

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

Provider Advisory Committee (PAC) Meeting

Tuesday, December 5, 2023, 7:30 a.m.

**Gold Coast Health Plan, 711 East Daily Drive, Community Room, Camarillo, CA 93010
Members of the public can participate using the Conference Call Number below.**

Conference Call Number: 1-805-324-7279

Conference ID: 341 646 390#

Social distancing measures have been imposed or recommended.

AGENDA

CALL TO ORDER

OATH OF OFFICE

**Amelia Breckenridge, MD, Claudia Gallard, Salley Grove,
Amanda Larsen, Kristine Supple**

ROLL CALL

PUBLIC COMMENT

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

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

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

OPENING REMARKS / WELCOME

**Marlen Torres, Executive Director of Strategy & External Affairs
Erik Cho, Chief Policy & Program Officer**

CONSENT

1. Approval of special meeting minutes of January 24, 2023

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Approval of the 2024 PAC Meeting Calendar

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the 2024 PAC meeting calendar as presented.

PRESENTATIONS

3. PAC Orientation Presentation / Overview of Brown Act Requirements

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Receive and file the presentation.

4. Review of the updated PAC Draft Charter

Staff: Erik Cho, Chief Policy & Program Officer
Marlen Torres, Executive Director of Strategy & External Affairs

RECOMMENDATION: Receive and file the presentation.

5. Model of Care Presentation

Staff: Eve Gelb, Chief Innovation Officer
Felix L. Nuñez, MD, MPH, Chief Medical Officer
Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the presentation.

UPDATES

6. Quality Incentive Provider Program (QIPP)

Staff: Erik Cho, Chief Policy and Program Officer

RECOMMENDATION: Receive and file the update.

7. Provider Grants Program Update

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

8. Election of Chair and Vice Chair

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

RECOMMENDATION: The recommendation is for the PAC to nominate and vote on the Chair and Vice Chair.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the PAC, the next meeting is scheduled for March 5, 2024 and will be held at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

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

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

AGENDA ITEM NO. 1

TO: Provider Advisory Committee
FROM: Maddie Gutierrez, MMC, Clerk of the Board
DATE: December 5, 2023
SUBJECT: Approval of the Provider Advisory Committee Meeting special meeting minutes of January 24, 2023.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the January 24, 2023, Provider Advisory special meeting minutes.

**Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
Special Meeting
January 24, 2023**

CALL TO ORDER

Committee Chair David A. Fein called the virtual meeting to order at 7:32 a.m.

ROLL CALL

Present: Committee members: Masood Babaeian, David A. Fein, Katy Krul, Will Garand, Sim Mandelbaum, and Pablo Velez.

Absent: None

Gold Coast Staff in attendance: Marlen Torres, Exec. Director of Strategy & External Affairs.

PUBLIC COMMENT

None.

CONSENT

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

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

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

Committee member Pablo Velez motioned to approve Consent Item 1. Committee member Masood Babaeian seconded.

AYES: Masood Babaeian, David A. Fein, Will Garand, Katy Krul, Sim Mandelbaum, and Pablo Velez.

NOES: None.

ABSENT: None.

The Clerk declared the motion carried.

COMMENTS FROM COMMITTEE MEMBERS

None.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:34 a.m.

Approved:

Maddie Gutierrez MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Provider Advisory Committee (PAC)
FROM: Maddie Gutierrez, MMC Clerk to the Commission
DATE: December 5, 2023
SUBJECT: Approval of the 2024 Provider Advisory Committee Meeting Calendar

SUMMARY:

This item will establish dates for the Provider Advisory Committee (Committee) meetings for 2024. The following schedule has quarterly regular meetings.

Regular Provider Advisory Committee Meetings

Time: 7:30 am – 9:00 am

Dates: Tuesday, March 5, 2024
Tuesday, June 4, 2024
Tuesday, September 10, 2024
Tuesday, December 10, 2024

RECOMMENDATION:

Approve the 2024 Provider Advisory Committee meeting calendar as presented.

ATTACHMENTS:

Copy of 2024 Provider Advisory Committee Meeting Calendar.



PAC Regular Mtg, 7:30-9 AM

2024 Provider Advisory Committee Meetings

January						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
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December						
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AGENDA ITEM NO. 3

TO: Provider Advisory Committee (PAC)
FROM: Scott Campbell, General Counsel
DATE: December 5, 2023
SUBJECT: PAC Orientation Presentation / Overview of Brown Act Requirements

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Committee Orientation



Gold Coast
Health PlanSM
A Public Entity

www.goldcoasthealthplan.org

Committee Orientation

Presented by
Scott H. Campbell

BROWN ACT

Generally

- Development: The Brown Act developed as the result of a 1951 San Francisco Chronicle investigation into the plethora of secret meetings despite diverse codes and statutes prohibiting them. The League of California Cities drafted the original act which was later promoted through the legislature by Modesto Assemblyman Ralph M. Brown. The bill was signed into law in 1953.
- Purpose: The purpose of the Brown Act is to ensure that almost all aspects of the decision-making process of legislative bodies of local agencies be conducted in public and open to public scrutiny.

BROWN ACT

Discussion and Deliberation of Action Items

- The central provision of the Brown Act requires that all meetings of a legislative body be open and public. Under Section 54954.2(a)(3), the Commission can not discuss or take action on any matters that are not discussed at a public meeting and placed on the public agenda in accordance with the posting and noticing requirements described in the following slide.
- Section 54952.2(b)(1) prohibits a majority of members of the Commission outside of a lawful meeting from directly or indirectly using a series of meetings to discuss, deliberate, or take *action* on any item of business within the *subject matter jurisdiction* of the body.
 - Items that are within the “subject matter jurisdiction” of the body include those matters that may come before the Commission.
 - The Brown Act defines “action” as a collective decision made by a legislative body, like the Commission.

BROWN ACT

Posting and Notice Requirements

- Regular Meeting: The Act requires posting an agenda accessible to the public at least seventy-two (72) hours in advance of a regular meeting, with a brief general description (generally need not exceed 20 words) of each item of business to be transacted or discussed in both open and closed session.
 - Special Meetings: For special meetings, written notice may be provided by any means at least 24 hours in advance to members of the legislative body and to anyone who has requested notice in writing. The notice must specify the time and place of the meeting and the business to be discussed.
- *No action or discussion is allowed for any item not listed on the agenda (except for brief response to persons exercising public comment rights at meeting).

BROWN ACT

Exceptions to the Posting and Noticing Requirements

- Emergency Situations: Adding an item by 2/3 vote determining an emergency situation exists (work stoppage or crippling disaster impairing the public's health and safety).
- Need for Immediate Action: Adding an item by 2/3 vote of those present determining a need to take immediate action and that the need for action came to the attention of the agency subsequent to posting the agenda.
- Continued Item: An item was earlier posted pursuant to the seventy-two (72) hour requirement, but the agenda item has been continued to a subsequent meeting within five (5) calendar days of the original meeting.

BROWN ACT

Opportunity to Speak

Every agenda must provide an opportunity for members of the public to address the body on items of interest to the public, before or during the legislative body's consideration of that item, or concerning items not on the agenda that are within the subject matter jurisdiction of the legislative body.

- Exception: need not allow public to speak if an item was previously considered at a public hearing by a committee composed exclusively of members of the legislative body.

The legislative body may adopt regulations limiting the total amount of time allocated for public testimony on particular issues and for each speaker. The legislative body may order the meeting room cleared (except non-disruptive news media) of persons willfully interrupting the orderly conduct of the meeting.

BROWN ACT

Some Exceptions to the Public Session Requirements

- Pending Litigation: The legislative body may discuss in closed session "pending litigation".
- Personnel: The legislative body may go into closed session to consider the appointment, employment, evaluation of performance or dismissal of a public employee or to hear complaints or charges brought against such employee unless such employee requests a public session.
- Salaries and Compensation of Employees: The legislative body may discuss in closed session with its designated negotiating representatives salaries, salary schedules, or compensation in the form of benefits of its represented and unrepresented employees for the purpose of negotiating terms with the employees or their bargaining groups.

BROWN ACT

Penalties and Remedies

- Each member of a legislative body who attends a meeting of such legislative body where action is taken in violation of any provision of the Act, with wrongful intent to deprive the public of information to which it is entitled under the Act, is guilty of a misdemeanor.
- Violations of the Act may be prevented or stopped by mandamus, injunction or declaratory relief.
- Actions by a legislative body which are not in substantial compliance with the open meeting, notice or agenda requirements may be invalidated.
- Court costs and reasonable attorney fees are recoverable in an action agency and shall not become a personal liability of any public officer or employee of the local agency.

CONFLICT OF INTEREST LAWS

The Political Reform Act

The Political Reform Act ("Act") was enacted by initiative measure in 1974. (Gov. Code, § 81000 *et seq.*)

- Legislative Purpose: "Public officials, whether elected or appointed, should perform their duties in an impartial manner, free from bias caused by their own financial interests or the financial interests of persons who have supported them." (Gov. Code, § 81001(b).)
- The Fair Political Practices Commission ("FPPC") is the agency primarily charged with the responsibility of advising officials and the public and enforcing the conflict of interest provisions of the Act. It has adopted regulations interpreting and implementing the Act's provisions. (2 Cal. Code of Regs. § 18000 *et seq.*)

CONFLICT OF INTEREST LAWS

The Political Reform Act, Cont.

General Rule: "No public official at any level of State or local government shall make, participate in making or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he has a financial interest." (Gov. Code, § 87100.)

Government Employees: Unless it has a unique effect upon that Member, a Member does not have a financial interest in a matter involving the public entity for whom he or she works for.

CONFLICT OF INTEREST LAWS

The Political Reform Act, Cont.

There are four basic questions that a Member should ask in determining whether or not he or she has a conflict of interest:

1. Is the Member making, participating in, or using his or her "official position" to influence a governmental decision?
2. Is it reasonably foreseeable that the decision will affect the Member's economic interest?
3. Will the effect of the decision on the Member's economic interest be material?
4. Will the effect of the decision on the Member's economic interest be different than the effect on the public in general?

*If the answer to all of the above questions is "yes," then the Member has a conflict of interest and must disqualify himself both from participating in and making the decision.

CONFLICT OF INTEREST LAWS

Penalty for Violations of the Political Reform Act

- Administrative penalty of up to \$5,000 per violation.
- Injunctive relief.
- Misdemeanor criminal sanctions (fine and/or imprisonment), and four-year bar from holding elective office.

CONFLICT OF INTEREST LAWS

Gov. Code, § 1090

Government Code Section 1090:

- Purpose: The purpose behind the prohibitions in Section 1090 is to eliminate opportunities that would prevent officials from exercising loyalty and undivided alliance to the best interests of the public entity of which they are members.
- Prohibits:
 - public officers or employees from being financially interested in any contract made by them in their official capacity or by anybody or board of which they are members.
 - public officers or employees from being purchasers at any sale or vendor of any purchase made by them in their official capacity.

CONFLICT OF INTEREST LAWS

Gov. Code, § 1090, Cont.

- No actual fraud or dishonesty is necessary for a Section 1090 violation.
- A Section 1090 violation will occur even if the interested Member abstains from a vote that would approve the contract, sale, or purchase from the Member's business.
- Full disclosure will not prevent or cure a Section 1090 violation.
- A public official does not have a 1090 prohibition unless the contract involves that public official's department.

QUESTIONS?

THANK YOU

For specific questions regarding this presentation please do not hesitate to contact me.

Scott Campbell

Scott.campbell@bbklaw.com



AGENDA ITEM NO. 4

TO: Provider Advisory Committee

FROM: Marlen Torres, Executive Director, Strategy and External Affairs
Erik Cho, Chief Policy and Program Officer

DATE: December 5, 2023

SUBJECT: Revised Provider Advisor Committee Charter

SUMMARY:

Last Fall, the Provider Advisory Committee (PAC) convened an Adhoc Committee to review and revise the existing Committee Charter. The committee was comprised of David Fein (former PAC Chair), Katy Krul (Oxnard Family Circle Adult Day Health Center), and Pablo Velez (Amigo Baby) met several times with Mr. Cho and Ms. Torres to propose revisions to the Charter. The Adhoc Committee was unable to present its final recommendation to the PAC because the PAC lost its quorum and was temporarily suspended.

The revisions consist of the following:

1. Updated the purpose of the charter to include providing feedback on GCHP's Model of Care, improving access to quality care, and feedback on GCHP membership.
2. Provide greater clarity on PAC responsibilities.
3. Selection of a Committee Chair and Vice Chair.
4. PAC membership terms.
5. PAC membership enhancement to include non-traditional providers.

Attached you will find the redline charter with the Adhoc Committee's recommendations and the changes proposed from the GCHP management team and a clean copy of the charter.

Committee Charter: Provider Advisory Committee

Committee Purpose

Pursuant to the Bylaws, the Ventura County Medi-Cal Managed Care Commission (VCMCC) enabling ordinance 4409 (April 2010) shall establish a Provider Advisory Committee (PAC) whose members can provide expertise relative to their respective specialties. The PAC, at a minimum, will meet quarterly and make recommendations, review policies and programs, explore issues and discuss how ~~GCHP~~the plan may best fulfill its mission. The PAC offers a forum for Providers and Practitioners to provide input and advice to Gold Coast Health Plan leadership. The PAC offers a forum for Providers and Practitioners to provide input and advice to the Gold Coast Health Plan (GCHP) leadership.

The PAC's mission is to provide feedback and recommendations on GCHP's membership needs, Model of Care, understand programmatic changes (regulatory, business, current and anticipated) and the managed care industry (local, state and national), and research by the health plan discuss local, state, or national issues focusing on enhancing access to care and therelationships and interactions between ~~PP~~Providers and GCHP to enhance member care. These issues include improving health care, and clinical quality, and improving communications, relations, and cooperation between Providers and GCHP. GCHP leadership may utilize information gained from the PAC to make recommendations or address issues brought forth by the Commission. GCHP leadership may utilize information gained from the PAC to make recommendations or address issues with the GCHP Governing Board.

Responsibilities

The following responsibilities shall serve as a guide, with the understanding that the PAC may carry out additional functions as may be appropriate ~~in light of considering a~~ changing business landscape, regulatory, legal, and/or other conditions. The PAC shall also carry out any other responsibilities delegated to it by the Commission from time to time.

- ~~1)~~1. Address clinical and administrative topics that affect interactions between PPProviders and GCHP.
- ~~2)~~2. Discuss local, state, and national issues related to enhancing member care.
3. Provide input on health care services of GCHP.
4. Provide input on the program design and structures of the provider Quality incentives, Grant programs, and value based payments to improve access to care for members and quality measures.



5. Provide input on GCHP's Model of Care design and structures of member incentives and healthcare programs aimed at increasing member engagement in health/wellness, healthcare, and adherence to treatment.
- ~~3)6.~~ Provide input on GCHP membership to better understand their needs, barriers, and priorities.
- 4)7. Provide input on the coordination of services between networks of GCHP.
- 5)8. Improve communications, relations, and cooperation between Providers and GCHP.
- 6)9. Provide expertise to GCHP relative to a PAC member's area of practice.
- 7)10. GCHP budget review updates. ~~GCHP budget review.~~
- 8)11. Changes to programs that impact Providers, such as Health Education, contracting, DHCS guidance, etc. ~~Changes to programs that impact Providers, such as Health Education, contracting, etc.~~
12. Benefit changes and interpretation. ~~Benefit changes and interpretation.~~
- 9)13. The Chair and Vice Chair will present to the Commission at least on an annual basis.

Meetings

Regular meetings of the PAC shall be scheduled quarterly. Additional special (ad hoc) meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chair, or a majority of the members of the PAC. PAC meeting dates are scheduled one (1) year in advance. ~~PAC meeting dates are scheduled one (1) year in advance.~~

Members

The VCMCMC determined the PAC would consist of eleven (11) GCHP Providers or Practitioners ~~(11) GCHP Providers or Practitioners~~ members with one dedicated seat with no limitation of terms representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members, with the exception of the designated VCHCA seat position, would serve a two-year term, serve up to three term~~terms~~have no term limits and individuals could apply for re-appointment if they haven't met their term limits. The eleven voting members would represent various professional disciplines and/or constituencies, which include: allied health services, durable medical equipment, pharmacies, community clinics, hospitals, long-term care, non-physician medical practitioners, nurses, physician, and traditional / safety net, transportation, behavioral health, and community based organizations.

PAC Membership

- ~~1) One (1) VCHCA~~
- ~~2) One (1) Physician participating in Primary Care Providers (PCP)~~



- ~~3) Two (2) hospital representatives~~
- ~~4) One (1) allied health service provider~~
- ~~5) One (1) community clinic provider or practitioner~~
- ~~6) One (1) long-term care provider~~
- ~~7) One (1) non-physician medical practitioner~~
- ~~8) One (1) nurse~~
- ~~9) One (1) traditional or safety net provider~~
- ~~10) One (1) practicing member from the Behavioral Health discipline~~

The Chief Policy and Program Office and the Executive Director, Strategy and External Affairs will serve as the Principal Executive Sponsors for the PAC. In addition, the following GCHP staff will be available at each meeting or may include a designee on a limited as-needed basis: GCHP staff that will be available at each meeting will be:

- ~~1)1. _____ Chief Executive Officer (CEO), or designee~~
- ~~2)2. _____ Chief Diversity Officer, or designee~~
- ~~3)3. _____ Chief Medical Officer (CMO), or designee~~
- ~~4) _____ Chief Operating Officer (COO), or designee~~
- ~~5)4. _____ Chief Financial Officer (CFO), or designee~~
- ~~5. _____ Chief Compliance Officer, or designee~~
- ~~6. _____ Chief Program and Policy Officer~~
- ~~7. _____ Chief Information and System Modernization Officer~~
- ~~8. _____ Chief Innovation Officer~~
- ~~6)9. _____ Chief Human Resources and Organizational Performance Officer~~
- ~~7)10. _____ Senior Director of Network Operations/Provider Relations, or designee~~
- ~~11. _____ Executive Director, Strategy and External Affairs, or designee~~
- ~~8) _____~~
- ~~9) _____ Director, Behavioral Health and Social Programs~~

Membership Chair and Vice Chair Selection Process

1. Nomination Process

- a. To establish a nomination ad hoc subcommittee, the **PCAC** chairperson or vice-chair shall ask three to four members to serve on the ad hoc subcommittee. PAC members who are being considered for reappointment, cannot participate in the nomination ad hoc subcommittee.



2. Prior to the PAC nomination ad hoc subcommittee meeting: At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation.
3. The PAC nomination ad hoc subcommittee shall:
 - i. Review, evaluate and select a prospective chairperson, vice-chair, and a candidate for each of the open seats.
 - ii. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice-chair, and a candidate for each of the expiring seats using the attendance record if relevant, and the prospective candidate's references.

PAC Selection and Approval Process for Chairperson, Vice-Chair, and PAC Candidates

- a. On a biannual basis, PAC shall select a Chairperson and Vice-Chair from its membership to coincide with the biannual recruitment and nomination process.
 - i. The PAC Chairperson and Vice-Chair may serve one-year terms with two term extensions with a vote taken by the PAC members annually.
 - ii. The PAC Chairperson or Vice-Chair may be removed by a majority vote from GCHP's Commission.
- b. Upon selection of a recommendation for a Chairperson, Vice-Chair and a slate of Candidates, the ad hoc subcommittee shall forward its recommendation to the PAC for consideration.
- c. Following consideration, the PAC's recommended slate of new Candidates shall be submitted to GCHP Commission for review and final approval.
- d. Following GCHP's Commission approval of PAC's recommendation, the new PAC members' terms shall be effective at the next regular meeting.
- e. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the immediately following PAC meeting.
- f. GCHP shall provide new PAC members with a new PAC member orientation including information on past meetings.

Membership Responsibilities

The Chair shall:

1. Preside at all PAC meetings
2. Work with GCHP staff to develop the PAC regular meeting agendas
3. Report at least on annual basis to the Commission



4. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

The Vice Chair shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson
2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon
3. Attend PAC meetings on a regular basis

Membership

1. Attend PAC meetings on a regular basis
2. Give feedback on topics presented by GCHP staff at PAC meetings
3. Serve in ad hoc meetings as determined by the Chair

~~**Membership requirements/limits—ex: cannot be in ligation with GCHP, must be in good standing, etc.~~

~~**How are members removed? Does the CEO have the power to remove someone from PAC?~~

~~** How do we handle vacant seats?~~

~~** How are the Chair and Vice-Chair selected?~~

Meeting Procedures

The PAC will meet on a quarterly basis. Meeting dates and times will be specified a year in advance. Meetings of the PAC shall be open and public pursuant to the Ralph M. Brown Act (Gov. Code § 54950 et seq.)

Voting and Quorum: The eleven voting PAC Members represent various professional disciplines. The presence of a majority of the PAC Members, shall constitute a quorum.

The PAC may invite other individuals, such as members of management, auditors, or other experts or consultants to attend meetings and provide pertinent information



relating to an agenda item, as necessary.

The ~~Clerk of the Board~~ Clerk of the Board is responsible for notifying members of the dates and times of meetings and preparing a record of the Committee's meetings.

DRAFT

Committee Charter: Provider Advisory Committee

Committee Purpose

Pursuant to the Bylaws, the Ventura County Medi-Cal Managed Care Commission (VCMCC) enabling ordinance 4409 (April 2010) shall establish a Provider Advisory Committee (PAC) whose members can provide expertise relative to their respective specialties. The PAC, at a minimum, will meet quarterly and make recommendations, review policies and programs, explore issues and discuss how Gold Coast Health Plan (GCHP) may best fulfill its mission. The PAC offers a forum for Providers and Practitioners to provide input and advice to GCHP leadership.

The PAC's mission is to provide feedback and recommendations on GCHP's membership needs, Model of Care, understand programmatic changes (regulatory, business, current and anticipated) and the managed care industry (local, state and national), and research by the health plan focusing on enhancing access to care and the relationships and interactions between Providers and GCHP to enhance member care. These issues include improving health care, and clinical quality, and improving communications, relations, and cooperation between Providers and GCHP. GCHP leadership may utilize information gained from the PAC to make recommendations or address issues brought forth by the Commission.

Responsibilities

The following responsibilities shall serve as a guide, with the understanding that the PAC may carry out additional functions as may be appropriate considering a changing business landscape, regulatory, legal, and/or other conditions. The PAC shall also carry out any other responsibilities delegated to it by the Commission from time to time.

1. Address clinical and administrative topics that affect interactions between Providers and GCHP.
2. Discuss local, state, and national issues related to enhancing member care.
3. Provide input on health care services of GCHP.
4. Provide input on the program design and structures of the provider Quality incentives, Grant programs, and value-based payments to improve access to care for members and quality measures.
5. Provide input on GCHP's Model of Care design and structures of member incentives and healthcare programs aimed at increasing member engagement in health/wellness, healthcare, and adherence to treatment.
6. Provide input on GCHP membership to better understand their needs, barriers, and priorities.



7. Provide input on the coordination of services between networks of GCHP.
8. Improve communications, relations, and cooperation between Providers and GCHP.
9. Provide expertise to GCHP relative to a PAC member's area of practice.
10. Review GCHP budget updates.
11. Changes to programs that impact Providers, such as Health Education, contracting, DHCS guidance, etc.
12. Benefit changes and interpretation.
13. The Chair and Vice Chair will present to the Commission at least on an annual basis.

Meetings

Regular meetings of the PAC shall be scheduled quarterly. Additional special (ad hoc) meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chair, or a majority of the members of the PAC. PAC meeting dates are scheduled one (1) year in advance.

Members

The VCMC determined the PAC would consist of eleven (11) GCHP Providers or Practitioners members with one dedicated seat with no limitation of terms representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members, with the exception of the designated VCHCA seat position, would serve a two-year term, up to three terms and individuals could apply for re-appointment if they haven't met their term limits. The eleven voting members would represent various professional disciplines and/or constituencies, which include: allied health services, durable medical equipment, pharmacies, community clinics, hospitals, long-term care, non-physician medical practitioners, nurses, physician, and traditional / safety net, transportation, behavioral health, and community-based organizations / non-traditional providers.

The Chief Policy and Program Officer and the Executive Director, Strategy and External Affairs will serve as the Executive Sponsors of the PAC. In addition, the following GCHP staff will be available at each meeting or may include a designee on a limited as-needed basis:

1. Chief Executive Officer
2. Chief Diversity Officer
3. Chief Medical Officer
4. Chief Financial Officer
5. Chief Compliance Officer



6. Chief Program and Policy Officer
7. Chief Information and System Modernization Officer
8. Chief Innovation Officer
9. Chief Human Resources and Organizational Performance Officer
10. Executive Director, Strategy and External Affairs
11. Senior Director of Network Operations

Membership Chair and Vice Chair Selection Process

1. Nomination Process
 - a. To establish a nomination ad hoc subcommittee, the PAC chairperson or vice-chair shall ask three to four members to serve on the ad hoc subcommittee. PAC members who are being considered for reappointment, cannot participate in the nomination ad hoc subcommittee.
2. Prior to the PAC nomination ad hoc subcommittee meeting: At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation.
3. The PAC nomination ad hoc subcommittee shall:
 - i. Review, evaluate and select a prospective chairperson, vice-chair, and a candidate for each of the open seats.
 - ii. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice-chair, and a candidate for each of the expiring seats using the attendance record if relevant, and the prospective candidate's references.

PAC Selection and Approval Process for Chairperson, Vice-Chair, and PAC Candidates

- a. On a biannual basis, PAC shall select a Chairperson and Vice-Chair from its membership to coincide with the biannual recruitment and nomination process.
 - i. The PAC Chairperson and Vice-Chair may serve one-year terms with two term extensions with a vote taken by the PAC members annually.
 - ii. The PAC Chairperson or Vice-Chair may be removed by a majority vote from GCHP's Commission.
- b. Upon selection of a recommendation for a Chairperson, Vice-Chair and a slate of Candidates, the ad hoc subcommittee shall forward its recommendation to the PAC for consideration.
- c. Following consideration, the PACs recommended slate of new Candidates shall be submitted to GCHP Commission for review and final approval.



- d. Following GCHP's Commission approval of PAC's recommendation, the new PAC members' terms shall be effective at the next regular meeting.
- e. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the immediately following PAC meeting.
- f. GCHP shall provide new PAC members with a new PAC member orientation including information on past meetings.

Membership Responsibilities

The Chair shall:

1. Preside at all PAC meetings.
2. Work with GCHP Executive Sponsors staff to develop the PAC regular meeting agendas.
3. Report at least on annual basis to the Commission.
4. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

The Vice Chair shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson.
2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.
3. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

Membership shall:

1. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.
2. Give feedback on topics presented by GCHP staff at PAC meetings.
3. Serve in ad hoc meetings as determined by the Chair.

Meeting Procedures

The PAC will meet on a quarterly basis. Meeting dates and times will be specified a year in advance. Meetings of the PAC shall be open and public pursuant to the Ralph M. Brown Act (Gov. Code § 54950 et seq.)

Voting and Quorum: The eleven voting PAC Members represent various professional disciplines. The presence of a majority of the PAC Members, shall constitute a quorum.



The PAC may invite other individuals, such as members of management, auditors, or other experts or consultants to attend meetings and provide pertinent information relating to an agenda item, as necessary.

The Clerk of the Board is responsible for notifying members of the dates and times of meetings and preparing a record of the Committee's meetings.

DRAFT



AGENDA ITEM NO. 5

TO: Provider Advisory Committee (PAC)

FROM: Erik Cho, Chief Policy & Program Officer
Eve Gelb, Chief Innovation Officer
Felix L. Nuñez, MD, MPH, Chief Medical Officer

DATE: December 5, 2023

SUBJECT: Model of Care Presentation

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Model of Care

Gold Coast Health Plan Model of Care

December 5, 2023

Erik Cho, Chief Policy and Program Officer
Eve Gelb, Chief Innovation Officer
Felix L. Nuñez, MD, MPH, Chief Medical Officer

Integrity

Accountability

Collaboration

Trust

Respect

Executive Summary

GCHP's priority and plan is to achieve our mission for the members and communities we serve.

The best health outcomes **The greatest access to Quality care** **Superior member experience**

To achieve this, we are building and managing a modern health plan based on the industry leading “Model of Care” (MOC):

- Established by CMS and NCOA , the MOC is the vital quality improvement tool for ensuring unique needs of each member enrolled in a health plan are identified and addressed.
- In 2010, the Patient Protection and Affordable Care Act (ACA) reinforced the importance of the MOC as a fundamental component of Medicare Special Needs Plans (SNPs) quality improvement by requiring the National Committee for Quality Assurance (NCQA) to execute the review and approval of each SNP's MOC based on standards and scoring criteria established by CMS.
- By adopting MOC as the blueprint for GCHP, we will have growing positive impact on Medi-Cal member health and wellbeing while we prepare to successfully build and operate D-SNP in 2026.

What to expect today

- What is the Model of Care – NCQA
- How is Model of Care being implemented – GCHP
- Impacts of selected initial Model of Care programs and solutions – member incentives and provider grants/incentives
- What's next

MODEL OF CARE - PRINCIPLES

NCQA
Model for
High Quality
Plans

We will build the know-how to develop and manage leading-edge practices from our industry. We will also work with leading industry partners to create and implement high performing operations and high impact programs.

High quality
health plans
are > than the
sum of our
parts

We will be unwavering in our drive to improve **collaboration, coordination, integration and teamwork** across our complex organization. We will work as One Team with One Plan.

Pursue
Excellence

Not better, but Best. We will create the Operating Structures (people, positions, cross-functional meetings, processes, teamwork, and tools) to (1) advance and modernize the workings of the health plan; (2) stay aligned on Goals and Initiatives; and (3) solve operational issues as they arise.

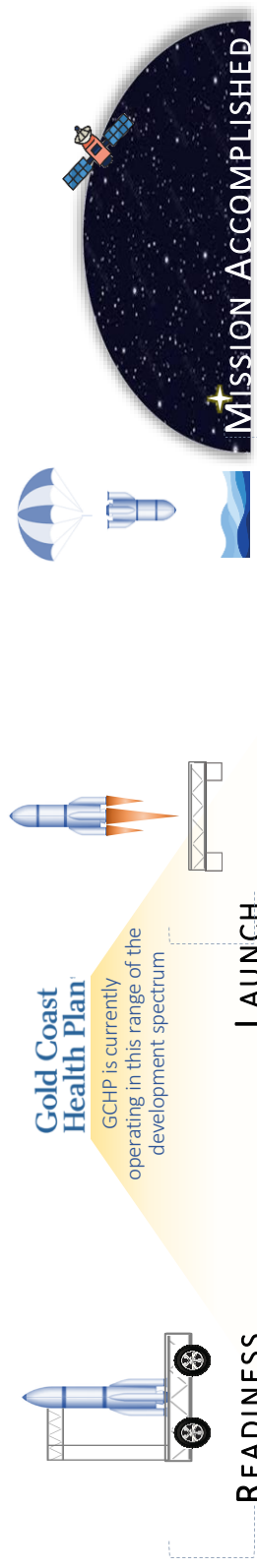
NCQA Model of Care: Greater than the Sum of its Parts

NCQA provides a road map for an organization's MOC through a set of standards that are further broken down into elements and factors.



Model of Care ♦ Advancing GCHP as a Modern Health Plan

Operational and Organizational Performance to Achieve Mission



READINESS

BUILD CORE OPERATING PLATFORM

- SHARED SERVICES
- ♦ COMMUNICATIONS (INFORM COMMUNITIES AND MEMBERS ABOUT BENEFITS AND SERVICES, HEALTH AND HEALTHCARE)
- ♦ DELEGATION/VENDOR OVERSIGHT (DRIVE PERFORMANCE AND VALUE)
- ♦ FINANCIAL STRENGTH AND CONTINUED INVESTMENT IN MODERNIZING HEALTH PLAN CAPABILITIES TO IMPROVE HEALTH, QUALITY HEALTHCARE, AND MEMBER EXPERIENCE
- ♦ OPTIMIZED DATA/ANALYTICS/RESEARCH
- ♦ PEOPLE AND ORGANIZATIONAL PERFORMANCE
- ♦ PROJECT MANAGEMENT OFFICE
- ♦ STATE-OF-THE-ART OPERATING SYSTEMS AND SERVICES AND OPERATIONAL PERFORMANCE EXCELLENCE
- ♦ VOICE OF THE MEMBER (SURVEYS, FEEDBACK); DEEP UNDERSTANDING OF MEMBER AND COMMUNITY NEED

LAUNCH

CREATE SUSTAINED HIGH PERFORMANCE

- ONE SCORE. ONE PRIORITY. ONE PLAN. ONE TEAM.
- ♦ PROGRESS OF COMPREHENSIVE, COMPANY-WIDE QUALITY IMPROVEMENT WORKPLAN
- ♦ \$50M QUALITY INCENTIVE POOL AND PROGRAM ALIGNS PROVIDER CLINICAL AND QUALITY OPERATIONS WITH GCHP GOALS AND PLANS
- ♦ \$25M ACCESS GRANTS DRIVE IMPROVEMENTS IN SYSTEM CAPACITY; SATISFACTION A NEXT FOCUS
- ♦ HEALTHCARE PROGRAMS AND SERVICES CONNECT MEMBERS WITH HEALTHCARE/SERVICES
- ♦ MEMBER ENGAGEMENT INCENTIVES
- ♦ HEALTH/HEALTHCARE SUPPORTS (E.G., TRANSPORTATION, REGENERATIVE CARE, DIABETES SELF CARE, FOOD IS MEDICINE)
- ♦ INTEGRATED CARE MANAGEMENT TEAM
- ♦ MEMBER SERVICES EVERYWHERE: CALL CENTER, PROVIDER CLINICS/OFFICES, COMMUNITY EVENTS, OUTREACH EFFORTS

ACHIEVE GOALS AND SUCCESS MCAS AND CAHPS

- ♦ ALL MEMBERS GET CARE "WHENEVER/ WHEREVER" THEY NEED IT (ACCESS AND EQUITY FOR ALL); HIGH MCAS SCORES REFLECT THIS
- ♦ HIGH MEMBER ENGAGEMENT IN HEALTH AND HEALTHCARE (MEMBERS KNOW, WANT, GET, AND STAY ACTIVE IN HEALTH AND REGULAR PRIMARY AND SPECIALTY CARE AND RX ADHERENCE) YIELDS LASTING IMPACTS TO INDIVIDUAL, FAMILY, AND COMMUNITY HEALTH AND WELLBEING
- ♦ THE HEALTHCARE SYSTEM AND PROVIDERS OF COMMUNITY-BASED SERVICES ARE HIGHER PERFORMING AND CONTINUOUSLY IMPROVING TO MEET GCHP/DHCS GOALS FOR QUALITY, SATISFACTION, AND EQUITY

MISSION ACCOMPLISHED

Selected Initial Model of Care Programs/Solutions

Member Incentives and Provider Grants/Incentives

Standard—Overarching requirement based on best practice)	Element—Essential piece of the standard that must exist to meet the standard)	Factor—A process or tool that produces the desired result
Description of the Population— Demonstrates understanding of their experience and needs	2 Elements—Ensure ability to describe the demographic, health and social characteristics of the target population and the most vulnerable members	8 Factors such data on member health, social and demographic and the unique characteristics of the most vulnerable, and community relationships to support members
Care Coordination —Ensures that needs and preferences are met	6 Elements--Ensure the right staffing, collection of health risk information, individualized care plan, interdisciplinary care team, and transition of care process	33 Factors such as organizational charts, job descriptions, health risk assessment tools and workflows, care plan templates, communication plans, and tracking tools
Network—Relevant facilities and providers to address unique and specialized needs	3 Elements—Ensures that the providers have the specialized expertise, use clinical guidelines, engage with the care team and are properly trained on the model of care	12 Factors such as training materials, clinical guidelines, tracking tools, provider specializations, credentialing procedures.
Quality and Performance Improvement—Continuously improve ability to deliver services and care	5 Elements—Demonstrate the process and capability to set and measure health outcomes and patient satisfaction and improve continuously	21 Factors such as quality committee structures, quality measurements and targets, satisfaction surveys, quality data structures, quality improvement resources.

Wellth Program Overview



Health Conditions

Physical and behavioral health conditions

Prioritizing the highest risk members to maximize ROI and program benefits

Program Description

Care plan adherence program for high-risk members with chronic conditions. Members receive daily reminders, behavior reinforcements and can earn rewards for demonstrating adherence via the Wellth app.



Program Goals

Objectives

- Care Received in the Right Settings
- Total Cost of Care Reduction
- Care Plan Adherence

Tracked Metrics

- Improvements to Medication Adherence (PDC)
- Improvements to Clinical Lab Values (A1c and BP)
- Member Satisfaction (NPS > +50)

Go-Live Date

September 12, 2023

Health Tasks

Daily Medication



Blood Pressure Readings



Glucometer Readings



Healthy Meal



Wellth Engagement Summary

The Wellth & Gold Coast Health Plan program had a smooth program launch and is showing extremely strong member engagement and activations in the first month of the program.

The excellent uptake and engagement is expected to translate to care received in the right settings, improvements to clinical values, and boosts to proportion of days covered (PDC) which will be reviewed in the coming months pending claims data.

Program Participation Data



Activated Members **1,503**



Progress towards
Activation Goal
(Goal: 1,499 members)



Wellth Program
Engagement Rate

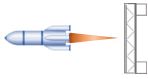
88%



Activated Members with
3+ Chronic Diseases

69%

What's Next



Launched

Description of the Population—Demonstrates understanding of their experience and needs	Inovalon
	Digital Member Engagement (Wellth)
Care Coordination— Ensures that needs and preferences are met	Health Education
	Care Coordination
	Care Management
	Transportation Expansion
	CBO Incentives
Network— Relevant facilities and providers to address unique and specialized needs	Community Supports
	Provider Grants
	Provider Quality Incentive (QIPP)
Quality and Performance Improvement— Continuously improve ability to deliver services and care	MCAS Improvement Structure



On the Launch Pad

Modern Data Warehouse
Advanced Analytics Function
Health Risk Assessments
Chronic Disease Management
Routine/Campaign Outreach
Care Transitions
Integrated Care Team
Contact Center Services
Provider Located Services
Recuperative Care



Mission Accomplished When Launched

Community Service Centers
Member App
Value-based contracts
NCQA Accreditation
CAHPS Improvement Structure



AGENDA ITEM NO. 6

TO: Provider Advisory Committee (PAC)
FROM: Erik Cho, Chief Policy and Program Officer
DATE: December 5, 2023
SUBJECT: Quality Incentive Pool and Program (QIPP)

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Quality Incentive Pool and Program (QIPP)



Gold Coast Health Plan Quality Improvement Pool and Program

December 5, 2023

Erik Cho, Chief Policy and Program Officer

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

Integrity

Accountability

Collaboration

Trust

Respect

At least

\$50,000,000

QUALITY INCENTIVE POOL AND PROGRAM

GCHP Investment in Provider Quality Performance

2023-2025 Funding for PCP Providers

Quality Incentive for Provider Performance Improvement



- Provider assigns chief-level co-sponsor(s) of Joint Quality Program Committee (JQPC); GCHP co-sponsors are CMO and CPPO; Co-sponsors jointly report to Boards on a semi-annual basis (April and Sept).
- JQPO operates a **biweekly Joint Quality Operating Meeting** (JQOM); Sponsor attendance required 80% of time; Defined meeting deliverables (reporting) for Provider and GCHP.
- Key deliverable: Provider “MCAS Quality Improvement Work Plan” approved annually by GCHP Quality Committee.

Quality Incentive for Provider Performance Improvement



Gold Coast
Health PlanSM
A Public Entity



✓ EMR data integration/sharing

○ Other focus of incentive → expand integration to a broader data set and improve to sustained high levels of encounter accuracy, completeness, and timeliness.

Quality Incentive for Provider Performance Improvement



**Gold Coast
Health Plan**SM
A Public Entity



- o Focus is MCAS Performance for GCHP membership attributed to Provider for PCP
- o 10 Measures – 5 selected by Provider, 5 selected by GCHP
- o Measurement Year (MY) | MY1 = Calendar Year 2023, MY2 = CY2024
- o Determination of MY results to be performed by GCHP (using Inovalon, by April of the following year, auditably, based on all available claims and supplemental data (e.g., EMR, charts).

Core and Optional Measures



Core Measures	▼	Acronym	▼	Measure Domain	▼	MY 2022 Minimum Performance Level (NCQA 50th %ile)	▼	MY 2022 High Performance Level (NCQA 90th %ile)
Child and Adolescent Well-Care Visits	▼	WCV	▼	Children's Health	▼	48.93	▼	62.70
Well Child Visits in the First 30 Months of Life 0 to 15 months:		W30-15		Children's Health		55.72		67.56
Well Child Visits in the First 30 Months of Life 15-30 months		W30-30		Children's Health		65.83		78.07
Chlamydia Screening in Women		CHL		Reproductive Health		55.32		67.84
Cervical Cancer Screening		CCS		Cancer Prevention		57.64		66.88

Optional Measures: The Provider will choose any 5 MCAS metrics for which Plans are held to MPL for CY 2023.

Quality Incentive Pool and Program Progress



The GCHP Quality Incentive Pool and Program has launched with the 3 systems who have the greatest amount of our assigned members.

Over 90% of GCHP members who are assigned to a PCP can now be benefitted by the QIPP.

- The meetings outlined in the QIPP agreements are underway with the participating providers and have led to significant insight.
- These provider systems are activated, engaged, and making progress.
- Even more of our PCP-assigned members will be brought into the program through an additional proposed agreement and a modified QIPP for small providers.

Questions

Appendix

Earning “Tranches” Year 1



DHCS “Minimum Performance Level” (MPL) – performance below is sanctioned in 2023
 DHCS “High Performance Level” (HPL) – 90th percentile [comment about 2024 Contract]



PERFORMANCE TRANCHE	CRITERIA & REQUIREMENTS				% of Quality Bonus
	At or Above HPL	At or Below MPL*	Improvement** From Prior Year Baseline		
High	2 or more and	0	and ≥ 5		100%
High-Mid	1 or more and	0	and ≥ 5		75%
Mid	0 and	0	and ≥ 5		50%
Mid-Low	0 and	1 or 2	and ≥ 5		25%
Low	0 and	3 or more	or ≥ 6 decline		0%

*See Year 1 Gap Closure Methodology

**Measures other than those accounted for in HPL and MPL counts.

Earning “Tranches” Year 2



Gold Coast Health PlanSM
A Public Entity

DHCS “Minimum Performance Level” (MPL) – performance below is sanctioned in 2023
 DHCS “High Performance Level” (HPL) – 90th percentile [comment about 2024 Contract]



PERFORMANCE TRANCHE	CRITERIA & REQUIREMENTS				% of Quality Bonus
	At or Above HPL	At or Below MPL*	Improvement** From Prior Year Baseline		
High	3 or more	0	≥ 5	and	100%
High-Mid	2 or more	0	≥ 5	and	75%
Mid	0	0	≥ 5	and	50%
Mid-Low	0	1 or 2	≥ 5	and	25%
Low	0	3 or more	≥ 6 decline	or	0%

*See Year 2 Gap Closure Methodology

**Measures other than those accounted for in HPL and MPL counts.

Gap Closure Methodology



GCHP understands that certain measures for each Provider are well behind MCAS MPL and are difficult to move significantly in a short period of time. We still require improvement, so we are offering a flexible solution.

In Year 1, the Provider may choose 2 core metrics for which achievement of the Gap Closure Methodology will be considered sufficient for not being considered in the “At or Below MPL” category.

In Year 2, the Provider may choose 1 core metric for which achievement of the Gap Closure Methodology will be considered sufficient for not being considered in the “At or Below MPL” category.

Gap Closure Methodology

The “Gap” is defined as the difference between the Provider’s end of prior year performance and the HPL for the prior year. The target setting methodology is a 10.0 percent gap closure.



AGENDA ITEM NO. 7

TO: Provider Advisory Committee (PAC)
FROM: Erik Cho, Chief Policy and Program Officer
DATE: December 5, 2023
SUBJECT: Provider Grants Program Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Provider Grants Program Update

Gold Coast Health Plan Provider Grants Program

December 5, 2023

Erik Cho, Chief Policy and Program Officer

Up to **\$25,000,000**

ACCESS AND PRACTICE TRANSFORMATION

GCHP Investment in Provider Quality Performance

2023-2025 Funding | Grants and Other Vehicles | Network-Wide Availability

Provider Recruitment
and Retention

Timely Appointments

Health Disparities

Cultural and linguistic
needs...*and more...*

Equipment Grant Program

Purpose

- To provide funding to support equipment purchases to expand our network's capacity to serve our membership and impact direct patient care.

Intended Outcomes

- Increase capacity to improve direct patient care;
- Improve practice efficiencies and improve member experience; and
- Close gaps in care and improve member health outcomes.

Awards

- Multiple grant requests can be submitted by entities; the maximum request per grant is \$50,000.

Eligibility

- Applications must be for FQHC sites
- If funded, the applicant entity must agree to use the equipment to benefit Medi-Cal patients for at least two years.

Recruitment and Retention Grant Program

<p>Purpose</p> <ul style="list-style-type: none">• To attract and recruit prospective specialists, primary care providers, and other licensed healthcare professionals to meet the growing demand. The program focuses on retaining these providers for at least 2 years.	<p>Intended Outcomes</p> <ul style="list-style-type: none">• Increase GCHP's network of physicians (e.g., specialists and primary care providers) and other Advanced Practice health care providers; and• Preserve the network's dedicated and high-quality providers, promoting greater access and quality.	<p>Awards</p> <ul style="list-style-type: none">• Maximum award for physician providers (MD & DO) are \$200,000.• Maximum award for advance practice providers (PA, NP, and others) is \$125,000.	<p>Eligibility</p> <ul style="list-style-type: none">• Open to all contracted network providers.• Applicants must demonstrate:<ul style="list-style-type: none">• A shortage of the type of provider for which they are recruiting, and/or• A lack of capacity impacting healthcare services.
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GCHP Grants Program Launch

These Grant Programs will support GCHP's MCAS "High-5" push¹ so our provider network can add necessary tools, such as point-of-care testing equipment for Lead Screening (LCS) and Hemoglobin A1c.

Additionally, these Grant Programs will assist GCHP and network providers in recruiting sought-after physicians and APPs, ensuring our membership can access health services in a timely manner.

Through these programs, GCHP looks to accelerate quality care outcomes as measured by MCAS, support connections to care, and grow the number of dedicated and committed providers within our network.

Direction for Programs to Come

Additionally, as part of the roll-out of the \$25M two year grant program, we are developing grants for improvement in the following areas:

Provider practice transformation

Access and connections to timely care

Innovative programs for care

Data improvements that impact outcomes

Addressing health disparities

Cultural and linguistic needs

Questions

Appendix

Goal: The MY 2023 “High-5”

- 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*	



AGENDA ITEM NO. 8

TO: Provider Advisory Committee
FROM: Marlen Torres, Executive Director, Strategy and External Affairs
DATE: December 5, 2023
SUBJECT: Election of Chairperson and Vice Chairperson

SUMMARY:

Per the revised charter, the PAC Chairperson and Vice-Chairperson may serve one-year terms with two term extensions.

Membership Responsibilities

The Chair shall:

1. Preside at all PAC meetings.
2. Work with GCHP Executive Sponsors staff to develop the PAC regular meeting agendas.
3. Report at least on annual basis to the Commission.
4. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

The Vice Chair shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson.
2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.
3. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

RECOMMENDATION: GCHP management recommends that members of the PAC nominate and vote on a Chairperson and Vice Chairperson for a one-year term.