

**Joint Meeting of the
Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan and the Compliance Oversight Committee**

Regular Meeting

Monday, August 28, 2023 6:00 p.m.

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: 928 579 406#

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

CLERK ANNOUNCEMENT

All public is welcome to call into the conference call number listed on this agenda and follow along for all items listed in Open Session by opening the GCHP website and going to ***About Us > Ventura Country Medi-Cal Managed Care Commission > Scroll down to Commission Meeting Agenda Packets and Minutes***

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

Persons wishing to address VCMMCC and Committee 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 and Committee.

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

CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care regular Commission meeting minutes of June 26, 2023, special meeting minutes of July 24, 2023 and August 14, 2023.**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

2. **Findings to Continue to Hold Remote Teleconference/Virtual Commission and Committee Meetings Pursuant to Assembly Bill 361**

STAFF: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Committee and Commission should make the findings and determine that teleconferencing under AB 361 will promote and protect the public's health, safety and welfare.

3. **Contract Extension – Stacy Miller Public Affairs, Inc.**

Staff: Susana Enriquez-Euyoque, Director of Communications

RECOMMENDATION: GCHP recommends approval of the contract extension with Stacy Miller Affairs, Inc. for a cumulative amount not-to-exceed \$409,000 through the period ending June 30, 2024.

4. Funding Update Request - Contract with Consentia Health for Additional Financial Supports during the Chief Financial Officer Transition.

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: GCHP staff requests approval of the contract with Consentia Health for additional support.

UPDATES

5. Redetermination Update

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

RECOMMENDATION: Receive and file the update.

6. Transportation Update

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

7. Reschedule the Commissioner Upcoming Regular Meeting and Set a Special Meeting to Make Requisite Findings under Assembly Bill 361 to Continue to Meet Virtually

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Reschedule the Ventura County Medi-Cal Managed Care Commission's ("Commission") upcoming October 23, 2023 regular meeting to October 30, 2023, so that Commission members and staff can attend California Association Health Plans' annual conference also set for October 23, 2023; and set a special meeting of the Commission before October 25, 2023, so the Commission can make the requisite findings under Assembly Bill 361 ("AB 361") to continue to meet virtually.

8. Reconstitute the Strategic Planning AdHoc Committee

Staff: Marlen Torres, Executive Director of Strategy & 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.

9. Quality Improvement Committee (QIC) 2023 Second Quarter Report

Staff: Felix L. Nuñez, MD, MPH, Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the complete report as presented.

10. Contract to Award to NTT Data for Provider and Member Portals

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: It is the Plan's recommendation that the Commission accept the recommendation of the Executive Finance Committee, waive any irregularities in NTT Data's proposal and authorize the CEO to execute a contract with NTT Data Inc., on terms acceptable to the CEO and General Counsel. The term of the contract will be 10 months of implementation and 5 years of production commencing July 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$8.1M.

11. June and July 2023 Financials

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Staff requests that the Commission receive and file the presentation.

REPORTS

12. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

13. Chief Medical Officer (CMO) Report

Staff: Felix L. Nuñez, MD, MPH, Chief Medical Officer

RECOMMENDATION: Receive and file the report.

14. Human Resources (H.R.) Report

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

ADJOURNMENT

Date and location of the next meeting to be determined at the September 25, 2023, regular Commission Meeting

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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: August 28, 2023

SUBJECT: Regular Commission Meeting Minutes of June 26, 2023, and Special Meeting Minutes of July 24, 2023.

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of regular commission meeting minutes of June 26, 2023, and special meeting minutes of July 24, 2023.

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

June 26, 2023

CALL TO ORDER

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

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

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

Absent: Supervisor Vianey Lopez and Commissioner Jennifer Swenson.

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Alan Torres, Chief Information Officer, CPPO Erik Cho, Marlen Torres, Executive Director, Strategy and External Affairs, Paul Aguilar, Executive Director, Human Resources, Felix Nunez, M.D., Chief Medical Officer, Robert Franco, Chief Compliance Officer, Ted Bagley, Chief Diversity Officer, Susana Enriquez-Euyoque, and Scott Campbell, General Counsel.

Also in attendance were the following GCHP Staff: Anna Sproule, Veronica Estrada, Kent Ichida, Rachel Lambert, Adriana Sandoval, Lisbet Hernandez, Lucy Marrero, Lupe Gonzalez, Lily Yip, Kris Schmidt, Shivani Pillay, Lupe Harrion, Bob Bushey, Alison Armstrong, Kent Ichida, Erin Slack, Victoria Warner, and Paula Cabral.

Ventura County Guest: Tracy Gallagher, from Supervisor Lopez office, and Moss Adams representatives Kimberly Sokoloff, and Mariia Potts.

PUBLIC COMMENT

Dr. Sandra Aldana stated she was impressed with GCHP embracing the objectives of CalAIM program. Everyone was extremely helpful and provided resources in a timely manner.

Commissioner Pupa asked CEO Liguori to make an announcement. CEO Liguori introduced the new Chief Innovation Officer, Eve Gelb.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of May 22, 2023, and special meeting minutes of June 12, 2023

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of May 22, 2023, and Special Meeting Minutes of June 12, 2023.

Commissioner Jennifer Swenson arrived at 2:04 p.m.
Supervisor Vianey Lopez arrived at 2:06 p.m.

2. Findings to Continue to Hold Remote Teleconference/Virtual Commission and Committee Meetings Pursuant to Assembly Bill 361.

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Committee and Commission should make the findings and determine that teleconferencing under AB361 will promote and protect the public's health, safety, and welfare.

RECOMMENDATION: Receive and file the presentation.

Supervisor Lopez motioned to approve Consent items 1 and 2. Commissioner Swenson seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisory Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

The clerk declared the motion carried.



3. Additional Funding - Pajaro Consulting – SOW #01

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: GCHP staff recommends the Commission approve adding \$150,000 to this agreement for a total amount of \$300,000. These funds have been budgeted in our new fiscal budget.

Executive Director of Human Resources, Michael Murguia stated GCHP has enlisted the help of consultant, Don Harbart. He has assisted in creating goals, measurements, and progress in dashboards for implementation of a Model of Care and Provider Quality Incentives.

Commissioner Abbas motioned to approve Consent item 3. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisory Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

FORMAL ACTION

4. Fiscal Year 2022 -2023 Audit Plan

Staff: Nick Liguori, Chief Executive Officer

Moss Adams Representatives

RECOMMENDATION: The Plan requests that the Commission receive and file the presentation.

CEO Liguori introduced Moss Adams representatives; Kimberly Sokoloff and Mariia Potts.

Ms. Sokoloff reviewed the annual audit plan for the 2023 audit. She reviewed Moss Adams responsibilities and scope of services. Ms. Sokoloff also reviewed significant risks that have been identified. She reviewed the prior year report and noted a significant



deficiency: Conduent did not complete an audit of Health Solutions Plus information technology or claims processing controls.

Mariia Potts reviewed the audit timeline, including audit deliverables. Ms. Sokoloff noted there is a new accounting standard: operating leases (GASB96) must be summarized and will be reviewed in October with the Commission.

Commissioner Abbas asked if Moss Adams performs SAC 1 audit. Ms. Sokoloff stated they can, but not now. Commissioner Corwin stated it is not required, it is an extra standard test, to create a higher standard if necessary.

Commissioner Abbas motioned to approve formal action item 4. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisory Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

5. Contract Approval – Electronic Data Interchange Software

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: It is staff's and Executive Finance Committee's recommendation that Ventura County Medi-Cal Managed Care Commission waive any irregularities in Edifecs's proposal and authorize the CEO to execute a contract with Edifecs Inc., to include the additional work in SOW 2 above subject to non-material terms to be agreed upon and acceptable to the CEO and General Counsel. The term of the contract will be 12 months of implementation and 5 years of production commencing July 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$8.3M.

Chief Information Officer, Alan Torres reviewed the contract for the Electronic Data Interchange (EDI) software. Staff is recommending that Edifecs be awarded the contract. The goal is to begin to implement by July of 2024. He noted that Conduent will not be renewed.

CIO Torres stated eight (8) RFPs were reviewed. GCHP received three (3) responsive proposals. The team scored each proposal. Edifecs had the highest score, Conduent second, and Deloitte third. He noted that Edifecs had robust data tracking. There will



be two (2) Statements of Work: SOW1 is the base platform and will consist of enrollment transactions; not to exceed \$6.8 million for implementation and a five (5) year agreement. SOW2 will consist of remaining transactions, not to exceed \$1.5 million. The total is \$8.3 million in cost for the length of the contract.

General Counsel, Scott Campbell stated Edifecs offers better services in comparison to Conduent. Staff met with Conduent and explained why they were not chosen, and we will also be going forward with the Call Center. Conduent agreed they will not protest the bid. He noted that this contract was presented to the Executive Finance Committee, and they approved the contract be presented to Commission on June 12, 2023. From the legal standpoint, the scope of work was appropriate and cost less. No enhanced services were included.

Commissioner Livingston asked what type of references were used. Executive Director of Procurement, Bob Bushey, stated we did not talk with other plans, but have worked with other plans. We have worked on information exchange used Edifecs in the past.

Supervisor Lopez asked if there would be an evaluation after the five (5) year period and would there possibly be an extension of the contract. General Counsel stated technology changes and we will need to see the progress of technology. Mr. Bushey stated we can negotiate, but it will not exceed the 5% COLA.

Commissioner Monroy asked what controls/measures are in place for outcomes/success versus the current vendor. CIO Torres stated SLAs (service level agreements) are used to monitor monthly for performance.

Commissioner Espinosa motioned to approve formal action item 5. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisory Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

The clerk declared the motion carried.



6. **May 2023 Financials**

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Staff requests that the Commission approve the May 2023 financial package.

CEO Nick Liguori stated there is currently a Chief Financial Officer search. The search is local and national in scope. We hope to find a financial executive who can accomplish the following:

- Provide financial and strategic stewardship during the modernizing transformation of GCHP.
- Steady leadership through a period of uncertainty that we forecast ahead.
- Prepare the Plan financially and operationally to be successful during D-SNP

A team has met with great candidates, and they have begun interviews with the Executive Team. Two (2) highly qualified candidates will interview with the Executive Finance Committee. The recommendation, a decision and acceptance are expected by next month.

Performance is driven by the PHE and suspension of redetermination. It has caused an increase in excess reserves. There is no difference in underlying performance. Unit costs remain steady.

DHCS tax reconciliation identified monies owed to GCHP. Between 2013 to 2016 there was a short fall of \$11 million. We were notified in May, the \$11 million was received from the state.

CEO Liguori gave a financial overview. The May 2023 net gain I \$27.1 million. FYTD net gain is \$176.4 million. TNE is 1083% of the minimum required. We are now in the middle of the pack in relation to other managed care plans. YTD Medical Loss Ratio is 74.3% and YTD Admin Expense ratio is 7.5%

7. **Approval of 2023/2024 GCHP Budget**

Staff: Nick Liguori, Chief Executive Officer, & GCHP Executive Team

RECOMMENDATION: Staff requests that the Commission approve the 2023/2024 budget as presented.

Commissioner Pupa thanked all for their efforts on the budget presentation.

CEO Liguori reviewed the budget timetable. He noted there were meetings with the Executive Finance Committee, and they were presented with various budget presentations. All materials were reviewed and answered all questions.

Fiscal year 2022-23 review shows budgeted enrollment at 229,251 with actual enrollment at 246,304. Enrollment is 7.4% higher than expected due to the continuation



of the PHE. Revenue is 1.4% higher due to enrollment exceeding expectations. Medical costs are 12% lower due to the continuation of the PHE and suspension of redetermination and GCHP has managed almost exactly to the general & administrative budget. CEO continued with a high-level overview with management perspective. In 2023-24 GCHP is expected to experience a post-PHE re-set that will impact membership, revenue, and medical costs. New and changing conditions will require modern managed care capabilities and infrastructure. We expect net income to be \$23million. Year-end membership is expected to be approximately 212,000. We will lose members to Kaiser as well as members who will no longer qualify due to the redetermination. TNE is expected to reduce to 700% over the 2023-2026 timeframe.

CEO Liguori stated the Commission requested financial scenarios. Staff determined it would be best to show more conservative and more aggressive forecasts or best and worst scenarios.

CEO Liguori reviewed Medical Expense Ratio drivers. The MLR projected for 2023-2024 is 90.5% in comparison to fiscal year 2022-2023 of 75.1% The medical loss ratio difference being 15.4% which is a significant increase. The 15.4% is segmented by provider, member, premium, premium developments, and administration of the health plan. We will be increasing funding to providers by \$80million, which is a substantial portion of the 15.4%. We expect to fund over the long term a Provider Quality Incentive. There will also be a Provider Grant Program, as well as a rate reimbursement increase. There will be sub-capitation contract increases and additional provider reimbursement adjustments. There will be an acuity adjustment for members. We also see an increase in utilization. Premium developments will also have an impact. The state is also planning a premium withhold, but the State has not released final policy yet.

General Counsel, Scott Campbell stated we are spending .75 cents on every dollar and the state wants us to spend .90 cents on the dollar. Costs are going up. We must surplus like other plans. The additional fifteen cents will go to providers. This allows us to remain in the middle of the pack.

CEO Liguori reviewed the TNE comparison and noted we forecast “free surplus” to grow by year end fiscal year 2022-2023 to \$170 million+. The proposed fiscal year 2023-2024 budget includes a \$23 million net income addition to reserves. He also reviewed reasons why some of our members will more likely disenroll, and those that are more likely to be retained. 60% of our members have five (5) or more chronic conditions. Two thirds (2/3) of these members have been with GHP since 2015, and these members will be retained.

General Counsel stated 25% of these members have mental health issues. They cannot work, are often homeless and we are working on programs that will help them. We want to provide better healthcare for them and all our other members.

He also reviewed the current reserve guidelines and “Free Surplus” as of April 2023. He noted that “free surplus” growth will slow significantly in 2023-2024. We are doing long-term planning. We are setting aside reserves for D-SNP. The state wants us to be the



primary dual operator in this county, along with Kaiser, and because of this, we will need substantial reserves. There will be early start-up losses. We need to build operational capabilities to manage this population. We will also manage deployment of funds and will update provider reimbursement rates. We are doing the best possible for Ventura County. Our aim is to have a break-even result. The surplus will go to providers and members.

CEO Liguori moved on to review budgeted administrative expenses for fiscal year 2023-2024. He reviewed the staffing comparison, noting there is outsourcing for staff. We are currently under resourced, we need to bring in more staff, and we are working to keep staff. GCHP will build in-house, community-based service programs. We will have a local Call Center, as well as satellite centers in Oxnard and Santa Paula. We are hiring 20 Call Center personnel and will go live with outbound calls in the April/May 2024 timeframe. We are asking the auditor for assistance proposing to add twelve (12) positions for Core Operational. We want to be competitive salary. We are also proposing a modest bonus program. We want to be industry experts.

Commissioner Espinosa stated there is lost of effort on the technical side, but she is concerned about people/staff. She has noticed some employees feel reviews are biased, that needs to be avoided. Paul Aguilar, Executive Director of Human Resources stated there is continuous improvement and we want to ensure expectations are clear. Managers need to stay connected with their team. We are addressing areas that have gaps. We are planning management training and are working with a third-party group.

Commissioner Espinosa stated there needs to be equity calibration. Bonuses should be up to 5-7%, and we need to ensure there is no bias. There needs to be communication between staff and managers. Chief Diversity Officer, Ted Bagley, stated he supports Mr. Aguilar, and we are looking at equitability. We need to look at performance. Not all employees will get 5-7%. We need to be fair, and we should be able to justify to those who do not get top rate. Commissioner Atin stated he supports variable pay based on performance. An objective review needs to be done. Commissioner Pupa stated we need to value staff.

Commissioner Corwin motioned to approve formal action items 6 and 7. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisory Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.



The clerk declared the motion carried.

REPORTS

8. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

9. Chief Medical Officer (CMO) Report

Staff: Felix L. Nunez, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the report.

Chief Medical Officer, Felix Nunez, M.D. gave a quick summary/highlight of his CMO report. He noted that the PHE is officially over, but there are no cost COVID vaccines available. The state is moving toward a readiness posture and has developed the SMARTER Plan (**S**hots, **M**asks, **A**wareness, **T**reatment, **E**ducation, and **R**x – which is medication).

Many pharmacies are assisting members with prior authorizations. He also stated that there are member incentives/gift cards which are provided to clinics, and it has been a successful program.

CMO Nunez gave an update on the Wellth Program – he stated that DHCS has approved the contract, and we now have the green light to proceed.

NCQA is progressing and gaps are closing. We are continuing configuration. Commissioner Pupa acknowledged the good work and the good impact on members.

10. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report

Chief Diversity Officer, Ted Bagley gave a very high-level summary of his report. He noted that there has been an increase in staffing and diversity-wise measures are still in balance. Grievances are down. Performance is the focus. A lot is required from staff. The diversity measures focus on fairness, and the measures are tracking well.

Commissioner Blaze left the meeting at 4:28 p.m.



Commissioner Abbas motioned to approve Reports 8, 9, and 10. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Melissa Livingston, Supervisory Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioner Allison Blaze, M.D.

The clerk declared the motion carried.

ADJOURNMENT

General Counsel, Scott Campbell stated there was no reportable action.
The meeting was adjourned at 4:32 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

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

July 24, 2023

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 2:02 pm via teleconference.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

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

Absent: None.

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Alan Torres, Chief Information Officer, Eve Gelb, Chief Innovation Officer, Marlen Torres, Executive Director, Strategy and External Affairs, Susana Enriquez-Euyoque, and Scott Campbell, General Counsel. .

PUBLIC COMMENT

None.

CONSENT

- 1. Joint Findings to Continue to Hold Remote Teleconference/Virtual Commission and Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Commission and Committee should make the findings and determine that teleconferencing under AB361 will promote and protect the public's health, safety, and welfare.

Commissioner Pupa motioned to approve Consent item 1. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

ADJOURNMENT

Commission Chair, Dee Pupa, announced the meeting was adjourned at 2:07 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

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

August 14, 2023

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 2:01 pm via teleconference.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Anna Monroy, Dee Pupa, and Jennifer Swenson.

Absent: Commissioners Shawn Atin, Supervisor Vianey Lopez, Sara Sanchez, and Scott Underwood, D.O.

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Alan Torres, Chief Information Officer, Erik Cho, Chief Policy & Program Officer, Felix Nunez, DM.D., Chief Medical Officer, Ted Bagley, Chief Diversity Officer, Marlen Torres, Executive Director, Strategy and External Affairs, Susana Enriquez-Euyoque, Veronica Estrada, and Scott Campbell, General Counsel. .

PUBLIC COMMENT

None.

CONSENT

- 1. Joint Findings to Continue to Hold Remote Teleconference/Virtual Commission and Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Commission and Committee should make the findings and determine that teleconferencing under AB361 will promote and protect the public's health, safety, and welfare.



Commissioner Abbas motioned to approve Consent item 1. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Anna Monroy, Dee Pupa, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Shawn Atin, Supervisor Vianey Lopez, Sara Sanchez, and Scott Underwood, D.O.

The clerk declared the motion carried.

ADJOURNMENT

Commission Chair, Dee Pupa, announced the meeting was adjourned at 2:05 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission and Compliance Oversight Committee

FROM: Scott Campbell, General Counsel

DATE: August 28, 2023

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

SUMMARY/RECOMMENDATION

At their May 22, 2023, joint meeting, the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) and the Compliance Oversight Committee (“Committee”) adopted findings to continue to meet remotely pursuant to Assembly Bill 361. To continue this practice, it is required, that the Commission and Committee determine that they have considered the facts of the COVID-19 state of emergency in deciding to continue to have teleconference meetings under AB 361 and that state officials have imposed or recommended measures to promote social distancing in connection with COVID-19 and that as a result of these considerations and findings, meeting in person or pursuant to traditional teleconferencing rules would impose risks to the health or safety of attendees and that teleconference meetings under AB 361 should continue.

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. AB 361 provides an exception to these procedures in order to allow for fully virtual meetings during, and after proclaimed emergencies, including the COVID-19 pandemic. Now that the state and county state of emergency declarations are over, the Commission and Committee may continue to meet remotely pursuant to AB 361 if it makes both of the following findings:

- The Commission and Committee have reconsidered the circumstances of the prior states of emergencies; and
- State officials continue to impose or recommend measures to promote social distancing.

COVID-19 continues to present a threat to the health and safety of Commission and Committee members, and its personnel. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection and the vaccinations have not proven successful in stemming the spread of COVID-19. In recent months both the rate of persons testing positive and hospitalizations have risen and an average of 8 people each die due to Covid-19. Additionally, several Commissioners and Committee members 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, on February 3, 2023, a new set of non-emergency COVID-19 prevention regulations were issued by Cal/OSHA which carry over some of the same requirements imposed by earlier regulations, including social distancing measures. These new measures will continue to be imposed, unless changed, until February 3, 2025. Thus, facts supporting the continued findings exist.

As such, it is recommended that the Committee and Commission should make the findings and determine that teleconferencing under AB 361 will promote and protect the public's health, safety and welfare.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

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

FOLLOW UP ACTION:

That the Commission and Committee make the findings under AB361 at their next joint meeting.

ATTACHMENT:

None.

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Susana Enriquez-Euyoque, Director of Communications

DATE: August 28, 2023

SUBJECT: Stacy Miller Public Affairs, Inc. Contract Extension

SUMMARY:

By this request, an extension of one year is sought on our contract with our public affairs vendor, Stacy Miller Public Affairs (SMPA), to continue our outreach to the community on our redetermination efforts and to maintain on-call services in case of a sudden need.

On June 27, 2022, the Commission approved a contract with SMPA for a strategic public relations and marketing program to support Gold Coast Health Plan (GCHP) and the Medi-Cal program for Ventura County. The contract was the result of a formal Request for Proposal (RFP) process in April 2022. While SMPA was the only vendor to submit a qualifying proposal, a contract with SMPA was executed based on a longstanding relationship as a knowledgeable and productive partner for GCHP.

GCHP worked with SMPA during the 2022-23 fiscal year (FY) to create a highly visible marketing campaign to promote Medi-Cal redetermination efforts. In addition, SMPA supported GCHP through the announcement of the settlement with the Office of Inspector General and a variety of internal and external efforts. SMPA also offers support in the following areas:

- Internal / external communications strategies and plans, including social / digital media, to promote programs and services
- Branding / image identity development
- Media relations and training
- Situational / crisis management

SMPA's familiarity with GCHP's priorities and its role in the community is beneficial to GCHP in that the communications work can continue without interruptions.

FISCAL IMPACT:

An additional \$200,000 is sought for FY 2023-24. Funding for this contract is included in the FY 2023-24 budget. The overall financial summary for FY 2022-23 and FY 2023-24 is below.

Contract Description	Amount	Contract Term	Budgeted
SOW 4 – Public Relations Services	\$209,000	7/1/2022 to 6/30/2023	Yes
SOW 4– Amendment 1 Renew for 12 months	\$200,000	7/1/2023 to 6/30/2024	Yes
Total Projected Cumulative Spend	\$409,000	Ending on 6/30/2024	

RECOMMENDATION:

GCHP recommends approval of the contract extension with Stacy Miller Public Affairs, Inc. for a cumulative amount not-to-exceed \$409,000 through the period ending June 30, 2024.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: August 28, 2023

SUBJECT: Funding Update Request – Contract with Consentia Health for Additional Financial Supports during Chief Financial Officer Transition

SUMMARY:

At the January 9, 2023 special Commission meeting, which occurred less than one week after the resignation of the Chief Financial Officer (“CFO”), management requested approval for comprehensive support with various strategic financial operations related to the Chief Financial Officer (“CFO”) transition. GCHP management and I are very appreciative of – and have greatly benefited from – the expert-based and wide-ranging services and supports from Consentia Health that were enabled and funded by the Commission’s approval. Management’s funding request at that time was for \$350,000 (estimated budget) with the intention of returning to the Commission, as needed, with an updated budget later in the CFO transition process based on my immersion in the financial work of the health plan (i.e., after a needs assessment) and the actual timeline of the CFO search.

Though the CFO search has ended with firm plan for a September 2023 start date, the full breadth and depth of Consentia Health services are still needed to continue through the CFO’s onboarding and an initial 120 Day Plan, which will focus on the priority of rebuilding, supporting, and strengthening GCHP’s finance functions including reporting on financial matters and performance to the Commission and Executive Finance Committee. I estimate the full services needed to support the CFO during the initial 120 Day Plan (through year end) require an additional \$350,000, which is consistent with the amount included in the FY 2023-24 budget previously reviewed/approved by the Commission. I respectfully request the Commission’s approval to increase the funds for Consentia Health accordingly.

The supports to be provided by Consentia Health include, but are not limited to, the following:

1. General CFO advisory services for strategies of the health plan.
2. Expert support for financial operations of the health plan, including audits, review of financial statements, review of GCHP actuary’s reserve development for incurred but not paid (“IBNP”) claims.

3. Expert data analysis (detailed and comprehensive) of medical benefit cost trends and cost drivers.
4. Ongoing evaluation of the FY 2023-24 Budget.
5. Ongoing evaluation of financial risks to the health plan.
6. Planning for future financial operations.
7. CFO onboarding planning and support.
8. Preparations for a sustainable Payment Integrity claims review process in accordance with regulatory requirements and a provider-centered health plan operational model.
9. CFO role in development and implementation of provider network development strategy and contracting, as well as related negotiations.
10. Financial and operational readiness planning for the Dual Special Needs Plan required (by 2026) as part of Cal AIM.

Consentia Health is a leading consultancy in these areas and in all strategic, financial, and operational functions of Medicaid and Medicare health plans. The firm is led by Michael Cornelison, who has 40+ years of leadership experience with health plans, including as CEO, CFO and COO of health plans and as CFO of United Healthcare's national services business. Mr. Cornelison, who will remain Consentia Health's GCHP's account leader, has a distinguished track record of delivering superior member and provider services and high performing health plan operations while ensuring sustained financial strength. The full set of Consentia resources made available to GCHP includes a team of expert data/analytical resources and claims (operations, system) subject matter experts.



AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 28, 2023

SUBJECT: Redetermination Update

**PowerPoint with
Verbal Presentation**

Medi-Cal Continuous Coverage Update

Monday, August 28, 2023

Marlen Torres
Executive Director, Strategy and External Affairs

Integrity

Accountability

Collaboration

Trust

Respect

Agenda

1. Membership Redetermination Early Indications
2. Continuous Coverage Media Campaign
3. Community Education Campaign
4. Member Targeted Outreach
5. Ongoing Member Outreach Efforts
6. Community Organizations Grants
7. Provider Sites Office Hours

Membership Redetermination Early Indicators

Medi-Cal Statewide		
Overall	1,051,401	
In Process	327,077	31.1%
Discontinued*	225,231	21.4%

Ventura County		
Overall	18,570	
In Process	6,848	36.9%
Discontinued*	3,398	18.3%

Source: DHCS Continuous Coverage Unwinding Dashboard June 2023
<https://www.dhcs.ca.gov/dataandstats/Pages/Continuous-Coverage-Eligibility-Unwinding-Dashboard.aspx>

*Discontinued: Members who have been disenrolled from Medi-Cal.

1. Redeterminations have begun first wave (April-June) for GCHP and Medi-Cal statewide members. We are starting to see the impact in early data.
2. DHCS released its Continuous Coverage Unwinding Dashboard, which includes the following measures:1) Total Enrollment, 2) Applications in Progress, 3) Redeterminations, and 4) Disenrollments. Our focus is on the reported redetermination measures found on the dashboard.
3. In addition to the DHCS dashboard, we are closely reviewing and analyzing the monthly enrollment roster sent to us by DHCS that tells us, at the member level, who is covered and who we are getting capitation for. It is our final basis for determining who remains covered. This will allow us to see how the bigger picture is unfolding.
4. Here is the summary based on what is reported on the statewide dashboard:
 - A. Ventura County / GCHP are experiencing redetermination trends that are in-line with what is occurring at a statewide level. For example, 18% of members have been discontinued in Ventura County vs 21% statewide. We will continue to present discontinued information on a monthly basis.
5. The following slides depict the work we are doing to keep members enrolled.

Continuous Coverage Media Campaign

Digital Ads (English and Spanish)



Billboards (English and Spanish)

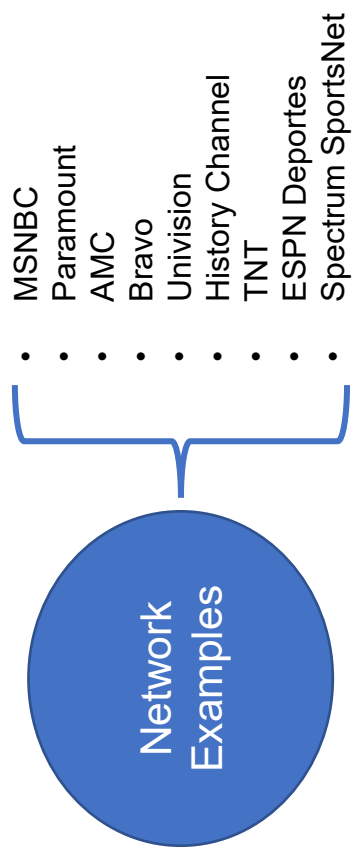


Bus shelters (English and Spanish)

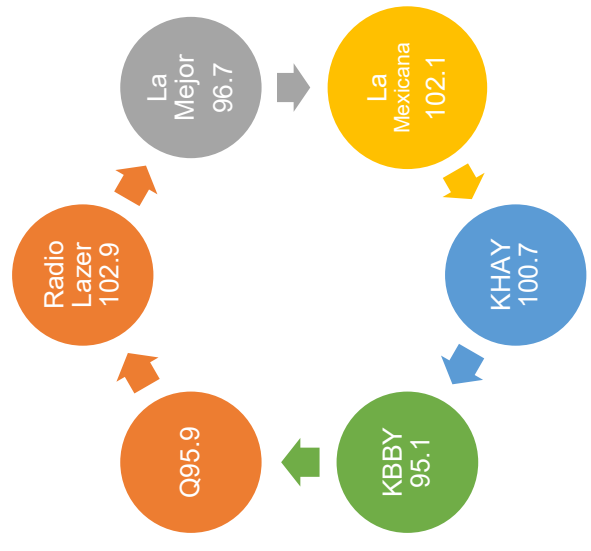


Continuous Coverage Medica Campaign Cont.

TV and Streaming Commercials



Radio Ads (English and Spanish)



Printed Ads (English and Spanish)



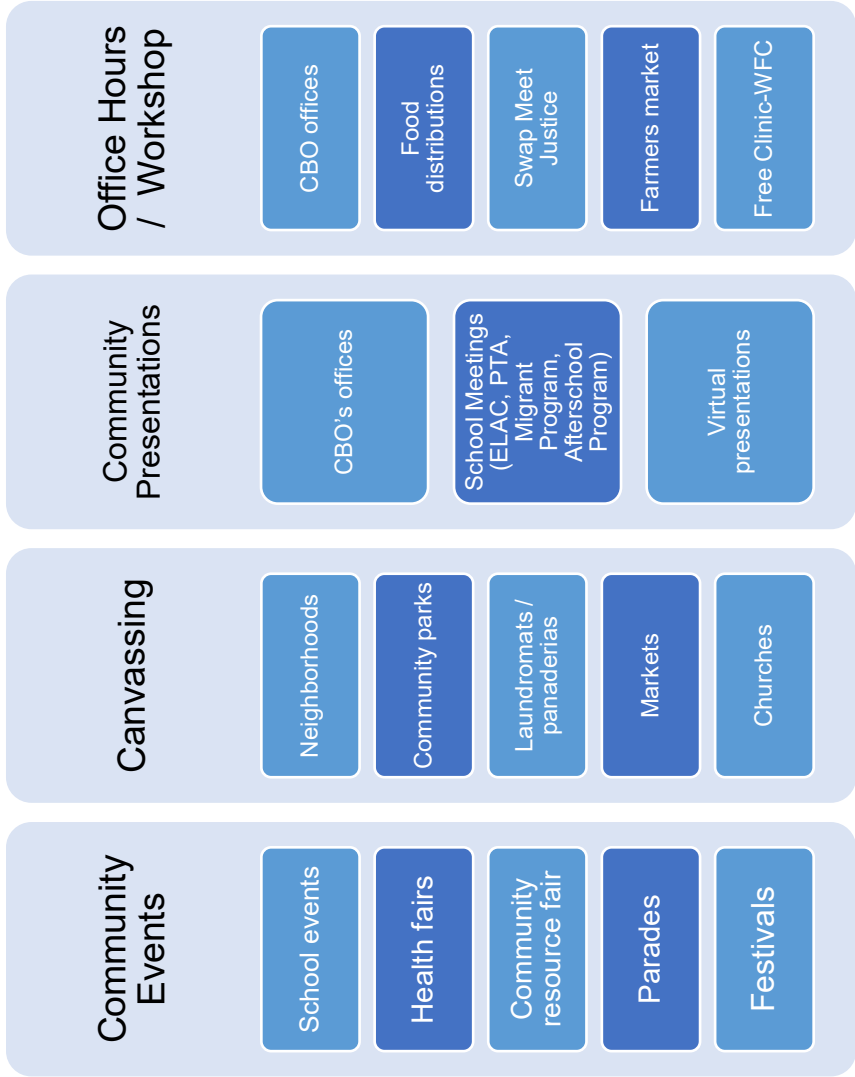
Community Education Campaign

Community Outreach Impact

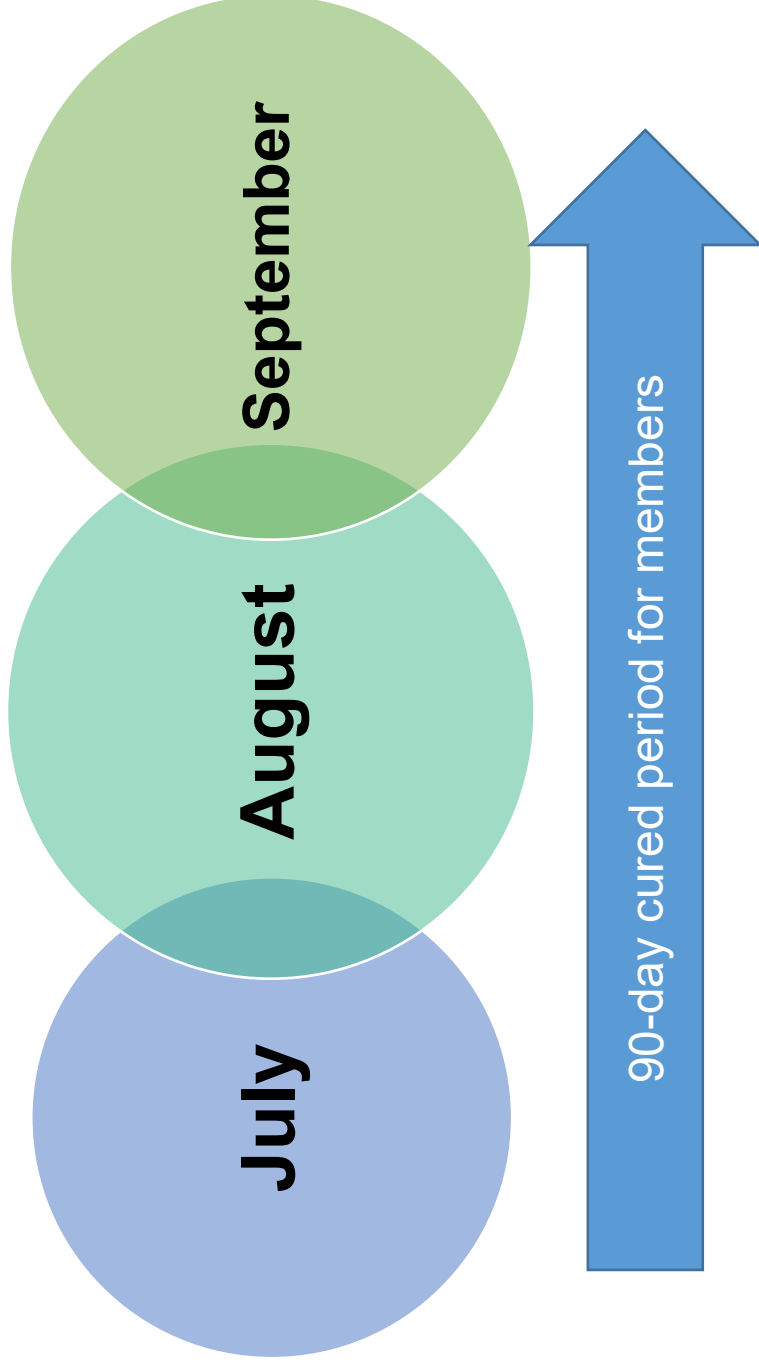


Total number of community members engaged in Q1: 4,780

Engagement and Outreach Modalities

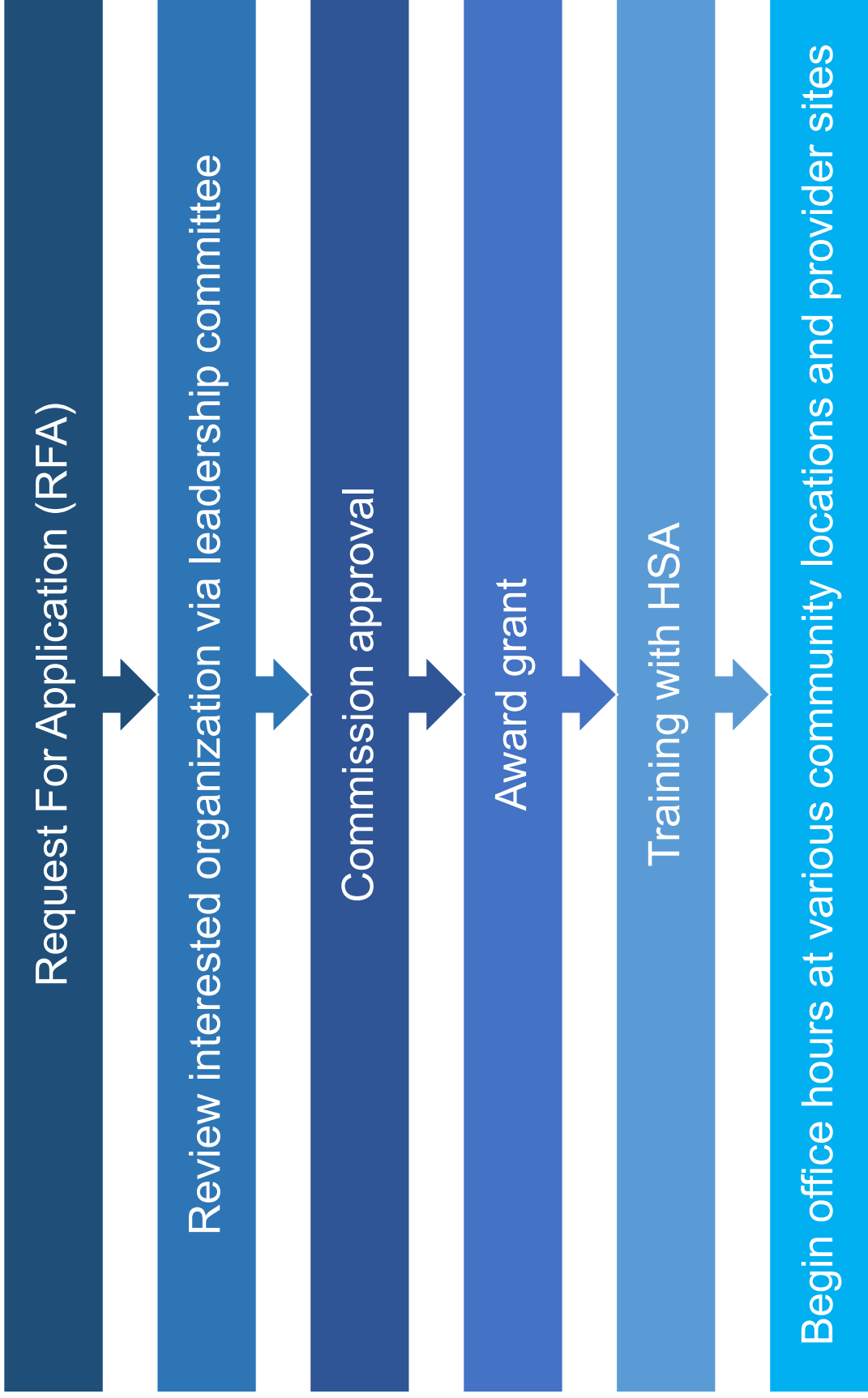


Member Targeted Outreach



- Automated calls to remind members that they are due for their renewal.
- Dedicated staff conduct calls to members within their redetermination period to assist with:
 - Completing renewal forms.
 - Scheduling in-person assistance.
 - BenefitsCal portal registration.
- Calls are made to members who were discontinued and are within their cured period.

Community Organizations Grants



Provider Sites For Member Assistance

Deploy current Community Relations staff to provider offices, will expand GCHP member outreach efforts by funding additional CBOs to engage at additional provider sites.



Q&A



AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Erik Cho, Chief Policy & Program Officer
DATE: August 28, 2023
SUBJECT: Transportation Update

**PowerPoint with
Verbal Presentation**

Gold Coast Health Plan

Transportation Update

8/28/23

Erik Cho, Chief Policy and Program Officer

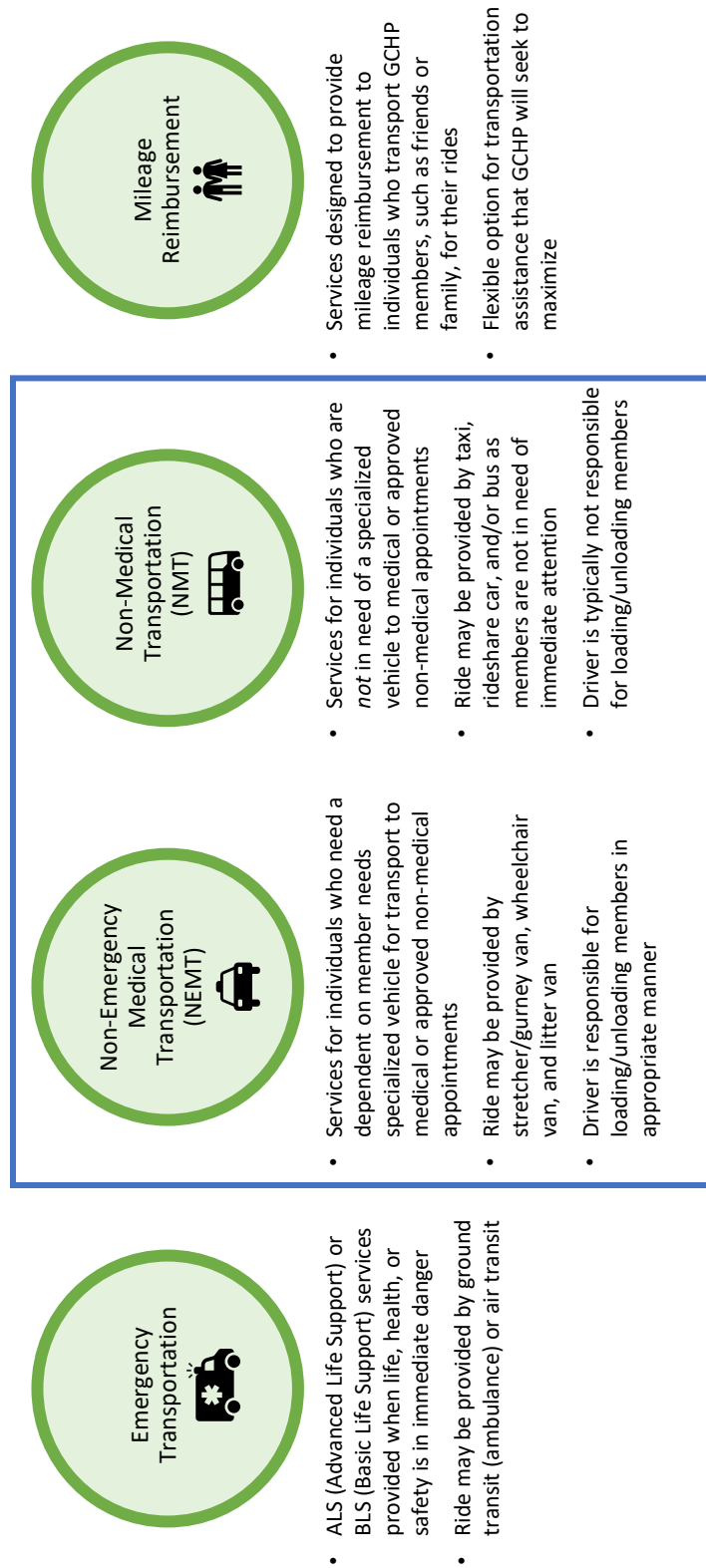
Presentation Overview



- Reviewing the Transportation Benefit
- Services Provided and Needs are Both Increasing
- Impact on Quality and Access
- Work Completed and Work to Come
- Preview of Addition of Dedicated Vehicles

Reviewing GCHP Transportation

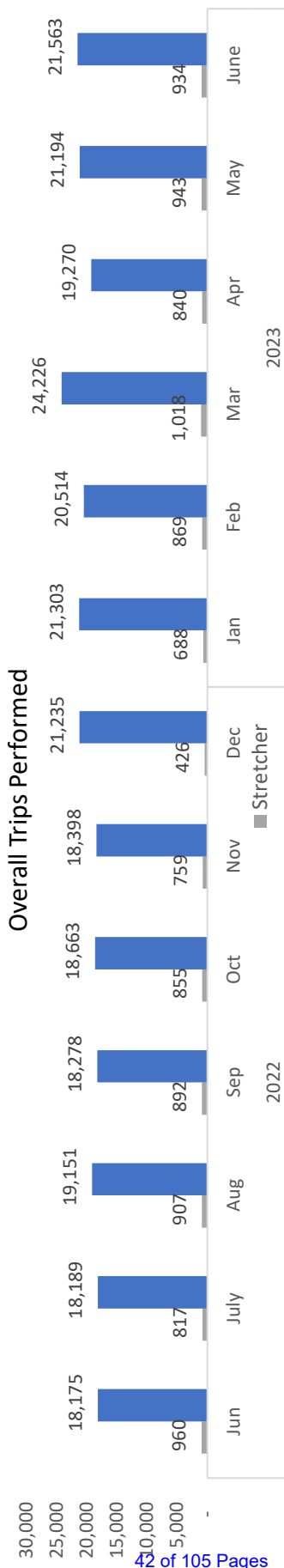
GCHP offers a comprehensive member transportation program to deliver safe, timely, and appropriate Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation benefits with the goal of promoting improved health outcomes and eliminating barriers to care



Currently delegated to Ventura Transit System (VTS)

Growing Services and Need

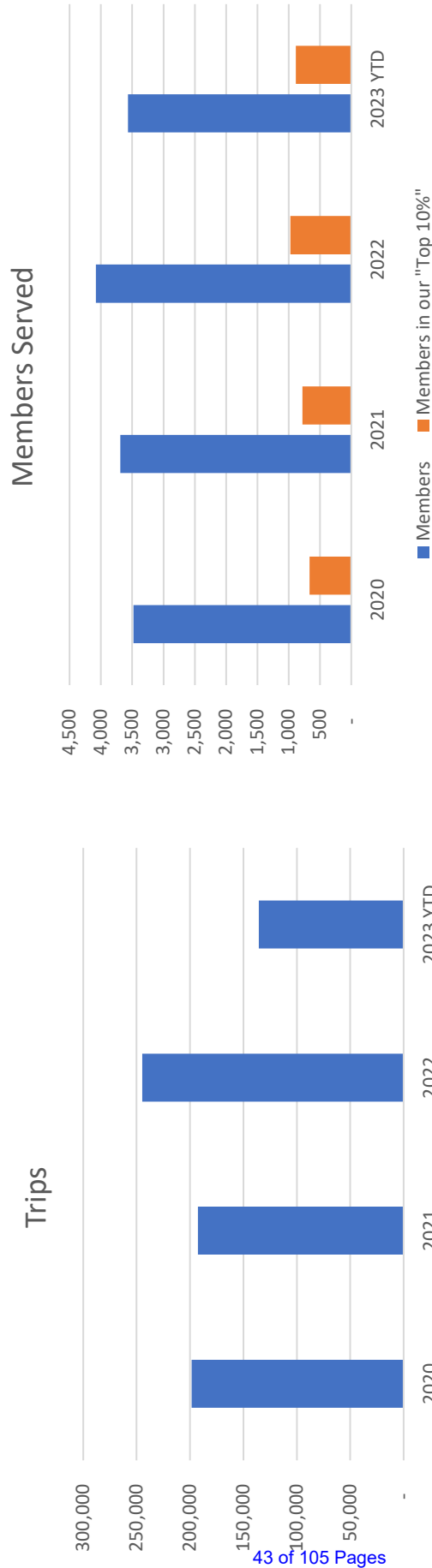
As is common with a maturing NEMT benefit, total utilization per member and utilization of specialized transport has grown over the past twelve months



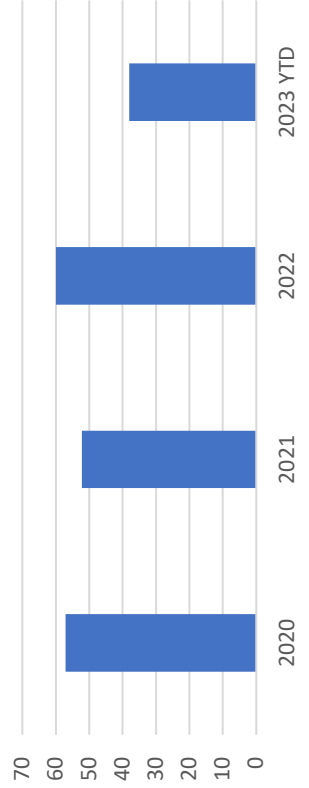
- Overall trip numbers have experienced a growth of approximately 10% in 2023, primarily driven by an increase in ambulatory and wheelchair van trips
- Of stretcher trips performed, 74% are to dialysis centers
 - Most appointments are made on a recurring schedule and often require a significant amount of resources

Source: VTS Service Type Report, June 2022- May 2023; June 2023 is average of Mar-May 2023

Many Trips for Relatively Few Members



Trips Per Member Who Utilized Transportation



Impact to Quality and Access

- Over the MCAS measures to which GCHP is held to Minimum Performance Level (MPL) for Measurement Year 2022, there were 61,844 gaps in care.
- GCHP sees greater member awareness of and access to effective transportation as one tool in closing these gaps.
- So far in MY 2023, the number of members who have utilized transportation out of the eligible population of each measure is low, as shown in the 3 illustrative metrics shown below.
- There are 18 MCAS measures held to MPL in MY 2023.

Measure (MY23)	Eligible Population	Utilized Transportation
A1c Poor Control	5,061	239
Breast Cancer Screening	10,765	479
Well Child Visits	88,213	285

- GCHP will develop MCAS-targeted transportation solutions as part of improving transportation access to all.

Gold Coast work with Aarete

Phase I

- Aarete was chosen through an RFP for Transportation Consulting.
- Aarete analyzed VTS's current state, focusing on vehicle network adequacy, operating costs, and overall performance
- The review determined that the current PMPM is not aligned with market rates and does not incentivize performance
- An operational deep dive was recommended to identify the root causes of grievances and other operational shortcomings

Phase II

- After conducting a thorough two-phase review, including VTS site visit, member pickup/drop off reviews, and additional providers outreach, Aarete provided recommendations for GCHP regarding transportation options and improvement.
- Recommendations include immediate re-contracting efforts and the development of additional operational oversight tactics
 - Opportunity exists to re-align on transportation metrics and strictly define GCHP/member expectations
 - GCHP can utilize scorecards to review vendor performance, including quality management and cost containment
 - DHCS approval for public transit will be beneficial for VTS in providing ambulatory services to GCHP members
 - Opportunity to establish a formalized 'Friends & Family' program, to be managed by VTS

Phase III (to be proposed)

- Develop a market-leading transportation program that maximizes member access to high-quality services at the appropriate level of need
- Position the NEMT relationship with VTS as a scalable, best-in-class service.
 - Updated Contract: Update quality incentives, compensation, and SLAs
 - Scalable Approach: Expand VTS services through mileage reimbursement, dedicated vehicles, and dynamic compensation to promote benefit usage
 - New Reporting Requirements: Implement new reporting requirements that offer a 360-degree view of the member transportation experience.
 - Oversight Processes: Update oversight processes for a role dedicated to transportation liaison.

Dedicated Vehicles

To expand network access, GCHP will pursue dedicated vehicles to supplement the current fleet



Stretcher Van

VTS Vehicles: 5
Subcontracted Vehicles: 6
Annual Trips: ~10,000
Priority: **High**



Wheelchair Van and Ambulatory

VTS Vehicles: 51
Subcontracted Vehicles: 0
Annual Trips: ~250,000
Priority: **Medium**

Option 1 Invest in VTS Fleet

- Provide funding for additional vehicles
- Vehicles can be incorporated into regularly scheduled transportation or serve as "runners" for delayed or urgent trips and discharge
- Vehicles are fully dedicated to GCHP membership

Option 2 3rd Party Subcontract

- In Phase 2, alternative transportation vendors in neighboring counties were identified and contacted. Pursue contracts with those vendors who expressed interest in providing dedicated vehicles in Ventura County
- Nearby providers may have capacity, requiring less investment

- Throughout engagement, challenges with timely access were highlighted as a pain point
- Hospital discharges and stretcher van were emphasized as challenges
- In addition to member experience challenges, stretcher vans are experiencing costs 5-6x Medi-Cal fee schedule rates for subcontractors
- Additional vehicles will enable the growth of the benefit and help scale enhanced transportation access
- Contracting for additional dedicated vehicles is a regular practice within the market
- GCHP has option to invest directly in the VTS fleet or arrange dedicated subcontracted vehicles from providers who were contacted in Phase 2 of the assessment

Questions

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: August 28, 2023

SUBJECT: Reschedule the Commission's Upcoming Regular Meeting and Set a Special Meeting to Make Requisite Findings under Assembly Bill 361 to Continue to Meet Virtually

SUMMARY/RECOMMENDATION:

1. Reschedule the Ventura County Medi-Cal Managed Care Commission's ("Commission") upcoming October 23, 2023 regular meeting to October 30, 2023, so that Commission members and staff can attend California Association Health Plans' annual conference also set for October 23, 2023; and
2. Set a special meeting of the Commission before October 25, 2023, so the Commission can make the requisite findings under Assembly Bill 361 ("AB 361") to continue to meet virtually.

BACKGROUND/DISCUSSION:

The upcoming regular meeting of the Ventura County Medi-Cal Managed Care Commission ("Commission")(dba Gold Coast Health Plan ("GCP").) is currently set for October 23, 2023—the same date as the California Association Health Plans' ("CAHP") annual conference.

CAHP is a statewide association that represents public and private health care plans that provide medical coverage to millions of Californians. CAHP's mission is to sustain a strong environment in which its member plans can provide access to products that offer choice and flexibility to the Californians they serve, by:

- Advocating for the interests of health plans and their members on legislative and regulatory issues.
- Educating policy makers, opinion leaders and regulators on the implications of policy concepts and proposals.
- Promoting collaborative efforts among health plans, providers, purchasers, brokers, health care associations and other stakeholders to assert policy toward the provision of high quality, affordable and accessible health care.

- Informing the media and the public about our philosophy and the benefits health plans provide.
- Asserting a strong political presence in the state Capitol.
- Promoting opportunities and forums for plan members to meet, exchange ideas and discuss critical issues affecting the industry and industry effectiveness.

Commission members and GCHP staff regularly attend CAHP's annual conference. So that no conflicts exist, GCHP staff is requesting that the Commission reschedule its upcoming October 23rd regular Commission meeting to October 30, 2023, so that Commission members and GCHP staff can attend CAHP's annual conference. Additionally, the additional week will give GCHP's auditors another week to complete their audit .

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

Whether to reschedule the Commission's upcoming regular Commission meeting from October 23, 2023 to October 30, 2023 so that Commission members and staff can attend CAHP's annual conference is within the discretion of the Commission. However, if the Commission, by majority vote decides to reschedule the upcoming meeting to October 30, 2023, it must schedule a special meeting on or before October 25, 2023 to continue to meet virtually under Assembly Bill 361.

FOLLOW UP ACTION:

If the Commission, by majority vote, decides to reschedule its upcoming regular Commission meeting from October 23, 2023, to October 30, 2023, and set a special meeting of the Commission to a date on or before October 25, 2023, the rescheduled regular meeting and new special meeting must be noticed in compliance with the Ralph M. Brown Act. (Gov. Code §§ 54950 *et seq.*)

ATTACHMENT:

None.

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 28, 2023

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. Dee Pupa
2. Laura Espinosa
3. Ana Monroy

Staff is presently preparing for the Strategic Planning Retreat, which will be on December 14, 2023. 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 the Public Health Emergency has been lifted.

NEXT STEPS:

Once reconvened, the Strategic Planning Ad Hoc Committee will begin meeting monthly starting in September 2023.

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. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix L. Nuñez, MD, MPH, Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

DATE: August 28, 2023

SUBJECT: Quality Improvement Committee 2023 Second Quarter Report

SUMMARY:

The Department of Health Care Services (“DHCS”) requires Gold Coast Health Plan (“GCHP”) to implement an effective quality improvement system and to ensure that the governing body routinely receives written progress reports from the Quality Improvement Committee (“QIC”).

The attached PPT report contains a summary of activities of the QIC and its subcommittees.

APPROVAL ITEMS:

Quality Improvement Committee 2023 Second Quarter Report

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the complete report as presented.

ATTACHMENTS:

- 1) Timmerman, K., (2023). Quality Improvement, Ventura County Medi-Cal Managed Care Commission, Quality Improvement Committee Report – Q2 2023, Presentation Slides.

Quality Improvement Committee Report Q2 2023

Monday, August 28, 2023

Felix L. Nuñez, MD, MPH – Chief Medical Officer
Kimberly Timmerman, MHA, CPHQ
Sr. Director, Quality Improvement

Quality Goals

Be Accountable to our Members—Measure Outcomes and Continuously Improve

Be top Medi-Cal managed care plan in California by 2027

Achieve optimal MCAS MY 2023 performance by exceeding MPL on all measures and achieving HPL on 5 measures

Achieve NCQA Health Plan (HPA) and Health Equity (HEA) Accreditation by January 2026

Build quality improvement process including stakeholder engagement, robust outcomes measurement and feedback loops to care and service delivery

Prioritized Milestones

- Achieve optimal MCAS MY 2023 performance by exceeding MPL on all measures and achieving HPL on 5 measures
 - Implement effective member interventions targeting education and closure of gaps in care
 - Implement effective provider interventions targeting collaboration and quality incentives
 - Implement effective data improvement interventions
- Achieve NCQA Health Plan (HPA) and Health Equity (HEA) Accreditation by January 2026
 - Partner with The Mihalik Group (TMG) on HPA and HEA readiness and execute on plan to remediate compliance gaps
 - Complete remediation by 6/30/2024 in order to conduct a second mock survey from July – October 2024.
 - Submit survey tool documentation to NCQA in June 2025.



Prioritized Milestones

- Build quality improvement process including stakeholder engagement, robust outcomes measurement and feedback loops to care and service delivery
 - All prioritized programs and interventions have outcome measures developed
 - Outcomes data collection begun for 50% of prioritized programs and interventions by 6/30/24



MCAS MY 2022

MCAS MY 2022 Performance Highlights

Of the 15 MCAS Measures **held to MPL:**

- 11 measures performed at or above the DHCS MPL (50th Percentile)
 - All 8 hybrid + 3 administrative measures met MPL
 - 4 admin measures below MPL
- 8 measures improved compared to MY 2021
 - 4 measures increased in percentile performance (for example, from 25th to 50th)
- Strong rate improvement was noted in the following measures:
 - Controlling Blood Pressure (+4.38%)
 - Hemoglobin A1c Control for Patients with Diabetes (-3.89%) (lower is better)
 - Breast Cancer Screening (+3.22%, representing an additional 1,088 members receiving a mammogram to screen for cancer compared to MY 2021)
 - Child and Adolescent Well Care Visits (+8.39%)
 - Well Child Visits First 15 Months (+26.26%)
 - Well Child Visits 15-30 Months (+7.74%, representing an additional 323 children who received well care visits compared to MY 2021)

MCAS MY 2022 Performance Highlights

Of the 15 MCAS Measures **held to MPL:**

- Performance was below MPL for the following measures, which will continue to be the focus of quality improvement interventions and provider collaboration for MY 2023:
 - Chlamydia Screening in Women
 - Follow Up After ED Visit for Mental Illness
 - Child and Adolescent Well Care Visits
 - Well Child Visits First 15 Months



MCAS MY 2023

A black and white photograph of two baseball players in mid-air, high-fiving each other on a field. The player on the left is wearing a dark jersey with the number 76, and the player on the right is wearing a light-colored jersey with the number 12. The background shows a baseball field with a fence and spectators.

MY 2023 “High-5”

MY 2023 Goal

All measures at least meeting MPL with five meeting or exceeding HPL!

Behavioral Health Domain	Chronic Disease Management Domain
Follow-Up After ED Visit for Mental Illness – 30 days*	Asthma Medication Ratio*
Follow-Up After ED Visit for Substance Abuse – 30 days*	Controlling High Blood Pressure*
Children's Health Domain	Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9%)*
Child and Adolescent Well – Care Visits*	Reproductive Health Domain
	Chlamydia Screening in Women
Childhood Immunization Status – Combination 10*	Prenatal and Postpartum Care: Postpartum Care*
Developmental Screening in the First Three Years of Life	Prenatal and Postpartum Care: Timeliness of Prenatal Care*
Immunizations for Adolescents – Combination 2*	Cancer Prevention Domain
Lead Screening in Children	Breast Cancer Screening*
Topical Fluoride for Children	Cervical Cancer Screening
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits*	
Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits*	

Q4 MCAS Push MY 2023: The Gold Coast “High-5”

- Current Interventions for the “High-5”
 - Provider Quality Incentive Pool and Payment (QIPP) Contracts
 - Lead Screening Provider Incentive (per test)
 - Member Incentives – Cervical Cancer, Breast Cancer, Lead Screening, Well Child
 - ✓ Expanding Point-of-Care now at 14 clinics
 - Member Outreach Calls for Gaps in Care/Appointment Facilitation
 - ✓ Mammogram Appointments (Conduent)
 - ✓ Care Management Outreach Calls for FUA
 - ✓ CareNet (vendor) Outreach for Well Child and Cervical Cancer Screening
 - Wellth
 - Provider Grants
 - ✓ Point of care testing devices
 - ✓ Provider recruitment
 - Carelon Agreement – MCAS improvement on BH measures

Q4 MCAS Push “High-5”

- Non-standard supplemental data collection through medical record abstraction
- Data Mapping and EMR feed ingestion

Questions?

Recommendation:

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

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information Officer

DATE: August 28, 2023

SUBJECT: Contract Award to NTT Data for Provider and Member Portals

BACKGROUND/DISCUSSION:

Project Background

By this request, the Ventura County Medi-Cal Managed Care dba Gold Coast Health Plan (GCHP) staff is asking that Commission follow the recommendation of the Executive Finance Committee and award a competitively bid contract for Provider and Member Portal Software that will support claims processing efficiencies and significantly enhance the provider and member experience to NTT Data.

Following the health plan industry's standard practice of regularly evaluating capabilities and performance against the nationwide market of system and service providers, GCHP began a comprehensive procurement of technologies and services, (reference the initiative list below in table 1). GCHP intends to implement these solutions by July 1, 2024. The Commission has authorized GCHP staff to undertake improvements throughout the Plan to improve medical care and outcomes and become a leader in the delivery of health care services to members. The specific initiative relative to this request was to survey the marketplace through a competitive bidding process (RFP 4) for new provider and member portals. The solution will be expected to support and enhance the modernized capabilities of the new Health Edge Health Rules Core Administration system and the new Zyter/TruCare case management software. A table showing the RFPs currently being processed is set forth below:

Table 1

RFP 1	EDI Services
RFP 2	Core Claims Processing Software
RFP 3	Medical Management Software
RFP 4	Provider and Member Portal Software
RFP 5	BPO (Claims Processing Services)
RFP 6	Mailroom and Claims Editing Services

RFP 7	Print and Fulfillment Services
RFP 8	Call Center Software/Technology
RFP 9	Customer Experience Management Software

Procurement Background

Lead by GCHP's Executive team on September 9, 2022, staff issued a Request For Proposal, (RFP) for Provider and Member Portal Software directly to the sixteen (16) vendors listed who the staff believed were appropriate potential vendors for the Plan. Other vendors could respond as the list was not exclusive. Because there were advantages to having a single vendor design and provide solutions for both the provider and member portals, vendors were required to be able to provide both portals. The 16 vendors specifically solicited were:

Accenture	Gainwell
AthenaOne	NTT
Availity	OptumInsight
Bridge Patient Portal	Oracle
CareCloud	Trilliant
Caspio	UST
Cognizant	VBA
Deloitte	ZeOmega

Set forth below is the schedule utilized for this RFP.

Event	Date
RFP Released	9/19/2022
Questions Due	9/26/2022
Questions Answered via Bidders Conference	10/5/2022
Intent to Propose Notification Due By	10/7/2022
Proposal Due Date	10/17/2022*
Short List Established and Contractual Discussions Begin	11/7/2022
Short List – Product Demo With GCHP staff	11/18/2022
Short List – Product Demo with GCHP providers and members	6/12/2022 – 6/30/2022
Short List - Conducted reference calls	6/22/2023 – 6/26/2023

GCHP received five (5) responsive proposals from vendors that could provide both provider and member portals. Five (5) proposals were rejected as they could not provide both portals. A cross functional evaluation team was formed with representation from IT, (5 team members), Operations, (3 team members), Provider Contracting, (1 team member), Medical Management,

(3 team members), and Procurement, (1 team member) to evaluate the responsive proposals. Using predetermined evaluation criteria and weights, the team scored each proposal from the RFP's qualitative and quantitative requirements.

Based upon the evaluation of the responsive proposals, GCHP staff narrowed the proposers to 3, Oracle, NTT and Deloitte and invited them to the presentation round. Two separate scripted demonstrations with the top scoring three vendors were undertaken. The first demonstration was conducted in November with internal GCHP staff, and the second demonstration included providers and members to include their insight in the review. This second demonstration's evaluation team included 10 members and 3 providers and occurred in June. During the interim period between the demonstrations, GCHP staff focused on implementing the Core Administration, Medical Management and Electronic Data Interchange contracts.

The key takeaways from the second demonstration were:

- NTT was responsive and their products functional capabilities and technologies met the expectations of all parties, with the Provider panel preferring the NTT capabilities over the other competitors demonstrations. In addition, the Member panel found the mobile application to be something they would use.
- Deloitte's functional capabilities and technology met expectations of all groups that evaluated the demonstrations. It was user friendly, the members preferred the portal demonstrated by Deloitte, but the cost was multiple times the other proposals and they did not demonstrate a mobile application.
- Oracle partnered with a third-party vendor, Myelth, and the proposed product did not meet GCHP expectations and needed material development and growth. Gold Coast staff, the providers and members ranked Oracle's portals last of the products that were demonstrated.

After the second set of demonstrations conducted, Plan staff concluded the scoring of the RFPs to determine with which vendors Plan staff should enter into intensive contract discussions.. The scores are set forth below:

Overall Scores (High to Low, Maximum Score of 200):

Consolidated Scores	Total Scores
Deloitte	120.55
NTT Data	119.92
Oracle	106.75

Contract Negotiations

The total 5 - year “Proposal” cost for each of the three short listed vendors was as follows:

Oracle/Myelth \$ 5,312,448
NTT Data: \$ 7,039,989
Deloitte: \$19,370,000

These three vendors, given their RFP score ranking, comprised the initial short list. Given that Oracle’s proposed solution was determined by the cross-functional team, providers and members to fall well short of the expectations and capabilities during the demonstrations, GCHP prioritized discussions with NTT Data and Deloitte.

Key takeaways during the contracting discussions:

- NTT and Deloitte both agreed to use GCHP’s standard contract templates as a baseline, but with some important differences due to variations in the proposed delivery model for each vendor and a much more aggressive negotiating position by Deloitte on issues of liability. NTT focused on a typical subscription model and SaaS solution for implementation, operation and support of the portals and substantially accepted GCHP terms. Deloitte proposed a licensed software solution customized to GCHP needs with GCHP retaining responsibility for hosting, support and maintenance of the software after an intensive two-year development and go-live period. In years 3-5, Deloitte’s role was limited to providing personnel resources under the supervision of GCHP with no liability for outcomes. Accordingly, SaaS terms were not a part of the Deloitte negotiation.
- NTT agreed to terms more favorable to GCHP with respect to the indemnity and defense of liability claims under the Master Services Agreement and the Business Associate Agreement, particularly on the issue of security breaches and the protection of PHI. These types of claims are generally the highest concern for GCHP. NTT also was willing to comply with GCHP’s insurance requirements for such claims and Deloitte was not, which would put GCHP at a disadvantage with respect to the defense of such claims. For general claims under the MSA, Deloitte was willing to offer a higher limitation on liability that reflected its overall higher cost, but the limitation on liability for security related claims was the same for both vendors.
- NTT agreed to provide service level commitments and support with respect to the operation and support of the portals, including taking responsibility for regulatory updates consistent with GCHP’s standard terms. Deloitte was only willing to provide these commitments during the first two years of software customization, with support and maintenance after year two exclusively the responsibility of GCHP using Deloitte staff resources on a time and materials basis.
- The Deloitte delivery model provided GCHP with greater rights in the source code for the customized software pursuant to a perpetual license, which has potential benefits to GCHP in the future, but at significantly greater cost, retention of hosting and support obligations, and less protection from risk and liability. Due to the fact that the Deloitte

core software is licensed from a separate division within Deloitte, the full license fee of \$10.2 million is payable in advance and GCHP's rights in the core software are defined by an agreement that is separate from the GCHP standard contracting language for the customized portals and is subject to termination. The NTT software subscription fee has been heavily discounted until the portals have been fully implemented and are in use.

Procurement and Legal believe that the proposed NTT terms are significantly more favorable terms. NTT operates portals for two California Health Plans, North America Medical Management (NAMM, which was recently acquired by Optum, and Prime Health Care.

Reference Checks

GCHP staff made reference calls vetting the capabilities of both NTT and Deloitte. The references confirmed that the projects performed for these entities were successful as to their specific scope.

Summary of Basis for Recommendation for NTT Data

GCHP staff and the Executive Finance Team recommend the Commission enter into a contract with NTT Data. While there were some advantages of the Deloitte solution, including that it does not require a historical data conversion for claims and member data, that members preferred the technology in a demonstration and that Deloitte has a deep healthcare practice and robust capabilities, the cost savings in excess of \$11,000,000, the significantly more favorable contract terms and the providers' preference for NTT Data, outweigh those and any other factors. Two California Health Care Plans use NTT Data's Portals, North America Medical Management California and Prime Health Care.

The NTT Data Contract

NTT's member and provider portals will provide advantages for GCHP by improving the member and provider experiences as well as user experience. The Provider Portal will allow providers to gain easy access to GCHP resources to support our members care. Ideally our provider network will be able to use the portal to identify preventive care resources and gain understanding of how GCHP quality goals align with care. The regulations require a provider portal and given that the Plan's contract with Conduent terminates July 1, 2024, NTT's provider portal, which our providers preferred, will be a priority in the implementation.

The Member Portal will provide personalized resources that align with GCHP quality and performance goals. As members access the portal, they will be directed to health education, community based, behavioral health, and chronic disease resources that are specific to our members unique health needs. The portals will form a vital element of the member experience and will serve to align our network partners around our GCHP strategic goals focused on bringing high value to our membership. During the demonstrations with the members, the members liked the mobile app offered by NTT.

The tools and features of the system will help to eliminate technical debt and less intervention from IT staff for support of the system. NTT is continually investing in the software and adding functionality to help health plans achieve their goals and increase productivity.

- **Audit tracking and traceability**
 - Deep audit tracking capabilities to ensure GCHP can trace back to specific root causes for any issues (system, performance, manual processes, notes, etc.)
- **Real-Time member & provider data**
 - Potential for real time communication of claim status to the provider and access to real time member data
 - Combines member tools for self-service, health management in one spot – backed by a personalization engine driving targeted user experiences.
 - Makes it easy for members and providers to view and update information such as: 1) Member demographic 2) Member PCP assignments 3) Authorizations 4) Claims status.
- **Highly Configurable**
 - Highly configurable system that allows GCHP more control and less dependency on a vendor
 - Robust controlled environment that allows for greater oversight and financial accuracy
 - Improved end user experience through thoughtful screen design and ease of navigation.
- **Portal Integration Capabilities**
 - Superior functionality for portal integrations will improve accuracy and efficiency of processing Claims and communicating with our members and providers.
 - Improve the member and provider experience with GCHP with self-service capabilities.
 - The Plug In will also improve productivity for IT and the business by eliminating maintenance and production issues between the Core Administration system and the Provider Portal.

FISCAL IMPACT:

Award of the contract to NTT will deliver operational efficiencies to GCHP while improving the provider and member experience.

The total cost proposed by NTT over the projected useful life of the 12-month implementation period and 5-year agreement (9/1/2023- 6/30/2029) is projected to not exceed \$8.1M, which includes the contract amount of \$7,039,989 and an additional 15%, for change orders. The 15% for change orders in contract awards is GCHP's standard practice. This is at or below fair market value based on fair and open competition.

The projected base costs from NTT Data compared to the other finalist Deloitte are set forth below:

NTT	\$ 7,039,989M
Deloitte	\$19,370,000M

There will be a savings of over \$11,000,000 by contracting with NTT and their contract terms are more favorable than offered by Deloitte.

All proposers were notified of the recommendation to award the contract to NTT and no bid protest has been filed.

RECOMMENDATION:

It is the Plan's recommendation that the Commission accept the recommendation of the Executive Finance Committee, waive any irregularities in NTT Data's proposal and authorize the CEO to execute a contract with NTT Data Inc., on terms acceptable to the CEO and General Counsel. The term of the contract will be 10 months of implementation and 5 years of production commencing July 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$8.1M [designed to cover the base fee, plus ~15% for potential contingencies.]

If the Commission desires to review this contract and the scoring, they are available at Gold Coast Health Plan's Finance Department.

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: August 28, 2023

SUBJECT: June 2023 and July 2023 Financial Reports

SUMMARY:

The comprehensive reports on June 2023 and July 2023 financial statements will be presented at the September 2023 Commission meeting. This is to allow the CEO and GCHP's Finance Team, which includes internal finance staff and Consentia Health who are providing strategic financial services and supports during the CFO transition period, the time and attention to focus on readying for a successful onboarding of the new CFO, a successful financial audit of FY 2022-23 with Moss Adams, to hire and onboard additional staff to the Finance Team, and beyond. The new CFO has committed to be in person for the September 2023 meeting and this review.

Last year, June financials were presented in October.

For the meeting today, I will present a brief, high-level verbal report on June 2023 (unaudited).

AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: August 28, 2023

SUBJECT: Chief Executive Officer (CEO) Report

I. EXTERNAL AFFAIRS:

A. Redetermination Update

The Centers for Medicare and Medicaid Services (CMS) released initial state unwinding data related to the ending of the Medicaid continuous enrollment provision enacted as part of the COVID-19 Public Health Emergency (PHE). This unwinding data includes 18 states that renewed at least one cohort of Medicaid beneficiaries in April.

CMS [reports](#) that in April 2023, more than 2 million people with Medicaid and Children's Health Insurance Program (CHIP) coverage went through a full renewal process for the first time since early 2020. Of those individuals, about one-third were disenrolled from Medicaid and/or CHIP: 79% of those disenrollments were for procedural reasons, while 21% were disenrolled because the state determined they were ineligible based on the information they submitted. State disenrollment rates vary widely due to several factors. Some states are targeting people early in the unwinding period that they think are no longer eligible, while other states, like California, are conducting renewals based on an individual's annual renewal date. California's disenrollment rate is at 31%, two-thirds lower than all states reporting data.

The state Department of Health Care Services (DHCS) published a Continuous Coverage Unwinding [Dashboard](#) (Dashboard) for the purpose of tracking the ongoing developments of the PHE unwinding and redetermination process. The Dashboard will be updated by DHCS monthly, with final June 2023 disenrollment rates to be reported in Oct. 2023. The Dashboard allows users to view data by county and details demographic data on Medi-Cal application processing, enrollments, redeterminations, and renewal outcomes.

To support redetermination efforts, statewide outreach efforts include mailing renewal packets to enrollees and sending emails and text messages to inform enrollees that renewals are now continuing. Additionally, health navigators and coverage ambassadors are working to contact individuals that have not yet renewed. Gold Coast Health Plan's (GCHP) Community Relations Team is also heavily engaged in member outreach to

ensure GCHP members are aware of the need to return renewal packets to determine eligibility and continue coverage.

GCHP is closely monitoring local and state redetermination activity and will continue to provide information and resources as they become available.

B. State Regulatory Update

Continuity of Care Transition Policy Guide, Readiness Deliverables, and Data Templates Released

As Managed Care Plans (MCPs) prepare for the 2024 Direct Contract model with Kaiser, DHCS is continuing to revise guidance and issue additional materials related to the Continuity of Care (CoC) and data exchange requirements for members transitioning to Kaiser coverage on Jan. 1, 2024. On Aug. 7, 2023, DHCS released revisions to the CoC Transition Policy Guide along with Readiness Deliverables and Data Templates. The updates to the CoC Transition Policy Guide include changes to the noticing required for members enrolled in a Kaiser subcontract transitioning to Kaiser prime, extension of some CoC protections to six months, additions and clarifications surrounding special populations, the addition of language to address inpatient billing responsibilities among previous and receiving MCPs, and updates to align with the Enhanced Care Management and Community Supports Policy Guides.

As reported in June, GCHP is expecting approximately 7,000 members to transition to Kaiser in 2024 under the direct contract model. GCHP's Government Relations Team continues to communicate to the business as revisions and updates are released.

All-Plan Letters (APLs)

Given the significant regulatory activity underway to update policy guides and prepare the 2024 Contract requirements, there has been reduced APL activity since our last report. However, significant APL activity is expected in coming months. Since last reporting, APLs relating to Proposition 56 Directed Payments, MCP Requirements for Timely Payments of Claims, and the CoC Transition Policy Guide have been released. DHCS also released draft APLs regarding Memorandums of Understanding (MOUs) for MCPs, Long-Term Care Benefit Standardization, and Cancer Clinical Trials.

State Legislative Activity

California recently passed the FY 2023-24 state budget. The enacted budget builds upon the major elements of the May Revise with some notable differences. In May, the estimated budget shortfall for FY 2023-24 was \$31.5B; however, the budget deficit has increased by approximately \$0.2B, and the budget problem is expected to grow into the outyears. To address the budget gap, the Administration and the Legislature opted for spending reductions and pullbacks, fund delays, trigger reductions, and internal borrowing.

Notably, the enacted budget removes safety net reserve withdrawals as a solution to the budget problem.

The approved spending plan includes \$248.1B (\$74B General Fund) for California Health and Human Services (HHS) and a total Medi-Cal budget of \$156.6B (\$38.2B GF); funding for HHS increased by \$2.4B and funding for Medi-Cal increased by \$5.4B total and \$0.6B GF compared to the May Revise. Investment into California's health and social safety net continues to be a priority for the Legislature and the Administration.

Another major change in the enacted budget surrounds the rate reimbursement aspect of the proposed managed care organization (MCO) tax. During the Assembly and Senate budget hearings on the MCO tax renewal, the main point of contention between the Legislature and the Administration was the timeline to raise provider reimbursement rates. The Administration advocated for an eight-to-10-year period of investment, while the Legislature argued that investments should be made within the life of the tax with the outcome resulting in expenditures during the life of the tax.

From the anticipated \$19.4B in MCO tax revenue, the enacted budget allocates \$11.1B to the Medi-Cal Provider Payment Reserve Fund and specifically, \$237.4M (\$98.2M Medi-Cal Provider Payment Reserve Fund) in 2023-24 and \$580.5M (\$240.1M Medi-Cal Provider Payment Reserve Fund) annually to increase provider rates for primary care, obstetric care, and non-specialty mental health services, beginning Jan. 1, 2024. Unlike the May Revise, the enacted budget also allocates funds from the Medi-Cal Provider Payment Reserve Fund to other health care programs, including the Distressed Hospital Loan Program (one-time loan of up to \$150M), Small and Rural Hospital Relief Program (\$50M one-time), and the Graduate Medical Education Program (\$75M annually). The funding generated from the MCO tax will be allotted to various health care initiatives to help the state achieve a balanced budget and prevent programmatic cuts in California's health care system.

After a one-month recess, the California Legislature reconvened Aug. 14, 2023. The Assembly and Senate have until Sept. 14, 2023 to pass bills, and the Governor has until Oct. 14, 2023 to sign or veto passed legislation. The GCHP Government Relations Team continues to monitor pending bills that may impact members and/or operations and will resume attending legislative hearings once the Legislature reconvenes from summer recess. Below is a list of priority bills that the team is currently tracking. We will continue to update this list as bills move through the state Legislature and Governor's office.

Bill Number	Summary	GCHP Impacts
AB 1202 (Lackey) Medi-Cal: Health Care Services Data: Children and Pregnant or Postpartum Persons	<p>AB 1202 mandates that each Medi-Cal managed care plan (MCP) must inform the state Department of Health Care Services (DHCS) of the number and geographic distribution of Medi-Cal providers necessary for a plan's compliance with time and distance standards for pediatric primary care by Jan. 1, 2025.</p> <p>DHCS is required to create a legislative report on the data, findings, and recommendations to increase MCP accountability and submit the report to the Legislature by Jan. 1, 2026.</p>	<p>This bill adds GCHP reporting requirements related to network adequacy for pediatric primary care. Reporting would be due Jan. 1, 2025, as currently drafted.</p> <p>AB 1202 aligns with current DHCS priorities. DHCS recently issued guidance (APL 23-001) on the Annual Network Certification (ANC), which strengthens the requirements for MCPs to submit current statistics on the composition of providers and information on whether the MCP network provides all medically necessary services for its membership.</p>
AB 236 (Holden) Health Care Coverage: Provider Directories	<p>AB 236 mandates health care plans to ensure provider directories are up-to-date and accurate on an annual basis. Plans will be mandated to delete erroneous information and ensure the directory is 60% accurate by Jan. 1, 2024, and 95% accurate by Jan. 1, 2027. Beginning July 1, 2024, plans are required to remove providers from the directory if plans have not financially compensated that provider in the prior year, with some limited exceptions. Failure to meet deadlines and inaccurate provider listings will result in monetary penalties for the plans.</p> <p>AB 236 will expand the oversight and compliance authority of the Department of Managed Health Care (DMHC). Fiscal impacts to the Managed Care Fund are unknown at this time.</p>	<p>This bill requires plans with Knox-Keene licensure to implement additional processes to review and update provider directories beginning Jan. 1, 2024. This bill complements APL 23-001 which supports network adequacy efforts by increasing the capacity of network providers and ensuring time and distance standards are met for all medically necessary services.</p> <p>GCHP is compliant with existing provider directory requirements including providing a current and continuously updated directory of network providers. Upon becoming Knox-Keene licensed, GCHP would need to build additional processes to routinely pull data on providers who have not been financially compensated in the prior year and remove those providers from the provider directory.</p>

Bill Number	Summary	GCHP Impacts
AB 425 (Alvarez) Medi-Cal: Pharmacogenomic Testing	<p>Although Medi-Cal covers biomarker testing, AB 425 would establish pharmacogenomic testing as a separate covered benefit under Medi-Cal and specify the conditions necessary to access this benefit including if a medication is being used or considered to treat a Medi-Cal beneficiary and is known clinically to have a gene-drug or drug-drug-gene reaction. By proactively employing evidence-based technologies to determine how an individual's genetics interact with certain medications, there is expected to be less harmful drug reactions.</p>	<p>GCHP will be required to cover pharmacogenomic testing, subject to utilization controls. Currently, all Medi-Cal beneficiaries have coverage for biomarker testing, which includes pharmacogenomics testing. This bill will ensure that pharmacogenomic testing is its own covered benefit under Medi-Cal.</p> <p>According to the California Health Benefits Review Program (CHBRP) analysis, the fiscal impact of this new benefit is between \$17.6 million and \$54.2 million (General Fund and federal funds) and there is expected to be significant cost offsets through less emergency room visits and hospital admissions.</p>
AB 586 (Calderon) Medi-Cal: Community Supports - Climate Change or Environmental Remediation Devices	<p>AB 586 adds climate change or environmental remediation devices as an additional Community Support under the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Examples of devices include air conditioners, electric heaters, and backup power sources.</p> <p>The fiscal impacts to seek federal approval and provide this community support is estimated to cost DHCS potentially millions of dollars.</p>	<p>The inclusion of climate change or environmental remediation devices provides GCHP with additional flexibility in offering Community Supports to members.</p> <p>Currently, GCHP offers environmental accessibility adaptations which include physical modifications such as stairlifts, ramps, and widened doorways to increase accessibility in the home. Through personal homemaker services, GCHP aids with daily living activities including bathing, feeding, and dressing for eligible members. Climate change remediation would further help members and provide access to heating, cooling, air quality control, and generators to help during extreme weather and other climate occurrences.</p>

Bill Number	Summary	GCHP Impacts
AB 1085 (Maienschein) Medi-Cal: Housing Support Services	<p>Within six months of completion of an independent network capacity study, this bill requires DHCS to seek federal approval to make housing support services a Medi-Cal benefit for Californians. If the study finds insufficient network adequacy, DHCS must provide recommendations for building capacity and a timeline for implementation.</p> <p>The fiscal impact for DHCS to attain necessary federal approvals and provide housing support services is unknown but anticipated to be significant.</p>	<p>GCHP currently offers:</p> <ul style="list-style-type: none"> • Housing deposits: One-time funding for security deposits, first month's utilities, and home health care equipment. • Housing tenancy and sustaining services: Include education on money management and maintaining housing. • Housing transition navigation: Encompasses assistance with identifying and acquiring housing. <p>Additional federal funding for housing supports may increase funding streams available to GCHP to expand these services for at-risk members and ensure the complex needs of members are met.</p>
AB 1338 (Petrie-Norris) Medi-Cal: Community Supports	<p>AB 1338 requires DHCS to seek federal approval and add fitness, physical activity, recreational sports, and mental wellness memberships as an additional Community Support under the CalAIM initiative that MCPs may elect and offer to members.</p> <p>DHCS costs to seek federal approval and implement the new Community Support is indeterminate but expected to be in the millions of dollars.</p>	<p>AB 1338 enhances other Community Supports that GCHP currently offers. GCHP provides medically supportive food for eligible members following hospitalization, as well as personal homemaker services which includes meal preparation and money management.</p> <p>This new Community Support will assist with whole-person health as well as reduce costs for members, as memberships to fitness and mental wellness centers are typically costly.</p>

Bill Number	Summary	GCHP Impacts
AB 1168 (Bennett) Emergency Medical Services (EMS): Prehospital EMS	<p>AB 1168 creates protections, through the State Legislature, to allow a city or fire district to control, deliver and oversee prehospital emergency services regardless of whether the local entity previously signed a joint power agreement (JPA) with a county.</p> <p>The bill relates to the previous legal decision between the City of Oxnard v. County of Ventura (2021) where Oxnard was unable to administer its own prehospital emergency medical services within city borders after it signed a JPA with the County of Ventura. AB 1168 will allow cities to join and exit JPAs without the removal of their “201 rights,” or the ability to retain and administer prehospital EMS ambulance services.</p>	<p>AB 1168 would overturn the prior decision in the City of Oxnard v. County of Ventura (2021), where the trial court and Court of Appeal ruled in favor of the County of Ventura. If the City of Oxnard and other cities were able to control prehospital emergency medical and ambulance services, proponents of the bill argue that marginalized communities within city borders will have greater access in a timely manner to prehospital EMS.</p> <p>Passage of AB 1168 may be beneficial to GCHP members who live in less affluent areas, experience a medical emergency, and need timely and effective ambulance and emergency services.</p>
AB 55 (Rodriguez) Medi-Cal: Workforce Adjustment for Ground Ambulance Transports	<p>AB 55 establishes a “workforce adjustment” additional payment for ground ambulance providers that meet specified workforce standard requirements. These supplemental payments will ensure payment for ambulatory services are equivalent to 80% of the Medicare rate.</p> <p>Additionally, this bill would require DHCS to direct Medi-Cal plans to implement a value-based purchasing model that provides reimbursement for network providers that meet the workforce standard requirement and furnishes ambulance transport services.</p>	<p>If enacted, AB 55 would require GCHP to establish a value-based purchasing model in accordance with the specifications detailed by DHCS and administer the workforce adjustment payment for applicable providers.</p>

Bill Number	Summary	GCHP Impacts
AB 719 (Boerner) Medi-Cal: Nonmedical and Nonemergency Medical Transportation	<p>AB 719 mandates DHCS to require MCPs to contract with public paratransit operators and that rates disbursement be based on DHCS's fee-for-service rates for nonmedical medical transportation (NMT) and nonemergency medical transportation (NEMT) trips that are provided by a public transit operator and do not include fixed-route transportation services.</p> <p>Medi-Cal covers medical and nonmedical transportation for eligible enrollees. NEMT is provided to Medi-Cal beneficiaries to access necessary services and benefits and when ordinary transport is "medically contraindicated." NMT is the transportation of Medi-Cal members to covered services through public or private transports. The purpose of this bill is to ensure that public transit operators who provide both NMT and NEMT are reimbursed by MCPs in a timely, efficient, and accurate manner for covered transportation services.</p>	<p>AB 719 will require GCHP and other Medi-Cal managed care plans to contract with transit agencies and reimburse agencies based on fee-for-service (FFS) Medi-Cal rates for NMT and NEMT services.</p> <p>Currently, GCHP provides both NMT and NEMT for no cost to members. If this bill passes, GCHP will be statutorily required to partner with transportation providers in Ventura County and costs to the plan for NEMT and NMT may increase, subject to utilization.</p> <p>This is one of the many legislative bills proposed during the current legislative session that is focused on mandating coverage and limiting cost-sharing. The overall fiscal impacts of AB 719 on Medi-Cal managed care plans and DHCS are unknown at this time but stringent on utilization.</p>
SB 598 (Skinner) Health Care Coverage: Prior Authorization	<p>SB 598 restricts a health care plan or insurer from requiring a contracted provider to require prior authorization (PA) for covered services if the plan or insurer approved or would have approved a minimum of 90% of all PA requests in the last one-year contract period.</p> <p>The bill also creates standards for the PA exemption and outlines details for process, rescission, and appeal. SB 598 allows the plan or insurer to examine the continuation of exemption once every 12 months and rescind an exemption at the end of the 12-month period if certain conditions are met.</p>	<p>SB 598 will impact all plans that are regulated by DMHC and insurers that are overseen by the California Department of Insurance (CDI). MCPs are included in this bill but only to the extent permissive under federal law.</p> <p>This bill relates to the recent CMS proposed rule (87 FR 76238) that would require significant updates to prior authorization standards to ensure patient access to medically appropriate care.</p> <p>If enacted, SB 598 would require GCHP to align PA protocols with the revised state and federal requirements. GCHP will continue to monitor federal and state PA requirements, as there continues to be an increased focus on streamlining the process for stakeholders.</p>

Bill Number	Summary	GCHP Impacts
SB 324 (Limón) Health Care Coverage: Endometriosis	SB 324 restricts a health plan, insurer, and the Medi-Cal program from mandating prior authorization or any pre-claim review for any clinically necessary treatment for endometriosis, as determined by the treating physician and on par with evidence-based, nationally recognized clinical procedures.	<p>If enacted, GCHP will need to update current processes to reflect coverage of these services without prior authorization.</p> <p>GCHP may incur increased costs as the removal of PA may lead to greater utilization of treatment for endometriosis and providers prescribing and/or administering endometriosis treatment. Exact numbers and costs are unspecified at this time; the fiscal impact of the bill on GCHP is subject to utilization.</p>

C. Community Relations – Sponsorships

Through its sponsorship program, GCHP continues to support the efforts of community-based organizations in Ventura County to help Medi-Cal members and other vulnerable populations. The following organizations were awarded in July:

Organization	Description	Amount
City of Oxnard Community Relations Commission	The City of Oxnard Community Relations Commission's goal is to promote understanding among all racial, religious and nationality groups and to discourage and prevent discriminatory practices. GCHP's Chief Diversity Officer, Ted Bagley, sponsored the "Multicultural Festival." The festival is a free event that brings awareness and valuable health information to the community.	\$1,500
American Cancer Society	The American Cancer Society serves to improve the lives of people with cancer and their families through advocacy, research, and patient support. The sponsorship will support the "Relay for Life of Conejo Valley," a fundraising event that will directly support breakthrough research, 24/7 support for cancer patients, and access to lifesaving screenings.	\$1,000
Food Share	Food Share is dedicated to leading the fight against hunger in Ventura County. The sponsorship will go toward the "2 nd Annual 2023 FED UP Shindig." Proceeds from the event will help feed more than 190,000 people.	\$1,500

Organization	Description	Amount
Harbor House	Harbor House serves to help all people find hope, gainful employment, affordable housing, and a sense of personal wellbeing in the Conejo Valley. The sponsorship will go toward the “3 rd Annual Concert 4 the Conejo,” a silent auction benefiting those living below the poverty line in the Conejo Valley with rental assistance.	\$1,000
TOTAL		\$5,000

D. Community Relations – Community Meetings and Events

In July and the beginning of 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 about how to raise awareness about the services that are available for the most vulnerable Medi-Cal beneficiaries.

Organization	Description	Date
Canvassing La Colonia neighborhood of Oxnard	The Community Relations team canvassed the La Colonia neighborhood of Oxnard to remind the community to take action to keep their Medi-Cal coverage by completing their renewal forms and answering any questions.	July 17-18, 2023
Piru Neighborhood Council (PNC) Piru Food Distribution	PNC's purpose is to promote better living conditions, better education, and improved housing. Their monthly food pantry distribution provides Ventura County residents with food boxes and community resources.	July 19, 2023
Poder Popular Food Distribution	Poder Popular hosts a weekly food distribution for community members. GCHP partnered with the organization to offer onsite assistance with Medi-Cal renewal forms and provide resources about benefits and services.	July 20, 2023 July 27, 2023 Aug. 3, 2023 Aug. 10, 2023
The City of Ojai Ojai Farmers Market	The City of Ojai hosts a weekly farmers market where community organizations share resources and information with attendees. GCHP staff shared information on Medi-Cal renewals and answered questions.	July 21, 2023 July 27, 2023

Organization	Description	Date
One Step A La Vez Food Distribution	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.	July 26, 2023 Aug. 2, 2023
Adelante Comunidad Conejo	An open-air free marketplace where community organizations share resources and information with attendees. GCHP staff shared information on Medi-Cal renewals and answered questions.	July 29, 2023
Nyeland Promise Nyland Bike Rodeo	Nyeland Promise provides support to the residents of Nyeland Acres neighborhood of Oxnard through advocacy, community encouragement, and basic needs services. The Nyeland Bike Rodeo gave children an opportunity to learn proper hand signaling and traffic safety skills to help reduce bike-riding accidents involving youth. Participants also learned about various community resources, including those related to Medi-Cal renewals.	July 29, 2023
Indivisible Ventura Swap Meet Justice	Swap Meet Justice is a citizen and family resource fair. Various community organizations share resources and information with attendees at Oxnard College. GCHP team members provided resources and answered questions about Medi-Cal renewals.	July 30, 2023
Oxnard Police Department and Housing Authority of the City of Oxnard 2023 National Night Out	National Night Out enhances the relationship between neighbors and law enforcement while bringing back a true sense of community. Participants had an opportunity to learn about the community resources that are available to them while building trust within the neighborhood.	Aug. 1, 2023
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and invite presenters to educate participants. The goal is to provide community awareness and resources to Ventura County residents.	Aug. 2, 2023

Organization	Description	Date
Project Access Community Resource Event	Project Access hosts their Community Resource Event for individuals and families that live in Pacific Point Apartments to receive vital on-site health, education, and employment services. Various community organizations shared resources and health-related information with participants. GCHP shared information on Medi-Cal renewals and provided assistance with the BenefitsCal portal.	Aug. 3, 2023
Canvassing El Rio neighborhood of Oxnard	The Community Relations Team canvassed Oxnard's El Rio neighborhood to remind the community to take action to keep their Medi-Cal coverage by completing their renewal forms and answered any Medi-Cal questions.	Aug. 4, 2023
Promotoras y Promotores Ventura College Marketplace	The Promotoras y Promotores Foundation Marketplace is a family resource fair. Various community organizations share resources and information with participants at Ventura College. GCHP staff shared information on Medi-Cal renewals and answered questions.	Aug. 5, 2023
Ventura College Breastfeeding Coalition (VCBC) Birth and Baby Resource Fair	VCBC hosted their "Birth and Baby Resource Fair" to celebrate breastfeeding in our community and to also provide information on local births, baby and family dyad, and postpartum resources throughout Ventura County. Various community organizations were there to provide resources and information.	Aug. 5, 2023
Westminster Free Clinic Healthy Return to School	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 Healthy Return to School event distributed backpacks filled with school supplies, oral health kits, and other resources to low-income families. GCHP partnered with the organization to offer onsite assistance with Medi-Cal renewal forms and provide resources.	Aug. 9, 2023
Total community meetings and events		21

E. Community Relations – Speakers Bureau

The purpose of the Speakers Bureau is to educate and inform the public, partners, and external groups about GCHP and its mission. In June and July, GCHP participated in several presentations, workshops, and radio interviews via the Speakers Bureau.

Name of Organization	Description	Date
Farmworker Resource Program Podcast	Provided an overview of GCHP's benefits and services, including information on Medi-Cal renewals and where to get help.	June 14, 2023
Ventura Post-Acute	The Care Management team provided an overview of the GCHP's Enhanced Care Management (ECM) benefit and Community Supports (CS) services that included information on complex discharges.	June 16, 2023
Radio Indigena	Provided an overview to radio listeners of GCHP's benefits and services, including information on Medi-Cal renewals and where to get help.	June 20, 2023
El Mercadito	Provided information about GCHP benefits and resources, the upcoming Medi-Cal expansion, and information about the Medi-Cal renewal process and where to get help.	June 21, 2023
Mambo in the Morning		June 26, 2023
Que Sucede		June 27, 2023
El Mercadito		June 29, 2023
Many Mansions Workshops:	The Community Relations Team provided an overview of GCHP's benefits and services that included information about ECM/CS, the transportation benefit, accessing preventative care screenings, and interpreting services. The team also reminded members about Medi-Cal renewals and helped with BenefitsCal portal registration.	
Simi Valley		July 6, 2023
Fillmore		July 10, 2023
Oxnard		July 10, 2023 July 12, 2023
Thousand Oaks		July 13, 2023 July 14, 2023 (2x)
Simi Valley		July 13, 2023

Name of Organization	Description	Date
Tri-Counties Regional Center	The Care Management and Operations teams provided an overview of GCHP's transportation benefit.	July 24, 2023
Total presentations, workshops and radio interviews		16

F. Community Relations-Medi-Cal Continuous Coverage Initiative

The Community Relations Team has engaged in various activities to share information with the community about Medi-Cal redeterminations. The team informed community members about taking action to keep their coverage by updating their contact information with the Ventura County Human Services Agency (HSA) and to check their mail for a yellow envelope (for those who did not auto-renew). The team also provided warm handoffs to HSA's Assisters to help community members with renewal questions and/or renewal forms.

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	KAISER	ADMIN MEMBERS	NOT ASSIGNED
Jul-23	93,132	49,969	35,455	7,244	5,165	7,096	52,011	2,748
Jun-23	93,685	41,923	35,559	7,245	5,198	7,075	52,407	2,060
May-23	93,581	50,519	35,455	7,139	5,173	7,033	52,219	2,756

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	July 2023
Total Administrative Members	52,011
Share of Cost (SOC)	628
Long-Term Care (LTC)	720
Breast and Cervical Cancer Treatment Program (BCCTP)	92
Hospice (REST-SVS)	30
Out of Area (Not in Ventura County)	373
Other Health Care Coverage	
DUALS (A, AB, ABD, AD, B, BD)	27,120
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	24,523

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:

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

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

Provider Network Operations (PNO)

PNO renewed its agreement with Ventura County Medical Center (VCMC) and executed six Memorandums of Understanding (MOUs) with the Ventura County School District in support of the Student Behavioral Health Incentive Program (SBHIP). PNO's current contracting efforts are focused on Doulas, SNFs, Home Health, and Durable Medical Equipment (DME, diabetic shoes and inserts, specifically) providers.

The team continues to support California Advancing and Innovating Medi-Cal (CalAIM) initiatives and other state Department of Health Care Services (DHCS) programs. In June, the team held a technical assistance (TA) webinar to train external entities on how to become Community Health Worker (CHW) providers. We also held a Primary Care Physician (PCP) Joint Operations Meeting (JOM) as an opportunity to update providers on new regulations or requirements, including member redetermination. In addition, DHCS approved GCHP's Doula Services Policy.

DHCS now requires GCHP to submit a monthly Doula readiness survey and a quarterly Skilled Nursing Facility (SNF) report designed to show evidence of contracting efforts to meet DHCS network adequacy standards. The team continues to support and provide deliverables for DHCS program initiatives, NCQA accreditation, DHCS Operational Readiness, company projects, provider contracting, updates to policies and procedures, provider onboarding, and communications.

Provider Network Developments: July 1-31, 2023

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	Count
Durable Medical Equipment (DME)	1
OB/GYN	1

Additional Network Developments:

- Additions: 69
- Terminations: 11

Note: The majority of providers were hospital-based, tertiary and ancillary providers; no significant impact to the network.

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	Network Additions		Total Counts
	May-23	Jun-23	
Hospitals:	0	0	25
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers:	82	82	5,475
Primary Care Providers (PCPs) & Mid-levels	8	5	476
Specialists	74	128	4,965
Hospitalists	0	0	167
Ancillary:	13	13	1,005
Ambulatory Surgery Center (ASC)	0	0	7
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	1	1	95
Home Health	0	0	25
Hospice	0	0	22
Laboratory	0	0	40
Optometry	1	1	95
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	2	2	145
Radiology / Imaging	0	0	60
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	0	0	82
Behavioral Health	9	9	433

Delegation Oversight

Gold Coast Health Plan (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 subcontractors
- 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 state Department of Health Care Services (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 July 31, 2023.

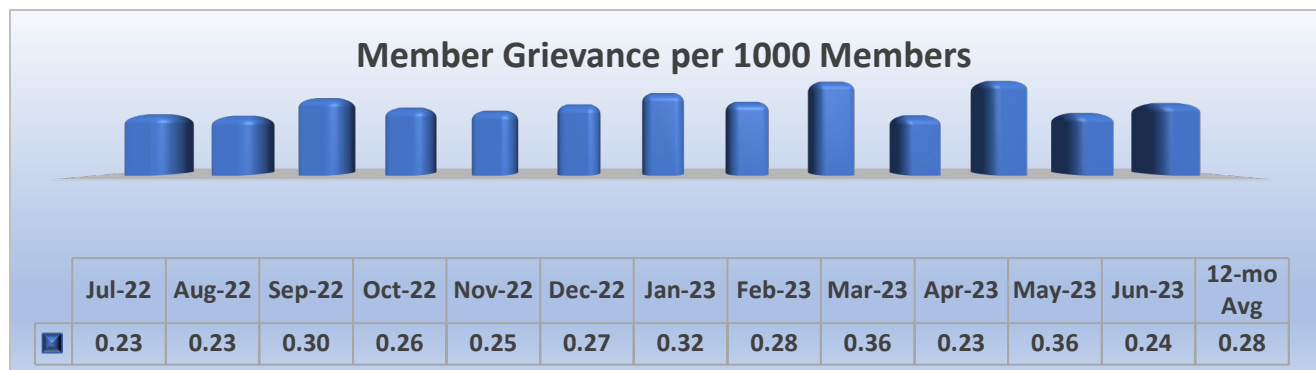
Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2022 Annual Claims Audit	Open	6/22/2022	Under CAP	N/A
Carelon	2023 Claims Audit	Open	5/11/2022	Under CAP	N/A
Carelon	Annual UM, QI, C&L, G&A Audit	In progress	N/A	N/A	N/A
Carelon	2023 Annual Call Center Audit	Scheduled	N/A	N/A	N/A
Cedars Sinai	2023 Annual Credentialing and Recredentialing Audit	Scheduled	N/A	N/A	N/A
CDCR	Annual Utilization Management Audit	Open	7/5/2023	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
CDCR	Quarterly Utilization Management Audit – Q1 2023	Closed	3/13/2023	7/27/2023	N/A
CDCR	Quarterly Utilization Management Audit – Q3 2023	In progress	N/A	N/A	N/A
CDCR	2022 Annual Claims Audit	Open	5/5/2023	Under CAP	N/A
CDCR	2023 Annual Call Center Audit	In progress	N/A	N/A	N/A
CHLA	2023 Annual Credentialing and Recredentialing Audit	Scheduled	N/A	N/A	N/A
City of Hope	2023 Annual Credentialing and Recredentialing Audit	Scheduled	N/A	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	2022 Annual Claims Audit	Open	8/31/2022	Under CAP	N/A
Conduent	2023 Annual Claims Audit	Open	8/1/2023	Under CAP	N/A
UCLA Medical Group	2023 Focused Credentialing and Recredentialing Audit	In progress	N/A	N/A	N/A
VSP	2022 Annual Claims Audit	Open	12/7/2022	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VSP	2023 Annual Quality Improvement, Cultural & Linguistic Services Audit	Open	7/27/2023	Under CAP	N/A
VTs	2023 Annual Call Center Audit	Open	5/31/2023	Under CAP	N/A
VTs	2023 Quarterly Audit – Credentialing and Subcontracting	Open	5/11/2023	Under CAP	N/A
VTs	2022 Annual Non-Medical Transportation (NMT) / Non-Emergency Medical Transportation (NEMT) Audit	Open	11/17/2022	Under CAP	N/A
VTs	2022 Call Center Audit	Open	5/26/2022	Under CAP	N/A
VTs	2022 Call Center Focused Audit	Open	10/27/2022	Under CAP	N/A
VTs	NMT Scheduling Grievances CAP	Open	5/6/2022	Under CAP	N/A
VTs	Subcontracting CAP	Open	7/22/2022	Under CAP	N/A
Privacy & Security CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
N/A	N/A	N/A	N/A	N/A	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	N/A
Conduent	Oct. 2021 CAPs	Open	11/22/2021	N/A	N/A
Conduent	Nov. 2021 Service Level Agreement (SLA)	Open	1/28/2022	N/A	N/A
Conduent	Jan. 2021 Contract Deficiencies	Open	2/4/2022	N/A	N/A
Conduent	Dec. 2021 Contract Deficiencies	Open	2/11/2022	N/A	N/A
Conduent	March 2022 SLA Deficiencies & Findings	Open	3/11/2022	N/A	N/A
Conduent	Jan. 2022 SLA CAP	Open	3/25/2022	N/A	N/A
Conduent	Feb. 2022 SLA CAP	Open	4/15/2022	N/A	N/A
Conduent	March 2022 SLA CAP	Open	6/17/2022	N/A	N/A

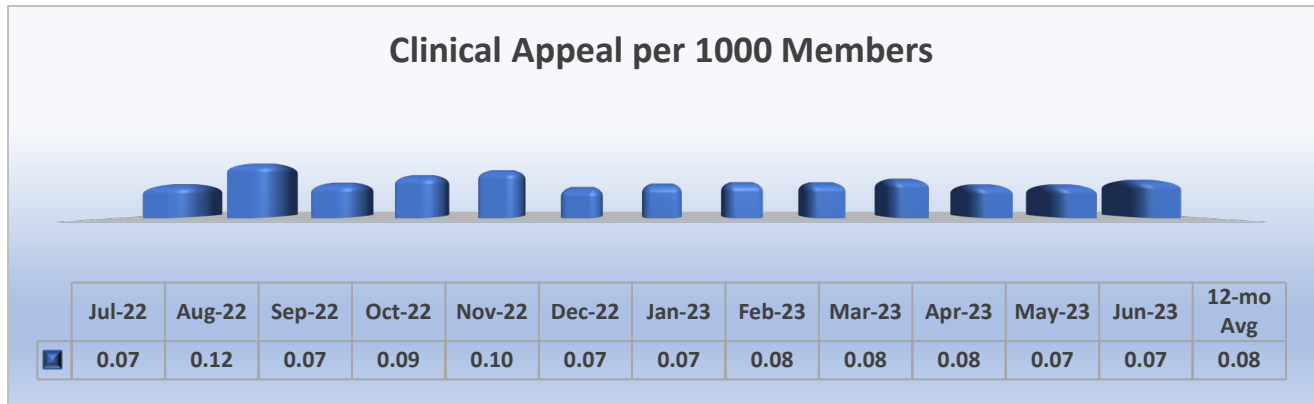
C. GRIEVANCE AND APPEALS



Member Grievances per 1,000 Members

The data show GCHP's volume of grievances has decreased. In June, GCHP received 61 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 255,538, with an average annual grievance rate of .28 grievances per 1,000 members.

In June 2023, the top reason reported was "Quality of Care," which is related to member concerns about the care they received from their providers.



Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .08 appeals per 1,000 members.

In June 2023, GCHP received 18 clinical appeals:

1. Seven were overturned
2. Eight were upheld
3. Two were withdrawn
4. One was in progress

RECOMMENDATION:

Receive and file

AGENDA ITEM NO. 13

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix L. Nuñez, MD, MPH, Chief Medical Officer

DATE: August 28, 2023

SUBJECT: Chief Medical Officer (CMO) Report

SENIOR MEDICAL DIRECTOR

Dr. James Cruz, current Chief Medical Officer at Promise Blue Shield Health Plan of California, has accepted the position of Senior Medical Director at Gold Coast Health Plan (GCHP). Dr. Cruz will begin with GCHP August 28, 2023, and will be a valuable partner in the management and strategic development of our Health Services departments. The scope of Dr. Cruz's work will include day to day oversight of Utilization Management and Pharmacy Departments, as well as partnering closely with the CMO and leadership teams on advancing our organizational objectives and goals.

Dr. Cruz comes to GCHP with extensive Medi-Cal health plan administrative experience as well as a history of service to low income and underserved populations. A native of Sacramento, Dr. Cruz is a family physician who received his medical degree from UCSD School of Medicine and completed his family medicine training at White Memorial Medical Center in Los Angeles. His prior leadership positions include serving as Chief Medical Officer at Molina Healthcare of California, and as a principal at Health Management Associates.

COVID-19

As previously reported the State Department of Health Care Services (DHCS) formally notified health plans of statutory changes related to the end of the COVID-19 Public Health Emergency (PHE) effective May 12, 2023.

State public health authorities are currently tracking a recent increase in hospitalizations (1,055 daily average) and test positivity (10.1%) which may be related to the summer travel season.

Ventura County Public Health's most up-to-date data is showing that 82% of the population has received at least one dose of the vaccine, with 56.6% of the total population fully vaccinated.

The California SMARTER Plan (shots, masks, awareness, readiness, testing, education, and Rx) remains in place, and retains preparedness standards and support communities

statewide. The following services related to COVID-19 will continue under provisions of the American Rescue Plan (ARPA):

- **No-Cost Coverage for COVID-19 Vaccines, Testing, and Treatment for Medi-Cal Members:** Medicaid is required to cover COVID-19 vaccines, testing, and treatment with no cost-sharing for members through the end of the ARPA coverage period on September 30, 2024. DHCS is electing to permanently extend coverage for COVID-19 vaccines, testing, and treatment beyond the ARPA coverage period.
- **Enhanced Federal Match for COVID-19 Vaccines and Vaccine Administration:** States receive 100 percent federal matching funds for the coverage of vaccines and vaccine administration, as enacted by ARPA. These matching funds also end on September 30, 2024. As described above, Medi-Cal will continue to cover COVID-19 vaccines.

Medi-Cal Rx Update

As of June 23, 2023, the Department of Health Care Services (DHCS) completed the retirement of the transition policy which allowed members 22 years of age and older to continue their medications based on historical paid claims data or a grandfathered prior authorization (PA) that was previously approved prior to Medi-Cal Rx. If a member needs to continue therapy for a medication that requires a PA, a new PA will need to be submitted or the provider may consider an alternative therapy that's covered in the Medi-Cal Rx [Contract Drugs List \(CDL\)](#). The number of members being impacted by this policy has been declining month-to-month. Gold Coast Health Plan (GCHP) Pharmacy Services Department will continue to monitor and assist members in need. DHCS has also enabled extended duration/multi-year PAs for up to five years for certain maintenance medications used for chronic conditions. Qualified prescriptions have been automatically extended to reduce administrative burden and prevent delays in care.

These changes will not affect members under the age of 22 at this time. As of September 22, 2023, PA requirements will be reinstated for new start enteral nutrition products for members 22 years of age or older. DHCS will continue to provide more information regarding the ongoing Medi-Cal Rx reinstatement process.

Communication about the Medi-Cal Rx reinstatement changes have been shared in the Pharmacy newsletter, Provider Operations Bulletin, GCHP website and in multiple GCHP committees to provide awareness to the GCHP team and providers to enable us to help our members. We have shared the appropriate resources to member services at the call center, the providers, as well as the internal GCHP team. GCHP will continue to work closely with DHCS and Medi-Cal Rx clinical liaisons to assist members in accessing their medications.

Medi-Cal Rx Resources:

[Medi-Cal Rx Bulletin & News](#)

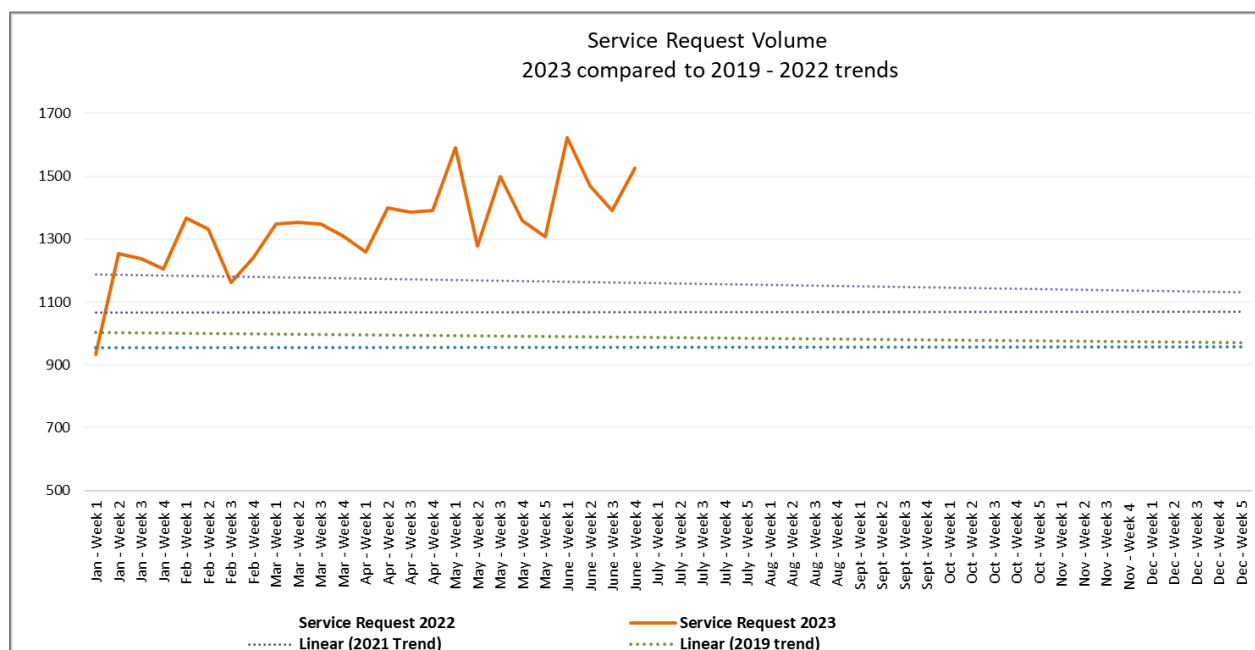
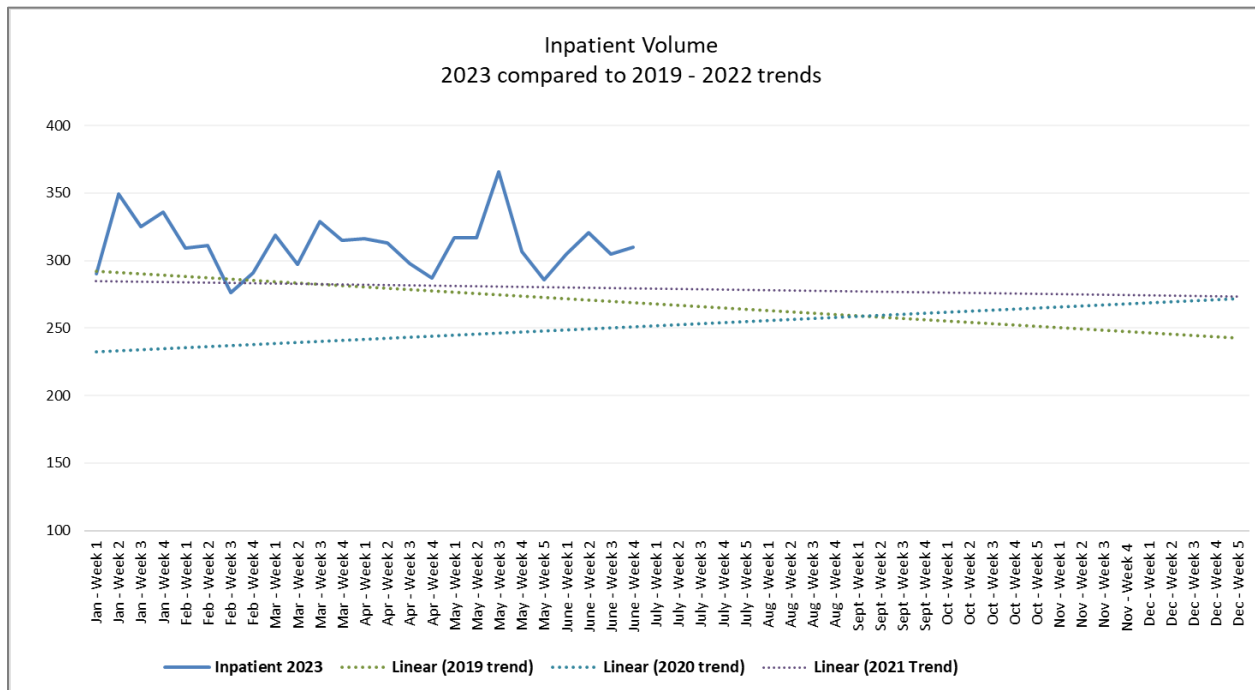
[Medi-Cal Rx Reinstatement](#) (select **Medi-Cal Rx Reinstatement** from the menu)

Extended Duration Prior Authorizations for Maintenance Medications

Utilization Update

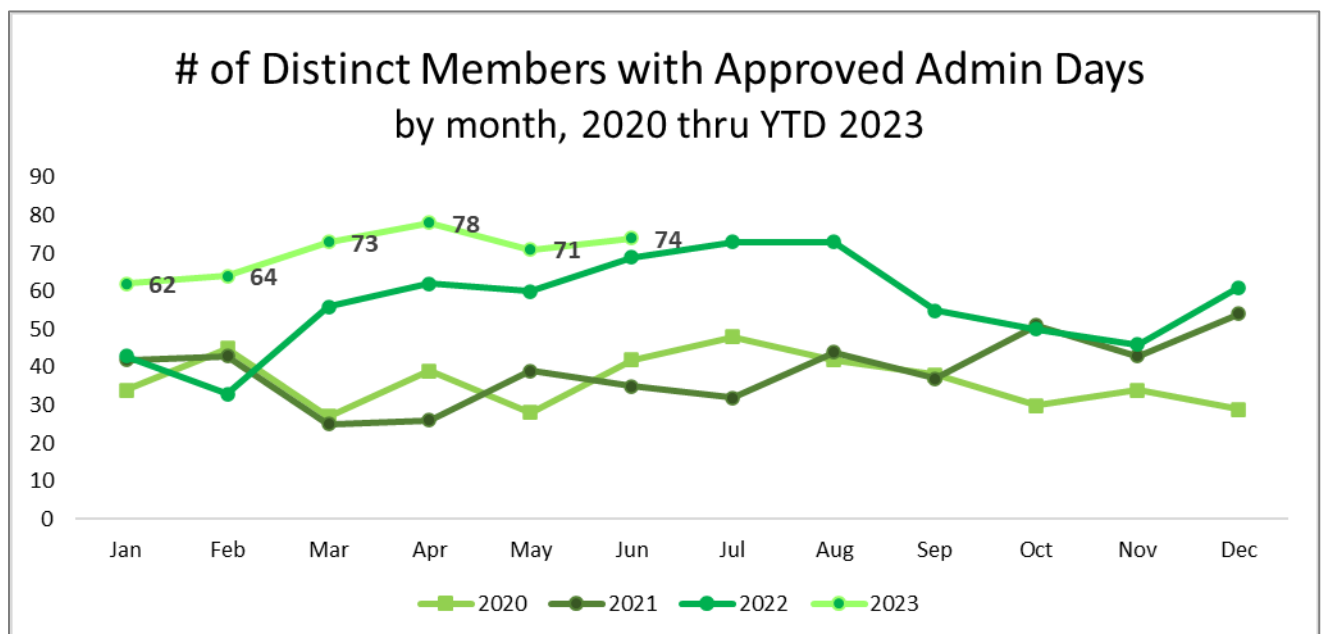
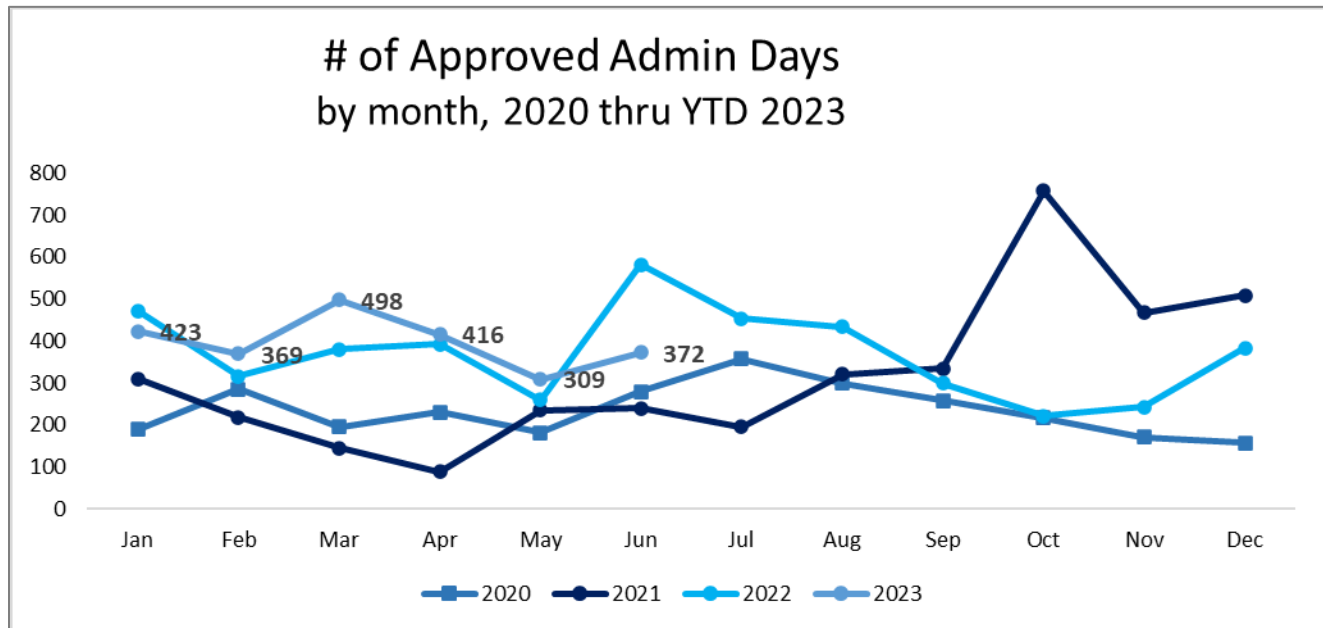
Service Requests

For Q2, overall requests for services were up by about 19.6% for CY 2023 compared with CY 2022. Q2 CY2023 inpatient request volume increased by 10.8% and outpatient service request volume increased by 21.7%.



Administrative Days

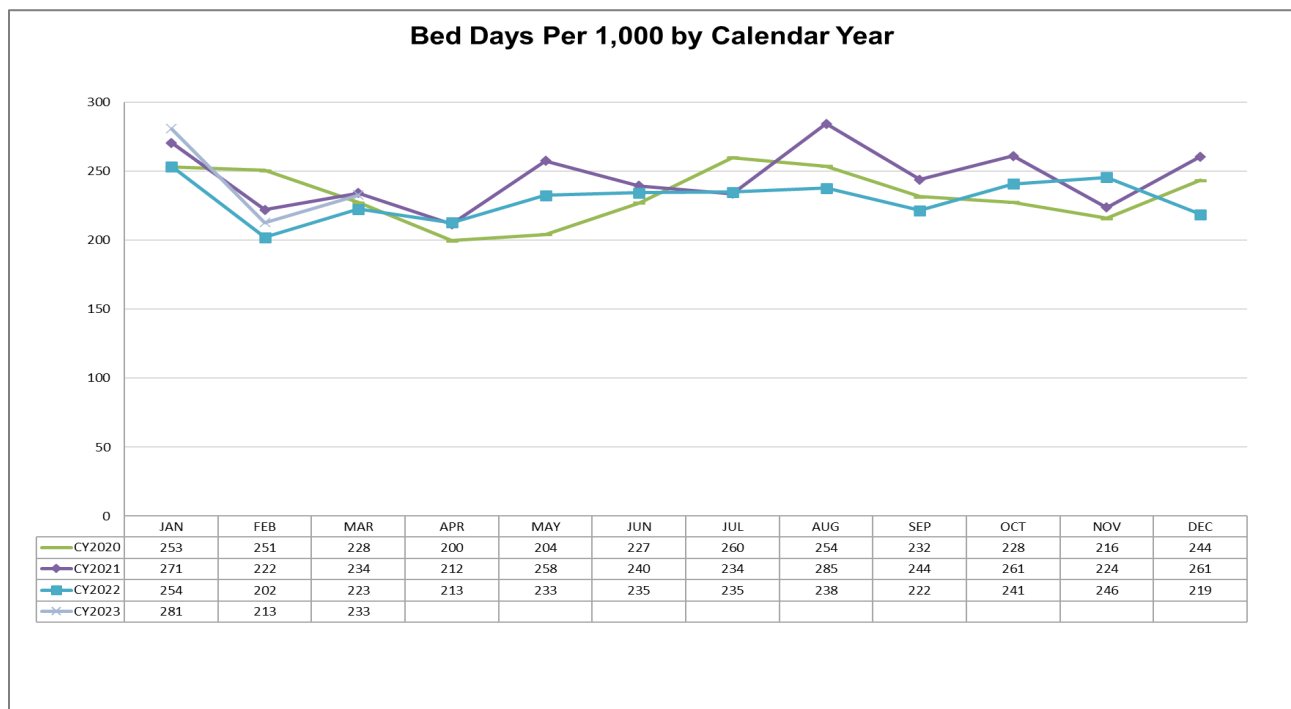
For Q2 of CY 2023, the number of Administrative Days used declined slightly compared with the same time-period in CY2022 (11% decrease). The number of members utilizing Administrative Days increased by 17% for the same period (223 compared with 191).



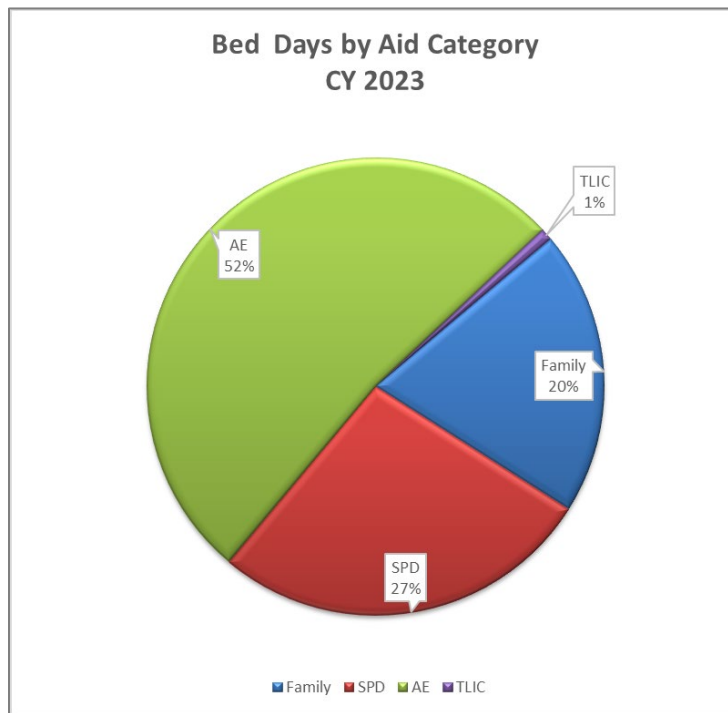
Bed Days/1000 Members

Bed days for Q1 CY2023 are about 7% higher than Q1 CY2022 (242/1000 members compared with 226/1000 members).

Just over half of all bed days are utilized by Adult Expansion (“AE”) members (52%), followed by Senior and Persons with Disabilities (“SPD”) (27%) and Family aid code groups (20%). Low-income children (“TLIC”) utilization is .9%.

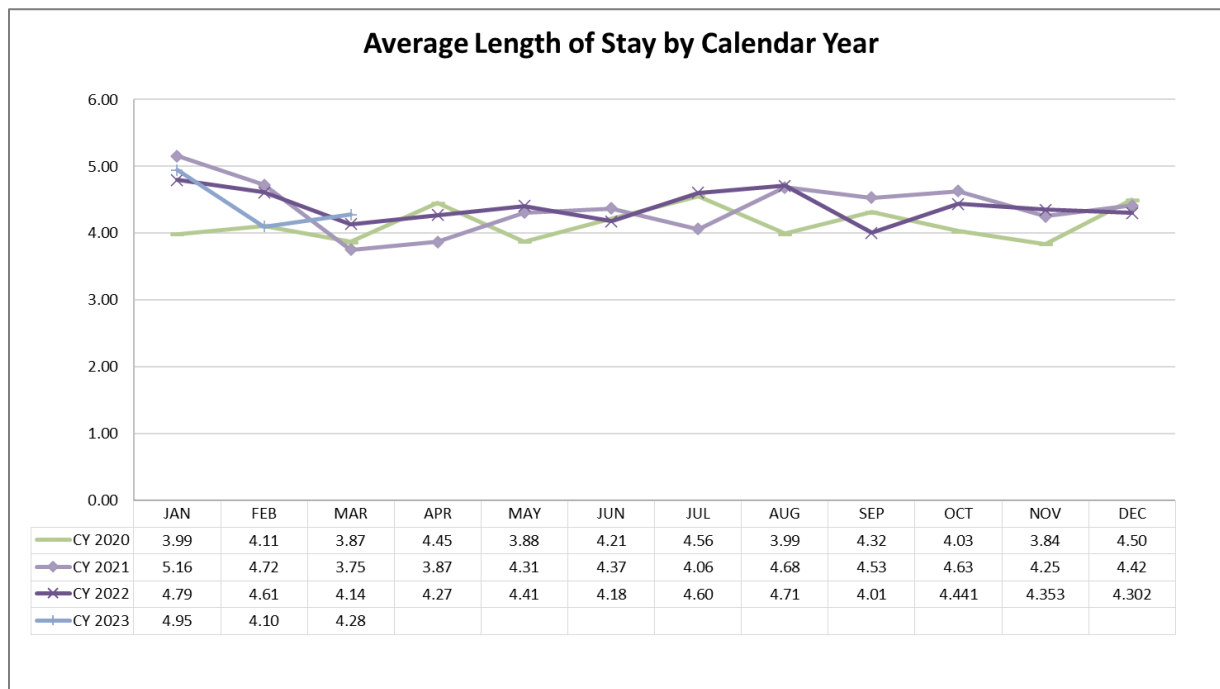


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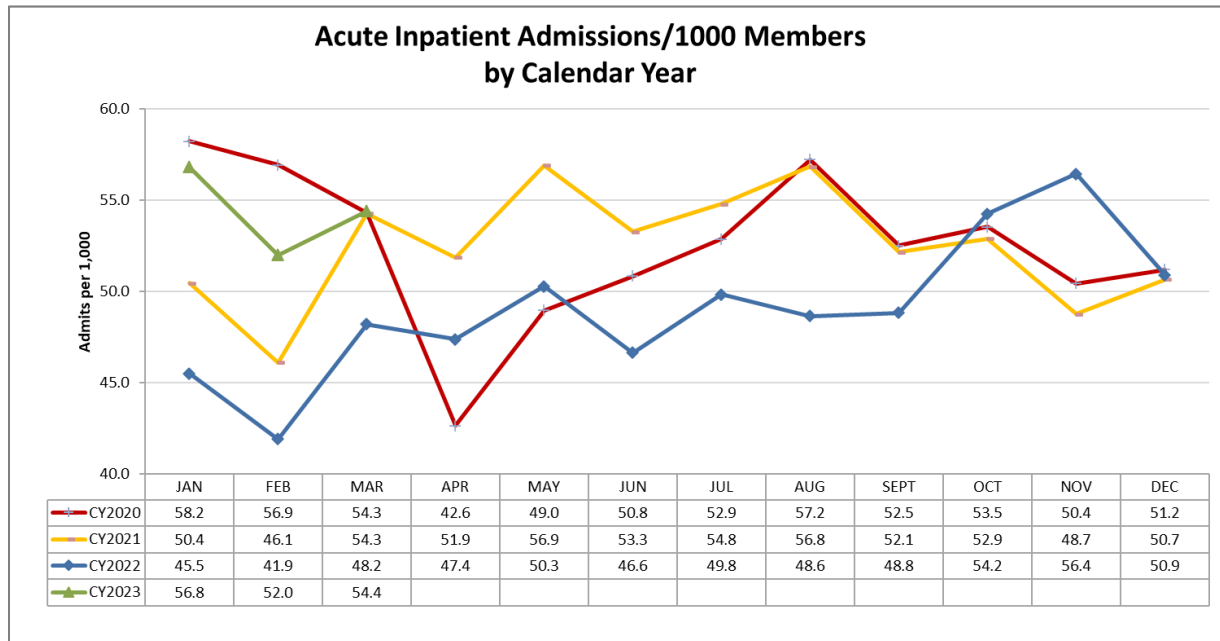
Average Length of Stay (“ALOS”)

Average length of stay for Q1 CY2023 decreased to 4.4 days compared to an ALOS of 4.5 for Q1 CY 2022 (2 % decrease).



Admits/1000 Members

Admits/1000 members for Q1 CY2023 increased by 20% compared with Q1 CY 2022 (54 compared with 45).

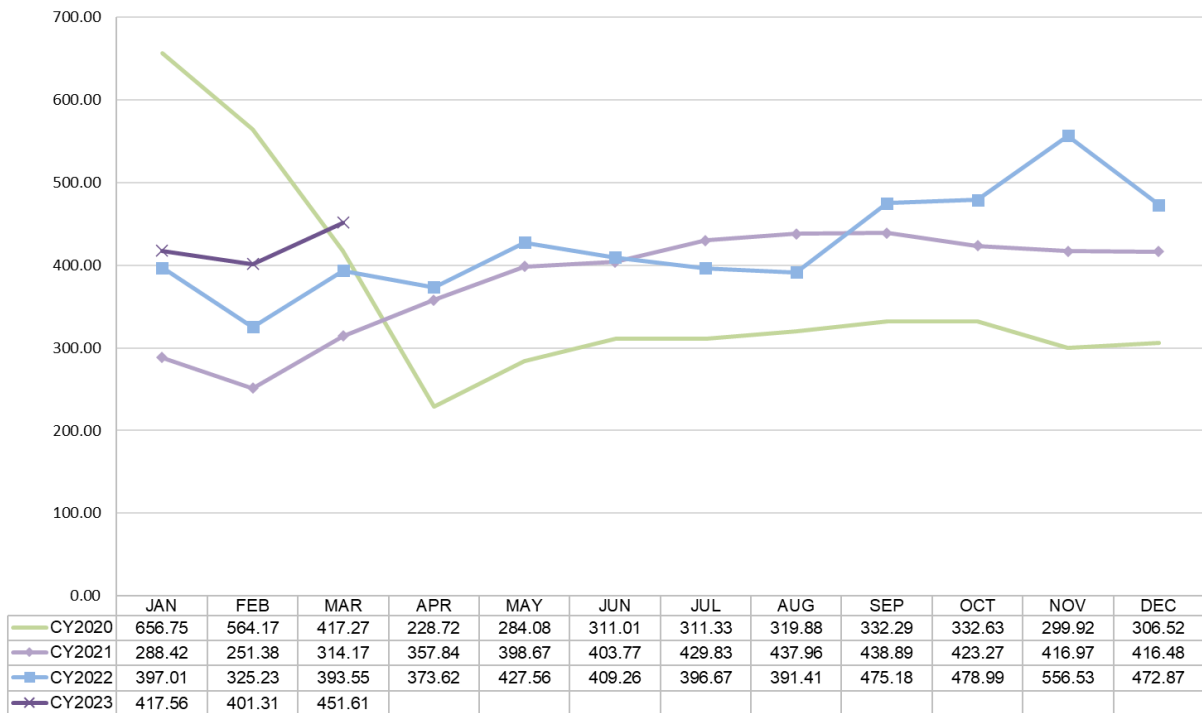


Emergency Department (“ED”) Utilization/1000 Members

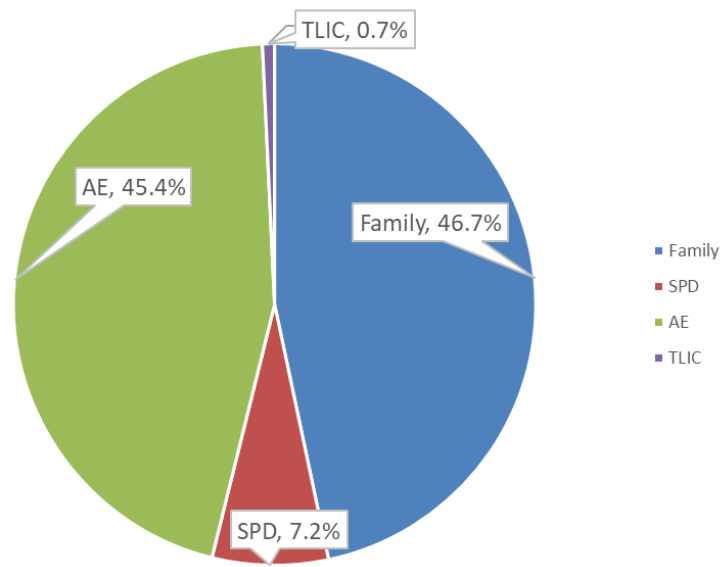
After significant declines in ED utilization due to COVID-19, ED utilization/1000 members increased by 13.7% in Q1 CY2023 compared with Q1 CY2022 (423 compared with 372). The Family aid code group represented 48% of ED utilization followed by AE (35.2%), TLIC (9.3%) and SPD (7.5%).

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ER Utilization Per 1,000 by Calendar Year

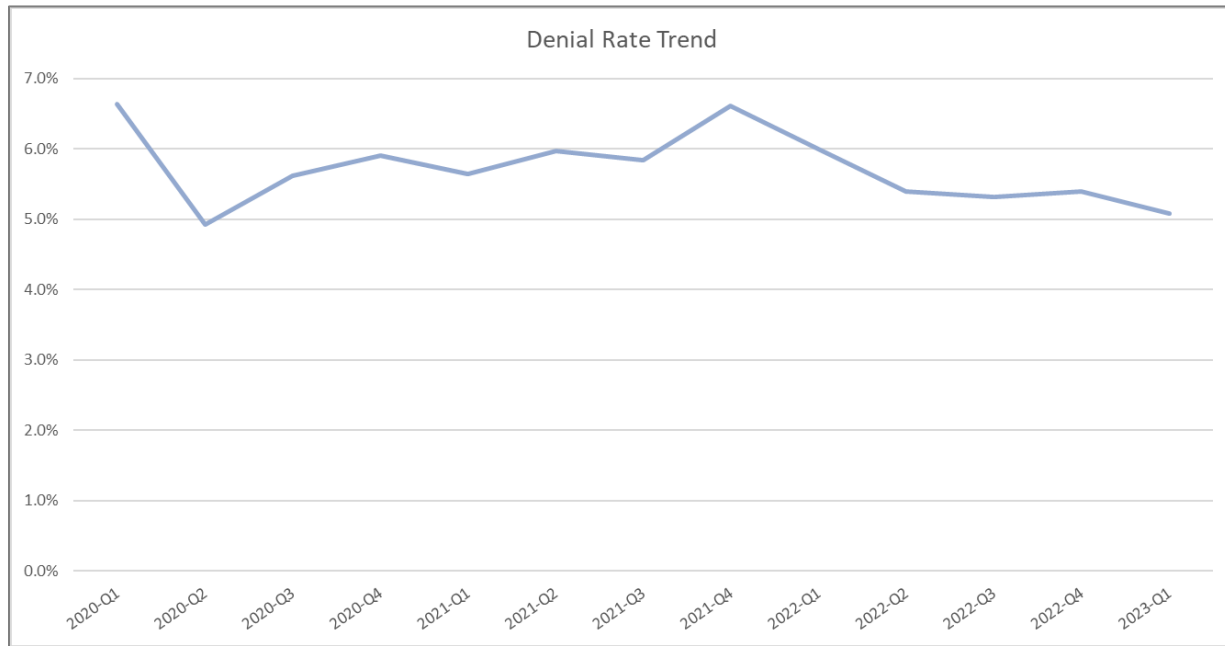


ER cases by Aid Category Calendar Year 2023



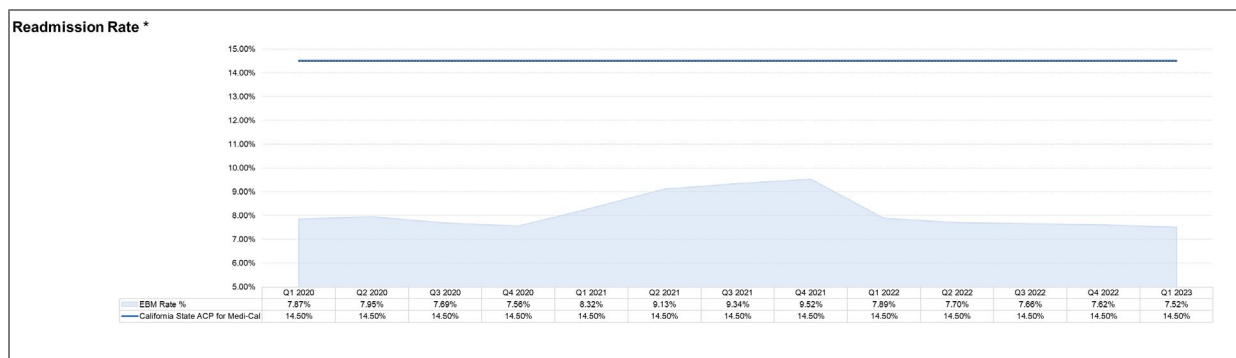
Denial Rate

The quarterly denial rate for Q1 CY2023 averaged 5% compared with the Q1 CY2022 average of 6%.



Readmission Rate

The quarterly readmission rate for Q1 CY2023 averaged 7.5% compared with the Q1 CY2022 average of 7.9%.



AGENDA ITEM NO. 14

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Michael Murguia, Executive Director of Human Resources

DATE: August 28, 2023

SUBJECT: Human Resources (H.R.) Report

Human Resources Activities

We've been very busy with recruitment for two executive positions. Our Chief Innovation Officer and our Chief Financial Officer. Eve Gelb joined Gold Coast Health Plan on June 20, 23 as our Chief Innovation Officer with a wealth of background and experience. Our Chief Financial officer we started a nationwide search in February and have interviewed 20 candidates. As an Executive team we got down to five finalists' candidates and then brought our final two candidates in to meet with our Commission's Finance Committee. At this time, we are in final offer negotiations with our preferred candidate and should have our new CFO available remotely the week of September 18th and first day in Office Monday September 25th.

In April we initiated our Annual Performance Review process. This year we awarded a 5% annual merit budget to all employees. We also added a Performance Bonus of \$1,500 to all employees for their outstanding efforts in our last fiscal budget. The Performance Bonus excluded our Executive office employees (Nick and his direct reports).

We finished our fiscal year with outstanding recruitment results in a year that we filled 105 positions. Our average days to fill a position was 79 days which is considered excellent. 31 of our hires came from our Employee Referral program which is also an outstanding number. While our volume of hires significantly increased, we were still able to maintain a very diverse population of hires. In late June we held our first Community Job Fair in partnership with other Community employers. Our Event was hosted by Marlen Torres and was very well attended by our local community. This was our first attempt in a on going strategy we will be utilizing to attract the interest of our Community in Gold Coast Health Plan.

Looking forward we developed an annual Performance Bonus incentive plan for all employees. This is an on-going effort to keep us fully competitive in a very competitive compensation market. Every employee will be eligible based of performance for a 5% bonus during our Performance review process. This bonus will be paid in addition to our employee's base salary increase (merit) each year. This will require a change to our Performance Review format which we have now designed. In the month of August, we

are providing training to all employees on the new Performance Review process. This process is foundationally based on the creation of Goals that are designed at the Executive level for our fiscal year. We then tie and link these goals throughout the organization, so we all understand our focus for that year. In addition, we are adopting the philosophy of S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, and Time-bound). We developed these goals in close partnership with our Leadership organization in two working sessions and now are cascading these goals down and in in each organization. All of these efforts will create one alignment on our business priorities this year and drive great results.

In addition to helping the overall organization align our goals we have developed some robust goals in Human Resources for this year.

HR/Facilities Goals 2023-2024:

1. **Goal: Lead Org Transformation to achieve Strategic Imperatives and deliver Member quality health outcome / MCAS targets**
 - All goals have work plans finalized, work plans are being worked and are integrated into PI process for the fiscal year by end of Q1
 - Operations steering team process in place and 100% of planned Operations Steering meetings occur for the fiscal year by end of Q4
 - Executive Team and Leadership team is adhering to and has confidence in the process by end of Q2
2. **Goal: Accelerate Transformation through Leadership Development**
 - Define leader expectations align to strategy (transformation) by end of Q2
 - Introduce Leader Expectations and conduct leader assessment by end of Q3
 - Initiate leader development / bench development by end of Q4
 - Train people managers to be effective Frontline leaders by the end of Q4
3. **Goal: Develop High Performing Organization**
 - Design and implement enhanced Performance Management and Development system to evaluate business performance by end of Q4
 - Design and implement Incentive Program to build employee shared accountability by end of Q1
 - Conduct Employee Survey (October '23) and define related action plans to engage and retain talent by the end of Q4
4. **Goal: Acquire the right talent for the future (Talent Acquisition) –**
 - Develop recruiting strategy and new Fill budgeted HC by March '24 and Call Center HC by February '24
 - Design and Implement New Hire On-boarding program by end of Q2

5. Goal: Build Office of the Future

- Identify and design new GCHP office site and work environment (on-site / remote) by end of Q4

Attrition and Case Update

Since our last Human Resources report in April, we have had four retirements and seven voluntary resignations. Our attrition for the last twelve months remains low at 7%.

We have no new cases.

Facilities / Office Updates

GCHP Facilities team is dedicated to keeping our facilities safe and always available for employee visits:

- 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 is working very well
- Making any necessary modifications to improve air quality inside the buildings

RECOMMENDATION:

Receive and file.