

**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, September 25, 2023 2:00 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: 385 187 334#

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 County 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 August 28, 2023.**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

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. **Additional Funding – Aarete Consulting, SOW 1, Transportation Consulting**

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: It is the Plan's recommendation that the Commission recommend the Ventura County Medi-Cal Managed Care authorize the CEO to execute an amendment to SOW 1 with Aarete, Consulting to assist GCHP in implementing recommended transportation services improvements. Amendment 1 will expire on January 31, 2024, with a not-to exceed amount of \$490,000.

PRESENTATIONS

4. **Provider Grants Program**

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the presentation.

UPDATES

5. Transportation Update

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the update

FORMAL ACTION

6. Contract Approval – Outbound Member Communications

Staff: Anna Sproule, Executive Director of Operations
Rachel Lambert, Senior Director of Care Management
Kimberly Timmerman, Senior Director of Quality Improvement

RECOMMENDATION: It is the Plan's recommendation that the Commission authorize the CEO to execute a contract with CareNet. The term of the contract will be 2 years of services commencing October 1, 2023, and expiring on September 30, 2025, for an amount not to exceed \$4M.

7. Contract Approval – Netmark Services, Claims Processing Services

Staff: Alan Torres, Chief Information & System Modernization Officer

RECOMMENDATION: It is the Plan's recommendation that the Commission authorize the CEO to execute a contract with Netmark Business Services LLC. The term of the contract will be 9 months of implementation and 5 years of services commencing October 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$24M.

8. July 2023 Financials

Staff: Nick Liguori, Chief Executive Officer
Sara Dersch, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the July 2023 financial packages.

REPORTS

9. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

10. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

ADJOURNMENT

Date and location of the next meeting to be determined at the October 16, 2023, Special Commission Meeting b

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

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

AGENDA ITEM NO. 1

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Maddie Gutierrez, MMC, Clerk for the Commission
DATE: September 25, 2023
SUBJECT: Regular Commission Meeting Minutes of August 28, 2023

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of regular commission meeting minutes of August 28, 2023.

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

August 28, 2023

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 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, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

Absent: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.

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, Michael Murguia, Executive Director, Human Resources, Eve Gelb, Chief Innovation Officer Susana Enriquez-Euyoque, Leeann Habte of BBK Law, and Scott Campbell, General Counsel.

Also in attendance were the following GCHP Staff: Anna Sproule, Adriana Sandoval, Kris Schmidt, Bob Bushey, Vicki Wrihster, Nicole Kanter, Kim Timmerman, Cecilia Reyes, Shannon Robledo, Carolyn Harris, and Pauline Preciado.

Guest: Stacy Miller, Consultant

PUBLIC COMMENT

Dr. Sandra Aldana stated she had some questions: 1) was there a plan for outreach for uninsured / unhoused individuals who have had Covid, and what financial impact will this have for GCHP and is there monies from the State to help address this issue. 2) She has heard that there is difficulty in having providers and prescriptions transferred when shifting back to the County, or from one provider group to another provider group, and 3) what training is being



done at all ERs to ensure that people with developmental disabilities are being treated based on information given to ER doctors.

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.

Supervisor Lopez motioned to approve Consent items 1 through 4. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

NOES: None.



ABSENT: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.

The clerk declared the motion carried.

UPDATES

5. Redetermination Update

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

RECOMMENDATION: Receive and file the update.

Executive Director of Strategy & External Affairs, Marlen Torres, gave an update on Redetermination efforts done over the last several months. She first thanked her team who have been working hard, been out in the community, making calls, sorting through data, and thanks to the Human Services Agency (HSA) of Ventura County, who have partnered with GCHP.

Ms. Torres reviewed membership redetermination early indicators, both statewide and within Ventura County. She noted that redetermination began in June and disenrollment started in July. She noted that Ventura County/GCHP are experiencing redetermination trends that are in-line with what is occurring at a statewide level.

Ms. Torres reviewed the continuous coverage media campaign being used in an effort to keep our members enrolled. We currently have digital ads in both English and Spanish, Billboards in both languages, and have added ads in the bus shelters, also in both languages. We are also streaming TV /PSA commercials, radio ads and podcasts in both languages and printed ads in both languages as well. We are also using automated called to complete renewals, schedule in-person assistance, and portal registration. Ms. Torres thanked the GCHP Communications team, and consultant Stacy Miller.

Ms. Torres also reviewed the Community Education Campaign. She reviewed engagement and outreach modalities which include community events, canvassing, community presentations, and workshops. The total number of community members engaged in the first quarter: 4,780.

For member targeted outreach Ms. Torres noted there is a 90-day cure period for members. During this time members receive automated calls reminding them that they are due for renewal. She noted there is dedicated staff who contact members during their redetermination period to help with completing renewal forms, scheduling in-person assistance, and BenefitsCal portal registration. Calls are also made to members who were discontinued and are within their cure period.



Ms. Torres announced that we are in the process of finalizing Community Organizations Grants. A request for approval will be submitted at the September commission meeting. These grants are for community-based organizations that will help support in sharing information and assist members in completing forms/paperwork.

Ms. Torres thanked the ambulatory care department at the county. We will be piloting at six provider sites for member assistance. She reviewed the four phases. Ms. Torres noted this is a targeted approach.

Commissioner Swenson stated she did not know what percentage is expected, but this is a highly active approach, and we are getting great results. Commissioner Pupa stated she is extremely impressed with the outreach initiative.

6. Transportation Update

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the update.

CPPO Erik Cho will review the transportation benefit. He will give an update of where we are, and what is the focus going forward. CPPO Cho reviewed the GCHP transportation benefit. He noted that we offer non-emergency medical transportation as well as non-medical transportation.

The utilization of non-medical transport has grown, as well as specialized transport. He reviewed the statistics for 2020 through 2023. Trips per member have increased. The average is 60 trips per member. We need to find a way to get more rides to more members. Many of our members are in need of this service.

Commissioner Atin asked how we compare with other jurisdictions. CPPO Cho stated he will get the information and present. CEO Liguori stated high quality health plans do have greater use of transportation. We currently do not have comparative data but will research.

Commissioner Abbas asked what happens when a member is transported to a facility. He asked if the member is dropped off and then transportation is called to return for pick up, or do they wait for the member. CPPO Cho responded that he believed transportation waits for the member. The transportation is scheduled in advance. Commissioner Abbas noted that the month of March was unusually high for transportation use. CPPO Cho stated he did not know why but will research and get information.

Supervisor Lopez asked if there is a capacity on the number of trips that can be served. CPPO Cho stated that we need to increase the capacity and we also need to inform the member of this service. We need to build capacity before moving forward. Commissioner Pupa asked if there is a limit on the number of children that can ride with



the member. CPPO Cho stated that there is no limit on the children. CEO Liguori stated that members will be informed.

CPPO Cho reviewed MCAS measures and noted there is opportunity to increase capacity. We want to focus on MCAS and quality measures. We will directly link transportation to the measure. We want to do a targeted transportation solution.

CPPO Cho reviewed our work with Aarete. The phases are getting good results. He reviewed phases 1 and 2, which includes analysis of VTS (Ventura Transport System). VTS is improving on their service. There is a lower number of grievances filed, but there needs to be more consistency in improvement. In Phase 3 we want to set a foundation and the proper incentives, we want to add capacity/bus passes. We want to also launch an enhanced Friends and Family initiative.

Commissioner Corwin asked who the corporate contract for Aarete was. CPPO Cho listed names within the Aarete organization. Commissioner Corwin noted that Aarete knows the benefits and needs of the members. CEO Liguori thanked Commissioner Corwin for the reference.

Commissioner Espinosa stated outreach efforts need to be made. She stated she would like to see a phone number on the GCHP Newsletter. She asked how GCHP will connect with farmworkers for transportation efforts. We need to get creative. CPPO Cho stated outreach efforts need to be broadened.

Commissioner Abbas motioned to approve Updates 5 and 6. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.

The clerk declared the motion carried.



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.

General Counsel, Scott Campbell requested that the October commission meeting be changed to October 30, 2023. The regular meeting date was set for October 23rd, but it conflicts with an annual conference. By pushing back, the meeting by one week, it also gives the auditors extra time to prepare final findings.

Commissioner Corwin motioned to approve Formal Action item 7, Reschedule the October 2023 commission meeting. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.

The clerk declared the motion carried.

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.

Executive Director of Strategy & External Affairs, Marlen Torres stated that it is time to re-start the Strategic Planning AdHoc Committee. She is requesting volunteers for this



year's AdHoc. General Counsel noted we will need a maximum of five members. Commissioner Pupa stated she would like to continue to be on the committee. Supervisor Lopez also volunteered. Commissioner Sanchez volunteered. The AdHoc meetings will begin in September.

Commissioner Pupa motioned to approve Formal Action item 8, Reconstitute of Strategic Planning AdHoc Committee. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.

The clerk declared the motion carried.

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.

Chief Medical Officer, Felix Nunez, M.D., reviewed quality goals. He noted that we would like to be the top Medi-Cal managed care plan in California by 2027, and we are making every effort to achieve this goal.

CMO Nunez reviewed prioritized milestones; we want to achieve optimal MCAS performance by exceeding MPL on all measures and achieve high performance level on five measures. We are working toward NCQA accreditation by January 2026, and we want to build quality improvement process including stakeholder engagement, robust measures, and feedback loops to care and service delivery.

CMO Nunez noted that out of 15 MCAS measures held to minimum performance level 11 measures performed at or above the DHCS MPL. Eight measures improved compared to MY 2021, and a strong rate improvement was noted in controlling blood pressure, hemoglobin A1c control for patients with diabetes, breast cancer screening, child, and adolescent well care visits, well child visits first 15 months, well child visits 15-30 months. He also reviewed MCAS measures held to MPL and will continue to be the focus of quality improvement interventions and provider collaboration for MY 2023.



We also have a MY2023 “High-5” push. We do not want to slip back on gains. CMO Nunez review current interventions for the “High-5” include provider quality Incentive pool and payment contracts, Lead screening provider incentive, member incentives, member outreach calls for gaps in care, provider grants, and Carelon agreement which is MCAS improvement on behavioral health measures.

Commissioner Pupa stated she appreciated the information, and collaboration with providers for a common goal. She also appreciates the quality of care being provided to our members.

CMO Nunez stated we have a new Sr. Medical Director, James Cruz, M.D. and he will be a great asset to the team moving forward.

Commissioner Espinosa motioned to approve Formal Action item 8, QIC Second Quarter Report. Commissioner Atin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.

The clerk declared the motion carried.

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

Chief Information Officer, Alan Torres, stated staff is requesting approval of the award to contract with NTT Data for provider and member portals. He noted the information was presented to the Executive Finance Committee and they voted to approve the contract.

This RFP supports our member experience and is a priority. CIO Torres noted that sixteen vendors were specifically solicited, and we received five responsive proposals. We had an evaluation team which had representation from IT, Operations, Provider



Contracting, Medical Management, Procurement as well as assistance from legal counsel. This team evaluated and scored each of the proposals. GCHP staff narrowed it down to three proposals: Oracle, NTT, and Deloitte. There were two required demonstrations.

CIO Torres noted that NTT Data was responsive, and their products functions met the expectations of all parties. He noted that NTT was preferred by providers, and the member panel found the mobile application was acceptable. Deloitte also met expectations and was user friendly, but the cost was much higher. Oracle partnered with a third-party vendor, but their product did not meet GCHP expectations. GCHP prioritized discussions with NTT and Deloitte. GCHP went into contract negotiations with the top two vendors. The total five-year proposal cost for each of the two vendors was reviewed. There was a significant price difference. Reference checks were done.

In summary, NTT Data met our needs at a lower cost. The savings with NTT is approximately \$11 million, and contract terms are more favorable. CIO Torres noted that irregularities were waived. The start date is set for September 1, 2023, and expires June 30, 2029, and will not exceed \$8.1 million.

Commissioner Atin asked what was the track record /quality of service for this vendor. General Counsel, Scott Campbell stated GCHP talked with four references: nationally, as well as California. NTT provides a broad scope of services – not only portals but also claims processing. We are confident that NTT will keep up with changes to update as required. They have a good phone application for members. Commissioner Pupa stated that California requirements can be difficult to navigate, and NTT has the experience.

PUBLIC COMMENT

Craig Hovda, Divisional President of NTT Data thanked the Commission and GCHP for contracting with NTT. He stated that they look forward to working collaboratively. He noted the portal solution will give members and providers access in the portals. Members will also have access to healthcare information and resources.

Commissioner Swenson motioned to approve Formal Action item 10, NTT Portals contract. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.



The clerk declared the motion carried.

11. June and July 2023 Financials

Staff: Nick Liguori, Chief Executive Officer

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

CEO Nick Liguori thanked the finance team for their high level of service during the absence of a Chief Financial Officer. He noted that the search for a CFO has been completed and we have found a new CFO. Sarah Dersch will start on September 18th and will be at the next Commission meeting. She will be introduced at the one-on-one meetings. He stated that an Onboarding Plan memo will be sent out.

CEO Liguori stated that the audit results will be presented at the October commission meeting. He will present July financials at the September commission meeting.

Today he will give a verbal report on financials. June financials are unaudited. CEO Liguori noted that June financials are in line with expectations, and TNE is 1,109% of minimum required. Our TNE remains in the middle of the pack. We will return to lower margins in months to come. Administrative expenses are on target. He noted there are no significant trends in utilization.

Commissioner Pupa thanked all for the recruitment efforts.

Commissioner Espinosa motioned to approve Formal Action item 11, June & July 2023 Financials. Commissioner Atin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.

The clerk declared the motion carried.



REPORTS

12. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

13. Chief 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.

Commissioner Corwin motioned to approve Reports 12,13, and 14. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Sara Sanchez, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Melissa Livingston, Anna Monroy, and Scott Underwood, D.O.

The clerk declared the motion carried.

ADJOURNMENT

The meeting was adjourned at 7:41 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: September 25, 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 (now at many months high of 13.7%) and Covid-19 hospitalizations continue and an average of 11 people die from Covid-19 each day, up from 8 people last month. 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: Erik Cho, Chief Policy and Program Officer

DATE: September 25, 2023

SUBJECT: Additional Funding – Aarete Consulting, SOW 1, Transportation Consulting

BACKGROUND/DISCUSSION:

Project Background

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. By this request, GCHP staff is asking that the Commission approve adding additional funding to SOW #1 with Aarete Consulting, (Aarete). The original scope of services under SOW #1 with Aarete was to evaluate GCHP's Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) vendor, Ventura Transit System (VTS), and provide solutions with action plans to optimize the NEMT/NMT vendor relationship with GCHP. This original scope of work was competitively bid through GCHP's sourcing/ RFP process. Proposals for the transportation consulting services were solicited from three (3) vendors, although the RFP as open to other vendors. Aarete was awarded a contract and SOW #1 was issued for a not-to-exceed amount of \$75,000.

In addition to the \$75,000 initial award, GCHP subsequently began an undertaking with Aarete to move forward critical work with VTS with impacts to member access and satisfaction. This work, which included in-person embedded assessment of VTS, was done anticipating further approval from the Commission. Aarete's work amounted to less than \$100,000 of additional cost. In 2023, VTS has shown positive long-term trends in average call wait times, reduced complaints and grievances, and overall trips performed.

This request is to provide additional funding so that GCHP can continue into a third phase with Aarete to implement the recommendations and action plans associated with the deliverable in SOW #1 to support the rapid positioning of GCHP NEMT/ NMT services as a scalable best-in-class offering. The total amount sought, including \$75,000 that was approved in the original contract, is \$490,000.

Specific recommendations for implementation activities in this amendment include:

- Updated VTS Contract: Update quality incentives, compensation, and SLAs.
- Scalable Approach: Expand services and increase individuals receiving services through dedicated vehicles, mileage reimbursement, dynamic compensation, and increased outreach 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 and define role of transportation liaison.
- **Quality Focus:** Targeted transportation program to increase quality measure performance.

The additional funding will allow Aarete to work with GCHP to complete the deliverables above and position GCHP for further scalable growth in transportation. Members will benefit with increased rides and improved service.

Aarete has been a valuable partner thus far and maintains expertise that will support GCHP staff efforts to scale up and maximize the transportation benefit. Aarete also gives special consideration to member benefit awareness, targeting member and provider populations, and outlining the steps necessary to access transportation benefits. They will provide advantages for GCHP by improving the member experiences as well as provider experiences. They provide significant market intelligence, data analytics, and subject matter expertise. More information on the transportation measures will be presented as part of the transportation update, which is item 6 on the agenda. The Commission can defer approval on this item until after the transportation update.

FISCAL IMPACT:

	Period of Services	Contracted Amount	Budgeted
SOW #1	March 21, 2023 - May 31, 2023	\$75,000	Yes
Amendment 1 to SOW 1	June 1, 2023 – January 31, 2024	\$415,000	Yes
Total projected amount		\$490,000	Yes

RECOMMENDATION:

It is the Plan's recommendation that the Commission recommend the Ventura County Medi-Cal Managed Care authorize the CEO to execute an amendment to SOW #1 with Aarete, Consulting to assist GCHP in implementing recommended transportation services improvements. Amendment 1 will expire on January 31, 2024, with a not-to exceed amount of \$490,000.

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



AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Erik Cho, Chief Policy & Program Officer
DATE: September 25, 2023
SUBJECT: Provider Grants Program

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Provider Grants Program

Gold Coast Health Plan Provider Grants Program

September 25, 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	<ul style="list-style-type: none">• To provide funding to support equipment purchases to expand our network's capacity to serve our membership and impact direct patient care.
Intended Outcomes	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Multiple grant requests can be submitted by entities; the maximum request per grant is \$50,000.
Eligibility	<ul style="list-style-type: none">• 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

Purpose	Intended Outcomes
<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.	<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.

Awards
<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.

Eligibility
<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.

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. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Erik Cho, Chief Policy & Program Officer

DATE: September 25, 2023

SUBJECT: Transportation Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Transportation Update

Gold Coast Health Plan

Transportation Update

9/25/23

Erik Cho, Chief Policy and Program Officer

Presentation

Overview



- Work with AArete will increase connection to, use of, and satisfaction with non-emergency medical transportation (NEMT) and non-medical transportation (NMT).
- Major focus: get members to essential care and tests through ambulatory rides
- Approval for a 3rd Phase work with AArete is requested of the Commission today
- Overview of additional 3rd Phase improvements

Measurable Improvement in Transportation and Impact on Quality

At GCHP, we average approximately 210,000 baseline one-way trips in a 12 month period.

2024 Target



**15%
INCREASE**



Baseline

2024

MCAS Gap Closure Campaign

- **GCHP enhanced outreach efforts**
 - Designed to increase member engagement in MCAS related care and services
 - Greatly supported by the CareNet contract and capacity
 - For rest of 2023, CareNet will make over 18,000 calls per month with our enhanced outreach program.
 - Members will be asked about transportation needs and offered connection
- **GCHP's initial potential MCAS transportation gap closure target measures**
 - Cervical Cancer Screening
 - Breast Cancer Screening
 - Child and Adolescent Well Child Visits
 - These 3 measures are all part of the enhanced outreach efforts

Potential Impact of Transportation Gap Closure

Measure	Eligible Population	Target Number of Gap Closure Trips (2024)	Percent Increase if Transportation Goal Met	Result if Transportation Goal Met
Cervical Cancer Screening	46,246	2,075	4.5%	Close gap to MPL by over ½ before other interventions
Breast Cancer Screening	9,243	487	5.3%	Move above HPL
Well Child Visits	84,401	3,208	3.8%	Close gap to MPL by over ½ before other interventions

Note: Cervical Cancer Screening is a Hybrid measure, so the percent impact is an estimate based on the full population.

Aarete's 3rd Phase Deliverables Also Include:

- **Updated VTS Contract:** Update quality incentives, compensation, and SLAs.
- **Scalable Approach:** Expand services and increase individuals receiving services through:
 - Dedicated vehicles
 - Friends and family mileage reimbursement
 - Dynamic vendor compensation that incentivizes performance
 - Increased outreach 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 and define role of transportation liaison.
- **Quality Focus:** Targeted transportation program to increase quality measure performance.

Non-Emergency
Medical
Transportation
(NEMT)



Non-Medical
Transportation
(NMT)



Mileage
Reimbursement



Questions

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Anna Sproule, Executive Director of Operations
Rachel Lambert, Senior Director of Care Management
Kimberly Timmerman, Senior Director of Quality Improvement

DATE: September 25, 2023

SUBJECT: Contract Approval – Outbound Member Communications

BACKGROUND/DISCUSSION:

Project Background

By this request, GCHP staff is asking that the Ventura County Medi-Cal Managed Care Commission awards a competitively bid contract for Outbound Member Communications Services. Following the health plan industry's standard practice of regularly evaluating capabilities and performance against the nationwide market of system and service providers, GCHP conducted a competitive bidding process for a vendor to assist GCHP with member outreach services. GCHP intends to implement these solutions by October 1, 2023. To meet regulatory requirements related to various member touchpoints (i.e., Redetermination Programs, Disease Management Programs, contacts related to Medically Supportive Food Programs, etc.) that impact quality of experience and HEDIS scores, GCHP endeavored to take a critical look at the marketplace to identify and select a best-in-class vendor for these critical member-facing services.

Executive Summary

GCHP has consistently conducted outreach services supporting quality and other related member initiatives which are included in the Administrative Budget. Historically, GCHP worked with multiple vendor partners to provide the budgeted outreach services which created complex and inefficient processes.

In order to streamline the oversight and management of vendors, GCHP used the Procurement process to select a vendor to provide for outreach services. While within budget the integrated model allows GCHP to improve oversight and performance of the single vendor. GCHP has experienced a dramatic growth in outreach services to members through the redetermination process and the expanded Quality improvement programs.

Procurement Background

On March 28, 2023, staff issued a Request For Proposal, (RFP) for Outbound Member Communications Services to the following 17 vendors:

CareNet	Icario Health
Change Healthcare	Inovalon
Cipher Health	mPulse
Cotiviti (incumbent)	NTT Data
DialAmerica	OnTrak Health
Engagys	Pager.com
Focus Care	Relay Health
Healthmine	SameSky
HolaDoctor	

The following is the schedule utilized for the RFP.

Event	Date	Time (If applicable)
RFP Released	3-28-23	
Intent to Propose Notification Due By	3-31-23	12:00 noon PT
Questions Due	4-05-23	4:00 PM PT
Questions Answered	4-10-23	4:00 PM PT
Proposal Due Date	4-17-23	4:00 PM PT
Short List Established and Contractual Discussions Begin	TBD	

GCHP received eight (7) responsive proposals [the Engagys proposal was deemed to be non-responsive due to being incomplete and submitted on behalf of a third party, Drip]. A cross functional evaluation team was formed with representation from Operations, Quality Improvement (2 members), Care Management, Population Health, IT and Procurement to evaluate the proposals. Using predetermined evaluation criteria and weights, the team scored each proposal from the RFP's qualitative and quantitative requirements.

The scoring results from the evaluation team is as follows:

Evaluation Matrix Scores (High to Low):

Vendor	Qualitative	Quantitative	Overall
CareNet	76.08	13.33	89.42
OnTrak Health	73.97	13.75	87.72
Healthmine	75.03	12.00	87.03
Cotiviti	73.56	5.00	78.56
Change	73.00	2.83	75.83

Cipher Health	70.33	2.83	73.17
mPulse	68.47	3.33	71.81
Engagys (Drip)	65.39	2.00	67.39

Contract Negotiations

The team developed a short of the top 3 scoring vendors, which included CareNet, OnTrak and Healthmine. Contractual negotiations commenced immediately with all 3 vendors. CareNet had been used for services prior and had an acceptable MSA and BAA; OnTrak had no changes to the contracts. Healthmine's proposed MSA was marked up extensively. Termination rights were removed. Their BAA was marked up, contained a weakening of the breach notice provisions and assumption of liability for security breaches.

The total two (2)- year "Proposal" cost was devised by estimating that GCHP would run seven (7) outbound call campaigns a year (reaching populations of 30k per campaign) for two years, with specific assumptions around the mix of IVR (recorded), live calls, and text campaigns comprising the demand profile, as well as implementation, platform, interpretation, and services costs. For the two (2) – year total each vendor's estimated all-in rate was calculated as follows:

CareNet	\$ 3,393,400
Healthmine	\$ 3,433,580
OnTrak Health	\$ 3,400,800

GCHP concluded negotiations and finalized a contract that is acceptable to GCHP and Proposers were notified of the recommendation to award the contract to CareNet.

CareNet's Overall Value

CareNet will provide advantages for GCHP by providing personalized resources that align with GCHP quality and performance goals. CareNet will elevate the member experience while increasing operational efficiency and improving outcomes. They offer multiple outreach touchpoints across multiple channels, including live phone engagement, and automated (IVR) and mobile messaging. CareNet engagement solutions are customized, tech-integrated, and data-driven. They have an underlying design that was developed to drive individual member changes that support improvements to health outcomes and lives through customized call campaigns.

CareNet will provide ongoing and immediate support to GCHP members by conducting outreach campaigns that focus on several member programs. These programs include redetermination efforts to provide reminders to members to complete and return necessary paperwork that allows for continued benefits. Programs also will support the Care Management and Quality Improvement Teams by initiating outreach to support care gap closures which assists GCHP members by improving timely preventative care. Through these programs, CareNet will make telephone contact to identify member health needs that may indicate unidentified gaps in care.

The vendor will complete Health Risk Assessments to and assist with making care appointments.

FISCAL IMPACT:

The total cost over the projected useful life of the two (2)-year agreement (10/1/2023 - 9/30/2025) is projected to not exceed \$4M. This represents a saving to GCHP as it consolidated a multiple vendor environment thus created economic efficiencies of scale and ease of administration. This is at or below fair market value based on fair and open competition.

RECOMMENDATION:

It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a contract with CareNet. The term of the contract will be 2 years of services commencing October 1, 2023, and expiring on September 30, 2025, for an amount not to exceed \$4M.

If the Ventura County Medi-Cal Managed Care Commission desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information & System Modernization Officer

DATE: September 25, 2023

SUBJECT: Contract Approval – Netmark Business Services LLC., Claims Processing Services

BACKGROUND/DISCUSSION:

Project Background

By this request, GCHP staff is asking the Commission to award a competitively bid contract for Claims Processing Services. 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 5) for Claims Processing Services. These services will be aligned with the modernized capabilities of the new Health Edge Health Rules Core Administration. The scope of services for this contract is as follows: membership data processing, provider data processing, benefit data processing, configuration, capitation processing, claims processing and payments.

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

Procurement Background

On May 10, 2023, staff issued a Request For Proposal, (RFP) for Claims Processing Services to the following 10 vendors:

Cognizant	Netmark Business Services
Conduent	Noridian
Deloitte	Oracle
UST	Sagility
NTT Data	Command Companies

The RFP was also posted on GCHP's website. Set forth below is the schedule utilized for the RFP.

Event	Date	Time (If applicable)
RFP Released	5/10/2023	
Intent to Propose Notification Due By	5/16/2023	5pm, PT
Questions Due	5/22/2023	5pm, PT
Questions Answered	5/26/2023	
Proposal Due Date	7/5/2023*	5pm, PT
Short List Established and Contractual Discussions Begin	8/1/2023	

GCHP received six (6) responsive proposals. A cross functional evaluation team was formed with representation from IT, (3 team members), Operations, (3 team members and Procurement, (1 team member) to evaluate the proposals. Using predetermined evaluation criteria and weights, the team scored each proposal from the RFP's qualitative and quantitative requirements.

The scoring results from the evaluation team using a blend of onshore and offshore resources is as follows:

Evaluation Matrix Scores (High to Low):

Vendor	Qualitative Score	Quantitative Score	Overall Score
Netmark Business Services*	41.16	17.48	58.64
NTT Data	43.70	13.01	56.71
Conduent	40.48	16.15	56.63
UST	48.30	7.27	55.58
Noridian	41.11	9.11	50.22
Catalyst	40.60	5.85	46.54

*Netmark Business Services is a certified MBE

Contract Negotiations

The team developed a short of the top 4 scoring vendors, which included, Netmark Business Services, NTT Data, Conduent and UST. Contractual negotiations commenced immediately with all 4 vendors. Netmark Services and NTT Data's contractual changes were minimal while Conduent and UST's Proposal response included a significant number of changes and many in very critical area's such as limits of liability, insurance limits, warranties, indemnification, etc. Conduent and UST were both asked to make another attempt to minimize changes. They both responded with updated documents, but neither made much progress that was satisfactory to GCHP staff and its general counsel. It appeared that both Conduent and UST were not willing to concede on contractual terms that shift critical outsourcing risk to GCHP. Concurrently, GCHP conducted satisfactory reference checks with Netmark Business Services customers, EBG Advisors and Central California Alliance for Health, (CCAH) and finalized contractual documents with minimal changes to GCHP's Business Associate Agreement, Master Services Agreement, and Statement of Work to include all of GCHP's required service level measurements. GCHP also engaged in discussions with NTT Data concerning the pricing of their proposal which did result in a lower price, as set forth below.

Note: The total 5-year pricing below represents post Proposal final negotiated pricing using a blend of onshore and offshore resources, and a base of 190,000 members for each of the four short listed vendors.

Conduent	\$19,660,854
Netmark Business Services	\$22,537,958
NTT Data:	\$22,567,344
UST	\$32,369,435

GCHP concluded negotiations and finalized a contract that is acceptable to GCHP and Proposers were notified of the recommendation to award the contract to Netmark Business Services LLC. GCHP has notified the respective vendors of its recommendation to award the contract to Netmark Business Services LLC., (Netmark)

Netmark Business Services' Overall Value and Reason for Recommendation

GCHP staff is recommending the contract be awarded to Netmark for several reasons. First, GCHP staff reached agreement with Netmark first on price and terms of the contract. Netmark is a current vendor of GCHP and was instrumental in resolving the claims backlog for GCHP several years ago when Conduent, the current vendor, fell behind. During that process, GCHP also used NTT Data and Netmark outperformed NTT Data during that period. Netmark is a certified Minority Business Enterprise, (MBE), which supports GCHP's diversity initiatives. Further, if the work is required to be 100% onshore, Netmark's proposal is the lowest of the vendors. Lastly, given that this contract will be a significant contract for Newmark, GCHP is confident that Netmark will give priority to GCHP.

- **Operational experience**
 - Many years of experience in all aspects of operating the HealthEdge software
 - Proven experience delivering claims processing best practices.
 - Years of experience in the area of business process monitoring.
- **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.)
 - Industry leading best practices and capabilities supporting tracking of print & fulfillment files.

FISCAL IMPACT:

The total cost over the projected useful life of the 9-month implementation period and 5-year agreement (10/1/2024 - 6/30/2029) is projected to not exceed \$24M. This is at or below fair market value and based on fair and open competition.

RECOMMENDATION:

It is the Plan's recommendation that the Commission authorize the CEO to execute a contract with Netmark Business Services LLC. The term of the contract will be 9 months of implementation and 5 years of services commencing October 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$24M.

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

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer
Sara Dersch, Chief Financial Officer

DATE: Sept 25, 2023

SUBJECT: July 2023 Period Year to Date Financials

SUMMARY:

Staff is presenting the attached July 2023 fiscal year-to-date (“FYTD”) financial statements of Gold Coast Health Plan (“GCHP”) for review and approval.

BACKGROUND/DISCUSSION:

The staff has prepared the July 2023 unaudited FYTD financial packages, including statements of financial position, statement of revenues and expenses, changes in net assets, statement of cash flows and schedule of investments and cash balances.

As GCHP reports financial results of its first month in fiscal year 2024, it continues to face a number of uncertainties. National, regional and local health care organizations continue efforts to assess and respond to the shifting needs of their populations served in a post-pandemic era. Just as health plans had to react to the changing nature of health care during the pandemic – we are now faced with new challenges and uncertainties as we emerge into a new environment.

In addition, the State of California, like all US states, is undergoing a systematic process of redetermining eligibility in its Medicaid program. This process is expected to eliminate eligibility and reduce GCHP membership in FY2024 by approximately 35,000 members. However, as this process unfolds and we begin to see early results from the DHCS, it is clear that the process will be unpredictable, uneven, and likely without the important information needed to optimally manage this transition at the health plan level.

Finally, as discussed, GCHP faces funding headwinds as the DHCS commences funding cuts (starting January of 2024) associated with perceived overpayments during the pandemic as well as new initiatives designed to decrease costs such as regional capitation rate setting which is designed to reward lower-cost health plans.

Financial Overview:

GCHP experienced gains of \$15.8 million for July 2023. As of July 31st, GCHP is favorable to the budget estimates by \$10.8 million. The favorability is primarily associated with QIPP program disbursement timing, Provider Grant program disbursement timing, favorable inpatient expenses, unfavorable LTC expenses and a negative variance in administrative expenses, namely the Project Portfolio.

July 2023 Results Versus Budget

The following outlines actual results versus budgeted amounts for July 2023:

	July 2023 (dollars in millions)				Notes
	Actual	Budget	Variance		
Members	255,504	255,256	248		See Note 1 below
Revenues (capitation)	\$ 88.5	\$ 88.8	\$ (0.3)		
Provider Capitation	\$ 8.5	\$ 8.6	\$ 0.1		No significant variance
QIP Program	\$ -	\$ 3.5	\$ 3.5		See Note 2 below
Provider Grant Program	\$ -	\$ 2.5	\$ 2.5		See Note 3 below
Inpatient FFS	\$ 11.3	\$ 18.6	\$ 7.3		See Note 4 below
Long Term Care FFS	\$ 18.4	\$ 13.6	\$ (4.8)		See Note 5 below
Other Medical/BH FFS	\$ 27.1	\$ 30.7	\$ 3.6		No significant variance
sub-total health care costs	<u>\$ 65.3</u>	<u>\$ 77.5</u>	<u>\$ 12.2</u>		
General & Administrative	\$ 6.5	\$ 6.2	\$ (0.3)		See Note 6 below
Project Portfolio	\$ 2.1	\$ 0.8	\$ (1.3)		
sub-total G&A expenses	<u>\$ 8.6</u>	<u>\$ 7.0</u>	<u>\$ (1.6)</u>		
Interest Income	\$ 1.3	\$ 0.8	\$ 0.5		No significant variance
Total Surplus/(Deficit)	<u>\$ 15.9</u>	<u>\$ 5.1</u>	<u>\$ 10.8</u>		

Note 1. Membership & Revenues: the state of CA has commenced its member eligibility redetermination process. To date, as reported by DHCS, there is a large number of unprocessed members resulting in a low number of actual member terminations. In fact, membership as reported grew slightly by 248 to 255,256 in July. Managements concern is that the backlog of redeterminations could result in a significant number of retroactive terminations and result a material, downward adjustment to revenues. A review of the available activity documentation for July was conducted. It was determined that GCHP did not have enough information/evidence at this time to assume a material loss of

membership for July. Therefore, no adjustment to revenue has been made. Management will continue to monitor and report future findings.

Note 2. QIP Program: the July budget reflected anticipated payments (of \$3.5M) to program participants, which were not made as GCHP awaited program approval from DHCS. These payments were made in August 2023 and the budget variance has subsequently been eliminated.

Note 3: Provider Grant Program: the July budget anticipated payments of \$2.5M under a new provider grant program, which is designed to improve access to care, among other goals. No disbursements (grants) were made from this program in July.

Note 4: Inpatient FFS: inpatient FFS expenses for July are estimated (via IBNP analysis) to be \$15.1M. Also included in July was the release of \$3.8M of prior period reserves – which brought the net expense for July to \$11.3M. A significant variance to the budgeted amount of \$18.6M. GCHP continues to experience a marked decrease in its inpatient expenses. The FY2024 budget assumed an upward trend in inpatient service costs in a post-pandemic environment and was consistent with DHCS predictions for Ventura County utilization. Regardless, GCHP is seeing pmpm rates at \$61.05 (July 2023 actual) versus a budgeted amount for July of \$73.65 versus high \$70 to low \$80 pmpms in mid 2022. GCHP is currently analyzing data to determine if underlying issues relate to any one provider, to member acuity or perhaps the impact of members now expected to be in the redetermination process.

Note 5: Long Term care FFS: long term care/SNF expenses for July were \$18.4M compared to a budgeted amount of \$13.6M, a \$4.8M negative variance. \$3.7M of the \$4.8M variance was attributable to an increase in reserves from prior periods and the remaining \$1.1M related to higher-than-expected July expenses. Management is currently analyzing the underlying issues associated with this variance and will provide details in the August financial report. <<Nick/Sara: I see an issue with members being stuck in IP facilities beyond their discharge date due to no availability of step-down facility/beds/care. In fact, GCHP has already started a process to pay an admn rate (often times high) to hospitals because they cannot discharge patients timely. Let's discuss>>

*Please see Exhibit B (below) for more information regarding FFS health care cost trends

Note 6: Administrative expenses are currently running within amounts allocated to administration in the capitation revenue from the State. In addition, the ratio is comparable to other public health plans in California.

For the fiscal year to date through July 2023, administrative costs were \$8.7M, (\$1.6) million and (23%) higher than budget. This unfavorable variance is mostly due to a (\$1.3) million variance in the Project Portfolio account.

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

Exhibit A: Total Membership and Category of Aid Membership Information

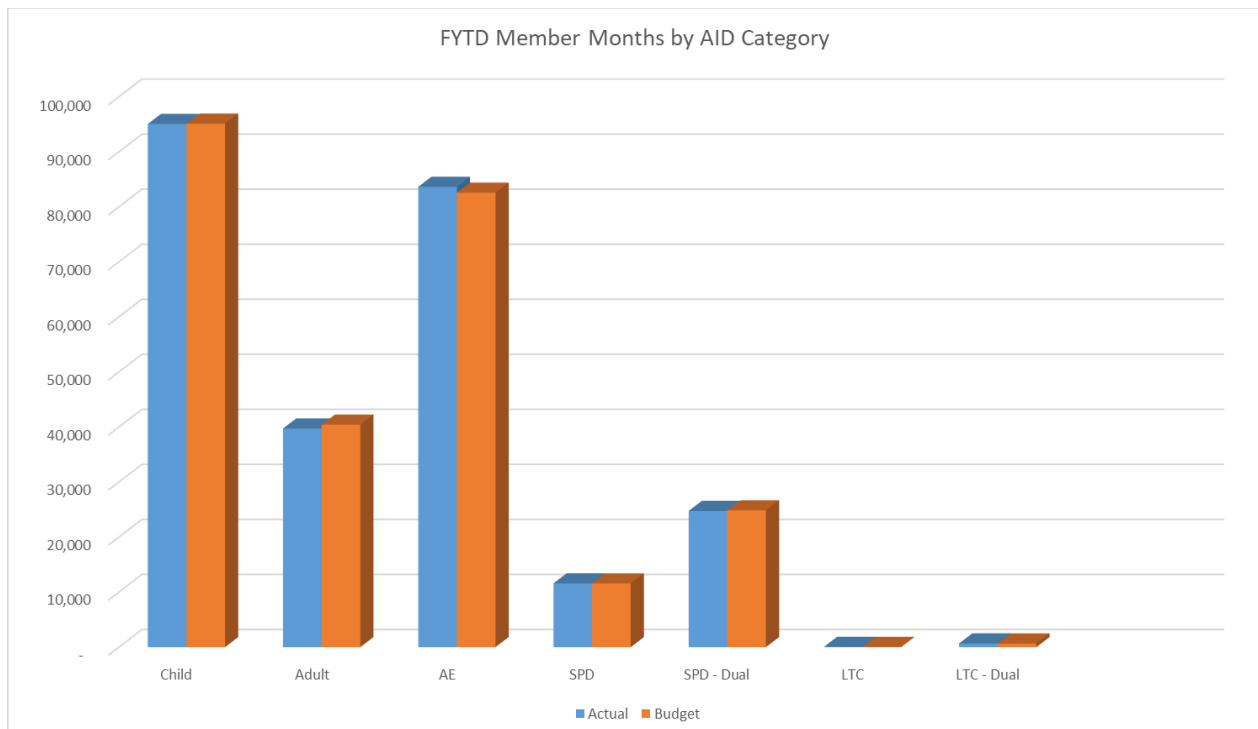
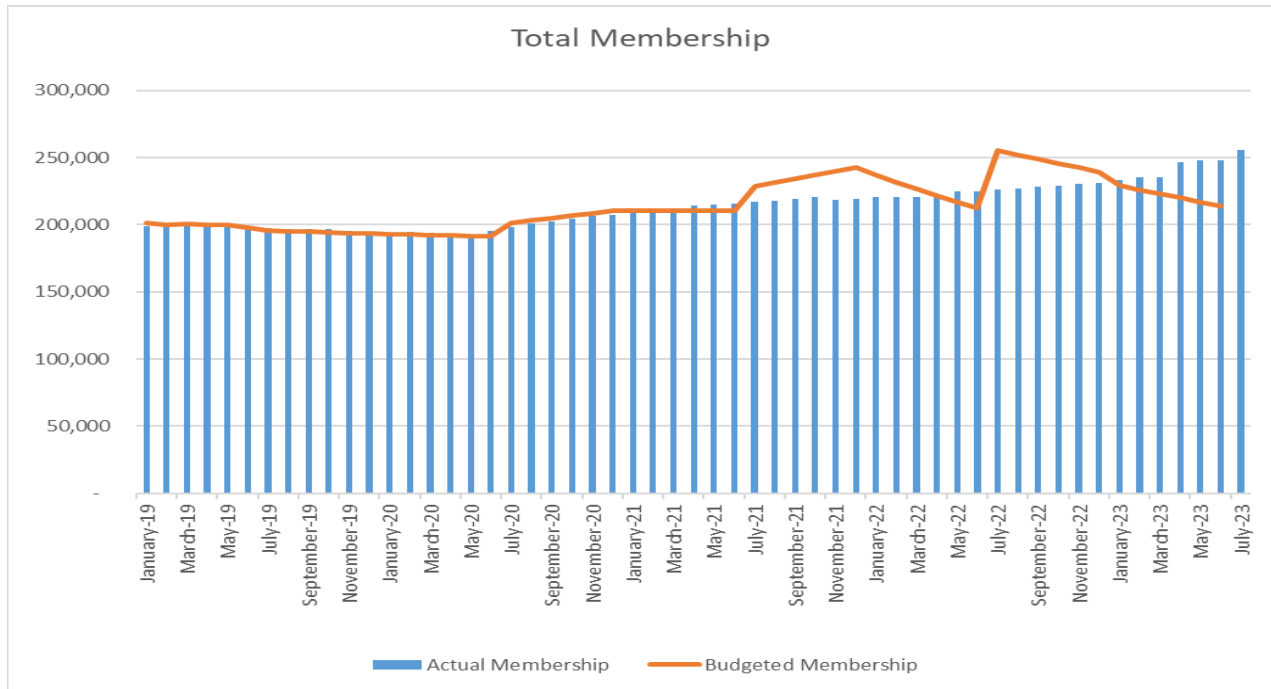
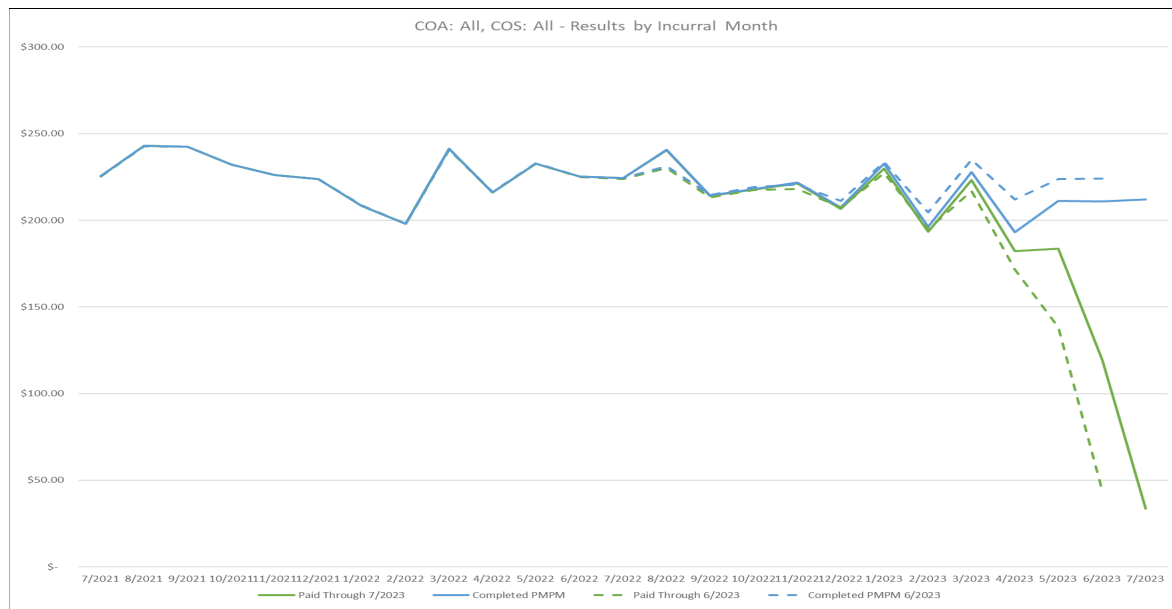


Exhibit B: Health Care Cost Trends

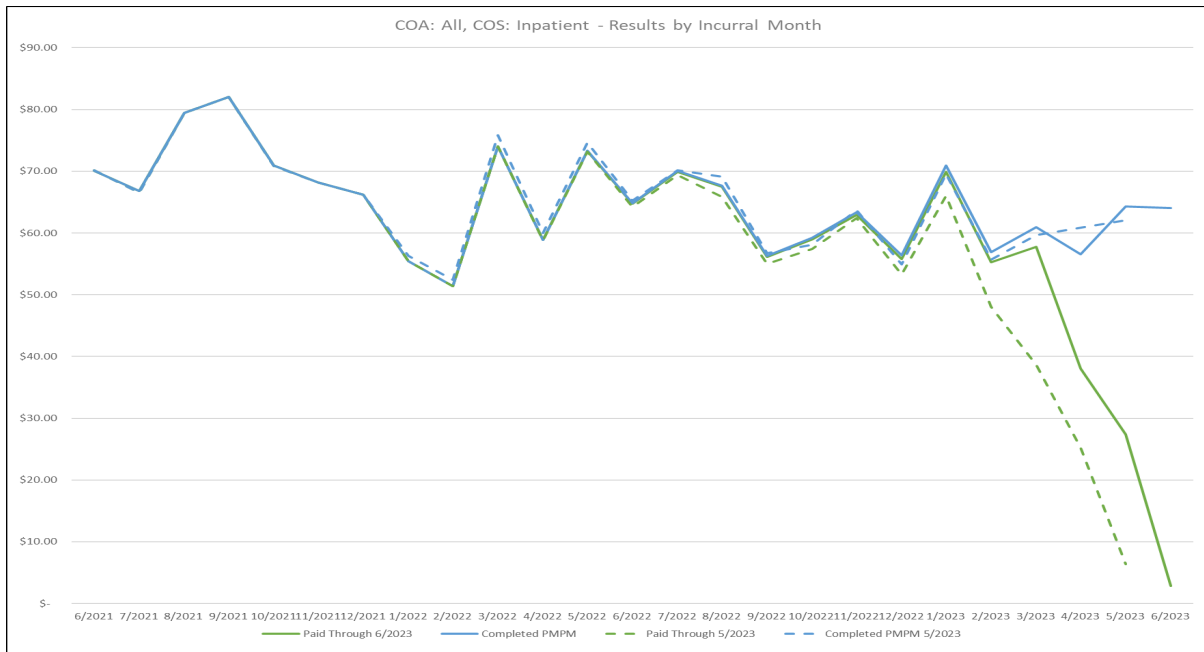
Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as “Incurred but Not Paid” (IBNP) and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred but Not Reported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

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

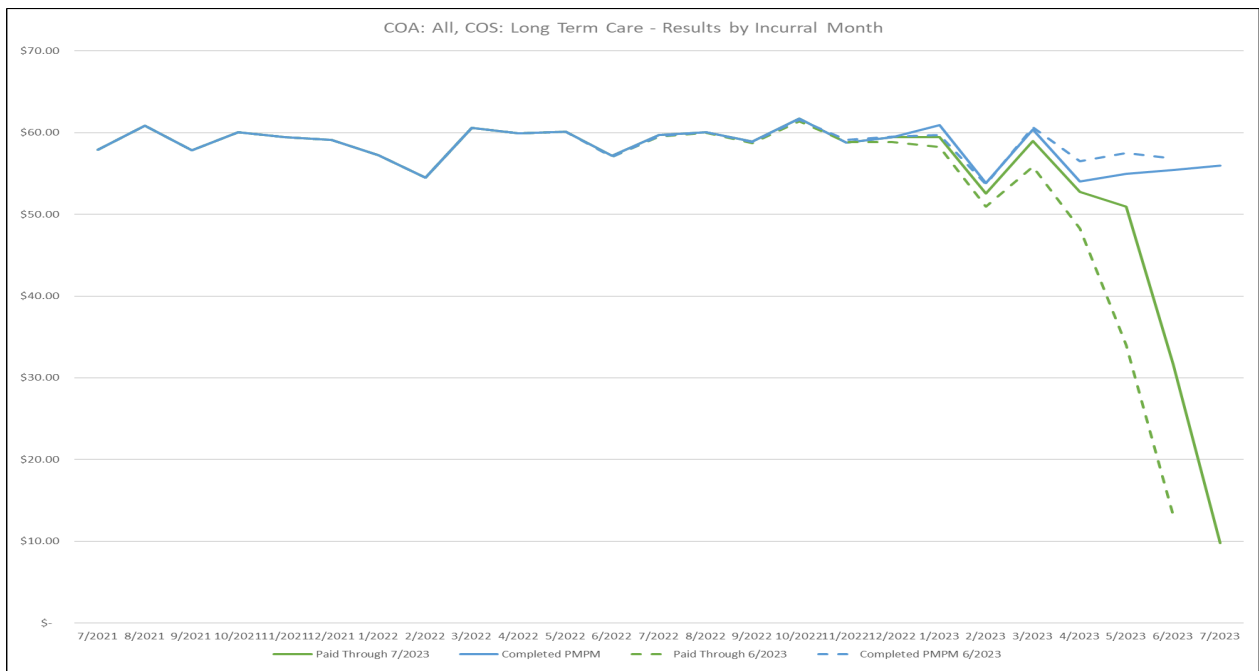
1. All categories of service



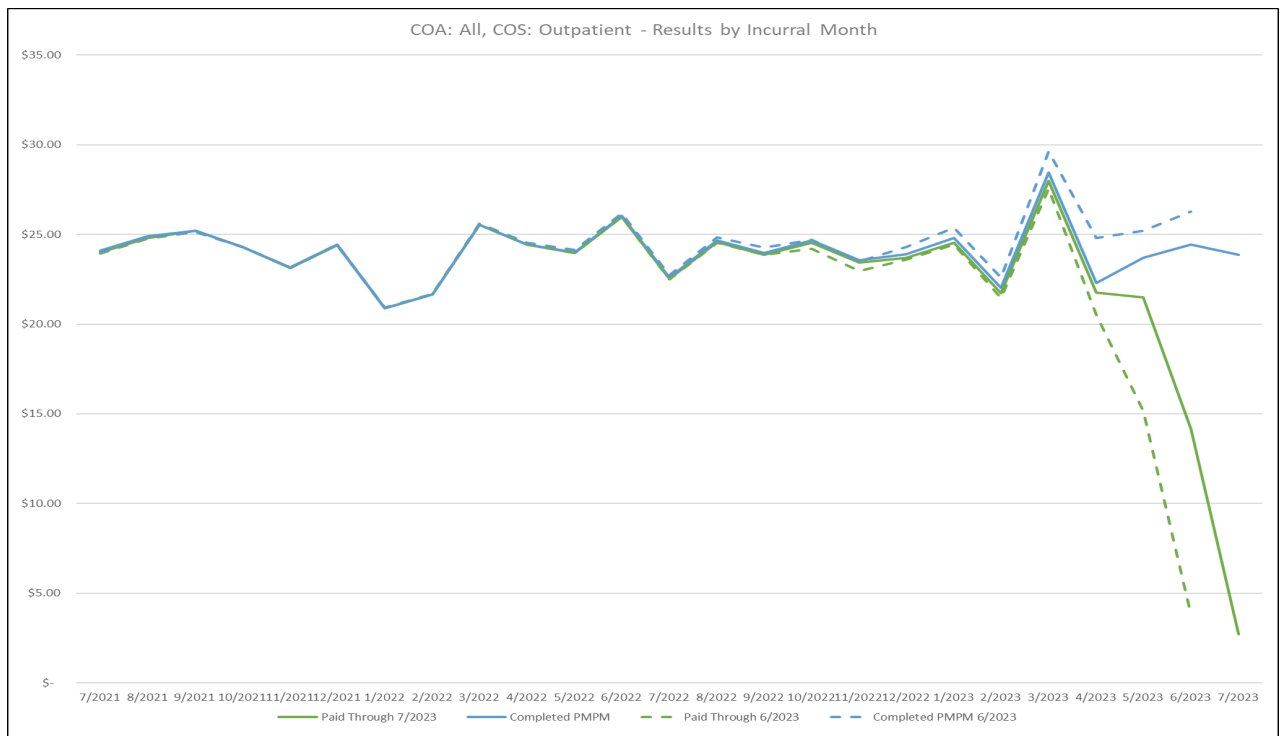
2. Inpatient hospital costs



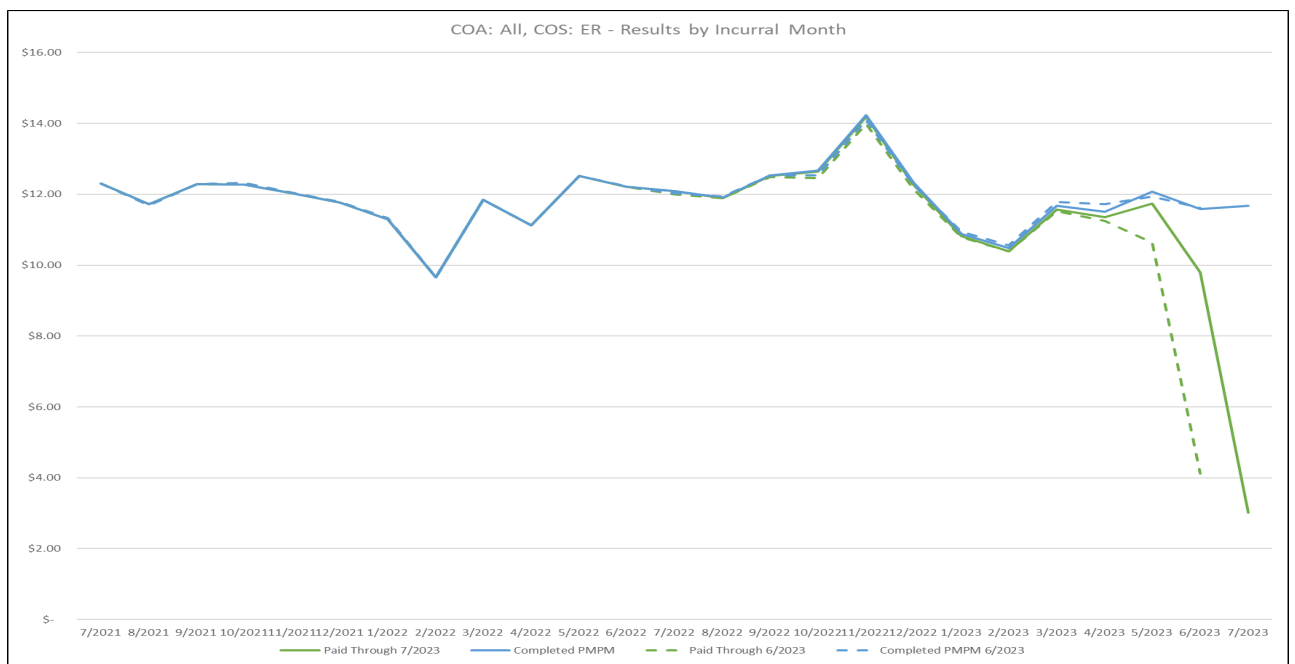
3. Long Term Care (LTC) expenses



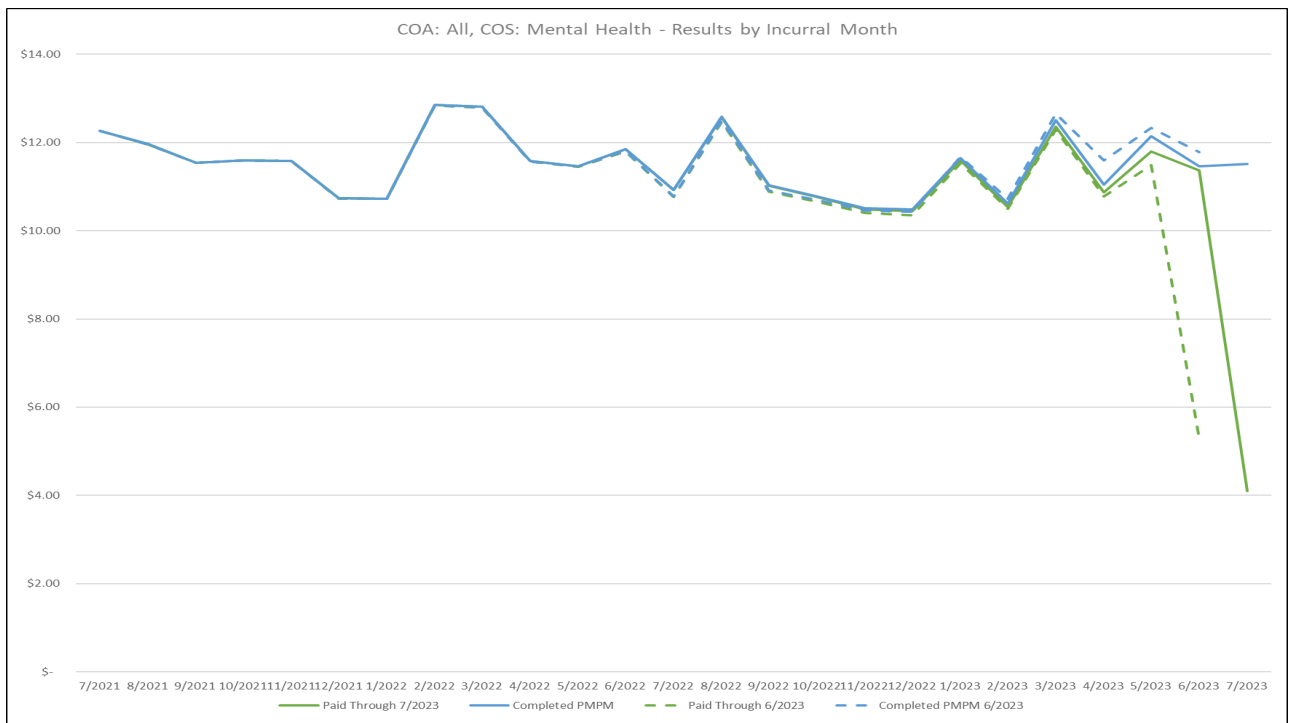
4. Outpatient expenses



5. Emergency Room expenses



6. Mental and behavioral health services



RECOMMENDATION:

Staff requests that the Commission approve the July 2023 financial packages.

ATTACHMENT:

July 2023 Financial Package

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value* July 31, 2023	Account Type
Local Agency Investment Fund (LAIF) ¹	\$ 40,968,210	investment
Ventura County Investment Pool ²	\$ 18,720,399	investment
CalTrust	\$ 36,107,046	short-term investment
Bank of West	\$ 363,822,173	money market account
Pacific Premier	\$ 8,683,793	operating accounts
Mechanics Bank ³	\$ -	operating accounts
Petty Cash	\$ 500	cash
Investments and monies held by GCHP	\$ 468,302,121	

	Jul-23	FYTD 23-24
Local Agency Investment Fund (LAIF)		
Beginning Balance	\$ 40,693,939	\$ 40,693,939
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	274,271	274,271
Quarterly Interest Adjustment	-	-
Current Market Value	\$ 40,968,210	\$ 40,968,210
Ventura County Investment Pool		
Beginning Balance	\$ 18,651,150	\$ 18,651,150
Transfer of funds to LAIF	-	-
Interest Received	69,249	69,249
Current Market Value	\$ 18,720,399	\$ 18,720,399



FINANCIAL PACKAGE
For the month ended July 31, 2023

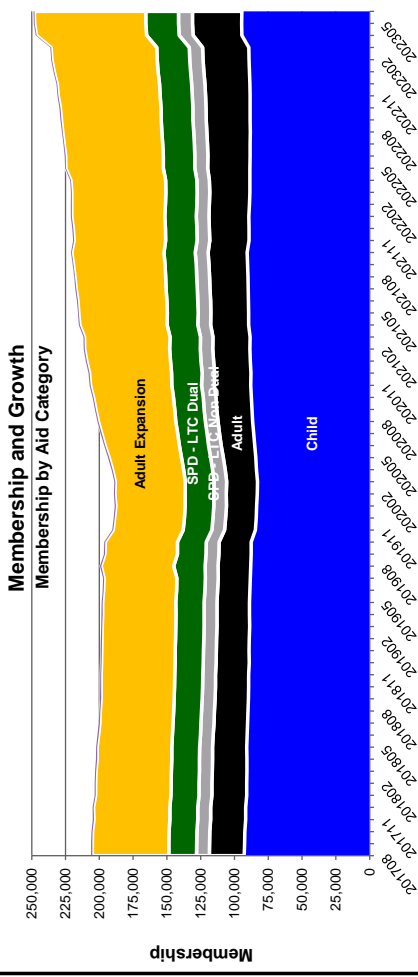
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- Executive Dashboard
- Statement of Financial Position
- Statement of Revenues, Expenses and Changes in Net Assets
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- Schedule of Investments & Cash Balances

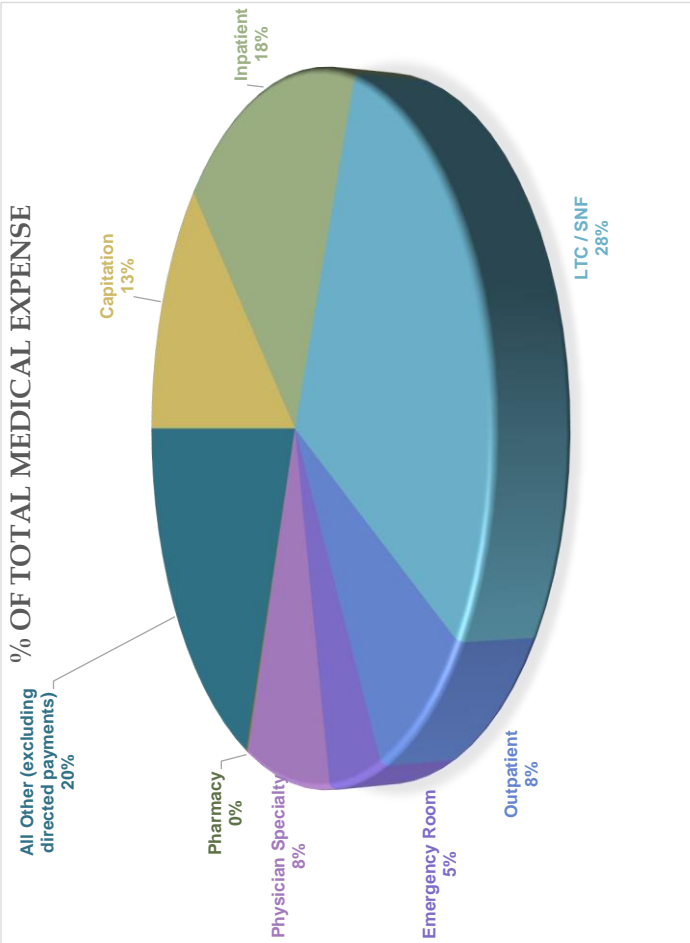
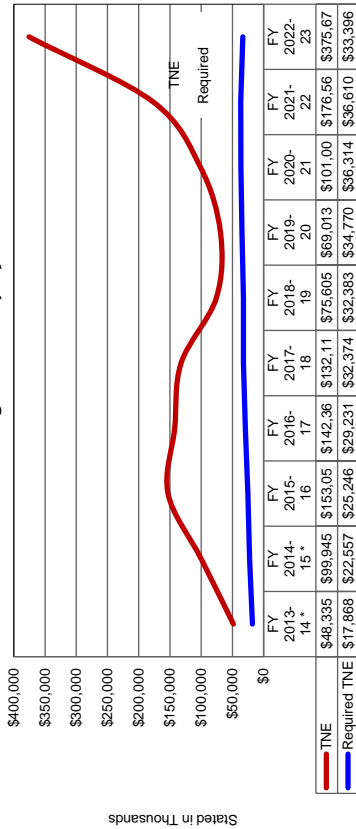
Gold Coast Health Plan Executive Dashboard as of July 31, 2023

	FYTD 23/24 Budget*	FYTD 23/24 Actual	FYTD 21/22 Actual	FY 20/21 Actual
Average Enrollment	255,256	255,504	229,367	213,547
PMPM Revenue	\$ 381.86	\$ 346.62	\$ 347.72	\$ 358.22
Medical Expenses				
Capitation	\$ 33.75	\$ 33.63	\$ 32.44	\$ 34.03
Inpatient	\$ 73.00	\$ 44.48	\$ 68.62	\$ 66.52
LTC / SNF	\$ 52.83	\$ 72.07	\$ 59.92	\$ 55.42
Outpatient	\$ 24.79	\$ 21.07	\$ 22.59	\$ 23.16
Emergency Room	\$ 12.37	\$ 12.12	\$ 10.80	\$ 9.25
Physician Specialty	\$ 24.69	\$ 20.80	\$ 22.49	\$ 25.71
Provider incentives	\$ 13.71	\$ 0.32	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ 29.71	\$ 62.07
All Other (excluding directed payments)	\$ 92.21	\$ 51.21	\$ 45.41	\$ 43.20
Total Per Member Per Month	\$ 327.35	\$ 255.69	\$ 291.97	\$ 319.36
Medical Loss Ratio	84.5%	73.8%	86.9%	92.1%
Total Administrative Expenses	\$ 7,062,709	\$ 8,721,310	\$ 53,680,738	\$ 49,637,603
% of Revenue	8.0%	9.8%	5.6%	5.4%
TNE	\$ 364,218,234	\$ 375,670,305	\$ 176,562,922	\$ 100,999,994
Required TNE	\$ 35,128,651	\$ 33,395,547	\$ 36,609,789	\$ 36,313,908
% of Required	1037%	1125%	482%	278%

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



Historical Tangible Net Equity



STATEMENT OF FINANCIAL POSITION

	07/31/23	06/30/23	05/31/23
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	372,506,467	344,166,987	338,056,261
Total Short-Term Investments	95,795,655	95,269,796	95,068,724
Medi-Cal Receivable	127,021,825	119,944,737	110,957,789
Interest Receivable	262,850	462,872	447,687
Provider Receivable	521,762	422,995	614,820
Other Receivables	60,702	59,542	11,261,435
Total Accounts Receivable	127,867,139	120,890,146	123,281,731
Total Prepaid Accounts	6,933,397	5,545,603	5,642,962
Total Other Current Assets	135,560	135,560	135,560
Total Current Assets	603,238,219	566,008,091	562,185,239
Total Fixed Assets	5,505,702	5,644,243	5,750,513
Total Assets	\$ 608,743,920	\$ 571,652,334	\$ 567,935,752
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	\$ 92,164,326	\$ 84,436,777	\$ 81,164,523
Claims Payable	11,811,518	12,923,764	21,814,015
Capitation Payable	9,161,813	8,998,514	9,867,457
Physician Payable	32,153,982	31,865,385	29,415,331
DHCS - Reserve for Capitation Recoup	10,984,930	10,411,049	13,250,190
Lease Payable- ROU	1,301,779	1,307,696	1,300,213
Accounts Payable	4,398,152	1,455,088	22,141,318
Accrued ACS	1,926,925	3,902,303	3,927,593
Accrued Provider Incentives/Reserve	23,536,466	17,427,573	3,879,679
Accrued Expenses	5,586,175	7,559,682	4,624,533
Accrued Payroll Expense	3,880,553	3,189,633	2,979,357
Total Current Liabilities	228,536,458	207,199,846	210,179,128
Long-Term Liabilities:			
Lease Payable - NonCurrent - ROU	4,537,158	4,638,462	4,752,851
Deferred Revenue - Long Term Portion	-	-	-
Notes Payable	-	-	-
Total Long-Term Liabilities	4,537,158	4,638,462	4,752,851
Total Liabilities	233,073,616	211,838,307	214,931,980
Net Assets:			
Beginning Net Assets	359,814,027	176,562,922	176,562,922
Total Increase / (Decrease in Unrestricted Net Assets)	15,856,278	183,251,105	176,440,850
Total	375,670,305	359,814,027	353,003,772
Total Liabilities & Net Assets	\$ 608,743,920	\$ 571,652,334	\$ 567,935,752

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR MONTH ENDED July 31, 2023**

	July 2023		Year-To-Date		Variance		Variance %	July 2023 Year-To-Date		Variance Fav / (Unfav)	Variance Fav / (Unfav) PMPM - FYTD
	Actual	255,504	Actual	Budget	Actual	Budget					
Membership (includes retro members)											
Revenue											
Premium	\$96,469,691	-	\$	\$ 97,601,752	\$	(1,132,061)	-1%	\$ 377.57	\$ 382.37	\$	(4.80)
Reserve for Cap Requirements	-	-	-	-	-	-	0%	-	-	-	-
Incentive Revenue	-	-	-	-	-	-	0%	-	-	-	-
MCO Premium Tax	(7,907,460)	-	(8,789,338)	-	881,878	-10%	(30.95)	(34.43)	3.48	(1.32)	
Total Net Premium	88,562,231	-	88,812,414	-	(250,183)	-0.3%	346.62	347.93			
Other Revenue:											
Miscellaneous Income	120	-	-	-	120	0%	0.00	-	0.00		
Total Other Revenue	120	-	-	-	120	0%	0.00	-	0.00		
Total Revenue	88,562,351	-	88,812,414	-	(250,063)	0%	346.62	347.93			
Medical Expenses:											
Capitation	8,212,653	-	7,646,205	-	(566,448)	-7%	32.14	29.96	(2.19)		
PCP, Specialty, Kaiser, NEMT & Vision	379,979	-	985,909	-	605,931	61%	1.49	3.86	2.38		
ECM	8,592,632	-	8,632,114	-	39,482	0%	33.63	33.82	0.15		
FFS Claims Expenses:											
Inpatient	11,363,600	-	18,679,360	-	7,315,760	39%	44.48	73.18	28.70		
LTC / SNF	18,413,271	-	13,629,268	-	(4,784,003)	-35%	72.07	53.39	(18.67)		
Outpatient	5,383,239	-	6,339,900	-	956,660	15%	21.07	24.84	3.77		
Laboratory and Radiology	637,561	-	960,036	-	322,474	34%	2.50	3.76	1.27		
Directed Payments - Provider	2,798,221	-	2,031,996	-	(766,225)	-38%	10.95	7.96	(2.99)		
Emergency Room	3,095,754	-	3,162,635	-	66,880	2%	12.12	12.39	0.27		
Physician Specialty	5,313,516	-	6,310,908	-	997,392	16%	20.80	24.72	3.93		
Primary Care Physician	2,270,324	-	2,398,324	-	128,000	5%	8.89	9.40	0.51		
Home & Community Based Services	2,222,918	-	2,746,885	-	523,966	19%	8.70	10.76	2.06		
Applied Behavioral Analysis/Mental Health Services	2,881,530	-	2,937,865	-	56,335	2%	11.28	11.51	0.23		
Pharmacy	-	-	-	-	-	0%	-	-	-		
Adult Expansion Reserve	-	-	-	-	-	0%	-	-	-		
Provider Reserve / Provider Incentives	81,689	-	3,500,000	-	3,418,311	98%	0.32	13.71	13.39		
Other Medical Professional	326,354	-	349,911	-	23,557	7%	1.28	1.37	0.09		
Other Medical Care	-	-	-	-	-	0%	-	-	-		
Other Fee For Service	1,337,842	-	989,654	-	(348,189)	-35%	5.24	3.88	(1.36)		
Transportation	(181,819)	-	192,394	-	374,212	195%	(0.71)	0.75	1.47		
Total Claims	55,944,001	-	64,229,133	-	8,285,132	13%	218.96	251.63	32.67		
Provider Grant Program	-	-	2,500,000	-	2,500,000	100%	-	-	-		
Medical & Care Management Expense	2,023,461	-	1,855,316	-	(168,145)	-9%	7.92	7.27	(0.65)		
Reinsurance	(621,646)	-	404,483	-	1,026,129	254%	(2.43)	1.58	4.02		
Claims Recoveries	(609,681)	-	(100,413)	-	509,268	-507%	(2.39)	(0.39)	1.99		
Sub-total	792,135	-	4,659,386	-	3,867,251	83%	3.10	8.46	5.36		
Total Cost of Health Care	65,328,768	-	77,520,633	-	12,191,865	16%	255.69	293.90	35.84		
Contribution Margin	23,233,583	-	11,291,781	-	11,941,802	106%	90.93	54.03	36.90		
General & Administrative Expenses:											
Salaries, Wages & Employee Benefits	3,755,007	-	3,535,363	-	(219,644)	-6%	14.70	13.85	(0.85)		
Training, Conference & Travel	31,420	-	173,867	-	142,447	82%	0.12	0.68	0.56		
Outside Services	2,396,747	-	1,859,909	-	(536,838)	-29%	9.38	7.29	(2.09)		
Professional Services	898,000	-	1,141,424	-	243,424	21%	3.51	4.47	0.96		
Occupancy, Supplies, Insurance & Others	1,473,886	-	1,368,062	-	(105,824)	-8%	5.77	5.36	(0.41)		
Care Management Reclass to Medical	(2,014,752)	-	(1,855,316)	-	159,436	-9%	(7.89)	(7.27)	0.62		
G&A Expenses	6,540,307	-	6,223,309	-	(316,999)	-5%	25.60	24.38	(1.22)		
Project Portfolio	2,181,002	-	839,400	-	(1,341,602)	-160%	8.54	3.29	(5.25)		
Total G&A Expenses	8,721,310	-	7,062,709	-	(1,658,601)	-23%	34.13	27.67	(6.46)		
Total Operating Gain / (Loss)	14,512,273	-	4,229,072	-	10,283,201	243%	56.80	26.36	30.44		
Non Operating											
Revenues - Interest	1,344,005	-	840,000	-	504,005	60%	5.26	3.29	1.97		
Gain/(Loss) on Sale of Asset	-	-	-	-	-	0%	-	-	-		
Total Non-Operating	1,344,005	-	840,000	-	504,005	60%	5.26	3.29	1.97		
Total Increase / (Decrease) in Unrestricted Net Assets	\$ 15,856,278	-	\$ 5,069,072	-	\$ 10,787,205	213%	\$ 62.06	\$ 29.65	\$ 32.41		

STATEMENT OF CASH FLOWS	July 2023	FYTD 23-24
Cash Flows Provided By Operating Activities		
Net Income (Loss)	\$ 15,856,278	\$ 15,856,278
Adjustments to reconciled net income to net cash provided by operating activities		-
Depreciation on fixed assets	138,541	138,541
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilities		-
Accounts Receivable	(6,976,993)	(6,976,993)
Prepaid Expenses	(1,387,795)	(1,387,795)
Accrued Expense and Accounts Payable	6,361,954	6,361,954
Claims Payable	(660,351)	(660,351)
MCO Tax liability	7,907,460	7,907,460
IBNR	7,727,549	7,727,549
Net Cash Provided by (Used in) Operating Activities	<u>28,966,644</u>	<u>28,966,644</u>
Cash Flow Provided By Investing Activities		-
Proceeds from Restricted Cash & Other Assets		-
Proceeds from Investments	(525,859)	(525,859)
Purchase of Property and Equipment	-	-
Net Cash (Used In) Provided by Investing Activities	<u>(525,859)</u>	<u>(525,859)</u>
Cash Flow Provided By Financing Activities		-
Lease Payable - ROU	(101,304)	(101,304)
Net Cash Used In Financing Activities	<u>(101,304)</u>	<u>(101,304)</u>
Increase/(Decrease) in Cash and Cash Equivalents	28,339,481	28,339,481
Cash and Cash Equivalents, Beginning of Period	<u>344,166,986</u>	<u>344,166,986</u>
Cash and Cash Equivalents, End of Period	<u><u>372,506,467</u></u>	<u><u>372,506,467</u></u>

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value*	
	July 31, 2023	Account Type
Local Agency Investment Fund (LAIF) ¹	\$ 40,968,210	investment
Ventura County Investment Pool ²	\$ 18,720,399	investment
CalTrust	\$ 36,107,046	short-term investment
Bank of West	\$ 363,822,173	money market account
Pacific Premier	\$ 8,683,793	operating accounts
Mechanics Bank ³	\$ -	operating accounts
Petty Cash	\$ 500	cash
Investments and monies held by GCHP	\$ 468,302,121	

	Jul-23	FYTD 23-24
Local Agency Investment Fund (LAIF)		
Beginning Balance	\$ 40,693,939	\$ 40,693,939
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	274,271	274,271
Quarterly Interest Adjustment	-	-
Current Market Value	\$ 40,968,210	\$ 40,968,210
	-	-
Ventura County Investment Pool		
Beginning Balance	\$ 18,651,150	\$ 18,651,150
Transfer of funds to LAIF	-	-
Interest Received	69,249	69,249
Current Market Value	\$ 18,720,399	\$ 18,720,399
	-	-

*Source of valuation is monthly statements

Notes:

¹ This program offers local agencies the opportunity to participate in a major portfolio, which invests hundreds of millions of dollars, using the investment expertise of the State Treasurer's Office investment staff at no additional cost to the taxpayer. The LAIF is part of the Pooled Money Investment Account (PMIA). The PMIA began in 1955 and oversight is provided by the Pooled Money Investment Board (PMIB) and an in-house Investment Committee. The PMIB members are the State Treasurer, Director of Finance, and State Controller. All securities are purchased under the authority of Government Code Section 16430 and 16480.4. The State Treasurer's Office takes delivery of all securities purchased on a delivery versus payment basis using a third party custodian. All the Ventura County Treasury Portfolio is for local public governments, agencies, and school districts within Ventura County. Steven Hintz, Ventura County Treasurer-Tax Collector, actively manages the pool by performing ongoing analysis of investment opportunities, and by planning, coordinating, and controlling the investment activities in accordance with the California Government Code and with the county's internal investment guidelines. This is done in order to meet cash flow needs and to ensure the safety and liquidity of all investments. Wells Fargo Bank N.A. serves as custodian for the pool's investments.

The Ventura County Treasury Portfolio provides safety of principal, liquidity and a competitive rate of return. Investments are comprised of securities that are very creditworthy, low risk and liquid. The pool's investment strategy is to maintain a very creditworthy, ladder portfolio that is sufficiently liquid in order to meet participants' cash flow needs. The portfolio is typically comprised of U.S. agency securities and high-quality short-term instruments, resulting in a relatively short-weighted average maturity. The pool's liquidity is further enhanced by its high percentage (60% to 70% or more) of holdings in securities that mature in 180 days

³ These accounts are currently in the process of being closed and balances will be transferred to Pacific Premier Bank

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: September 25, 2023

SUBJECT: Chief Executive Officer (CEO) Report

I. EXTERNAL AFFAIRS:

A. Redetermination Update

The state Department of Health Care Service's (DHCS) Continuous Coverage Unwinding Dashboard continues to be updated monthly with final California June 2023 disenrollment rates scheduled to be reported in October. Newly reported [July redetermination data](#) indicates that in Ventura County, 90% of completed July redeterminations resulted in continued coverage. Procedural issues continue to be the leading cause of disenrollments in California and other states reporting redetermination data.

In addition to the DHCS dashboard, national redetermination data reported by the [Centers for Medicare and Medicaid Services](#) (CMS) and the [Kaiser Family Foundation](#) (KFF) is also available. The national data shows wide variations in state disenrollment rates. These variations are due to several factors, including state approaches targeting enrollees the state anticipates are no longer eligible or those who did not respond to renewal requests during the pandemic, and manual-versus-automated processes for redeterminations.

The KFF Medicaid Enrollment and Unwinding [Tracker](#) pulls data from CMS and state websites and contains data on monthly Medicaid disenrollments, renewals, overall enrollment and other key indicators reported by states. As of Sept. 8, 2023, the KFF tracker reports that at least 5.9 million Medicaid enrollees have been disenrolled across reporting states, ranging from 72% in Texas to 9% in Michigan. California has among the lowest disenrollment rates of the reporting states at 24%. Across all states with available data, 73% of all disenrollments were due to procedural reasons, such as not returning renewal packets on time or incomplete information.

GCHP continues to monitor local, state, and national redetermination activity and will provide updated data as it becomes available.

DHCS Holds Coverage Ambassador Training

On August 31, 2023, DHCS held a stakeholder meeting detailing the responsibilities of Coverage Ambassadors. The training reviewed Coverage Ambassador requirements, including:

- Possessing a high-level understanding of the Medi-Cal delivery system;
- Understanding Medi-Cal covered benefits;
- Being knowledgeable about the Medi-Cal renewal process; and,
- Having a relationship with the local county office and/or Managed Care Plan (MCP).

Additionally, the training shared several resources that may be used by MCPs, including Gold Coast Health Plan (GCHP), during the PHE unwinding. Resources include a [website](#) to which members may be directed if they have questions about the renewal process, and the [DHCS Resource Hub](#), an online portal with social media graphics, print materials, videos, and other media that MCPs may use in public messaging to raise awareness about upcoming Medi-Cal renewals.

B. State Regulatory Update

DHCS Continues to Release Information in Preparation for 2024 Contract Changes

As MCPs prepare to comply with the 2024 Contract requirements, several pieces of regulatory guidance have been released for feedback, including the Birth Equity Model of Care (MOC) Questions and proposed data elements for the 2024 Direct Contract transition.

Beginning Jan. 1, 2024, DHCS is adding an Enhanced Care Management (ECM) eligibility pathway for the Birth Equity Population of Focus (PoF). The MOC will go live for pregnant or postpartum individuals (through a 12-month period) who are subject to racial and ethnic disparities, regardless of whether the individual would also qualify under another ECM PoF. The groups are Black, American Indian and Alaska Native (AI/AN), and Pacific Islander pregnant and postpartum individuals.

To satisfy the Birth Equity MOC requirements, MCPs must provide the following information in response to the MOC:

- Narrative responses discussing the inclusion of providers in the MCP's network with special expertise serving pregnant and postpartum individuals, particularly Black, AI/AN, and Pacific Islander individuals.
- Narrative responses describing how the MCP uses all available data sources to identify MCP members who are pregnant or postpartum (up to 12 months) *in a timely fashion*. The response should be specific and include types of data sets and frequency of data refresh.
- Narrative response that: 1) explains the process for accepting ECM referrals for pregnant / postpartum members and the Birth Equity PoF from organizations already serving members, and 2) how the MCP will provide information to as broad a range of organizations as possible about how to request ECM on behalf of a member.

In anticipation of the 2024 Medi-Cal MCP Transition, DHCS is updating the 2024 MCP Transition Policy Guide to include Continuity of Care data elements for MCPs to report as part of CoC monitoring that is to begin in November. DHCS circulated the proposed data elements for comment and will release the updated policy guide in late September.

As previously reported, GCHP anticipates that about 7,000 members will transition on Jan. 1, 2024, to Kaiser under the direct contract model. GCHP's Government Relations team continues to communicate to the business as revisions and updates are released.

Ventura County Behavioral Health Department Awarded Funds

As part of the [\\$907 million](#) made available in the first round of funding for the Behavioral Health Bridge Housing (BHBH) Program, the Ventura County Behavioral Health Department was awarded \$13,323,088. To date, DHCS has awarded \$897,094,850 of the total \$907 million available in BHBH Program round one funding. In total, the BHBH Program will make available \$1.5 billion in funding.

The primary focus of the BHBH Program is to address the immediate housing and treatment needs of people experiencing homelessness with serious behavioral health conditions. The BHBH Program covers necessary housing operational costs (e.g., facility rent, utilities and maintenance, onsite staffing, food, hygiene products, pet support) as well as the costs for additional services to support participants' housing stability, retention, and wellness. Additionally, bridge housing settings include voluntary supportive services to help program participants obtain and maintain housing, manage symptoms of serious behavioral health conditions, and support recovery and wellness.

Government Relations will provide updates on how the Ventura County Behavioral Health Department intends to allocate the awarded funding in accordance with the BHBH Program.

All-Plan Letters (APLs)

After a lengthy delay, the Doula Services [APL 23-024](#) was released along with the anticipated [Doula Directory](#). Notably, the directory lists only one doula available in Ventura County. The APL requires MCPs to provide doula services to prenatal, perinatal, and postpartum members, including coordinating out-of-network care if no in-network doula is available. The APL provides flexibility for MCPs to develop their own doula recommendation form that best meets the needs of the MCP and provider. GCHP's Provider Network Operations team continues outreach to identify potential doulas with whom to contract.

DHCS also released a revised APL that updates requirements for Mandatory Signatories to the California Health and Human Services Agency Data Exchange Framework (DxF). The [revised APL 23-013](#) rescinds the requirement for MCPs to submit revised Policies & Procedures and adds a requirement for MCPs to track and submit the status of network providers and subcontractors who have signed the Data Sharing Agreement. GCHP's Operations and Information Technology teams are preparing for the DxF requirements that take effect Jan. 1, 2024.

State Legislative Activity

The California Legislature adjourned on Sept. 14, 2023. Gov. Gavin Newsom has until Oct. 14, 2023, to sign or veto bills that were passed during the legislative session. Several priority bills tracked by GCHP's Government Relations Team ultimately failed to pass the legislature and were either held in suspense or carried into a two-year bill. Notably, [SB 598](#) relating to prior authorization was held in committee and will not be enacted this year. SB 598 would have restricted health plans' ability to require prior authorization when a provider has 90% or above of all prior authorization requests approved.

Priority bills that remain active in the legislature as of Sept. 11, 2023, are listed below:

Bill Number	Summary	GCHP Impacts
AB 1085 (Maienschein) Medi-Cal: Housing Support Services	Amended to read: Upon necessary federal approvals and subject to utilization controls, housing support services for specified Medi-Cal beneficiaries shall be a covered Medi-Cal benefit in an applicable fiscal year.	<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> <p>GCHP currently offers:</p> <ul style="list-style-type: none"> • Housing deposits which are one-time funding for security deposits, first month's utilities, and home health care equipment. • Housing tenancy and sustaining services which include education on money management and maintaining housing. • Housing transition navigation which encompasses assistance with identifying and acquiring housing.

Bill Number	Summary	GCHP Impacts
AB 1168 (Bennett) Emergency Medical Services: 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. 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.</p> <p>This bill will become operative under the condition that AB 716* is passed and takes effect by Jan. 1, 2024.</p> <p><i>Note: *AB 716 prevents medical transportation service providers from charging enrollees directly for costs not paid by health plans and does not impact MCPs, as MCPs – including GCHP – cover ambulance and emergency transportation services.</i></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>

Bill Number	Summary	GCHP Impacts
<u>AB 719</u> (Boerner) Medi-Cal: non-medical and non-emergency medical transportation	<p>AB 719 mandates DHCS to require MCPs to contract with public transit operators and create reimbursement rates for non-medical medical transportation (NMT) and non-emergency medical transportation (NEMT) trips that are provided by a public transit operator.</p> <p>Medi-Cal covers medical and non-medical transportation for eligible enrollees. NEMT is provided to Medi-Cal beneficiaries to access necessary services and benefits and when ordinary transport is “medically contraindicated.” 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>Currently, GCHP provides both NMT and NEMT at no cost to members. If this bill passes, GCHP will be statutorily required to partner with transportation providers in Ventura County. Costs to the health plan for NEMT and NMT may increase, subject to utilization.</p> <p>The overall fiscal impacts of AB 719 on Medi-Cal managed care plans and DHCS are unknown at this time and are contingent on utilization.</p>

The Government Relations Team will provide a final report on bill outcomes in Oct. 2023.

A. Community Relations: Sponsorships

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

Organization	Description	Amount
--------------	-------------	--------

For The Troops	For the Troops supports military members with care packages. The sponsorship supports the “11 th Annual Heroes' Golf Tournament” that will cover costs to send care packages to troops overseas.	\$1,000
Future Leaders of America	Future Leaders of America serves to develop youth resiliency and leadership by empowering and mobilizing youth leaders to advocate for policies that improve the community. The sponsorship will go toward the “9 th Annual El Reencuentro” to support youth leadership conferences, university seminars, family conferences, and youth coalition meetings.	\$2,500
Conejo Free Clinic	The Conejo Free Clinic provides medical, dental, and legal services free of charge to low-income and uninsured men, women, and children in Ventura County. The sponsorship supports the “45 th Annual Fall Dinner,” a fundraiser to continue providing free health care services.	\$1,500
Alzheimer's Association California Central Coast Chapter	The Alzheimer's Association leads the way to end Alzheimer's by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. The sponsorship will support the “West Ventura County Walk to End Alzheimer's,” a fundraiser aimed at raising awareness and funds to support individuals and families affected by Alzheimer's.	\$2,500
TOTAL		\$7,500

B. Community Relations: Community Meetings and Events

In August and September, 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 services for the most vulnerable Medi-Cal beneficiaries.

Organization	Description	Date
--------------	-------------	------

Revive Community Church 9th Annual Community Resource Fair	The 9 th Annual Community Resource Fair provided valuable health, finance, educational, and career resources to participants in the El Rio neighborhood of Oxnard.	Aug. 12, 2023
Poder Popular Food Distribution / Medi-Cal Renewal Workshop	Poder Popular hosts a weekly food distribution where community organizations share information and resources. GCHP team members were onsite to provide resources and answer questions about Medi-Cal renewals.	Aug. 10, 2023
		Aug. 17, 2023
		Aug. 24, 2023
		Aug. 31, 2023
Westminster Free Clinic, Oxnard 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. At the Healthy Return to School event, backpacks filled with school supplies, oral health kits, and other resources were distributed to low-income families. GCHP partnered with the organization to offer onsite assistance with Medi-Cal renewal forms and provide resources.	Aug. 15, 2023
Adelante Comunidad Conejo	An open-air free marketplace where community organizations share resources and information to participants. GCHP staff shared information about Medi-Cal renewals and answered questions.	Aug. 26, 2023
Partnership for Safe Families & Communities of Ventura County Strengthening Families Collaborative Meeting	The Partnership for Safe Families & Communities of Ventura County is a collaborative non-profit organization providing inter-agency coordination, networking, advocacy, and public awareness. The collaborative meeting engages parents and community representatives to share resources, announcements, and information about community events.	Sept. 6, 2023
Organization	Description	Date

One Step A La Vez Circle of Care	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 for community leaders to share resources, network, and promote community events.	Sept. 6, 2023
R.J. Frank Academy of Marine Science and Engineering Back to School Event	The back-to-school night at R.J. Frank Academy of Marine Science and Engineering is an event for parents and students to connect with school staff. Community organizations provided resources and information to participating families and faculty.	Sept. 7, 2023
Total community meetings and events		10

C. Community Relations: Speakers Bureau

The purpose of the Speakers Bureau is to educate and inform the public, partners, and external groups about GCHP and our mission in the community. In September, GCHP participated in one radio interview.

Organization	Description	Date
La Mexicana radio station El Mercadito program	Provided listeners with information about GCHP, the importance of members completing their Medi-Cal renewals, how to get help with renewal forms, and where to reach out with questions.	Sept. 6, 2023

I. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	KAISER	ADMIN MEMBERS	NOT ASSIGNED
Aug-23	93,242	50,319	35,510	7,249	5,181	7,098	52,307	2,528
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

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	52,307
Share of Cost (SOC)	637
Long-Term Care (LTC)	729
Breast and Cervical Cancer Treatment Program (BCCTP)	127
Hospice (REST-SVS)	31
Out of Area (Not in Ventura County)	518
Other Health Care Coverage	
DUALS (A, AB, ABD, AD, B, BD)	27,257
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	24,572

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.
- 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)

As part of PNO's goals to train and develop staff, the department attended the Local Health Plans of California's (LHPC) webinar, *Back to Basics: Medi-Cal Managed Care Fundamentals*. Such webinars are helpful with training new employees and refreshing veteran employees on the fundamental structure, operations, and history of a County Organized Health System (COHS). In August, PNO participated in the state Department of Health Care Services' (DHCS) annual medical audit, which included interviews with a dedicated DHCS audit team and responding to documentation requests related to provider network accessibility, availability, and oversight.

Regarding new developments, PNO added Durable Medical Equipment, Emergency Medicine, General Medicine, Home Health and Obstetrics & Gynecology providers to our network which helped to close network gaps. Our 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: Aug. 1-31, 2023

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	Count
Durable Medical Equipment (DME)	3
OB/GYN	1
Home Health	1
Emergency Medicine	1
General Surgeon	1

Additional Network Developments:

- Additions: 92
- Terminations: 27

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
	Jun-23	July-23	
Hospitals	0	0	25
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers	82	208	5,683
Primary Care Providers (PCPs) & Mid-levels	8	8	479
Specialists	74	200	5,037
Hospitalists	0	0	167
Ancillary	13	19	1,024
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	1	23
Laboratory	0	0	40
Optometry	1	3	97
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	2	3	146
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	11	435

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 Aug. 31, 2023.

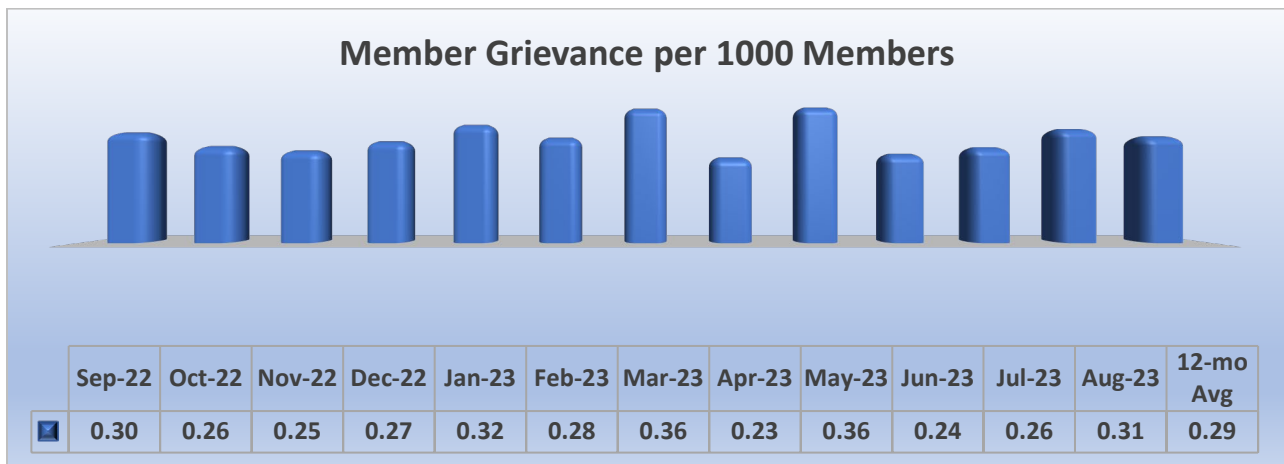
Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2022 Annual Claims Audit	Open	6/22/2022	Under CAP	N/A
Carelon	2023 Claims Audit	Open	5/11/2022	Under CAP	N/A
Carelon	Annual UM, QI, C&L, G&A Audit	Open	8/31/2023	Under CAP	N/A
Carelon	2023 Annual Call Center Audit	Open	N/A	N/A	N/A
Cedars Sinai	2023 Annual Credentialing and Recredentialing Audit	Closed	N/A	N/A	Audit closed on 9/5/2023 – no deficiencies found.
Clinicas del Camino Real (CDCR)	Annual Utilization Management Audit	Open	7/5/2023	Under CAP	N/A
CDCR	Quarterly Utilization Management Audit – Q1 2023	Closed	3/13/2023	7/27/2023	N/A
CDCR	Quarterly Utilization Management Audit – Q3 2023	Open	8/25/2023	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
CDCR	2022 Annual Claims Audit	Open	5/5/2023	Under CAP	N/A
CDCR	2023 Quarterly Focused Claim Audit	Open	9/7/2023	Under CAP	N/A
CDCR	2023 Annual Call Center Audit	Closed	N/A	N/A	N/A
Children's Hospital Los Angeles (CHLA)	2023 Annual Credentialing and Recredentialing Audit	Closed	N/A	N/A	Audit closed on 8/21/2023 – no deficiencies found.
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	Closed	N/A	N/A	N/A
VSP	2022 Annual Claims Audit	Open	12/7/2022	Under CAP	N/A
VSP	2023 Annual QI, C&L Audit	Open	7/27/2023	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Ventura Transit System (VTS)	2023 Focused Call Center Audit	Scheduled	N/A	N/A	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 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

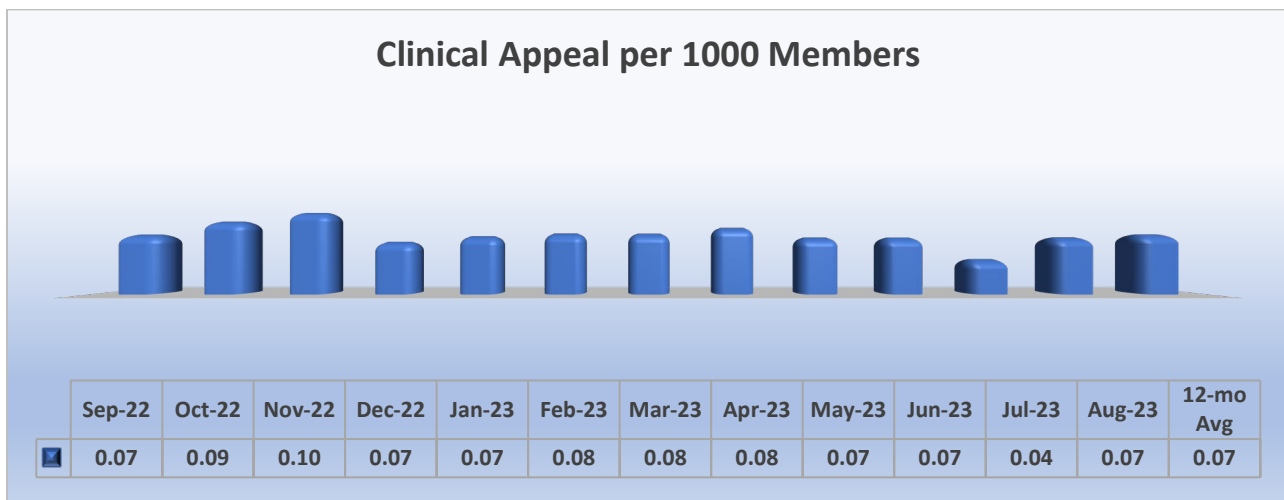
GRIEVANCE AND APPEALS



Member Grievances per 1,000 Members

The data show GCHP's volume of grievances has increased. In August, GCHP received 78 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 250,106, with an average annual grievance rate of .31 grievances per 1,000 members.

In August 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 .07 appeals per 1,000 members.

In August 2023, GCHP received 18 clinical appeals:

1. Two were overturned
2. Four were upheld

3. Two were withdrawn
4. 10 are in progress

RECOMMENDATION:

Receive and file



AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Chief Diversity Officer

DATE: September 25, 2023

SUBJECT: Chief Diversity Officer (CDO) Report

Actions:

- **Community Relations**

1. Participate in Minority Scholars Program at California Lutheran (Ongoing).
2. Continue to participate in ACAP planning sessions with focus on mentoring. Meet with the assigned mentee once/month.
3. Attend as many state meetings as possible on Health Equity and Diversity (Preparing documents to meet the State's request). Investigating the requirements of the Health Equity Officer position that has to be filled, per state requirements, by January 2024.

- **Case Investigations**

- a. No current Diversity related cases that had gone external. Conducted two (2) internal investigations during the months of April and May. Actions were taken to rectify concerns.

- **Diversity Activities**

Received thirteen (13) calls from employees during April/May with the following subject matters:

1. Career council (4)
2. Job opportunities (3)
3. Community involvement (2)
4. Management concerns (4)

Other GCHP Activities:

1. Bi-weekly 1:1's with CEO Nick Liguori continuing.
2. Continue to hold DEI meetings over the past few months.
3. Currently recognizing Gay Pride Month.
4. Participated in interviews of several key candidates for positions at GCHP.
5. Currently mentoring three (3) GCHP employees.
6. Working with HR to define specifics of the Health Equity position.
7. Working with HR to develop a DEI training schedule required by the state(NCQA) to be monitored by the Health Equity officer.

GCHP Demographics (Fiscal Year End 2023)

- Males = 27.7 %
- Females = 72.3%

Cultures

White	30.9%
Blacks	7.2%
Hispanic	39.6%
Asian	16.5%
Hawaiian/Pacific Islander	1.1%
Native American	.4%
Two or more Races	4.3%

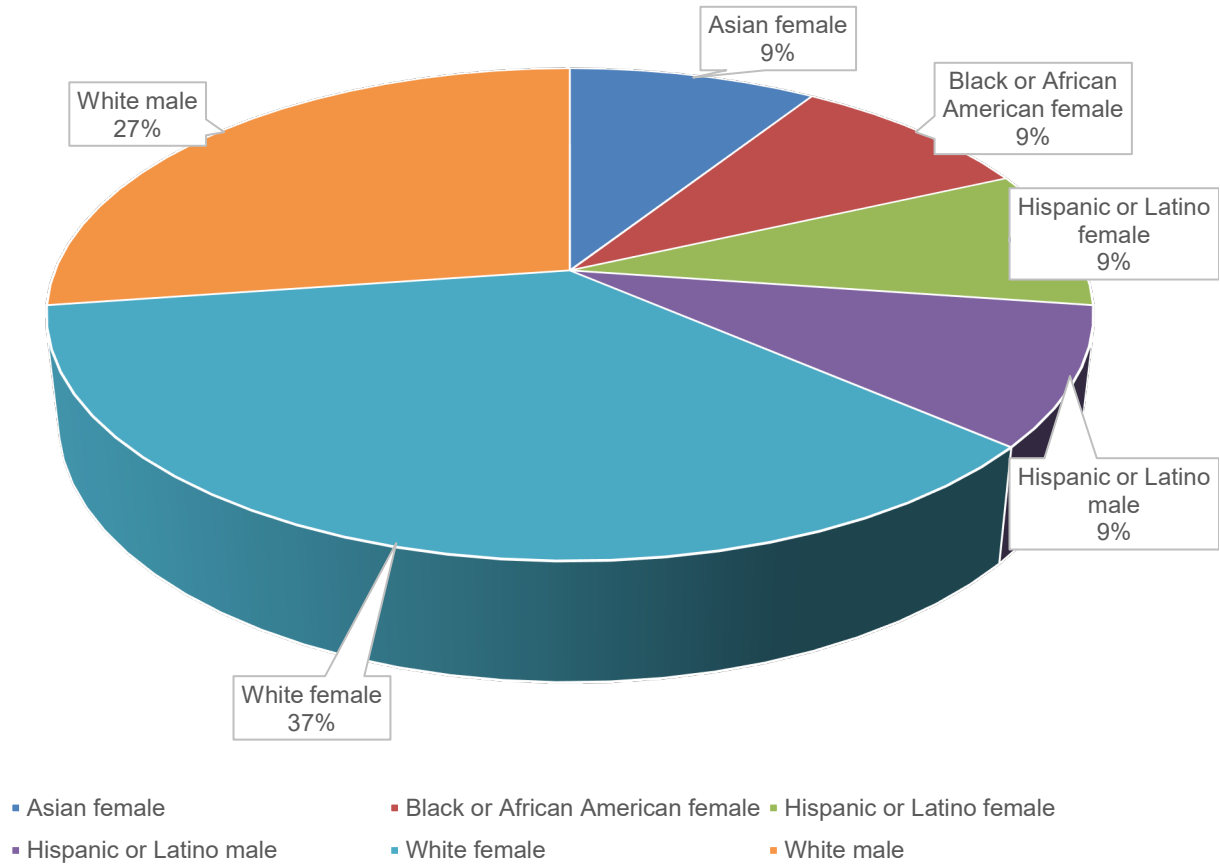
Other Statistics

- Average age of population 47
- Average Tenure 4.3 years

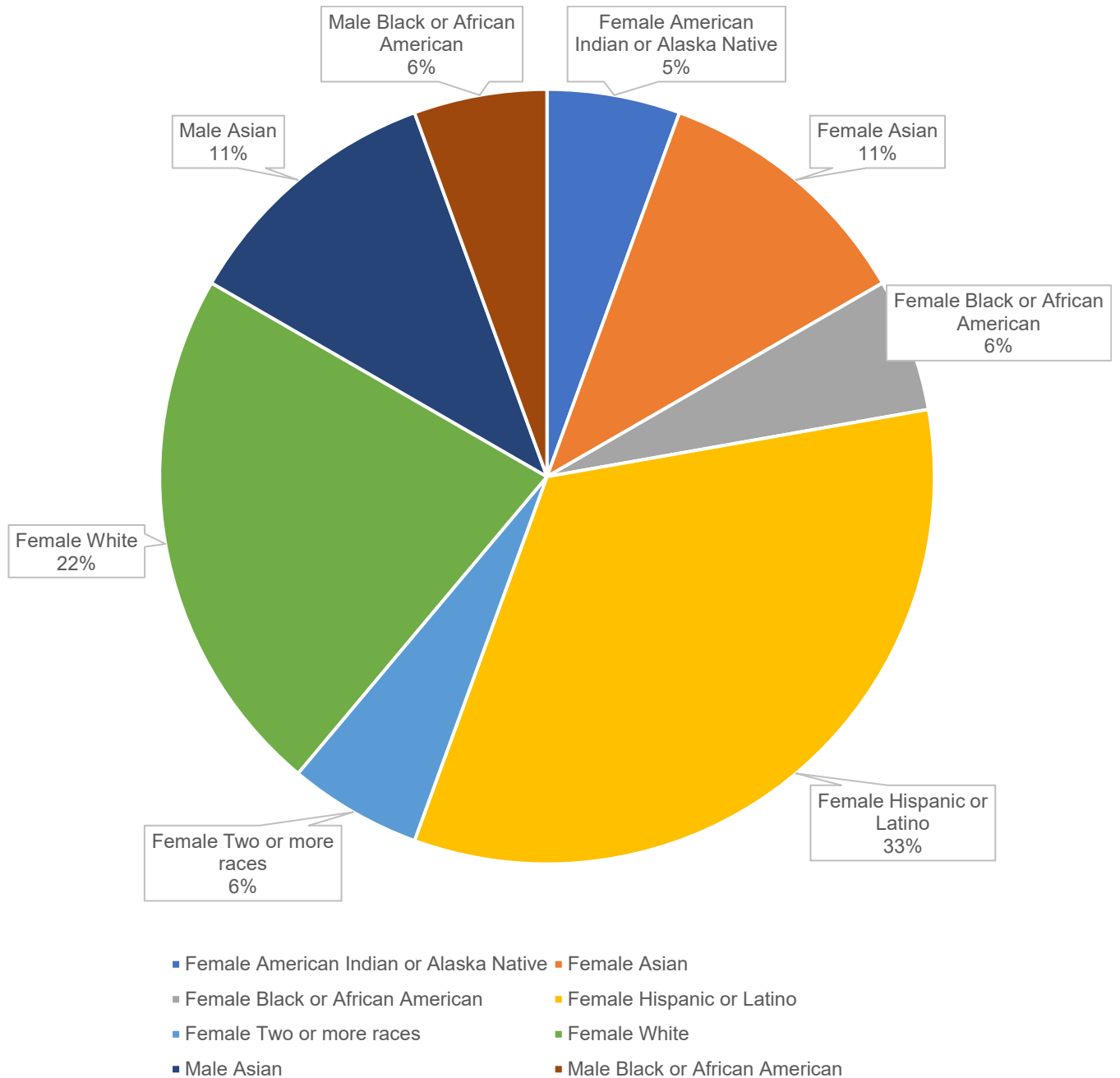
Vendors

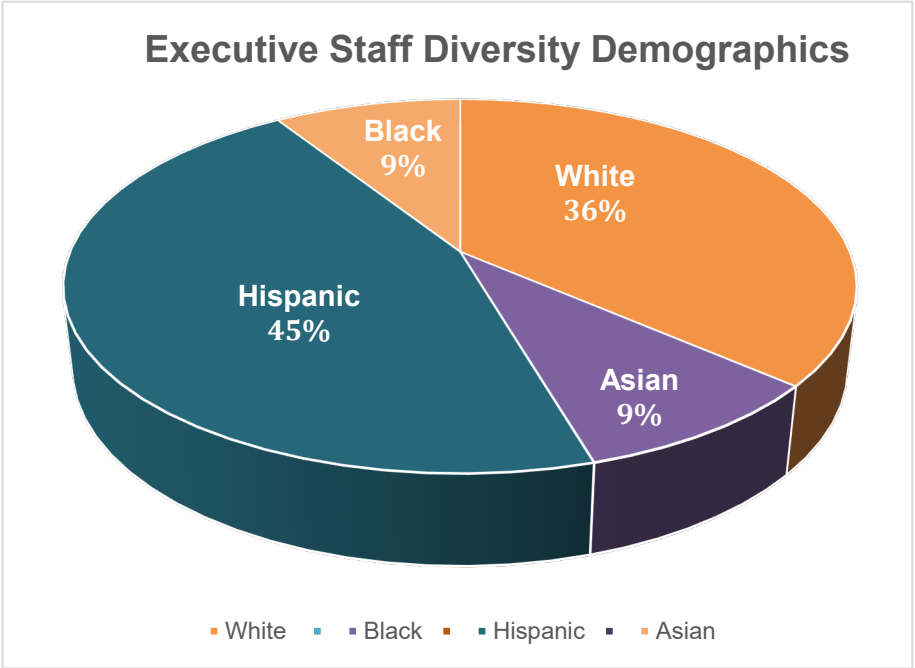
<u>Year</u>	<u>Total</u>	<u>Minority Vendors</u>	<u>% Minority</u>
2023	Will be reported on my next quarterly report		
2022	18	4	22%
2021	24	6	25%
2020	21	3	14.3%

2023 Promotions by EE0-1 Categories (11)

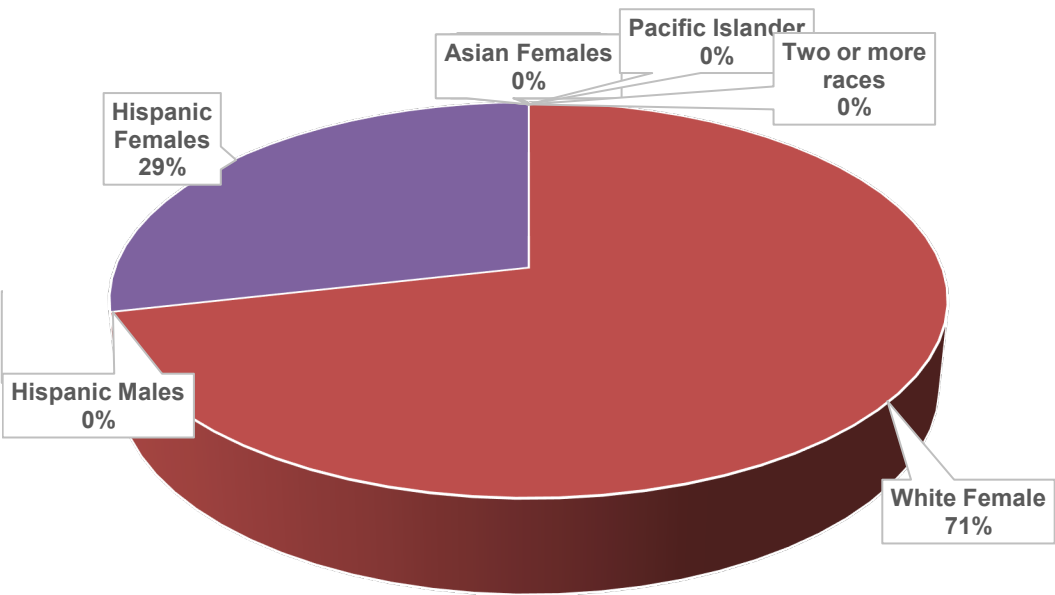


Attrition 2023 (18)





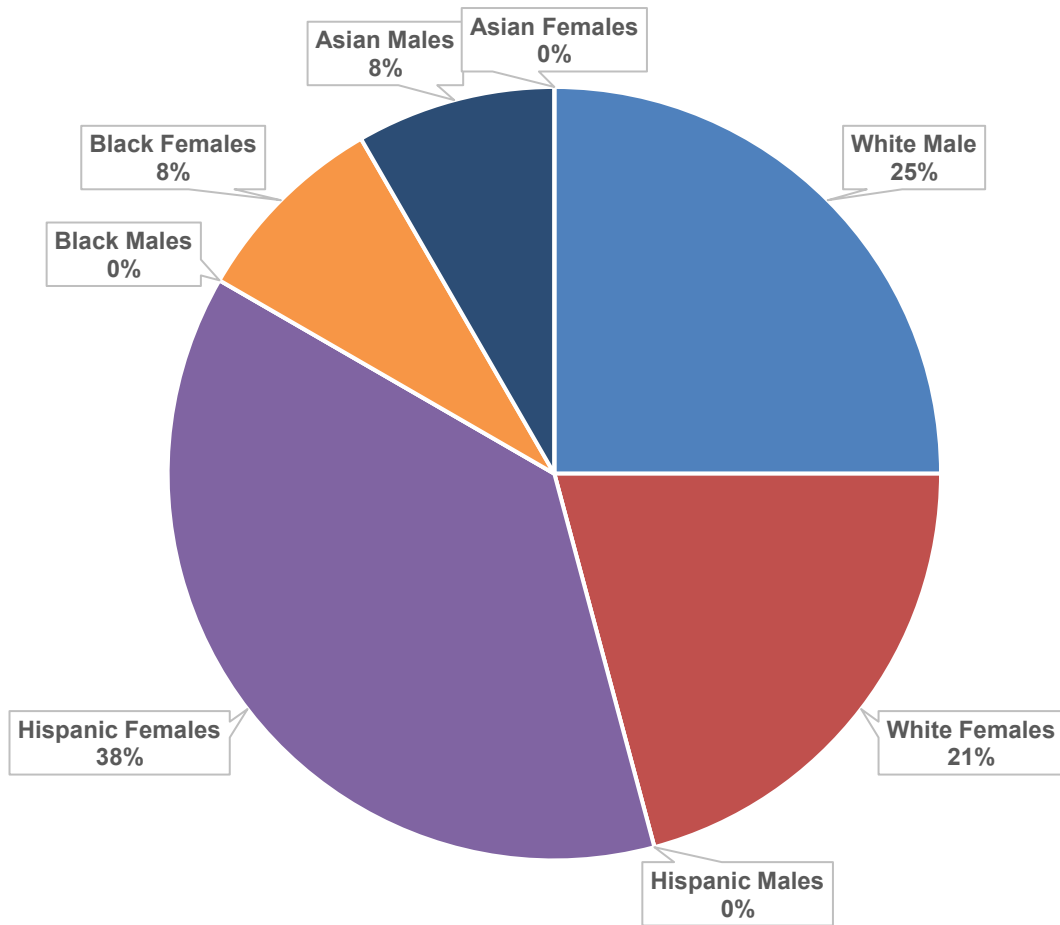
Attrition 2022 (11)



- White Male
- White Female
- Hispanic Males
- Hispanic Females
- Black Males
- Black Females
- Asian Males
- Asian Females
- Pacific Islander
- Two or more races

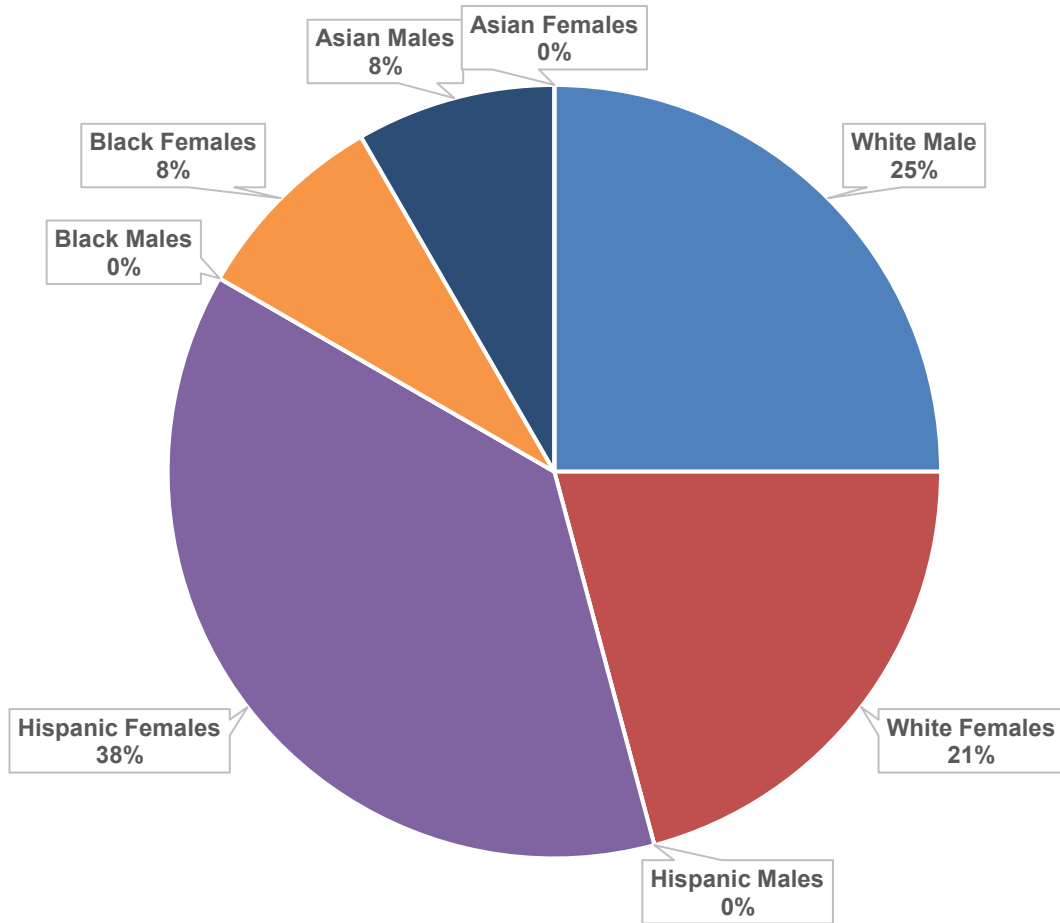
■ Two or More Races

2021 Promotions by EEO-1 Categories (24)



■ White Male ■ White Females ■ Hispanic Males ■ Hispanic Females ■ Black Males ■ Black Females ■ Asian Males ■ Asian Females

2021 Promotions by EEO-1 Categories (24)



■ White Male ■ White Females ■ Hispanic Males ■ Hispanic Females ■ Black Males ■ Black Females ■ Asian Males ■ Asian Females

Attrition 2021 (25)

