



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

**Regular Meeting**

**Monday September 26, 2022 2:00 p.m.**

**Due to the public health emergency, the Community Room at Gold Coast Health Plan is currently closed to the public.**

**The meeting is being held virtually pursuant to AB 361.**

**Members of the public can participate using the Conference Call Number below.**

**Conference Call Number: 1-805-324-7279**

**Conference ID Number: 638 440 293#**

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

**Due to the declared state of emergency wherein social distancing measures have been imposed or recommended, this meeting is being held pursuant to AB 361.**

**AGENDA**

**CALL TO ORDER**

**INTERPRETER ANNOUNCEMENT**

**ROLL CALL**

**PUBLIC COMMENT**

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda.

Persons wishing to address VCMCC 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](mailto: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 Meeting Minutes of August 22, 2022, and special meeting minutes of September 12, 2022.**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

**RECOMMENDATION:** Approve the Regular Meeting Minutes of August 22, 2022, and Special Meeting Minutes of September 12, 2022.

- 2. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

**RECOMMENDATION:** It is recommended that the Committee adopt the findings to continue to meet remotely.

- 3. Approval of Credentials / Peer Review Committee Members**

Staff: Nancy Wharfield, M.D., Chief Medical Officer  
Kimberly Timmerman, MHA, CPHQ, Director, Quality Improvement

**RECOMMENDATION:** Approve Lynn Jeffers, M.D. and Robert Streeter, M.D. as active members of the Credentials / Peer Review Committee.

## **UPDATES**

- 4. Leading into the Future: Understanding our Membership**

Staff: Gold Coast Health Plan Leadership Team

**RECOMMENDATION:** Receive and file the update.

## **FORMAL ACTION**

### **5. Reconstitute the Strategic Planning AdHoc Committee**

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

**RECOMMENDATION:** Staff recommends that the Commission reconstitute the Strategic Planning Ad Hoc Committee and select up to five Commissioners who will serve in the ad hoc committee. Additionally, staff recommends that the Strategic Planning Retreat be held in person this year.

### **6. August 2022 Financials**

Staff: Kashina Bishop, Chief Financial Officer

**RECOMMENDATION:** Staff requests that the Commission approve the August 2022 financial package.

## **REPORTS**

### **7. Chief Executive Officer (CEO) Report**

Staff: Nick Liguori, Chief Executive Officer

**RECOMMENDATION:** Receive and file the report

### **8. Chief Medical Officer (CMO) Report**

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

**RECOMMENDATION:** Receive and file the report

### **9. Chief Diversity Officer (CDO) Report**

Staff: Ted Bagley, Chief Diversity Officer

**RECOMMENDATION:** Receive and file the report

### **10. Human Resources (H.R.) Report**

Staff: Michael Murguia, Executive Director of Human Resources

**RECOMMENDATION:** Receive and file the report

## **CLOSED SESSION**

- 11. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**  
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: Two cases.
  
- 12. REPORT INVOLVING TRADE SECRETS**  
Discussion will concern: New Program and Service  
Estimated Date of Public Disclosure: Fall of 2022

## **ADJOURNMENT**

Date and location of the next meeting to be determined at the October 24, 2022, Regular meeting.

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

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

## **AGENDA ITEM NO. 1**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Maddie Gutierrez, MMC, Clerk for the Commission  
**DATE:** September 26, 2022  
**SUBJECT:** Regular Commission meeting minutes of August 22, 2022, and September 12, 2022.

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENT:**

Copy of Minutes for the August 22, 2022, and September 12, 2022, Regular Commission Meetings.

**Ventura County Medi-Cal Managed Care Commission (VCMMCC)  
Commission Meeting  
Regular Meeting via Teleconference**

**August 22, 2022**

**CALL TO ORDER**

Committee Chair Dee Pupa called the meeting to order at 5:01 pm via teleconference. The Clerk of the Board was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

The interpreter gave her announcement for non-English speakers.

**ROLL CALL**

Present: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa, Jennifer Swenson, Sarah Sanchez, and Scott Underwood, D.O.

Absent: None.

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Kashina Bishop, Chief Financial Officer, Ted Bagley, Chief Diversity Officer, Alan Torres, Chief Information Officer, Erik Cho, Marlen Torres, Executive Director, Strategy and External Affairs, Michael Murguia, Executive Director, Human Resources, Nancy Wharfield, Chief Medical Officer, and Scott Campbell, General Counsel.

Additional staff participating on the call: Anna Sproule, Carolyn Harris, Lupe Gonzales, Susanna Enriquez-Euyoque, Vicki Wrihster, Nicole Kanter, Rachel Lambert, Pauline Preciado, Josephine Gallella, Kim Timmerman, Adriana Sandoval, Victoria Warner, and Paula Cabral.

Public: Cynthia Salas, Ronald McGinnis, Barry Zimmerman, and Antonio Alatorre

**PUBLIC COMMENT**

Dr. Sandra Aldana stated she was thankful for the Resolution being presented at this meeting honoring the late Supervisor Carmen Ramirez.

Dr. Aldana stated that outreach for applications to CAC and CalAIM should be done in a manner that more public had the opportunity to apply for the committees. She also stated a Zoom webinar should be considered so that the public can follow the meeting more readily.

Commissioner Espinosa asked if it was a possibility for technology to be improved during meetings. CEO Liguori stated he will evaluate possibilities.

## **CONSENT**

Commission Chair Dee Pupa stated that Consent Item 5 will be pulled from the agenda.

### **1. Adoption of Resolution 2022-004 Honoring and Remembering Supervisor Carmen Ramirez**

Staff: Nick Liguori, Chief Executive Officer

**RECOMMENDATION:** Staff requests that the Commission approve Resolution 2022-004.

Commission Chair Dee Pupa stated that it was an honor to work with Supervisor Ramirez on this Commission and she promises to carry on her life's work.

CEO Nick Liguori read the Resolution honoring Supervisor Carmen Ramirez.

Commissioner Espinosa stated Supervisor Ramirez raised the bar for all. Commissioner Atin stated Supervisor Ramirez was a powerhouse, she was a strong advocate and voice for the community and will be missed.

Commissioner Swenson stated Supervisor Ramirez was very inspiring with her passion for the community.

Commissioner Espinosa requested the Resolution be posted on the GCHP website.

### **2. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of June 27, 2022, and July 25, 2022.**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

**RECOMMENDATION:** Approve the Regular Meeting Minutes of June 27, 2022, and July 25, 2022.

### **3. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

**RECOMMENDATION:** It is recommended that the Committee adopt the findings to continue to meet remotely.

**4. New Member Appointment-Community Advisory Committee (CAC)**

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

RECOMMENDATION: The CAC unanimously recommends to the Commission that Ms. Quintal be approved to join the CAC as a new member. Once approved by the Commission, Ms. Quintal will begin her official appointment.

**5. Member Appointments for CalAIM Advisory Committee**

*Pulled from the Agenda per Commissioner Chair Dee Pupa*

**6. Contract Approvals, Employee Recruiting Services**

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Based on fair market competition, GCHP is recommending the Commission approve awarding contracts to the eleven vendors for recruiting services. The funds for this item were included in the approved budget.

Commissioner Swenson motioned to approve Consent Items, 1, 2, 3, 4 and 6. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Pupa declared the motion carried.

**UPDATES**

**7. Leading into the Future: Goals and Implementation Update**

Staff: Gold Coast Health Plan Leadership Team

RECOMMENDATION: Receive and file the update.



CEO Liguori stated this is a series of presentations by the Leadership Team. Marlen Torres, Executive Director of Strategy & External Affairs, stated the Five-Year Strategic Plan goals, which were approved by the Commission at the beginning of 2022, will move forward. Initiatives will be reported monthly. Ms. Torres reviewed CalAIM – where we are, where we are heading, and what we have done so far.

Josephine Gallella, Director of Portfolio Management, reviewed our mission and our priority initiatives. The priority initiatives reviewed were: CalAIM, Modern Data Warehouse, Operations of the Future and the NCQA Model of Care.

CEO Liguori noted there is a central focus on how initiatives, departments and platforms will work, as well as the implementation of CalAIM.

Ms. Torres reviewed S.M.A.R.T. goals: Quality, Member Experience, Value Based Care, Incentives via CalAIM perspective, and Operating platform. Chief Program and Policy Officer, Erik Cho, stated the Strategic Plan sets guides for where we are going and understanding our members. Chief Information Officer, Alan Torres reviewed the data warehouse and why it is important. We need timely accurate data, and we need to be able to measure outcomes. CIO Torres reviewed the four insights: Healthcare on Demand, Provider Insights, Population Health Management, and Coordinated Care. He stated that data is the foundation of everything done at GCHP.

Chief Medical Officer, Nancy Wharfield, M.D., gave an overview of CalAIM goals and risks. The Behavioral Health system is transforming with CalAIM. Dual eligible needs will be in the future. CMO Wharfield reviewed the big goals of CalAIM and better health outcomes. She also reviewed CalAIM risks.

Pauline Preciado, Executive Director of Population Health & Equity, reviewed the internal GCHP CalAIM Leadership team, their departments, and responsibilities. She noted that CalAIM was a once in a lifetime opportunity. Rachel Lambert, Director of Care Management reviewed Enhanced Care Management (ECM) and Community Support, who should receive ECM/CS and accomplishment highlights.

CEO Liguori noted there were appendix materials that can be found in the presentation. He thanked all for their work on this presentation.

Commissioner Pupa thanked the team for their work.

Commissioner Monroy motioned to approve the update. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Pupa declared the motion carried.

### **FORMAL ACTION**

#### **8. Contract Approval – Optum Insight**

Staff: Nancy Wharfield, MD, Chief Medical Officer  
Nicole Kanter, RN, MPH, Director, Utilization Management

RECOMMENDATION: The Plan recommends the Commission approve the funding of this agreement for an amount up to \$207,142.55.

CMO Wharfield introduced Nicole Kanter, Director of Utilization Management. This is an effort for GCHP to be more culturally competent. Ms. Kanter presented the details of Optum Insight. Ms. Kanter stated GCHP uses letters, which are timely and written at a certain grade level to have clear communication with members and providers. CPT and HCPC codes are used by providers to communicate services to members, and we use these codes for authorization and/or denial of services. DHCS now requires all letters with complete explanations to be in threshold languages. GCHP has purchased letter templates for use in communication.

Commissioner Atin asked that is this county's threshold language. Ms. Kanter responded Spanish and English.

Commissioner Atin motioned to approve Agenda Item 8 - Optum Insight Contract. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Pupa declared the motion carried.

## 9. Quality Improvement Committee (QIC) Report – Second Quarter

Staff: Nancy Wharfield, MD, Chief Medical Officer  
Kim Timmerman, Director of Quality Improvement

RECOMMENDATION: Receive and file the complete report as presented.

Kim Timmerman, Director of Quality Improvement presented second quarter information. Ms. Timmerman reviewed the Managed Care Accountability Set performance measures for year 2021. She also gave a QI Strategy Update for 2022. Ms. Timmerman stated DHCS will require quality improvement projects of MCPs based on 2021 MCAS results.

Ms. Timmerman reviewed HEDIS/MCAS 2021 performance highlights. She noted that 10 measures performed at or above the DHCS minimum performance level and 9 measures improved compared to the prior year of 2020. All measures used administrative methodologies and 2 were first-time reporting measures for GCHP.

Commissioner Espinosa asked about the percentile comparison – she stated the numbers didn't match up. Ms. Timmerman stated this was reviewing different components. Some of the measures increased in percentile, some remained the same and one measure dropped, but some stayed, some moved up within the bracket. All were compared to 2021. Commissioner Pupa stated that some were overlapping data points. The total number of measurements are duplicative. Commissioner Pupa requested the total number of measurements. Ms. Timmerman stated the total number of measurements was 36. There were 21 MCAS measures not held to the Minimum Performance Level (MPL), 10 out of the 21 improved from last year.

Ms. Timmerman reviewed graphs showing percentiles with various diagnosis. The next steps reviewed the analysis of results and noted that results will be evaluated, and data improvement will also be reviewed. Ms. Timmerman noted there will be a focus on improvement efforts on low performing HEDIS/MCAS rates. We will also partner on improvement efforts with clinic systems, and we will promote/expand on member incentive programs.

Commissioner Atin asked how we compare to other health plans and what are the goals. Ms. Timmerman responded that there is usually a rating, but due to the pandemic, rates have been impacted. DHCS has not done plan-level comparisons. Commissioner Pupa stated the measurements give us some idea of where we stand with other plans. Ms. Timmerman stated we are focusing on low-performing measures. CMO Wharfield stated it has been challenging during COVID, we are low, but have moved up. We want to leapfrog to the front of the pack.

Commissioner Corwin motioned to approve Agenda Item 9 -QIC Report: Second Quarter. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Pupa declared the motion carried.

#### **10. June 2022 Financials**

Staff: Kashina Bishop, Chief Financial Officer

CFO Bishop stated she is holding June financials and will present the information at the October meeting, when audit results will also be presented. There could be some adjustments as we work through the audit.

#### **11. July 2022 Financials**

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the July 2022 financial package.

Chief Financial Officer, Kashina Bishop reviewed the July 2022 financial overview. She noted a net gain of \$9.2 million in July. Fiscal year to date net gain is also \$9.2 million. The TNE is 521% of the minimum required. Medical Loss Ratio is 82% and Administrative ratio is 6.3%. CFO Bishop reviewed financial risks of focus. FYTD net revenue is \$79.1 million and over budget by \$775,297. Our membership is just under 240,000.

Medical Expense is under budget by 2% and health care costs are \$65.3 million. ER costs have trended up in the past few months. Administrative costs were \$5.0 million under budget. She reviewed non-operating revenue and total increase/decrease in net assets. CFO Bishop reviewed the financial statement summary

Commissioner Abbas motioned to approve Agenda Item 11 – July 2022 Financials. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Pupa declared the motion carried.

## **REPORTS**

### **12. Chief Executive Officer (CEO) Report**

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report

### **13. Chief Diversity Officer (CDO) Report**

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report

### **14. Human Resources Report**

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

Commissioner Atin motioned to approve Agenda Items 12 through 14 - Reports. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Pupa declared the motion carried.

Open session ended at 6:46 p.m.

General Counsel, Scott Campbell asked the Commissioners to dial into the Zoom call.

### **CLOSED SESSION**

**1. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956;9:  
One Case

**5. REPORT INVOLVING TRADE SECRETS**

Discussion will concern: New Program and Service  
Estimated Date of Public Disclosure: Fall of 2022

### **ADJOURNMENT**

General Counsel Campbell stated there was no reportable action in Closed Session. The meeting was adjourned at 7:07 p.m.

Meeting minutes respectfully submitted

Approved:

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Maddie Gutierrez, MMC  
Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCMMCC)  
Commission Meeting  
Regular Meeting via Teleconference**

**September 12, 2022**

**CALL TO ORDER**

Committee Chair Dee Pupa called the meeting to order at 11:04 a.m. via teleconference. The Clerk of the Board was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

The interpreter gave her announcement for non-English speakers.

**ROLL CALL**

Present: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Anna Monroy, Dee Pupa, and Jennifer Swenson.

Absent: Scott Underwood, D.O.

Commissioner Allison Blaze, M.D. joined the meeting at 11:05 a.m.

Commissioner Laura Espinosa joined the meeting at 11:06 a.m.

Commissioner Sara Sanchez joined the meeting at 11:06 a.m.

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Marlen Torres, Executive Director, Strategy and External Affairs, and Scott Campbell, General Counsel.

**PUBLIC COMMENT**

None.

**CONSENT**

**1. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

**RECOMMENDATION:** It is recommended that the Committee adopt the findings to continue to meet remotely.

Commissioner Abbas motioned to approve Consent Item 1. Commissioner Swenson seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Sarah Sanchez, and Jennifer Swenson

NOES: None.

ABSENT: Scott Underwood, D.O.

Commissioner Pupa declared the motion carried.

## **PUBLIC COMMENT**

Dr. Sandra Aldana stated she was impressed with the membership chosen for CalAIM Advisory Committee. She expressed concern that many of the members of advisory committees are not individuals who are direct recipients of GCHP but tend to be professionals working with recipients.

## **2. Appointment of New CalAIM Advisory Committee Members**

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

**RECOMMENDATION:** GCHP management recommends that the Commission approve the four proposed members of the CalAIM Advisory Committee. Once approved by the Commission, applicants will be notified of their selection. The first CalAIM Advisory Committee meeting is scheduled for Sept. 22, 2022.

Marlen Torres, Executive Director of Strategy & External Affairs stated she is seeking approval of four potential CalAIM Advisory Committee members. These members will advise on CalAIM implementation. This committee is set to have seven members and GCHP is still actively looking for additional GCHP members to join the committee.

Commissioner Monroy noted the selection process was noted in the summary of the staff report. She asked if there was an internal GCHP committee making the selections and what was the process. Ms. Torres stated she would review the process. The first step was the application which was in both English and Spanish and could be found on-line on the GCHP website. It was also actively promoted throughout the community. Once interested applicants submit their application, an internal committee made up of staff, reviewed the applications and ensure there is no conflict of interest. There is then an interview process, consisting of a "Meet & Greet" to get to know the candidate and there are follow-up questions asked regarding the application. This gives the candidate an



opportunity to ask questions about the committee. It is then determined if they will move forward with the potential applicant. Ms. Torres also noted that internal staff worked closely with legal counsel to ensure there is no conflict of interest before moving forward with the candidate.

Commissioner Swenson motioned to approve Consent Item 2. Commissioner Atin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Sarah Sanchez, and Jennifer Swenson.

NOES: None.

ABSENT: Scott Underwood, D.O.

Commissioner Pupa declared the motion carried.

## **ADJOURNMENT**

The meeting was adjourned 11:16 a.m.

Meeting minutes respectfully submitted

Approved:

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Maddie Gutierrez, MMC  
Clerk to the Commission



## **AGENDA ITEM NO. 2**

**TO:** Ventura County Medi-Cal Managed Care Commission

**FROM:** Scott Campbell, General Counsel

**DATE:** September 26, 2022

**SUBJECT: Findings to Continue to Hold Remote Teleconference/Virtual Commission Meetings Pursuant to Assembly Bill 361**

### **SUMMARY/RECOMMENDATION:**

At its May 23, 2022, regular meeting, the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) made findings pursuant to Assembly Bill 361 to continue to meet remotely. To continue this practice, it is required, that the Commission determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Commission in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, it is time to remake the findings.

### **BACKGROUND/DISCUSSION:**

Traditionally, the Brown Act allows for teleconference or virtual meetings, provided that the physical locations of the legislative body’s members joining by teleconference are posted on the agenda, that those locations are open to the public and that a quorum of the members is located within its jurisdiction. Newly enacted AB 361 provides an exception to these procedures in order to allow for fully virtual meetings during proclaimed emergencies, including the COVID-19 pandemic.

Since March of 2020 and the issuance of Governor Newsom’s Executive Order N-29-20, which suspended portions of the Brown Act relating to teleconferencing, the Commission and the Plan’s Committees have had virtual meetings without having to post the location of the legislative body members attending virtually. Most public agencies have been holding public meetings using virtual platforms since this time. In June of 2021, Governor Newsom issued Executive Order N-08-21, which provided that the exceptions contained in EO N-29-20 would sunset on September 30, 2021.

On September 10, 2021, the Legislature adopted AB 361, which allows public agencies to hold fully virtual meetings under certain circumstances without the posting of the agenda from each location a legislative body member is attending. Governor Newsom signed the bill into law on September 16, 2021. Because it contained an urgency provision, it took immediate effect.

### *Specific Findings Required under AB 361*

Under AB 361, the Commission, can hold virtual meetings without providing notice of the Commissioner's teleconference location if the Commission makes the determination that there is a Governor-proclaimed state of emergency which the Commission will consider in their determination, and one of two secondary criteria listed below exists:

1. State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or
2. The Commission determines that requiring a meeting in person would present an imminent risk to the health or safety of attendees.

COVID-19 continues to present an imminent threat to the health and safety of Commission members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. Additionally, several Commissioners attend meetings in medical facilities or offices, and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated would pose a threat to the health or safety of attendees. Further, a new variant is spreading through the county and world and social distancing requirements still exist. Recently, an outbreak in China resulted in over 10 million residents being directed to quarantine.

### *Re-Authorization is Required Within 30 Days*

The Commission made the findings listed above at its October 25, 2021 and at many following meetings, Consistent with the provisions of Government Code Section 54953(e), the findings must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Commission desires to continue to meet remotely without having to post the location of each teleconference location, the Commission must again find that the COVID-19 emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Commission make these findings.

**CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:**

The Commission will have to follow the Brown Act provisions that existed prior to the COVID-19 pandemic.

**FOLLOW UP ACTION:**

That the Commission make the findings under AB361 at its October 24, 2022 regular Commission meeting.

**ATTACHMENT:**

None.



**AGENDA ITEM NO. 3**

**TO:** Ventura County Medi-Cal Managed Care Commission

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

**DATE:** September 26, 2022

**SUBJECT:** Approval of Credentials / Peer Review Committee Members

**SUMMARY:**

As directed by the Gold Coast Health Plan (GCHP) Practitioner Credentialing Policy (QI-025), the Ventura County Medi-Cal Managed Care Commission is required to approve changes to the Credentials / Peer Review Committee (C/PRC) membership.

Lynn Jeffers, M.D. has been nominated as an active member of the C/PRC to replace Robert Streeter, M.D. Dr. Jeffers replaced Dr. Streeter as the Chief Medical Officer at Dignity Health (CommonSpirit Health) St John's Regional Medical Center and St. John's Hospital Camarillo. Dr. Jeffers is a board certified plastic surgeon and serves as the Medical Director of the Integrated Breast Center at St. Johns.

Robert Streeter, M.D. has been nominated to rejoin the C/PRC to replace Amy Gowan, M.D. in his new role as Chief Medical Officer of Clinicas del Camino Real.

**RECOMMENDATION:**

Approve Lynn Jeffers, M.D. and Robert Streeter, M.D. as active members of the Credentials / Peer Review Committee.



**AGENDA ITEM NO. 4**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Gold Coast Health Plan Leadership Team  
**DATE:** September 26, 2022  
**SUBJECT:** Leading into the Future: Understanding our Membership

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Leading into the Future: Understanding our Membership*

Integrity

Accountability

Collaboration

Trust

Respect

# Gold Coast Health Plan

## *Leading into the Future: Understanding our Membership*

9/26/2022

# Presentation Overview

1. Model of Care Goals
2. Needs of our Costliest Members
3. Approach to Individualized Care Plan Design
4. Planning for the Future







## Global thinking

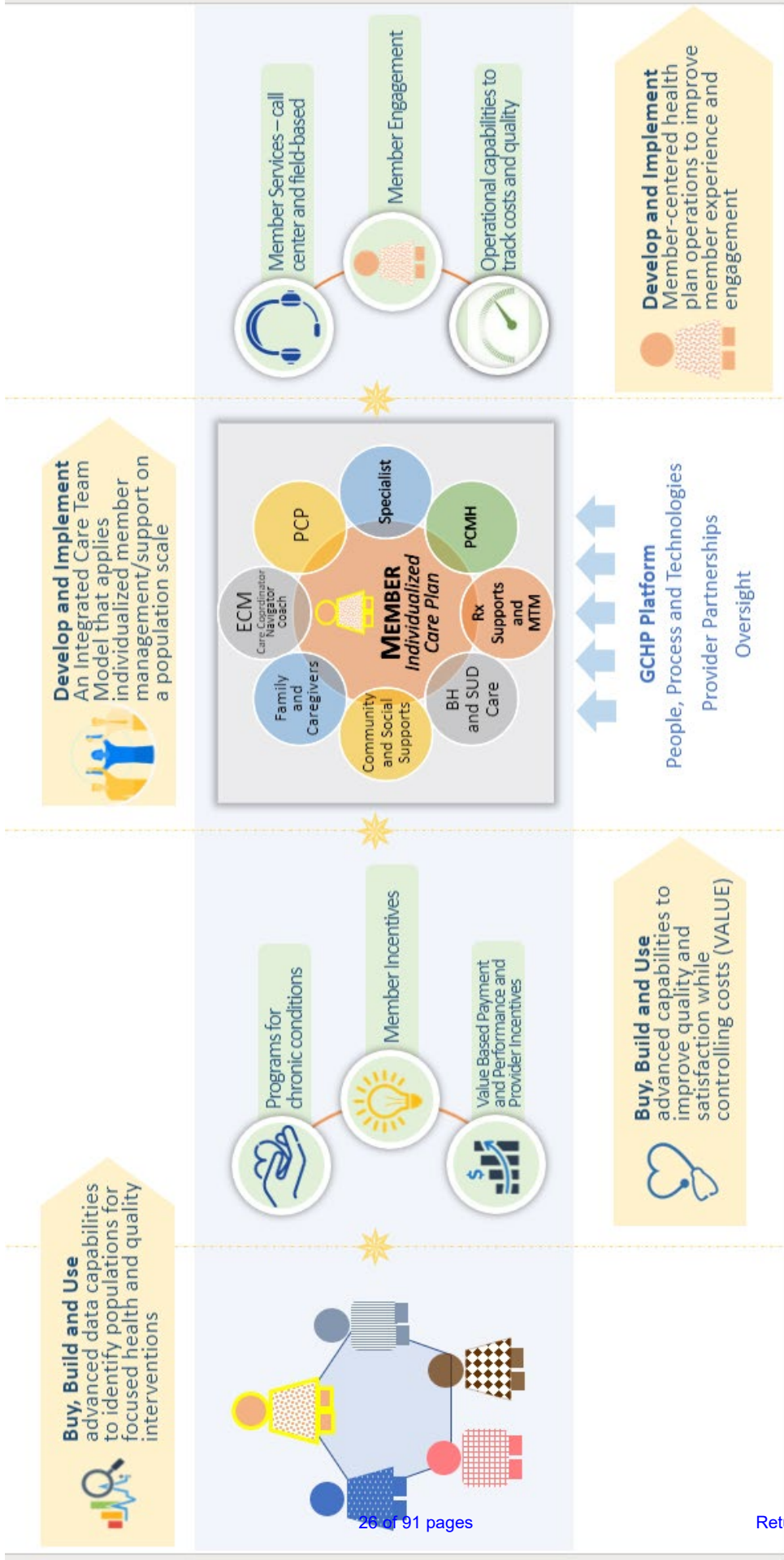
- ✓ GROWING KNOWLEDGE BASE: MEDICARE AND MEDICAID MANAGED CARE INDUSTRY BEST PRACTICES
- ✓ LEADING-EDGE CAPABILITY TO MANAGE COST, HEALTH AND QUALITY IMPROVEMENTS
- ✓ **NCQA MODEL OF CARE FOR SPECIAL NEEDS PLANS**



## Local solutions

- ✓ CRITICAL UNDERSTANDING OF THE HEALTH, HEALTHCARE AND SERVICE NEEDS OF GCHP MEMBERS
- ✓ **TOP 10% ACCOUNTING FOR NEARLY ALL COST AND COST GROWTH**
- ✓ INDIVIDUALIZED APPROACH TO CARE PLANNING AND GAPS IN CARE
- ✓ PARTNERSHIPS AND QUALITY INCENTIVES FOR VENTURA COUNTY PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS

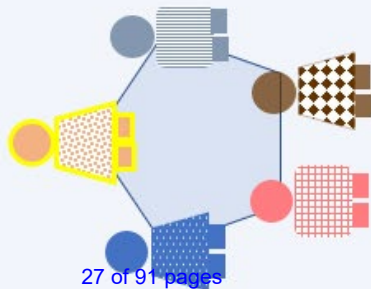
# MODEL OF CARE – CONCEPTS



# MODEL OF CARE – GOALS



**FY '22-23 – Implement 2 new programs for acute/chronic conditions and 1 member incentive program**



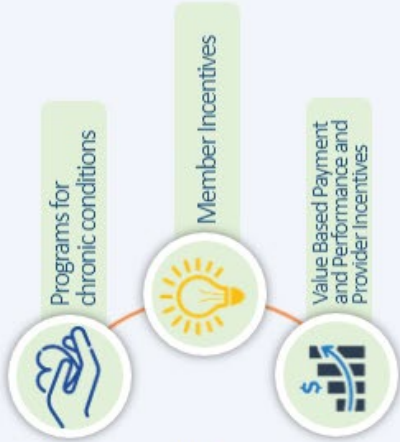
**By September – A comprehensive and detailed analysis of the healthcare needs of our membership; focus on “Top 10%”**



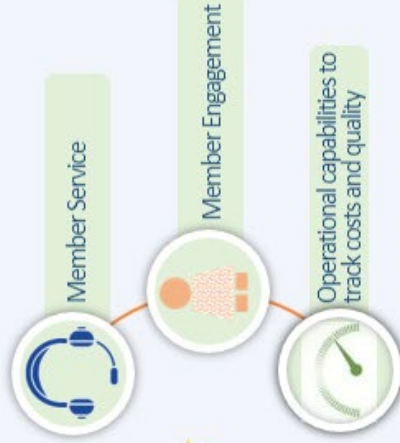
Integrated Care Team



**FY '22-23 – Implement an ICT model for managing healthcare and services for the most vulnerable members living with behavior and physical chronic conditions**

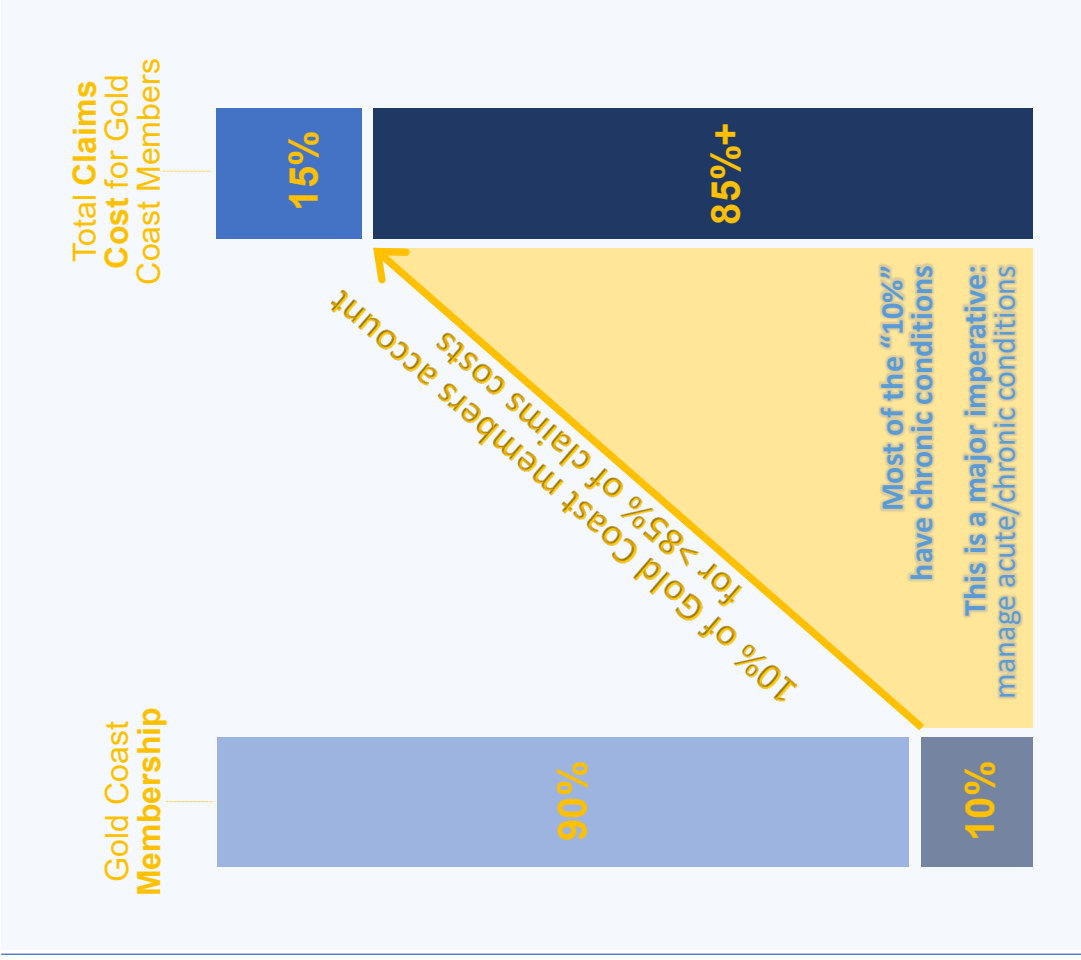
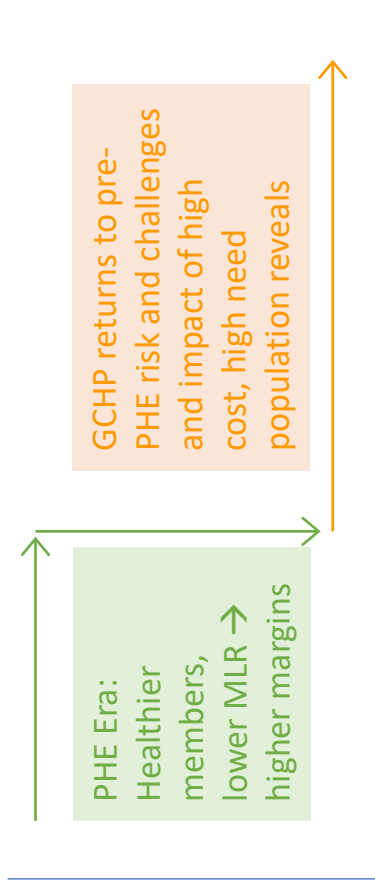


**FY '22-23 – Achieve all milestones of the approved “Operations of the Future” workplan**



# Understanding the Needs of Our Costliest Members

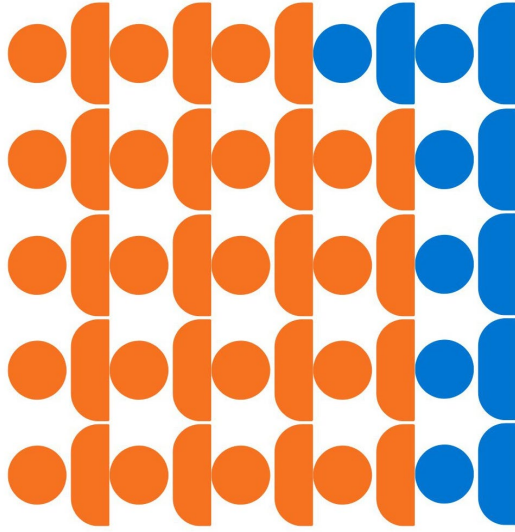
# WHY DOES THIS MATTER?



# 10% COSTLIEST MEMBERS: COMORBIDITY PROFILE

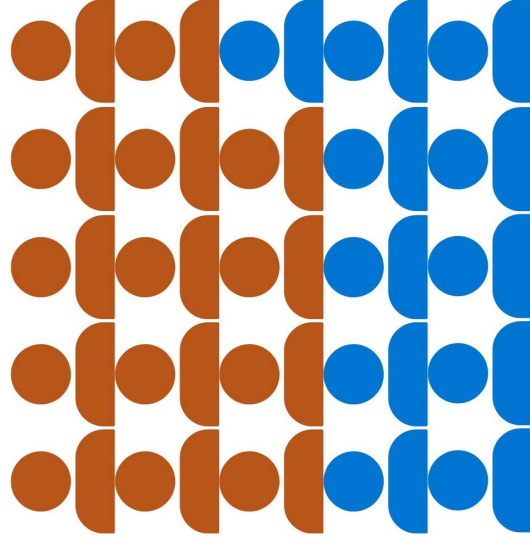
78% have 2+

Chronic Conditions



58% have 5+

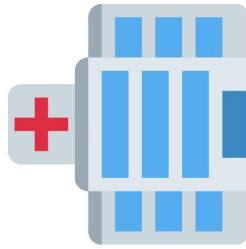
Chronic Conditions



# 10% COSTLIEST MEMBERS: UTILIZATION



**3X More Likely to  
Visit ER**



**40X More Likely to  
be Admitted to the  
Hospital**

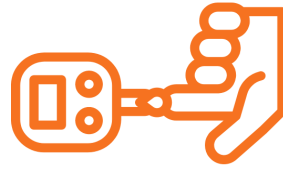
# 10% COSTLIEST MEMBERS: DISEASE PREVALENCE



Cardiovascular  
Disease  
**55%**



Mental Health  
Conditions\*  
**45%**



Diabetes  
**21%**



Asthma  
**18%**

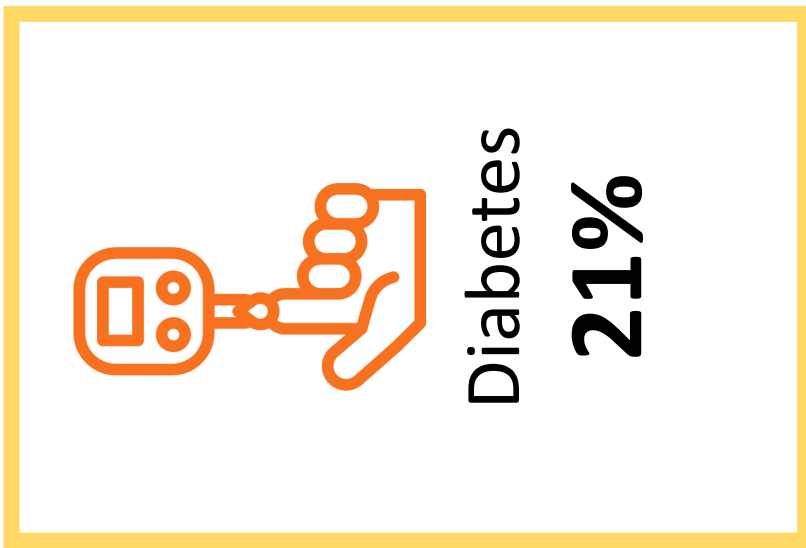
Note: Data criteria and acknowledgements in [Appendix A](#).

\* Mental Health Conditions percentage only includes mild to moderate conditions

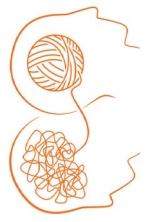


# Individualized Care Plan Design

# 10% COSTLIEST MEMBERS: DIABETES PREVALENCE



Mental Health Conditions\*  
**50%**



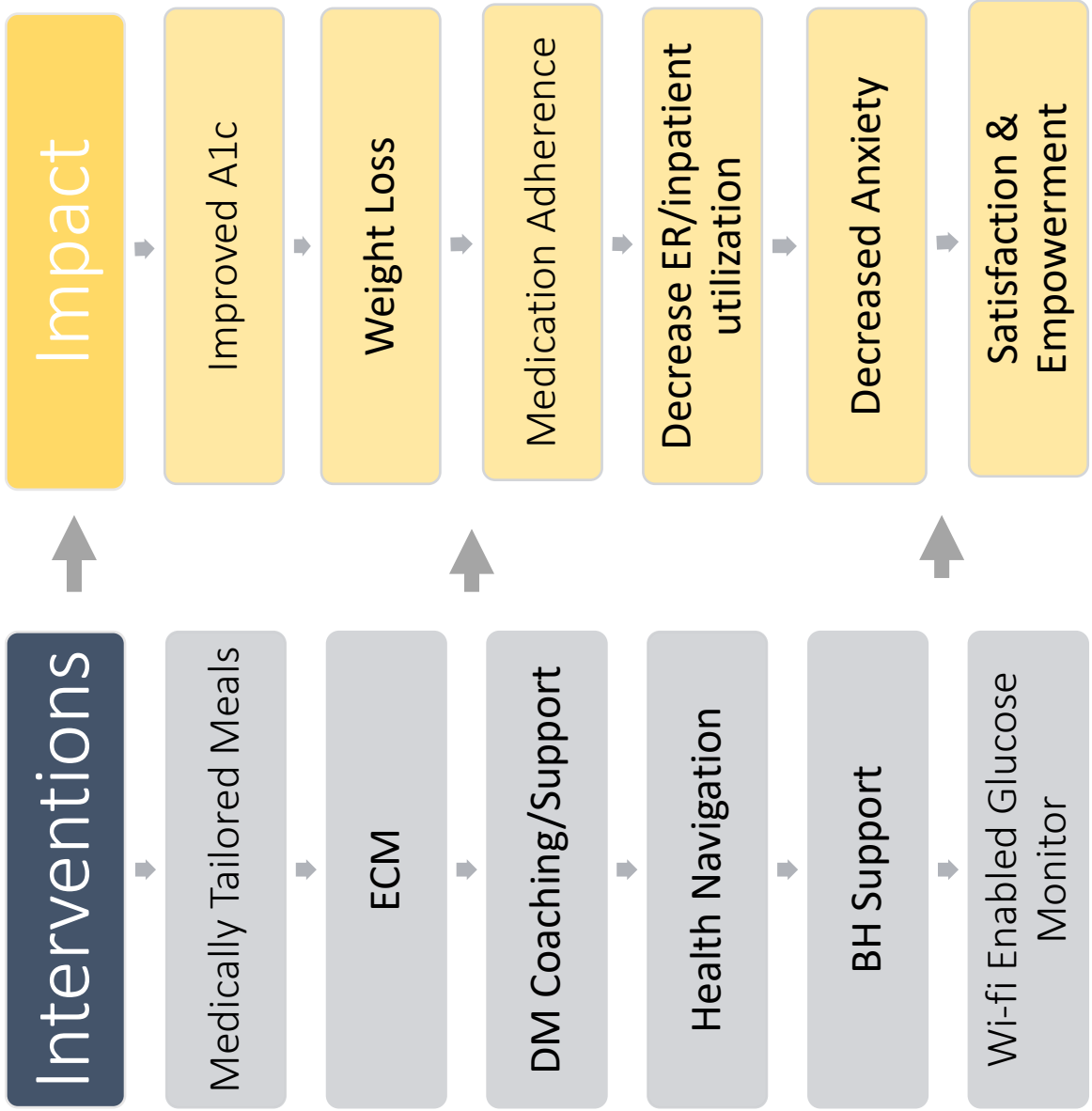
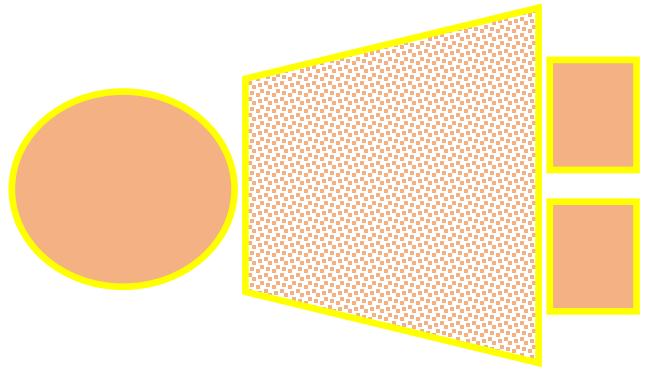
44-64 Years  
**70%**



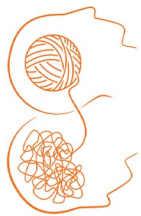
Note: Data criteria and acknowledgements in [Appendix A](#).

\* Mental Health Conditions percentage only includes mild to moderate conditions

# Snapshot of Alex the Adult Diabetic



# 10% COSTLIEST MEMBERS: CARDIOVASCULAR DISEASE PREVALENCE



Mental Health  
Conditions\*  
**56%**

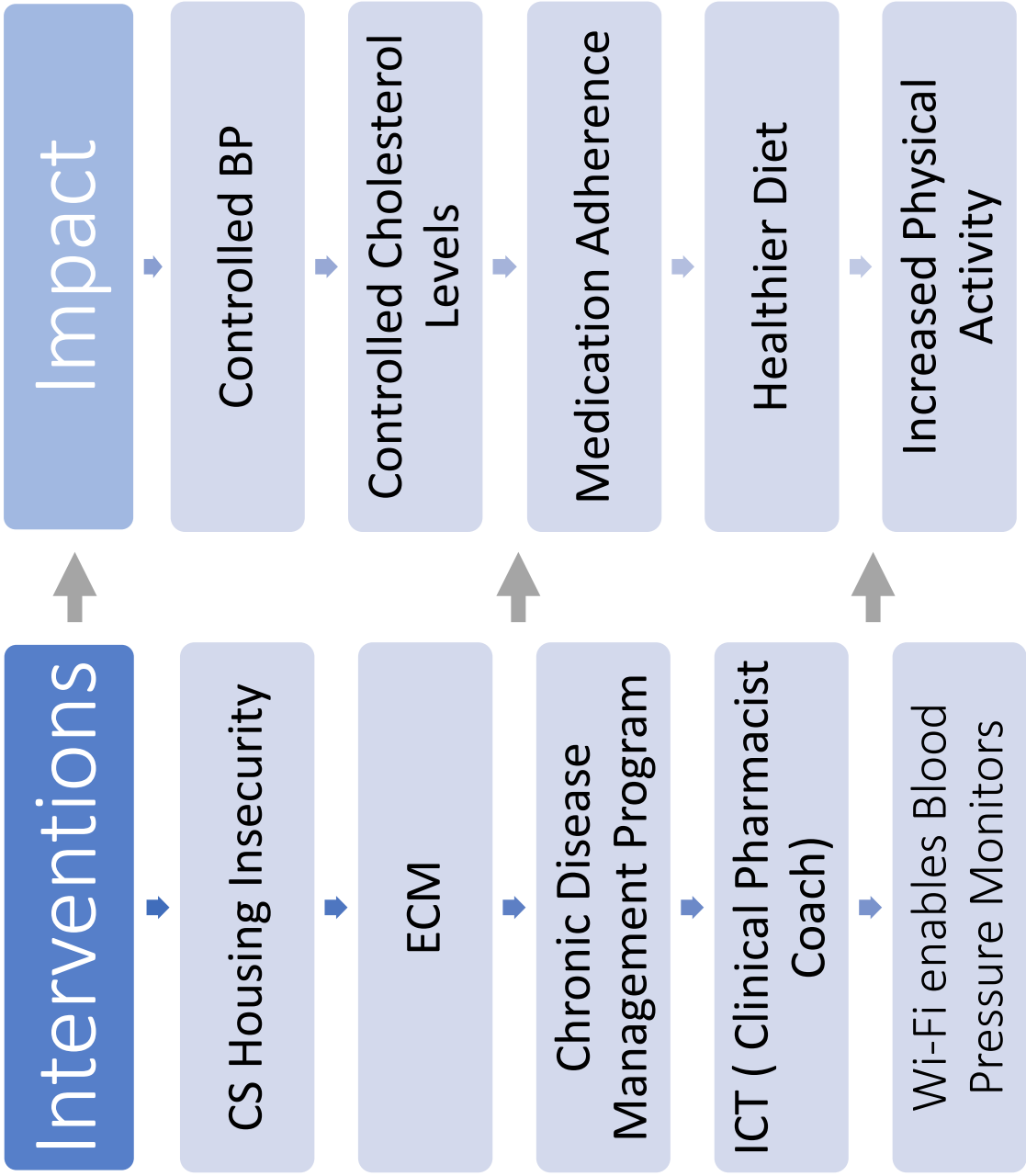
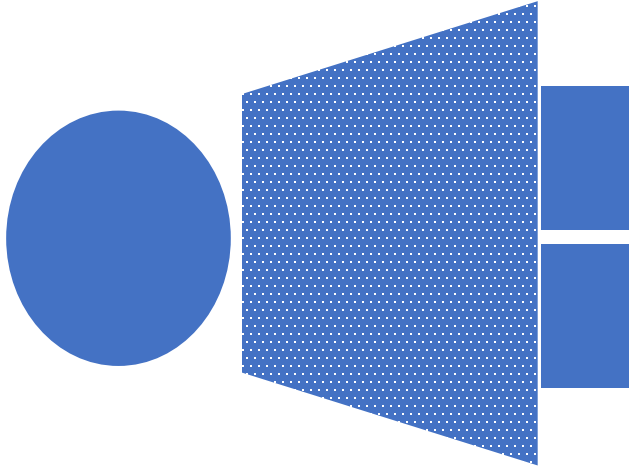


34-64 Years  
**70%**

Note: Data criteria and acknowledgements in [Appendix A](#).

\* Mental Health Conditions percentage only includes mild to moderate conditions

# Snapshot of Ana the Cardiovascular Disease Member



# Planning for the Future

# Opportunities for Collaboration



Incentivize Providers and Hospital Systems to develop Interdisciplinary Care Teams



Partner with Ventura County Community Health Improvement Collaborative (VCCCHIC) on Implementation Strategies



Partner with Community Based Organizations to outreach with our most vulnerable members



Partner with Education and Behavioral Health to Leverage Wellness Centers for Physical Health Needs

## Moving the Model of Care Forward

- Advancing Data Driven Interventions
- Implement (2) Evidence-Based Chronic Disease Programs
- Launch Value Based Contracting
- Launch Member Incentive Programs Targeting Costliest Members



Integrity

Accountability

Collaboration

Trust

Respect

# Questions

# Appendix A: Data Acknowledgements

- Source: Inovalon Data Lake.
- Eligible member data based on active membership between July 2021 and July 2022.
- Mental Health conditions only include mild to moderate conditions.
- Full scope members only.
- Precision of numbers is subject to change due to ongoing improvements in business intelligence tools and validation processes.

# Appendix B: Supporting Information

- [Gold Coast Health Plan Population Needs Assessment](#)
- [Ventura County Community Health Improvement Collaborative Community Health Needs Assessment](#)
- [Diabetes Related Health Indicator Data](#)
- [Diseases of the Heart Related Health Indicator Data](#)
- [Asthma Related Health Indicator Data](#)
- [Mental Health Related Health Indicator Data](#)



## **AGENDA ITEM NO. 5**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Marlen Torres, Executive Director, Strategy and External Affairs  
**DATE:** September 26, 2022  
**SUBJECT:** Reconstitute the Strategic Planning Ad Hoc Committee

### **SUMMARY:**

In preparation of last year's Strategic Planning Retreat the Commission convened a Strategic Planning Ad Hoc Committee to provide GCHP staff guidance on the strategic plan.

Prior members consisted of the following Commissioners:

1. Antonio Alatorre
2. Laura Espinosa
3. Dee Pupa
4. Jennifer Swenson

Staff is presently preparing for the Strategic Planning Retreat, which will be on December 15, 2022. Staff believes the input from Commissioners would be very beneficial for a successful retreat and would like to reconvene the Ad Hoc Committee.

Also, due to the Public Health Emergency, strategic planning meetings were held virtually in 2020 and 2021. Staff recommends meeting in person once again this year, as local case rates allow.

### **NEXT STEPS:**

Once reconvened, the Strategic Planning Ad Hoc Committee will begin meeting monthly starting in October 2022.

### **RECOMMENDATION:**

Staff recommends that the Commission reconstitute the Strategic Planning Ad Hoc Committee and select up to five Commissioners who will serve in the ad hoc committee. Additionally, staff recommends that the Strategic Planning Retreat be held in person this year.

## **AGENDA ITEM NO. 6**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: September 26, 2022

SUBJECT: August 2022 Fiscal Year to Date Financials

### **SUMMARY:**

Staff is presenting the attached August 2022 fiscal year-to-date (“FYTD”) financial statements of Gold Coast Health Plan (“GCHP”) for review and approval.

### **BACKGROUND/DISCUSSION:**

The staff has prepared the August 2022 unaudited FYTD financial packages, including statements of financial position, statement of revenues and expenses, changes in net assets, statement of cash flows and schedule of investments and cash balances.

### **Financial Overview:**

GCHP experienced gains of \$5.2 million for August 2022. As of August 31<sup>st</sup>, GCHP is favorable to the budget estimates by \$3.5 million. The favorability is due to medical expense estimates that are currently less than budget by \$2.8 million, administrative and project expenses that are under budget by \$1.4 million offset by revenue that is unfavorable to budget by (\$1.3M).

### **Financial Report:**

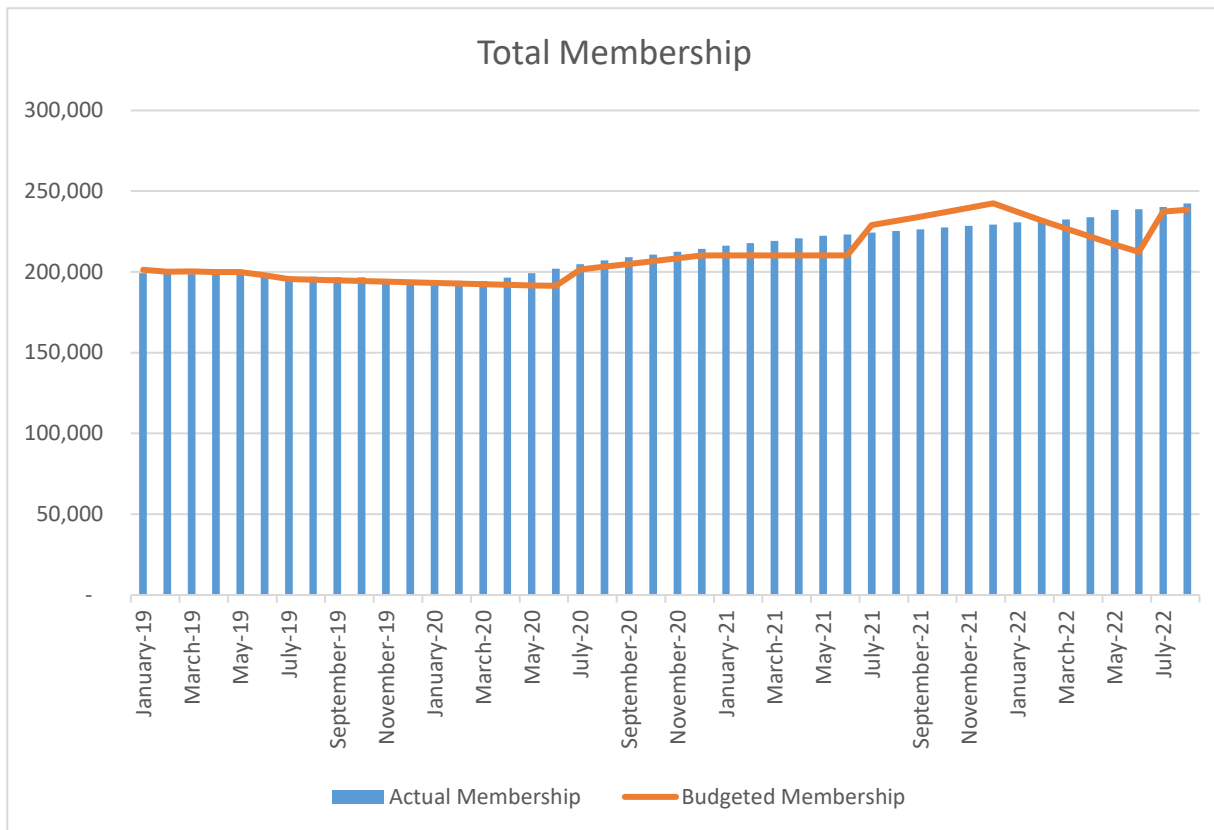
GCHP is reporting a net gain of \$5.2 million for August 2022.

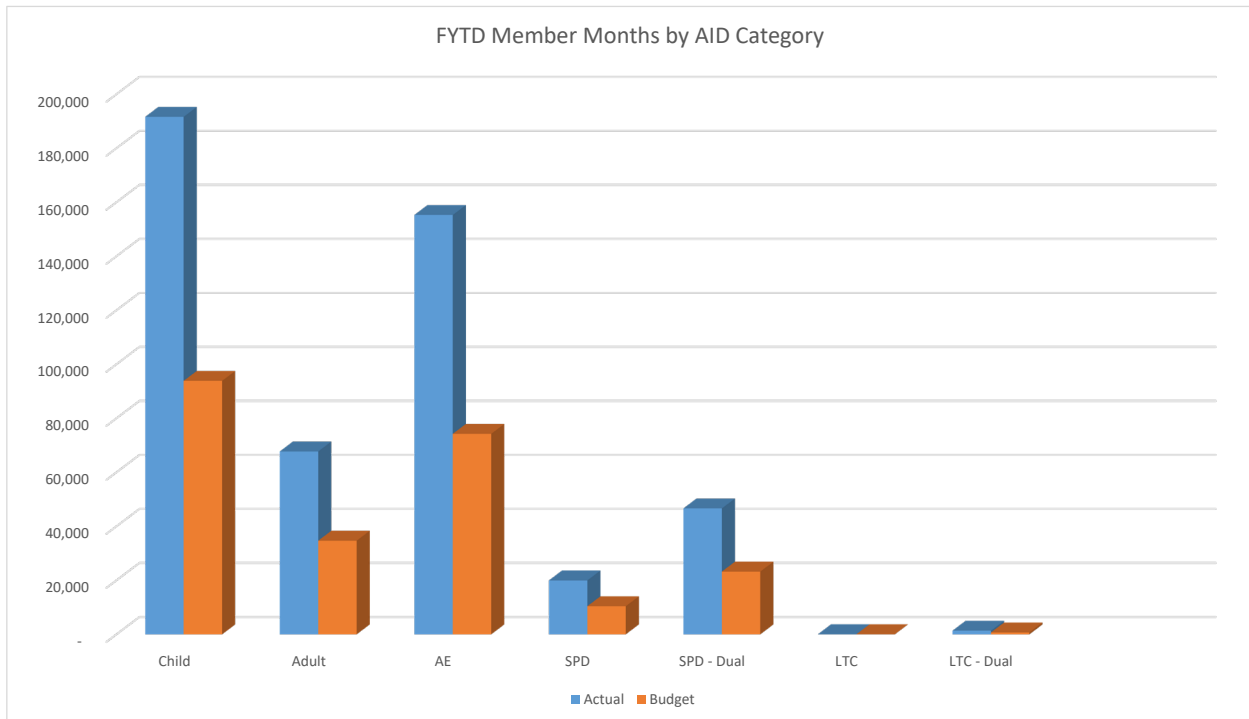
### **August 2022 FYTD Highlights:**

1. Net gain of \$5.2 million, a \$6.9 million favorable budget variance.
2. FYTD net revenue is \$156.6 million, (\$1.3) million under budget.
3. FYTD Cost of Health Care is \$132.4 million, \$2.8 million under budget.
4. The medical loss ratio is 84.5% of revenue, 1.1% less than the budget.
5. FYTD administrative expenses are \$10.4 million, \$1.4 million under budget.
6. The administrative cost ratio is 6.7%, 0.9% under budget.
7. Current membership for August 2022 is 239,779.

8. Tangible Net Equity is \$194.9 million which represents approximately 85 days of operating expenses in reserve and 538% 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.





**Revenue**

FYTD Net Premium revenue is \$156.6 million; a (\$1.3) million and (1.0%) unfavorable budget variance. Variance is primarily due to ECM risk corridor adjustment of ~\$.7M not in budget.

**Health Care Costs**

FYTD Health care costs are \$132.4 million; a \$2.8 million and 2.0% favorable budget variance. The primary driver is lower inpatient medical expenses.

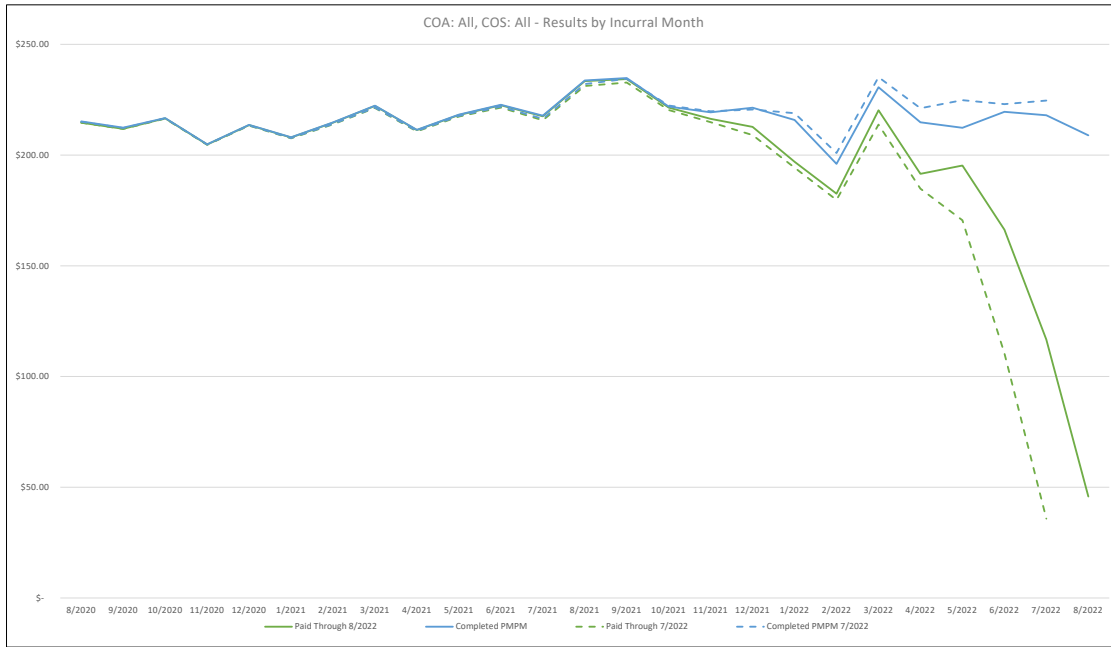
Due to the unknown impacts of the pandemic, the budget was established for CY2023 Medical Expenses projected based on FY20-21 (July 2020 – June 2021) RDT base data and CY21 experience respectively + estimated trend/prospective adjustment factors.

Trend factors consistent with RDT (2-4%) and projections based on COA/COS combinations getting back to CY2019 level where appropriate with the exception of mental health expenses (maintaining COVID levels in budget).

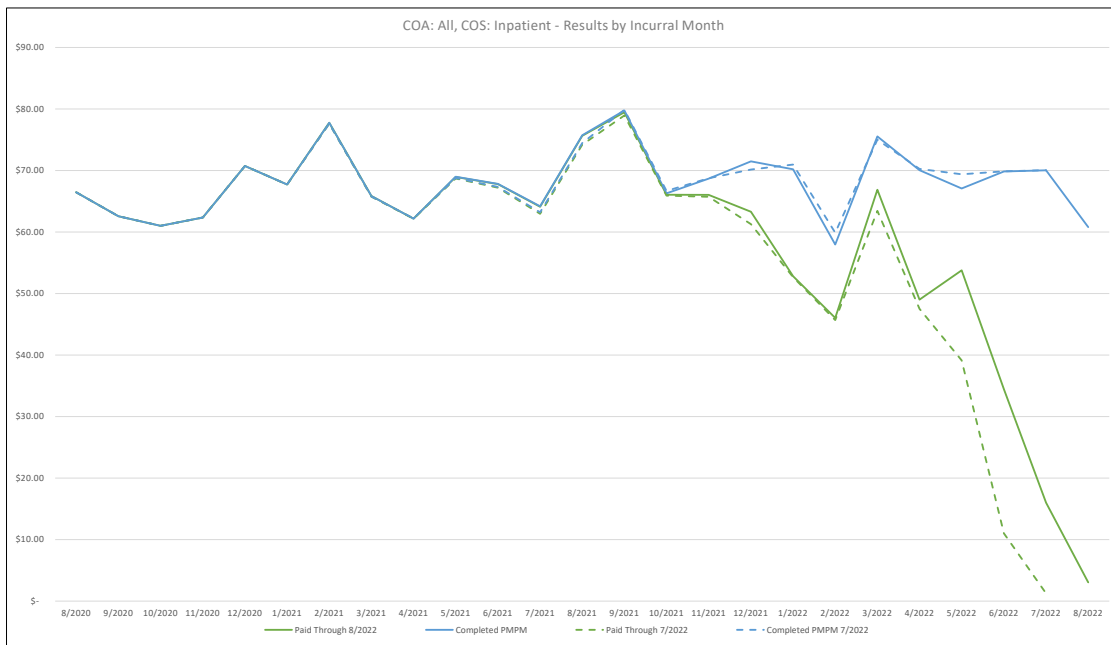
Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as “Incurred but Not Paid” (IBNP) and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred but Not Reported and Claims Payable.

High level trends on a per member per month (PMPM) basis for the major categories of service are as follows:

## 1. All categories of service

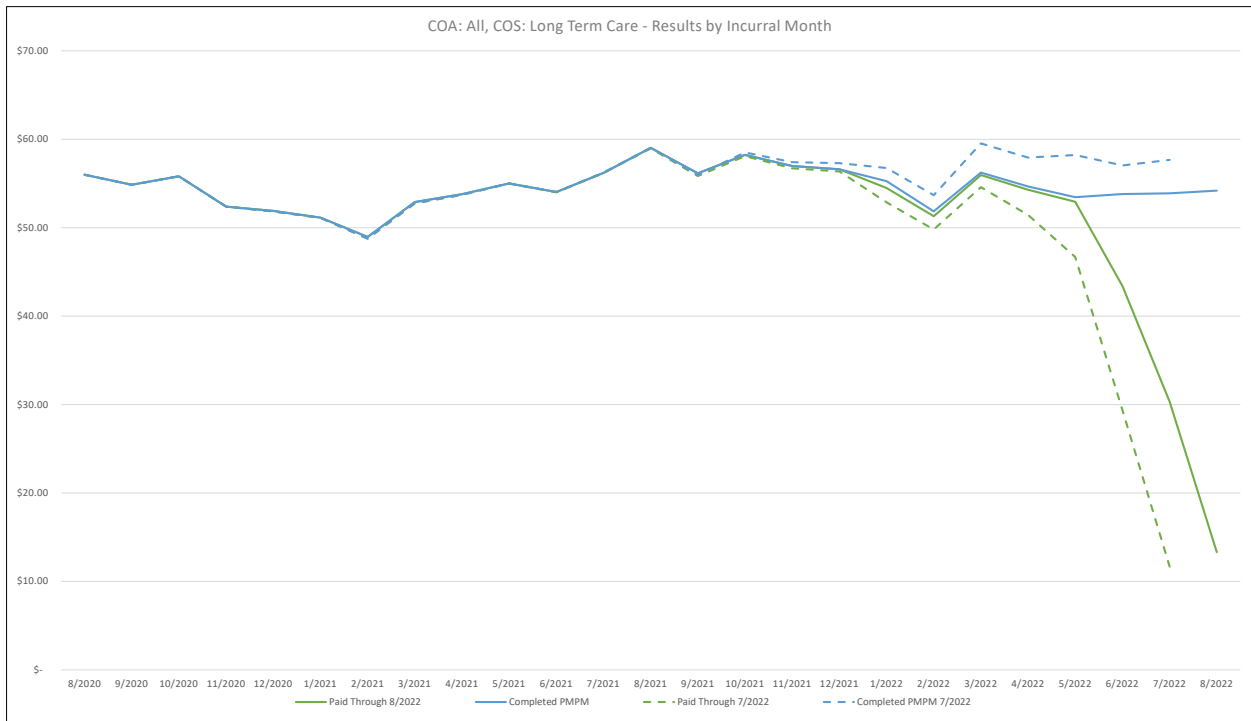


## 2. Inpatient hospital costs





### 3. Long term care (LTC) expenses



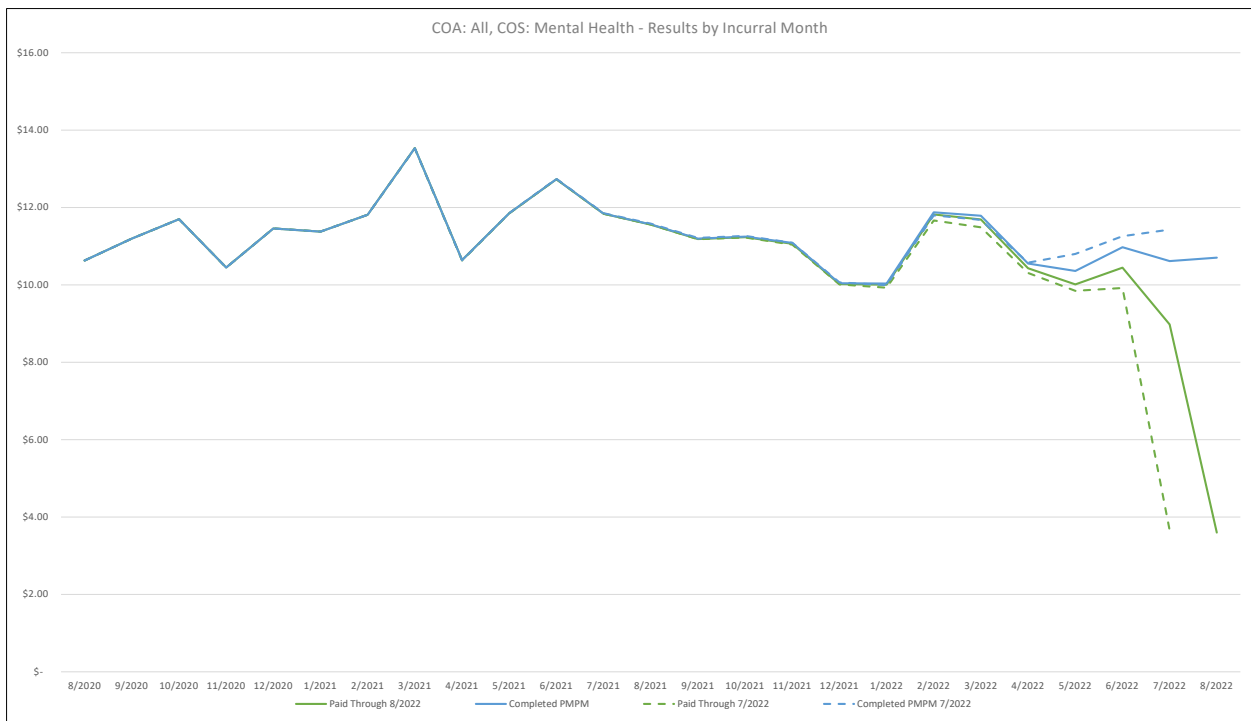
### 4. Outpatient expenses



### 5. Emergency Room expenses



### 6. Mental and behavioral health services



### 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 public health plans in California.

For the fiscal year to date through August 2022, administrative costs were \$10.4 million, \$1.4 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 6.7% versus 7.5% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~\$0.5M)
- *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions in IT/Health Services (~\$0.1M)
- *Outside Services*: primarily related to timing of Population Health Management (PHM) engagement campaign project expenses (~\$0.5M)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation (~\$0.7M)

### Cash and Short-Term Investment Portfolio

At August 31<sup>st</sup>, the Plan had \$314.3 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool \$18.4 million; LAIF CA State \$40.3 million; Cal Trust \$34.9M.

**SCHEDULE OF INVESTMENTS AND CASH BALANCES**

	Market Value* August 31, 2022	Account Type
Local Agency Investment Fund (LAIF) <sup>1</sup>	\$ 40,345,180	investment
Ventura County Investment Pool <sup>2</sup>	\$ 18,406,958	investment
CalTrust	\$ 34,879,212	short-term investment
Bank of West	\$ 202,477,494	money market account
Pacific Premier	\$ 18,225,051	operating accounts
Mechanics Bank <sup>3</sup>	\$ -	operating accounts
Petty Cash	\$ 500	cash
<b>Investments and monies held by GCHP</b>	<b>\$ 314,334,395</b>	

	Aug-22	FYTD 22-23
<b>Local Agency Investment Fund (LAIF)</b>		
<b>Beginning Balance</b>	\$ 40,345,180	\$ 40,269,787
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	-	75,393
Quarterly Interest Adjustment	-	-
<b>Current Market Value</b>	<b>\$ 40,345,180</b>	<b>\$ 40,345,180</b>
<b>Ventura County Investment Pool</b>		
<b>Beginning Balance</b>	\$ 18,406,958	\$ 18,377,308
Transfer of funds to LAIF	-	-
Interest Received	-	29,650
<b>Current Market Value</b>	<b>\$ 18,406,958</b>	<b>\$ 18,406,958</b>

Medi-Cal Receivable

At August 31<sup>st</sup>, the Plan had \$98.2 million in Medi-Cal Receivables due from DHCS.

**RECOMMENDATION:**

Staff requests that the Commission approve the August 2022 financial package.

**CONCURRENCE:**

N/A

**ATTACHMENT:**

August 2022 Financial Package



**FINANCIAL PACKAGE**

For the month ended August 31, 2022

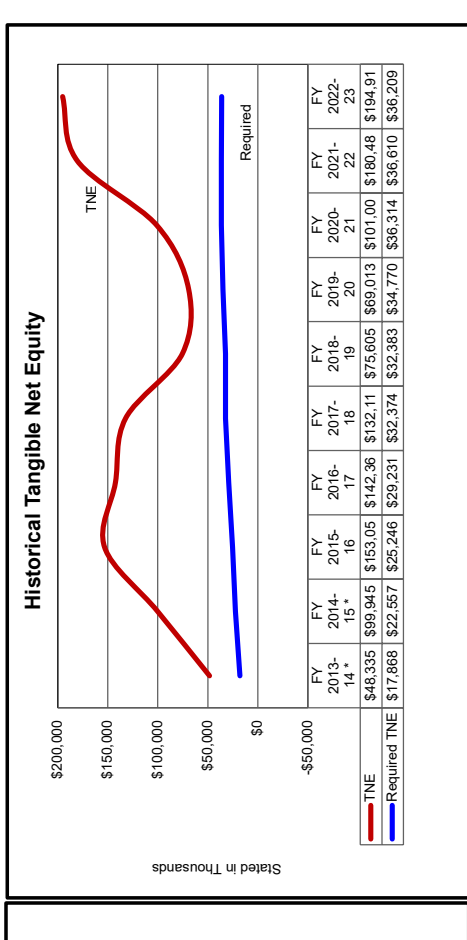
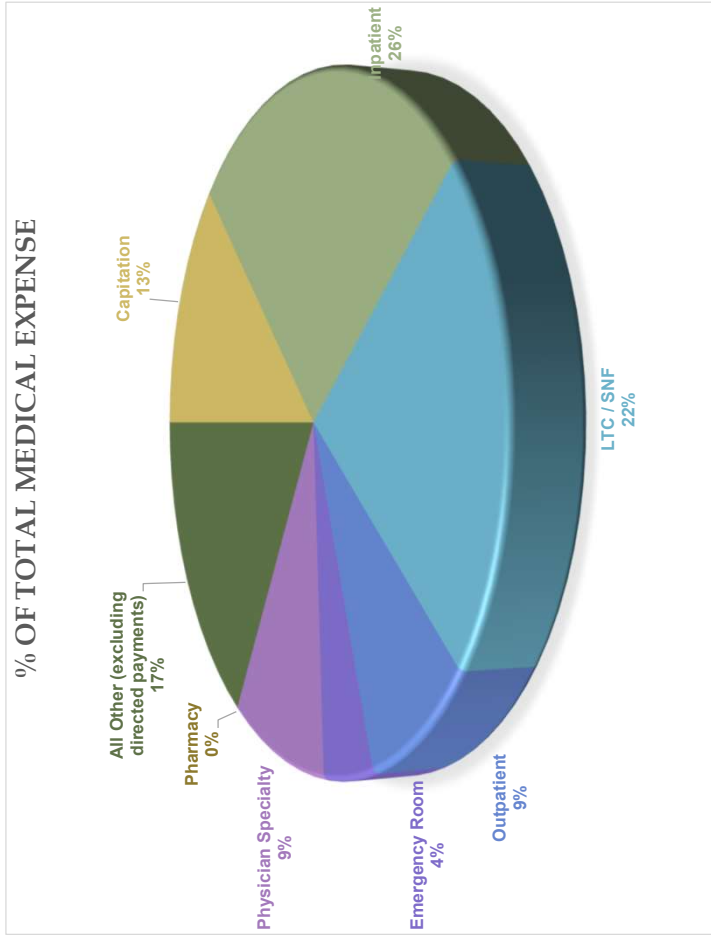
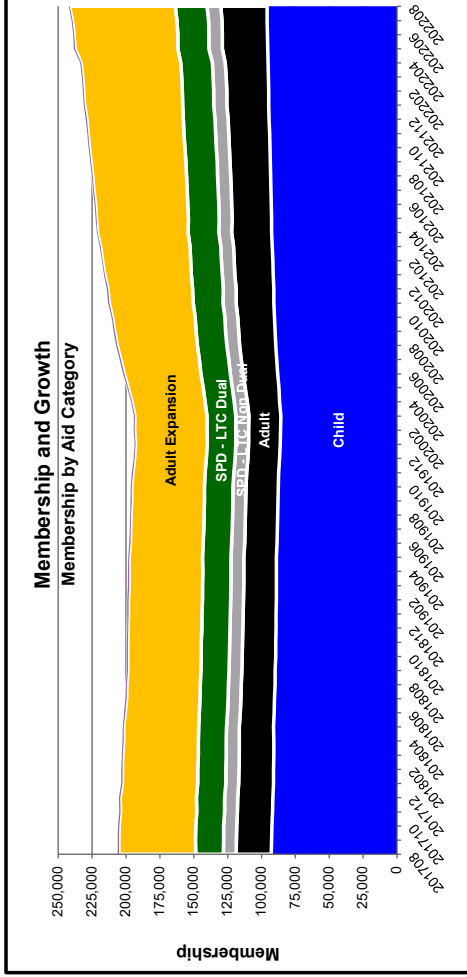
**TABLE OF CONTENTS**

- Executive Dashboard
- Statement of Financial Position
- Statement of Revenues, Expenses and Changes in Net Assets
- Statement of Cash Flows
- Schedule of Investments & Cash Balances

**Gold Coast Health Plan**  
**Executive Dashboard as of August 31, 2022**

	FYTD 22/23 Budget*	FYTD 22/23 Actual	FYTD 21/22 Actual	FY 20/21 Actual
Average Enrollment	237,837	239,779	229,367	213,547
PMPM Revenue	\$ 329.40	\$ 326.65	\$ 349.14	\$ 358.22
<b>Medical Expenses</b>				
Capitation	\$ 31.71	\$ 33.96	\$ 32.44	\$ 34.03
Inpatient	\$ 76.30	\$ 69.02	\$ 68.62	\$ 66.52
LTC / SNF	\$ 52.55	\$ 59.07	\$ 59.92	\$ 55.42
Outpatient	\$ 25.67	\$ 23.40	\$ 22.59	\$ 23.16
Emergency Room	\$ 11.83	\$ 12.23	\$ 10.80	\$ 9.25
Physician Specialty	\$ 25.84	\$ 24.68	\$ 22.49	\$ 25.71
Pharmacy	\$ -	\$ -	\$ 29.71	\$ 62.07
All Other (excluding directed payments)	\$ 41.19	\$ 44.73	\$ 45.41	\$ 43.20
Total Per Member Per Month	\$ 265.10	\$ 267.08	\$ 291.97	\$ 319.36
Medical Loss Ratio	84.8%	84.2%	86.5%	92.1%
Total Administrative Expenses	\$ 11,861,160	\$ 10,426,795	\$ 53,680,738	\$ 49,637,603
% of Revenue	7.5%	6.7%	5.6%	5.4%
TNE	\$ 194,459,364	\$ 194,917,405	\$ 180,480,257	\$ 100,999,994
Required TNE	\$ 35,128,651	\$ 36,209,122	\$ 36,609,789	\$ 36,313,908
% of Required	554%	538%	493%	278%

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



**STATEMENT OF FINANCIAL POSITION**

	<u>08/31/22</u>	<u>07/31/22</u>	<u>06/30/22</u>
<b>ASSETS</b>			
<b>Current Assets:</b>			
<b>Total Cash and Cash Equivalents</b>	<b>220,703,046</b>	<b>215,994,930</b>	<b>207,279,855</b>
<b>Total Short-Term Investments</b>	<b>93,631,350</b>	<b>93,572,697</b>	<b>93,427,202</b>
Medi-Cal Receivable	98,238,363	98,375,873	100,289,343
Interest Receivable	69,408	79,397	121,265
Provider Receivable	592,396	922,872	892,634
Other Receivables	2,659,554	3,473,017	4,014,248
<b>Total Accounts Receivable</b>	<b>101,559,722</b>	<b>102,851,159</b>	<b>105,317,490</b>
Total Prepaid Accounts	3,662,652	3,295,939	2,147,541
Total Other Current Assets	135,560	135,560	135,560
<b>Total Current Assets</b>	<b>419,692,331</b>	<b>415,850,285</b>	<b>408,307,649</b>
<b>Total Fixed Assets</b>	<b>6,803,692</b>	<b>6,950,045</b>	<b>7,089,701</b>
<b>Total Assets</b>	<b><u>\$ 426,496,024</u></b>	<b><u>\$ 422,800,330</u></b>	<b><u>\$ 415,397,351</u></b>
<b>LIABILITIES &amp; NET ASSETS</b>			
<b>Current Liabilities:</b>			
Incurred But Not Reported	\$ 112,894,803	\$ 112,063,535	\$ 104,459,181
Claims Payable	18,061,778	11,640,653	10,311,449
Capitation Payable	9,113,386	26,574,809	26,545,984
Physician Payable	26,599,813	24,930,964	22,248,945
DHCS - Reserve for Capitation Recoup	25,682,232	25,002,653	25,002,749
Lease Payable- ROU	1,241,985	1,242,366	1,237,553
Accounts Payable	344,107	3,769,386	1,869,914
Accrued ACS	3,596,624	1,885,235	1,747,843
Accrued Provider Incentives/Reserve	6,484,661	5,926,899	8,781,370
Accrued Pharmacy	9,953	9,953	9,953
Accrued Expenses	3,693,480	3,785,357	2,912,241
Accrued Premium Tax	15,814,920	7,907,460	21,565,800
Accrued Payroll Expense	2,306,122	2,532,624	2,277,953
<b>Total Current Liabilities</b>	<b>225,843,864</b>	<b>227,271,893</b>	<b>228,970,936</b>
<b>Long-Term Liabilities:</b>			
Other Long-term Liability-Deferred Rent	-	-	-
Lease Payable - NonCurrent - ROU	5,734,755	5,840,687	5,946,158
<b>Total Long-Term Liabilities</b>	<b>5,734,755</b>	<b>5,840,687</b>	<b>5,946,158</b>
<b>Total Liabilities</b>	<b>231,578,619</b>	<b>233,112,580</b>	<b>234,917,094</b>
<b>Net Assets:</b>			
Beginning Net Assets	180,480,257	180,480,257	105,714,877
Total Increase / (Decrease in Unrestricted Net Assets)	14,437,148	9,207,494	74,765,380
<b>Total Net Assets</b>	<b>194,917,405</b>	<b>189,687,751</b>	<b>180,480,257</b>
<b>Total Liabilities &amp; Net Assets</b>	<b><u>\$ 426,496,024</u></b>	<b><u>\$ 422,800,330</u></b>	<b><u>\$ 415,397,351</u></b>

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS  
FOR MONTH ENDED August 31, 2022**

	August 2022		Year-To-Date		Variance		August 2022 Year-To-Date		Variance	
	Actual		Budget		Fav / (Unfav)		Actual		Budget - FYTD	
<b>Membership (includes retro members)</b>										
Revenue	239,779		479,558	475,674	3,884	1%				
Premium	\$ 85,935,010		\$ 173,515,049	\$ 157,968,294	\$ 15,546,755	10%	\$ 361.82	\$ 332.09	\$ 29.73	
Reserve for Cap Requirements	-		-	-	-	0%	-	-	-	
Incentive Revenue	-		-	-	-	0%	-	-	-	
MCO Premium Tax	(8,434,186)		(16,868,372)	-	(16,868,372)	0%	(35.17)	-	(35.17)	
<b>Total Net Premium</b>	<b>77,500,824</b>		<b>156,646,676</b>	<b>157,968,294</b>	<b>(1,321,618)</b>	<b>-0.8%</b>	<b>326.65</b>	<b>332.09</b>	<b>(5.45)</b>	
<b>Other Revenue:</b>										
Miscellaneous Income	120		120	-	120	0%	0.00	-	0.00	
<b>Total Other Revenue</b>	<b>120</b>		<b>120</b>	<b>-</b>	<b>120</b>	<b>0%</b>	<b>0.00</b>	<b>-</b>	<b>0.00</b>	
<b>Total Revenue</b>	<b>77,500,944</b>		<b>156,646,796</b>	<b>157,968,294</b>	<b>(1,321,498)</b>	<b>-1%</b>	<b>326.65</b>	<b>332.09</b>	<b>(5.45)</b>	
<b>Medical Expenses:</b>										
Capitation										
PCP, Specialty, Kaiser, NEMT & Vision	8,002,885		15,811,215	15,206,234	(604,982)	-4%	32.97	31.97	(1.00)	
ECM	143,626		475,351	1,307,052	831,701	64%	0.99	2.75	1.76	
Total Capitation	8,146,511		16,286,566	16,513,286	226,720	1%	33.96	34.43	0.47	
<b>FFS Claims Expenses:</b>										
Inpatient	17,322,234		33,099,952	36,591,561	3,491,609	10%	69.02	76.93	7.90	
LTC / SNF	14,438,962		28,326,854	25,201,838	(3,125,017)	-12%	59.07	52.98	(6.09)	
Outpatient	5,579,713		11,219,643	12,311,567	1,091,924	9%	23.40	25.88	2.49	
Laboratory and Radiology	1,189,504		1,773,297	1,555,863	(217,434)	-14%	3.70	3.27	(0.43)	
Directed Payments - Provider	1,655,291		4,325,841	3,937,999	(387,842)	-10%	9.02	8.28	(0.74)	
Emergency Room	3,062,834		5,866,514	5,673,163	(193,352)	-3%	12.23	11.93	(0.31)	
Physician Specialty	5,773,410		11,833,904	12,391,070	557,166	4%	24.68	26.05	1.37	
Primary Care Physician	2,242,574		4,350,820	4,753,219	402,399	8%	9.07	9.99	0.92	
Home & Community Based Services	1,674,540		3,773,862	4,701,028	927,166	20%	7.87	9.88	2.01	
Applied Behavioral Analysis/Mental Health Services	3,065,413		5,723,039	5,702,891	(20,148)	0%	11.93	11.99	0.06	
Pharmacy	-		-	-	-	0%	-	-	-	
Provider Reserve / Provider Incentives	77,507		154,389	-	(154,389)	0%	0.32	-	(0.32)	
Other Medical Professional	395,128		705,200	697,197	(8,003)	-1%	1.47	1.47	(0.00)	
Other Fee For Service	866,904		2,128,282	1,985,959	(142,323)	-7%	4.44	4.18	(0.26)	
Transportation	356,127		498,472	357,563	(140,909)	-39%	1.04	0.75	(0.29)	
Total Claims	57,700,143		113,780,069	115,860,917	2,080,848	2%	237.26	243.57	6.31	
Medical & Care Management Expense	1,495,499		2,810,769	3,311,351	500,581	15%	5.86	6.96	1.10	
Reinsurance	197,724		546,582	131,978	(414,604)	-314%	1.14	0.28	(0.86)	
Claims Recoveries	(398,593)		(1,016,462)	(604,069)	412,393	-68%	(2.12)	(1.27)	0.85	
Sub-total	1,294,630		2,340,888	2,839,259	498,371	18%	4.88	5.97	1.09	
<b>Total Cost of Health Care</b>	<b>67,141,284</b>		<b>132,407,524</b>	<b>135,213,462</b>	<b>2,805,938</b>	<b>2%</b>	<b>275.11</b>	<b>281.51</b>	<b>6.40</b>	
<b>Contribution Margin</b>	<b>10,359,660</b>		<b>24,239,273</b>	<b>22,754,832</b>	<b>(1,484,441)</b>	<b>7%</b>	<b>51.54</b>	<b>50.58</b>	<b>(0.95)</b>	
<b>General &amp; Administrative Expenses:</b>										
Salaries, Wages & Employee Benefits	3,346,979		5,954,184	6,012,603	58,420	1%	12.42	12.64	0.22	
Training, Conference & Travel	5,000		14,374	89,305	74,931	84%	0.03	0.19	0.16	
Outside Services	2,051,874		4,447,446	4,984,059	536,613	11%	9.27	10.48	1.20	
Professional Services	441,632		870,191	1,001,216	131,025	13%	1.81	2.10	0.29	
Occupancy, Supplies, Insurance & Others	757,697		1,404,143	2,063,201	659,058	32%	2.93	4.34	1.41	
Care Management Reclass to Medical	(1,482,693)		(2,790,406)	(3,311,351)	(520,944)	16%	(5.82)	(6.96)	(1.14)	
G&A Expenses	5,120,490		9,899,932	10,839,034	939,102	9%	20.64	22.79	2.14	
Project Portfolio	346,918		526,863	1,022,126	495,263	48%	1.10	2.15	1.05	
<b>Total G&amp;A Expenses</b>	<b>5,467,407</b>		<b>10,426,795</b>	<b>11,861,160</b>	<b>1,434,365</b>	<b>12%</b>	<b>21.74</b>	<b>24.94</b>	<b>3.19</b>	
<b>Total Operating Gain / (Loss)</b>	<b>4,892,253</b>		<b>13,812,478</b>	<b>10,893,672</b>	<b>(2,918,806)</b>	<b>27%</b>	<b>29.79</b>	<b>25.65</b>	<b>(4.14)</b>	
<b>Non Operating</b>										
Revenues - Interest	337,402		624,670	26,867	597,803	2225%	1.30	0.06	1.25	
Gain/(Loss) on Sale of Asset	-		-	-	-	0%	-	-	-	
<b>Total Non-Operating</b>	<b>337,402</b>		<b>624,670</b>	<b>26,867</b>	<b>597,803</b>	<b>2225%</b>	<b>1.30</b>	<b>0.06</b>	<b>1.25</b>	
<b>Total Increase / (Decrease) in Unrestricted Net Assets</b>	<b>\$ 5,229,654</b>		<b>\$ 14,437,148</b>	<b>\$ 10,920,539</b>	<b>\$ 3,516,609</b>	<b>32%</b>	<b>\$ 31.10</b>	<b>\$ 25.71</b>	<b>\$ 5.39</b>	



<b>STATEMENT OF CASH FLOWS</b>	<b>August 2022</b>	<b>FYTD 22-23</b>
<b>Cash Flows Provided By Operating Activities</b>		
Net Income (Loss)	\$ 5,229,654	\$ 14,437,148
<b>Adjustments to reconciled net income to net cash provided by operating activities</b>		
Depreciation on fixed assets	140,742	286,479
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
<b>Changes in Operating Assets and Liabilities</b>		
Accounts Receivable	1,291,437	3,757,768
Prepaid Expenses	(366,713)	(1,515,111)
Accrued Expense and Accounts Payable	(795,308)	(480,414)
Claims Payable	(9,371,448)	(5,331,400)
MCO Tax liability	7,907,460	(5,750,880)
IBNR	831,268	8,435,622
<b>Net Cash Provided by (Used in) Operating Activities</b>	<u>4,867,091</u>	<u>13,839,213</u>
<b>Cash Flow Provided By Investing Activities</b>		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(58,653)	(204,148)
Purchase of Property and Equipment	5,611	(470)
<b>Net Cash (Used In) Provided by Investing Activities</b>	<u>(53,042)</u>	<u>(204,618)</u>
<b>Cash Flow Provided By Financing Activities</b>		
Lease Payable - ROU	(105,932)	(211,403)
<b>Net Cash Used In Financing Activities</b>	<u>(105,932)</u>	<u>(211,403)</u>
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	4,708,117	13,423,191
<b>Cash and Cash Equivalents, Beginning of Period</b>	215,994,930	207,279,855
<b>Cash and Cash Equivalents, End of Period</b>	<u><u>220,703,046</u></u>	<u><u>220,703,046</u></u>

# **August 2022 Financial Statements**

**September 26, 2022**

**Kashina Bishop  
Chief Financial Officer**

# August 2022 Financial Overview:



August NET GAIN \$ 5.2 M



FYTD NET GAIN \$14.4 M



TNE is \$194.9 M and 538% of the minimum required



MEDICAL LOSS RATIO 84.2%



ADMINISTRATIVE RATIO 6.7%

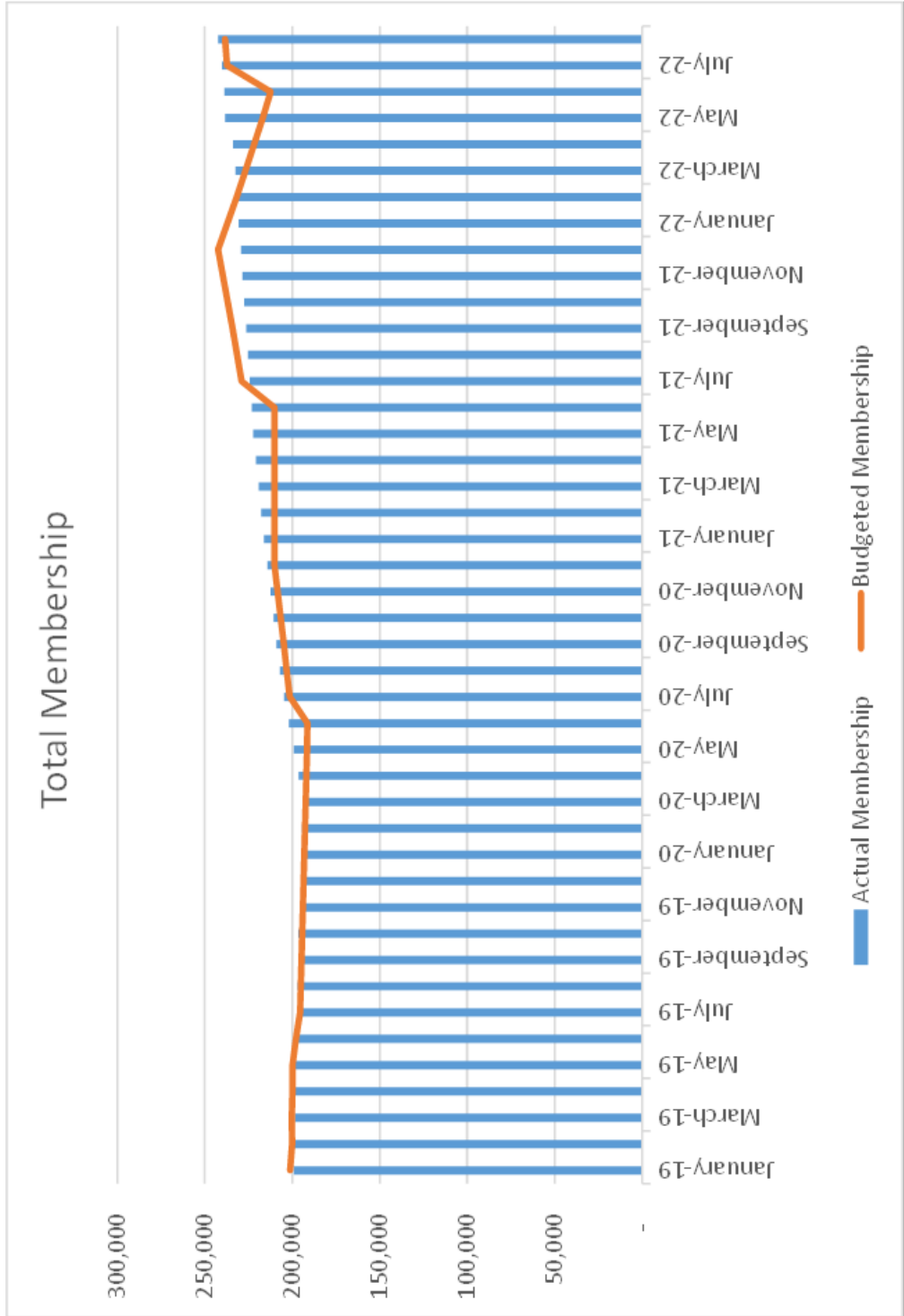
# Financial Risks of Focus

1. CY 2024 Rates
  - a. Regional Rates
  - b. Risk Adjustment
  - c. Quality Adjustment
2. D-SNP (New Line of Business/Financial Feasibility)
3. End of PHE/declining membership
4. Data Constraints
5. Insufficient Resources

# Revenue

FYTD Net Premium revenue is \$156.6 million, under budget by \$1,321,618 (.8%).

# Membership trends

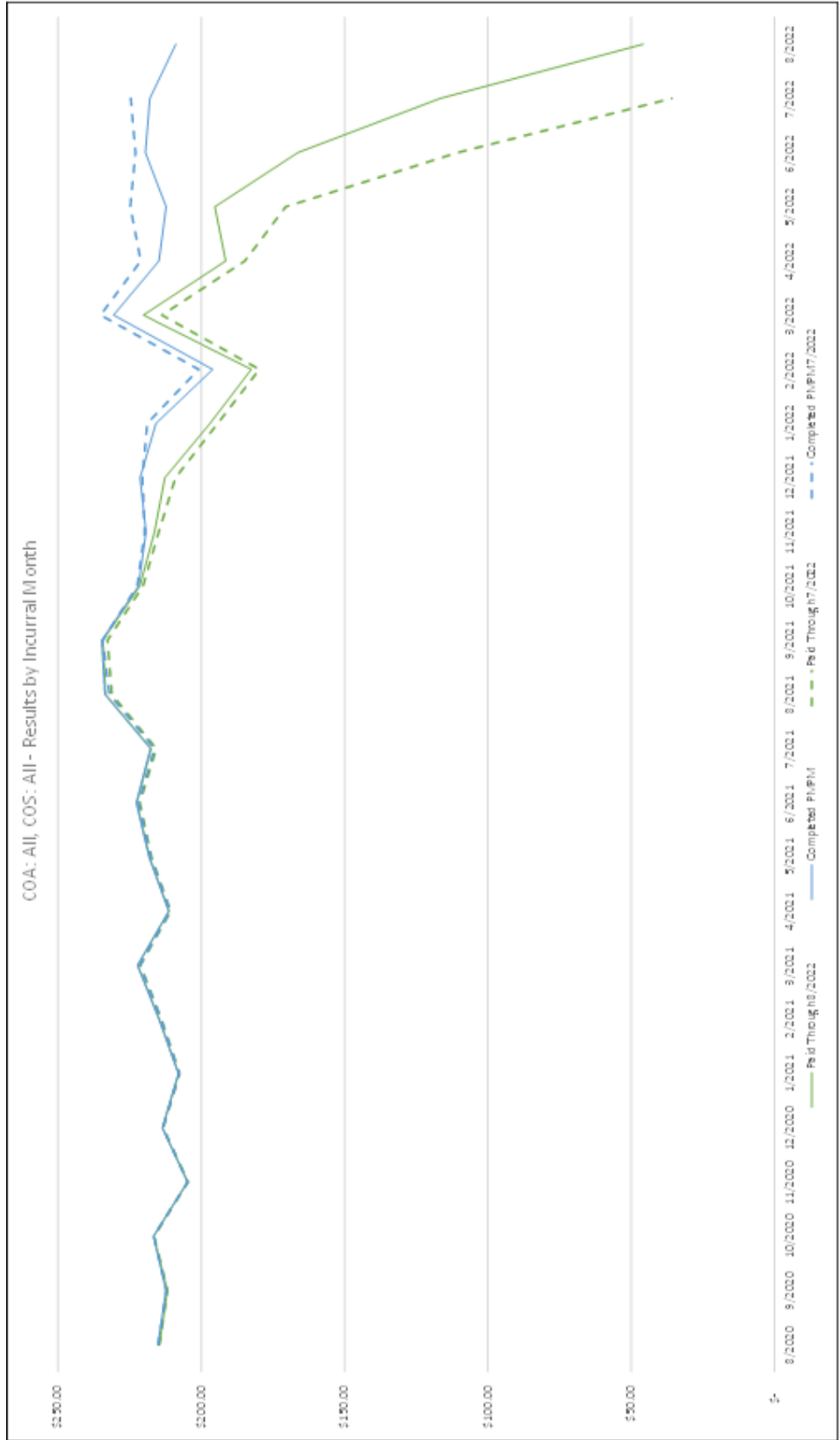


# Medical Expense

FYTD Health care costs are \$132.4 million and \$2.8 million and 2% under budget.

The budget for medical expenses was based on CY 2019 pmpm costs and trended forward. FYTD, actual pmpm costs are have not escalated to that level.

# Incurred But Not Paid (IBNP) Medical Expense Reserve





# Administrative Expenses

For the fiscal year to date through August 2022, administrative costs were \$10.4 million, \$1.4 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 6.7% versus 7.5% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~\$0.5M)
- *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions in IT/Health Services (~\$0.1M)
- *Outside Services*: primarily related to timing of Population Health Management (PHM) engagement campaign project expenses (~\$0.5M)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation (~\$0.7M)

# Financial Statement Summary



	August 2022	FYTD	FYTD	Budget	Budget
		Actual	Actual	Budget	Variance
Net Capitation Revenue	\$ 77,500,824	\$ 156,646,676	\$ 157,968,294	\$ 157,968,294	\$ (1,321,618)
Health Care Costs	67,141,284	132,407,524	135,213,462	135,213,462	(2,805,938)
<b>Medical Loss Ratio</b>		<b>84.5%</b>		<b>85.6%</b>	
Administrative Expenses	5,467,407	10,426,795	11,861,160	11,861,160	(1,434,365)
<b>Administrative Ratio</b>		<b>6.7%</b>		<b>7.3%</b>	
Non-Operating Revenue/(Expense)	337,522	624,790	26,867	26,867	597,924
Total Increase/(Decrease) in Net Assets	\$ 5,229,654	\$ 14,437,148	\$ 10,920,539	\$ 10,920,539	\$ 3,516,610
Cash and Investments	\$ 314,334,397				
GCHP TNE	\$ 194,917,405				
Required TNE	\$ 36,209,122				
<b>% of Required</b>	<b>538%</b>				

## Questions?

Staff requests the Commission approve the unaudited financial statements for August 2022

**AGENDA ITEM NO. 7**

TO: Ventura County Medi-Cal Managed Care Commission  
 FROM: Nick Liguori, Chief Executive Officer  
 DATE: September 26, 2022  
 SUBJECT: Chief Executive Officer (CEO) Report

**I. EXTERNAL AFFAIRS:**

<b>A. State</b>
<b>Department of Health Care Services</b>
<b>Final APLs</b>
<p><b>APL 22-015 Enforcement Action: Admin and Monetary Sanctions</b>          Released: Aug. 24, 2022</p> <ol style="list-style-type: none"> <li>1. Provides clarification to Managed Care Plans (MCPs) regarding administrative and monetary sanctions and enforcement actions DHCS may take to enforce compliance with contractual provisions and applicable state and federal laws.</li> <li>2. Supersedes APL 18-003.</li> </ol>
<p><b>APL 22-016 Community Health Worker Services Benefit</b>          Released: Sept. 2, 2022</p> <ol style="list-style-type: none"> <li>1. Provides guidance on the qualifications for becoming a Community Health Worker (CHW),</li> <li>2. Definitions of eligible populations for CHW services, and;</li> <li>3. Descriptions of applicable conditions for the CHW benefit.</li> </ol>
<b>Draft APLs</b>
<p><b>Draft APL 22-XXX Street Medicine Provider: Definitions and Participation in Managed Care</b>          Released: Aug. 18, 2022</p> <ol style="list-style-type: none"> <li>1. Provides guidance on utilizing street medicine providers to address clinical and non-clinical needs of members experiencing homelessness.</li> <li>2. Street Medicine Providers can act as a member's assigned Primary Care Provider (PCP), as an Enhanced Care Management (ECM) Provider, as a Community Supports Provider, or as a referring or treating contracted provider.</li> </ol>
<p><b>Draft 22-XXX Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older</b>          Released: Sept. 7, 2022</p> <ol style="list-style-type: none"> <li>1. Updates MCPs on the new annual Medi-Cal cognitive health assessment to eligible members 65 years of age or older.</li> </ol>

## B. Community Relations – Sponsorships

Gold Coast Health Plan (GCHP) continues its support of community-based organizations in Ventura County through its sponsorship program in support of their efforts to help Medi-Cal members and other vulnerable populations. The following organizations were awarded sponsorships in August:

Organization	Description	Amount
Kids & Families Together	Kids & Families Together provides services to individuals and families in foster care, kinship care, legal guardianship, adoption, as well as birth families. The sponsorship will go toward their annual surf-inspired fundraising event, “Fostering the Next Wave”.	\$1,000
American Heart Association	The American Heart Association fights heart disease and stroke and helps families and communities thrive. The sponsorship will go toward the annual “Heart Walk” to raise funds to save lives in Ventura County.	\$1,000
Diversity Collective Ventura County	Diversity Collective Ventura County provides advocacy, visibility, safety, and wellness for the LGBTQ+ community. The sponsorship will go toward the “Ventura County Pride Festival,” which raises funds to sustain the Community Resource Center and Diversity Collective’s programs and services.	\$1,000
Alzheimer's Association California Central Coast Chapter	The Alzheimer's Association leads the way to end Alzheimer’s and dementia. The sponsorship will go toward their fundraising event, “West Ventura County Walk to End Alzheimer's,” for Alzheimer's care, support, and research.	\$1,000
City of Oxnard	The City of Oxnard’s Community Relations Commission promotes understanding and respect among all races, religions, and nationalities. The sponsorship will go toward the “Multicultural Festival,” which seeks to bring a greater breadth of diversity, education, and understanding of culture awareness.	\$1,000
Future Leaders of America	Future Leaders of America develops youth resiliency and leadership by empowering and mobilizing youth leaders to advocate for policies that improve their lives and the lives of their peers and their communities. The sponsorship will go toward the “8th Annual El Re-encuentro” fundraiser to supports the leadership and education programs for low-income youth.	\$1,000

Organization	Description	Amount
National Association for the Advancement of Colored People (NAACP)	National Association for the Advancement of Colored People (NAACP) serves to achieve equity, political rights, and social inclusion by advancing policies and practices that expand human and civil rights. The sponsorship will go toward the “Ventura County NAACP Freedom Fund Banquet” that enables the local chapter to educate and bring awareness programs to the Ventura County community.	\$2,500
<b>TOTAL</b>		<b>\$8,500</b>

### C. Community Relations – Community Meetings and Events

In August, the Community Relations team participated in various collaborative meetings and community events. The purpose of these events is to connect with our community partners and members to engage in dialogue to bring awareness and services to the most vulnerable Medical beneficiaries.

Organization	Description	Date
Westminster Free Clinic Back-to-School Event	Westminster Free Clinic is a community care center whose goal it is to provide low-income people with access to health care, health supporting programs, and services. The back-to-school event distributed backpacks filled with school supplies, oral health kits, and other resources to low-income children in Ventura County.	Aug. 16, 2022
Oxnard Police Activities League (PAL) Backpack Giveaway	Oxnard PAL is a city-wide after-school crime prevention program, which provides outreach to youth ages 7-18. The Backpack Giveaway provides families with information on social and health services, along with backpacks filled with school supplies.	Aug. 20, 2022
Partnership for Safe Families Strengthening Families Collaborative Meeting	The Partnership for Safe Families & Communities of Ventura County is a collaborative non-profit organization providing inter-agency coordination, networking, advocacy, and public awareness. The collaborative meeting engages parents and community representatives to share resources, announcements, and community events.	Sept. 7, 2022

<b>Organization</b>	<b>Description</b>	<b>Date</b>
Oxnard Police Department Outreach Coordinators 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.	Sept. 7, 2022
Circle of Care One Step A la Vez	One Step A La Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13- to 19-year-olds and bridging the gaps of inequality while cultivating healthy individuals and community. Circle of Care is a monthly meeting with community leaders to share resources, network, and promote community events.	Sept. 7, 2022
<b>Total community meetings and events</b>		<b>5</b>

#### **D. Community Relations – Speakers Bureau**

Through its Speakers Bureau, GCHP participated in two presentations in August. The purpose of the Speakers Bureau is to educate and inform the public, partners, and external groups about GCHP and its mission in the community.

<b>Organization</b>	<b>Description</b>	<b>Date</b>
Ventura County Homecare Association	Provided an overview of California Advancing and Innovating Medi-Cal (CalAIM) and information about the many facets of CalAIM, including Enhanced Care Management (ECM) and Community Supports (CS), and changes in the behavioral health delivery system.	Aug. 17, 2022
Promotoras y Promotores Foundation	Provided an overview of GCHP's benefits and services. The presentation included a Q&A about the Older Adult Expansion, transportation benefit, and the process for submitting Grievances and Appeals.	Aug. 18, 2022

## II. PLAN OPERATIONS

### A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	KAISER	AHP	ADMIN MEMBERS	NOT ASSIGNED
Aug-22	89,891	40,029	33,984	6,766	5,222	6,879	7,629	47,258	2,735
Jul-22	89,609	40,247	33,758	6,731	5,197	6,859	6,959	46,621	2,576
Jun-22	88,793	40,094	33,525	6,697	5,167	6,847	6,500	46,351	3,256

#### NOTE:

Unassigned members are those who have not been assigned to a Primary Care Provider (PCP) and have 30 days to choose one. If a member does not choose a PCP, GCHP will assign one to them.

#### Administrative Member Details

Category	August 2022
Total Administrative Members	47,258
Share of Cost (SOC)	626
Long-Term Care (LTC)	711
Breast and Cervical Cancer Treatment Program (BCCTP)	85
Hospice (REST-SVS)	18
Out of Area (Not in Ventura County)	535
<b>Other Health Care Coverage</b>	
DUALS (A, AB, ABD, AD, B, BD)	25,836
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	20,929

#### NOTE:

The total number of members will not add up to the total number of Administrative Members, as members can be represented in multiple boxes. For example, a member can be both Share of Cost and Out of Area. They would be counted in both boxes.

#### METHODOLOGY

Administrative members for this report were identified as anyone with active coverage with the benefit code ADM01. Additional criteria follows:

1. Share of Cost (SOC-AMT) > zeros
  - a. AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
2. LTC members identified by AID codes 13, 23, and 63.
3. BCCTP members identified by AID codes 0M, 0N, 0P, and 0W.
4. Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.



5. Out of Area members were identified by the following zip codes:
  - a. 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
  - b. If no residential address, the mailing address is used for this determination.
6. Other commercial insurance was identified by a current record of commercial insurance for the member.

## **B. Provider Contracting Update:**

### **Provider Network Contracting Initiatives**

The Provider Network Operations (PNO) Team kicked off its quarterly meeting on Aug. 25, 2022, with success. The meeting allowed us to provide an overview of key PNO operations, give some insight to our provider network and provider relations efforts, and share objectives with internal stakeholders. Erik Cho, GCHP's Chief Policy and Program Officer, was introduced as the department's executive leader.

The Provider Team continues to support provider contracting and readiness for California Advancing and Innovating Medi-Cal (CalAIM). Some key initiatives for the team include updating Enhanced Care Management (ECM), Community Supports (CS), and Memorandum of Understanding (MOU) agreement templates, CalAIM provider onboarding, and communications.

We received results of the Provider Satisfaction Survey and we wrapped up our 2022 provider surveys. PNO will assess the results of and take any necessary steps through Q4 2022.

In the area of provider regulatory requirements, PNO collaborated with Compliance, Health Services and Operations on the update to the Non-Emergency Medical Transportation (NEMT) / Non-Medical Transportation (NMT) policy, which was approved by the state Department of Health Care Services (DHCS). The provider team also continues to refine its processes to improve contract reporting and tracking.

### **Provider Network Snapshot: August 2022**

*Network developments: Aug. 1-31, 2022:*

**Contract Developments:**

- There were no contract additions for August.

<b>Provider Contract Terminations</b>	<b>Count</b>
Intermediate Care Facility (ICF)	1
Hospice	1
Infusion Provider	1
Diagnostic Radiology	1
Dermatologist	1

Provider Contract Terminations (Con't)	Count
Emergency Medicine	4
General Surgery	1
Internal Medicine	1
Nurse Practitioner	1
Palliative Care	1
Urologist	2

*Additional Network Developments:*

- Additions
  - 87 total
    - The majority of providers were hospital based, tertiary and ancillary providers; no significant impact to the network.
- Terminations
  - 74 total
    - The majority of providers were hospital based, tertiary and ancillary providers; no significant impact to the network.

*Note: Provider counts reflect July 2022.*

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	Network Additions		Total Counts
	Jul-22	Aug-22	
<b>Hospital</b>	<b>0</b>	<b>0</b>	<b>25</b>
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
<b>Providers</b>	<b>4</b>	<b>22</b>	<b>5343</b>
PCPs & Mid-levels	3	13	428
Specialists	0	65	4,578
Hospitalists	1	2	337
<b>Ancillary</b>	<b>1</b>	<b>1</b>	<b>588</b>
Ambulatory Surgery Center (ASC)	0	0	8
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	0	0	93
Home Health	0	0	25
Hospice	0	1	23
Laboratory	0	0	41
Optometry	0	0	97
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	0	0	142
Radiology / Imaging	0	0	62

<b>Ancillary (Con't)</b>			
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	1	0	83
Behavioral Health	0	0	359

## C. Compliance

### Delegation Oversight

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 the 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 the oversight of their delegates.

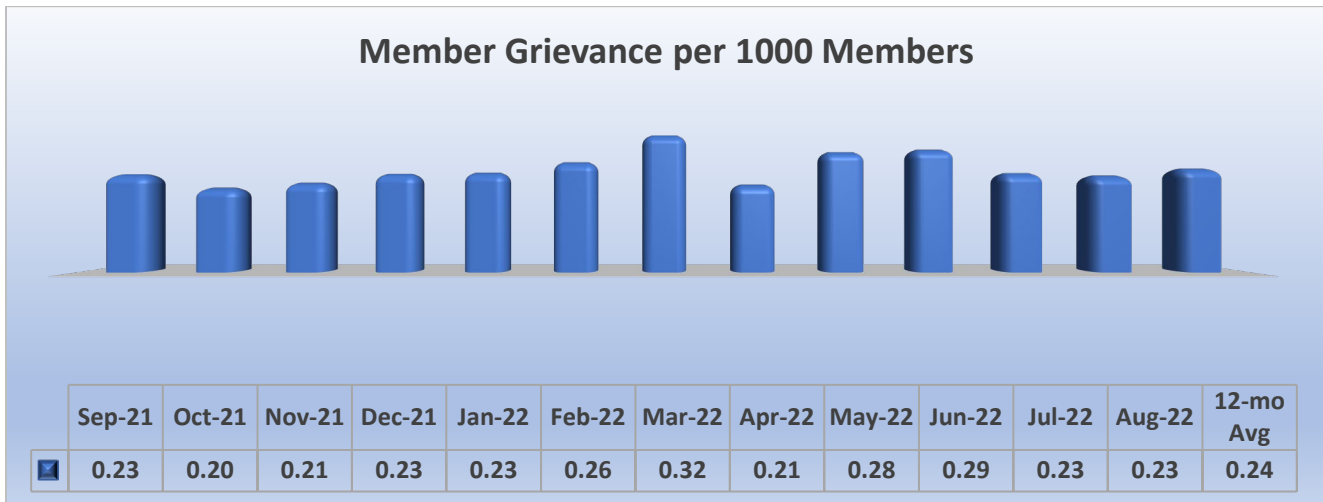
The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through Aug. 31, 2022.

<b>Delegate</b>	<b>Audit Year / Type</b>	<b>Audit Status</b>	<b>Date CAP Issued</b>	<b>Date CAP Closed</b>	<b>Notes</b>
AHP	2022 Annual Claims Audit	Open	6/10/2022	Under CAP	
Beacon	2022 Annual Claims Audit	Open	6/22/22	Under CAP	
Beacon	2022 Call Center Audit	Open	8/26/2022		
Beacon	Quarterly Utilization Management Review Audit	Closed	5/5/2022	9/6/2022	

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Beacon	Annual Quality Improvement, Utilization Management, Members' Rights and Cultural and Linguistics Audit	Closed	8/10/2022	9/1/2022	
CDCR	Annual Utilization Management Review Audit	Closed	5/6/2022	8/29/2022	
CDCR	Quarterly Utilization Management Audit	Closed	8/8/2022	9/7/2022	
Cedars	2022 Annual Credentialing and Recredentialing Audit	In Progress	N/A	N/A	
Conduent	2017 Annual Claims Audit	Open	12/28/2017	Under CAP	Issue will not be resolved until new claims platform conversion
Conduent	2021 Annual Claims Audit	Open	7/21/2021	Under CAP	
Conduent	2022 Annual Claims Audit	Open	8/31/2022	Under CAP	
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	
Conduent	2021 Call Center Audit	Open	2/25/2022	Under CAP	
Kaiser	2022 Annual Claims Audit	In Progress			
VSP	2021 Annual Claims Audit	Open	11/5/2021	Under Cap	
VTS	2021 Call Center Focused Audit	Open	2/2/2022	Under CAP	
VTS	2022 Call Center Audit	Open	5/26/2022	Under CAP	
VTS	NMT Scheduling Grievances CAP	Open	5/6/2022	Under CAP	
VTS	Subcontracting CAP	Open	7/22/2022	Under CAP	

Privacy & Security CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	Call Center Recordings Website	Open	1/6/2021	N/A	
Operational CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	IKA Inventory, KWIK Queue, APL 21-002	Open	4/28/2021	N/A	IKA Inventory and KWIK Queue Findings Closed
Conduent	Sept. 23, 2021 CAP	Open	9/23/2021	N/A	
Conduent	Oct. 2021 CAPs	Open	11/22/2021	N/A	
Conduent	Nov. 2021 SLA	Open	1/28/2022	N/A	
Conduent	Jan. 2021 Contract Deficiencies	Open	2/4/2022	N/A	
Conduent	Dec. 2021 Contract Deficiencies	Open	2/11/2022	N/A	
Conduent	March 2022 SLA Deficiencies & Findings	Open	3/11/2022	N/A	
Conduent	Jan. 2022 SLA CAP	Open	3/25/2022	N/A	
Conduent	Feb. 2022 SLA CAP	Open	4/15/2022	N/A	
Conduent	March 2022 SLA CAP	Open	6/17/2022	N/A	

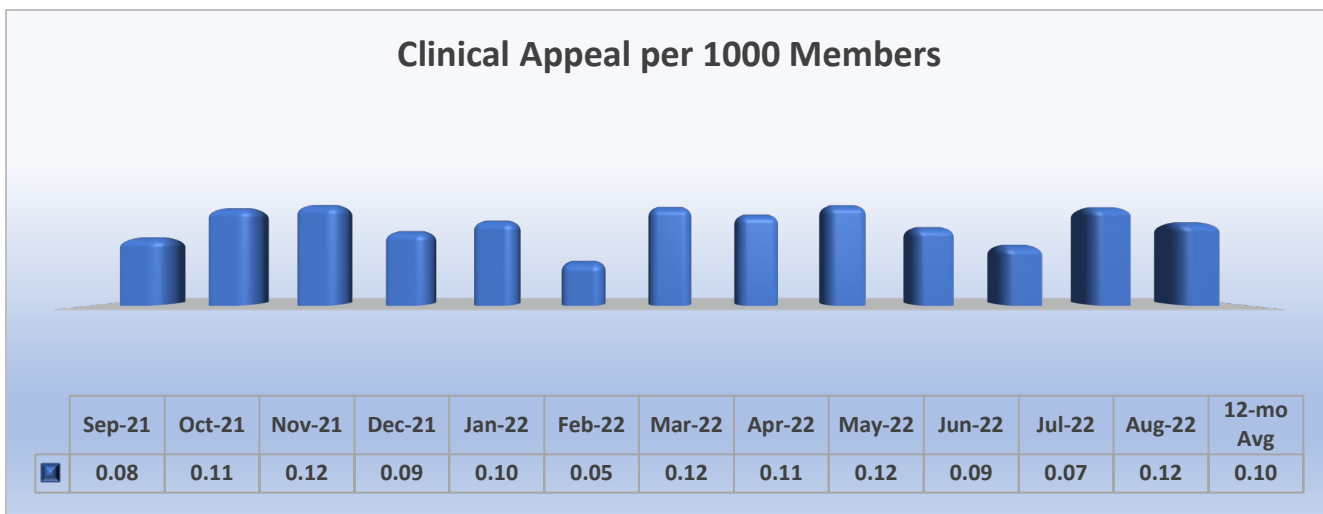
## D. GRIEVANCE AND APPEALS



### Member Grievances per 1,000 Members

The data show GCHP’s volume of grievances has slightly increased. In August, GCHP received 55 member grievances. The overall number is still low, compared to the number of enrolled members. The 12-month average of enrolled members is 232,640, with an average annual grievance rate of .23 grievances per 1,000 members.

In August 2022, the top reason reported was “Provider Availability,” related to the members’ inability to see providers during normal hours of operation or concerns with the providers’ hours of operation.



### Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .10 appeals per 1,000 members.

In August 2022, GCHP received 28 clinical appeals:

1. Six were overturned
2. 14 were upheld
3. Four are still in review
4. Four were withdrawn

**RECOMMEDATION:**

Receive and file.

## **AGENDA ITEM NO. 8**

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: September 26, 2022

SUBJECT: Chief Medical Officer (CMO) Report

### **Quality Improvement Collaboration Meeting**

On August 18, 2022, the Quality Improvement (“QI”) team led a successful QI Collaboration Meeting with GCHP staff and attendees from across the provider network, including medical directors, clinic managers/administrators and QI leads. The agenda included sharing of Managed Care Accountability Set (“MCAS”) MY 2021 outcomes, and clinical education presentations on blood lead screening, Initial Health Assessment, and Chlamydia screening.

Member incentive clinic participation awards for highest volume of submissions were presented to West Ventura Medical Clinic (child/adolescent well care and asthma management) and Moorpark Family Medical Clinic (cervical cancer screening). These clinics will be treated to lunch for their strong participation in this member engagement effort.

Carrie Marsh, Director of Quality for Community Memorial Health System Ambulatory Medicine shared a best practices mammogram outreach campaign resulting in improved breast cancer screening rates.

The next QI Collaboration Meeting will take place in October and will celebrate Healthcare Quality Week.

### **Behavioral Health Update**

#### **Student Behavioral Health Incentive Program (“SBHIP”)**

The Student Behavioral Health Incentive Program (“SBHIP”) continues advancing toward completion of the needs assessment and project plan, both due to the California Department of Health Care Services (DHCS) by December 31, 2022. Through partnership with the Mixteco/Indígena Community Organizing Project (“MICOP”) and participating school districts, we are collecting input from students, parents, and the community regarding behavioral health and wellness to help shape the design of our wellness programming. Built on the existing Wellness Center model funded through the Mental Health Student Services Act (“MHSSA”), the SBHIP model will support new Wellness Centers in Rio and Hueneme Elementary School Districts and support expansion of them in Santa Paula, Fillmore, and Oxnard Union High School Districts.



## **Behavioral Health Integration Incentive Program (“BHIIIP”)**

Gold Coast Health Plan staff have met all reporting requirements for quarterly and performance measure reporting so far this year. As this program draws to a close at the end of CY2022, we are turning our focus to supporting program sustainability and leveraging lessons learned from the pilot.

## **Medi-Cal Rx Update**

The transition to Medi-Cal Rx occurred on January 1, 2022. All retail pharmacy prescription claims are now submitted directly to the state via its Pharmacy Benefits Administrator (“PMA”), Magellan Medicaid Administration, Inc.

The new pharmacy claim system went live on January 1 as expected and no major system issues occurred with the transition over the holiday weekend. DHCS held a webinar on that day to share initial results of the transition with all the Medi-Cal managed care plans.

The transition appeared to go smoothly for the first couple of weeks, but slowly GCHP and other plans experienced increasing report volumes of members having challenges accessing needed medications. GCHP worked closely with DHCS and Medi-Cal Rx clinical liaisons to assist members in accessing their medications.

Due to the challenges and unexpected volume experienced by the Medi-Cal Rx pharmacy prior authorization team and the call center, DHCS lifted many pharmacy claim system edits in mid-February. On May 5, DHCS announced that the 180-day transition period will not end on June 30th. DHCS has released preliminary information regarding their plan for reinstatement of the edits and prior authorizations. Listed below are several elements of the plan:

- Multi-phased process to gradually reinstate edits and prior authorization over 4+ months
- Timely and consistent communication and education regarding upcoming phases
- Minimum notice of 30 days regarding reinstatement
- Minimum notice of 90 days regarding end of the transition period

The first edit reinstatement was related to DUR rejects. These are soft edits that pharmacies resolve during processing by entering codes to allow claims to pay. This reinstatement went very smoothly. Medi-Cal Rx reports that they have not received a single complaint related to the reinstatement of DUR codes.

Beginning September 16, 2022, prior authorization (“PA”) requirements will be reinstated for 11 drug classes. This change will only affect new start medications for beneficiaries 22 years of age and older. New starts are defined as new therapies or medications not previously prescribed during the 15-month lookback period. Grandfathering will be based on claim

history and PAs received. Members aged 21 and younger will not be affected. The affected drug classes are as follows:

- Diuretics
- Antilipemic agents (including statins and omega-3 fatty acids)
- Hypoglycemics and glucagon
- Antihypertensives
- Coronary vasodilators (nitrates and pulmonary arterial hypertension agents)
- Cardiovascular agents (including antiarrhythmics and inotropes)
- Anticoagulants and antiplatelets
- Niacin, Vitamin B, and Vitamin C products

Effective June 1, 2022, Medi-Cal Rx began covering blood pressure monitors as a pharmacy benefit.

- Members are eligible to receive a new monitor if they have a cardiac related diagnosis
- One monitor is covered once every 5 years
- Covered products are listed on the Medi-Cal Rx website and is frequently updated

The DHCS dedicated website contains announcements, news, and secure portal training/registration. GCHP encourages all of its providers to:

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/>

Medi-Cal Rx Pharmacy Locator:

<https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy>

Online Searchable Contract Drug List (CDL)

[https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal\\_Rx\\_Contract\\_Drugs\\_List\\_FINAL.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf)

**Utilization Update**

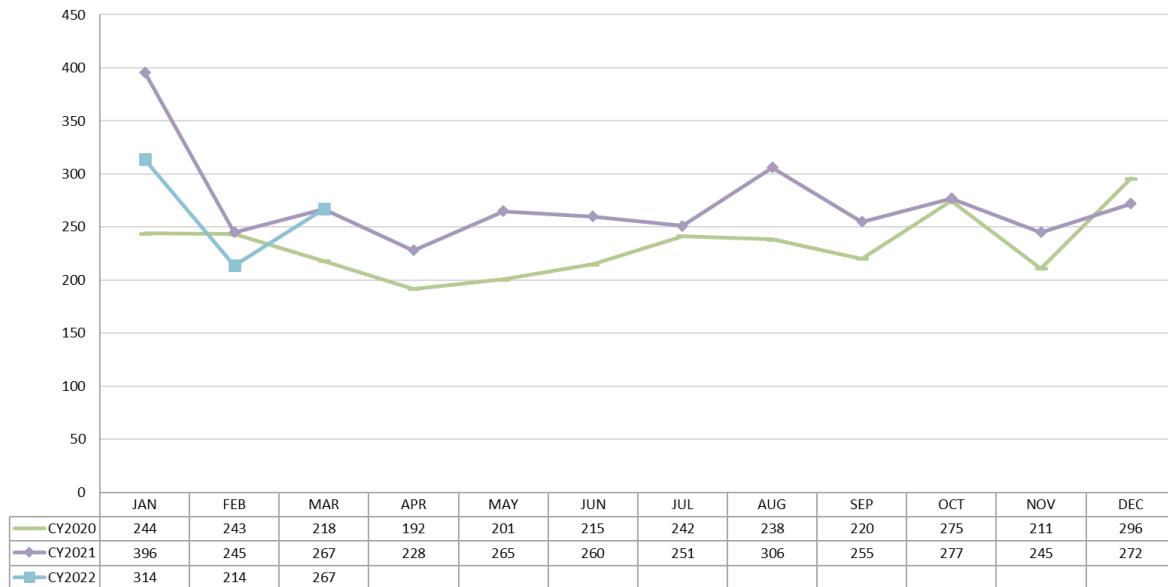
**Bed Days/1000 Members**

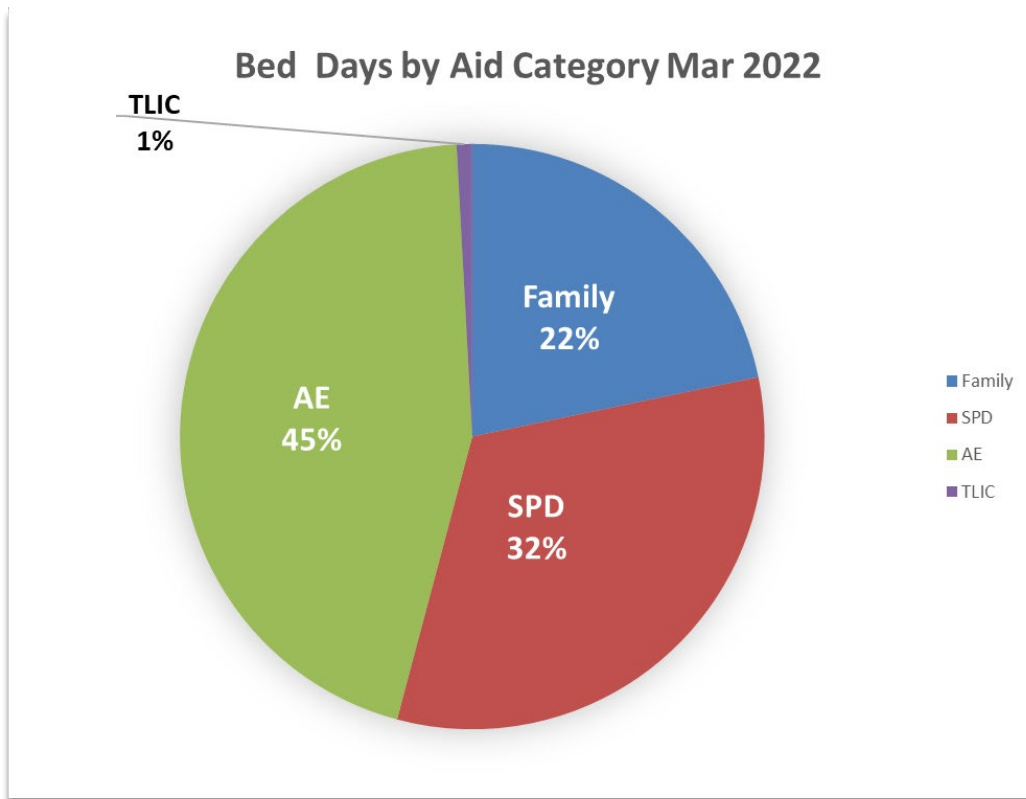
Bed days for Q1 CY2022 were about 12% lower compared with Q1 CY2021 (265/1000 members compared with 302/1000 members).

Bed days/1000 benchmark: While there is no Medi-Cal Managed Care Dashboard report of bed days/1000 members, review of available published data from other managed care plans averages 238/1000 members.

Slightly less than half of all bed days are utilized by Adult Expansion (“AE”) members (45%), followed by Seniors and Persons with Disabilities (“SPD”) (32%), and Family (22%) aid code groups. Low income children utilize only about 1% of all bed days.

**Bed Days Per 1,000 by Calendar Year**

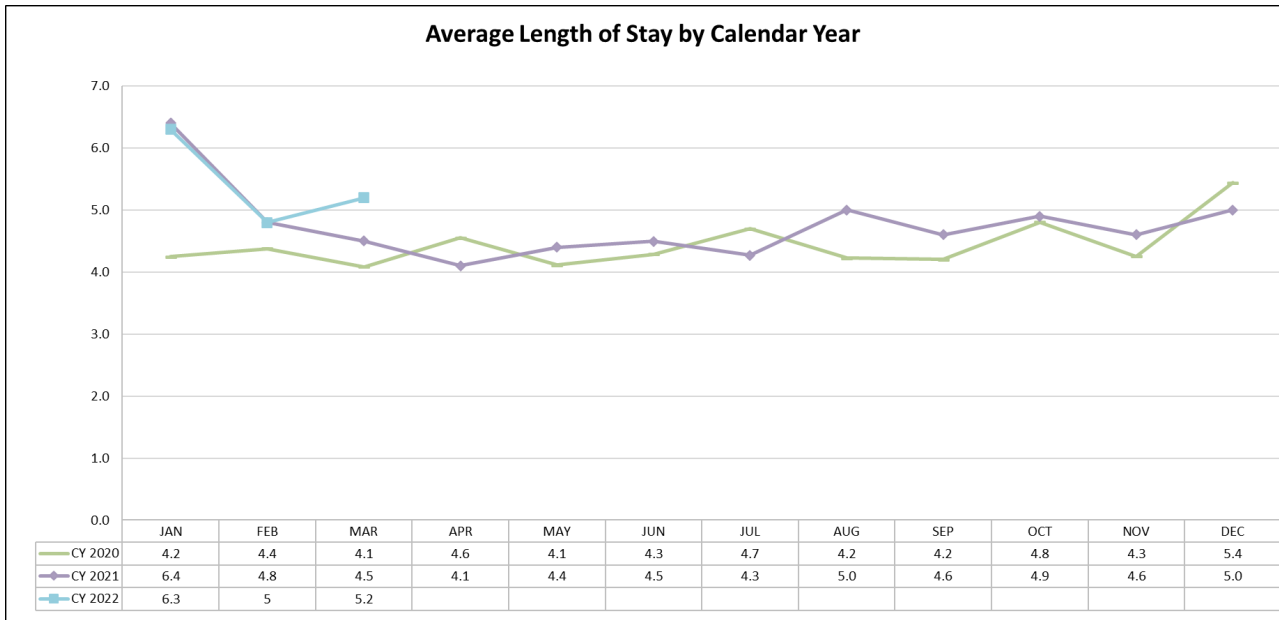




### Average Length of Stay (“ALOS”)

ALOS for Q1 CY2022 was approximately the same as for Q1 CY2021 (5.4 compared with 5.3 days).

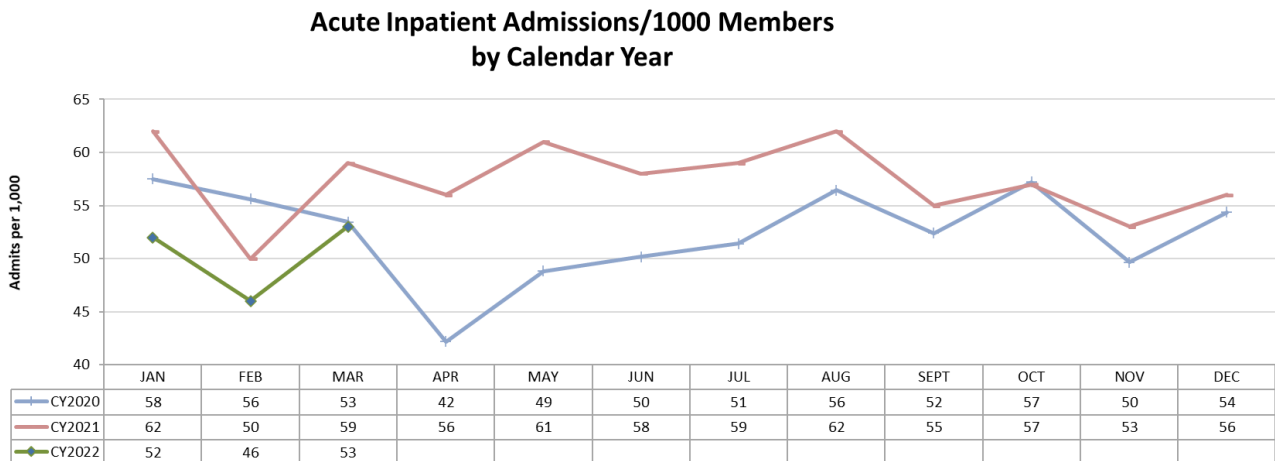
Average length of stay benchmark: While there is no Medi-Cal Managed Care Dashboard report of ALOS, review of available published data from other managed care plans averages 5 days.



### Admits/1000 Members

Admits/1000 members for Q1 CY2022 were about 15% lower than Q1 CY 2021 (48.7 compared with 57.3).

Admits/1000 members benchmark: The Medi-Cal plan average is 55/1000 members.

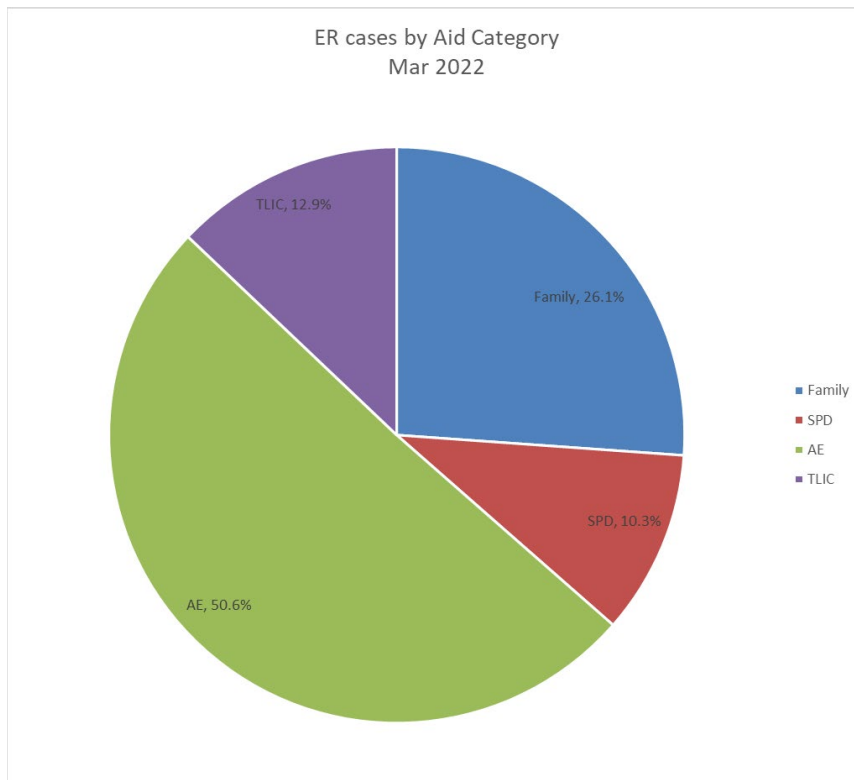
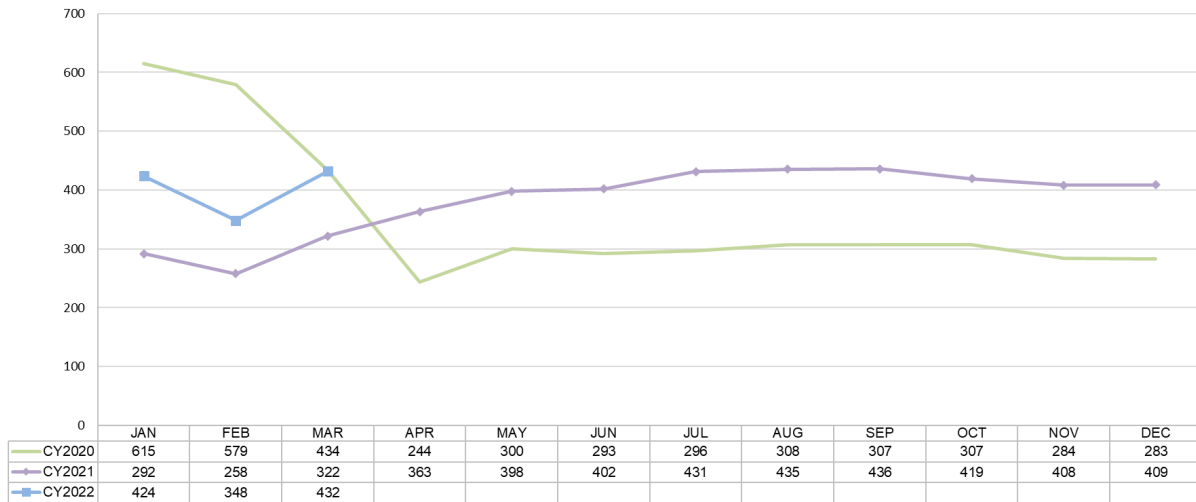


### Emergency Department (“ED”) Utilization/1000 Members

After significant declines in ED utilization due to COVID-19, ED utilization/1000 members increased by approximately 38% from Q1 CY2021 to Q1 CY 2022 (291 compared with 401.4/1000 members). For comparison, Q1 ED utilization averaged 525/1000 members from 2017 – 2020.

Half of all ED visits are utilized by AE members followed by Family (26%), TLIC (13%, and SPD (10%) aid code groups.

**ER Utilization Per 1,000 by Calendar Year**



Comparison of Proportion of ER Visits per Aid Group to Proportion of Membership per Aid Group  
(March 2022 ER Visits vs March 2022 Elig Members)

Non-Duals Only





**AGENDA ITEM NO. 9**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Ted Bagley, Chief Diversity Officer  
DATE: September 26, 2022  
SUBJECT: Chief Diversity Officer (CDO) Report

**Actions:**

**1. Community Relations**

- a. Attended Simi Valley City Council meeting in August
- b. Attended Cal Lutheran's Black Scholars Program for minority students (Zoom) for the year 2023
- c. Working with Oxnard Community Foundation on Board structure.
- d. Diversity Council worked with Cesar Chavez Elementary school in support of their back to school efforts. Provided basics like pencils, paper, and donation run.

**2. Case Investigations**

- a. One old case being reviewed by legal and the insurance company. There was one new internal case during the past two months. Details under investigation. Discussion with grievant on case update. Case resolution still pending.

**3. Diversity Activities**

Received seven (7) calls from employees during June and July with the following subject-matter:

- Career counseling (4) (Strictly related to career of choice)
- Diversity Council (2)
- Grievance (1)
- Keeping track of both external and internal growth to insure equity of opportunity.



#### **4. Other GCHP Activities**

- a. Zoom meetings with senior staff to help build infrastructure and equity of opportunity.
- b. Bi-weekly 1:1 with CEO Nick Liguori continuing with positive results.
- c. Held several DEI meetings over the past month.
- d. Continue to seek two (2) DEI members on council to replace attrition.
- e. Met with Diversity Council in prep for a brief progress survey to be conducted during the third quarter of the year.
- f. Continue to partner with HR on any internal personnel issues related to Diversity Equity and Inclusion.

## AGENDA ITEM NO. 10

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Michael Murguia, Executive Director of Human Resources  
**DATE:** September 26, 2022  
**SUBJECT:** Human Resources (HR) Report

### Human Resources Activities

As reported last month, recruiting is a critical priority for our organization. In July, we started our new budget cycle by opening all our new requisitions for our new headcount. We delivered on eight new hires that month, which was a decent start. In August, we had a great recruiting month with 25 hires. This is just the beginning and is accomplished through a partnership with all our hiring managers. Our hiring managers are prioritizing recruitment by screening resumes and conducting interviews. We could not have these recruiting results without this partnership. Since July 1, we have hired 33 employees.

A key part of our strategy was a special promotion for employee referrals. We increased our referral fee to \$1,500 for any referred hire from Aug. 1 to Oct. 31. Of the 25 employees hired in August, five were employee referrals.



We are striking Gold!!  
Since July 1st  
30 Referrals  
6 Hires

In addition to recruiting, we are beginning to evaluate our benefits programs for the upcoming year. We will be planning our annual benefits fair, where employees get information from different benefits carriers so they can make the best choices for themselves and their family. We are aiming to kick off our open enrollment period in November.

While we are always looking for new talent, we also have a focus on the development and retention of our employees. Communicating our priorities and strategies is a key component of retaining our employees. On Sept. 9, 2022, we held our All-Staff meeting where we continued to review our goals and the connection of these goals to our strategic plan. We also acknowledged our 32 employees who had been promoted over the last four months into larger roles within our organization. Each manager acknowledged the promotions of their staff and congratulated them on their accomplishments.

In addition to these well-deserved promotions, we also announced the recipients of our quarterly Gold Star Awards. Department leaders can recognize any employee within their department or throughout the organization for outstanding performance that is consistent with our core values. All awardees receive a certificate and a \$25 gift card. We awarded 21 Gold Star Awards.



### **Attrition and Case Update**

Since August, we have had one voluntary resignation and no involuntary resignations. Our current 12-month rolling attrition rate is 11%. We have no new cases.

### **Facilities / Office Updates**

The GCHP Facilities team is dedicated to keeping our offices safe and always available for employee visits. We have:

- Protocols for the flow of employees who visit the office for supplies, printing, and other business-related activities.
- Protocols for our new entrance and exit process requiring temperature checks and registration in our Proxy click system.
- Made any necessary modifications to improve air quality inside the buildings.