Gold Coast Health Plan

Leading Now. Growing our Impact. Building for the Future.

Objectives | Strategic Planning Retreat

- The purpose for today's meeting is to review the top strategic initiatives from this year (FY 2023-24) and meaningfully engage the Commission in setting the strategic direction for the upcoming year (FY 2024-25).
- Objective 1: Review how GCHP is ***dedicated to care*** by operating the health plan on a day-to-day basis, complying with regulatory guidance, and overseeing delegated core health plan operations.
- Objective 2: Review how GCHP is ***transforming for care*** by implementing the Operations of the Future, which involves significant improvement to all activities of the health plan.
- Objective 3: Review how GCHP is ***connecting members with care*** through the Model of Care, Quality initiatives and a superior Member Experience.

Table of Contents | Strategic Planning Retreat

I. Overview
   i. Introduction
   ii. Environmental and Market Analysis
   iii. Quality Imperatives
   iv. Understanding Our Members
   v. Financial Performance

II. Dedicated to Care
   i. Overview
   ii. Accuracy, Timeliness, Quality at Scale
   iii. Diligent Oversight of Many Delegates and Vendors
   iv. Dedication and Oversight – No One Does It Better
   v. We are Uniquely and Best Qualified to Serve Ventura County's Duals

III. Transforming for Care
   i. Overview
   ii. Fiscal Year 2023-24 Successes
   iii. Financial Basis (Licenses and Implementation)

Table of Contents | Strategic Planning Retreat

IV. Connecting with Care
   i. Overview
   ii. Utilization Analysis
   iii. Model of Care: The Blueprint for Quality
   iv. Programs to Meet Needs: Our Innovations
   v. Providers: Partnerships at Work
   vi. Providers: Value Based Level 1
   vii. Providers: Value Based Level 2
   viii. Providers: Value Based Level 3
   ix. Providers: Partnerships at Work

V. Panel: Perspectives from Our Partners on GCHP's Transformation
   i. Panel Members

Introduction

trans·for·ma·tion

/ˌtran(t)sfərˈmāSH(ə)n/

noun

a thorough or dramatic change in form

Introduction

GCHP is undergoing a transformation from a health plan that historically has not matched its peers in Quality [as measured by the Managed Care Accountability Set (MCAS) and as reported by the National Committee for Quality Assurance (NCQA) / the state Department of Health Care Services (DHCS)] to a leading health plan that achieves high standards of performance for the vulnerable communities we serve in Ventura County. GCHP Leadership is driving a large scale and multi-faceted program to improve all aspects of health plan performance. We expect to be a leader in the Medi-Cal industry by 2026.

For Commission Feedback:

Do you feel this statement is reflected in GCHP strategies and performance?

The GCHP Management Team's relentless drive to improve GCHP and sustainably meet the mission is founded on this foundational belief:

The Commission has entrusted us with precious resources and their support for building a modern, quality-capable, and sustainable health plan and for supporting and funding the development of a more accessible and quality-focused Ventura County delivery system to meet our **Mission.** GCHP Management will continue to work with transparency for our commission, unwavering dedication to our members, industry best practices and knowledge, and a financial and operational discipline to deliver the following:

- The Best healthcare possible
- The Greatest access to quality healthcare
- A Superior member experience (health, healthcare, and health plan)

equitably for all our members.

Environmental and Market Analysis

- ✧ Uncertainty is the norm
- ✧ Quality is the priority
- ✧ Revenue is a challenge
- ✧ Regulations set an increasingly high bar

The next 3 Years will be challenging for GCHP

- The premium rate environment for the next few years is unclear. Our initial prediction and budgeting was for a reduction in initial draft rates from DHCS → we got it right (-3.7% vs -4%). The final draft rates were just received and reflect things not accounted for in the initial rates: the State's accounting for the cost impact of guaranteed rate increases (2024 Contract) and the impact of data-based advocacy. The net impact of these changes is likely to be a single digit positive rate **increase**.

- Revenue pressure and uncertainty can be expected to continue for some time post-PHE, due to State budgetary issues and other Medi-Cal program changes.

- Performance expectations set by DHCS of Medi-Cal Managed Care Plans (MCPs) and regulatory complexity will continue to grow, and even accelerate. The 2024 Contract. MCAS sanctions and withholds. CalAIM. *And we add regulators and complexity with D-SNP – DHMC and CMS.*

Environmental and Market Analysis

- ✧ Uncertainty is the norm
- ✧ Quality is the priority
- ✧ Revenue is a challenge
- ✧ Regulations set an increasingly high bar

The next 3 Years will be challenging for GCHP

- Quality will increasingly be the basis of evaluation and funding for GCHP. Adequate funding for GCHP and the Ventura County System of Healthcare and Health-Supported Services will be increasingly tied to better MCAS performance (DHCS Quality).

- Other Medi-Cal MCPs have decades more lead time than us in building Quality systems (GCHP is the youngest MCP). And these well established MCPs are investing in and improving Quality at a faster rate. So, closing the quality gap with our peers – the primary benefit of which is improved quality for our members -- will require a sustained level of investment in and improvement of GCHP.

- Kaiser is a Medi-Cal MCP Jan. 1, 2024, when 7,000 GCHP members become Kaiser members. There are limits to Kaiser's growth in Ventura County, but only GCHP's achievement of high Quality can ensure we remain in the lead of Medi-Cal here for the long term.

Environmental and Market Analysis

- ✧ Uncertainty is the norm
- ✧ Quality is the priority
- ✧ Revenue is a challenge
- ✧ Regulations set an increasingly high bar

The next 3 Years will be challenging for GCHP

- Redetermination efforts are successfully matching enrollment support with our members who need it. Enrollment trends appear close to budget, but there is still some uncertainty as to final enrollment figures.

- After redetermination and Medi-Cal expansion, we will have a change in membership mix that will reshape our risk profile. The expansion population has unknown health needs and risk factors and will need to be engaged in care. High-risk chronic condition membership will remain enrolled with GCHP after the unwinding, increasing their impact on the overall risk.

- CalAIM requires major changes to the Healthcare Delivery System. MCP's and providers both now operate in spaces not familiar to them, such as delivery of social drivers of health benefits to members.

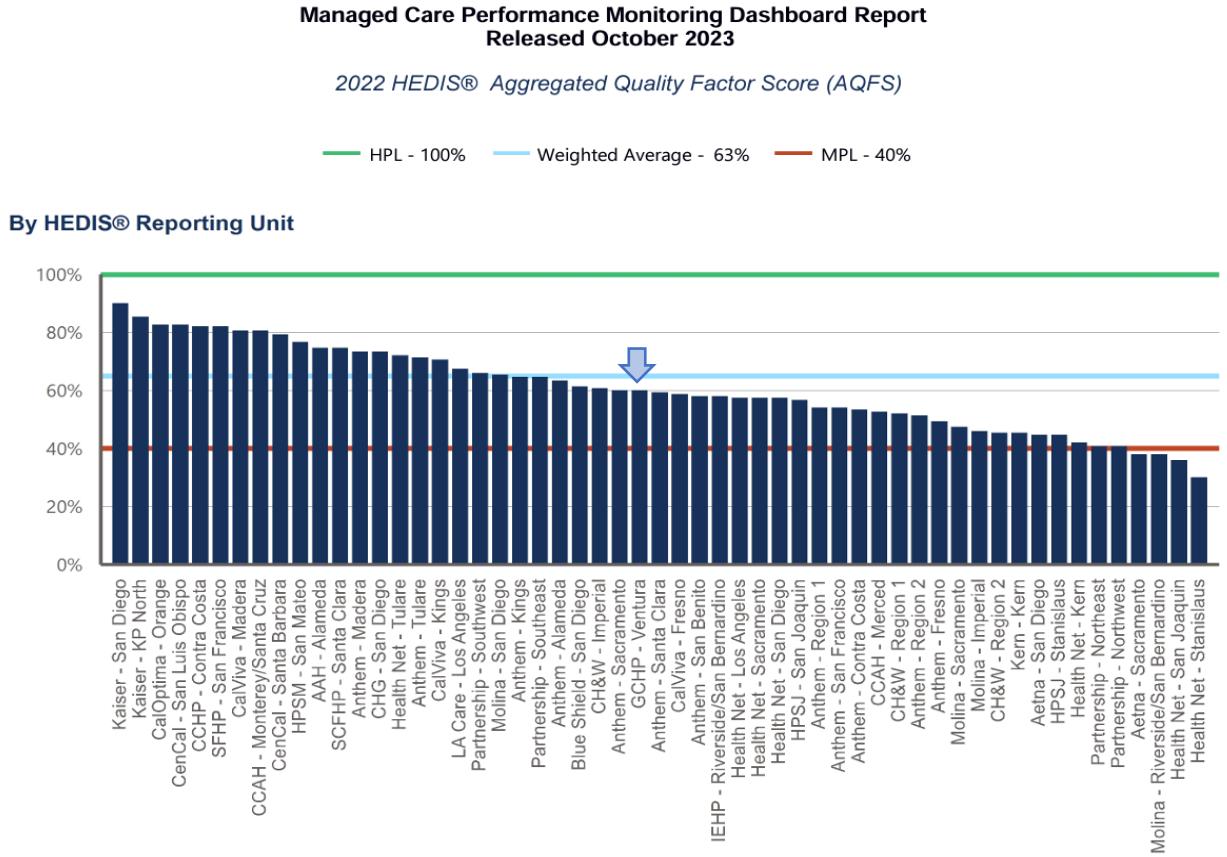
- Managed care know-how is essential to our long term success. From CalAIM implementation to building the Operations of the Future to innovating ways to deliver high Quality, and beyond, talent is the major factor in success. And we continue to face tough competition for limited talent in a tight labor market.

Quality Imperative

- ✧ The Managed Care Accountability Set (MCAS) is our scorecard
- ✧ The better the plan score, the healthier the community they serve

QUALITY IS THE MOST SIGNIFICANT DETERMINANT OF GCHP'S LONG-TERM SUCCESS

- DHCS measures our performance through the Managed Care Accountability Set (MCAS) Measures and evaluates plans using the Aggregated Quality Factor Score (AQFS).
- We are underperforming compared to many of our peers, but we are improving.
- Based on Measurement Year (MY) 2022, GCHP was ranked slightly below the weighted average when compared to all plans, but well above the minimum performance level (MPL)

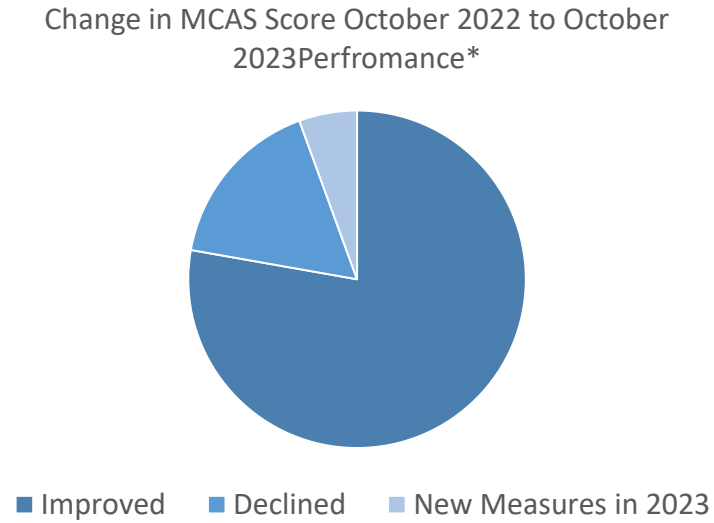


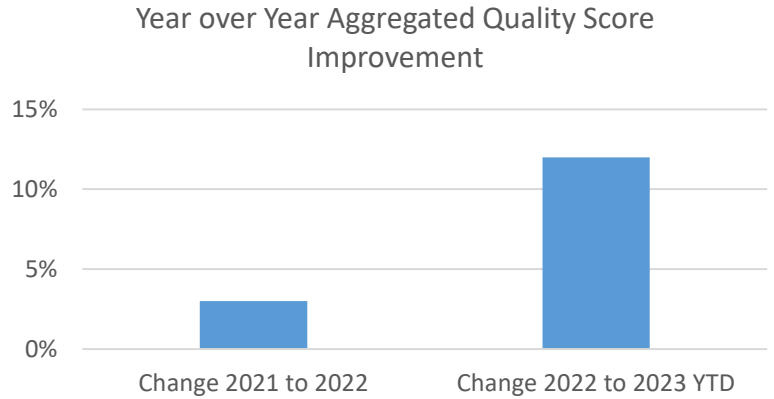
Quality Imperative

- ✧ Positive trends for 2023 but results uncertain.
- ✧ Certainty that Connecting with Care is **THE** solution.

QUALITY IS THE MOST SIGNIFICANT DETERMINANT OF GCHP'S LONG-TERM SUCCESS

- MY 2023 to date shows improved performance, year-over-year for 14/17 measures carried over from 2022 to 2023.
- Data collection for MY 2023 is still ongoing and changes in benchmarks will impact final results.
- Using the DHCS Aggregated Quality Factor Score (AQFS) principle to compute a composite Quality Score, GCHP has improved 12% in overall quality from 2022 to 2023.

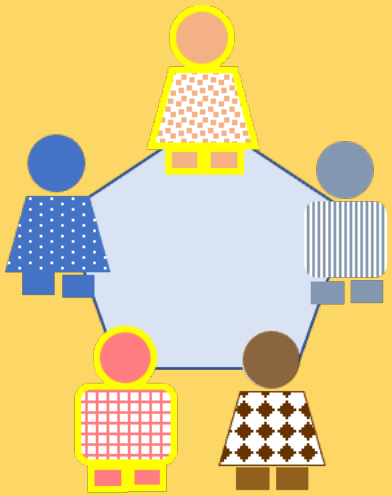




- Given that MCAS measures the use of primary and preventive care, connecting members with care is the solution. Of the 18 measures, all but three measures are met in a primary care setting.

* Measure details in the appendix

Understanding our Members



- ✧ We serve the county
- ✧ Our members needs are complex
- ✧ Key data is necessary to better understand barriers

WE MUST BETTER ***UNDERSTAND*** MEMBER NEEDS TO BEST ***MEET*** THEIR NEEDS

Gold Coast Health Plan is the Health Plan for Ventura County

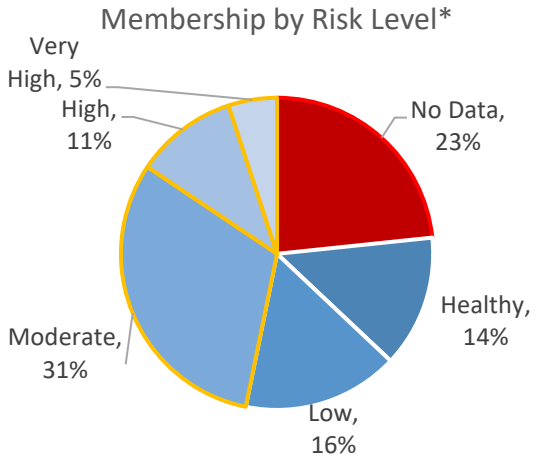
Over the last 5 years we have served:

- **336,000** unique members.
- **40%** of the residents in Ventura County.

74% of members have been with us for 5+ years.

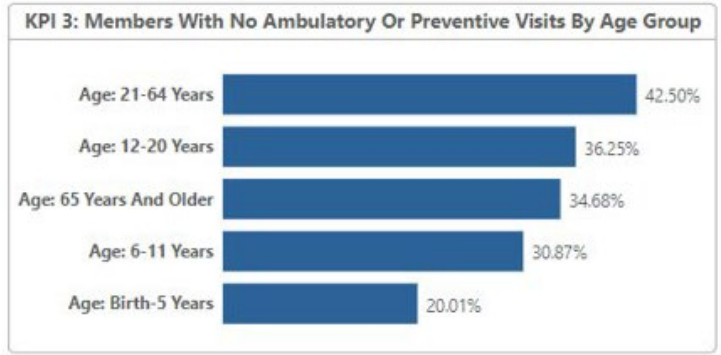
- **100%** live in relative poverty and/or have complex needs
- Nearly **75%** of our members are Hispanic
- **84%** of our nondisabled, non-aged adults are in working families
- **60%** have 1 chronic condition and **45%** have more than 1

Nearly **50%** of our members are moderate to very high risk, and we have no data on **23%** of our membership.



*Based on Johns Hopkins ACG Risk Model

42% of our members of working age have not been to their primary care doctor at all in the last year.



We need to understand the barriers to care.

Year-to-Date (YTD) Financial Performance

- ✧ Favorable membership
- ✧ Healthy Medical Loss Ratio (MLR)
- ✧ Net Income favorability combined with 1156% Tangible Net Equity (TNE) positions us to meet future needs

OCTOBER YTD INCOME STATEMENT DEMONSTRATES FISCAL HEALTH

($Ms except pmpms & mm)	YTD Actual	YTD Budget	YTD Var Fav / (Unfav)
Member Months	1,018,182	1,001,904	16,278
Revenue	$ 345.5	$ 348.8	$ (3.3)
pmpm	*$ 339.28*	*$ 348.11*	*$ (8.82)*
Health Care Costs	$ 284.2	$ 303.9	$ 19.7
pmpm	*$ 279.13*	*$ 303.31*	*$ 24.2*
% of Revenue	*82.3%*	*87.1%*	
Admin Exp	$ 27.6	$ 26.6	$ (1.0)
pmpm	*$ 27.11*	*$ 26.53*	*$ (0.58)*
% of Revenue	*8.0%*	*7.6%*	
Project Portfolio	$ 9.0	$ 3.4	$ (5.6)
pmpm	*$ 8.82*	*$ 3.35*	*$ (5.47)*
% of Revenue	*3.2%*	*1.1%*	
Operating Gain/(Loss)	$ 24.7	$ 14.9	$ 9.7
	$ 24.22	*$ 14.91*	*$ 9.31*
Non-Operating Revenue / (Expense)	$ 5.4	$ 3.4	$ 2.1
pmpm	*$ 5.34*	*$ 3.35*	*$ 1.99*
% of Revenue	*1.6%*	*1.0%*	
Total Increase / (Decrease) in Unrestricted Net Assets	$ 30.1	$ 18.3	$ 11.8
pmpm	*$ 29.56*	*$ 18.26*	*$ 11.29*
% of Revenue	*8.7%*	*5.3%*	

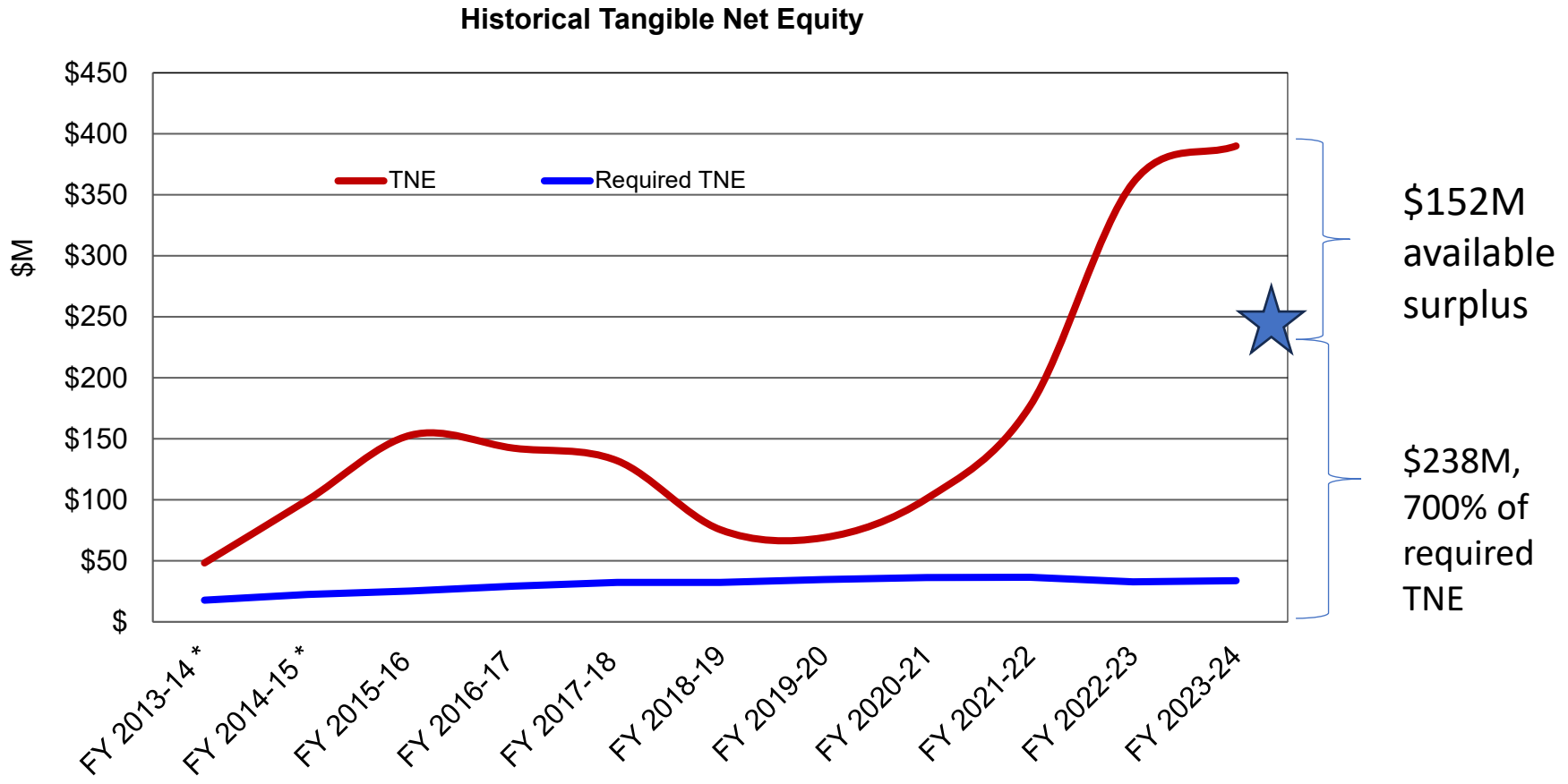
IN ENVIRONMENT OF UNCERTAINTY, WE ARE ON TRACK:

- Membership is running 16K member months favorable to budget
- Premium revenue is less than 1% off YTD budget
- 82.7% YTD MLR
- YTD Core admin (excluding Operations of the Future) running at 8.0% vs a budget of 7.6%
- YTD Net Income is $11.8M favorable to budget
- We continue to exceed TNE requirements

YTD Financial Performance

- Total surplus TNE of $356M
- Retention of 700% surplus TNE, $238M, leaves $152M available, which ensures continued programmatic and quality expansions including D-SNP

Tangible Net equity (Oct 2023)



We are organizing to do our best work

Focus is necessary to achieve best and highest individual and team performance

We will maintain strong performance in day-to-day operations while building for greater impact in the future

Dedicated *to Care*

Healthcare Services
& Clinical and Regulatory
Operations

Transforming *for Care*

Operations and Systems
of the Future

✧Office of the Future✧

Connecting *with Care*

Quality
Model of Care
Member Experience

We are organizing to do our best work

Focus is necessary to achieve best and highest individual and team performance

We will maintain strong performance in day-to-day operations while building for greater impact in the future

Dedicated *to Care*

Healthcare Services
& Clinical and Regulatory
Operations

Transforming *for Care*

Operations and Systems
of the Future

✧Office of the Future✧

Connecting *with Care*

Quality
Model of Care
Member Experience

Dedicated *to Care*

HEALTHCARE SERVICES & CLINICAL AND REGULATORY OPERATIONS

Running "day-to-day" health plan operations *…while we build the modern health plan to sustainably meet the Mission*

Dedicated to Care

Our dedication to our members, our regulators, our staff is demonstrated day to day through sustained high performance in all operations.

Operations:

- At scale—A high volume of transactions performed with accuracy, timeliness, and quality
- With diligent oversight of many delegated entities and vendors
- With dedication, ownership and accountability—no one does it better

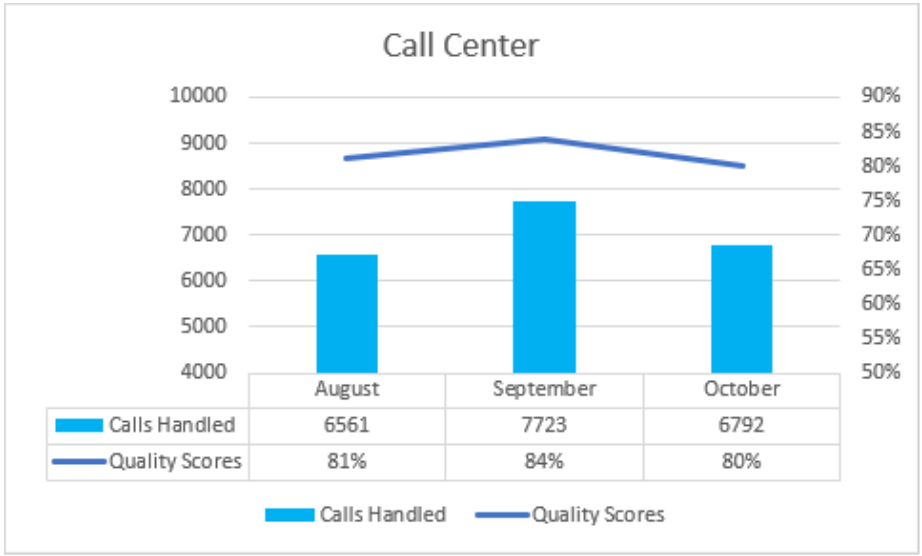
Dedicated *to Care*

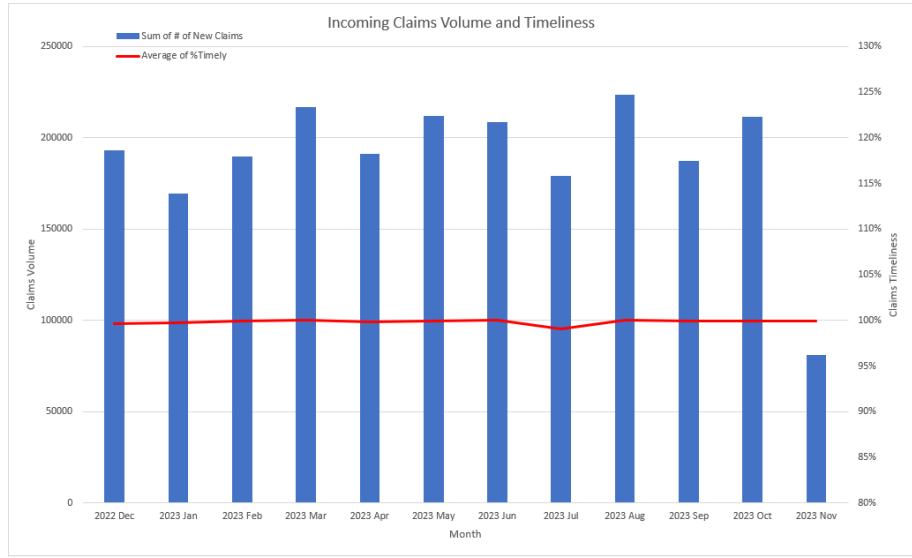
HEALTHCARE SERVICES
& CLINICAL AND REGULATORY
OPERATIONS

Industry-leading claims accuracy
Low denial rate ensuring access
Grievance rate far below state benchmark

Accuracy, Timeliness, Quality at Scale

- Financial Audit with no operational findings, and the Medical Loss Ratio (MLR) Audit that identified Claims Accuracy of 99.7%.
- Authorization timeliness of 98% and low denial rate of 4.7—removing barriers to care.
- Grievance and appeals rate remains low at 0.29 per 1,000 members, which is below the state average of 3.1 per 1,000 members.





Opportunity: Call volume and quality performance is average for industry. The opportunity is to insource to better engage and serve our members.

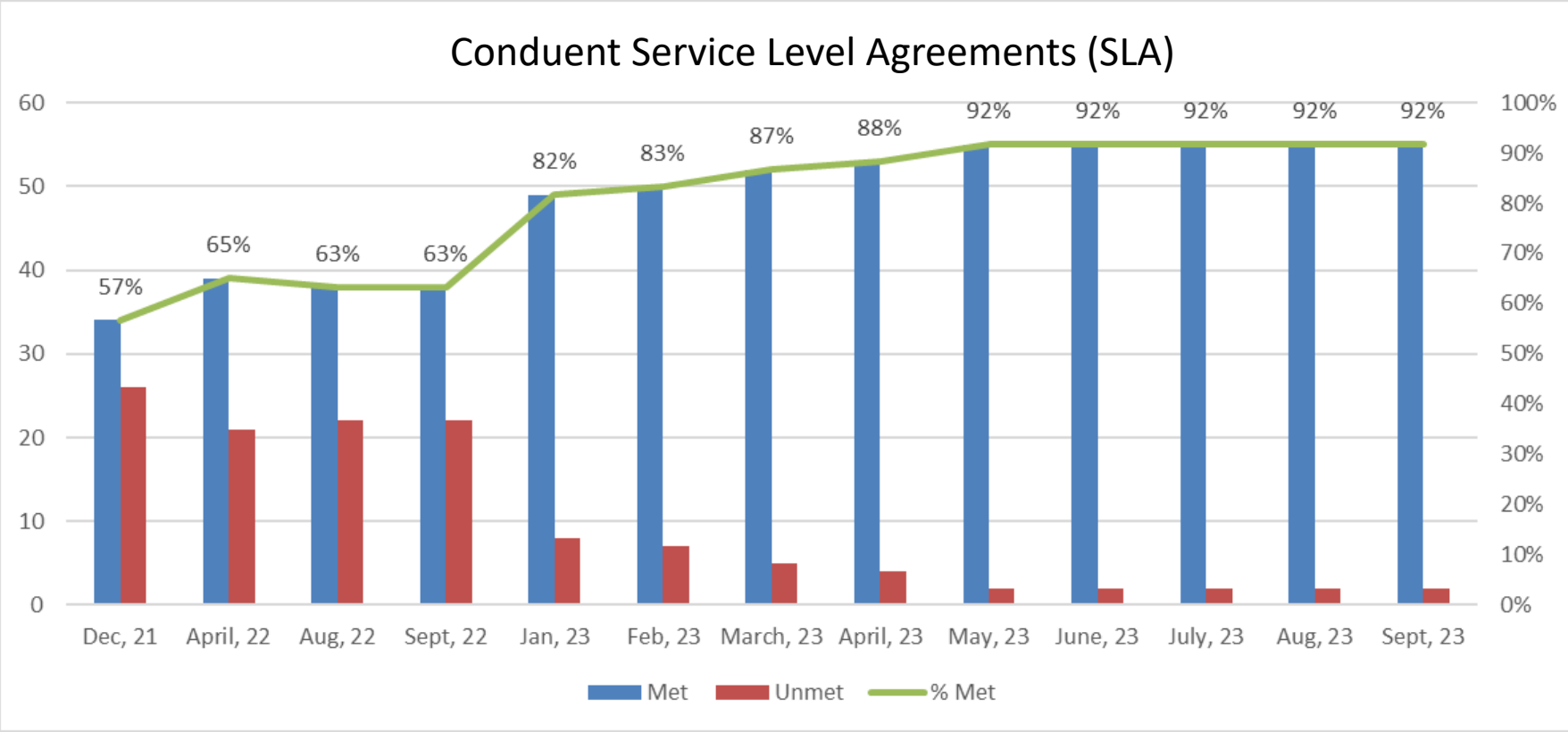
2.5 to 3 million claims are processed annually with industry-leading accuracy and timeliness above 99%

Dedicated *to Care*

HEALTHCARE SERVICES
& CLINICAL AND REGULATORY
OPERATIONS

Delegate and vendor oversight is a core strength that will expand to new vendors and delegates are we transform.

Diligent Oversight of Many Delegates and Vendors



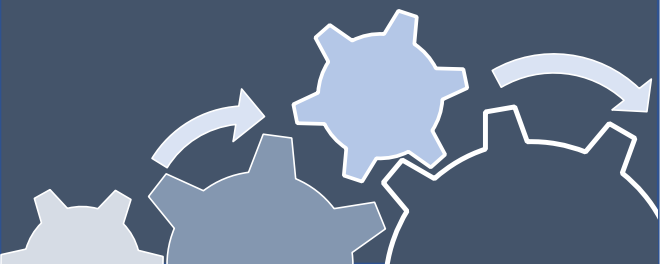
- Improved SLA compliance with sustained performance beginning in May 2023.
- The failures are largely due to missing IT deadlines by minutes.
- Managed transportation vendor issues to improve performance by 36%.

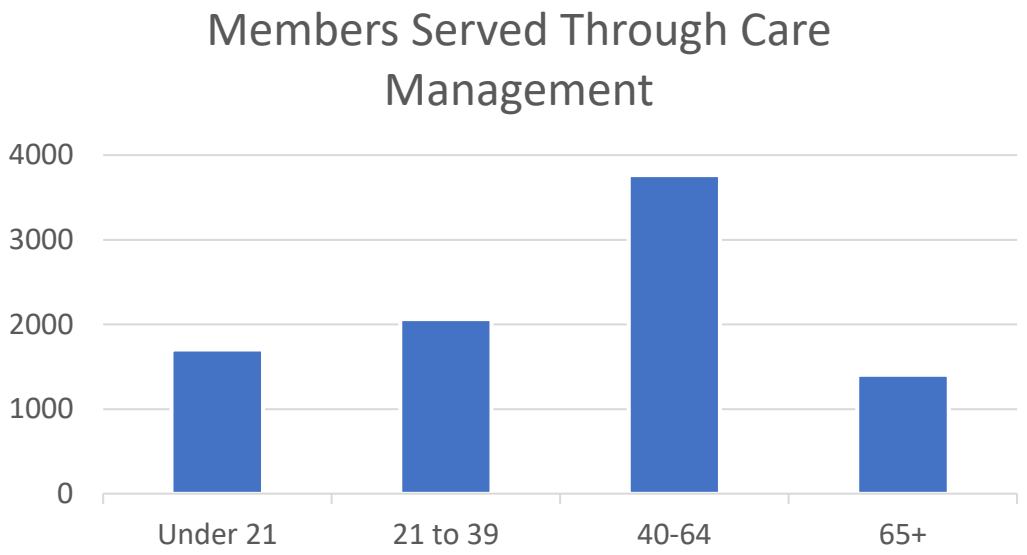
Dedication and Ownership—No one does it better

Dedicated *to Care*

HEALTHCARE SERVICES & CLINICAL AND REGULATORY OPERATIONS

Serving members with complex needs through care management. Excelling at DHCS medical audits.

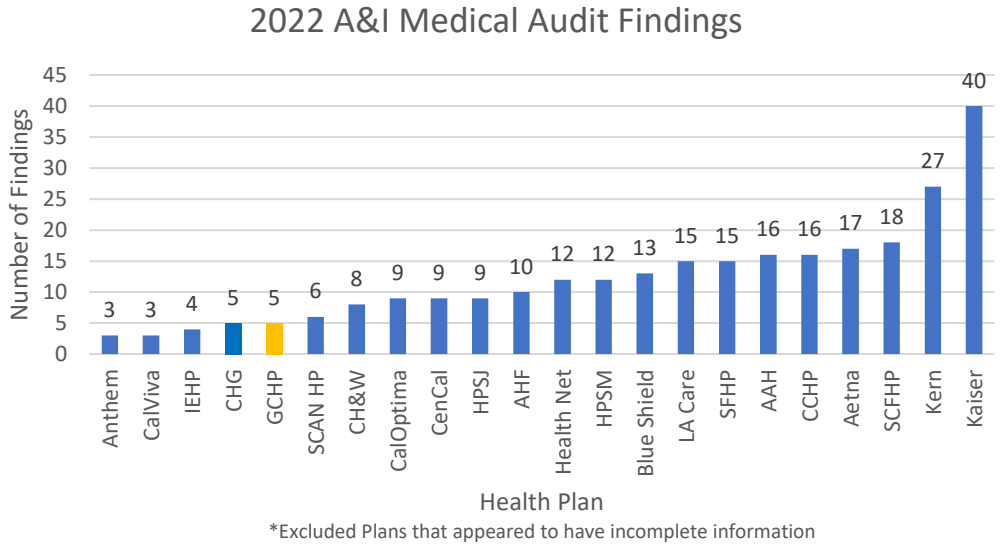




9,000 members are served in Care Management including:

- 1,000 members in Transitions in Care
- 500 through new data mining approach.

- Top 10 % performance in DHCS Full Scope Medical Audit.
- Corporate Integrity Agreement First Annual Report submitted Dec. 8, 2023.
- 2024 DHCS Contract Readiness activities on track.

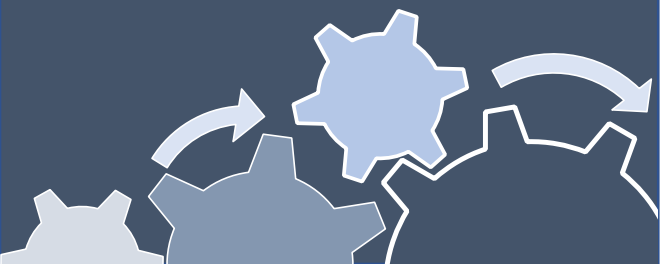


*Excluded Plans that appeared to have incomplete information

Dedicated *to Care*

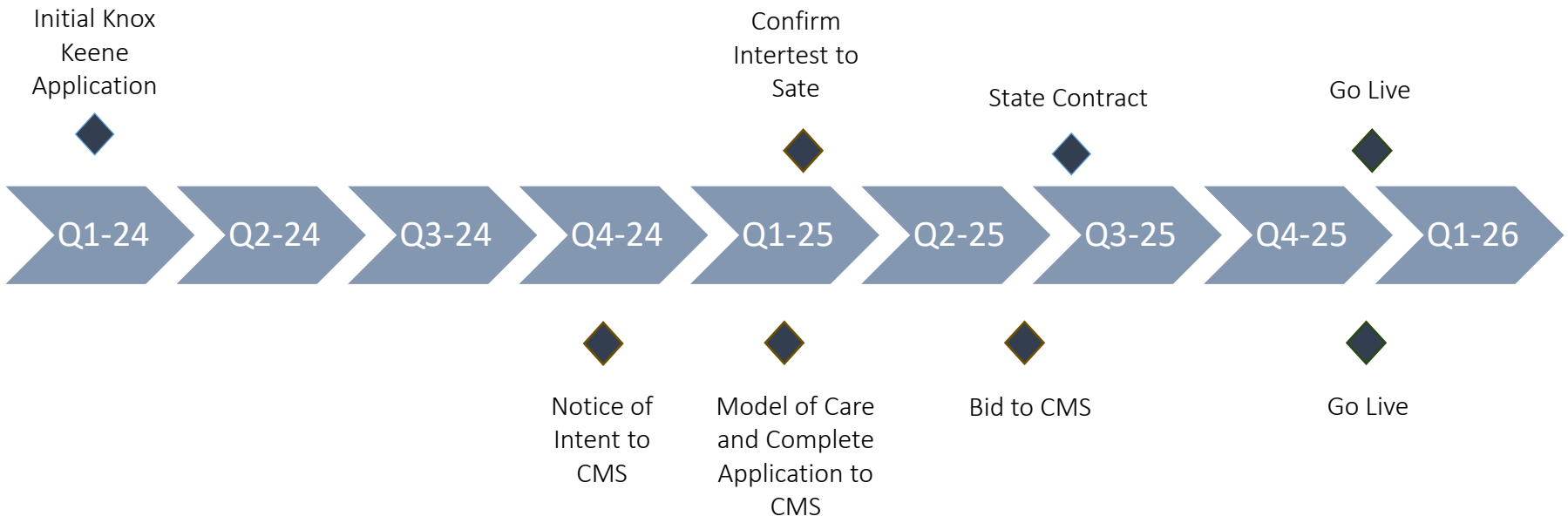
HEALTHCARE SERVICES & CLINICAL AND REGULATORY OPERATIONS

D-SNP is on track.



We are Uniquely and Best Qualified to Serve Ventura County's Duals

- Duals are people with both Medicare and Medi-Cal.
- 27,000 of our members are duals and we serve them today.
- We will be ready to launch a high quality, long-term sustainable D-SNP by Jan. 1, 2026.
- Initial Department of Managed Health Care (DMHC) Knox-Keene pre-filing conference complete and plan on track for initial filing in March 2024 and subsequent regulatory filings.



For Commission Feedback:

Do you feel this statement is reflected in GCHP strategies and performance?

The GCHP Management Team's relentless drive to improve GCHP and sustainably meet the mission is founded on foundational belief:

The Commission has entrusted us with precious resources and their support for building a modern, quality-capable, and sustainable health plan and for supporting and funding the development of a more accessible and quality-focused Ventura County delivery system to meet our **Mission.** GCHP Management will continue to work with transparency for our commission, unwavering dedication to our members, industry best practices and know, and a financial and operational discipline to deliver the following:

- The Best healthcare possible
- The Greatest access to quality healthcare
- A Superior member experience (health, healthcare, and health plan)

equitably for all our members.

We are organizing to do our best work

Focus is necessary to achieve best and highest individual and team performance

We will maintain strong performance in day-to-day operations while building for greater impact in the future

Dedicated *to Care*

Healthcare Services
& Clinical and Regulatory
Operations

Transforming *for Care*

Operations and Systems
of the Future

✧Office of the Future✧

Connecting *with Care*

Quality
Model of Care
Member Experience

Transforming *for Care*

✓Innovation everywhere. Getting better at everything we do.

✓Modernizing the Health Plan *with an operating platform that enables sustained high achievement of the Mission.*

Transforming for Care

GCHP has not been able to keep pace with outsourced services for leading technology and industry best practices. In response, GCHP will pursue industry leading best practices and technologies that address business imperatives by focusing on the member and provider engagement and data quality, while delivering administrative excellence at a lower cost.

We do this by:

- Leading a procurement process resulting in the selection of the best technologies and services, which will result in a significant increase in quality and operational performance.
- Insourcing services and increasing our presence in the community to deliver a very different experience for our members than what they have experienced to date.
- Investing in data operation capabilities, which will advance quality goals.

Transforming *for Care*

✓Innovation everywhere. Getting better at everything we do.

✓Modernizing the Health Plan *with an operating platform that enables sustained high achievement of the Mission.*

Fiscal Year 2023-24 Successes

- Completed 8/9 **Operations of the Future** Requests for Proposals (RFPs) → new providers of leading-edge services and systems at a lower cost than if we remained with incumbent.
- Completed configuration of new utilization management capability.
- Completed data conversion activities for 3/5 core admin business functions.
- Completed architecture of 4/8 core administration business functions.

Challenges, Opportunities, and Risks

- Challenge: Managing dependencies across nine new vendors.
- Opportunity: Defining a minimal viable product (MVP) for Day 1 deliverables to reduce risk of abrasion to member and provider communities.
- Risk: Abrasion to members and providers.

Inaction on behalf of the GCHP Management Team and the Commission would have resulted in a renewal of our existing Conduent and MEDHOK contracts.

By taking action, going to the market for leading edge and best-in-class providers, we were able to deliver significant savings versus what we spend today.

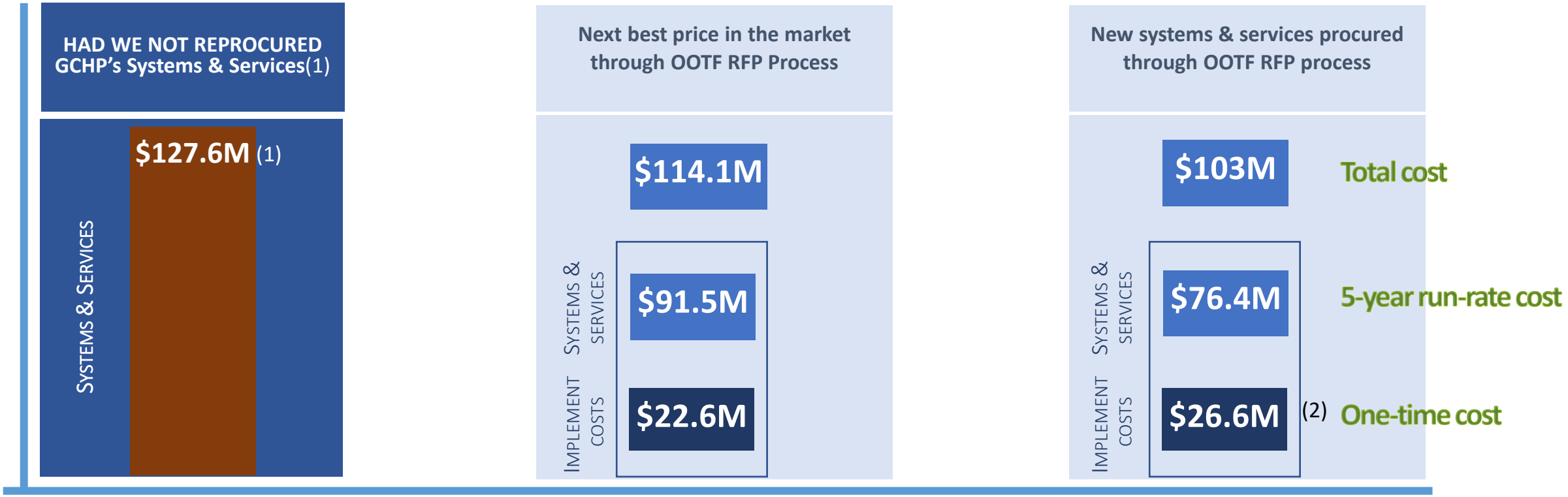
Financial Basis (Licenses & Implementation)

Savings + Leading Edge, Configurable, Modernized Capabilities = Maximum Value

Cost Comparison – Over Term of Proposed New Contracts

(5 Years 2024-2029 + Implementation period through June 2024)

- 10% better pricing than next best
- 20% better than today **(3)**



(1) Based on renewal of current contracts with a 5% Cost-of-Living Adjustment (COLA) for Conduent and MedHok (of $21M + $1M respectively per year) over the 5-year period 2024-29

(2) Implementation costs are not just the costs we've incurred, but we are anticipating broad range of capabilities that we will need as we get into this process

(3) This is a conservative, low-end projected savings.

For Commission Feedback:

Do you feel this statement is reflected in GCHP strategies and performance?

The GCHP Management Team's relentless drive to improve GCHP and sustainably meet the mission is founded on foundational belief:

The Commission has entrusted us with precious resources and their support for building a modern, quality-capable, and sustainable health plan and for supporting and funding the development of a more accessible and quality-focused Ventura County delivery system to meet our **Mission.** GCHP Management will continue to work with transparency for our commission, unwavering dedication to our members, industry best practices and know, and a financial and operational discipline to deliver the following:

- The Best healthcare possible
- The Greatest access to quality healthcare
- A Superior member experience (health, healthcare, and health plan)

equitably for all our members.

We are organizing to do our best work

Focus is necessary to achieve best and highest individual and team performance

We will maintain strong performance in day-to-day operations while building for greater impact in the future

Dedicated *to Care*

Healthcare Services
& Clinical and Regulatory
Operations

Transforming *for Care*

Operations and Systems
of the Future

✧Office of the Future✧

Connecting *with Care*

Quality
Model of Care
Member Experience

Connecting *with Care*

QUALITY
MODEL OF CARE
MEMBER EXPERIENCE

- ✧ MCAS is our Quality Scorecard
- ✧ The Model of Care is the Blueprint
- ✧ Enduring system change requires…

Connecting with Care

Quality, as measured by MCAS, is the basis for our regulators' evaluation of us and going forward it will determine our payment. Our goal is to maximize the funds available for the health of the Ventura County population.

We do this by:

- Understanding through utilization analysis.
- Model of Care built to meet the unique needs of our members.
- Adequate investments and incentives to ensure enduring system improvements.

Members engaged with a health delivery system designed to meet their needs → Quality

UTILIZATION ANALYSIS

The data-based practice of continuously evaluating claims, encounters, and other sources for the use of healthcare services and healthcare-supportive supports, helps us understand the utilization of care and services.

Our analysis tells us:

- Members are using care in the outpatient setting, but not enough to achieve high performance
- Resources are not currently aligned to increasing primary care use

CLAIM COUNT

Category of Service	Q1 2023	
Physician Specialty	146,854	27.9%
Outpatient Facility	67,412	12.8%
Physician Primary Care	59,046	11.2%
Mental Health - Outpatient	55,269	10.5%
FQHC	46,642	8.9%
Laboratory and Radiology	38,749	7.4%
Other	25,303	4.8%
Emergency Room	23,378	4.4%
BHT Services	19,129	3.6%
CBAS	18,852	3.6%
Long-Term Care	10,741	2.0%
Other Medical Professional	6,684	1.3%
Inpatient Hospital	3,156	0.6%
Transportation	3,141	0.6%
HCBS Other	1,050	0.2%
Hospice	326	0.1%
TOTAL	**525,732**	**100%**

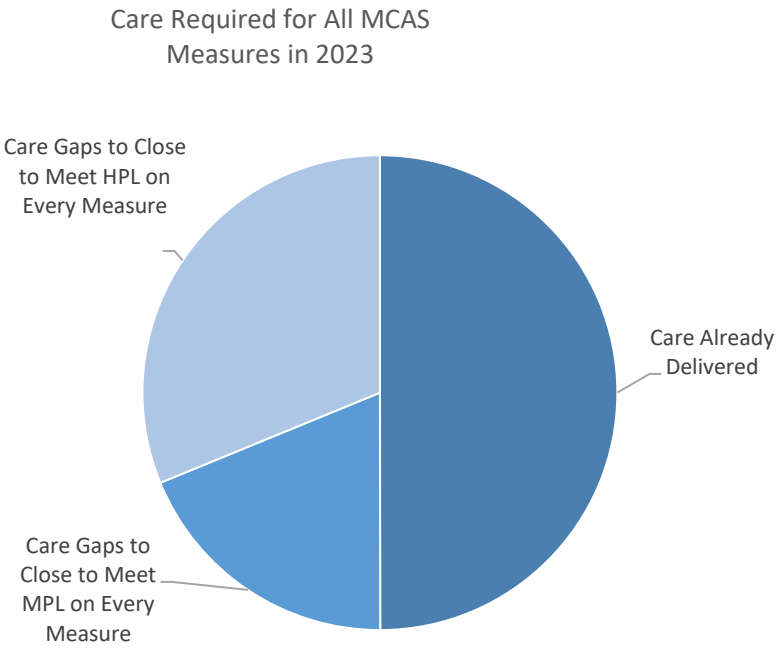
$ SPENT

Category of Service	Q1 2023	
Inpatient Hospital	$ 42,552,103	28.1%
Long-Term Care	$ 40,045,908	26.4%
Outpatient Facility	$ 17,366,791	11.5%
Physician Specialty	$ 16,836,920	11.1%
Emergency Room	$ 7,681,072	5.1%
Mental Health - Outpatient	$ 5,374,213	3.5%
Physician Primary Care	$ 4,693,242	3.1%
FQHC	$ 3,237,851	2.1%
Other	$ 3,141,005	2.1%
CBAS	$ 2,836,031	1.9%
BHT Services	$ 2,459,857	1.6%
Laboratory and Radiology	$ 2,168,263	1.4%
Hospice	$ 1,383,532	0.9%
Other Medical Professional	$ 879,888	0.6%
Transportation	$ 476,897	0.3%
HCBS Other	$ 451,591	0.3%
TOTAL	**$ 151,585,165**	**100%**

62% of care is delivered in the outpatient setting.

45% of our investment is in in-patient services and only **17%** in outpatient services.

We are delivering only **50%** of the care needed to achieve high performance on MCAS.



16 of the 18 MCAS measures happen in the outpatient setting. We must connect our members with primary care.

The Model of Care (MOC): The Blueprint for Quality

The Model of Care is more than a standard, it is the requirement for Medicare plans that serve members with Special Needs.

Our members have Special Needs.

The health of our members depends on us implementing a Model of Care designed to meet their needs.

- Established by CMS and NCQA , the MOC is the vital quality improvement tool for ensuring unique needs of each member enrolled in a health plan are identified and addressed.
- In 2010, the Patient Protection and Affordable Care Act (ACA) reinforced the importance of the MOC as a fundamental component of Medicare Special Needs Plans (SNPs) quality improvement by requiring NCQA to execute the review and approval of each SNP's MOC based on standards and scoring criteria established by the Centers for Medicare & Medicaid Services (CMS).

Types of Medicare Special Needs Plans	Gold Coast Membership
Duals—People with both Medicare and Medi-Cal	• 27,000 of our members are duals
Chronic Conditions such as: • Chronic alcohol and other drug dependence • Cancer • Cardiovascular disorders • Chronic heart failure • Dementia • Diabetes mellitus • End-stage renal disease (ESRD) • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health	All Membership: • 60% of members have at least one chronic condition including physical and mental health conditions. • 45% have more than one. Costliest 10% • 58% have 5+ chronic conditions • 55% have Cardiovascular Disease • 45% have Mental Health Conditions • 21% have Diabetes • 18% have Asthma
Institutional—People meeting criteria to live in a long-term care facility	• 26% of our costs are for long-term care

Programs to Meet Needs: Our Innovations

Successful health improvement initiatives are based on an understanding of health behaviors being driven by factors internal to and external to the individual.

We launched first-in-state programs and have seen wins.

Programs remove barriers.

Wellth to Practice Healthy Behaviors

1,503 members activated in with an 88% engagement rate, with an additional 3,800 targeted with focus on gaps in care closure.

Member Incentives to Motivate

Point-of-Care incentives and incentives mailed to members are closing gaps in care and reducing no-show rate for providers by 30%.

Diabetes Programs to Understand and Manage Chronic Conditions

18,000 members have a diagnosis of diabetes and almost 60% of the members with diabetes in our MCAS diabetes measure have gaps in care.

Transportation to Get to Care

New friends and family payment rate and public transportation option to encourage expanded use of transportation. Transportation vendor incentive to increase access.

Outreach to Get Appointments Scheduled

Call campaigns have facilitated close to 6,000 appointments in the last 3 months and social medial and radio have prompted members to schedule appointments

Home Health to Bring Care Home

Launch of home health for blood draws for diabetes measure.

Health Fairs to Bring Care to the Community

Health Fairs launched in Nov. 2023, reached 400 members in 3 fairs to date.

Medically Supportive Food to Improve Nutrition

Close to 4,000 members will receive healthy meals delivered to their homes this year. Year-to-date individual meals delivered over 300,000.

PROVIDERS: PARTNERSHIPS AT WORK

GCHP PCP Quality Incentive Pool and Program (QIPP)

Sustainable Quality funding in our budgetary planning for 2024-25 and beyond

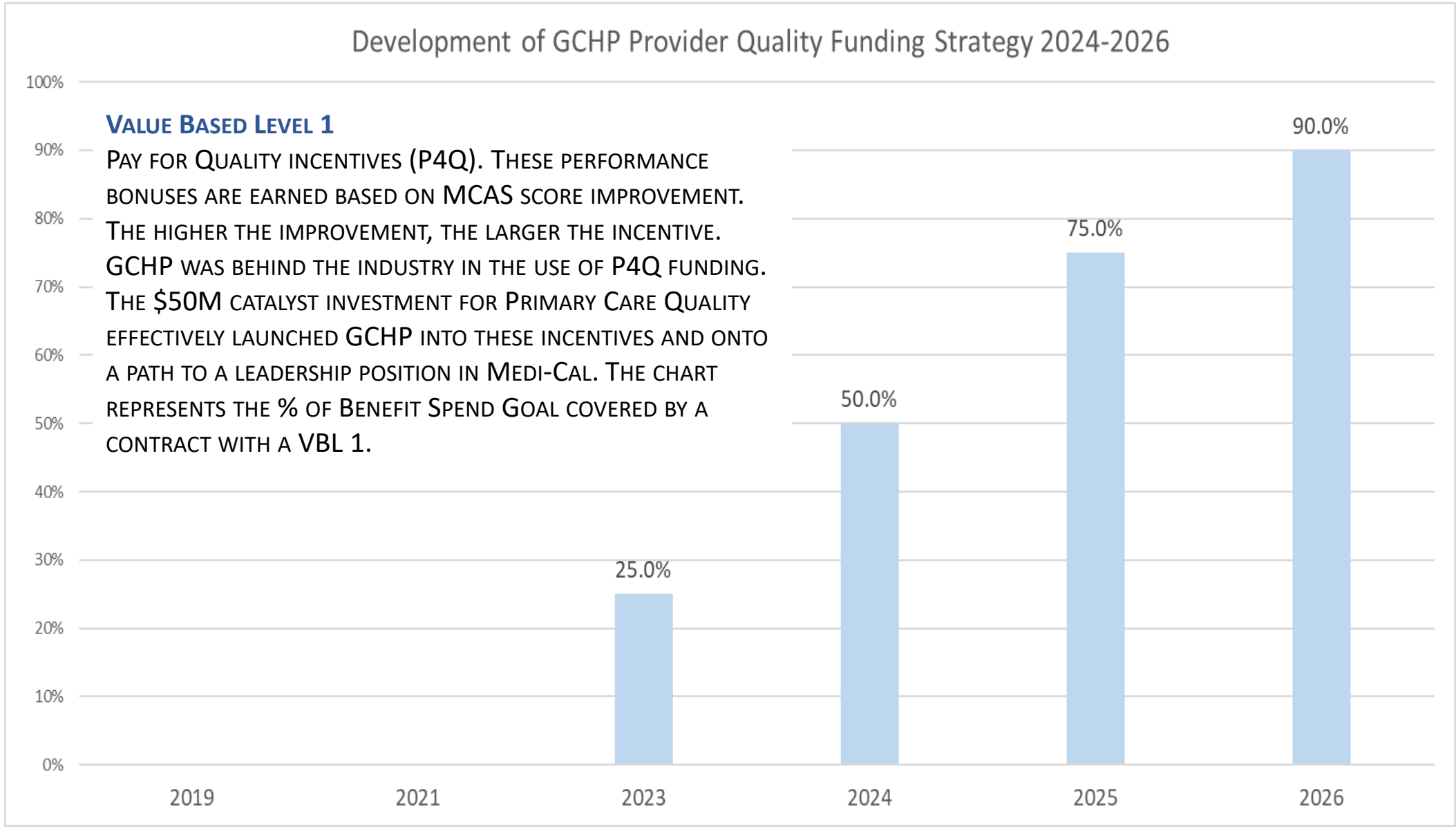
A Key role for GCHP in the Ventura County Delivery System of Healthcare and Health-Supportive Services ("System"): adequate investments and incentives to ensure enduring System improvements to access and quality for our members.

- The $50M catalyst incentive (2023-24) for Primary Care Quality Performance Improvement is now contracted with three of our largest providers (90% of members with PCP).
    - A main objective of this program – *the GCHP PCP Quality Incentive Pool and Program (QIPP)* – is to improve MCAS performance in key measures where GCHP underperforms.
    - We are engaged in contracting the remainder of primary care providers and expect to complete this by Q1 2024.
- We must sustain the investments to ensure the change necessary to achieve enduring Quality for our members. We will develop the following sustainable Quality funding in our budgetary planning for 2024-25 and beyond:
    - Continuation of Primary Care Quality Performance Incentives in 2025 and on.
    - Expansion of Quality Incentives to Hospitals, Specialists, and Other Healthcare / Health-Supportive Providers. We will work to launch this in 2024.
    - More Advanced Value Based Funding that ties reimbursement rate increases to MCAS performance

Providers: Value Based Level 1

Performance bonuses earned based on MCAS score improvement.

These figures represent our aims and vision for advancing value- based payments in Ventura County.



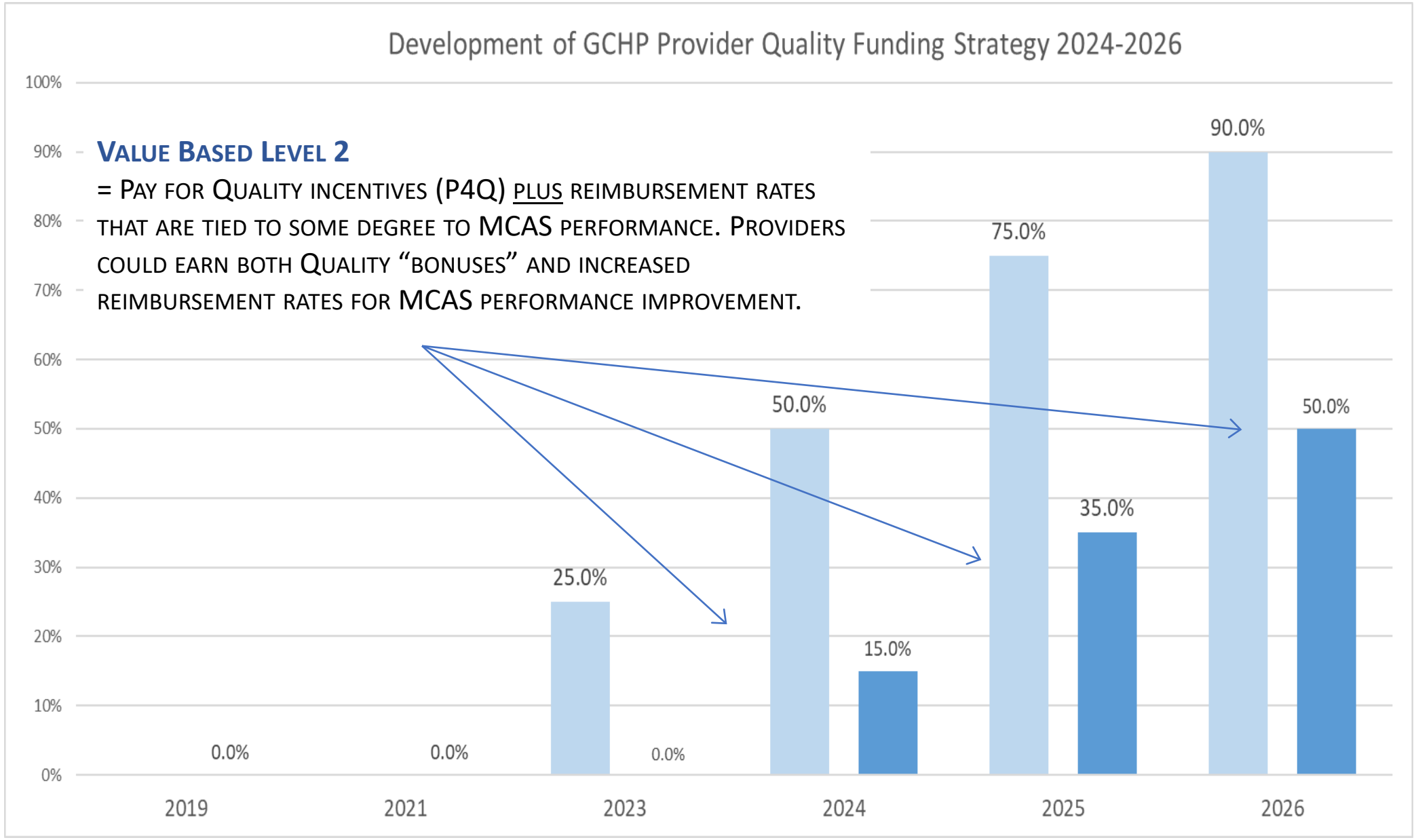
Value Based Level 1

Pay for Quality incentives (P4Q). These performance bonuses are earned based on MCAS score improvement. The higher the improvement, the larger the incentive. GCHP was behind the industry in the use of P4Q funding. The $50M catalyst investment for Primary Care Quality effectively launched GCHP into these incentives and onto a path to a leadership position in Medi-Cal. The chart represents the % of Benefit Spend Goal covered by a contract with a VBL 1.

PROVIDERS: VALUE BASED LEVEL 2

Pay for Incentives plus reimbursement rates tied to some degree of MCAS performance.

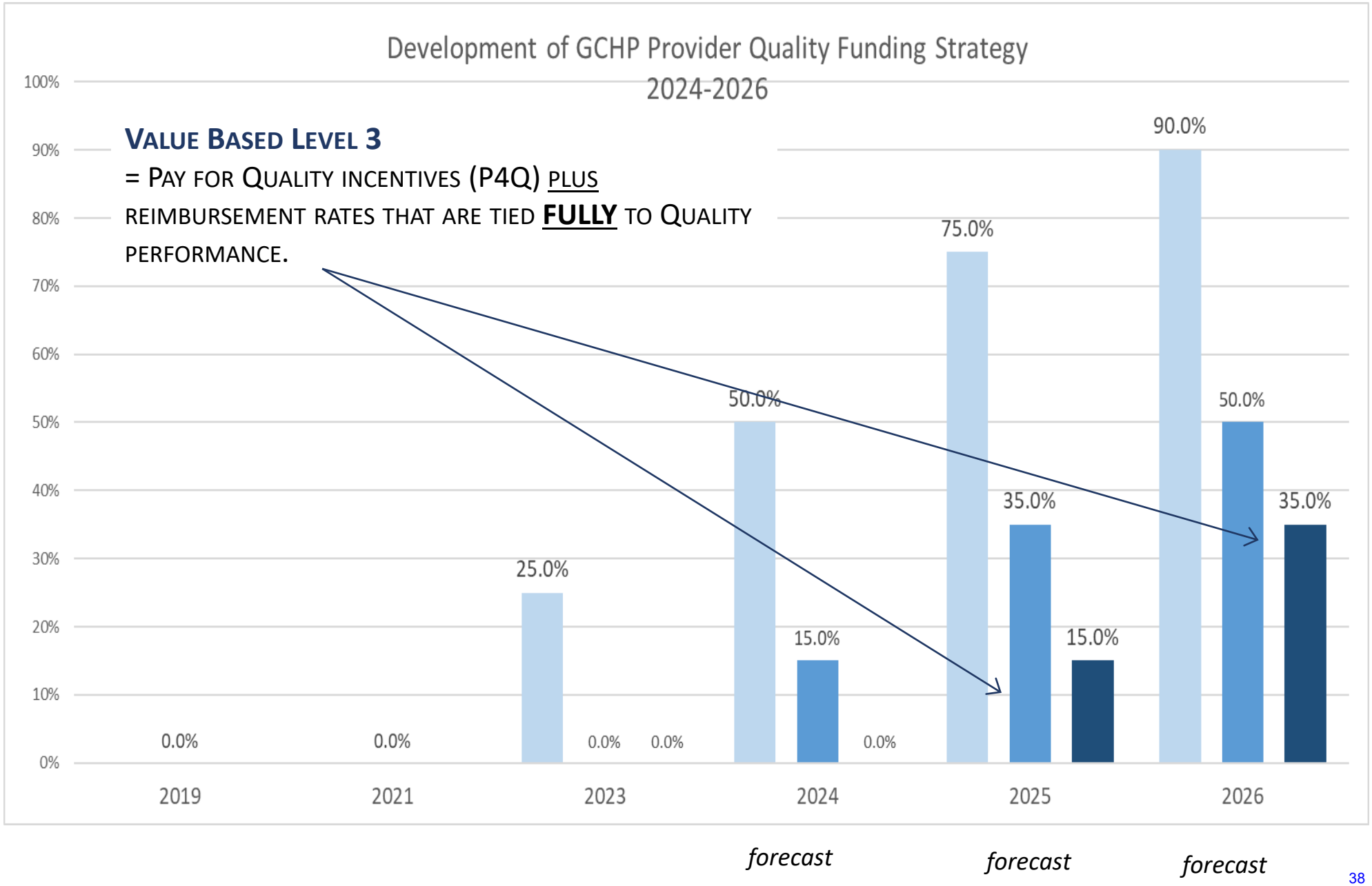
These figures represent our aims and vision for advancing value- based payments in Ventura County.



PROVIDERS: VALUE BASED LEVEL 3

Pay for Quality incentives plus reimbursement rates that are fully tied to MCAS performance.

These figures represent our aims and vision for advancing value- based payments in Ventura County.



PROVIDERS: PARTNERSHIPS AT WORK

GCHP PCP Quality Incentive Pool and Program

Sustainable Quality funding in our budgetary planning for 2024-25 and beyond

The critical features of our Health Plan and Provider Partnership for Quality includes:

- Health plan funding that incentivizes MCAS / Quality performance.
- Collaboration to understand the needs of members / patients and the barriers / challenges to getting in and staying in the care that they need.
- Collaboration to co-develop the programmatic solutions that engage and retain members into the care they need.
- Data collaboration to track the use of care and gaps in the use of care and to develop data-informed solutions to gaps in care

Next major engagement with the Commission: **Budget Reforecast and Update in January 2024.** A major focus of the future Budgets will be sustainable and adequate funding of Quality Improvement in the System.

Gold Coast Health Plan

Connecting Providers Communities Members *with Care*

Gold Coast Health Plan

Connecting with Care

Panel | Perspectives from our Partners on GCHP's Transformation

Deborah Paone, DrPH, MHSA
Performance Evaluation Lead & Policy Consultant, Special Needs Plan Alliance and Implementation & Evaluation Director – CAPABLE, Johns Hopkins University.

Anthony Russell, MD, MBA, MPH
Chief Administrative Officer, Ambulatory Medicine, Community Memorial Health System

Rachel Stern, MD
Chief Medical Quality Officer, Ambulatory Care, Ventura County Health Care Agency

Robert Streeter, MD, MBA
Chief Medical Officer, Clinicas Del Camino Real, Inc.

Appendix Items—Dedicated to Care

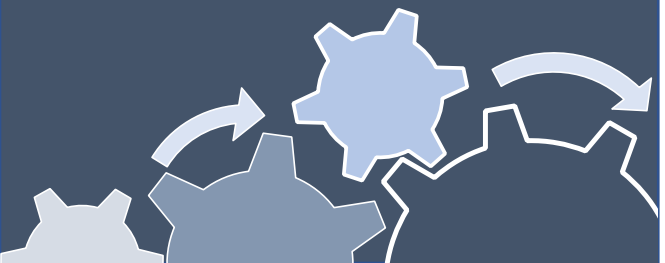
Goal Status

DSNP Regulatory Filing Timeline

Dedicated *to Care*

HEALTHCARE SERVICES & CLINICAL AND REGULATORY OPERATIONS

Running "day-to-day" health plan operations
…while we build the modern health plan to sustainably meet the Mission



Measurement Year 2023-24 Goal Status

On Track	Launched, but Delayed
• Redetermination • Implement Organizational Risk Management • Maintain compliance • DSNP regulatory filing success (Timeline in appendix) • Develop high performing organization • Leadership development/culture • Acquire and retain the right talent • Conduct provider rate review	• Office of the Future

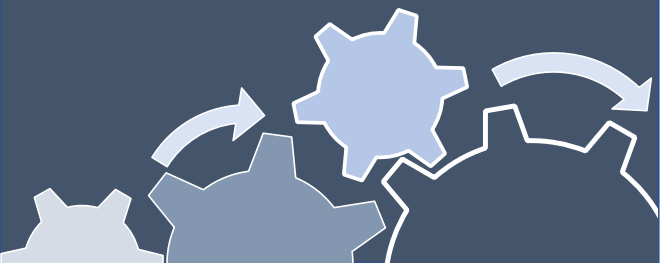
Challenges, Opportunities, and Risks

- Challenge: Delays in processing redeterminations at the county and state make it difficult to track progress.
- Opportunity: Launch of employee goals and leadership training is creating alignment with goals across the organization and preparing us for future success
- Risk: Pharmacy Benefit Manager (PBM) Procurement process for D-SNP must begin in early 2024 to meet long contracting and implementation timeline.

Dedicated *to Care*

HEALTHCARE SERVICES
& CLINICAL AND REGULATORY
OPERATIONS

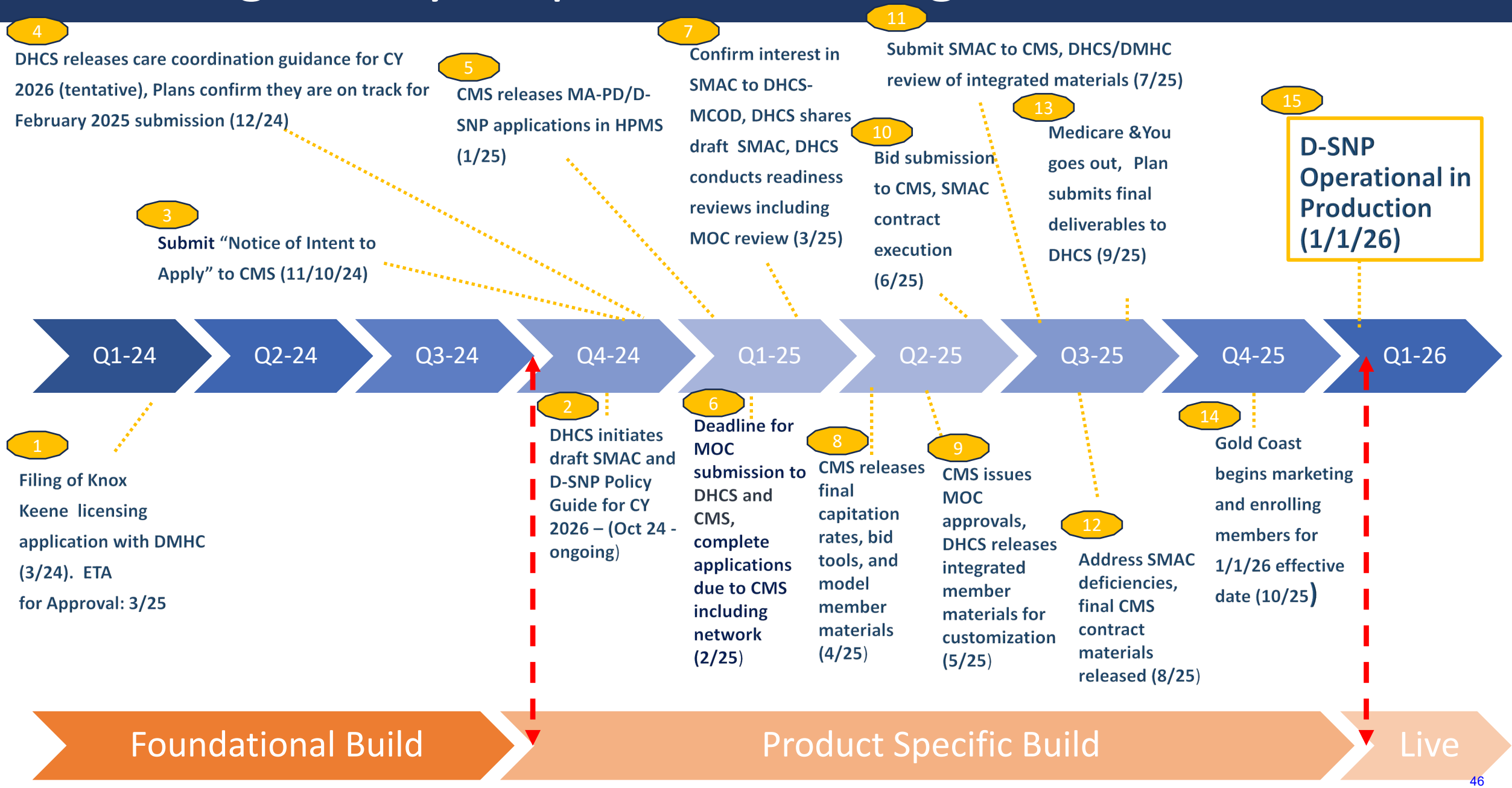
Running "day-to-day" health plan operations
…while we build the modern health plan to sustainably meet the Mission



Measurement Year 2023-24 Goal Status

- **Redetermination:** Launched media campaigns, outreach calls, staff in provider offices, selected CBO partners.
- Maintain compliance
- Implement Organizational Risk Management
- **D-SNP regulatory filing success:** Initial business review of Knox-Keene application and initial DMHC and DHCS Meetings. Hired D-SNP Director. Assigned a dedicated project manager.
- Network wide rate analysis
- Acquire and retain the right talent for the future
- Accelerate transformation through leadership development / culture
- Develop high-performing organization
- Create and maintain the office of the future to ensure the most effective and productive workforce

Regulatory Steps to Launching a D-SNP/MMP



Appendix Items—Transforming for Care

RFP Detail

Care and Medical Management System

Provider Portal

Operational System or Service	Health Plan Functions Performed	CURRENT / PRIOR MODEL *And risk assessment*	OPERATIONS OF THE FUTURE *Being Built Now*	2024-2029 5 Year Cost Of next best **Price Model**	2024-2029 5 Year Cost of **Future Model**	Industry-Qualified Vendors in **Ventura County**	**Savings of OOTF Program**
Claims System	Claims processing and payment Enrollment	• System vended to Conduent Vendor did not keep up with rapidly advancing sector of industry leading to data quality issues and costly to operate.	System vended to Health Edge	$12.8M (Conduent's Bid)	**$11.2M**	None	$1.6M
Care / Medical Management System	Authorizations Member Care Plans Utilization Management Grievances & Appeals	• System vended to MHK (formerly MedHOK) Vendor system lacked modernized capabilities. System is not highly configurable and does not support 'User Defined Fields' capability.	System vended to Zyter / TruCare	$4.3M (MedHok's Bid)	**$2.6M**	None	$1.7M

Operational System or Service	Health Plan Functions Performed	CURRENT / PRIOR MODEL *And risk assessment*	OPERATIONS OF THE FUTURE *Being Built Now*	2024-2029 5 Year Cost Of next best **Price Model**	2024-2029 5 Year Cost of **Future Model**	Industry-Qualified Vendors in **Ventura County**	**Savings of OOTF Program**
EDI System & Services	Electronic Enrollments Electronic Claims Electronic Encounters Electronic Payments	• System vended to Conduent Vendor did not keep up with rapidly advancing sector of industry. Current system does not support all HIPAA EDI transactions, such as Provider Directories.	System vended to Edifecs	$7.3M (Conduent's Bid)	**$6.3M**	None	$1M
Provider & Member Portal System	Provider authorization submissions Provider directories Provider claims view Member health education, community based, behavioral health, and chronic disease resources that are specific to our members unique health needs	• Provider Portal System vended to Conduent • Member Portal System does not exist today at Conduent Vendor did not keep up with rapidly advancing sector of industry and does not support basic capabilities such as a Member portal.	System vended to NTT Data	$6.6M (Deloitte's second place bid) (Conduent did not bid)	**$4.6M**	None	$2M

Operational System or Service	Health Plan Functions Performed	CURRENT / PRIOR MODEL *And risk assessment*	OPERATIONS OF THE FUTURE *Being Built Now*	2024-2029 5 Year Cost Of next best **Price Model**	2024-2029 5 Year Cost of **Future Model**	Industry-Qualified Vendors in **Ventura County**	**Savings of OOTF Program**
BPO Services	Membership data processing Provider data processing Benefit data processing Configuration Capitation processing Claims processing Claims payments	• Services vended to Conduent Vendor did not keep up with rapidly advancing sector of industry leading operating services best practices leading to data quality issues and increased operating costs.	Services vended to Netmark	$18.8M (Conduent's Bid)	**$20.3M**	None	-$1.5M
Print & Fulfillment System and Service	Printing and fulfillment of documents that are generated out of the Health Edge Rules Core Administration platform such as: Member ID Cards, Member Welcome Kits, member mailings, claims and payment materials, ad-hoc letters, authorizations and all other Medical Management related letters	• System vended to Conduent Vendor did not keep up with rapidly advancing sector of industry, leading to missed SLA's and increased operating costs.	System and Services vended to KP, LLC	$18.7M (Conduent's Bid)	**$13.6M**	None	$5.1M

Operational System or Service	Health Plan Functions Performed	CURRENT / PRIOR MODEL *And risk assessment*	OPERATIONS OF THE FUTURE *Being Built Now*	2024-2029 5 Year Cost Of next best **Price Model**	2024-2029 5 Year Cost of **Future Model**	Industry-Qualified Vendors in **Ventura County**	**Savings of OOTF Program**
Call Center System	Insourcing of provider and member inbound and outbound calls using GCHP customer service representatives	• System vended to Conduent Vendor did not keep up with rapidly advancing sector of industry which did not support GCHP's member service anywhere strategy	System and Services vended to TTEC Government Solutions	$.8M (GoTo's Second place bid) Conduent did not bid	**$.8M**	None	$0
CRM System	Align with the new Call Center system to support provider and member service center operations and GCHP's employee-based customer service representatives.	• System vended to Conduent Vendor did not keep up with rapidly advancing sector of industry which did not support GCHP's member service anywhere strategy	System vended to Silverline / SalesForce	$5.4M (NTT's Second place bid) Conduent did not bid	$2.7M	None	$2.7M

Operational System or Service	Health Plan Functions Performed	CURRENT / PRIOR MODEL *And risk assessment*	OPERATIONS OF THE FUTURE *Being Built Now*	2024-2029 5 Year Cost Of next best **Price Model**	2024-2029 5 Year Cost of **Future Model**	Industry-Qualified Vendors in **Ventura County**	**Savings of OOTF Program**
Mailroom & Imaging System and Service	Processing of incoming mail, such as paper claims, imaging of paper claims	• System vended to Conduent Vendor did not keep up with rapidly advancing sector of industry that has led to missed performance SLA's and increased operating costs.	System and Services recommended to be brought in-house	$7.5M (Conduent's bid)	**$5M**	None	$2.5M
Call Center Service	Insource services and Increase presence in the community will deliver a very different experience than what we have experienced to date	• Service vended to Conduent Vendor did not keep up with rapidly advancing sector of industry that does not align to GCHP member service anywhere.	Services recommended to be brought in-house	$9.3M (Conduent's current contract) This did not go out to bid	**$9.3M**	Yes – will be staffed locally	$0

Operational System or Service	Health Plan Functions Performed	CURRENT / PRIOR MODEL *And risk assessment*	OPERATIONS OF THE FUTURE *Being Built Now*	2024-2029 5 Year Cost Of next best **Price Model**	2024-2029 5 Year Cost of **Future Model**	Industry-Qualified Vendors in **Ventura County**	Savings of OOTF Program
Enterprise Data Warehouse (EDW)	Data warehousing Data operations Analytics and reporting	GCHP has not had a modern data warehouse creating major financial and operational risks	Modern EDW being built in house	Not Applicable	$5M	None	Not Applicable

Operations of the Future: Care and Medical Management System

✓ Medi-Cal and Medicare MOC requires the Health Services team have a 360-degree member view.
✓ Care Management assessments require an evidence based, integrated platform which can expand and flex as a member's clinical and social needs are identified regardless of the member's LOB.
✓ Expanded automation capabilities improves staff efficiency, reduces provider friction, and increases member satisfaction.

Successes

- Workflow development within a highly customizable and integrated platform improving identification of member's clinical and social needs with the ability to scale to additional lines of business.
- Configuration of member dashboard, enabling 360-degree member view to support Medi-Cal and Medicare MOC.

Challenges

- Workflow development has taken longer than anticipated due to signification changes in processes.
- Cross System dependencies and translations add complexity to the conversion activities.

Opportunities

- Enhanced analytics to support MCAS initiatives.
- Expanded automation capabilities improving staff efficiency.
- Real-time access for providers to view authorization status, reducing provider friction and enabling member care.
- Centralized tool for care gap data initiative support.

Risks

- Multi-vendor interdependencies add additional complexity to the system (compared to today).

Operations of the Future: Provider Portal

✓ The new portal registration feature allows users to access multiple contracted locations with a single login, which decreases potential member abrasion while increasing provider satisfaction.
✓ The new portal is extremely user friendly which is evidenced by the new widget feature, which gives our providers better visibility as to how their claims are processed (paid / denied) and status of submitted authorization requests.
✓ Allowing providers the ability to submit appeals and disputes via the portal while checking claims status, which will reduce provider abrasion and decrease the volume of calls to our GCHP Call Center.

Successes

- Identified additional functional capability enhancements not included in the current portal and designated as them as requirements in the new portal to improve provider satisfaction and member access and care opportunities.
- Simplified portal registration to increase and encourage provider portal usage and to ensure accurate appropriate security levels for current and new users.

Challenges

- Training and timing of deployment to the provider community.
- Creating workflows between internal GCHP operations areas.

Opportunities

- Improve patient access to providers with enhanced visibility to authorizations and claims along with ability to immediately provide demographic updates.
- Enhanced functionality to enhance provider communication through the inclusion of resources, updates and training capabilities.
- Enhanced usability functions, which reduces the amount of search time to retrieve information.
- Limiting abrasion through pilots with providers.

Risks

- Multi-vendor interdependencies add additional complexity to the system (compared to today).
- Potential abrasion due to onboarding and rollout to provider community.

Appendix Items—Quality, Model of Care, Experience

Goals Progress

MCAS Year to Date Performance

NCQA Timeline

MCAS Interventions

Model of Care Details

October Model of Care Presentation

Connecting *with Care*

QUALITY
MODEL OF CARE
MEMBER EXPERIENCE

✓Most goals making progress but delayed

✓Interventions launched, but not yet showing results

✓Need to improve on execution

Measurement Year 2023 Goals Status

- **Implement wellness, chronic condition programs:** Wellth launched with over 1,000 members enrolled and 89% engagement and diabetes management vendor review begun.
- **Redesign care management around the integrated care team:** Delayed. Work began in December. Care management team focused on MCAS outreach in Q2.
- **Expand ECM and Community Supports:** ECM contracts with two provider systems. Community Supports provider onboarding delayed.
- **Implement Behavioral Health FAU/FUM intervention:** Delayed, but contract and resources in place. Additional ED-based intervention implementation in process.
- **Increase access and availability of behavioral health services:** Contract delayed but will be executed in December. Additional resources delayed due to contract delays.
- **Develop provider capabilities through provider grants:** Recruitment and equipment grants launched. Funding targeted for December for first round of applicants.
- **Design and implement quality incentive (QIPP):** Contract executed with 3 partners, one remaining. Two provider workplans approved. $12.5M funded.
- **Increase use of transportation**: New contract rates and friends and family rate delayed. Fleet expansion delayed.
- **Achieve 2023 and 2024 MCAS Targets**: Off track. Improved 2023 scores for 14/17 measures year-over-year, but will likely miss MPL for six measures. 2024 planning on track.
- **Achieve NCQA Health Plan and Health Equity Accreditation by 1/1/26**: On track. Timeline in the appendix.
- **Launch Customer Service Call Center**: In planning.
- **Launch Community Resource Center**: In planning.
- **Embed Member Supports in Provider Locations**: In planning and will leverage redetermination work.

Understanding Through Analysis: MCAS is our scorecard.

- 3 Score Worse than Oct 2022
- 14 Score better than Oct 2022
- 1 Measure without Score in Oct 2022

The 2023 results are not final.

Children's Health

WCV	Child and Adolescent Well – Care Visits	⇧
W30-6+	Well-Child Visits in the First 0 to 15 Months of Life – 6+ Well-Child Visits	⇧
W30-2+	Well-Child Visits in the First 15 to 30 Months of Life – 2+ Well-Child Visits	⇧
CIS-10	Childhood Immunization Status – Combo 10	⇩
IMA-2	Immunizations for Adolescents – Combo 2	⇧
DEV	Developmental Screening in the First Three Years of Life	⇧
LSC	Lead Screening in Children	⇧
TFL	Topical Fluoride for Children	◁

Cancer Prevention

BCS	Breast Cancer Screening	⇧
CCS	Cervical Cancer Screening	⇧

Behavioral Health

FUA	Follow Up After an ED Visit Substance Use Disorder - 30 Days	⇧
FUM	Follow Up After an ED Visit Mental Health - 30 days	⇩

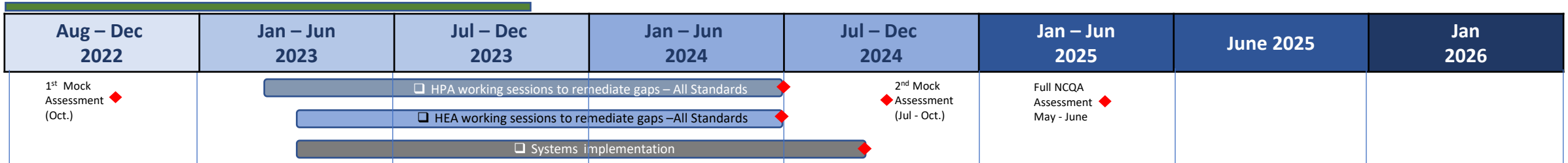
Chronic Disease Management

AMR	Asthma Medication Ratio	⇩
CBP	Controlling High Blood Pressure	⇧
HBD	Hemoglobin A1c Control for Patients With Diabetes – > 9%*	⇧

Reproductive Health

CHL	Chlamydia Screening in Women	⇧
PPC - Pre	Prenatal and Postpartum Care: Timeliness of Prenatal Care	⇧
PPC - Post	Prenatal and Postpartum Care: Postpartum Care	⇧

NCQA Health Plan Accreditation Project Timeline (HPA and HEA)



☑ NCQA training to business owners to promote understanding of accreditation Process

☑ Review Document Data Source list
- Documented Processes
- Materials
- Reports
- Records or Files

☑ HPA Initial interview sessions to complete requirements review

☑ HPA Gather & submit documentation / evidence

☑ HPA Provide the final readiness assessment report for GCHP

☑ HPA Business unit interviews by standards/ elements

☑ HEA Initial interview sessions to complete requirements review

☑ HEA Gather & submit documentation/ evidence

☑ HEA Business unit interviews by standards/elements

☑ Complete review of **Systems** based on the findings of the readiness assessment and identify work to be done

☑ HPA and HEA begin remediation of gaps
- Documented Processes
- Materials
- Reports
- Records or Files
- Systems

❑ HPA and HEA continue remediation of gaps
- Documented Processes
- Materials
- Reports
- Records or Files
- Systems

Documented Processes
- Q1 – Q4 – update P&Ps

Reports
- Q3 – identify tools, identify time to gather data before creating a report, and report template review and approval.
- Q4 – finalize report templates

Records or Files
- Q4 – Q1 – provide education for correctly updating records and files. Identify analysis needs

Materials
- Q4 – Q1 – Remediate materials

Systems
- Q3 2023 – Q3 2024 – system implementations. NCQA requirements are included.

❑ HPA and HEA complete remediation of gaps
- Documented Processes
- Materials
- Reports
- Records or Files
- Systems
- Complete revision of systems based on the findings of the readiness assessment

☑ Submit the NCQA Survey application PI2 2024. Submitted Nov 2023.

❑ Conduct 2nd full mock assessment: July – Oct 24

❑ GCHP to review and revise reports based on 2nd mock assessment: Oct 2024

❑ GCHP to remediate any gaps identified in 2nd mock assessment: Nov – Dec 2024

❑ All systems and assessment data in production as of January 1st

❑ Submit Health Plan and Health Equity Survey Tools to NCQA in June 2025

❑ NCQA review of GCHP Submission and issue of outstanding issues for response

❑ Achieve NCQA Health Equity Accreditation by January 2026 (CalAIM requirement)

❑ Achieve NCQA Health Plan Accreditation by January 2026 (CalAIM requirement)

Model of Care

What is it → Industry leading practice of designing and running health plans that achieve and sustain high quality proven model! It is required when we become a DSNP, but it is needed now to improve quality

How does it work→ Purposeful design, based on understanding of our members needs and preferences, proactively we ensure the right care happens. It is the formula for a high quality plan.

Demonstrated Understanding
Tools, data, and analytics to drive insights and understanding of members' needs and experiences
MOC Element 1

+

Care Coordination
Ensures that needs and preferences are met through individualized member centered care plans supported by Integrated Care Team
MOC Element 2

+

Providers
Network of engaged providers and facilities that provide care to meet the unique and specialized needs of our members
MOC Element 3

=

Quality
Continuously improve ability to deliver services and care
MOC Element 4

Model of Care

GCHP Membership	Medicare Special Needs Plan Types
Medi-Cal Only and Duals	Duals
Multiple Chronic Conditions	Chronic Conditions
Long-Term Care Need	Institutional

Understanding Our Members

- ✧ Self Reported
- ✧ Clinical Insights
- ✧ Administrative

We are making good use of the data we have, but need more insights and data from the member point of view

Clinical & Administrative

Pharmacy

Claims and Encounters

Costs

We have it. We use it.

Inovalon
Modern Data Warehouse
Health Edge
TruCare

Clinical & Community Insights

Provider Insights

EHR

Community Insights

We need more.

Advanced Analytics Function
QIPP Requires EHR Data Sharing
Provider Advisory Committee
Community Advisory Committee

Self-Reported Needs and Preferences

Focus Groups

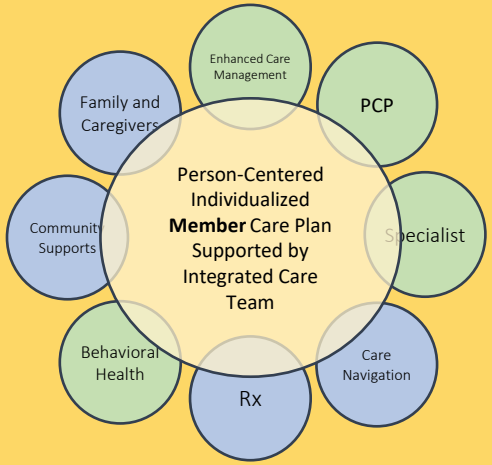
Ethnographic Interviews

Surveys

We are starting.

Health Risk Assessments
Focus Groups
Member Journey Mapping
Grievance and Appeals Analytics

Integrated Care Team



- ✧ Care Manager is the quarterback
- ✧ Technology supports integration across care settings
- ✧ Person-centered goals drive plans

Member Journey through Integrated Care Team and Care Plan

Health or Social Needs	Learns about options and resources	Makes decisions about Care & Services	Uses care & services/ self-management	Improved wellbeing
Health Risk Assessment (HRA) or other data indicating need	Educates about care and resource options	Team-Based Care Planning with the member including developing person-centered goals	Provides coordinated interventions, care and services	Follow up to ensure care and services are being delivered and meeting needs	Ongoing support as needed

- HRA
- Analytics
- Routine Outreach
- Primary Care/Wellness Visits
- Primary, Behavioral and Specialty Care
- Digital Member Engagement (Wellth)
- Health Education/Resources
- Enhanced Care Management
- Community Supports
- Transportation
- Disease Management Programs
- Care Transitions

Superior Experience

- ✧ Service Everywhere
- ✧ Provider Collaboration
- ✧ Cultural Competence

Service Everywhere and Every Channel

"Improving patient experience has an inherent value to patients and families and is therefore an important outcome in its own right. But good patient experience also is associated with important clinical processes and outcomes." --Agency for Healthcare Quality and Research.

Superior Experience is multidimensional. We must understand and meet our members preferences with respect to when, how, where, and with whom we engage.

- Build an in-house and community-based service program the second half of FY 2023-24 to optimize service capability ahead of switch over from Conduent.
- Develop and successfully operate a call center and community-deployed service team that will be embedded in provider offices, community events, and satellite offices.
- Implement the member portal.
- Expand Provider Grants to include member experience outcomes.
- Develop analytical Voice of the Member surveying and feedback tools-using combination of written, telephonic, digital, in-person member surveys and advanced survey analysis practices; member-identified results (vs. antiquated generic methods today.)