



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

Special Meeting

Monday February 6, 2023 2:00 p.m.

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

The meeting is being held virtually pursuant to AB 361.

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

Conference Call Number: 1-805-324-7279

Conference ID Number: 791 014 832#

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

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

AGENDA

CLERK ANNOUNCEMENT

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

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

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

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

CONSENT

1. Joint Findings of the Commission and Committee to Continue to Hold Remote Teleconference Meetings Pursuant to Assembly Bill 361.

Staff: Scott Campbell, General Counsel

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

FORMAL ACTION

2. Contract Approval – Medical Management Software

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: It is the Plan's recommendation that the Commission waive all irregularities in Casenet's proposal and authorize the CEO to execute a contract with Casenet. The term of the contract will be 76-months commencing March 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$3.5M.

ADJOURNMENT

Date and location of the next meeting to be determined at the February 27, 2023 Regular Commission Meeting

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Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Commission and 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 and Compliance Oversight Committee

FROM: Scott Campbell, General Counsel

DATE: February 6, 2023

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

SUMMARY/RECOMMENDATION:

At its May 23, 2022, regular meeting, the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) made findings pursuant to Assembly Bill 361 to continue to meet remotely. On October 21, 2022, at the meeting of the Compliance Oversight Committee (“Committee”), which was held virtually pursuant to Assembly Bill 361, and which was now deemed a standing Committee pursuant to the Corporate Integrity Agreement, the Committee expressed the desire to continue to meet remotely. To continue this practice, it is required, that the Commission and Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Commission in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, it is time to make the findings.

BACKGROUND/DISCUSSION:

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

Since March of 2020 and the issuance of Governor Newsom’s Executive Order N-29-20, which suspended portions of the Brown Act relating to teleconferencing, the Commission and Committee have had virtual meetings without having to post the location of the legislative

body members attending virtually. Most public agencies have been holding public meetings using virtual platforms since this time. In June of 2021, Governor Newsom issued Executive Order N-08-21, which provided that the exceptions contained in EO N-29-20 would sunset on September 30, 2021.

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

Specific Findings Required under AB 361

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

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

COVID-19 continues to present an imminent threat to the health and safety of Commission and Committee members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. Additionally, several Commissioners 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, as winter approaches, COVID-19 continues to spread through the county and world and social distancing requirements still exist. .

Re-Authorization is Required Within 30 Days

The Commission made the findings listed above for itself and Commission Committees at its October 25, 2021 and at its following meetings. The Committee met on October 21, 2022. Consistent with the provisions of Government Code Section 54953(e), the findings must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Commission and Committee desire to continue to meet remotely without having to post the location of each teleconference location, the Commission and Committee must find that the

COVID-19 emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Commission and Committee make these findings.

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 joint February 27, 2023 meetings.

ATTACHMENT:

None.

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information Officer

DATE: February 6, 2023

SUBJECT: Contract Approval – Medical Management Software

BACKGROUND/DISCUSSION:

Project Background

This item concerns the consideration of the Medical Management Software contract that was continued from the January 23, 2023, Commission meeting to this meeting due to a bid protest related to the Request for Proposal for Medical Management by MedHOK. MedHOK challenged the recommendation to award the contract to Casenet. MedHOK has subsequently withdrawn their protest (see letter received on January 27, 2023.) As such, the Commission may now consider GCHP’s staff recommendation.

Specifically, by this request, GCHP staff is asking that the Commission award a competitively bid contract for Medical Management Software that will not only improve services to GCHP and its members but will do so at a price that is substantially less than currently spent. 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. This specific initiative was to survey the marketplace through a competitive bidding process (RFP 3) for a new modernized Medical Management system which will help transform GCHP. The solution will be expected to facilitate the modernized capabilities for patient centered care, population health, utilization management, care management and facilitate the full lifecycle of processing for any of the Health Services transactions (ex: authorizations).

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

Lead by GCHP’s Executive team, and in consultation with Executive Finance, on September 6, 2022, staff issued a Request For Proposal, (RFP) for Medical Management Software directly to the fourteen, (14) vendors listed:

Cognizant	Altruista
Casenet	ZeOmega
Essette	Accenture
MedHOK	Deloitte
CaseTrakker	Gainwell Technologies
Oracle	OptumInsight
Epic	UST

Set forth below is the schedule utilized for the RFP.

	Date	Time (If applicable)
RFP Released	9/6/2022	
Questions Due	9/20/2022	5:00pm. PT
Questions Answered via Bidders Conference	9/30/2022	TBD
Intent to Propose Notification Due By	10/7/2022	5:00pm. PT
Proposal Due Date	10/17/2022	5:00pm. PT
Short List Established and Contractual Discussions Begin	11/7/2022	
Short List – Product Demo	11/18/2022	Scheduled for the week of the 11/14

GCHP received eight, (8) responsive proposals. A cross functional evaluation team was formed with representation from IT, (6 team members), Operations, (2 team members), Medical Management, (6 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 are as follows:

Overall Scores (High to Low):

Vendor	Qualitative Score	Quantitative Score	Overall Score
Casenet	47.08	12.22	59.30
ZeOmega	47.29	10.20	57.49
*Virtual Health	45.90	9.50	55.40
MedHOK	42.04	11.83	53.87
Cognizant	43.33	8.32	51.65
*InfoMC	42.67	7.24	49.91
OptumInsight	45.76	2.47	48.23
CaseTrakker	40.55	2.47	43.02

* Responses were received from the public posting of the RFP.

The GCHP team then conducted scripted demonstrations with the top scoring four vendors. The demonstration script was scored as follows:

Overall Scores (High to Low, Scale 1-10):

Consolidated Scores	Average Weighted Score
ZeOmega	8.21
Casenet	7.51
Virtual Health	6.68
MedHOK	5.98

Key takeaways from the demonstration:

- Casenet and ZeOmega scored well, and both made it into the short list of vendors with whom GCHP began contract negotiations.
- Casenet’s software had the greatest ease of configurability, which means that much of the work could be done internally, reducing the expenditure on third party vendors.
- Virtual Health and MedHOK remained in the short list, but the team focused primarily on contract negotiations with Casenet and ZeOmega

Casenet's Proposal was Deemed the Best on a Qualitative Basis.

Casenet's medical management software will provide advantages for GCHP in delivering improved care to our members and providers as well as improved efficiencies in the system generating higher productivity of staff across multiple departments. The tools and features of the system will help us improve member and provider experience as well as user experience. It will help to eliminate technical debt and less intervention from IT staff for support of the system. Casenet is continually investing in the software and adding functionality to help health plans achieve their goals and increase productivity.

- **Collaborative Care Platform**
 - Connects provider/payer/member for internal and external communications of integrated care team care plan/goals/insights.
- **Real-Time authorization status**
 - Potential for real time communication of authorization status to the provider
- **Reporting Capabilities**
 - Increased reporting capabilities to allow GCHP to monitor analytics, including gaps in care and risk stratification
- **Highly Configurable**
 - The system is highly configurable which will allow us to turn around regulatory, compliance and business functionality quickly and efficiently, inhouse, without paying the vendor, allowing us to meet aggressive deadlines from DHCS etc.
 - The solutioning and configuration will be in our hands directly now and there will be no need to spend additional money or be dependent on the vendors' timelines, potentially causing us to miss a deadline from DHCS.
- **User Defined Fields (UDFs)**
 - The ability to add User Defined Fields throughout the system will allow us to more efficiently solution regulatory requests without doing workarounds. User Defined Fields are data points that can be added dynamically to the system. These data points can be drop down list values, dates, or manual entry text.
 - *An example of an improvement using a UDF is when DHCS asks for new data points (OON Leakage Reason and Continuity of Care UM/CM, Resolution Status Reason G&A), for us to report on and we had to ask for custom code to be added to achieve this functionality or provide creative workarounds in the current system.*
- **Integrated Modules – Visibility**
 - Productivity will be increased within the MMS because the visibility across all modules will allow staff to manage our members with more insight and collaboration.
 - Improved user experience.

- **Portal Integration Capabilities**
 - Superior functionality for portal integrations will improve accuracy and efficiency of processing Authorizations and communicating with our members and providers.
 - Real time integration for authorizations between the Provider Portal and MMS using Casenet's Portal Plug In feature will also increase productivity and turn-around times for members authorizations.
 - Increased member and provider experience with GCHP.
 - The Plug In will also improve productivity for IT and the business by eliminating maintenance and production issues between the MMS and the Provider Portal.
- **NCQA Accredited**
 - Casenet is already NCQA accredited and will provide best practices for us to achieve our NCQA accreditation goals.

Contract Negotiations

Casenet was the most responsive vendor to negotiate on the contract terms. ZeOmega could not meet GCHP's contracting timeline and preferred to work from their contract templates. Therefore, GCHP prioritized the contract negotiations with Casenet and concurrently conducted positive reference checks. Casenet also had the most favorable terms and pricing. A few minor nonmaterial contractual items remain open as of the time this staff report has been prepared but as of this date, GCHP had concluded negotiations on the contract that is acceptable to GCHP, and the proposers have been notified of the recommendation to award the contract to Casenet.

FISCAL IMPACT:

Award of the contract to Casenet will deliver substantial cost savings to GCHP. The total cost over the projected useful life of 76 months (3/1/2023- 6/30/2029) is projected to not exceed \$3.5M. The annual license and hosting fee is below the current annual license and hosting fee of the incumbent, resulting in lower overall operating costs to GCHP, plus the ease of configurability will eliminate a high-level dependency of the vendor to implement software upgrades, resulting in additional cost avoidance. The projected costs from Casenet, ZeOmega and the current incumbent vendor over the 76-month period are set forth below.

Casenet \$3.5M

ZeOmega \$7.1M

Current incumbent vendor: \$5.6M

RECOMMENDATION:

It is the Plan's recommendation that the Commission waive all irregularities in Casenet's proposal and authorize the CEO to execute a contract with Casenet. The term of the contract will be 76-months commencing March 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$3.5M.

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



Dear Bob,

Thank you and your team for your support over the past several months and in support of our January 18th inquiry. The information you provided regarding the Medical Management Software RFP #GCHP0906202 decision process and criteria was sufficient and instructive.

We are writing to inform you that we are withdrawing our protest of the decision to award the opportunity to CaseNet.

Though naturally disappointed that GCHP has not selected MHK, we would like to extend our sincere appreciation for your business over the past ten years and the opportunity to extend our relationship by presenting the current MHK offering during the transition period.

We wish you the best of luck as you begin the challenging and rewarding process of implementing your replacement Care Management solution. You have my commitment for our full support as you transition to the new Care Management solution over the coming months. My team has been instructed to reach out to schedule coordination and planning discussions with the GCHP team in support of this effort.

Please feel free to contact me if my team can be of any assistance to you during the installation, implementation / transition and training process of your new Care Management solution.

Best regards,

A handwritten signature in black ink, appearing to read "Marc Ryan".

Marc Ryan

Cc: Dr. Nancy Warfield

Nicole Kanter

Anna Sproule



January 18, 2023

Bob Bushey
Gold Coast Health Plan
711 E. Daily Drive
Suite 106
Camarillo, CA 93010-6082

Reference: RFP #GCHP09062022, Medical Management Software

Dear Bob,

We are responding to your message of last Thursday, notifying us of your intent pursue another vendor's solution for Care Management software for the Medical Management Software RFP #GCHP0906202.

MHK's relationship with GCHP began in 2012. We are grateful for your business and support. We highly respect the GCHP team and your process. However, pursuant to Section 5 of the RFP we are writing to notify of our protest to your recommendation of award to Casenet.

To support the protest, **we offer:**

- MHK has been a proven partner.
- GCHP have functioned as positive references for MHK, which we appreciate greatly.
- The MHK solution is currently implemented with GCHP. This will offset the significant expense and risks associated with implementing a new system (CaseNet).
- MHK assumed additional price negotiations and did not provide our "best and final price".
- Based upon your team's feedback, the decision was very close. Please see below.

To support the protest, **we seek:**

- Copies of Assessments or Scoring Sheets with rankings for your decision criteria.

888.963.3465 | mhk.com

3031 Rocky Point Drive West | Suite 300 | Tampa, FL 33607



- The opportunity to address, in writing, perceived or actual deficiencies in the MHK solution or functionality. If and as necessary, we would provide product demonstrations of the same.



- Specific areas may include and will not be limited to:
 - Alignment and support of CalAIM
 - Population Health
 - Member and Provider Collaboration
 - Social Determinants of Health (SDOH)
 - User Configurability
 - Interoperability and Integrations

Thank you and the GCHP in advance for your consideration and support of this request.

Best regards,

Marc S. Ryan

President

a Hearst Health company

p 888.963.3465, ext. 1047 | m 813-469-5914 (Preferred)

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