1.46	(0.34)
Occupancy, Supplies, Insurance & Others	594,755	3,991,229	5,583,754	1,592,525	29%	2.73	3.86	1.13
Care Management Reclass to Medical	(1,380,980)	(8,718,570)	(8,645,373)	73,196	-1%	(5.96)	(5.98)	(0.02)
G&A Expenses	3,744,908	26,769,359	29,775,548	3,006,188	10%	18.30	20.60	2.30
Project Portfolio	209,741	1,666,401	3,747,340	2,080,938	56%	1.14	2.59	1.45
Total G&A Expenses	**3,954,649**	**28,435,761**	**33,522,887**	**5,087,126**	**15%**	**19.44**	**23.19**	**3.75**
Total Operating Gain / (Loss)	**1,529,145**	**(1,129,941)**	**(13,546,045)**	**12,416,104**	**-92%**	**(0.77)**	**(9.37)**	**8.60**
Non Operating								
Revenues - Interest	(15,853)	348,599	525,000	(176,401)	-34%	0.24	0.36	(0.12)
Gain/(Loss) on Sale of Asset	-	1,086	-	1,086	0%	0.00	-	0.00
Total Non-Operating	**(15,853)**	**349,685**	**525,000**	**(175,315)**	**-33%**	**0.24**	**0.36**	**(0.12)**
Total Increase / (Decrease) in Unrestricted Net Assets	**$ 1,513,293**	**$ (780,256)**	**$ (13,021,045)**	**$ 12,240,789**	**-94%**	**$ (0.53)**	**$ (9.01)**	**$ 8.47**

FYTD PMPM BUDGET TO ACTUAL ANALYSIS - FEE FOR SERVICE BY AID CATEGORY

	Adult				Child				Adult Expansion			
	Budget	Actual	Variance	%	Budget	Actual	Variance	%	Budget	Actual	Variance	%
Inpatient	$ 127.64	$ 122.40	$ (5.24)	-4%	$ 5.88	$ 4.70	$ (1.18)	-20%	$ 115.78	$ 104.94	$ (10.84)	-9%
Outpatient	45.34	42.73	(2.61)	-6%	$ 4.32	2.45	(1.87)	-43%	$ 38.35	37.11	(1.24)	-3%
ER	17.36	14.36	(3.00)	-17%	$ 10.04	4.86	(5.18)	-52%	$ 16.71	13.67	(3.04)	-18%
LTC	8.06	16.39	8.33	103%	$ 0.31	0.36	0.05	18%	$ 22.57	22.79	0.22	1%
PCP	6.55	8.94	2.39	36%	$ 5.83	5.17	(0.66)	-11%	$ 5.75	7.68	1.93	34%
Specialty	45.25	44.91	(0.34)	-1%	$ 4.15	4.94	0.79	19%	$ 41.40	38.95	(2.45)	-6%
Pharmacy	78.12	98.43	20.31	26%	$ 9.95	10.47	0.52	5%	$ 94.35	109.29	14.94	16%
Mental Health/ABA	5.58	7.19	1.61	29%	$ 8.93	11.12	2.19	25%	$ 5.61	6.85	1.24	22%
All Other	10.60	12.37	1.77	17%	1.45	2.20	0.75	52%	12.57	14.34	1.77	14%
Total	$ 344.48	$ 367.72	$ 23.24	7%	$ 50.86	$ 46.27	$ (4.59)	-9%	$ 353.09	$ 355.62	$ 2.53	1%
FYTD Member Months	178,686	189,596	10,910	6%	648,993	623,357	(25,636)	-4%	405,710	421,337	15,627	4%

	Seniors and Persons with Disabilities (SPD)				SPD - Dual				Long Term Care (LTC)			
	Budget	Actual	Variance	%	Budget	Actual	Variance	%	Budget	Actual	Variance	%
Inpatient	$ 278.02	$ 309.64	$ 31.62	11%	$ 20.39	$ 20.30	$ (0.09)	0%	$ 717.71	$ 1,252.33	$ 534.62	74%
Outpatient	99.48	104.42	4.94	5%	20.39	21.81	1.42	7%	240.79	136.99	(103.80)	-43%
ER	28.20	21.16	(7.04)	-25%	1.93	1.48	(0.45)	-23%	16.67	20.28	3.61	22%
LTC	152.01	144.64	(7.37)	-5%	97.07	89.39	(7.68)	-8%	7,868.62	9,682.53	1,813.91	23%
PCP	14.90	22.59	7.69	52%	4.51	4.19	(0.32)	-7%	11.21	6.25	(4.96)	-44%
Specialty	79.46	93.45	13.99	18%	21.14	18.71	(2.43)	-12%	236.51	298.52	62.01	26%
Pharmacy	264.06	333.46	69.40	26%	4.51	6.51	2.00	44%	292.95	227.35	(65.60)	-22%
Mental Health/ABA	76.81	81.70	4.89	6%	1.19	1.31	0.12	10%	3.60	-	(3.60)	-100%
All Other	77.35	85.23	7.88	10%	50.69	71.63	20.94	41%	519.81	360.74	(159.07)	-31%
Total	$ 1,070.29	$ 1,196.29	$ 126.00	12%	$ 221.83	$ 235.33	$ 13.50	6%	$ 9,907.87	$ 11,984.99	$ 2,077.12	21%
FYTD Member Months	64,169	71,532	7,363	11%	140,875	142,392	1,517	1%	238	359	121	51%

	LTC - Dual			
	Budget	Actual	Variance	%
Inpatient	$ 61.53	$ 255.16	$ 193.63	315%
Outpatient	13.60	4.80	(8.80)	-65%
ER	0.72	0.45	(0.27)	-38%
LTC	7,395.77	7,405.82	10.05	0%
PCP	0.55	0.11	(0.44)	-80%
Specialty	11.59	9.67	(1.92)	-17%
Pharmacy	0.07	0.18	0.11	177%
Mental Health/ABA	0.64	0.36	(0.28)	-44%
All Other	150.95	163.40	12.45	8%
Total	$ 7,635.42	$ 7,839.95	$ 204.53	3%
FYTD Member Months	5,726	5,684	(42)	-1%

FFS expenses budgeted based on CY 2019 PMPM data, with the following trend assumptions:

Inpatient - 1% annual trend and known contractual changes.
ER - 1% annual trend and known contractual changes.
LTC - 2.5% estimated fee schedule change
Specialty Physician - 1% estimated fee schedule change
Mental Health/ABA - 2% annual increase due to utilization.
Pharmacy - 5% overall annual increase.
Home and Community Based Services - 2% annualized increase due to utilization.

STATEMENT OF CASH FLOWS	January 2021	FYTD 20-21
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ 1,513,293	$ (780,255)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	42,936	287,181
Disposal of fixed assets	-	9,684
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilites		
Accounts Receivable	(5,117,997)	11,568,356
Prepaid Expenses	883,194	(91,206)
Accrued Expense and Accounts Payable	47,830,439	42,718,274
Claims Payable	5,838,882	4,777,974
MCO Tax liablity	(12,334,481)	(28,035,540)
IBNR	7,660,396	24,496,023
Net Cash Provided by (Used in) Operating Activities	46,316,662	54,950,490
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(324)	(369,602)
Purchase of Investments plus Interest reinvested	-	-
Purchase of Property and Equipment	1,650	(56,546)
Net Cash (Used In) Provided by Investing Activities	1,326	(426,147)
Increase/(Decrease) in Cash and Cash Equivalents	46,317,988	54,524,343
Cash and Cash Equivalents, Beginning of Period	97,792,784	89,586,429
Cash and Cash Equivalents, End of Period	144,110,772	144,110,772

Gold Coast Health Plan℠
A Public Entity

January 2021 Financial Statements

February 22, 2021

Kashina Bishop
Chief Financial Officer

Integrity
Accountability
Collaboration
Trust
Respect

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

Financial Overview:

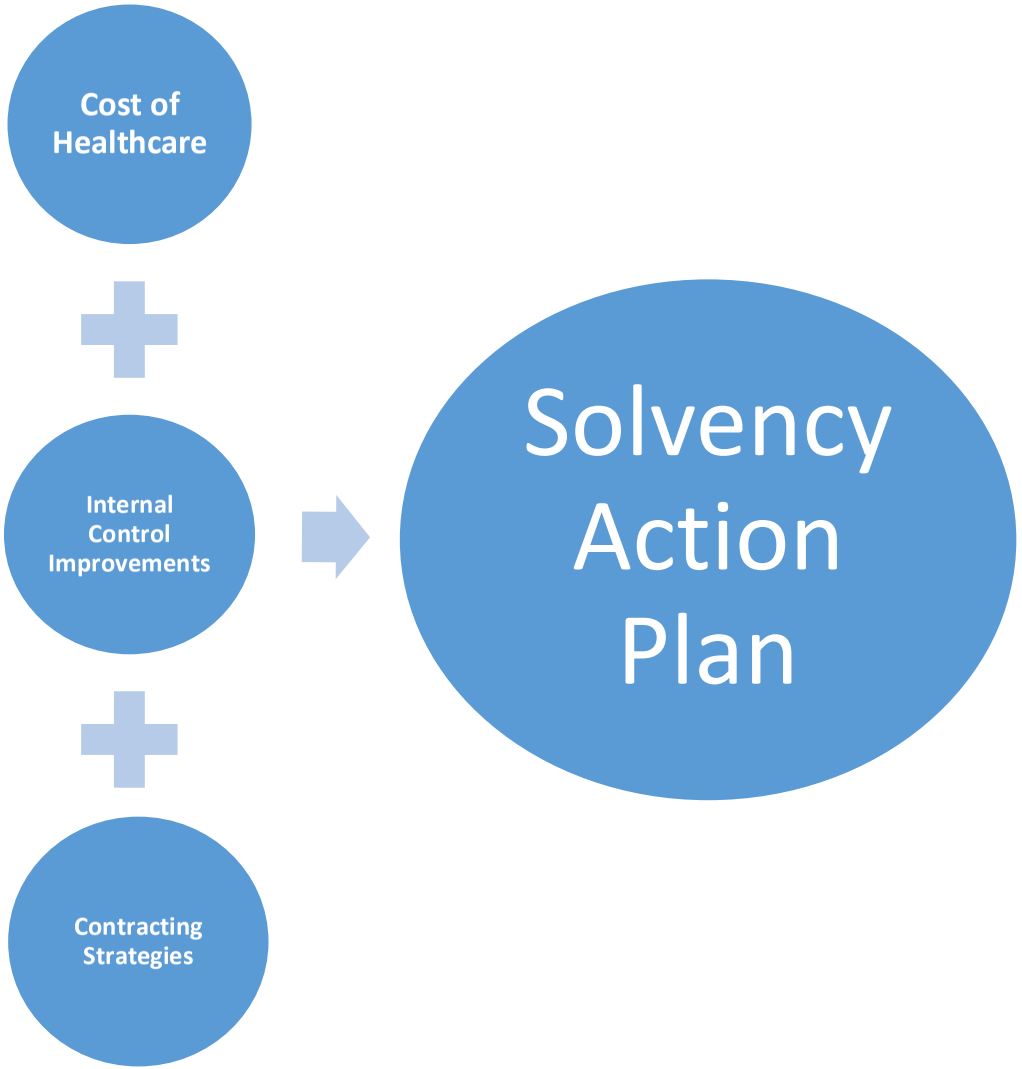
JANUARY NET GAIN	$ 1.5 M
FYTD NET LOSS	$780.3 K
TNE is $76.5 M and 214% of the minimum required	
MEDICAL LOSS RATIO	94.7%
ADMINISTRATIVE RATIO	5.5%

Solvency Action Plan (SAP)

Solvency is the ability of a company to meet its long-term debts and other financial obligations.

Solvency is one measure of a company's financial health, since it demonstrates a company's ability to manage operations into the foreseeable future.

Solvency Action Plan:



Update on the Solvency Action Plan:

Actions	Annualized impact in savings
Continued focus on interest expense reduction	$500,000
Reduction of LTC facility rates to 100% of Medi-Cal rate	$1.8 million
Sent notification to providers regarding reduction of Adult Expansion PCP rates	$4.5 million
Revision to Non-Pharmacy Dispensing Site policy	$2-3 million
Contract signed – rate reduction to tertiary hospital	$1.3 million
Optum contract rate reduction	$150,000
HMS Implementation	$1-2 million
Formalization of the internal control workgroup	
TOTAL ANNUAL SAVINGS	**$11.3 – 13.3 million**

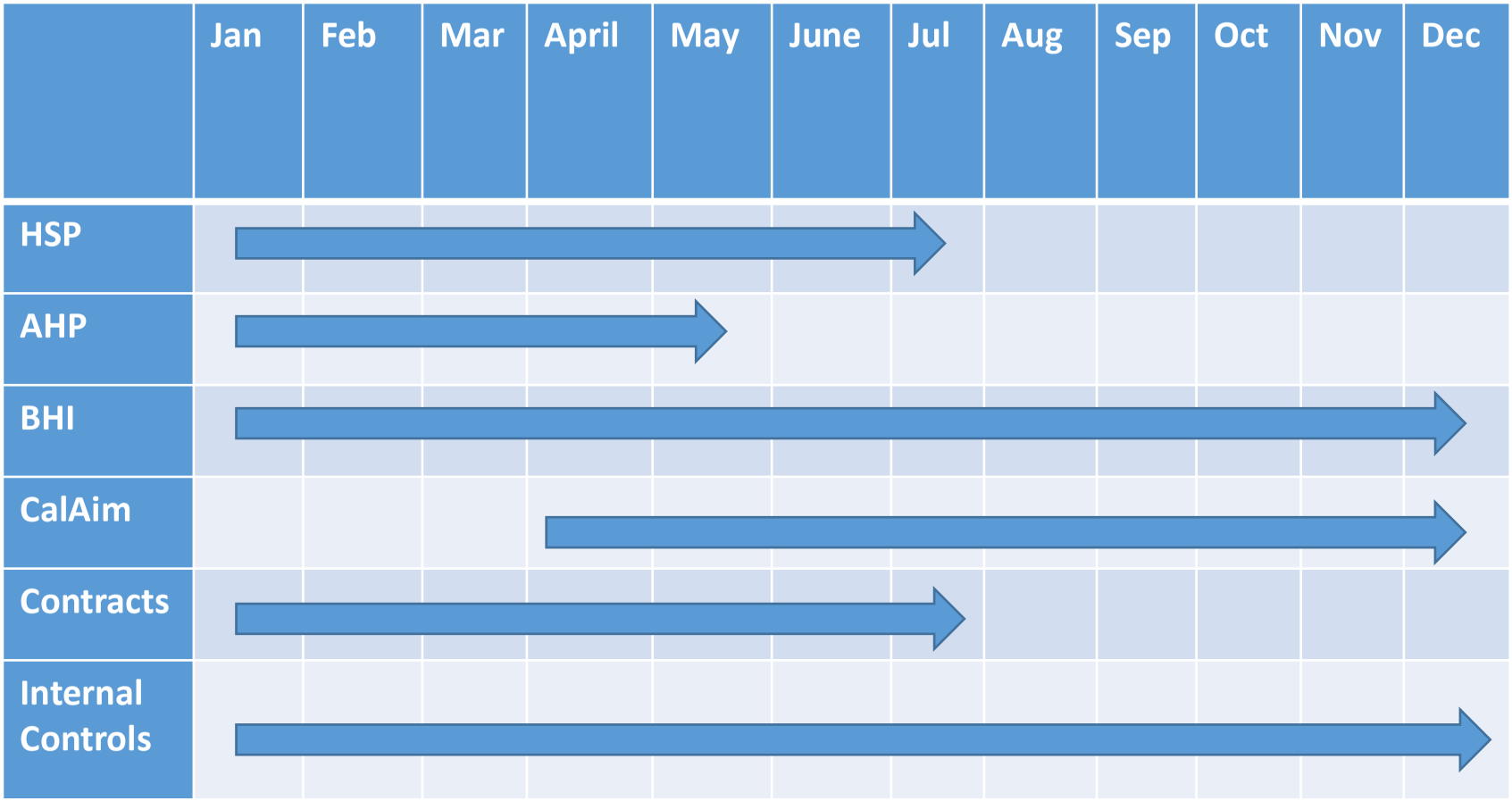
Next steps -Solvency Action Plan

Category	Current Focus	Annualized impact in savings
Cost of Healthcare	LANE – avoidable ER analysis	TBD
	Pro-active transplant management approach	TBD
	Analysis of leakage to out of area providers	TBD
Internal Control Improvements*	Review of provider contracts for language interpretation and validation	N/A
	Formalization of the contract steering committee	N/A
	California Children's Services – ED Diversion	$500,000
	Revise provider contract templates – a standardized approach to minimize errors	N/A
	Implementation of additional claims edit system (CES) checks to minimize payment errors	TBD
Contracting Strategies	Expansion of capitation arrangements	Required TNE and risk reductions
	LANE/HCPCS analysis	TBD
	Outlier rate analysis	TBD
	Consideration of across the board reductions	TBD

Solvency Action Plan: Focus on fundamentals

1. HSP System Conversion
2. Americas Health Plan
3. Behavioral Health Integration
4. Cal Aim
5. Major provider contract renewals
6. Continuation of internal control improvement activities

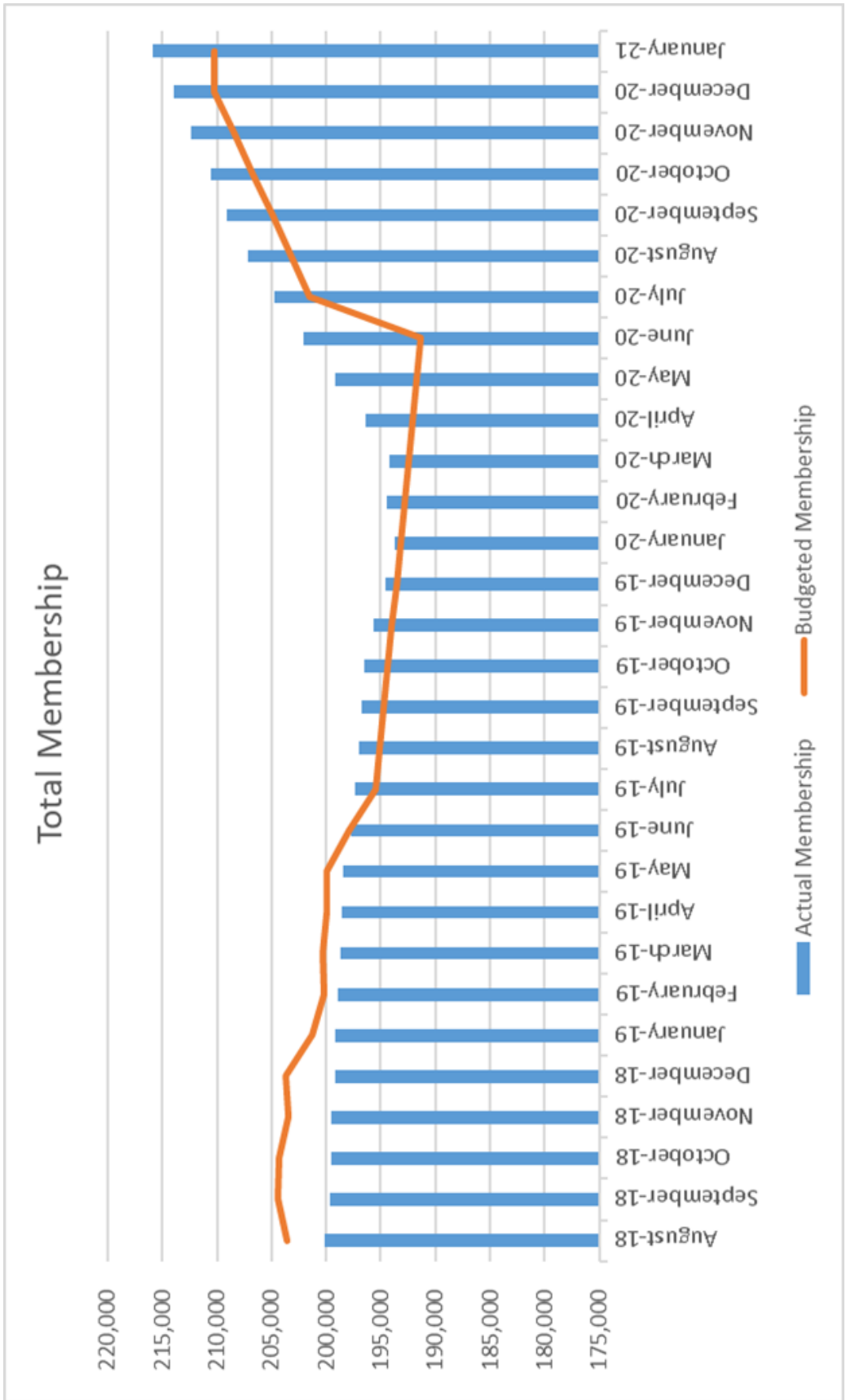
Timeline of fundamental activities - 2021:



Revenue

Net Premium revenue is $517.6 million, over budget by $33.1 million and 7%.

- **Revenue for Proposition 56 is $16.2 million.**
- **Increase in revenue related to FY 19-20.**
- **Favorable CY 2021 rates and inclusion of pharmacy component.**


Total Membership
220,000
215,000
210,000
205,000
200,000
195,000
190,000
185,000
180,000
175,000
August-18
September-18
October-18
November-18
December-18
January-19
February-19
March-19
April-19
May-19
June-19
July-19
August-19
September-19
October-19
November-19
December-19
January-20
February-20
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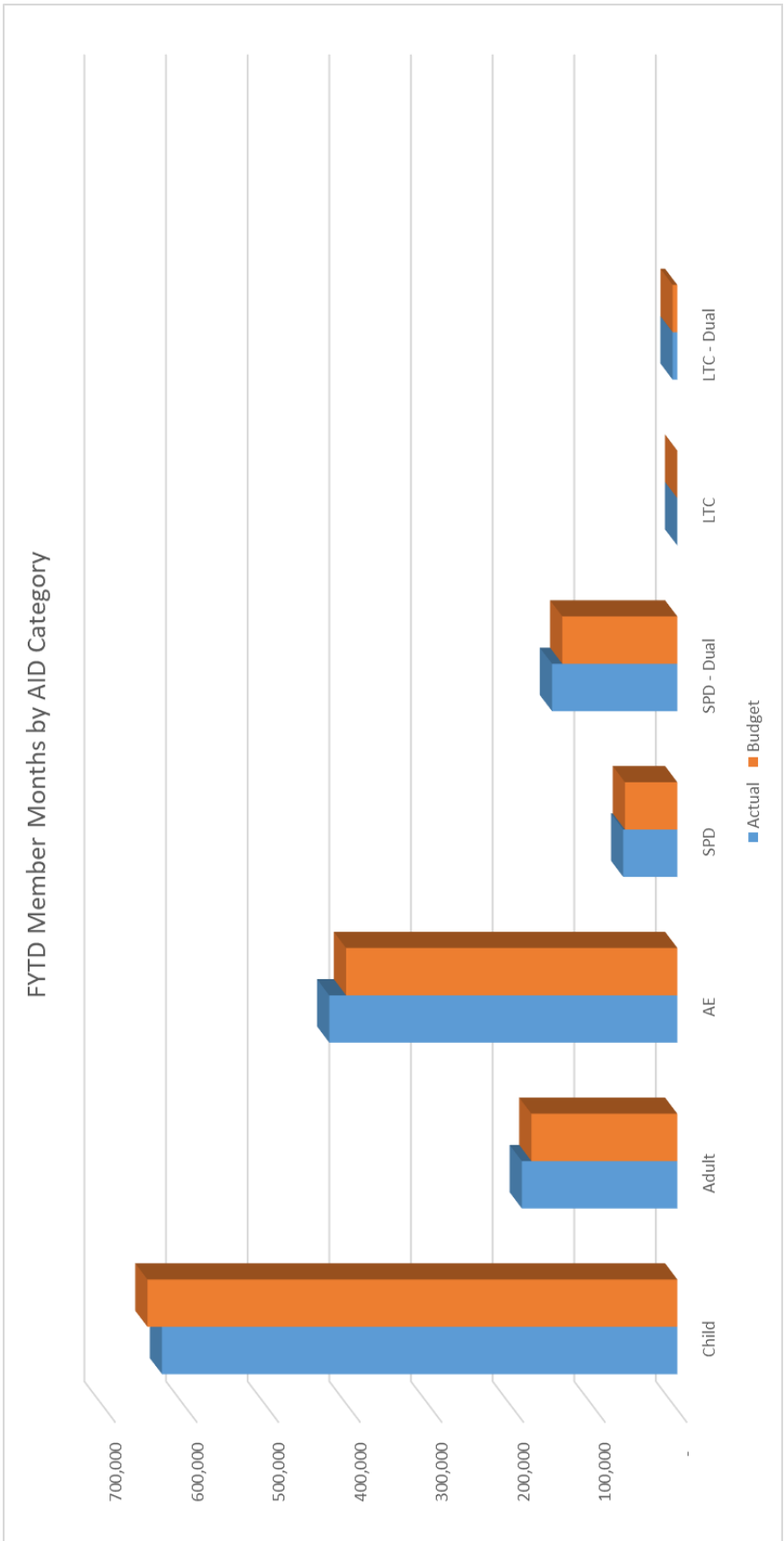
September-20
October-20
November-20
December-20
January-21
Actual Membership
Budgeted Membership

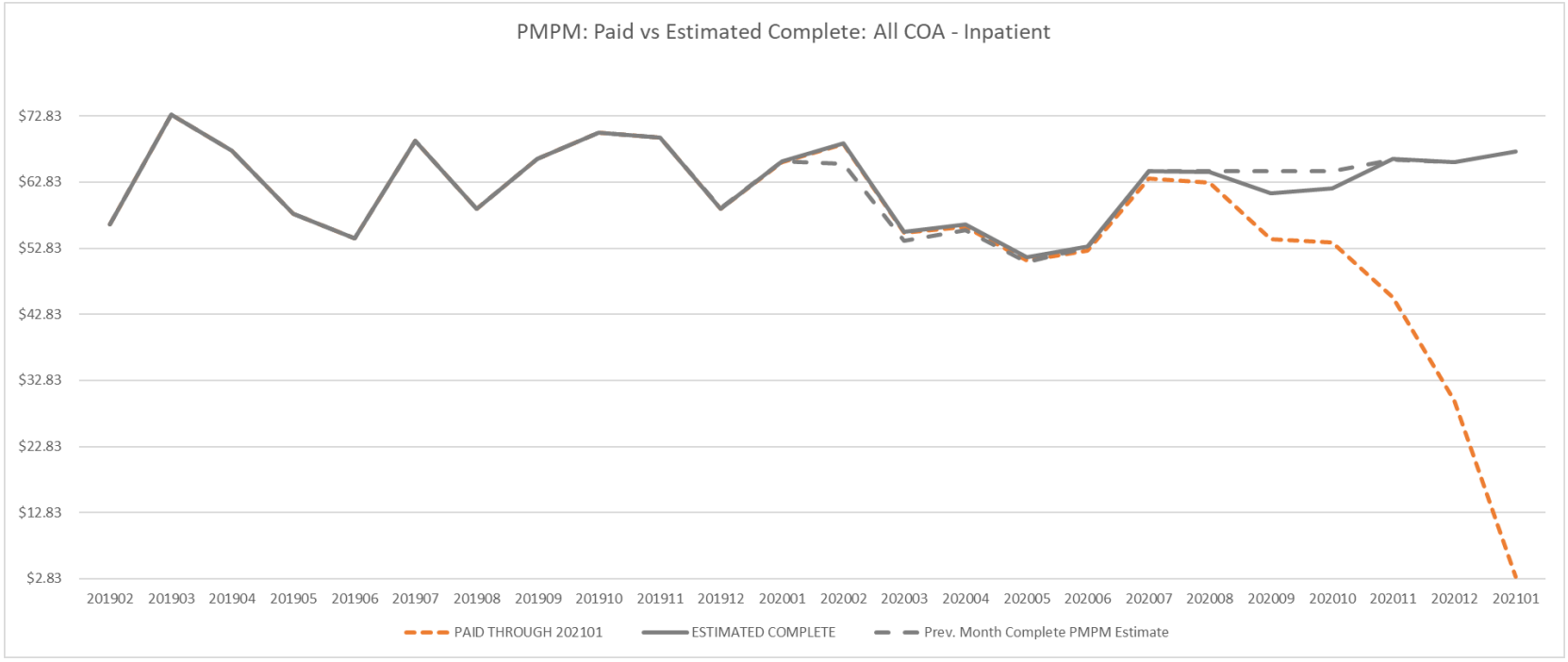

FYTD Member Months by AID Category
700,000
600,000
500,000
400,000
300,000
200,000
100,000
-
Child
Adult
AE
SPD
SPD - Dual
LTC
LTC - Dual
Actual
Budget

Medical Expense

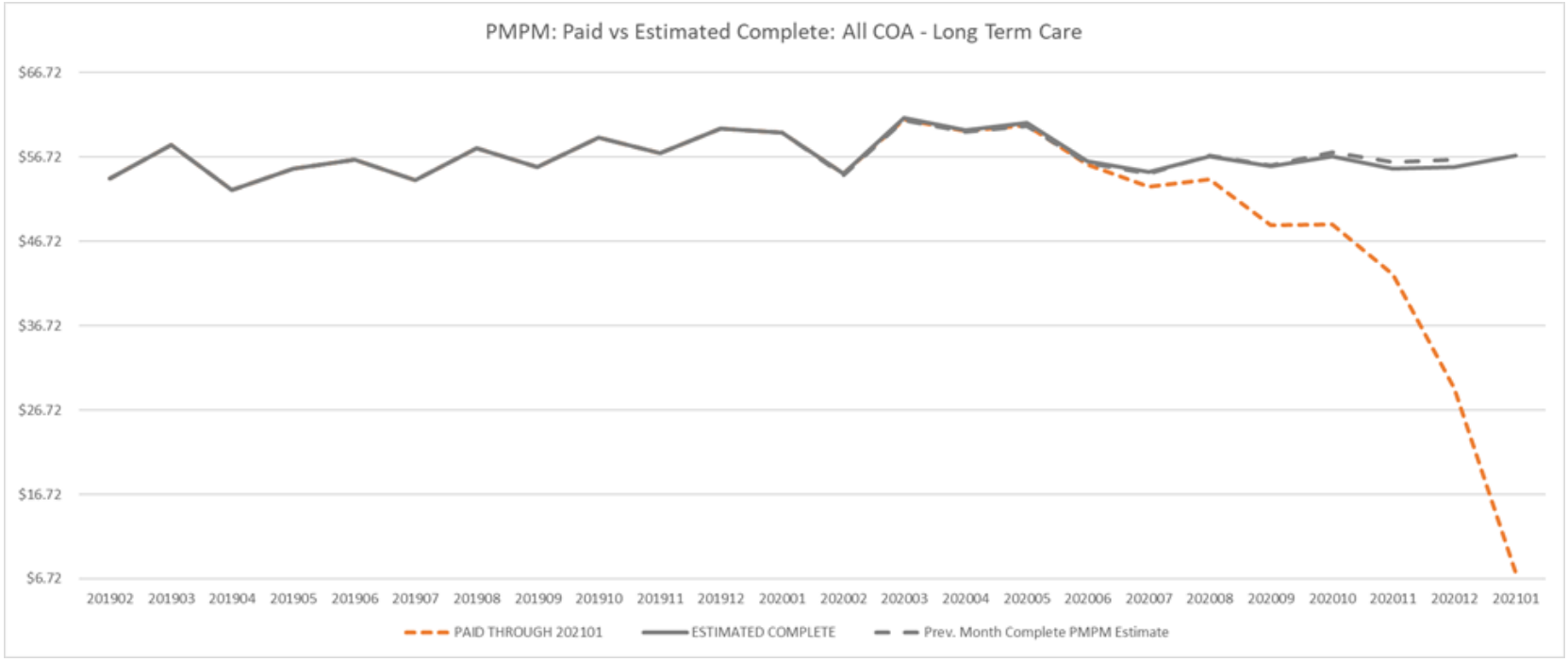
FYTD Health care costs are $490.3 million and $25.8 million over budget. Medical loss ratio is 94.7%, a 1.2% budget variance.

- **Directed payments over budget by $15.3 M.**
- **Pharmacy expense over budget by $10.9 M.**
- **COVID related increases to lab and radiology, home and community based services, long term care, and mental and behavioral health services are offsetting savings. Medical expense in line with budget in aggregate.**

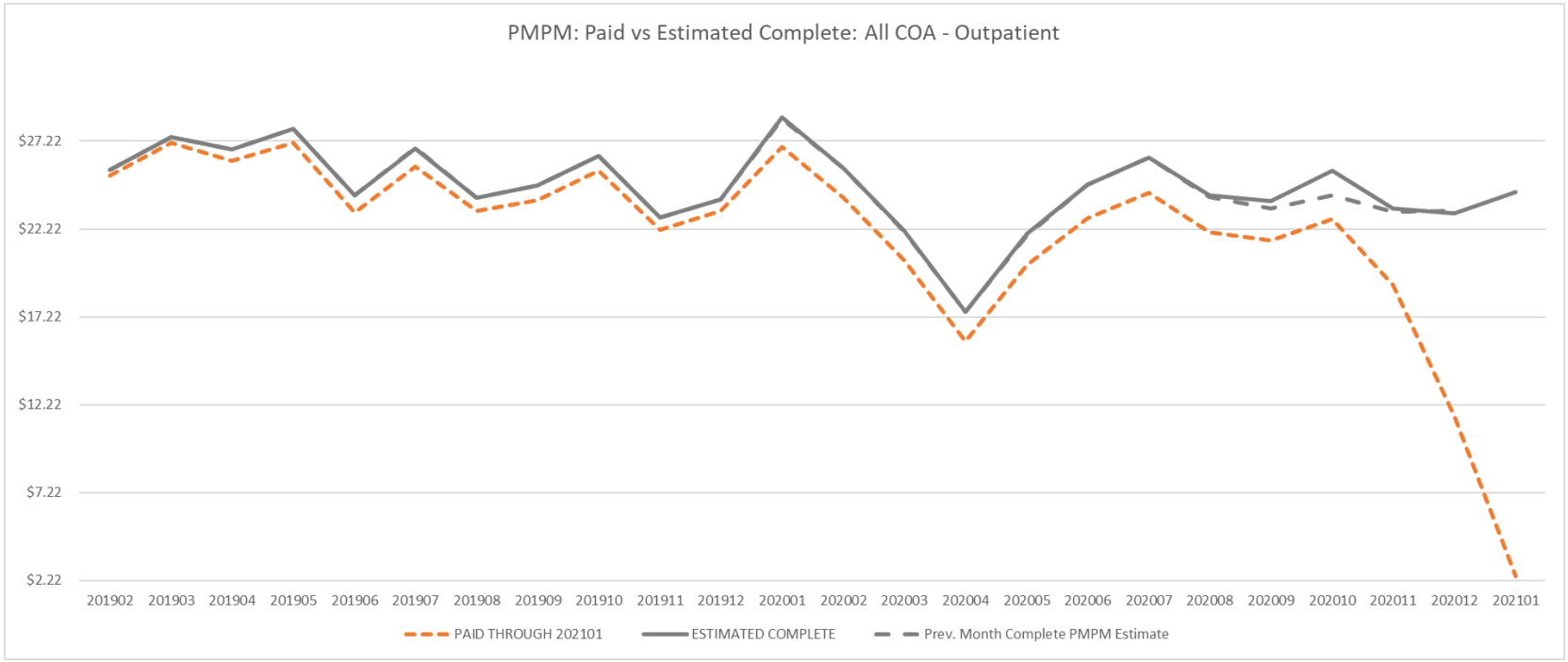
Inpatient Medical Expenses: Under Budget by $4.0 Million (4%)



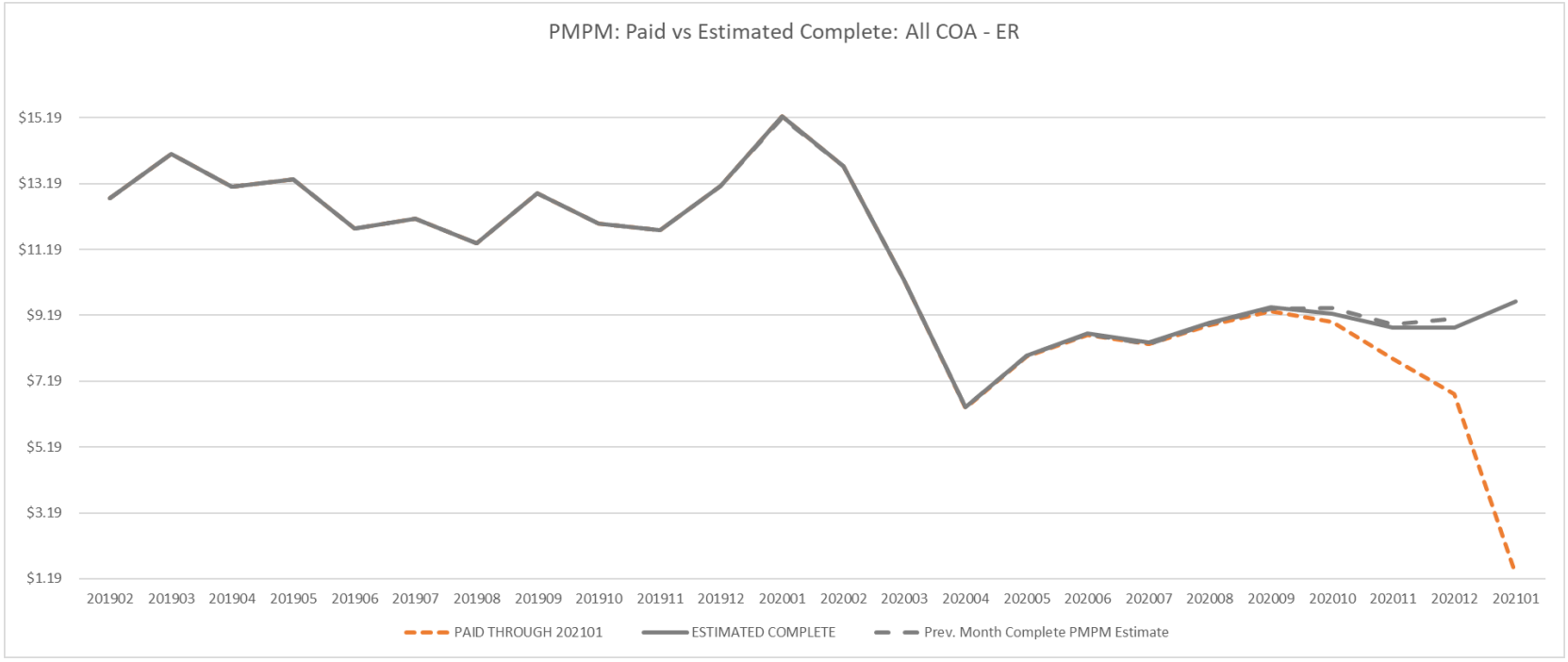
Long Term Care Expenses: Over budget by $4.6 million (6%)



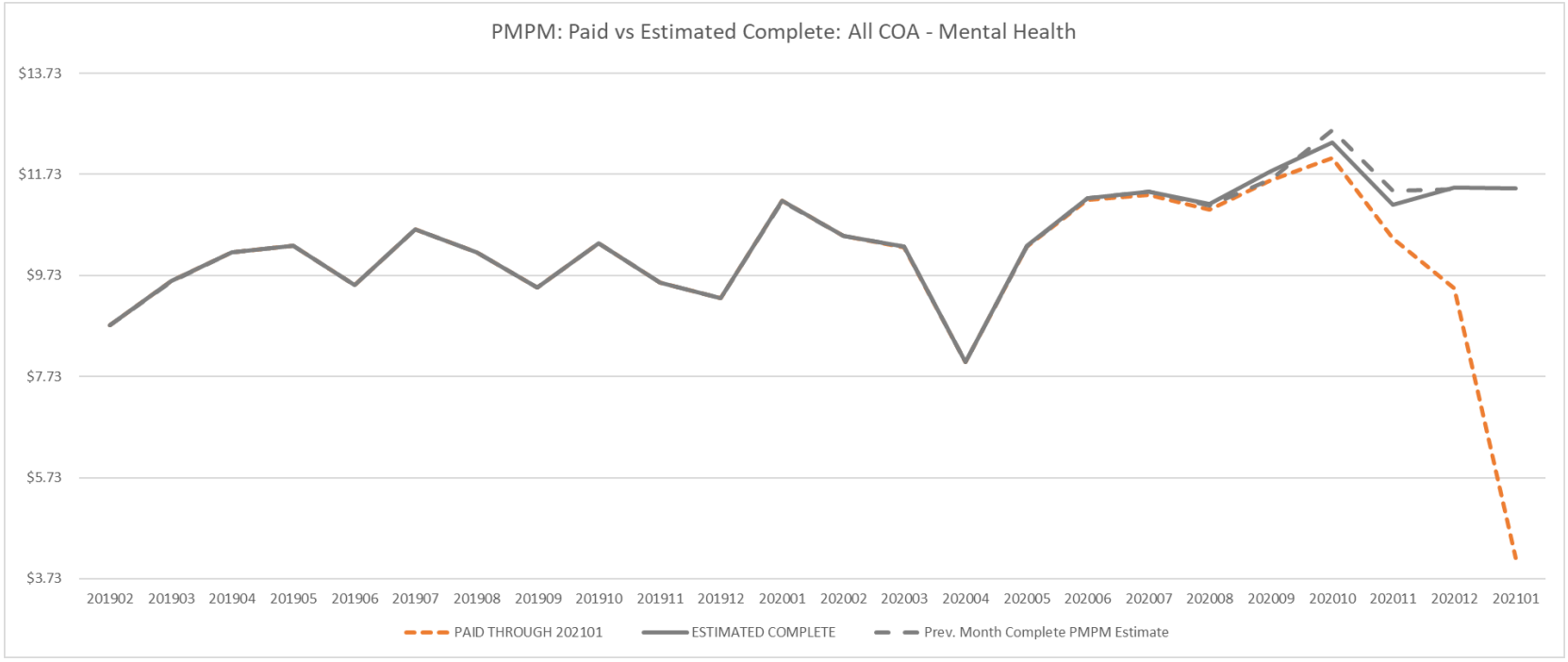
Outpatient Expenses: Under budget by $2.3 million (6%)



Emergency Room Expenses: Under budget by $5.8 million (31%)



Mental and Behavioral Health: Over budget by $2.4 million (17%)



Financial Statement Summary

	January 2021	FYTD	FYTD Budget	Budget Variance
Net Capitation Revenue	$ 77,491,335	$ 517,602,129	$ 484,473,060	$ 33,129,069
Health Care Costs	72,007,541	490,296,310	464,496,218	25,800,092
Medical Loss Ratio		**94.7%**	**95.9%**	
Administrative Expenses	3,954,649	28,435,761	33,522,887	(5,087,126)
Administrative Ratio		**5.5%**	**7.3%**	
Non-Operating Revenue/(Expense)	(15,854)	349,684	525,000	(175,315)
Total Increase/(Decrease) in Net Assets	$ 1,513,293	$ (780,256)	$ (13,021,045)	$ 12,240,789
Cash and Investments	$ 187,520,597			
GCHP TNE	$ 76,543,015			
Required TNE	$ 35,794,002			
% of Required	**214%**			

Questions?

Staff requests the Commission approve the unaudited financial statements for January 2021.

Gold Coast Health Plan℠
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AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Executive Director of Strategy & External Affairs
David Fein, PAC Committee Chair

DATE: February 22, 2021

SUBJECT: Provider Advisory Committee (PAC) Yearly Overview

SUMMARY:

Yearly Overview of the Provider Advisory Committee (PAC).

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the presentation.

ATTACHMENT:

Verbal/PowerPoint Presentation

Gold Coast Health Plan℠
A Public Entity

Provider Advisory Committee (PAC) Report to the Commission

Integrity
Accountability
Collaboration
Trust
Respect

Monday, February 22, 2021

David Fein
Chair, Provider Advisory Committee

Background

1. The PAC gives advice and makes recommendations to GCHP. This is done through the review of GCHP policies and programs. The PAC also explores relevant provider issues and discusses how GCHP may best fulfill its mission.
2. The PAC is comprised of providers from various areas:
    a. Community Based Adult Centers (CBAS)
    b. Transportation
    c. Durable Medical Equipment (DME)
    d. Federally Qualified Health Centers (FQHCS)
    e. Skilled Nursing Facilities
    f. Home Health
    g. Hospital System

PAC Members

1. Masood Babaeian, Ventura Transit Systems, Transportation
2. Linda Baker, Clinicas del Camino Real, FQHC
3. Joan Buck-Plassmeyer, Los Robles Homecare Services Inc., Home Health
4. David Fein, PAC Chair, Shield Health, DME
5. Will Garand, Community Memorial Hospital, Private Hospital
6. Katy Krul, Oxnard Family Circle Adult Day Health Care Center, CBAS
7. Sim Mandelbaum, U.S. Skilled Serve Inc., Home Health
8. Pablo Velez, Amigo Baby, Allied Health Service Provider

PAC Involvement

1. Over the last year, the PAC provided feedback to GCHP about the following topics:
    a. Provider Satisfaction and Access Survey
    b. Healthcare Interoperability
    c. Medi-Cal Rx
    d. Solvency Action Plan

PAC Involvement: Provider Satisfaction and Access Survey Results 2019

1. GCHP providers were surveyed on overall satisfaction with GCHP and audited on member access-to-care standards.
2. PAC Feedback:
    a. Look for best practices, incentives, contracting to get providers to respond to the survey.

PAC Involvement: Healthcare Interoperability

1. Healthcare interoperability is a secure exchange of health data that allows for complete access, interchange, and use of all electronic information available.
2. PAC Feedback:
    a. Share with the PAC a workplan timeline and continue to share developments of the interoperability project.

PAC Involvement: Medi-Cal Rx

1. Dr. Freese reviewed claim responsibilities, prior authorizations and appeals, the transition benefit as well as provider communication and training and member communication with the PAC.
2. PAC Feedback:
   a. Have a dedicated GCHP team to answer provider questions
   b. How will providers bill DHCS?
   c. How can a member appeal the denial of a certain type of medication? How will providers be notified?
   d. PAC asked if there will be an expedited State Fair Hearing?

PAC Involvement: Solvency Action Plan

1. In 2020, the PAC expressed its desire to provide feedback to GCHP on the Solvency Action Plan.
2. A PAC Ad Hoc Committee was formed to review the second phase of the Solvency Action Plan.
3. The Ad Hoc members are the following:
    a. David Fein, PAC Chair, Shield Health, DME
    b. Katy Krul, Oxnard Family Circle Adult Day Health Care Center, CBAS
    c. Sim Mandelbaum, U.S. Skilled Serve Inc., Home Health
    d. Pablo Velez, Amigo Baby, Allied Health Service Provider

PAC Involvement: 2021

1. PAC will be providing feedback on the following 2021 projects:
    a. Revise PAC Charter
    b. HSP MediTrac (system conversion)
    c. Solvency Action Plan (Phase 2 and subsequent phases)
    d. Upcoming GCHP Strategic Plan
    e. Health Equity Initiatives
    f. CalAIM Initiatives

Questions

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Executive Director of Strategy & External Affairs
Ruben Juarez, CAC Acting Committee Chair

DATE: February 22, 2021

SUBJECT: Community Advisory Committee (CAC) Yearly Overview

SUMMARY:

Yearly Overview of the Community Advisory Committee (CAC).

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the presentation.

ATTACHMENT:

Verbal/PowerPoint Presentation

Gold Coast Health Plan℠
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Community Advisory Committee (CAC) Report to the Commission

Integrity
Accountability
Collaboration
Trust
Respect

Monday, February 22, 2021

Ruben Juarez
Acting Chair, Community Advisory Committee

Background

1. The CAC gives Gold Coast Health Plan (GCHP) information about important issues that affect Medi-Cal members in Ventura County to further enhance the quality of the experience between the members and GCHP.
2. The 11 voting members represent various constituencies served by GCHP. They include:
    a. Beneficiaries with chronic medical conditions
    b. County Health Care Agency
    c. County Human Services Agency
    d. Foster children
    e. Medi-Cal beneficiaries
    f. Persons with disabilities
    g. Persons with special needs
    h. Seniors

CAC Members

Ruben Juarez
CAC Acting Chair
Whole Person Care
VC Health Care Agency

Frisa Herrera
Health Services Manager
Casa Pacifica

Laurie Hall Jordan
Director
Rainbow Connection

Paula Johnson
Dir. Clinical Services
The ARC of Ventura

Victoria Jump
Director
VC Area Agency on Aging

Curtis Updike
Deputy Director
VC Human Services Agency

Pablo Velez
CEO
Amigo Baby

There are currently four open seats on the CAC.

Thank you for your service!

Rita Duarte-Weaver
Former CAC Committee Chair
VC Health Care for Kids

Estelle Cervantes
Beneficiary Member

Norma Gomez
Project Manager
MICOP

Accepting New Members

1. In 2020, seven CAC members renewed their two-year terms and four did not, creating four openings.
2. A CAC Member Selection Ad Hoc Committee was formed to review new member applications.
3. The Ad Hoc members are the following:
    a. Ruben Juarez, CAC Acting Chair, Ventura County Health Care Agency, Whole Person Care
    b. Curtis Updike, Ventura County Human Services Agency
    c. Victoria Jump, Ventura County Area on Aging Agency

Member Recruitment Process

1. Staff launched the member recruitment process by doing the following:
    a. Posted the new member application at various city halls and public libraries.
    b. The application was posted on the GCHP website.
    c. The application was included in the GCHP Building Community Newsletter, which was distributed to community partners, providers, and staff in October and December 2020.
    d. GCHP Community Relations specialists announced the four open positions at various coalition and networking meetings held in the community.

CAC Involvement: COVID-19

Gold Coast Health Plan
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COVID-19 Resources for Members

Gold Coast Health Plan (GCHP) is here to take care of you during the coronavirus outbreak. Your health, wellness and safety are important to us. If you get sick, your care will be covered. We are here for you.

We are here to help you!

If you need additional support, our Member Services Department can help you:

- Select or change your Primary Care Provider (PCP).
- Request a new GCHP ID card.
- File a complaint or grievance.
- Get in touch with a care manager.
- Connect to mental health services through Beacon Health Options if you are feeling anxious or depressed.
- Reach out to the Health Education Department for resources and language assistance services.

Call Member Services, Monday through Friday, from 8 a.m. to 5 p.m. at:

- **1-888-301-1228**
- If you use a TTY, call **1-888-310-7347**

Free Advice Nurse Line

GCHP has a 24-hour Advice Nurse Line. This line gives you access to a registered nurse 24 hours a day, seven days a week. The nurse can speak to you over the phone in your preferred language when you or a family member have any medical questions.

The nurse also can help you decide if you:

- Need to go to urgent care.
- Can wait to see your doctor.
- Can take care of your symptoms at home.

The nurse can also answer questions or address concerns about the Coronavirus.

Talk to a nurse by calling:

- **1-805-437-5001**
- **1-877-431-1700 (toll free)**
- If you use TTY, call **711**

For the most current information on COVID-19 and GCHP resources, visit www.GoldCoastHealthPlan.org and www.VCEmergency.com.

Statement of Nondiscrimination and Language Assistance

Gold Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Gold Coast Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
Gold Coast Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-301-1228 (TTY: 1-888-310-7347).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-301-1228/TTY 1-888-310-7347.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-1228 (TTY: 1-888-310-7347)。

1. CAC members provided feedback regarding the Advice Nurse Line and how GCHP can promote the service to members.
2. Tips for Telehealth Services are important as many individuals are having to seek care for the first time using the technology.
3. CAC members gave feedback on the vaccine concerns being expressed in the community.

CAC Involvement: Population Needs Assessment

1. The GCHP Health Education, Cultural and Linguistic Services Department met with the CAC in May 2020 to discuss the Population Needs Assessment (PNA), which is required Department of Health Care Services (DHCS).
2. The CAC provided the following feedback to GCHP:
    a. Can improve member's health by providing timely access to Primary Care Physician visits, medication, developing user friendly information that is clear to the readers.
    b. GCHP members seek information on how to improve their health through:
        i. Family/friends
        ii. Doctor's offices/clinics
        iii. Media
        iv. Internet/website access
    c. Other suggestions included working in collaboration with community-based organizations, local radio stations, social media and television programs.
    d. CAC members would like to review the final results of the PNA.

CAC Involvement: Medi-Cal Rx

1. The CAC has received regular updates and provided feedback to GCHP staff on implementation
2. The CAC provided feedback on the 90-, 60-, and 30-day DHCS Member Notices (including the script for the call center)
    a. Confirm these notices will be available in Spanish for GCHP members.
    b. CAC members confirmed that a transition of care period will be instituted for members with special medications.
    c. CAC members asked that a comparison of the current formulary vs. the proposed DHCS formulary be performed by staff.

CAC Involvement: Strategies to Improve MCAS/HEDIS Quality Measures

1. GCHP must create improvement plans for measures that are low performing or do not meet the Minimum Performance Level (MPL) established by DHCS. Below are the three measures GCHP didn't meet the MPL:
    a. Well-Child Visits in the First 15 Months of Life (W15)
    b. Asthma Medication Ratio (AMR)
    c. Chlamydia Screening in Women (CHL)
2. CAC Recommendations to improve the three measures stated above:
    a. GCHP should share best practices with health plans who have shown success in these measures.
    b. Incentivize providers and conduct provider education.
    c. Consider using a similar approach to the postpartum care program as it has shown success in increasing that specific measure.
    d. Create a provider subcommittee for the well-care exams quality metric.

CAC Involvement: New Risk Assessment Survey

1. 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.
2. The RAS is used as a tool to help nurses and social workers working with members to develop member-centric goals appropriate for member's risk and level of engagement in their care.
3. CAC Recommendations:
    a. Follow up with members after the survey was conducted.
    b. Conduct outreach for members with chronic conditions.
    c. Identify how health inequities affect member's access to health care.

CAC Involvement: Community Relations

1. CAC Recommendations:
    a. The Building Community Newsletter be translated in Spanish and the translation announcement be placed at the top of the newsletter.
    b. Continue the Sponsorship Program to serve the community as GCHP continues to implement the Solvency Action Plan.
    c. Help community-based organizations as they are currently struggling.
    d. Promote health equity.
    e. Continue sharing GCHP resources with the community like the member services guide.

CAC Involvement: 2021

1. CAC will be providing feedback on the following 2021 projects:
    a. Upcoming GCHP Strategic Plan
    b. Health Equity Proposal
    c. CalAIM Proposal
    d. Member Communication Strategies
    e. Health Information Exchange

Questions

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Chief Executive Officer, Margaret Tatar
DATE: February 22, 2021
SUBJECT: CEO Update

I. EXTERNAL AFFAIRS:

A. Federal

The 2021 budget resolution is designed to deliver relief and achieve the American Rescue Plan's goals for COVID-19.Therefore, the total spending and revenue levels in the bill only reflect current-law projections adjusted for the estimated costs of the rescue package.

Federal Budget (as of 2/5/2021)	Provisions
The Budget Resolution and Reconciliation. Highlights of The American Rescue Plan are as follows: Impact: No impact to GCHP	The bill enacts a national vaccination program that works to set up community vaccination sites nationwide. It also makes investments to reopen schools safely. It provides direct assistance to households across America by $1,400 per person, as well as assistance for housing, nutrition assistance ,childcare, and unemployment insurance.
Federal Administrative Actions (as of 2/5/2021)	**Provisions**
Executive Order on Strengthening Medicaid and the Affordable Care Act & Memorandum on Protecting Women's Health at Home and Abroad Impact: No Impact to GCHP	The Biden Administration released an Executive Order and memorandum to reverse previous orders related to women's health, Medicaid, and the Affordable Care Act. These executive actions allow for a Special Enrollment Period from February 15, 2021 – May 15, 2021, due to the COVID-19 Pandemic. The Special Enrollment Period only pertains to the Federally Facilitated Marketplace. President Biden also directed federal agencies to reconsider rules and other policies that limit access to health care or made it more difficult for women to access family planning and consider actions to protect and strengthen access to health care.

B. State: FY 2021-22 Budget Update

State Budget (as of 2/5/2021)	Implications
The California Department of Finance released Health and Human Service Trailer Bill draft language on 2/1/2021. Funding proposals: TOTAL: $1.1B ($531.9M GF) • Enhanced Care Management (ECM) estimate: $187.5M ($93.7M GF) • In Lieu of Services (ILOS) estimate: $47.9M ($24.0M GF) • Incentives: $300M ($150M GF) • Transitioning populations: $401.6M ($174.7M GF) • Organ transplant carve-in: $4.7M ($1.3M GF) • Multipurpose Senior Services Program (MSSP) carve-out: $1.6M ($0.8M GF) Impact to GCHP: • Significant impact to GCHP	Key budget items include investments in CalAIM, such as, enhanced care management (ECM), in lieu of services (ILOS), infrastructure to expand whole-person care approaches, and building upon existing dental initiatives. Monthly updates will be provided to the Commission as we analyze upcoming trailer bills.
DHCS Actions (as of 2/5/2021)	**Implications**
Final All Plan Letters (APLs) Released: APL 20-018 Ensuring Access to Transgender Services, APL 20-021 Acute Hospital Care at Home Program, & APL 21-001 MCP MEDS-834 Schedule. Policy & Procedure submission to DHCS: • APL 20-018: March 1, 2021 • APL 20-021: April 19, 2021	GCHP is finalizing a policy related to transgender services, two workgroups have been created to draft policies related to tort liability and the Acute Hospital Care at Home Program. The workgroups met on 2/2/2021 to ensure a timely policy submission to DHCS by mid-April. No action is required regarding the annual MCP MEDS 834 schedule APL.

DHCS released a policy recommendation on 2/2/2021 related to Telehealth Services. The recommendation would become permanent following the close of the COVID-19 public health emergency that was established on 3/13/2020. Impact to GCHP: Ensure that GCHP is compliant with the final telehealth guidance.	Provisions are as follows: a. MCP is required to provide telehealth to members when medically appropriate b. MCP must reimburse providers at the same rate, whether provided in-person or through telehealth c. MCP must provide the same amount of reimbursement for service rendered via telephone as they would if the service is rendered via video

C. State: Legislative Bills

Key Legislative Bills (as of 2/5/2021)	Implications
AB 4 Medi-Cal: Eligibility. Impact: If passed, this bill could expand GCHP membership to everyone who qualifies regardless of immigration status.	Effective January 1, 2022, the bill would extend eligibility for full-scope Medi-Cal benefits to anyone regardless of age and who would otherwise qualify if not for their immigration status.
AB 32 Telehealth. Impact: If passed, this bill would continue the telehealth flexibilities instated during the COVID-19 pandemic state of emergency that GCHP would need to comply with.	The bill would authorize a provider to enroll or recertify an individual in Medi-Cal programs through telehealth and other virtual communication forms, as specified.
AB 71 Homelessness Funding: Bring California Home Act. Impact: None to GCHP	For taxable years beginning on or after January 1, 2022, include a taxpayer's global low-taxed income in their gross income for purposes of the Personal Income Tax Law, to enact the Bring California Home Act. If passed, this bill would use increased revenues to prevent families from falling into homelessness, expand emergency shelters, create more affordable housing and fund services including employment support for unhoused people.
AB 112 Medi-Cal Eligibility. Impact: None at this time, will continue to monitor as this bill would extend the termination date of	Requires the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile to end on the date they are no longer an inmate of a public institution or three years from

Key Legislative Bills (as of 2/5/2021)	Implications
Medi-Cal for incarcerated individuals from one year to three years.	the date they become an inmate of a public institution, whichever is sooner.
AB 114 Medi-Cal Benefits: Rapid Whole Genome Sequencing. Impact: Need to determine impact to GCHP as this bill would expand a pilot project to the state that creates a new benefit for Genome Sequencing.	This bill expands the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, including individual sequencing, trio sequencing, and ultra-rapid sequencing.
SB 17 Public Health Crisis: Racism. Impact: Will continue to monitor as it correlates to the action approved in the GCHP Strategic Plan that will be executed by the Chief Diversity Officer.	This bill would state the Legislature's intent to require the Department of Public Health, in collaboration with the Health in All Policies Program, the Office of Health Equity, and other relevant departments, agencies, and stakeholders, to address racism as a public health crisis. The goal of this bill is to apply an equity lens and approach to laws and regulations with an antiracist, equity-driven focus that interrogates whether a policy plays a role in upholding or dismantling racist systems.
SB 56 Medi-Cal: Eligibility. Impact: If passed, this bill could expand GCHP membership to individuals over age 65 who would qualify if not for their immigration status.	Effective July 1, 2022, this bill would extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older and who are otherwise eligible for those benefits except for their immigration status.
SB 256 Medi-Cal: Covered Benefits. Impact: If passed, this bill would have an impact to GCHP. GCHP will oversee the ECM and ILOS program proposals under CalAIM. Will continue to monitor SB 256 and the DHCS CalAIM Proposal.	This bill is the enhanced care management (ECM) benefit and in lieu of services (ILOS) proposals for the California Advancing and Innovating Medi-Cal (CalAIM) initiative.

D. Community Relations: Sponsorships

GCHP continues its support of organizations in Ventura County through its sponsorship program. Sponsorships continue to be awarded to support community-based organizations

in their efforts to assist Medi-Cal members and vulnerable populations. In addition, this past month, we provided an In-kind donation to Cabrillo Economic Development Corporation (CEDC). A total of 300 items were distributed to low-income housing families. Below is a table summarizing sponsorships awarded this month.

Name of Organization	Description	Amount
Boys & Girls Club (BGC) of Santa Clara Valley	BGC provides childcare services and educational programs to children in the Santa Clara Valley. The sponsorship will go toward the organization's "Auction and Celebration" fundraising event.	$ 1,000
Total	$1,000	

E. Community Relations: Community Meetings and Presentations

The Community Relations team continues to participate in collaborative meetings, community town hall meetings, and informational sessions via virtual platforms. Through these avenues, the team can gauge the community/member needs, become aware of how community organizations are helping low-income families, and engage with community partners. Below is a list of meetings the community relations team has participated in:

Name of Organization	Description	Date
Students for Eco-Education & Agriculture (SEEAG) Food and Health Resources Market meeting	Community representatives discussed a partnership to bring resources to underserved students and families. The goal is to hold six Farmers' Market Popup's throughout Ventura County and provide families with education, community resources, and fresh produce. SEEAG is an organization focused on educating students and the community about the farming origins of their food from field to table through various educational programs and initiatives.	January 27, 2021
The Arc of Ventura County	The Arc of Ventura County is a nonprofit organization dedicated to improving the quality of life for individuals with intellectual and developmental disabilities. The organization serves over 700 individuals in a variety of social programs.	January 27, 2021

Name of Organization	Description	Date
Assembly member Steve Bennett, Senator Monique Limon and Congressman Salud Carbajal COVID-19 Vaccine Town Hall	Assembly member Steve Bennett, Senator Monique Limon, and Congressman Salud Carbajal held a virtual town hall regarding the COVID-19 vaccine and its distribution within Ventura and Santa Barbara Counties. Joining the townhall was Dr. Van Do-Reynoso, Director of Santa Barbara's Public Health Department, and Barry Zimmerman, Chief Deputy Director for County of Ventura's Health Care Agency. Both spoke to their respective County's rollout of the vaccine, current issues, plans for getting residents vaccinated, and Q&A's from the audience.	January 28, 2021
Ventura Health Care Agency Preparece para su vacuna contra COVID-19 Informational session	The Ventura Health Care Agency held a virtual informational session in Spanish to address the concerns of the Spanish speaking community regarding COVID-19 side effects and vaccine distribution efforts. A panel of physicians answered community questions and provided an overview of how the COVID-19 vaccine works.	January 29, 2021
Oxnard Police Department Outreach Coordinators meeting (recurring monthly meeting)	Community partners share resources, promote outreach events, and bring presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.	February 3, 2021
Inter-Neighborhood Council Organization (INCO) meeting	The INCO serves as an advocacy group for each neighborhood in the City of Oxnard. The INCO assists the neighborhood councils in communicating with the Oxnard City Council and staff and helps the neighborhood councils to address concerns in their communities.	February 3, 2021

Name of Organization	Description	Date
Circle of Care One Step A la Vez	Circle of Care is a monthly meeting with community leaders to share resources, network, and promote community events. One Step A La Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13-19-year-olds and bridge the gaps of inequality while cultivating healthy individuals and community.	February 3, 2021
City of Santa Paula Senior Advisory Council	Santa Paula residents serve as advocates for persons aged 60 and over with a mission to bring awareness to issues that impact senior living and family caregivers.	February 4, 2021
Temple Etz Chaim Presents The COVID-19 Vaccines: Why, How, Where and When	Temple Etz Chaim held a virtual webinar to address the ethical implications and obligations of the vaccine, provide updates on vaccine distribution, and answer questions about vaccine safety.	February 9, 2021
BRITE: Building Resilience and Inclusion Through Engagement In La Colonia: How we can improve the neighborhood	BRITE held a virtual forum to discuss community needs and advocate for change in the Colonia neighborhood in the City of Oxnard. BRITE is a youth development program engaging teens and young adults ages 12-25 in advocacy and action around issues they care about.	February 10, 2021
Multi-Unit Smoke-Free Task Force	The monthly task force meeting discussed ways in how to engage the community to create a smoke free environment in multi-unit housing for Ventura County residents.	February 11, 2021
Total number of Community Meetings & Presentations	13	

F. Community Relations: Building Community Newsletter

The building community newsletter was sent out to community partners in February. The publication highlighted the States proposed 2021-2022 budget, GCHP's partnership with First 5 Ventura County, and the partnership GCHP has with First 5 to conduct the Adverse Childhood Experiences (ACE) screenings. Click here to read the latest GCHP newsletter.

II. COMPLIANCE:

A. Delegation Oversight

Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	2017 Annual Claims Audit	Open	12/28/2017		Issue will not be resolved until new claims platform conversion
Kaiser	2019 Annual Claims Audit	Closed	9/23/2019	06/23/2020	CAP items resolved and audit closed 06/23/2020
VTS	2019 Annual Call Center Audit	Closed	4/26/2019	10/7/2020	
VSP	2019 Annual Claims Audit	Open	10/29/2019	Under CAP	CAP issued 11/10/20. Pending discussion with Claims Department
VSP	2020 Annual Claims Audit	Open	11/20/2020	Under CAP	
Conduent	2019 Call Center Audit	Closed	1/14/2020	05/15/2020	CAP Item resolved and audit closed 05/15/2020
Beacon	2020 Call Center Audit	Open	9/1/2020	Under CAP	
Beacon	2020 Annual Claims Audit	Open	04/21/2020	Under Cap	
Beacon	2021 Quarterly UM Audit	Closed	01/25/2021	01/26/2021	CAP closed during audit
CDCR	2021 Quarterly UM Audit	Closed	NA	NA	Completed on January 29, 2021. No findings
CDCR	2020 Claims Audit	Closed	12/18/2020	02/08/2021	

Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	2020 Call Center Audit	Open	12/7/20	Pending	
Conduent	2020 Annual Claims Audit	Closed	04/21/2020	10/7/2020	
Kaiser	2020 Annual Claims Audit	Closed	10/9/2020	10/19/2020	
VTS	2019 Annual Transportation Audit	Closed	1/17/2020	06/15/2020	CAP items resolved and audit closed 06/15/2020
VTS	2020 Annual NEMT Audit	Closed	11/01/2020	12/30/2020	
VTS	2020 Call Center Audit	Closed	5/14/2020	11/5/2020	
VCMC	2021 Annual Credentialing Recredentialing Audit	Open	N/A	N/A	Audit Scheduled
CMHS	2021 Annual Credentialing Recredentialing Audit	Open	N/A	N/A	Audit Scheduled
CDCR	2021 Annual Credentialing Recredentialing Audit	Open	N/A	N/A	Audit Scheduled

GCHP is contractually required to perform oversight of all functions delegated through subcontracting arrangements. Oversight includes, but is not limited to:

- Monitoring / reviewing routine submissions from subcontractor
- Conducting onsite audits
- Issuing a Corrective Action Plan (CAP) when deficiencies are identified

**Ongoing monitoring denotes delegate is not making progress on a CAP issued and/or audit results were unsatisfactory and GCHP is required to monitor the delegate closely as it is a risk to GCHP when delegates are unable to comply.*

Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a DHCS requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and audits conducted, and corrective action plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility Plans have in oversight of delegates.

III. SYSTEM CONVERSION / HSP MEDITRAC UPDATE

Enterprise Transformation Project (ETP) is a full replacement of the IKA core claims system with HSP Meditrac, go-live has been extended through May 1, 2021. The date change is driven due to lack of authorizations matching capabilities for claims payment. Conduent has agreed to enhance the system to align with industry standards. GCHP leaders continue to collaborate with Conduent to create an amendment to reflect these changes.

IV. GCHP / AMERICASHEALTH PLAN - PLAN TO PLAN UPDATE

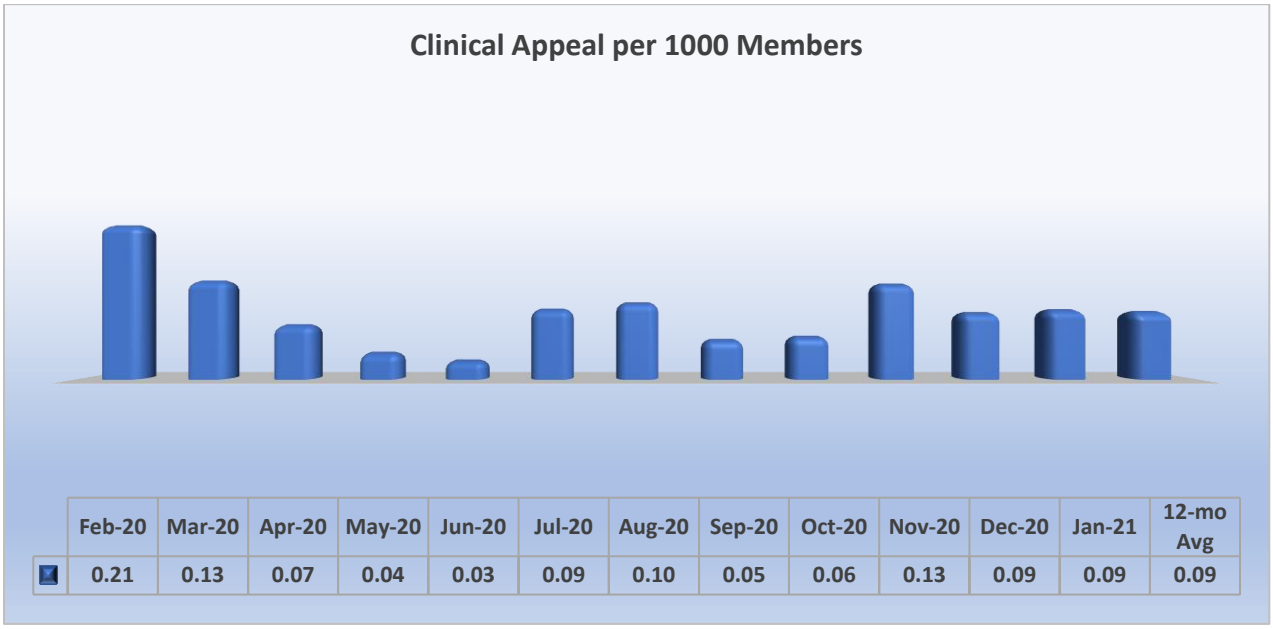
The AHP and GCHP team continue to collaborate on operational readiness. The teams are focusing on the pre-delegation audit activities. We are awaiting final approval from DHCS for the HHP/GCHP co-branded ID cards and member handbook, submitted to DHCS in December 2020. The Provider Directory is being prepared for submittal to DHCS.

V. GRIEVANCE AND APPEALS

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	12-mo Avg
	0.29	0.20	0.12	0.09	0.17	0.12	0.17	0.15	0.16	0.15	0.14	0.11	0.15

Graph displays an ongoing review of the volume of member grievances based on the monthly population by 1000 members enrolled. The data shows GCHP's volume is low in comparison to the number of members enrolled with the plan. The 12-month average of enrollees is 200,366 with an average annual grievance rate of .11 grievances per 1000 members.

In January 2021, there were total of 23 member grievances. The top reason is Quality of Care which, the data reported resulted from a delay in care.



	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	12-mo Avg
■	0.21	0.13	0.07	0.04	0.03	0.09	0.10	0.05	0.06	0.13	0.09	0.09	0.09

Graph displays an ongoing review of the volume of clinical appeals based on the monthly enrollment population calculated per 1000 members. The data comparison volume is based on the 12-month average of .09 appeals per 1000 members.

There was a total of 20 Clinical appeals received in the month of December of which 8 were overturned, 4 upheld, 6 still in review and 2 withdrawn.

VI. NETWORK OPERATIONS:

A. Regulatory

Completed:

- Support collaboration efforts with AmericasHealth Plan (AHP)
  - Network Adequacy Requirements
- Approved Corrective Action Plan (CAP)
  - Time and Distance Pediatric Core Specialists reflective of multi-county zip codes 91311 Chatsworth and 93252 Maricopa

- Alternate Access Policies & Procedures
- Training Materials & Call Scripts

In Process:

274 Provider Data:

- PACES Telehealth Indicator Update – Managed Care Plans expected to submit 274 production files using the new Telehealth Indicators. Gold Coast Health Plan continues to work on meeting this requirement
  - Plan of Action:
    - Continue updating Provider Network Database (PNDB) provider data
    - Continue collaboration with subcontractor Kaiser to discuss plan of action and next steps
- Monthly Data Corrections
- Additional revised reporting for Annual Network Certification (ANC) Alternate Access Standard (AAS) Requests for multi-county zip code 93252 (Maricopa)

B. COVID-19 Provider Reach-out and Communication

The Network Operations team continues to aggressively reach-out to providers regarding any COVID-19 related impacts on provider operations and member access. This information is submitted to DHCS. The Provider Communications Workgroup continues to meet on a regular basis and provides timely and helpful updates to our network providers.

Provider Outreach is conducted twice a week by email and phone to determine closures or impacts due to the Coronavirus:

- Skilled Nursing Facility (SNF) & Long-Term Care (LTC)
  - Reporting outbreaks of COVID-19 among patients and staff at several facilities
  - Several facilities have reported they have no SNF/LTC bed availability, they are not taking new admissions and where facilities are taking members, they are limiting admissions for short stays only
  - Due to the above, the Plan expects to see delays in hospital discharges, which will result in increases in admin/placement days
- Home Health- no issues
- Hospice- no issues
- Palliative Care- no issues
- Congregate Living Facility-no issues, however beds are limited

Email and phone outreach to the following provider types:

- Ambulatory Surgery Center- no issues
- Urgent Care- no issues
- PCP- no issues
- Pharmacy Infusion- no issues

- Lab-Access Issues:
  - Quest and Lab Corp reporting delays due to increases in testing, resulting from the latest COVID-19 surge. Quest is also experiencing delays in standard lab testing
- Radiology- no issues
- Physical Therapy- no issues
- Audiology & Hearing Aids- no issues
- DME- no issues

C. New Contracts

- Cassandra Woods-Pierce dba Children's Therapy Network Inc – This group specializes in pediatric therapy with 2 servicing locations in East County which is a network GAP for GCHP.

D. Amendments

Provider Contracting sent out a total of 7 Amendments for this time period. Amendments returned and completed are:

- Two Trees Physical Therapy Interim LOA Amendment
  - Amendments to update the local evaluation codes with the new crosswalk code & update to most current therapist roster as some have terminated and some have been credential approved and linked to the fully executed contract
- Amigo Baby Therapy Services Interim LOA
  - Amendments to update the local evaluation codes with the new crosswalk code
- Vista Cove Care Center at Santa Paula
  - Amendment to change Tax ID, Name and NPI. This is due to an ownership change to Santa Paula Post Acute
- West Coast Pulmonary Physicians A Prof Med Corp
  - Name change amendment
- Pediatrix Medical Group of California
  - Amendment to update additional servicing location
- Spanish Hills Surgery Center
  - Amendment to update servicing location
- Alois Zaunder dba Stroke and Neurovascular
  - Amendment to update additional servicing location

E. Interim Letters of Agreement (LOA)

- Santa Paula Post Acute

- Ownership change for Vista Cove Care Center to Santa Paula Post Acute. Interim LOA in place to cover facility while pending credentialing.

F. Letters of Agreement (LOA)

Provider Contracting sent out a total of 5-member specific LOAs during this time period. LOAs returned and completed are:

- 1 Conejo Valley Healthcare
  - Extension of previous LOA, long term care for patient diagnosed with transient paralysis
- 1 Stanford Medical Center
  - LOA for member with bile duct cancer, moved out of area and needed a CT scan of chest and abdomen
- 1 Sherman Oaks Congregate
  - Adjustment being made for original LOA to accommodate bed hold days
- 1 Sherman Oaks Congregate
  - Long Term Care member returning to facility after being in-patient
- 1 PantherRx Specialty Pharmacy
  - Revised LOA to accommodate drug increase

G. Reports

- Contracting Committee Letter of Interest and Provider Request for Participation

H. Better Doctors

Network Operations continues to meet weekly with Quest Analytics as a touch base to review and modify reports as needed to ensure that data meets the needs of the department. We also continue to verify the demographic information obtained from Better Doctors. The following reviews were performed:

- 2212 Reviewed and updated
- 1134 Audited
- 84 Contracting Files reviewed

I. Provider Contracting and Credentialing Management System (PCCM)

- Implementation moved to May 24, 2021. Current Activities include:
  - Desk-level Procedures
  - Dynamic Import Utility (DIU) Roster Testing
  - Data Corrections / Maintenance
  - eApply Overview
  - Reporting Requirements gathering

- HSP MediTrac Provider Activities
  - Initial Provider Communications and Webinars Completed
  - Updating Provider Resource Guide
  - Preparing for new Provider Communications and Webinars
  - Provider Data Validation
    - Contract and rates
    - Demographic information

J. Provider Database Clean-up Project

The Network team has attended bi-weekly meetings with internal GCHP staff and Symplir staff to discuss and make decisions required to support the eVIPs conversion and process configuration. This project includes the review and updating of the Provider Relations Shared Drive. It also includes the testing of the eVIPs system to ensure that information transfer from GCHP systems is accurate in the eVIPs system setup.

- Team continues to review and analyze multiple reports to ensure required data elements identified for conversion into the new PCCM database.

K. Enterprise Transformation Project (ETP)

To assist providers in identifying changes to the system, GCHP created a tool, the Provider Resource Guide, to assist providers in identifying and navigating changes. The Provider Advisory Committee reviewed and provided feedback on the Provider Resource Guide. Webinar based provider training completed in October 2020 which focused.

- Benefits of the Provider Resource Guide
  - The Provider Resource Guides provides a single document to identify changes
  - The Provider Advisory Committee has reviewed a draft of the document
  - Some of the changes will be incorporated into the Provider Manual

- Example of Changes
  - Some GCHP assigned provider numbers will change
  - Provider Portal will require new provider accounts and logons
  - Claim Adjudication and Claims Submission

- GCHP continues to work with Conduent to complete the Provider Network Database and IKA Claims systems comparison

L. Provider Adds: January 2020 Provider Adds – 29 Total

15 In-Area Providers

Provider Type	Additions
Midlevel	3
Specialist	11
Specialist- Hospitalist	1
PCP	0

14 Out-of-Area Providers

Provider Type	Additions
Midlevel	3
Specialist	11
Specialist- Hospitalist	0
PCP	0

M. Provider Terminations: January 2020 Provider Terminations – 20 Total

2 In-Area Providers

Provider Type	Additions
PCP	0
Specialist	1
Midlevel	1
Specialist- Hospitalist	0

18 Out- of-Area Provider

Provider Type	Additions
PCP	0
Specialist	18
Midlevel	0
Specialist- Hospitalist	0

These provider terminations have no impact on member access and availability. Of note, the specialist terminations are primarily associated with tertiary adult and pediatric academic medical centers, where interns, residents, and fellows have finished with their clinical rotations.

PCP- Member Mix

	VCMC	CLINICAS	CMH	PCP-OTHER	DIGNITY	ADMIN MEMBERS	UNASSIGNED	KAISER
Jan-21	83,016	41,247	31,110	5,128	5,841	14,941	4,363	6,156
Dec-20	83,467	41,215	31,321	5,137	5,837	13,166	3,477	6,098
Nov-20	83,105	40,898	31,155	5,131	5,770	12,872	3,912	6,042

Notes:

- The 2021 Admin Member numbers will differ from the below member numbers as both reports represent a snapshot of eligibility
- Unassigned members, assigned to COHS, are ones who have not been assigned a PCP and have 30 days to choose one. If the member does not choose a PCP, GCHP will assign member to a PCP

Administrative Members Details

	Feb 2021
Total Administrative Members	39,947
Share of Cost	1,734
Long Term Care	782
BCCTP	81
Hospice (REST-SVS)	133
Out of Area (Not in Ventura)	604
Other Health Care	
DUALS (A, AB, ABD, AD, B, BD)	25,085
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	18,820

NOTE:

Total in boxes will not add up to distinct count that corresponds to the total admin members as members can be represented in multiple boxes. For example, a member can be both Share of Cost and live Out of Area. They are counted in both of those boxes.

METHODOLOGY

Criteria to identify members for this report was vetted and confirmed in collaboration with the Member Services department. Admin members for this report were identified as anyone with active coverage with the benefit code ADM01. Additional criteria were as follows:

- Share of Cost (SOC-AMT) > zeros
    - AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
- LTC members identified by AID codes 13, 23, and 63
- BCCTP members identified by AID codes 0M, 0N,0P, and 0W
- Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931
- Out of Area members were identified by the following zip codes:
    - Ventura Zip Codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
    - If no residential address, the mailing address for this determination
- Other commercial insurance was identified by a current record of commercial insurance for the member

RECOMMENDATION:

Accept and File

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, Chief Medical Officer

DATE: February 22, 2021

SUBJECT: Chief Medical Officer Update

Mental Health Access Disparities for Adults in Medi-Cal

Prior to 2014, only Medi-Cal members with mental health conditions meeting criteria for serious mental illness ("SMI") were able to obtain mental health care from county systems. In 2014, the Affordable Care Act ("ACA") broadened mental health services available to Medi-Cal members. This new benefit for mild to moderate mental health care was given to Managed Care Plans ("MCPs") to administer. As a result, the Medi-Cal mental health benefit is bifurcated between two systems. Counties are responsible for specialty mental health care including inpatient psychiatric care and MCPs provide services at the mild to moderate level of care.

Historically, there has been a lack of quantitative performance data on cultural and linguistic access to mental health services for Medi-Cal enrollees. In 2017, AB 470 was signed into law to address this. This law, known as the Mental Health Equity Act, requires tracking and evaluation measures for mental health services in Medi-Cal to ensure timely access to quality services.

AB 470 required stakeholder input and in 2018, the California Pan Ethnic Health Network (CPEHN) Advisory Workgroup made recommendations to the Department of Health Care Services ("DHCS") in their report titled Measuring Mental Health Disparities. The report noted that despite MCP requirements to provide interpretation services in threshold languages and provide timely access to services, Asian/Pacific Islander and Latinx adults consistently had lower mental health penetration rates than the state average.

In 2020, DHCS published the second report of data required by AB 470. CPEHN's review of this report highlighted several opportunities for continued improvement in mental health quality and equity:

- While current AB 470 data sets show how the system is performing with important process measures like visit types and service counts, they do not answer questions about potential inequities in care quality and outcomes. The data sets also don't capture whether Medi-Cal members are treated in a respectful and equitable manner or measure enrollees' experience of care.

- Future AB 470 reports should include measures around timely access to care, care quality, and outcomes.
- More detailed demographic data including sexual orientation and gender identify could help identify disparities for LGBTQ+ communities of color.
- Performance outcome reports should be used to create recommendations for statewide quality improvement and to reduce mental health disparities.

Highlights from the DHCS report are shown below. NOTE: GCHP data charts are labeled with the Beacon logo.

Penetration Rate

In FY 2017-19, 3.3% of adult Medi-Cal members received mild-to-moderate care. This is an increase from 2% in FY 2014-15 when the benefit debuted. GCHP penetration rates for CY 2018-20 have ranged from 3.78% - 4.63% which is slightly higher than both the DHCS benchmark and Beacon's book of business.

Access by Race/Ethnicity

Latinx and Asian/Pacific Islander Medi-Cal enrollees access mental health services at the lowest rates of all racial and ethnic groups in MCPs and county specialty mental health plans.

Access by Language

Across both MCP and county mental health systems, Medi-Cal members who speak Spanish, Vietnamese, and Cantonese have access rates less than half that of enrollees who speak English. At GCHP, penetration rates for Spanish-speaking members are also less than half that of English-speaking members (1.26% v 3.25%).

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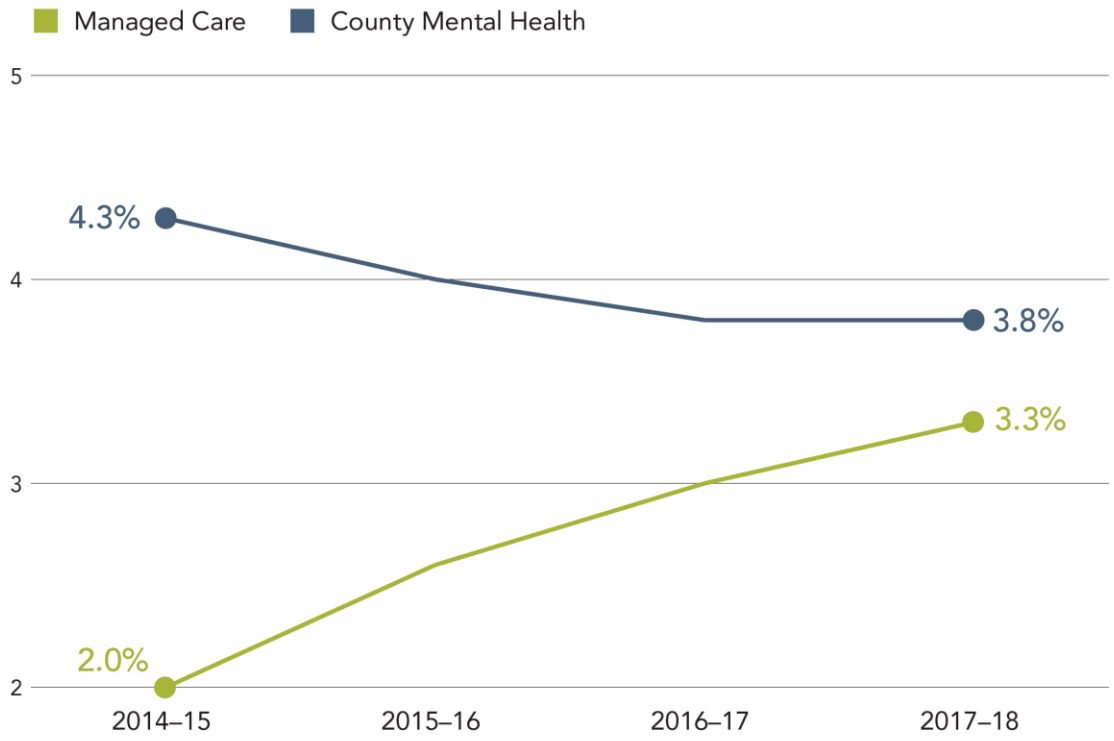
Medi-Cal Mental Health Access Rates, Adults, Managed Care Plans and County Specialty Mental Health Plans, by Year

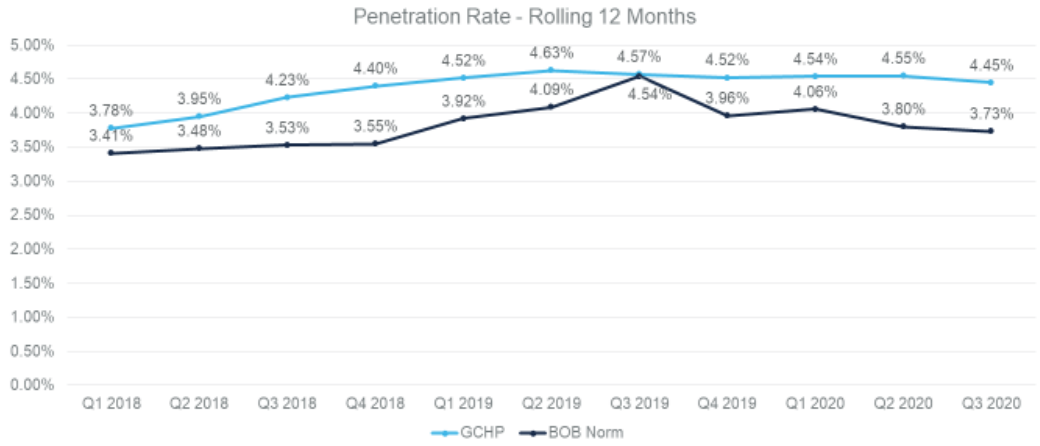
Between 3% and 4% of Eligible Enrollees Received Medi-Cal Mental Health Services in 2017–18



Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020.

CALIFORNIA HEALTH CARE FOUNDATION

Penetration Rate, Screenings, and Utilization



beacon

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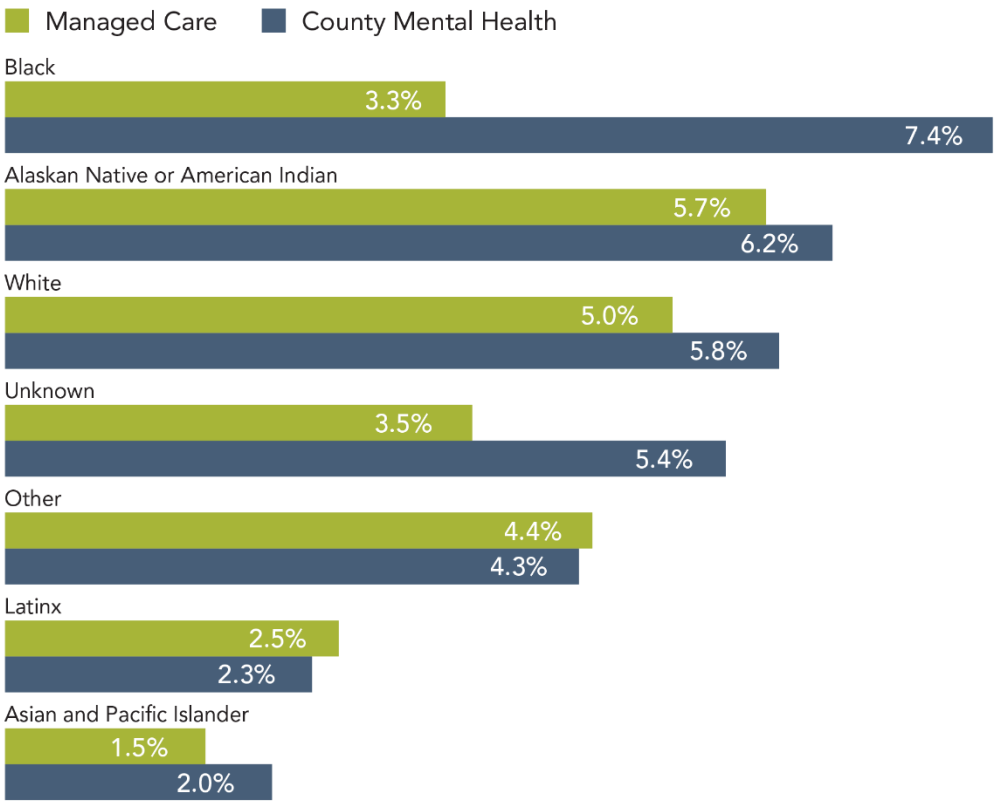
Medi-Cal Mental Health Access Rates, Adults, by Race/Ethnicity, FY 2017–18

Mental Health Care Access Rates Vary by Race

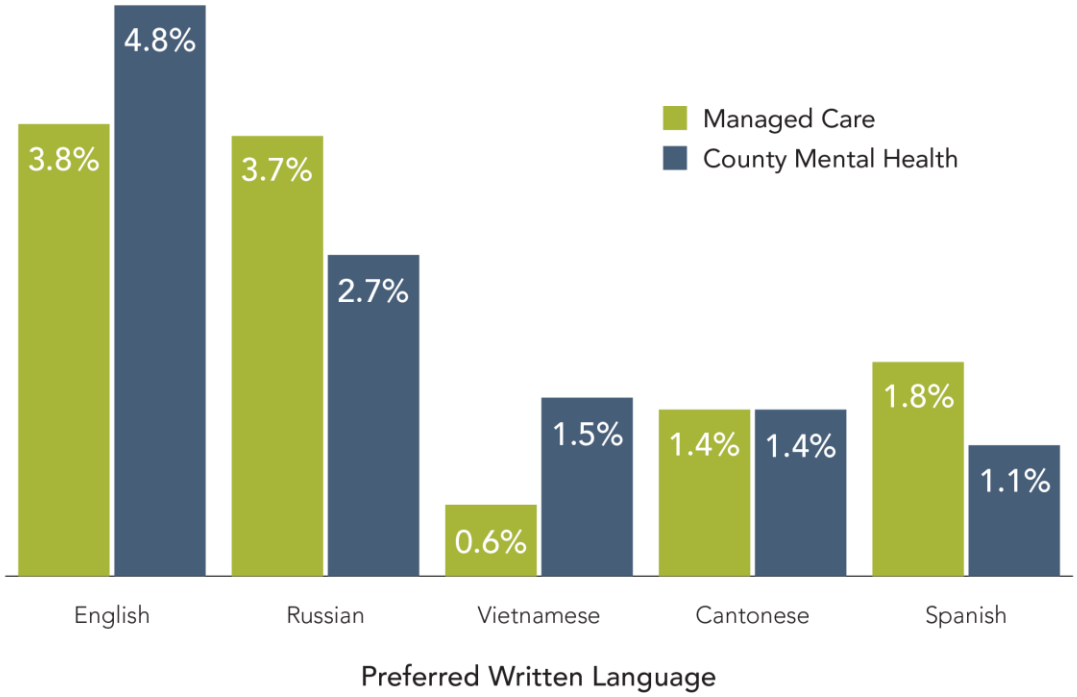


Note: Data source uses *Hispanic*.

Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020.

Medi-Cal Mental Health Access Rates, Adults, by Language, FY 2017–18

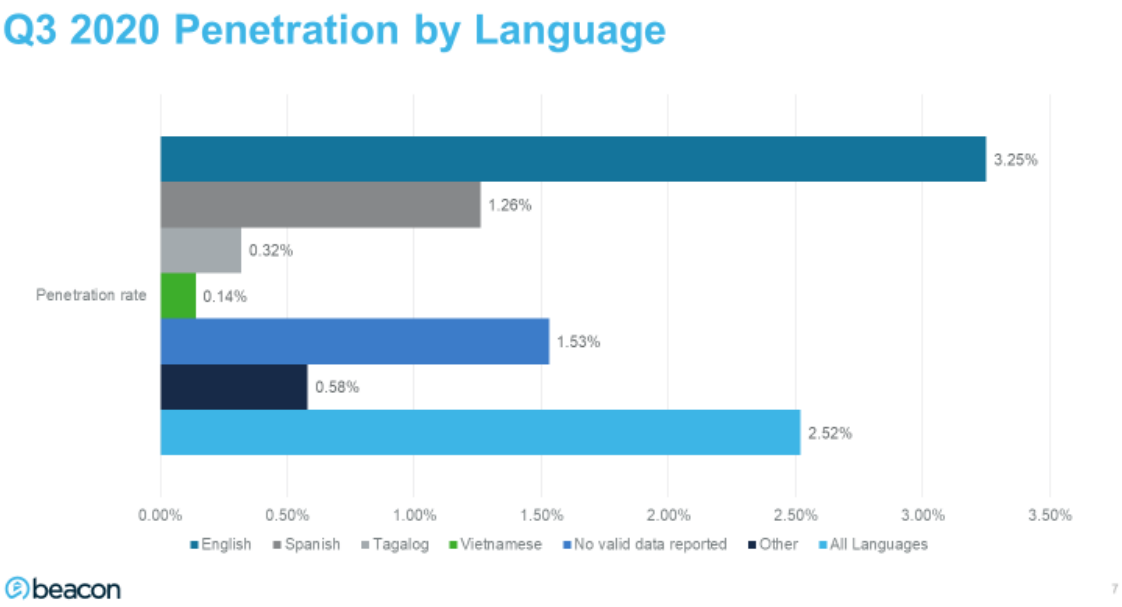
Mental Health Care Access Rates Vary by Language



Note: These data do not tell us in what language(s) mental health services were delivered, only the language preference of the person who received services.

Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020.

CALIFORNIA HEALTH CARE FOUNDATION



COVID 19 Vaccine Update

Governor Newsom's administration announced an agreement with Blue Shield of California to oversee the distribution of vaccine doses to counties, pharmacies, and private healthcare providers. This transition would establish Blue Shield as a third-party administrator responsible for overseeing the flow of vaccination requests and deliveries using possibly new guidelines from state officials. It is still unknown if Blue Shield will revise the current guidelines from the state's more detailed category of eligibility by employment to an approach based largely on age. Additionally, the Department of Health Care Services ("DHCS") announced COVID-related data will soon be eligible to all Manage Care Plans ("MCPs") by next month. These reports would include assigned members who have tested COVID positive and members who have received the COVID vaccine.

Gold Coast Health Plan ("GCHP") will continue to collaborate with and support the local Public Health Department to ensure adequate distribution to disadvantaged communities and avoid possible delays triggered by the operational transition to Blue Shield. Additionally, our teams will continue to work closely with DHCS and other MCPs as we determine the most effective way Plans can support high risk members by leveraging the upcoming COVID data reports anticipated from the state.

Proactive Care Management

GCHP Care Management ("CM") is provided upon request for all eligible members and provides a consistent method for identifying, addressing, and documenting the health care and psychosocial needs of our members along the continuum of care. Through telephonic interactions, the CM team utilizes person-centered planning and collaboration with the member to address health and/or psychosocial needs.

Each month, new GCHP members are asked to complete a ten-question Health Information Form/Member Evaluation Tool ("HIFMET") survey. GCHP's HIFMET is unique among Medi-Cal Managed Care Plan surveys in its length breadth of questions. The GCHP HIFMET detects red flags indicating the need for expedited services related to chronic medical or behavioral health conditions or social determinants.

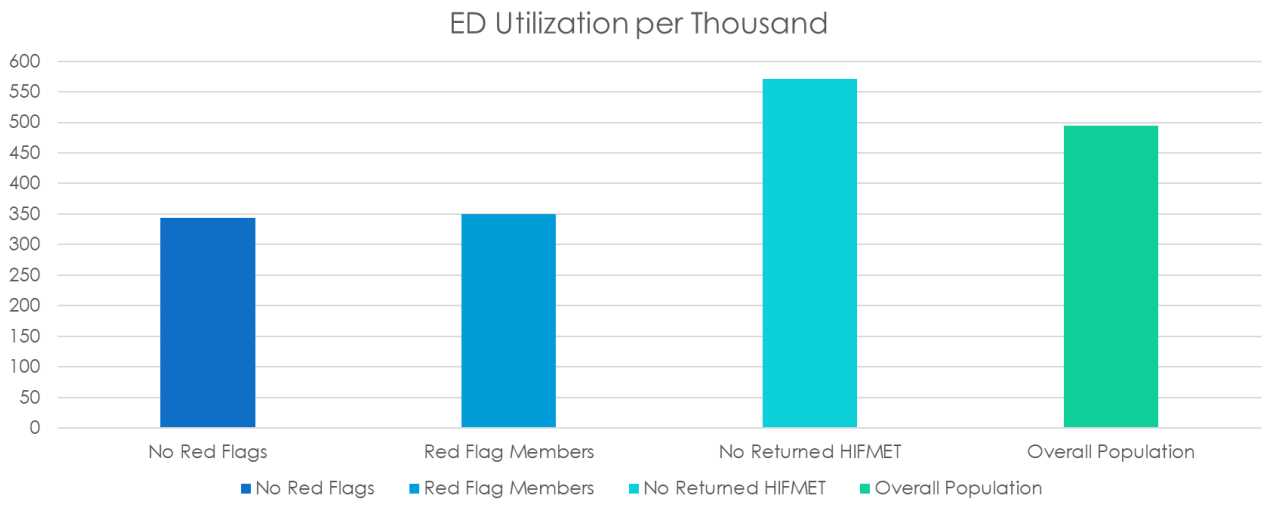
Proactive HIFMET CM focuses on internal and community resource connection, health education, and tailored support and empowerment for these members to become self-advocates significantly impacts their engagement, health literacy, and confidence in their ability to communicate their needs to their providers. For CY 2019, HIFMET efforts contributed to better health outcomes and reduced utilization patterns compared with who did not engage CM staff for support.

The following story illustrates how proactive CM can help our members.

A newly enrolled member identified several red flags on their HIFMET survey including multiple medical problems and the urgent need for medical supplies. A CM nurse connected with the member and family on a Friday afternoon and found there were only enough supplies to last through the weekend. CM staff obtained an urgent appointment with their new PCP on Monday morning and arranged for the member to obtain needed supplies. The member was connected with California Children's Services, Tri-Counties Regional Center, Beacon, and other community resources for continued support. Without proactive CM, this member would have had to seek help for their urgent needs through an emergency room and would have experienced a delay in connecting to a new PCP.

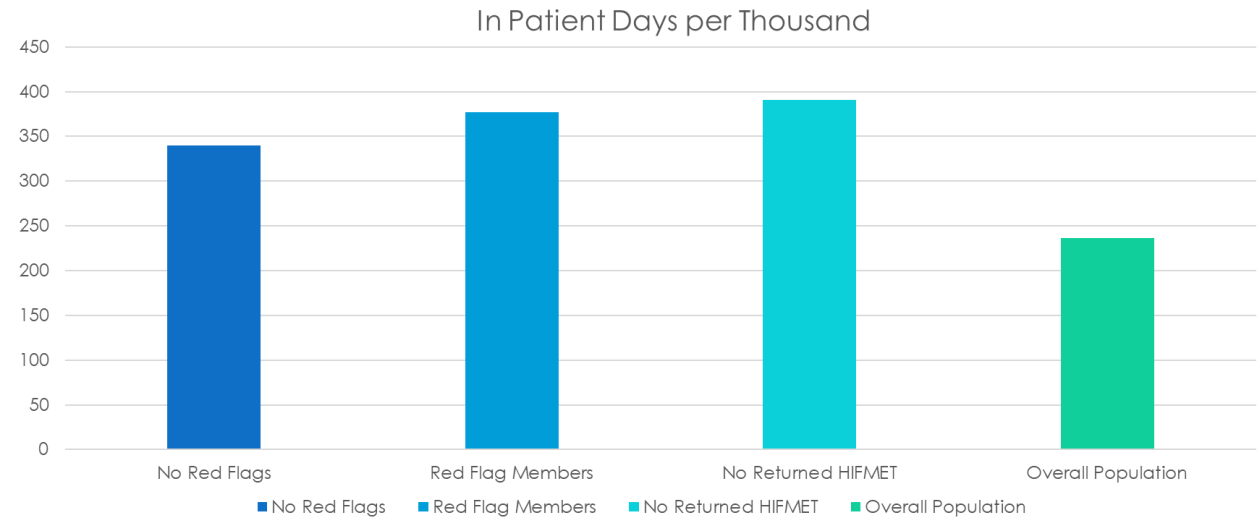
ED Utilization

New members who engaged with CM through HIFMET had 39% fewer ED visits than members who did not (350 v 571). They also had 29% fewer ED visits than the overall GCHP population for 2019 (350 v 494). Proactive HIFMET CM brings the utilization pattern of new members with red flags into the range of engaged members with no red flags (350 v 344).



Bed Days

HIFMET impact on bed days was not as great as ED utilization impact but was still notable. HIFMET engaged red flag members had 17% fewer bed days than non-engaged members (333 v 402). Red Flag members had greater but similar bed days compared with members with no red flags (333 v 312).



Pharmacy Hot Topic Items

Medi-Cal Rx

The transition to Medi-Cal Rx has been extended by 90 days to April 1, 2021. Upon implementation, all retail prescription claims will be submitted directly to the state via its PBM. GCHP is continuing to work with advocacy groups, other MCPs, DHCS and its PBM in order

to facilitate the implementation of the carve out and will continue to bring information as it becomes available to this group.

DHCS sent all beneficiaries a letter on or about February 7th notifying them of the transition and will continue to provide additional communication throughout the first quarter of 2021. GCHP kicked off an outreach campaign via print and radio media in Ventura County earlier in February and will continue throughout March. Additionally, GCHP will send a 30-day letter to members on or about March 1, 2021 along with new ID cards at the end of March.

The DHCS dedicated website for Medi-Cal Rx is live and contains announcements, news, and secure portal training/registration. GCHP encourages all of its providers:

1. Visit the portal
2. Sign up for the email subscription service
3. Register for the secure portal and training

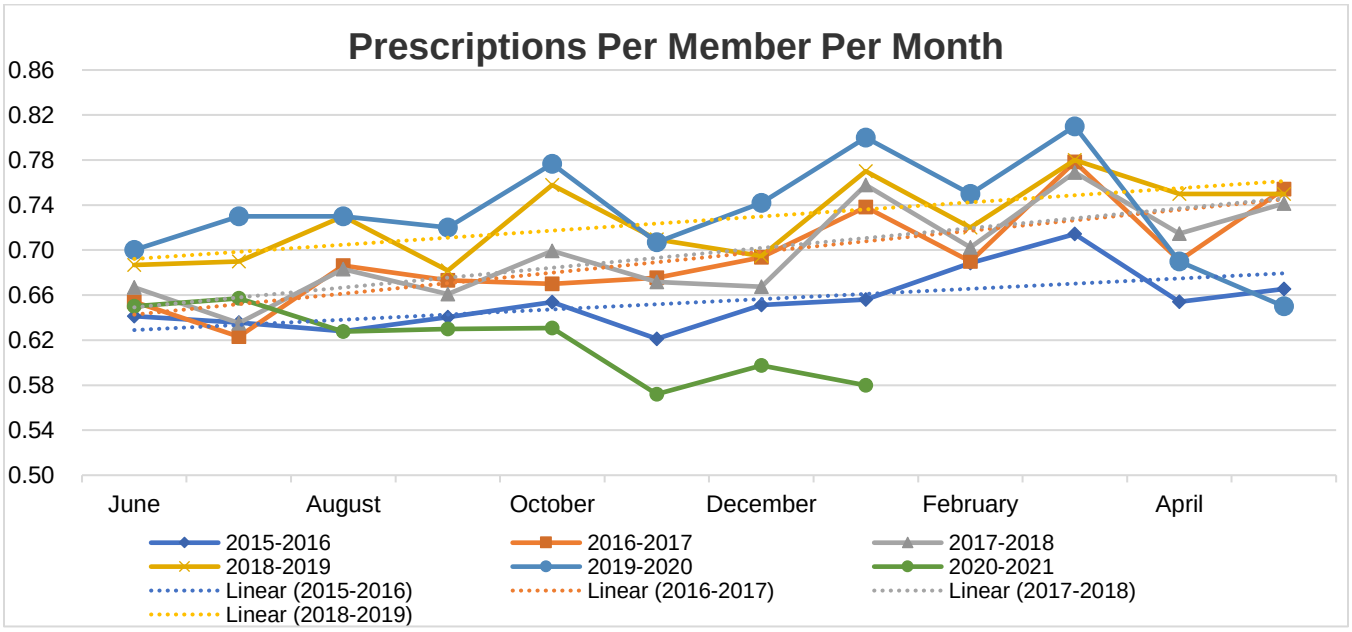
DHCS's Dedicated Medi-Cal RX Website:
https://medi-calrx.dhcs.ca.gov/home/

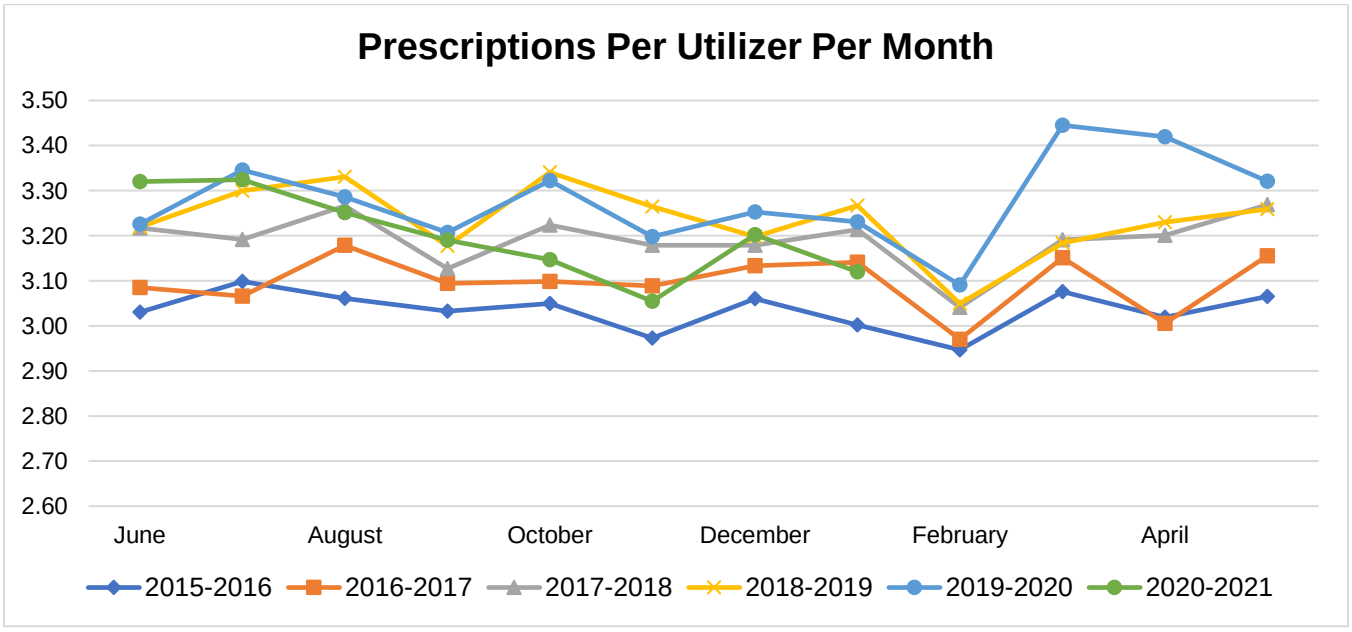
Pharmacy Benefit Cost Trends

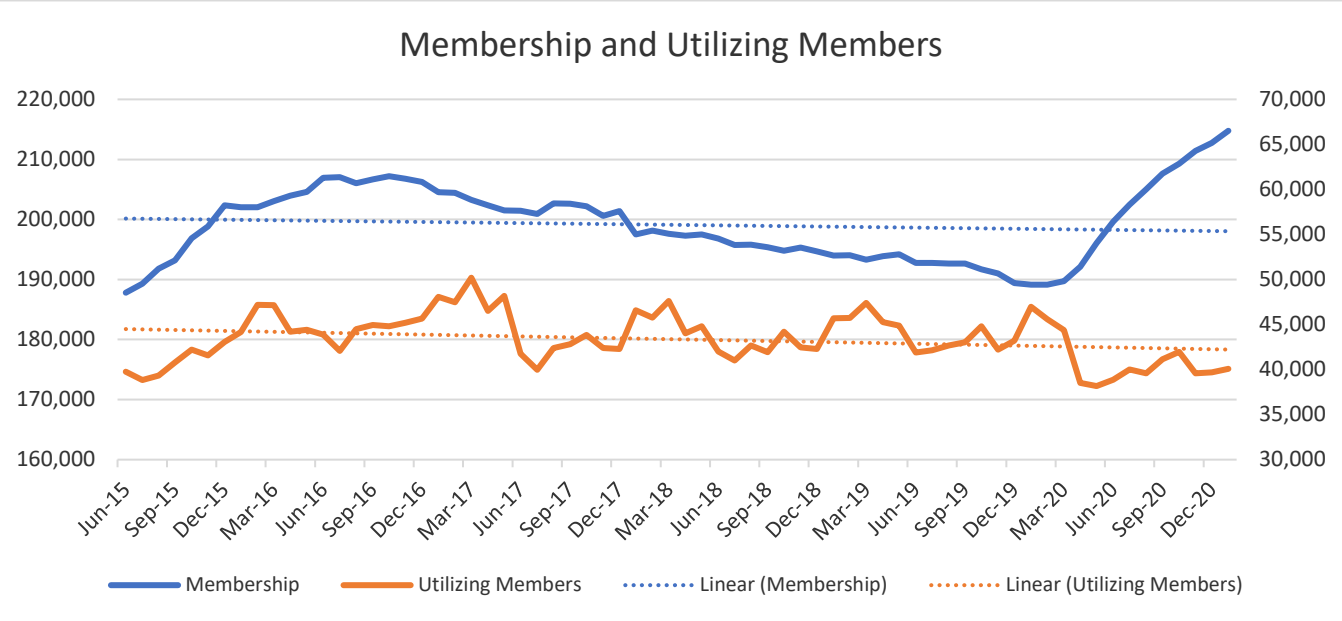
Gold Coast Health Plan's (GCHP) pharmacy trend shows in overall price increase of 7% from January 2020 to January 2021; this is a significant increase but is driven by increased membership and benefit changes made due to COVID-19. When looking at the per member per month costs (PMPM), the PMPM has decreased approximately 15.1% since its peak in March 2020. Pharmacy trend is impacted by unit cost increases, utilization, and the drug mix. Pharmacy costs are predicted to experience double digit increases (>10%) each year from now until 2025. GCHP's trends are in-line with state and national data that is also experiencing significant increases in pharmacy costs. Impact from COVID-19 is expected to increased costs further.

GCHP Annual Trend Data

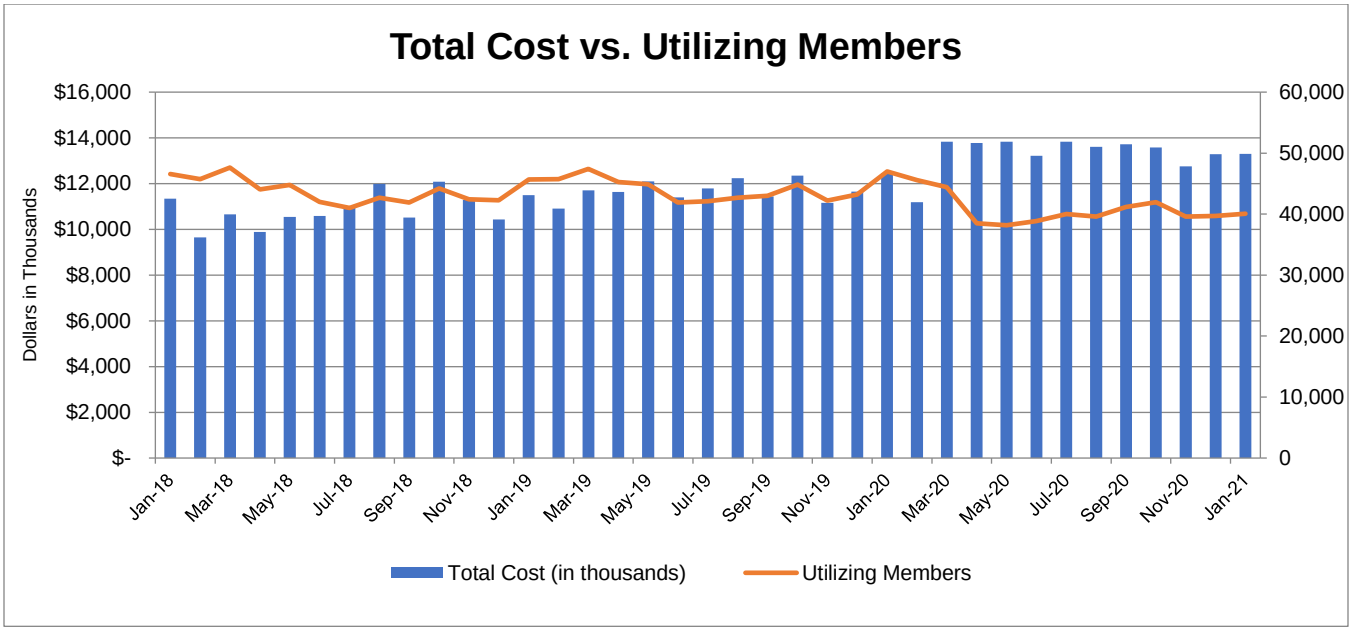
Utilization Trends:
Through March 2020, GCHP's utilization was increasing as demonstrated by the number of members using prescriptions and the number of prescriptions each member is using while GCHP's total membership continued to decline. However, the impact of COVID-19 has caused an increase in membership and the utilization of extended day supplies which suppress the view of increased utilization. The new graph showing scripts per utilizer gives a new view of the increased utilization. GCHP will be continuously monitoring the impact of COVID-19 and the increased membership.

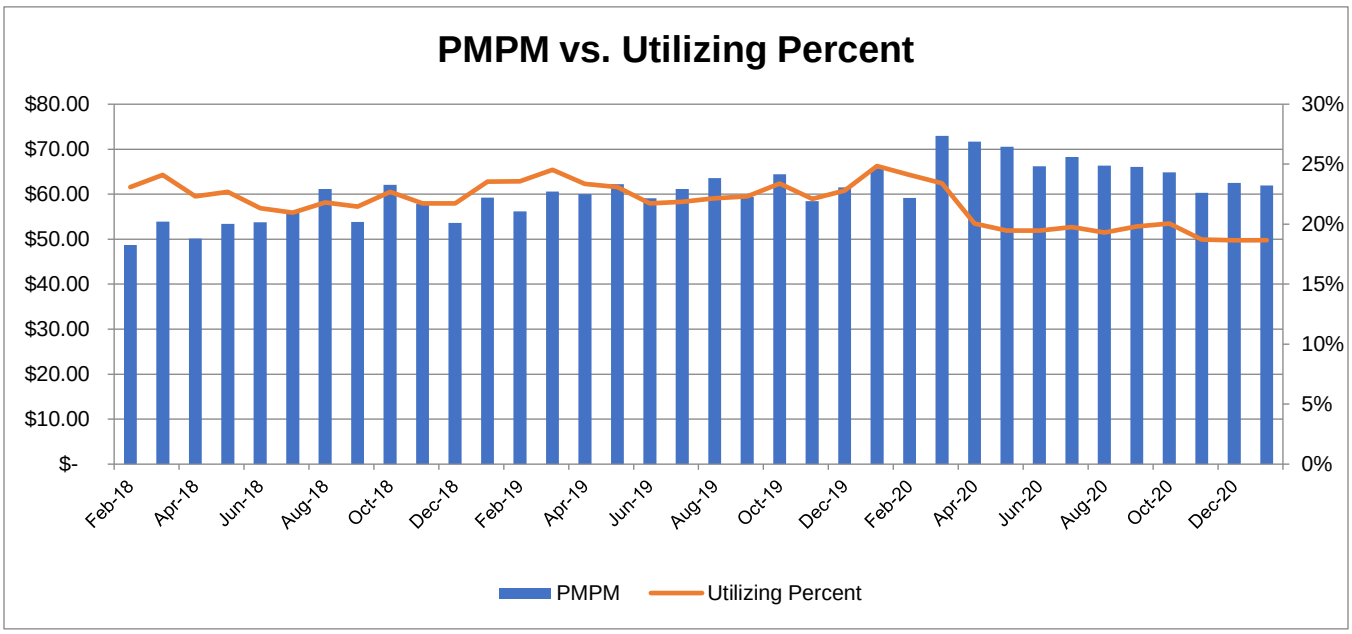

Prescriptions Per Member Per Month
0.86
0.82
0.78
0.74
0.70
0.66
0.62
0.58
0.54
0.50
June
August
October
December
February
April
2015-2016
2016-2017
2017-2018
2018-2019
2019-2020
2020-2021
Linear (2015-2016)
Linear (2016-2017)
Linear (2017-2018)
Linear (2018-2019)

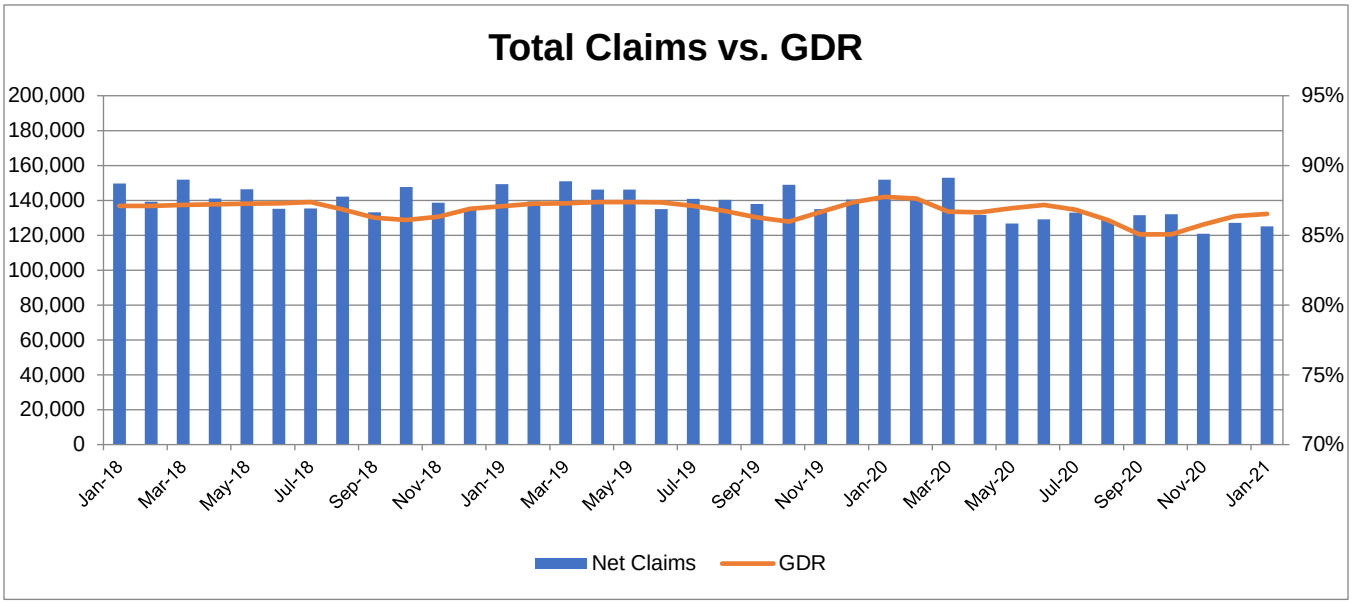

Prescriptions Per Utilizer Per Month
3.50
3.40
3.30
3.20
3.10
3.00
2.90
2.80
2.70
2.60
June
August
October
December
February
April
2015-2016
2016-2017
2017-2018
2018-2019
2019-2020
2020-2021


Membership and Utilizing Members
220,000
210,000
200,000
190,000
180,000
170,000
160,000
70,000
65,000
60,000
55,000
50,000
45,000
40,000
35,000
30,000
Jun-15
Sep-15
Dec-15
Mar-16
Jun-16
Sep-16
Dec-16
Mar-17
Jun-17
Sep-17
Dec-17
Mar-18
Jun-18
Sep-18
Dec-18
Mar-19
Jun-19
Sep-19
Dec-19
Mar-20
Jun-20
Sep-20
Dec-20
Membership
Utilizing Members
Linear (Membership)
Linear (Utilizing Members)

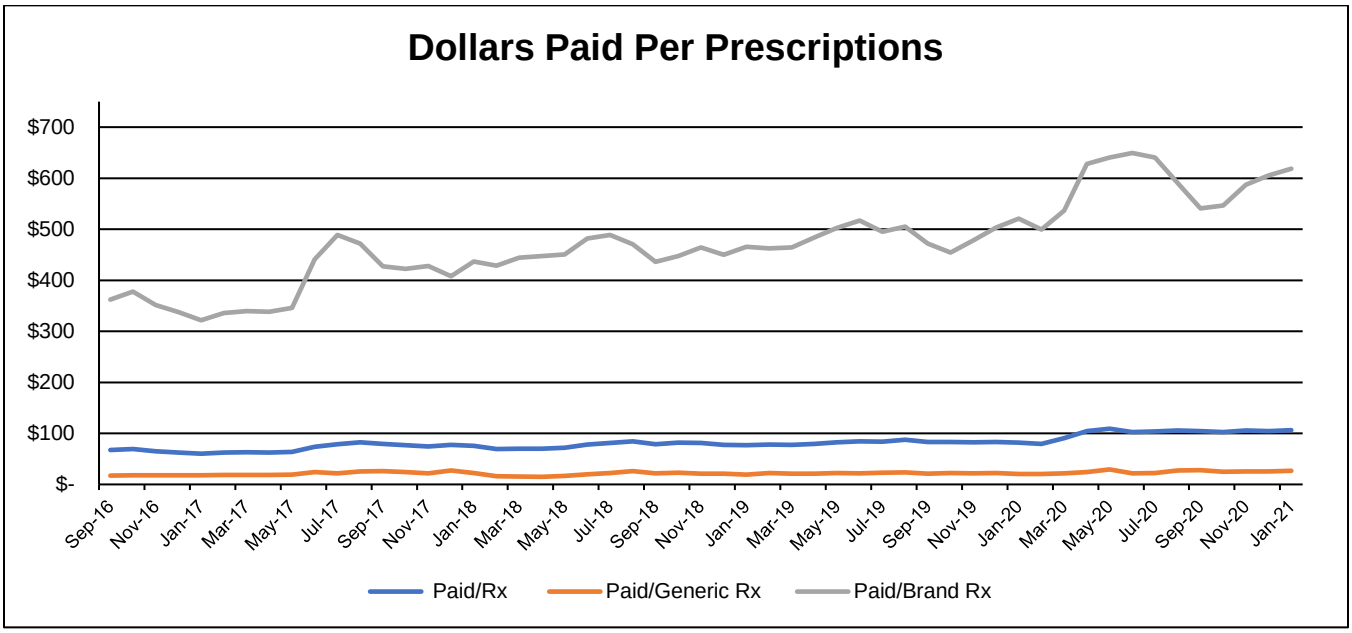
Pharmacy Monthly Cost Trends:





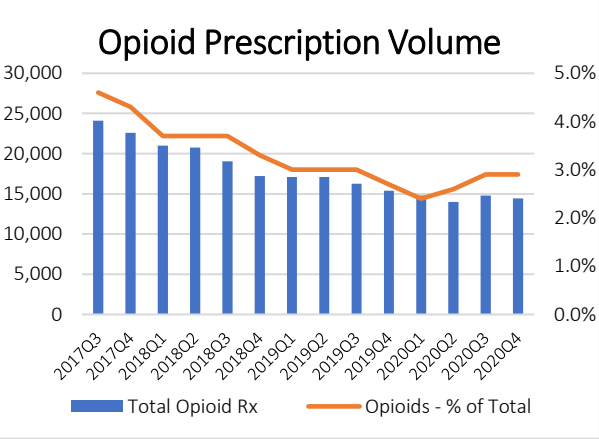


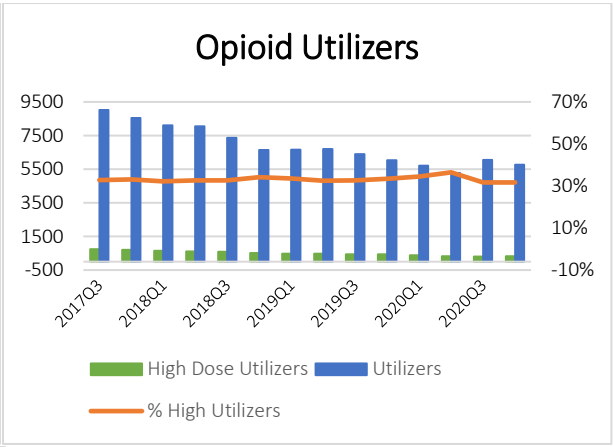
*Claim totals prior to June 2017 are adjusted to reflect net claims.

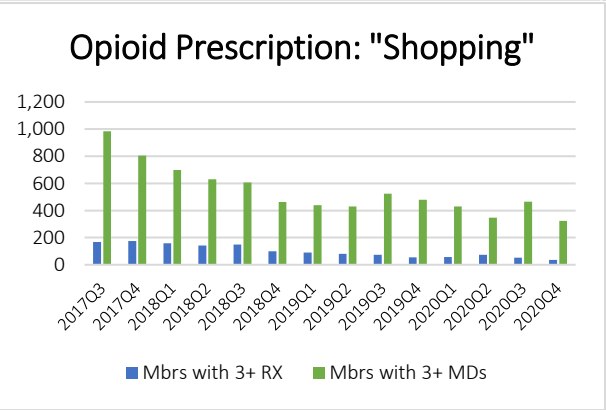


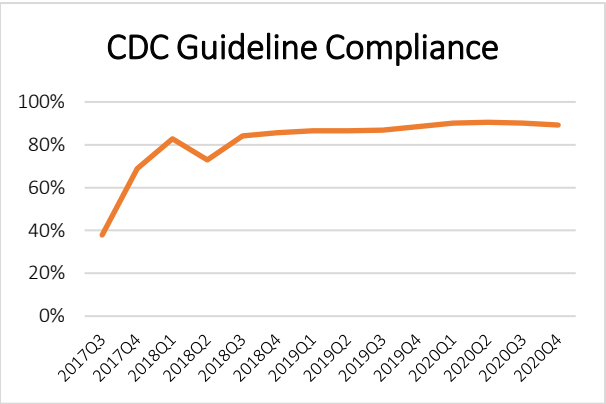
Pharmacy Opioid Utilization Statistics

GCHP continues to monitor the opioid utilization of its members and below are graphs showing some general stats that are often used to track and compare utilization. In general, GCHP continues to see a positive trend toward less prescriptions and lower doses of opioids for the membership.









Definitions and Notes:
High Dose Utilizers: utilizers using greater than 90 mg MEDD
High Utilizers: utilizers filling greater than 3 prescriptions in 120 days
Prescribers are identified by unique NPIs and not office locations.

Abbreviation Key:
PMPM: Per member per month
PUPM: Per utilizer per month
GDR: Generic dispensing rate
COHS: County Organized Health System
KPI: Key Performance indicators
RxPMPM: Prescriptions per member per month

Pharmacy utilization data is compiled from multiple sources including the pharmacy benefits manager (PBM) monthly reports, GCHP's ASO operational membership counts, and invoice data. The data shown is through the end of September 2020. The data has been pulled during the first two weeks of September which increases the likelihood of adjustments. Minor changes, of up to 10% of the script counts, may occur to the data going forward due to the potential of claim reversals, claim adjustments from audits, and/or member reimbursement requests.

References:

1. https://www.healthsystemtracker.org/chart-collection/recent-forecasted-trends-prescription-drug-spending/?_sf_s=drug+spending#item-contribution-to-growth-in-drug-spending-by-growth-driver_2017
2. https://arstechnica.com/science/2019/07/big-pharma-raising-drug-prices-even-more-in-2019-3400-hikes-as-high-as-879/
3. US Food and Drug Administration. "2018 New Drug Therapy Approvals."
4. https://www.fiercepharma.com/marketing/another-record-year-for-pharma-tv-ads-spending-tops-3-7-billion-2018
5. https://www.kff.org/medicaid/issue-brief/utilization-and-spending-trends-in-medicaid-outpatient-prescription-drugs/

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Interim Chief Diversity Officer

DATE: February 22, 2021

SUBJECT: Interim Chief Diversity Officer Update

Actions:

1. **Community Relations**

- Attended a Zoom Diversity session on Policy reform sponsored by the City of Simi Valley.
- Attended the zoom celebration for Dr. Martin Luther King. The keynote speaker was Tamika Jean-Baptiste, Amgen's Executive Director of Diversity, Inclusion and Belonging. The 2021 theme was *"Lives end when we are silent…Get in trouble, good trouble."*
- Selected by the mayor and police chief to set on an interview panel to select two police commanders for Simi Valley.
- Selected as a guest speaker during Black History Month for the Conejo Democratic Club.
- Selected to serve as a panelist for the Democratic Club of Ventura with a theme of *Love Black History because It's American History*. The keynote speaker for the event was Shirley Webber, first Black California Secretary of State.

2. **Case Investigations**

- One new case submitted during the month of February, which is currently being investigated by our HR department.

3. **Diversity Activities**

- Several meetings with Phin Xaypangna, Deputy Executive Officer Diversity and Inclusion for Ventura County. Discussions centered around defining the Health Equity initiative.
- Met with Individual leaders from the LHPC group, facilitated by Gretchen Brown, at the request of Margaret Tatar for the purpose of sharing our diversity initiatives.

The moderator was Lorrie Brown, the First Black City Council member, City of Ventura.

- Met with an advisory board member of Los Robles Medical to discuss H\health equity.
- Drafting a proposal that extends the diversity reach from internal GCHP to include our member base in the community. The proposal will include the additional activities addressing equity in medical services to the greater Ventura County communities. Completed a rough draft proposal as a first pass in addressing the health equity initiative.

4. Other Activities

- Continued bi-weekly update meeting with CEO Margaret Tatar.
- Weekly meetings with HR to keep abreast of issues that have potential of becoming external problems

AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Michael Murguia, Executive Director of Human Resources

DATE: February 22, 2021

SUBJECT: Human Resources Report

Human Resources Activities

Since our update last month, our Employee Survey Action Committee has made some recommendations to our Executive team. The Committee's first recommendation is that each Executive Leader participate in a "Road Show," attend each other's staff meetings, and present a functional overview of their organization. The other recommendation is that each Executive Leader present at our All-Staff meetings at various times. The foundation of these recommendations is to strengthen each organization's knowledge of other functions to create more efficiency with knowledge of key points of contact. The Committee also thought these efforts would educate employees about other departments to strengthen their knowledge of other jobs for career development. Lastly, the Committee recommends that all Organizational Charts be made available on our internal compass site. This recommendation was made so people can know who is in other functions which should increase collaboration and efficiency. Management will implement the Committee's recommendations. The Committee will now help develop some tactical implementation plans so as we start these "Road Shows" and Organizational Charts there will be a well-coordinated plan with a communications strategy.

On January 22nd, 2021, we held our second All-Staff meeting in the last four months; we are committed to meeting with all employees every two months. A total of 188 employees participated in this meeting, comparable to attendance at the All-Staff in October 2020. We slightly changed our agenda this time and started with a good news video that highlighted some of our more positive news as a Plan and mentioned newly promoted staff. We also changed our format for Gold Bar Recognition: instead of having a representative from our Gold Bar Committee recognize our employees, we had each Executive Leader announce their own Gold Bar Recipients. These were very positive changes and lead to high scores in our survey immediately following our All-Staff meeting. Overall, our score improved from a 1-5 basis from 4.3 to 4.6 for the January All Staff survey.

The rest of the agenda was as follows:

- Our Plan update from CEO - Margaret Tatar
- A Financial Update from CFO - Kashina Bishop
- An Overview of our Strategic Plan
  from Marlen Torres - Director of Government & Community Relations
- Q & A with the Executive Team Pane

As was discussed at our last commissioners meeting in October, we are continuing to recruit for a Chief Operating Officer. On February 10th Margaret and I met with Morgan Consulting to discuss our Search for a COO. We reviewed the position requirements, our culture and reviewed our results during our own internal search. We will keep the Commission informed.

Over the last two months, GCHP had one resignation, no retirements. We continue to evaluate any vacant positions and only backfill key positions. This process requires a review with the CEO and the Executive Leadership team.

During this time, GCHP has one (Lawsuit) new cases to report and we did have one new Workers Compensation Claim.

Facilities / Office Updates

GCHP has a team that is dedicated to planning a return to the office when conditions allow. The team continues to meet and evaluate:

- Controlling the flow of employees who visit the office for supplies, printing, and other business-related activities
- Our new Entrance and exit process requiring temperature checks and registration in our Proxy click system is working very well
- Protocols for a return to the office, including taking temperatures
- Making any necessary modifications to improve air quality inside the buildings