Gold Coast Health Plan℠
A Public Entity

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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 January 23, 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: 674 889 925#

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

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

AGENDA

CLERK ANNOUNCEMENT

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

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

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

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

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of November 21, 2022, Open Session of December 15, 2022 Strategic Planning Retreat and Special Commission meeting of January 9, 2023.

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of November 21, 2022, Strategic Planning Retreat Minutes of December 15, 2022, and Special Commission meeting of January 9, 2023.

2. 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.

3. New CalAIM Advisory Committee Member

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

RECOMMENDATION: GCHP management recommends that the Commission approve the proposed member for the CalAIM Advisory Committee.

4. Additional Funding - Pajaro Consulting – Scope of Work #01

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: GCHP staff recommends the Commission approve adding $150,000 to this agreement for a total amount of $248,050. There is no impact to the current year budget as the funds will come from funds that were budgeted for implementation of the model of care program.

5. Adoption of Resolution 2023-001 Authorizing the Investment of Monies in the Local Agency Investment Fund

Staff: Jamie Louwerens, Sr. Director of Finance

RECOMMENDATION: Staff recommends the Commission adopt Resolution 2023-001 authorizing the investment of funds.

6. Adoption of Resolution 2023-002 Authorizing the Investment of Monies in the Ventura County Treasury Investment Pool

Staff: Jamie Louwerens, Sr. Director of Finance

RECOMMENDATION: Staff recommends the Commission adopt Resolution 2023-002 authorizing the investment of funds into the Ventura County Treasury Investment Pool.

FORMAL ACTION

7. Contract Approval – Medical Management Software

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: It is the Plan's recommendation to authorize the CEO to execute a contract with Casenet, terms agreed upon and acceptable to the CEO and General Counsel. The term of the contract will be 77-months commencing February 1, 2023, and expiring on June 30, 2029, for an amount not to exceed $3.5M.

8. November and December 2022 Financials

Staff: Jamie Louwerens, Sr. Director of Finance

RECOMMENDATION: Staff requests that the Commission approve the November and December 2022 financial package.

REPORTS

9. Chief Executive Officer Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

10. Chief Medical Officer Report

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the report.

11. Chief Diversity Officer Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

CLOSED SESSION

12. REPORT INVOLVING TRADE SECRET:
Discussion will concern: Proposed New Service and Program
Estimated Date of Public Disclosure: February 27, 2023.

13. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer

14. CONFERENCE WITH LABOR NEGOTIATORS
Agency designated representatives: Gold Coast Health Plan Commission
Unrepresented employee: Chief Executive Officer

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 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: January 23, 2023

SUBJECT: Regular Commission Meeting Minutes of November 21,2022, and Strategic Planning Open Session minutes of December 15, 2022

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Minutes for the November 21, 2022, Regular Commission Meeting, Strategic Planning Open Session minutes of December 15, 2022, and Special Commission Meeting minutes of January 9, 2023 .

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

November 21, 2022

CALL TO ORDER

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

CLERK ANNOUNCEMENT

The Clerk to the Commission announced the information/link for the public to follow the packet via the website.

INTERPRETER ANNOUNCEMENT

Maria Uribe, interpreter, gave her announcement for non-English speakers.

ROLL CALL

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

Absent: Commissioner Jennifer Swenson

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Ted Bagley, Chief Diversity Officer, Alan Torres, Chief Information Officer, Erik Cho, Marlen Torres, Executive Director, Strategy and External Affairs, Michael Murguia, Executive Director, Human Resources, Nancy Wharfield, Chief Medical Officer, Robert Franco, Chief Compliance Officer, Kashina Bishop, Chief Financial Officer, Felix Nunez, M.D., Associate Chief Medical Officer, LeAnn Habte of BBK, and Scott Campbell, General Counsel.

Additional staff participating on the call: Anna Sproule, Lupe Gonzales, Susanna Enriquez-Euyoque, Vicki Wrighster, Nicole Kanter, Rachel Lambert, Adriana Sandoval, Victoria Warner, Mayra Hernandez, Lucy Marrero, Jaime Louwerens, Pauline Preciado, Lily Yip, Kim Timmerman, Sandi Walker, and Paula Cabral.

PUBLIC COMMENT

Dr. Sandra Aldana wanted to remind all that she is hearing information from advocates and members who receive Medi-Cal throughout the state that they appreciate having their voices heard through the CalAIM project.

CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of October 24, 2022.**

   Staff: Maddie Gutierrez, MMC Clerk to the Commission

   RECOMMENDATION: Approve the Regular Meeting Minutes of October 24, 2022.

2. **Adoption of Schedule for 2023 Commission, including special meetings to comply with AB 361**

   Staff: Maddie Gutierrez, MMC, Clerk to the Commission

   RECOMMENDATION: Approve the 2023 VCMMCC Commission meeting calendar as presented.

3. **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

Commissioner Corwin motioned to approve Consent items 1, 2, and 3. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Jennifer Swenson.

The clerk declared the motion carried.

UPDATES

4. Understanding our Membership: Advancing Data to Support Our Members

Staff: Gold Coast Health Plan Leadership Team

RECOMMENDATION: Receive and file the update.

CEO Nick Liguori thanked the commission for their support. He noted that GCHP is working to provide a superior experience for all members. We are now underway with our action plan. We have a set of goals and initiatives will help ensure we meet our mission and have a positive impact. Needs and gaps in care will be addressed through advanced data and analytics. We are now able to create individualized care plans and health interventions.

Medication adherence is common. We have found that almost half of those with chronic conditions are not taking their medications consistently. Studies show that patients with poor adherence display a 70% risk of re-hospitalization and are more likely to subcomb to their condition. We need to provide intervention and health education.

CPPO Erik Cho gave an overview of today's presentation. CPPO Cho reviewed the 10% costliest members that are in an ACG (Adjusted Clinical Groups) risk group. It is noted that approximately only 2% are currently engaged in Enhanced Care Management. CPPO Cho reviewed the ACG risk scores for diabetes and cardiovascular disease. The percentages were notably higher for moderate to very high utilizers. These members need to be prioritized. CPPO Cho noted that outreach for these members has started. Care gaps were also reviewed, and it is obvious that follow-up is needed. We are heading toward closing these gaps.

Commissioner Espinosa noticed that within the care gaps people with diabetes and schizophrenia are monitored. She asked how they are connected, and why not include general mental health or alcohol/drug abuse. CPPO Cho stated these are the measures that we are required to report to the State. Chief Medical Officer Nancy Wharfield stated that these are the measures we are responsible for. The State wants us to focus on mental health. The selection is a very involved process by the State and is related to NCQA measures.

Commissioner Abbas asked if there is a strategy to seek members with chronic conditions; and if there is no response, how will GCHP generate interest to tg to a clinic.

Executive Director, Pauline Preciado, stated strategies are direct outreach and multiple methods of modality. We are partnering with advocacy groups and are drilling down on demographics in order to leverage on strategies to reach these members and get them the help they need. Sr. Director, Dr. Lupe Gonzalez noted that Clinicas has a great built

in support team. She also noted that there is a new Community Health Worker program that has started. Commissioner Abbas stated that health education is extremely important.

CMO Wharfield stated there is an under utilization of pharmacy benefits. Many members have 5 or more chronic conditions and yet approximately 13% have no Rx claims in the last three months. Those members who do fill their prescriptions, only approximately 40% take their medication correctly. 65% are not going to the right place for care. We need to work with case managers. CPPO Cho stated we need to get members to take their prescriptions consistently.

Pauline Preciado reviewed strategic interventions. She reviewed the immediate call to action and future planning. She noted that less than 20% are connected to ECM services and they need to be prioritized to ensure these members are outreached properly. Pharmacy data shows multiple meds need to have 1:1 support, coordination of PCPs and coordination of medications. This will lead to integrated care which will include social workers and registered dieticians will join in soon. To give the support needed.

Ms. Preciado stated we are working to expand eligibility criteria. We are flagging members and promoting services. We are developing a member incentive program. Palliative care is also under-utilized, yet it has proven to be a good member experience.

Ms. Preciado reviewed future planning. Beginning January 1, 2023 we will be offering a CHW network. We need to get providers to connect with members. We are propelling our actions forward.

Dr. Lupe Gonzalez reviewed the Population Needs Assessment (PNA). She gave an overview of the annual DHCS PNA report. Our goal was to identify member health needs, disparities and address concerns. PNA uses quality improvement measures. Dr. Gonzalez review PNA key findings; top health conditions, top health concerns and top modalities to provide health education to members.

The 2022 PNA community stakeholder survey responses were reviewed. Areas of focus included concerns with language, transportation, social determinants of health, outreach engagement and mental health services. Access to care is a concern. There is a lack of extended clinic hours, no access to appointments when needed, and the member being treated with respect. Dr. Gonzalez noted that GCHP needs to partner with schools, churches, and other community fairs. She noted that materials are available in video and in various languages. We continue working in the community on areas of focus.

Transportation is a big concern and an area of focus. We are improving on various areas of focus (women's health, chronic conditions, health disparity and child health). Dr. Gonzalez noted there are opportunities for health promotion. We are expanding our provider network, promoting the Nurse Advice Line, promoting Community Health

Worker program, promote behavioral health services, language assistance services and expansion of health education services and health fairs.

Commissioner Pupa asked if access to care will be incorporated into strategies. Dr. Gonzalez stated we offer information on urgent care and provider evening hours. We promote our Nurse Advice Line, which has been helpful to members. We are working on implementation and expanding member incentive initiatives. We will continue to bridege the informational gap.

Commissioner Monroy motioned to approve agenda Item 4. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, and Dee Pupa

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

5. Status of AmericasHealth Plan (AHP) Pilot Program

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the update.

Commissioners Anwar Abbas and Ana Monroy recused themselves at 3:14 p.m.from the discussion.

CPPO Erik Cho stated this will be the first of multiple reviews. Information will be presented to the Commission every 6 months. He noted that GCHP has been meeting consistently with AHP. General Counsel, Scott Campbell explained the purpose of the overview is based on information presented and whether the metrics are met. The commission will be asked to make a decision on whether the pilot will be extended, be cancelled, or made permanent. CPPO Cho noted the launch was in 2021, it was a 3 year pilot program and the 3 year period ends in 2024. Mr. Campbell noted that in 2024 a decision needs to be made and DHCS needs to be informed.

CPPO Cho noted readiness began in June of 2020. By September of 2021 GCHP sent out a mailing with enrollment information on AHP and in November 2021 the pilot began. JOMs started, the pilot evaluation criteria was reviewed. The pilot has been launched for 1 year. Measurements need to be meaningful. Commissioner Atin asked what is the

CAP for enrollment. CPPO Cho stated it is currently 8,938; which is almost near the CAP. There is a significant membership from Oxnard. CPPO Cho gave a broad review of data. He noted summit meetings were held in September and October. This meeting included a review of the contract. CPPO stated there are operational challenges. Commissioner Atin asked when metrics will be presented. CPPO Cho responded that we need meaningful data in order to make a proper assessment. Commissioner Atin stated this pilot was to see if there was a better model of care, he asked when will evaluations start. CPPO Cho stated that after 1 year, we need to present levels of detail on metrics and include successes and challenges. General Counsel, Scott Campbell stated the agreement requires a discussion in Closed Session every six months. CEO Liguori stated there is one challenge: Quality Performance. Members electing AHP are new to GCHP and we have no prior data on them. CEO Liguori stated a healthier group are choosing AHP. He noted that AHP may be doing better because of the healthier population. Chief Medical Officer, Nancy Wharfield, M.D. stated there are quality measures for MCAST, final results won't be ready until next year.

Commissioners Abbas and Monroy rejoined the meeting at 3:41 p.m.

Commissioner Espinosa motioned to approve agenda item 5, Status of AHP Pilot Program. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Dee Pupa, Sarah Sanchez, and Scott Underwood, D.O

NOES: None.

ABSENT: Commissioner Jennifer Swenson.

The clerk declared the motion carried.

FORMAL ACTION

6. Cotiviti Contract

Staff: Susana Enriquez-Euyoque, Director of Communications

RECOMMENDATION: GCHP recommends approval of Service Order No. 5, with a contract term of Dec. 1, 2022, until Nov. 30, 2023, and a not-to-exceed cost of $225,000.

Ms. Enriquez-Euyoque stated has worked with this vendor previously. She stated that this new service order would promote continuous coverage for member outreach to complete and return their redetermination packets.

Commissioner Abbas motioned to approve agenda Item 6. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, and Dee Pupa

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

7. Quality Improvement Committee – 2022 Third/Fourth Quarter Report

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Kim Timmerman, Sr. Director of Quality Improvement

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the 2021 QI Evaluation as presented and receive and file the complete report as presented.

Ms. Timmerman presented a Quality Improvement update and current quality activities. She reviewed highlights and 5 objectives, metrics of PNA work with Quality Improvement.

Ms. Timmerman stated tobacco cessation – advanced prevention performed below the metric goal. Initial health assessment metric was met. The Adverse childhood experience metric was met. Lead screening in children was not met. The rate decreased by 5%. COVID-19 Prevention goal was met. Behavioral health – advance prevention was met. The goal was to improve rates. Asthma medication ratio goal was met, and the rate increased by 2%. Childhood immunization measure goal was met, and the rate increased by 3.16%. Chlamydia screening in women – the goal was not met. The cervical cancer screening goal was met. Ms. Timmerman noted the cancer screening was a key focus and also one of the member incentive programs. The goal for developmental screening in children was met, as was the child & adolescent well-care goal and well-child visits in the first 30 months of life.

Ms. Timmerman revied Objective 2 – Improve quality and safety of non-clinical care services. Ms. Timmerman noted that 2 of the goals were partially met: After hours availability and primary and specialty care access. Cultural & linguistics needs & preferences goal, and network adequacy goal were met.

Objectives 3 and 4 goals were met. Two out of 3 goals were met for Objective 5. Ms. Timmerman reviewed the 2021 QI work plan evaluation summary. She also reviewed the 2022/2023 QI Requirements. She stated that DHCS announced that it will impose sanctions for failure to meet minimum performance level for any MCAS measure. She also reviewed how the sanctions are calculated. She noted that GCHP has been designated the Orange Tier; which means our measures fell below the MPL in two domains.

Commissioner Pupa stated there were lots of partially met metrics, but she did appreciate the efforts.

Commissioner Monroy motioned to approve agenda Item 7. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, and Dee Pupa

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

8. October 2022 Financials

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the October 2022 financial package.

Chief Financial Officer, Kashina Bishop reviewed the October 2022 financials. The October net gain was $13.9 million. FYTD net gain is $41.0 million. TNE is at 668% of the minimum required. Medical loss ratio is 80.2% and administrative ratio is 6.9% She noted that membership is increasing. CFO Bishop stated 2022 rates will trend forward and determine rates in 2025. Build up of reserves is important, we need to do this through value-based contracting. She also noted that in reviewing TNE in comparison with other plans, other plans show an increase. There is a risk coming in 2025.

CFO Bishop reviewed IBNR. Commissioner Pupa stated she is very concerned; we need to invest in our providers. Commissioner Espinosa asked about the analysis in claims payments. She asked if the State is behind in payments. CFO Bishop stated it is an average of what is paid to providers. She noted that in three years it only increased 9%.

CFO Bishop noted that the admin expenses was the same as last month, pointing out that we run significantly under budget.

Commissioner Pupa again noted that we need more support for providers.

Commissioner Atin motioned to approve agenda Item 8. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, and Dee Pupa

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

REPORTS

9. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report

10. Human Resources Report

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

Commissioner Atin motioned to approve agenda Item 8. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, and Dee Pupa

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

The Commission went into Closed Session at 4:25 p.m.

CLOSED SESSION

11. REPORT INVOLVING TRADE SECRETS
Discussion will concern: New Program and Service
Estimated Date of Public Disclosure: Fall of 2022

12. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: Two cases.

ADJOURNMENT

General Counsel Campbell stated there was no reportable action in Closed Session. The meeting was adjourned at 5:40 p.m.

Approved:

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Maddie Gutierrez, MMC
Clerk to the Commission

Ventura County Medi-Cal Managed Care Commission
(VCMMCC)
dba Gold Coast Health Plan (GCHP)
December 15, 2022
Strategic Planning Retreat Minutes

CALL TO ORDER

Commission Chair Dee Pupa called the meeting to order at 2:09 p.m. The retreat was held at the Residence Inn by Marriott, located at 2101 W. Vineyard Ave. in Oxnard California.

ROLL CALL

Present: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Ana Monroy, Dee Pupa, Sara Sanchez, and Scott Underwood, D.O.
Commissioner Jennifer Swenson attended the retreat virtually.

Absent: None.

GCHP Staff attending in person: CEO Nick Liguori, CPPO Erik Cho, Assoc, CMO Felix Nunez, M.D. , CIO Alan Torres, CDO Ted Bagley, CCO Robert Franco, CFO Kashina Bishop, Marlen Torres – Exec. Director of Strategy & External Affairs, Michael Murguia – Exec. Director of Human Resources, Michael Mitchell – Exec. Director of IT, Anna Sproule -Exec. Director of Operations, Pauline Preciado – Exec. Director of Population Health & Equity, Kim Timmerman – Sr. Director of Quality Improvement, Susana Enriquez-Euyoque – Director of Communications, Adriana Sandoval, Veronica Estrada, Scott Campbell, General Counsel, and Leeann Habte of BBK. Interpreter Lourdes Campbell was also in attendance.

GCHP Staff attending virtually: Thomas Cooper, Marco Robles, Rachel Lambert, Bob Bushey, Shivani Pillay, Victoria Warner, Mayra Hernandez, Robert Bravo, Stacy Luney, David Tovar, Nicole Kanter, Josephine Gallella, Vicki Wrighster, Jamie Louwrens, Jeff Yargas, and Carolyn Harris,

INTERPRETER ANNOUNCEMENT

Lourdes Campbell, interpreter, made her announcement.

PUBLIC COMMENT

The public comment speaker stated her name was Dee. Ms. Dee stated she has had extensive dealings with GCHP and clinics in Ventura County. She noted there was a shortage of workers; files are a mess and not kept up to date. Often radiology files are not useable. In Auxiliary Case Management through Whole Person Care she has found that there is no connection in the portals. Medical records are a mess. Emergency Room visits are a disaster with waiting for referrals. There can be a great doctor but there is a shortage of office staff. Files are not accessible. It is difficult for the doctors to care for patients without current information. Ms. Dee stated there is no ADA. Rides to medical visits are required, yet there are no accommodations available. Often members cannot go to specialist appointments or travel to UCLA or USC for care because of the lack of transportation. The reservation process is long and complicated. The wait for a confirmation on a ride is long; there are weeks of waiting for confirmation. The system needs to be more streamlined and easier for the member.

Ms. Dee also stated that it was difficult to find information for the Commission meetings. She suggested the meetings should be held in the evenings so that members and doctors could participate and share issues that they are having with the system, to work on fixing issues.

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

2. **Approval of Salary Schedule**

   Staff: Michael Murguia, Executive Director of Human Resources

   RECOMMENDATION: Receive and File the 2021 – 2022 position leveling salary matrix as presented.

Commissioner Corwin motioned to approve Consent items 1, and 2. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

ACTION ITEM

3. Provide Direction on the Commission's Position on the County's Proposed Ordinance Increasing the Number of Commissioners from Eleven (11) to Thirteen (13).

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Provide direction to staff on the Commission's position, if any, on the County's proposed ordinance adding two new Commission seats, one for a Medi-Cal beneficiary and one for a representative of the Ventura County Human Services Agency.

General Counsel, Scott Campbell stated the Commission made two recommendations to the Ventura County Board of Supervisors for changes.

1) Elimination of term limits for Commissioners. Currently the term is 2 four-year terms
2) Add 1 Commissioner, who would be a Medi-Cal recipient

The County has proposed an ordinance. Mr. Campbell noted there will be no change to the term limits. The Board of Supervisors added two seats to the Commission: 1 seat would be for a representative of the County Human Services Agency and the second seat would be for a Medi-Cal beneficiary. There would be 13 seats on the Commission. The first reading of the ordinance was done at the December 13, 2022, BOS meeting and the vote was unanimous. The second reading will be held on January 10, 2023. Mr. Campbell notified the County that the Commission would be discussing/considering this ordinance at today's meeting. he asked the Commission if they wanted to take a stance, since the ordinance is different from what the Commission requested.

Commissioner Espinosa stated she attended the BOS meeting as a member of the public and not as a Commission rep. She noted that both General Counsel and the CEO stated they were not aware of the first reading on December 13, 2022. She stated this was a lack of transparency on the part of the County. Commissioner Espinosa stated that there are already seats filled by County, and although HSA would be a great addition, she suggested the option of rotating out one of the County Reps if HSA will have a seat. She noted that as a Commission, we follow the guidelines of the State, and with the implementation of CalAIM. We need to be more inclusive of the members that we serve. The BOS recommended that a beneficiary be added to the Commission, she noted that often if a member has a traumatic brain injury or is intellectually challenged, they need representation of a family member/guardian who assists the member with appointments, dealing with Medi-Cal paperwork, and knows firsthand the challenges these members face. Commissioner Espinosa stated she would have liked to have had an opportunity to have met individually with BOS to present information prior to the reading. We need to follow CalAIM guidelines and keep good relations.

Commissioner Atin stated the BOS considered all options and received the recommendations of CEO, Dr. Sevet Johnson, who has been a Commissioner for GCHP and has a background in behavioral health. He noted the Supervisor Vianey Lopez, who represents Oxnard, motioned to approve the ordinance as presented. HSA provides key services to GCHP members. He noted that change is good. The Commission needs a different perspective. Commissioner Atin stated he would not put forward a motion against the Board of Supervisors.

Commission Chair, Dee Pupa stated that the mission, vision, and values of HSA align with those of GCHP. The HSA team is very passionate about the community. She noted that HAS represents GCHP members. Commissioner Swenson stated the Commission needs a perspective of services offered. The intent was to add another member, we don't need to add a seat for HAS. The County has a set number of seats on the Commission, and they could rotate through these seats. Commissioner Monroy stated she agreed with Commissioner Espinosa. She agrees with the original choice to serve the community via a Consumer Rep. We need to ensure we are providing services to our members. Commissioner Abbas stated he agreed with Commissioners Swenson, Monroy, and Espinosa. He is not in favor of HAS representative. The Commission has enough County representation.

Commissioner Espinosa stated HSA is a great agency and she has worked with them extensively. GCHP has other areas of involvement. She asked for the consideration of rotation within the County seats as an option. Commissioner Espinosa suggested that Administration and the Commission Chair begin a round of meetings with BOS.

Commissioner Espinosa motioned to direct staff to meet with the BOS and County CEO prior to the January 10, 2023, second reading. The focus would be to discuss membership and addition of a Consumer Representative. Commissioner Swenson seconded the motion.

> General Counsel asked if there was a discussion of the motion. Commissioner Atin stated he agrees with meeting with BOS but does not think staff should advocate for a particular position. Staff can convey thoughts on recommendation. The BOS has voted to add a beneficiary to the Commission. The issue is should have added HSA representative. He is in favor with CEO meeting with BOS. Commissioner Swenson stated the Commission submitted recommendations to the BOS, they (BOS) modified the recommendations. She stated the Leadership team should relay insight of Commission and what the original recommendations were.
>
> Commissioner Espinosa stated all comments are well taken. GCHP CEO needs to convey Commission thoughts to BOS. The CEO needs to explain what the Commission does.

General Counsel clarified the motion. The motion on the table is for the CEO and Commission Chair to meet with BOS to explain the mission of GCHP, the rationale behind the recommendation of February 2022, the outcome of the Strategic Plan, and to provide excellent care and service to our members. The Clerk stated the motion includes that these meetings take place prior to the January 10, 2023, second reading.

> Commissioner Atin stated the Leadership Team should not have a stance on the most recent vote of the BOS. He stated that he stands behind his vote in February of 2022. Commissioner Swenson stated the BOS did not accept the recommendations of the Commission, instead they didn't accept the recommendations, instead they modified the recommendations.

General Counsel state the motion has been amended. Commissioner Espinosa stated she does not accept the amendment. Commissioner Pupa asked for the motion to be repeated.

General Counsel restated the motion. The motion made by Commissioner Espinosa is for the CEO and the Commission Chair to meet with the BOS to explain the mission of GCHP, the rationale behind the recommendation of February 2022, the outcome of the Strategic Plan, and to provide excellent care and service to our members. Seconded by Commissioner Swenson.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Anna Monroy, Jennifer Swenson, and Scott Underwood, D.O.

NOES: Commissioner Shawn Atin. Commissioner Atin stated he wanted the minutes to reflect that he agrees with meeting with the BOS, but the motion as it stands does not tell the whole truth on the position of the Commission, and he stands by his vote in March of 2022. Commissioners: James Corwin, Dee Pupa, Sara Sanchez

ABSENT: None.

The clerk declared the motion carried.

Strategic Planning Retreat

4. Welcome and Introductions
Staff: Marlen Torres, Executive Director of Strategy & External Affairs

Ms. Torres thanked everyone for participating in the 2022 Strategic Planning Retreat. Ms. Torres present an overview of the meeting agenda and what to expect from the Strategic Planning Session. She noted that member focus is a priority and program implementation.

5. Commission and Management Partnership
Staff: Nick Liguori, Chief Executive Officer

CEO Liguori reviewed Commission and Management partnership, Maintaining a shared Long-term view for GCHP. CEO Liguori stated his goal is partnership with the Commission. He looks toward strengthening dialog with the Commission. The critical goal is the execution of priorities.

CEO Liguori noted that DHCS will continue to disrupt Medi-Cal to attain higher quality. DHCS wants to improve quality. He noted that DHCS will sanction across the State for performance below minimum level. Operational gaps have also been noted. Transportation will be subject to fines. There will be an adjustment of revenue for those plans who perform at a higher level. 2024 contract standards will be higher. CEO Liguori noted we have a growing competition for talent, and it is intense.

Commissioner Corwin stated that as a provider, the biggest frustration of talent is there is a huge degradation in skill sets. He noted that training in the system will be invaluable.

CEO Liguori noted the State focused audits on transportation. There are challenges and risks intensify. GCHP is required to build and operate a Medi-Medi plan, and this

is a great opportunity. GCHP is anticipating and analyzing risks, as well as develop responsive plans, and monitor and measure performance.

Commissioner Jennifer Swenson left the meeting at 3:30 p.m.

CEO Liguori noted that GCHP is three years behind. We are the only plan in California without a Knox-Keene license. He noted that by January of 2026 there is the risk of low performance for us. GCHP must support and incentivize efforts. There are big, complex problems to solve.

6. Report: Actions to Improve Health, Healthcare and Service to Our Members
Staff: Erik Cho, Chief Program & Policy Officer

CPPO Cho reviewed actions needed to move forward. He noted that a commitment needs to be made to move forward. We must act with urgency. He reviewed our data-driven focus. He noted that 10% of our GCHP members account for almost all controllable costs. Over 13% of our members have 5 or more chronic conditions. This is a huge impact. Mr. Cho reviewed target engagement campaigns as well as the expansion for Enhanced Care Management (ECM) and Community Supports (CS). In January 2023 we will launch 5 new services. We will initiate the technical assistance series for ECM and CS stakeholders and all entities interested in applying to become providers. The ECM and CS Expansion plan timeline was reviewed. He noted that our Associate Chief Medical Officer, Felix Nunez, M.D. is overseeing ITC meetings. We have a new pharmacy leader, and we are seeking a registered dietician, which all will benefit from.

Commissioner Pupa asked if 10% of members is equal to approximately 20, 000 members. Mr. Cho responded yes. Commissioner Pupa stated many of these members have pharmacy needs but there is a concern that many do not fill their prescriptions. CPPO stated that this is where we will be able to make a difference. We need more structure on an individual basis. Assoc. CMO Felix Nunez, M.D. stated that the ICT Model Care Management deals directly with members. He noted that we need to educate members on resources that are available. We need to make connections with services and PCP's, along with care management. We are building to evolve an interdisciplinary model.

CPPO Cho reviewed Evidence Based Programs: medication therapy management, community health worker (CHW) benefit, palliative care services, and chronic disease management program which will be launched in the next few months.

Member incentives were reviewed. Mr. Cho reviewed the purpose, the traditional approach and a new approach which will impact members through consistent contact

and focus on the hard-to-reach members. We are trying to motivate members to develop and adapt to healthier behaviors. We are also working with vendors for new approaches.

Mr. Cho noted there is also a focus on transportation. Many members miss medical care due to transportation issues. The lack of transportation is a barrier to access for care. The current state of transportation in Ventura Count causes issues for our members. 14% of grievances at GCHP are related to transportation. CPPO Cho stated we are working on a transportation improvement plan, and it will be reported to the Commission later.

Commissioner Espinosa noted that the areas of Piru, Somis, and the Eastend of the County are in dire need of reliable transportation.

Commissioner Blaze asked if GCHP pays for prescriptions to be delivered to the home. Dr. Nunez stated that Medi-Cal does cover prescriptions being mailed. Commissioner Pupa stated this doesn't help if the member is homeless. Commissioner Underwood stated delivery of care to all areas of Ventura County is essential. We need to find a way to deliver prescriptions to members who have limited transportation. He noted that telehealth is important, and we need to continue to support this method of care.

Commissioner Espinosa stated that VCTC is accepting public comment. She asked if it has been considered to do an incentive campaign with bus drivers and people who utilize buses. CPPO Cho stated we need to think expansively as a Plan for transportation.

7. Quality and Health

Staff: Kim Timmerman, Sr. Director of Quality Improvement

Ms. Timmerman reviewed the progress report for Year 1 Operational Goals. She noted that quality is being repositioned through CEO support, IT engagement, Cross-organizational awareness, and collaboration with partner organizations. We are looking to achieve quality improvement and avoid sanctions. Ms. Timmerman reviewed objectives and goals. She presented two goals. Goal #1: Achieve optimal MCAS performance by meeting or exceeding MPL on all measures through the Fourth Quarter MCAS Push and Goal #2: Achieve NCQA Health Plan and Health Equity Accreditation by January 2026. We also need to meet CalAIM requirements.

Ms. Timmerman noted there was a detailed status report under the Appendix which the Commission could review.

Commission Chair Dee Pupa thanked everyone for their presentations.

Commissioner Pupa motioned to approve presentations 4 though 7. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Jennifer Swenson.

The clerk declared the motion carried.

General Counsel Scott Campbell listed the Closed Session items to be discussed. The Commission went into Closed Session at 4:32 p.m.

CLOSED SESSION

8. CONFERENCE WITH REAL PROPERTY NEGOTIATORS
Property: 711 E. Daily Drive, Camarillo CA 93010
770 E. Daily Drive, Camarillo CA 93010
Agency Negotiator: Nick Liguori, Chief Executive Officer
Michael Murguia, Exec. Director of Human Resources
Negotiating parties: 711 E. Daily Drive, LLC and 770 Paseo Camarillo, Suite 200 LP
Under Negotiation: Price and terms of payment

9. REPORTS INVOLVING TRADE SECRETS
Discussion will concern: New service and program
Estimated Date of Public Disclosure: January 23, 2023, and Fiscal Year 2023/2024.

The Commission returned to Open Session at 5:54 p.m. General Counsel Campbell stated there was no reportable action in Closed Session.

CLOSING REMARKS & NEXT STEPS

Marlen Torres, Executive Director of Strategy & External Affairs thanked everyone for attending and invited all to stay for the reception immediately following the adjournment of the Strategic Planning Retreat.

ADJOURNMENT

Commission Chair Dee Pupa adjourned the meeting 5:56 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

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

January 9, 2023

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 2:01 pm via teleconference. The Clerk of the Board was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

INTERPRETER ANNOUNCEMENT

Ana Rangel, interpreter, gave her announcement for non-English speakers.

ROLL CALL

Present: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., Anna Monroy, Dee Pupa, Sara Sanchez, and Scott Underwood, D.O.

Absent: Commissioners James Corwin, Laura Espinosa, and Jennifer Swenson

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

PUBLIC COMMENT

None.

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.

2. Approval of Contract for Recruitment Services with Morgan Consulting for Chief Financial Officer.

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Provide authorization for the Chief Executive Officer to enter into a contract with Morgan Consulting for recruitment of the Chief Financial Officer.

3. Contract for Additional Financial Supports for Chief Financial Officer (CFO) Transition

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Staff requests approval of the contract for additional financial supports as presented.

Commissioner Monroy asked if GCHP has worked with Morgan Consulting in the past. General Counsel, Scott Campbell stated we have used them for the past CEO search, and past CMO search as well. They know Gold Coast well, and the needs of the organization. We are pleased with their work and would be glad to continue with them.

Commissioner Abbas motioned to approve Consent items 1, 2, and 3. Commissioner Atin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., Anna Monroy, Dee Pupa, Sara Sanchez, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners James Corwin, Laura Espinosa, and Jennifer Swenson

The clerk declared the motion carried.

ADJOURNMENT

Commission Chair, Dee Pupa, announced the meeting was adjourned at 2:06 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

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AGENDA ITEM NO. 2

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

FROM: Scott Campbell, General Counsel

DATE: January 23, 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.

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AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: January 23, 2023

SUBJECT: New CalAIM Advisory Committee Member

SUMMARY:

Over the last few months, GCHP has received several applications from community members who are interested in joining the CalAIM Advisory Committee. GCHP management is recommending approval for the following individual to join the CalAIM Advisory Committee:

1. Emilio Ramirez: Mr. Ramirez is the City of Oxnard's housing director and serves as the gubernatorial appointee on the California's Homeless Coordinating and Financing Council. Mr. Ramirez has extensive expertise working regarding housing authority and homeless services, affordable housing development, and neighborhood engagement. Mr. Ramirez currently sits on Ventura County Continuum of Care board advocating for the most vulnerable populations.

RECOMMENDATION:

GCHP management recommends that the Commission approve the proposed member for the CalAIM Advisory Committee. Once approved by the Commission, applicants will be notified of their selection.

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AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

From: Michael Murguia, Executive Director, Human Resources

Date: January 23, 2023

Subject Additional Funding - Pajaro Consulting – SOW #01

SUMMARY:

The Plan requires additional funding for Pajaro Consulting, SOW #01

BACKGROUND/DISCUSSION:

Pajaro Consulting was contracted (SOW #01) to provide support for Gold Coast Health Plan ("GCHP") Leadership's capabilities with the development and use of comprehensive and detailed work plans, performance measurement tools and techniques, and policies and practices of ongoing operational performance review to assist meeting the Commission's approved goal of implementing a Model of Care program. Don Harbart, the principal of Pajaro, has proven valuable in assisting in the coordination, planning, and implementation of far greater capabilities in this important scope of work. While major progress has been made in create a goals-enabled, performance-driven Leadership Team and organization, there is considerable work to do over the first half of 2023, especially in the goal area of the Model of Care and Provider Quality Incentives.

This request enables GCHP to retain Pajaro Consulting for 20 hours per week through June 2023.

FISCAL IMPACT:

There is an impact to the current fiscal year as shown below, an addition of $150,000.

Table 1: Pajaro Consulting SOW #01 Total Contract Value

Statement of Work #4	Amount	Period	Budgeted
SOW #01 current funding	$98,050	08/22/2022 – 12/31/2022	Yes
SOW #01 additional funding needed	$150,000	1/15/2023 – 6/30/2023	Yes
Total amount	**$248,050**		

RECOMMENDATION:

GCHP staff recommends the Commission approve adding $150,000 to this agreement for a total amount of $248,050. There is no impact to the current year budget as the funds will come from funds that were budgeted for implementation of the model of care program.

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

AGENDA ITEM 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Jamie Louwerens, Sr. Director, Finance

DATE: January 23, 2023

SUBJECT: Adoption of Resolution 2023-001 Authorizing the Investment of Monies in the Local Agency Investment Fund

SUMMARY

Gold Coast Health Plan (GCHP or Plan) currently has unallocated excess funds invested in various interest bearing accounts as allowed per the organization's investment policy. The Local Agency Investment Fund (LAIF) is one such investment. Due to staff turnover, an update of authorized signers is needed. LAIF requires a formal resolution to effect these changes.

BACKGROUND / DISCUSSION

LAIF is a voluntary State program created by statute, which creates an investment option for local governments and special districts. The program operates a large portfolio and is managed by the State Treasurer's Office investment staff. Investments with LAIF are specifically authorized by the Plan's Investment Policy, in an amount up to the allowable limit established by LAIF, which is $65 million.

Authorized personnel initiate LAIF deposits or withdrawals using only pre-designated GCHP bank accounts as transferring institutions, and may execute and deliver all documents necessary for the management of the account. Staff turnover in key positions has affected the list of authorized signers on GCHP's LAIF investment account. The Plan is updating the list to reflect these changes. LAIF requires that any changes to the list of designated authorized personnel must be accompanied by a formal board resolution.

FISCAL IMPACT

None. The Resolution simply authorizes the proper GCHP personnel to initiate transactions with the fund and execute documents.

RECOMMENDATION

Staff recommends the Commission adopt Resolution 2023-001 authorizing the investment of funds.

ATTACHEMENTS

Resolution 2023-001 Authorizing the Investment of Monies in the Local Agency Investment Fund

RESOLUTION NO. 2023-001

A RESOLUTION OF THE VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION, DBA GOLD COAST HEALTH PLAN AUTHORIZING THE INVESTMENT OF MONIES IN THE LOCAL AGENCY INVESTMENT FUND

Resolution of:	Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast
Agency Address:	Gold Coast Health Plan 711 East Daily Drive, Suite 106 Camarillo, CA 93010-6082
Agency Phone	(805) 437-5500

WHEREAS, The Local Agency Investment Fund is established in the State Treasury under Government Code section 16429.1 et. seq. for the deposit of money of a local agency for purposes of investment by the State Treasurer; and

WHEREAS, the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan, hereby find that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with Government Code section 16429.1 et. seq. for the purpose of investment as provided therein is in the best interests of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan;

NOW THEREFORE, BE IT RESOLVED, that the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan hereby authorizes the deposit and withdrawal of Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan, monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code section 16429.1 et. seq. for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan, officers holding the title(s) specified herein below or their successors in office are each hereby authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Nick Liguori	Chief Executive Officer	
(NAME)	(TITLE)	(SIGNATURE)
Erik Cho	Chief Policy & Program Officer	
(NAME)	(TITLE)	(SIGNATURE)
(NAME)	(TITLE)	(SIGNATURE)
(NAME)	(TITLE)	(SIGNATURE)

Section 2. This resolution shall remain in full force and effect until rescinded by the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan by resolution and a copy of the resolution rescinding this resolution is filed with the State Treasurer's Office.

PASSED, **APPROVED AND ADOPTED** by the Ventura County Medi-Cal Managed Care Commission dba the Gold Coast Health Plan at a regular meeting on the 23rd day of January, 2023, by the following vote:

AYE:

NAY:

ABSTAIN:

ABSENT:

_____

Dee Pupa, Commission Chair

I, Magdalen Gutierrez, MMC - Clerk of the Board of the Ventura County Medi-Cal Managed Care Commission. dba Gold Coast Health Plan, hereby certify that Resolution No. 2023-001 was adopted at the January 23, 2023, Commission Meeting and that is a true and correct copy of said document on file in my office.

_____

Clerk of the Board
Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan

AGENDA ITEM 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Jamie Louwerens, Sr. Director, Finance

DATE: January 23, 2023

SUBJECT: Adoption of Resolution 2023-002 Authorizing the Investment of Monies in the Ventura County Treasury Investment Pool

SUMMARY

Gold Coast Health Plan (GCHP or Plan) currently has unallocated excess funds invested in various interest bearing accounts as allowed per the organization's Investment Policy. The Ventura County Treasury Investment Pool ("Investment Pool") is one such investment. Due to staff turnover, an update of authorized signers is needed. The Investment Pool requires a formal resolution to effect these changes.

BACKGROUND / DISCUSSION

The Ventura County Treasury Investment Pool ("Investment Pool") is a voluntary program the authorized by statute, which creates an investment option for local government agencies and special districts. The program operates a large portfolio of over 250 government agencies, and is managed by the County of Ventura's ("County") Treasurer's Office. Investments with the Investment Pool are specifically authorized by the Plan's Investment Policy.

Authorized personnel initiate Investment Pool deposits or withdrawals using only pre-designated GCHP bank accounts as transferring institutions, and may execute and deliver all documents necessary for the management of the account. Staff turnover in key positions has affected the list of authorized signers on GCHP's Investment Pool account. The Plan is updating the list to reflect these changes. Pursuant to the Resolution, CEO Nick Liguori and Chief Policy and Program Officer Eric Cho will have authority. The Investment Pool requires that any changes to the list of designated authorized personnel must be accompanied by a formal board resolution.

FISCAL IMPACT

None. The Resolution simply authorizes the proper GCHP personnel to initiate transactions with the Investment Pool and execute documents.

RECOMMENDATION

Staff recommends the Commission adopt Resolution 2023-002 authorizing the investment of funds into the Ventura County Treasury Investment Pool.

ATTACHEMENTS

Resolution 2023-002 Authorizing the Investment of Monies in the Ventura County Treasury Investment Pool.

RESOLUTION NO. 2023-002

A RESOLUTION OF THE VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION, DBA GOLD COAST HEALTH PLAN AUTHORIZING THE INVESTMENT OF MONIES IN THE VENTURA COUNTY TREASURY INVESTMENT POOL

Resolution of:	Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast
Agency Address:	Gold Coast Health Plan 711 East Daily Drive, Suite 106 Camarillo, CA 93010-6082
Agency Phone	(805) 437-5500

WHEREAS, the Ventura County Treasury Investment Pool ("Investment Pool") is a voluntary program the created by Government Code section 53684. for the deposit of money of a local agency for purposes of investment by the Ventura County Treasurer's Office; and

WHEREAS, the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan. hereby find that the deposit and withdrawal of money in the Investment Pool in accordance with Government Code section 53684 for the purpose of investment as provided therein, is in the best interests of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan.

NOW THEREFORE, BE IT RESOLVED, that the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan hereby authorizes the deposit and withdrawal of Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan, monies in the Ventura County Treasury Investment Pool in the County Treasury in accordance with Government Code section 53684, for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan, officers holding the title(s) specified herein below or their successors in office are each hereby authorized to order the deposit or withdrawal of monies in the Ventura County Treasury Investment Pool and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Nick Liguori	Chief Executive Officer
Erik Cho	Chief Policy & Program Officer

Section 2. This resolution shall remain in full force and effect until rescinded by the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan by resolution and a copy of the resolution rescinding this resolution is filed with the Ventura County's Treasurer's Office.

PASSED, **APPROVED AND ADOPTED** by the Ventura County Medi-Cal Managed Care Commission dba the Gold Coast Health Plan at a regular meeting on the 23rd day of January, 2023, by the following vote:

AYE:

NAY:

ABSTAIN:

ABSENT:

_____

Dee Pupa, Commission Chair

I, Magdalen Gutierrez, MMC - Clerk of the Board of the Ventura County Medi-Cal Managed Care Commission. dba Gold Coast Health Plan, hereby certify that Resolution No. 2023-002 was adopted at the January 23, 2023, Commission Meeting and that is a true and correct copy of said document on file in my office.

_____

Magdalen Gutierrez, MMC_____
Clerk of the Board
Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information Officer

DATE: January 23, 2023

SUBJECT: Contract Approval – Medical Management Software

BACKGROUND/DISCUSSION:

Project Background

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
RPF 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 77 months (2/1/2023- 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 77-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, subject to non-material terms to be agreed upon and acceptable to the CEO and General Counsel. The term of the contract will be 77-months commencing February 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.

The role of a Medical Management System (MMS) at Gold Coast Health Plan

MMS systems enable Health Plans to effectively manage members health care needs, improve outcomes, and lower costs.

The system provides a 360° longitudinal view of each member, enabling GCHP staff to identify gaps in care and potential needs, implement interventions, and perform authorizations.

The MMS is the software utilized to support Utilization Management, Care Management, Grievance and Appeals, Model of Care (MOC), and Integrative Care Teams (ICT).

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ADVANTAGES / IMPROVEMENTS OF THE NEW MMS

The new MMS supports insights and processes impacting member outcomes through the Model of Care (MOC) and Integrated Care Teams (ICT)

DATA AND ANALYTICS – Supports seamless ingestion of member stratification and risk insight data from Inovalon's Data Lake.

Supports real-time ingestion of pharmacy data for linkage of adherence to authorization planning.

Care Opportunity Profile integrated into the user's view of the member support individualize care plans.

User defined fields allow us to organize our member populations for rapid interventions resulting in better member experience and improved health outcomes

COLLABORATIVE CARE PLATFORM connects provider/payer/member for internal and external communications of ICT , Transition of Care, and Discharge Planning efforts

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ADVANTAGES/IMPROVEMENTS CONTINUED

Ability to configure in-house for new regulatory changes and benefit implementations with the use of user defined fields

Increased visibility into the members care across teams managing care

Added tools to assist with improved communication between GCHP and providers

Potential for real time communication of authorization status to the provider(s)

Advanced capabilities to improve quality and satisfaction while controlling costs (VALUE)

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AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Jamie Louwerens, Sr. Director, Finance

DATE: January 23, 2023

SUBJECT: November 2022 and December 2022 Fiscal Year to Date Financials

SUMMARY:

Staff is presenting the attached November 2022 and December 2022 fiscal year-to-date ("FYTD") financial statements of Gold Coast Health Plan ("GCHP") for review and approval.

BACKGROUND/DISCUSSION:

The staff has prepared the November 2022 and December 2022 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.

Financial Overview:

GCHP experienced gains of $11.7 million and $16.6 million November and December 2022 respectively. As of December 31st, GCHP is favorable to the budget estimates by $40.2 million. The favorability is due to medical expense estimates that are currently less than budget by $45.9 million, administrative and project expenses by $1.4 million and Non-Operating Gains (Interest Income) by $3.0 million offset by revenue unfavorable to budget by ($10.1) million.

Financial Report:

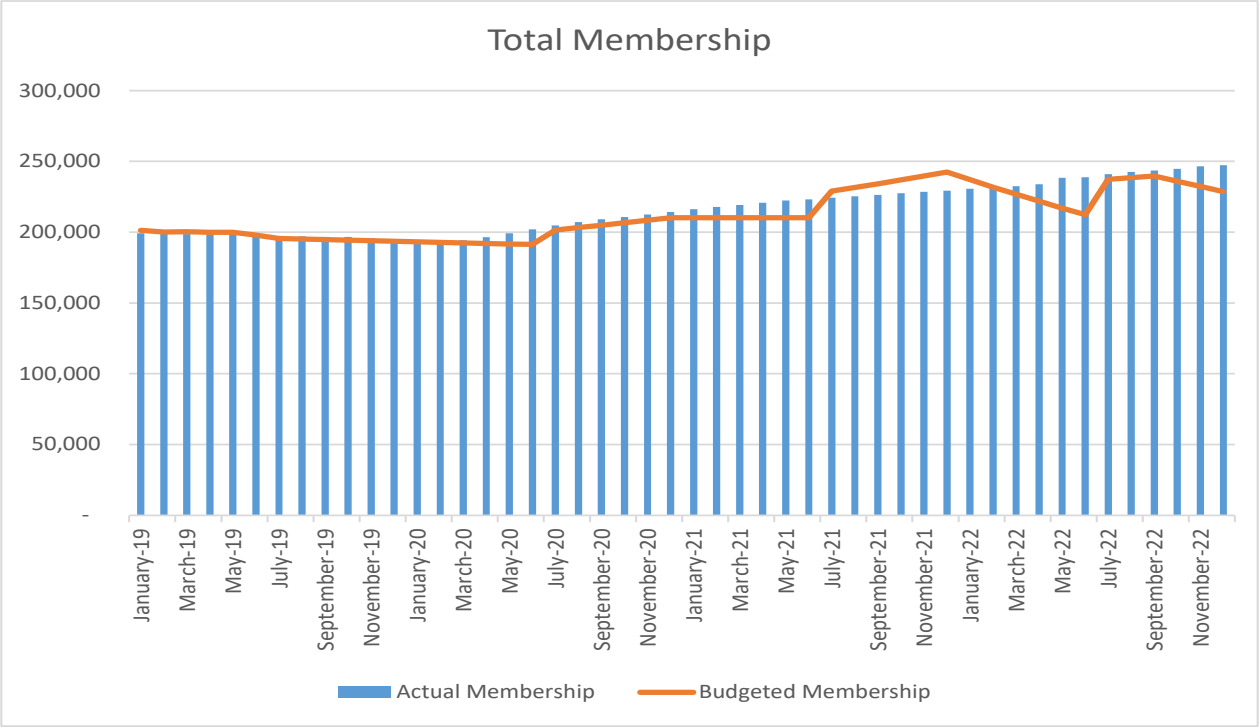
GCHP is reporting net gains of $11.7 million and $16.6 million for the months of November and December 2022 respectively.

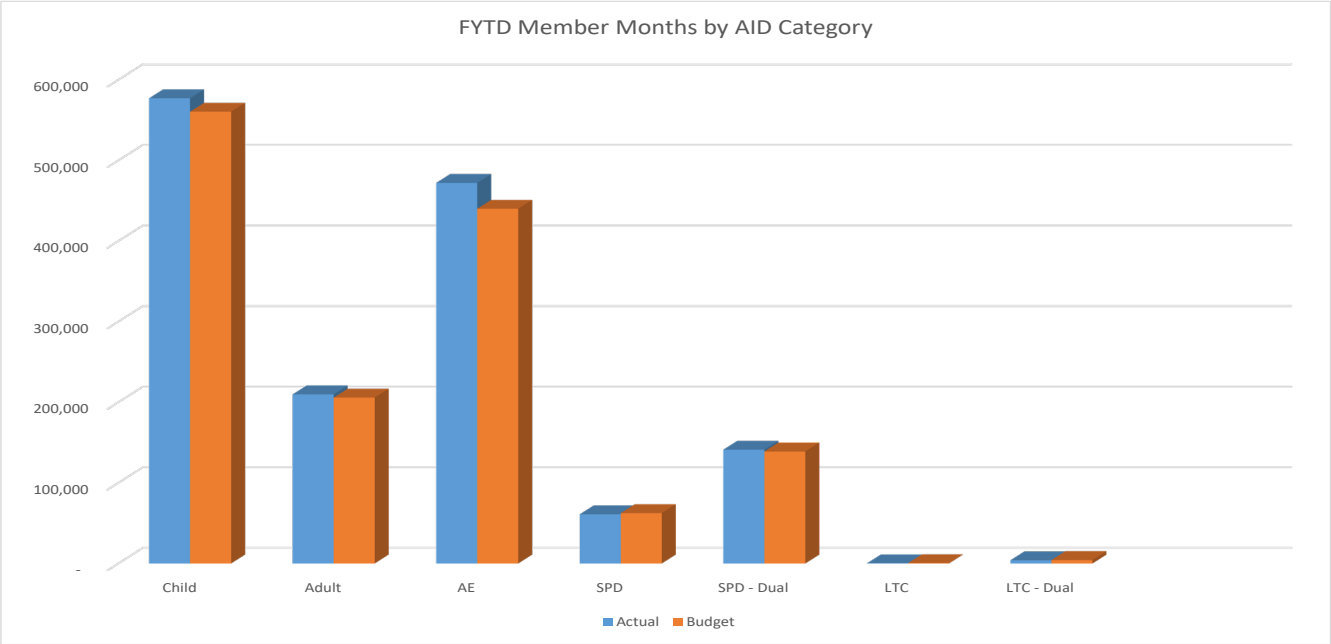
December 2022 FYTD Highlights:

1. Net gain of $69.4 million, a $40.2 million favorable budget variance.
2. FYTD net revenue is $478.3 million, ($10.1) million under budget.
3. FYTD Cost of health care is $378.0 million, $45.9 million under budget.

4. The medical loss ratio is 79.0% of revenue, 7.8% less than the budget.
5. FYTD administrative expenses are $34.0 million, $1.4 million under budget.
6. The administrative cost ratio is 7.1%, 0.1% under budget.
7. Current membership for December 2022 is 246,113.
8. Tangible Net Equity is $245.9 million which represents approximately 110 days of operating expenses in reserve and 750% of the required amount by the State.

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.





Revenue

FYTD Net Premium revenue is $478.3 million; a ($10.1) million and (2.0%) unfavorable budget variance. Variance is primarily due to ECM risk corridor adjustment of ~$1.9 million not in budget, timing of incentive revenue budgeted of ~$3.5 million, higher actual MCO tax expense than budget ~$1.7 million and lower BHT supplemental revenue than forecast of ~$3.0 million

Health Care Costs

FYTD Health care costs are $378.0 million; a $45.9 million and 11.0% favorable budget variance. The primary driver is lower inpatient medical expenses.

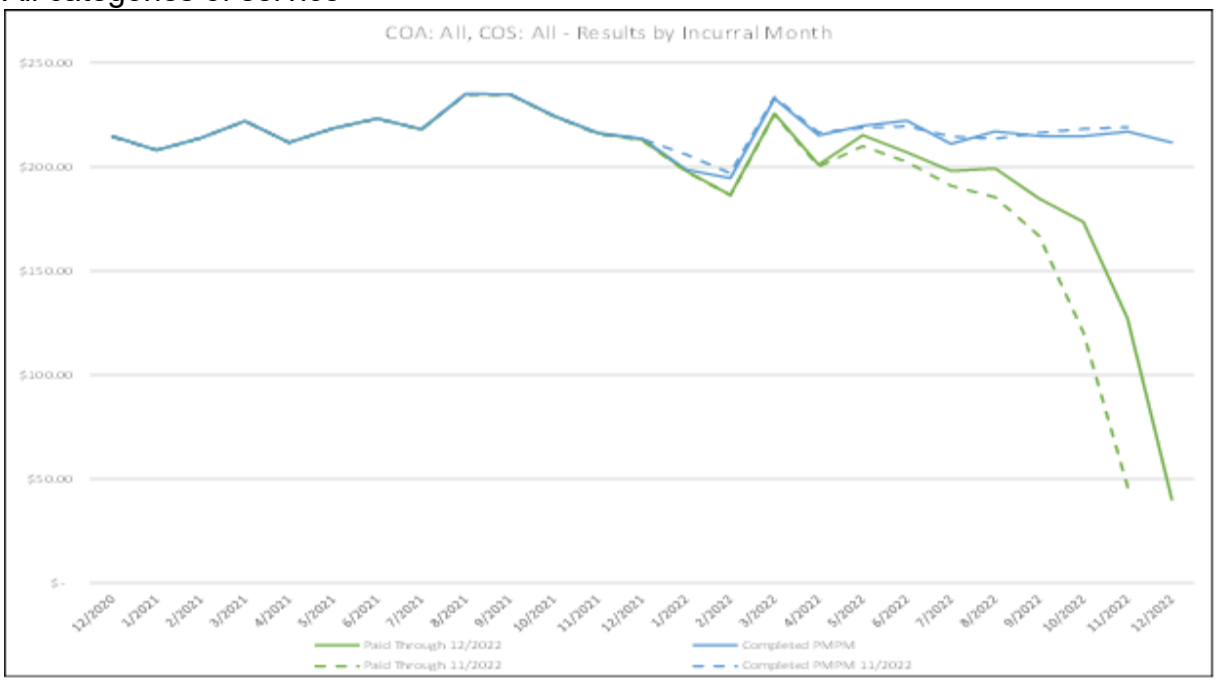
Due to the unknown impacts of the pandemic, the budget was established for CY2023 Medical Expenses projected based on FY20-21 (July 2020 – June 2021) RDT base data and CY21 experience respectively + estimated trend/prospective adjustment factors.

Trend factors consistent with RDT (2-4%) and projections based on COA/COS combinations getting back to CY2019 level where appropriate with the exception of mental health expenses (maintaining COVID levels in budget).

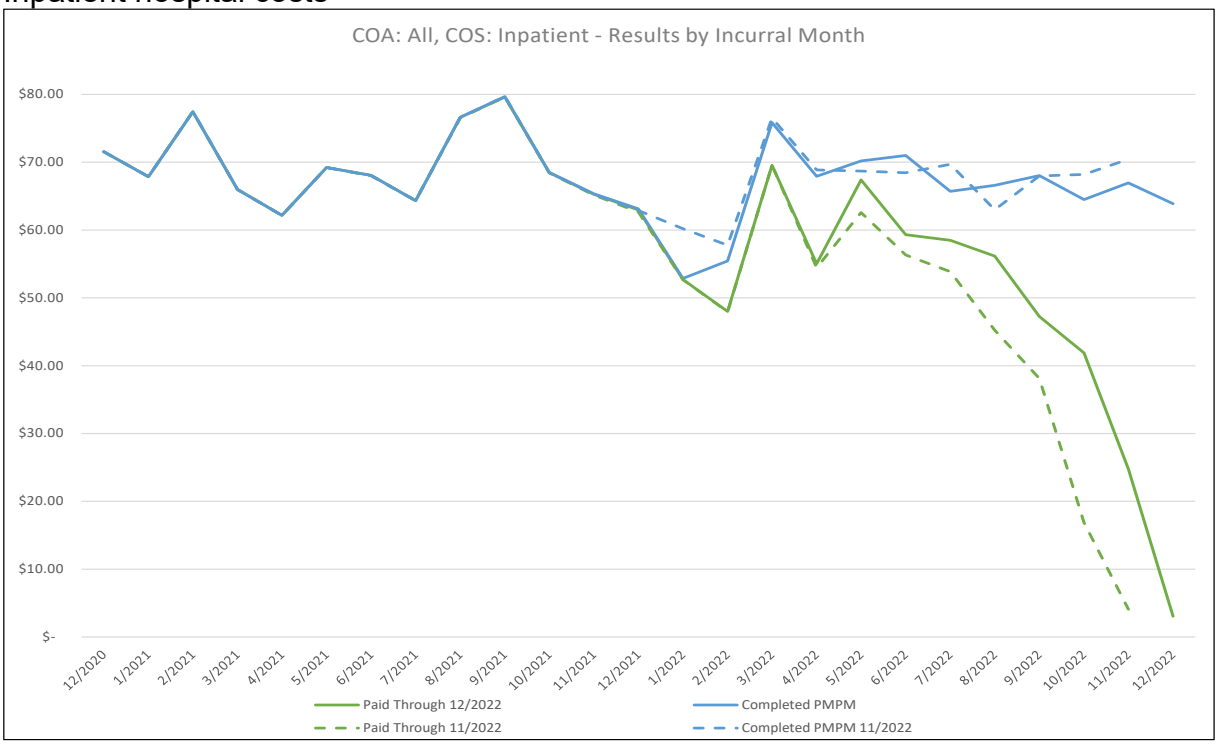
Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as “Incurred but Not Paid” (IBNP) and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred but Not Reported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

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

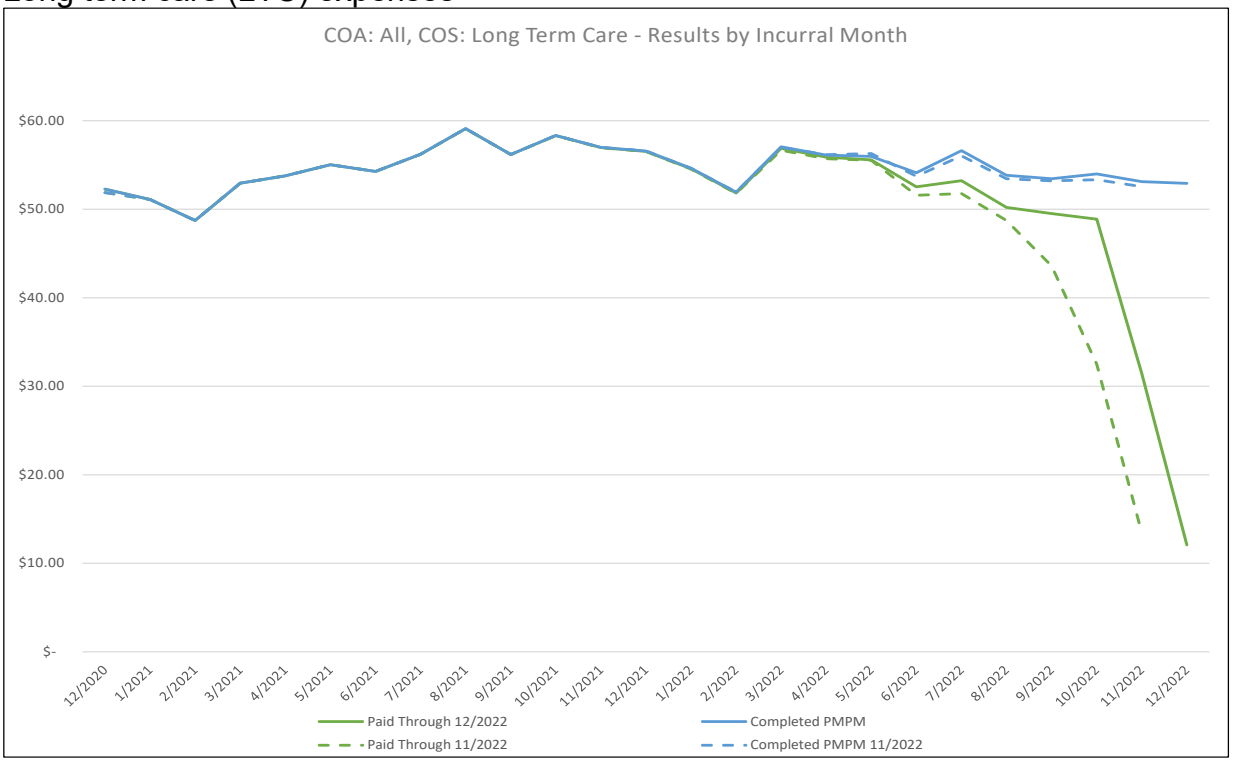
1. All categories of service



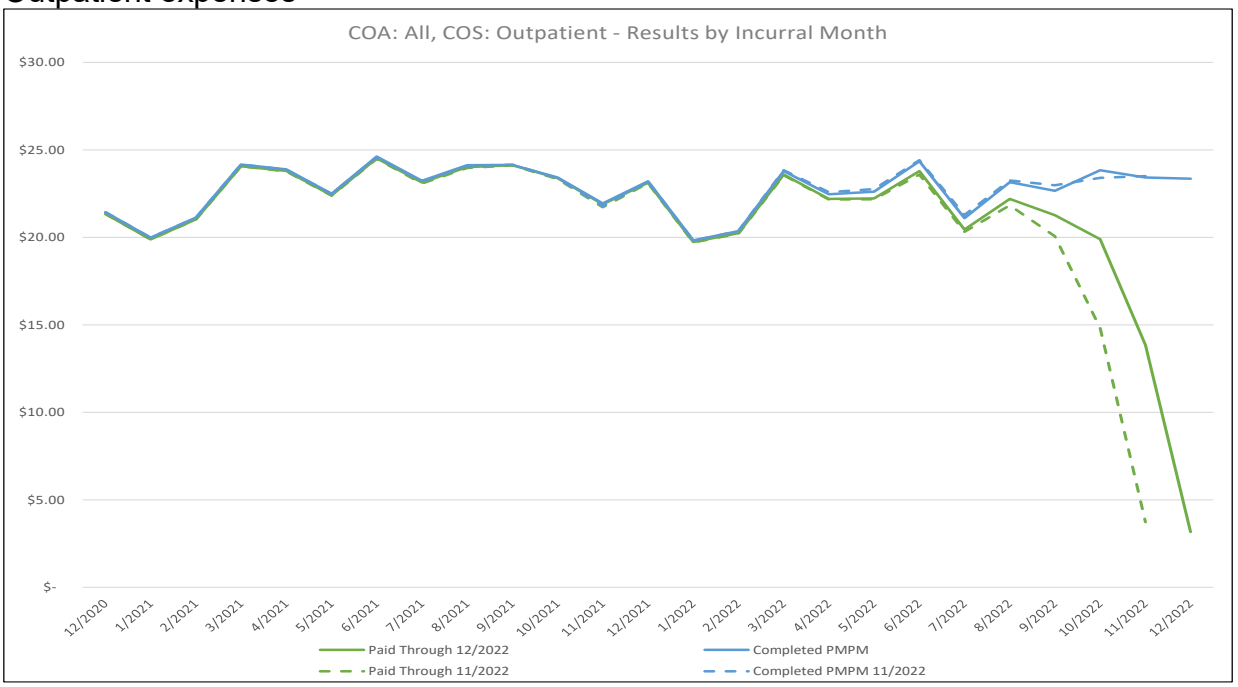
2. Inpatient hospital costs



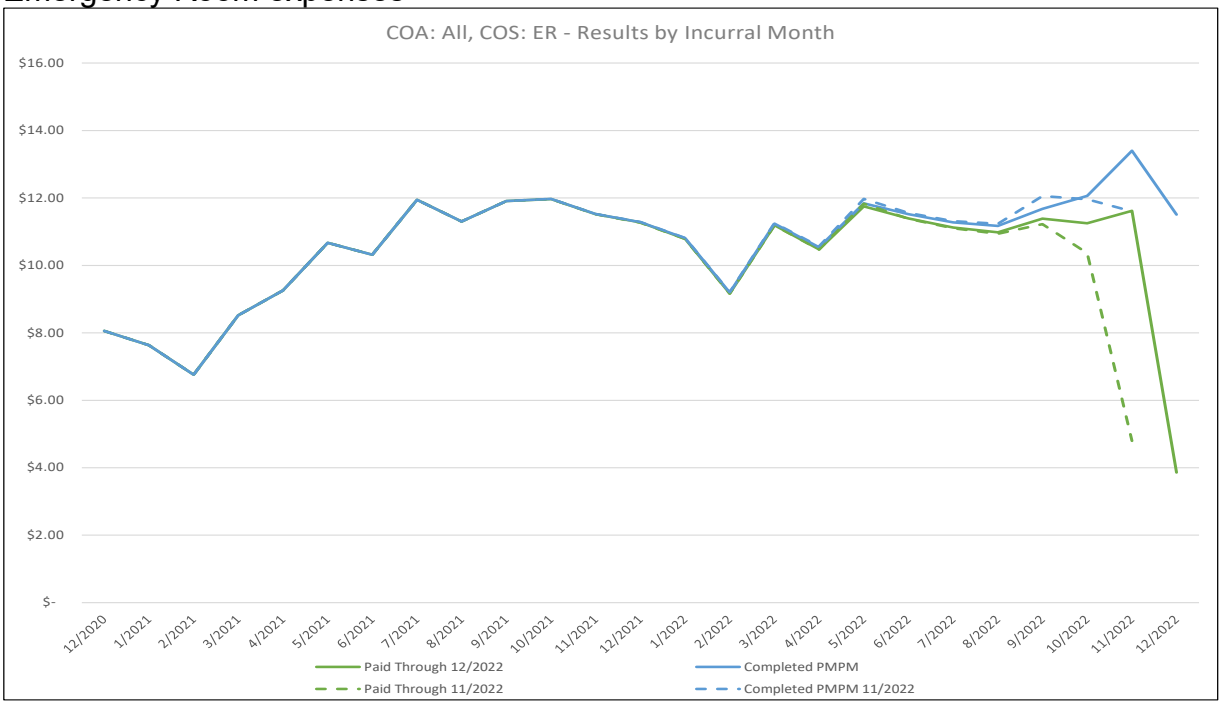
3. Long term care (LTC) expenses



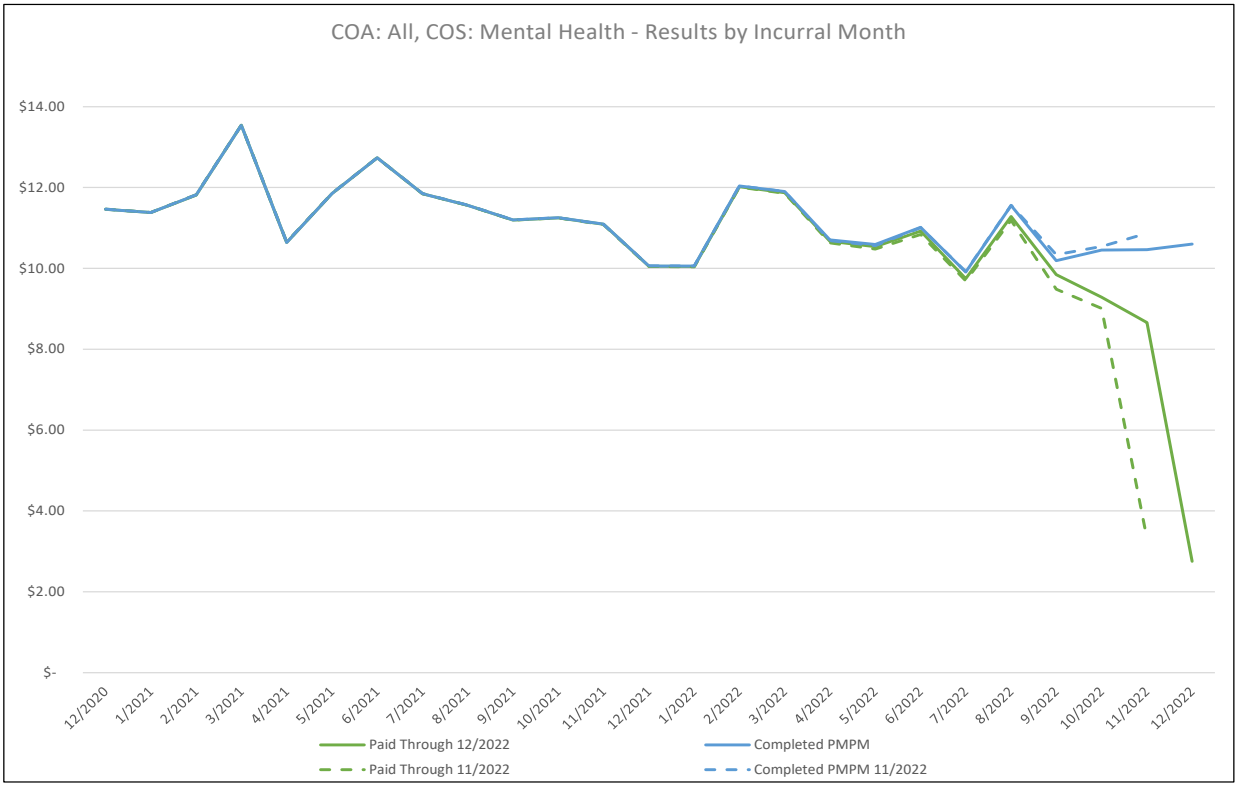
4. Outpatient expenses



5. Emergency Room expenses



6. Mental and behavioral health services



Administrative Expenses

The 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 December 2022, administrative costs were $34.0 million and $1.4 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 7.1% versus 7.3% for budget.

The following is the driver of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~$1.5M)

Cash and Short-Term Investment Portfolio

At December 31 the Plan had $355.7 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool $18.5 million; LAIF CA State $40.5 million; Cal Trust $35.2 million.

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value* December 31, 2022	Account Type
Local Agency Investment Fund (LAIF)[1]	$ 40,482,460	investment
Ventura County Investment Pool[2]	$ 18,475,155	investment
CalTrust	$ 35,153,100	short-term investment
Bank of West	$ 260,327,135	money market account
Pacific Premier	$ 1,296,404	operating accounts
Mechanics Bank[3]	$ -	operating accounts
Petty Cash	$ 500	cash
Investments and monies held by GCHP	***$ 355,734,755***	

	Dec-22	FYTD 22-23
Local Agency Investment Fund (LAIF)		
Beginning Balance	$ 40,482,460	$ 40,269,787
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	-	212,673
Quarterly Interest Adjustment	-	-
Current Market Value	**$ 40,482,460**	**$ 40,482,460**
	-	-
Ventura County Investment Pool		
Beginning Balance	$ 18,441,057	$ 18,377,308
Transfer of funds to LAIF	-	-
Interest Received	34,099	97,847
Current Market Value	**$ 18,475,155**	**$ 18,475,155**

Medi-Cal Receivable

At December 31 the Plan had $99.3 million in Medi-Cal Receivables due from the DHCS.

RECOMMENDATION:

Staff requests that the Commission approve the November 2022 and December 2022 financial packages.

CONCURRENCE:
N/A

ATTACHMENT:
November 2022 Financial Package
December 2022 Financial Package

Gold Coast Health Plan℠
A Public Entity

FINANCIAL PACKAGE
For the month ended November 30, 2022

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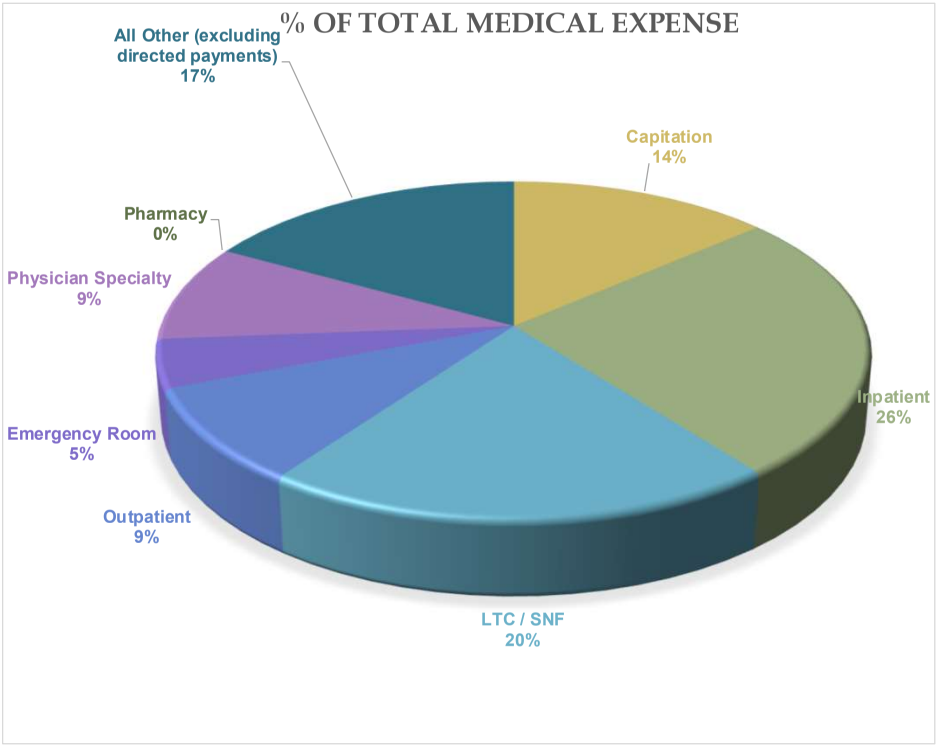
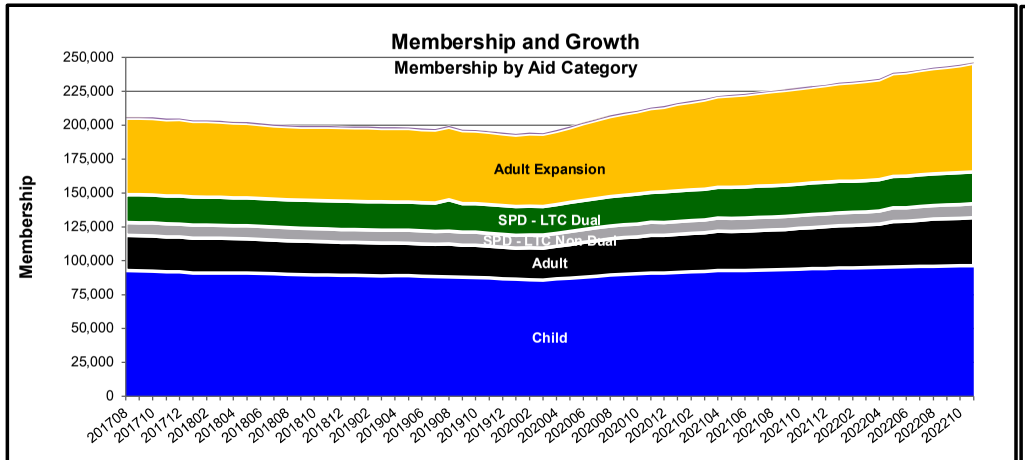
Gold Coast Health Plan

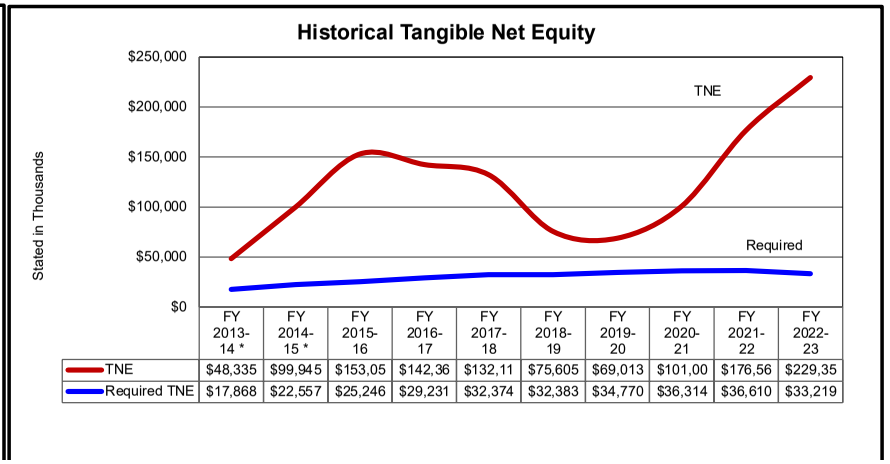
Executive Dashboard as of November 30, 2022

	FYTD 22/23 Budget*	FYTD 22/23 Actual	FYTD 21/22 Actual	FY 20/21 Actual
Average Enrollment	236,711	242,396	229,367	213,547
PMPM Revenue	$ 368.67	$ 326.55	$ 347.72	$ 358.22
Medical Expenses				
Capitation	$ 32.27	$ 34.42	$ 32.44	$ 34.03
Inpatient	$ 77.24	$ 64.91	$ 68.62	$ 66.52
LTC / SNF	$ 49.98	$ 51.78	$ 59.92	$ 55.42
Outpatient	$ 26.18	$ 23.02	$ 22.59	$ 23.16
Emergency Room	$ 12.12	$ 11.62	$ 10.80	$ 9.25
Physician Specialty	$ 26.43	$ 23.40	$ 22.49	$ 25.71
Provider incentives	$ 4.72	$ (0.00)	$ -	$ -
Pharmacy	$ -	$ -	$ 29.71	$ 62.07
All Other *(excluding directed payments)*	$ 41.51	$ 42.68	$ 45.41	$ 43.20
Total Per Member Per Month	$ 270.46	$ 251.82	$ 291.97	$ 319.36
Medical Loss Ratio	86.1%	80.0%	86.9%	92.1%
Total Administrative Expenses	$ 29,289,948	$ 27,084,456	$ 53,680,738	$ 49,637,603
% of Revenue	7.2%	6.8%	5.6%	5.4%
TNE	$ 210,905,330	$ 229,351,895	$ 180,480,257	$ 100,999,994
Required TNE	$ 33,658,772	$ 33,218,539	$ 36,609,789	$ 36,313,908
% of Required	627%	690%	493%	278%

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







	FY 2013-14 *	FY 2014-15 *	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
TNE	$48,335	$99,945	$153,05	$142,36	$132,11	$75,605	$69,013	$101,00	$176,56	$229,35
Required TNE	$17,868	$22,557	$25,246	$29,231	$32,374	$32,383	$34,770	$36,314	$36,610	$33,219

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STATEMENT OF FINANCIAL POSITION

	11/30/22	10/31/22	09/30/22
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	**242,617,041**	**236,133,618**	**235,575,663**
Total Short-Term Investments	**93,954,204**	**93,803,795**	**93,626,015**
Medi-Cal Receivable	108,345,594	98,085,359	95,862,421
Interest Receivable	134,399	67,200	104,113
Provider Receivable	545,133	624,582	605,357
Other Receivables	1,206,813	1,733,300	2,215,788
Total Accounts Receivable	**110,231,939**	**100,510,440**	**98,787,679**
Total Prepaid Accounts	2,954,000	2,979,268	3,447,427
Total Other Current Assets	135,560	135,560	135,560
Total Current Assets	**449,892,744**	**433,562,681**	**431,572,345**
Total Fixed Assets	**6,569,349**	**6,644,891**	**6,774,318**
Total Assets	**$ 456,462,093**	**$ 440,207,571**	**$ 438,346,663**
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	$ 109,180,559	$ 118,443,922	$ 119,036,000
Claims Payable	17,577,830	13,659,560	11,304,800
Capitation Payable	8,834,456	8,568,497	8,695,605
Physician Payable	23,694,043	24,968,156	21,520,385
DHCS - Reserve for Capitation Recoup	26,311,668	26,003,367	25,682,072
Lease Payable- ROU	1,258,153	1,252,740	1,247,351
Accounts Payable	2,858,638	2,732,295	3,382,000
Accrued ACS	3,643,697	1,851,270	1,852,911
Accrued Provider Incentives/Reserve	7,140,991	6,603,684	6,562,483
Accrued Pharmacy	-	-	-
Accrued Expenses	2,694,718	2,478,939	3,829,691
Accrued Premium Tax	15,814,920	7,907,460	23,722,380
Accrued Payroll Expense	2,686,355	2,606,557	2,186,698
Total Current Liabilities	**221,696,030**	**217,076,446**	**229,022,376**
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	-	-	-
Lease Payable - NonCurrent - ROU	5,414,169	5,521,498	5,628,359
Total Long-Term Liabilities	**5,414,169**	**5,521,498**	**5,628,359**
Total Liabilities	**227,110,199**	**222,597,944**	**234,650,735**
Net Assets:			
Beginning Net Assets	176,562,922	176,562,922	176,562,922
Total Increase / (Decrease in Unrestricted Net Assets)	52,788,972	41,046,706	27,133,006
Total Net Assets	**229,351,895**	**217,609,628**	**203,695,928**
Total Liabilities & Net Assets	**$ 456,462,093**	**$ 440,207,571**	**$ 438,346,663**

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR MONTH ENDED November 30, 2022

	November 2022	November 2022 Year-To-Date		Variance	Variance	November 2022 Year-To-Date		Variance
	Actual	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	244,064	1,211,982	1,183,553	28,429	2%	PMPM - FYTD		
Revenue								
Premium	$ 90,433,868	$ 437,941,476	$ 440,087,657	$ (2,146,181)	0%	$ 361.34	$ 371.84	$ (10.49)
Reserve for Cap Requirements	-	-	-	-	0%	-	-	-
Incentive Revenue	-	-	6,730,087	(6,730,087)	-100%	-	5.69	(5.69)
MCO Premium Tax	(8,434,186)	(42,170,930)	(40,444,588)	(1,726,342)	4%	(34.80)	(34.17)	(0.62)
Total Net Premium	**81,999,682**	**395,770,546**	**406,373,156**	**(10,602,610)**	**-2.6%**	**326.55**	**343.35**	**(16.80)**
Other Revenue:								
Miscellaneous Income	45	330	-	330	0%	0.00	-	0.00
Total Other Revenue	45	330	-	330	0%	0.00	-	0.00
Total Revenue	**81,999,727**	**395,770,876**	**406,373,156**	**(10,602,280)**	**-3%**	**326.55**	**343.35**	**(16.80)**
Medical Expenses:								
Capitation								
PCP, Specialty, Kaiser, NEMT & Vision	8,285,188	40,345,874	39,116,609	(1,229,265)	-3%	33.29	33.05	(0.24)
ECM	304,112	1,372,682	3,322,392	1,949,711	59%	1.13	2.81	1.67
Total Capitation	8,589,300	41,718,556	42,439,001	720,446	2%	34.42	35.02	0.59
FFS Claims Expenses:								
Inpatient	14,063,151	78,668,375	93,608,670	14,940,296	16%	64.91	79.09	14.18
LTC / SNF	11,722,200	62,757,698	60,572,704	(2,184,994)	-4%	51.78	51.18	(0.60)
Outpatient	6,410,122	27,896,358	31,728,783	3,832,425	12%	23.02	26.81	3.79
Laboratory and Radiology	861,244	4,384,469	3,932,293	(452,176)	-11%	3.62	3.32	(0.30)
Directed Payments - Provider	4,219,384	12,921,002	10,001,340	(2,919,663)	-29%	10.66	8.45	(2.21)
Emergency Room	2,923,292	14,082,307	14,688,406	606,099	4%	11.62	12.41	0.79
Physician Specialty	6,015,400	28,354,676	32,037,543	3,682,868	11%	23.40	27.07	3.67
Primary Care Physician	2,001,581	10,161,536	12,147,731	1,986,195	16%	8.38	10.26	1.88
Home & Community Based Services	1,881,720	9,623,146	11,953,477	2,330,332	19%	7.94	10.10	2.16
Applied Behavioral Analysis/Mental Health Se	2,948,693	13,256,169	14,490,032	1,233,863	9%	10.94	12.24	1.31
Pharmacy	-	(1,653)	5,720,574	5,722,227	100%	(0.00)	4.83	4.83
Provider Reserve / Provider Incentives	78,979	389,890	5,720,574	5,330,684	93%	0.32	4.83	4.51
Other Medical Professional	339,710	1,446,228	1,804,026	357,798	20%	1.19	1.52	0.33
Other Fee For Service	1,293,558	4,552,965	5,073,021	520,056	10%	3.76	4.29	0.53
Transportation	181,633	955,650	913,631	(42,019)	-5%	0.79	0.77	(0.02)
Total Claims	54,940,668	269,448,816	304,392,806	34,943,990	11%	222.32	257.19	34.86
Medical & Care Management Expense	1,889,502	7,785,919	7,791,384	5,465	0%	6.42	6.58	0.16
Reinsurance	355,349	671,595	414,283	(257,312)	-62%	0.55	0.35	(0.20)
Claims Recoveries	(417,818)	(1,501,938)	(1,701,342)	(199,405)	12%	(1.24)	(1.44)	(0.20)
Sub-total	1,827,032	6,955,577	6,504,325	(451,252)	-7%	5.74	5.50	(0.24)
Total Cost of Health Care	**65,357,000**	**318,122,949**	**353,336,132**	**35,213,184**	**10%**	**261.35**	**295.73**	**34.38**
Contribution Margin	**16,642,727**	**77,647,927**	**53,037,024**	**24,610,903**	**46%**	**65.20**	**47.62**	**17.58**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	3,746,896	15,910,544	15,114,850	(795,693)	-5%	13.13	12.77	(0.36)
Training, Conference & Travel	34,067	84,828	246,028	161,200	66%	0.07	0.21	0.14
Outside Services	2,317,597	11,218,579	12,119,855	901,276	7%	9.26	10.24	0.98
Professional Services	377,024	2,128,668	2,198,924	70,256	3%	1.76	1.86	0.10
Occupancy, Supplies, Insurance & Others	830,601	3,975,508	4,883,810	908,301	19%	3.28	4.13	0.85
Care Management Reclass to Medical	(1,873,018)	(7,725,936)	(7,791,384)	(65,448)	1%	(6.37)	(6.58)	(0.21)
G&A Expenses	5,433,166	25,592,191	26,772,083	1,179,891	4%	21.12	22.62	1.50
Project Portfolio	156,807	1,492,265	2,517,865	1,025,601	41%	1.23	2.13	0.90
Total G&A Expenses	**5,589,973**	**27,084,456**	**29,289,948**	**2,205,492**	**8%**	**22.35**	**24.75**	**2.40**
Total Operating Gain / (Loss)	**11,052,754**	**50,563,471**	**23,747,076**	**26,816,395**	**113%**	**42.85**	**22.87**	**19.98**
Non Operating								
Revenues - Interest	689,513	2,225,501	53,733	2,171,768	4042%	1.84	0.05	1.79
Gain/(Loss) on Sale of Asset	-	-	-	-	0%	-	-	-
Total Non-Operating	**689,513**	**2,225,501**	**53,733**	**2,171,768**	**4042%**	**1.84**	**0.05**	**1.79**
Total Increase / (Decrease) in Unrestricted Net Assets	**$ 11,742,267**	**$ 52,788,972**	**$ 23,800,809**	**$ 28,988,163**	**122%**	**$ 44.69**	**$ 22.92**	**$ 21.77**

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STATEMENT OF CASH FLOWS	November 2022	FYTD 22-23
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ 11,742,267	$ 52,788,972
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	143,932	726,794
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilites		
Accounts Receivable	(9,721,499)	(8,831,783)
Prepaid Expenses	25,268	(806,459)
Accrued Expense and Accounts Payable	3,065,371	2,754,645
Claims Payable	2,910,116	(9,000,048)
MCO Tax liablity	7,907,460	(5,750,880)
IBNR	(9,263,363)	4,721,378
Net Cash Provided by (Used in) Operating Activities	6,809,551	36,602,618
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(150,409)	(527,002)
Purchase of Property and Equipment	(68,390)	(206,441)
Net Cash (Used In) Provided by Investing Activities	(218,799)	(733,443)
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(107,329)	(531,989)
Net Cash Used In Financing Activities	(107,329)	(531,989)
Increase/(Decrease) in Cash and Cash Equivalents	6,483,423	35,337,185
Cash and Cash Equivalents, Beginning of Period	236,133,618	207,279,855
Cash and Cash Equivalents, End of Period	242,617,041	242,617,041

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value* November 30, 2022	Account Type
Local Agency Investment Fund (LAIF)[1]	$ 40,482,460	investment
Ventura County Investment Pool[2]	$ 18,441,057	investment
CalTrust	$ 35,030,687	short-term investment
Bank of West	$ 222,466,452	money market account
Bank	$ 20,150,088	operating accounts
Mechanics Bank[3]	$ -	operating accounts
Petty Cash	$ 500	cash
Investments and monies held by GCHP	***$ 336,571,244***	

	Nov-22	FYTD 22-23
Local Agency Investment Fund (LAIF)		
Beginning Balance	$ 40,482,460	$ 40,269,787
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	-	212,673
Quarterly Interest Adjustment	-	-
Current Market Value	**$ 40,482,460**	**$ 40,482,460**
	-	-
Ventura County Investment Pool		
Beginning Balance	$ 18,441,057	$ 18,377,308
Transfer of funds to LAIF	-	-
Interest Received	-	63,749
Current Market Value	**$ 18,441,057**	**$ 18,441,057**
	-	-

**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 investments are purchased at market and a market valuation is conducted monthly.

[2] 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, laddered 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 or less.

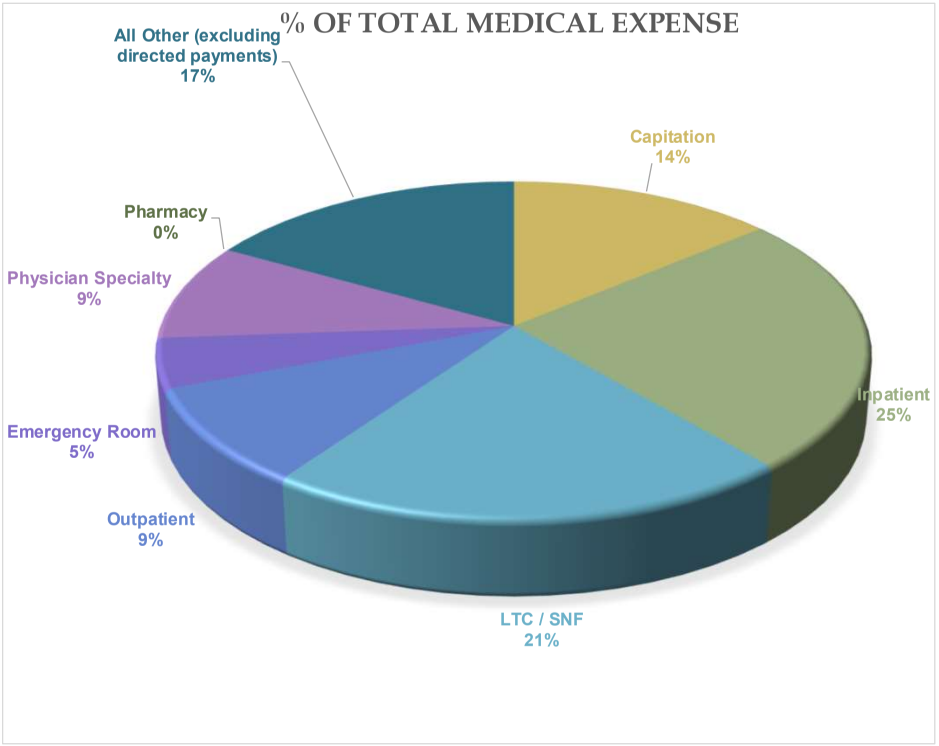
[3] These accounts are currently in the process of being closed and balances will be transferred to Pacific Premier Bank

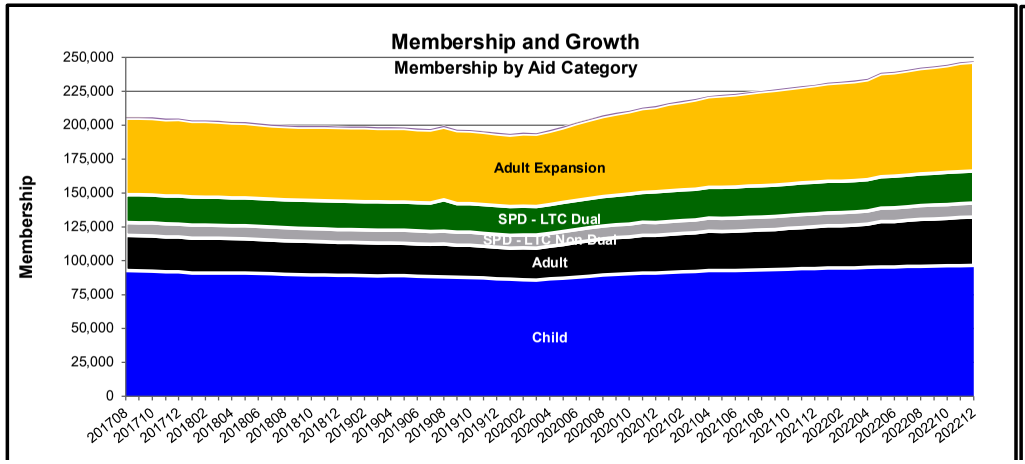
Gold Coast Health Plan

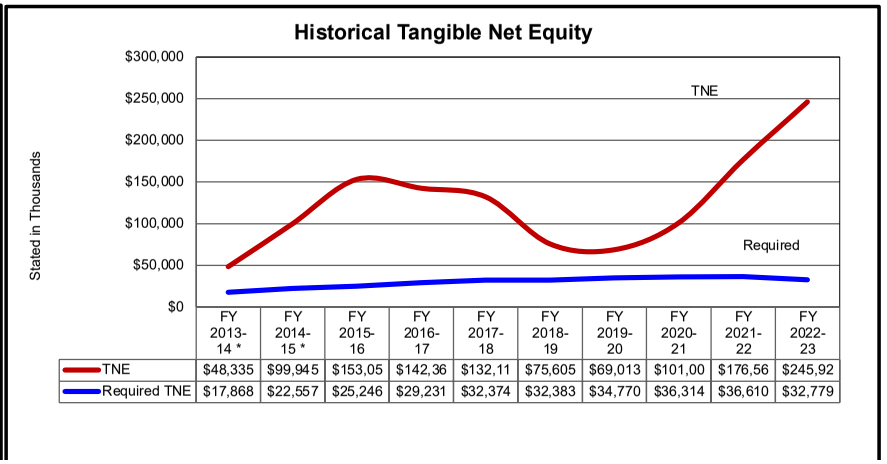
Executive Dashboard as of December 31, 2022

	FYTD 22/23 Budget*	FYTD 22/23 Actual	FYTD 21/22 Actual	FY 20/21 Actual
Average Enrollment	235,373	243,165	229,367	213,547
PMPM Revenue	$ 368.32	$ 327.85	$ 347.72	$ 358.22
Medical Expenses				
Capitation	$ 32.42	$ 34.47	$ 32.44	$ 34.03
Inpatient	$ 77.45	$ 61.79	$ 68.62	$ 66.52
LTC / SNF	$ 49.63	$ 52.40	$ 59.92	$ 55.42
Outpatient	$ 26.33	$ 23.06	$ 22.59	$ 23.16
Emergency Room	$ 12.21	$ 11.81	$ 10.80	$ 9.25
Physician Specialty	$ 26.61	$ 23.19	$ 22.49	$ 25.71
Provider incentives	$ 3.95	$ (0.00)	$ -	$ -
Pharmacy	$ -	$ -	$ 29.71	$ 62.07
All Other *(excluding directed payments)*	$ 41.64	$ 41.77	$ 45.41	$ 43.20
Total Per Member Per Month	$ 270.24	$ 248.50	$ 291.97	$ 319.36
Medical Loss Ratio	86.0%	78.7%	86.9%	92.1%
Total Administrative Expenses	$ 35,480,337	$ 34,038,900	$ 53,680,738	$ 49,637,603
% of Revenue	7.3%	7.1%	5.6%	5.4%
TNE	$ 210,905,330	$ 245,919,895	$ 180,480,257	$ 100,999,994
Required TNE	$ 33,658,772	$ 32,778,640	$ 36,609,789	$ 36,313,908
% of Required	627%	750%	493%	278%

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







	FY 2013-14 *	FY 2014-15 *	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
TNE	$48,335	$99,945	$153,05	$142,36	$132,11	$75,605	$69,013	$101,00	$176,56	$245,92
Required TNE	$17,868	$22,557	$25,246	$29,231	$32,374	$32,383	$34,770	$36,314	$36,610	$32,779

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STATEMENT OF FINANCIAL POSITION

	12/31/22	11/30/22	10/31/22
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	**261,624,041**	**242,617,041**	**236,133,618**
Total Short-Term Investments	**94,110,715**	**93,954,204**	**93,803,795**
Medi-Cal Receivable	99,326,147	108,345,594	98,085,359
Interest Receivable	201,640	134,399	67,200
Provider Receivable	487,204	545,133	624,582
Other Receivables	181,210	1,206,813	1,733,300
Total Accounts Receivable	**100,196,201**	**110,231,939**	**100,510,440**
Total Prepaid Accounts	2,427,827	2,954,000	2,979,268
Total Other Current Assets	135,560	135,560	135,560
Total Current Assets	**458,494,345**	**449,892,744**	**433,562,681**
Total Fixed Assets	**6,429,132**	**6,569,349**	**6,644,891**
Total Assets	**$ 464,923,477**	**$ 456,462,093**	**$ 440,207,571**
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	$ 109,115,411	$ 109,180,559	$ 118,443,922
Claims Payable	4,215,397	17,577,830	13,659,560
Capitation Payable	8,991,013	8,834,456	8,568,497
Physician Payable	22,905,233	23,694,043	24,968,156
DHCS - Reserve for Capitation Recoup	26,607,341	26,311,668	26,003,367
Lease Payable- ROU	1,263,590	1,258,153	1,252,740
Accounts Payable	384,006	2,858,638	2,732,295
Accrued ACS	3,809,304	3,643,697	1,851,270
Accrued Provider Incentives/Reserve	6,182,508	7,140,991	6,603,684
Accrued Pharmacy	-	-	-
Accrued Expenses	3,137,513	2,694,718	2,478,939
Accrued Premium Tax	23,722,380	15,814,920	7,907,460
Accrued Payroll Expense	3,363,514	2,686,355	2,606,557
Total Current Liabilities	**213,697,212**	**221,696,030**	**217,076,446**
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	-	-	-
Lease Payable - NonCurrent - ROU	5,306,370	5,414,169	5,521,498
Total Long-Term Liabilities	**5,306,370**	**5,414,169**	**5,521,498**
Total Liabilities	**219,003,582**	**227,110,199**	**222,597,944**
Net Assets:			
Beginning Net Assets	176,562,922	176,562,922	176,562,922
Total Increase / (Decrease in Unrestricted Net Assets)	69,356,973	52,788,972	41,046,706
Total Net Assets	**245,919,895**	**229,351,895**	**217,609,628**
Total Liabilities & Net Assets	**$ 464,923,477**	**$ 456,462,093**	**$ 440,207,571**

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR MONTH ENDED December 31, 2022

	December 2022	December 2022 Year-To-Date		Variance	Variance	December 2022 Year-To-Date		Variance
	Actual	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	246,113	1,458,989	1,412,236	46,753	3%	PMPM - FYTD		
Revenue								
Premium	$ 88,812,932	$ 526,754,408	$ 530,595,693	$ (3,841,285)	-1%	$ 361.04	$ 375.71	$ (14.67)
Reserve for Cap Requirements	-	-	-	-	0%	-	-	-
Incentive Revenue	2,185,607	2,185,607	6,779,362	(4,593,756)	-68%	1.50	4.80	(3.30)
MCO Premium Tax	(8,434,186)	(50,605,116)	(48,970,617)	(1,634,500)	3%	(34.69)	(34.68)	(0.01)
Total Net Premium	**82,564,352**	**478,334,898**	**488,404,439**	**(10,069,541)**	**-2.1%**	**327.85**	**345.84**	**(17.98)**
Other Revenue:								
Miscellaneous Income	60	390	-	390	0%	0.00	-	0.00
Total Other Revenue	60	390	-	390	0%	0.00	-	0.00
Total Revenue	**82,564,412**	**478,335,288**	**488,404,439**	**(10,069,151)**	**-2%**	**327.85**	**345.84**	**(17.98)**
Medical Expenses:								
Capitation								
PCP, Specialty, Kaiser, NEMT & Vision	8,278,776	48,624,650	47,302,361	(1,322,289)	-3%	33.33	33.49	0.17
ECM	300,612	1,673,294	4,005,422	2,332,128	58%	1.15	2.84	1.69
Total Capitation	8,579,388	50,297,943	51,307,782	1,009,839	2%	34.47	35.17	0.69
FFS Claims Expenses:								
Inpatient	11,475,861	90,144,235	112,999,326	22,855,090	20%	61.79	80.01	18.23
LTC / SNF	13,690,551	76,448,248	72,413,226	(4,035,022)	-6%	52.40	51.28	(1.12)
Outpatient	5,751,554	33,647,912	38,410,165	4,762,253	12%	23.06	27.20	4.14
Laboratory and Radiology	645,434	5,029,904	4,728,650	(301,254)	-6%	3.45	3.35	(0.10)
Directed Payments - Provider	2,520,394	15,441,397	12,036,236	(3,405,160)	-28%	10.58	8.52	(2.06)
Emergency Room	3,154,371	17,236,678	17,817,620	580,942	3%	11.81	12.62	0.80
Physician Specialty	5,483,755	33,838,431	38,825,857	4,987,426	13%	23.19	27.49	4.30
Primary Care Physician	2,365,740	12,527,276	14,670,791	2,143,514	15%	8.59	10.39	1.80
Home & Community Based Services	1,730,007	11,353,152	14,439,629	3,086,477	21%	7.78	10.22	2.44
Applied Behavioral Analysis/Mental Health Se	2,048,728	15,304,897	17,481,669	2,176,771	12%	10.49	12.38	1.89
Pharmacy	-	(1,653)	5,762,458	5,764,111	100%	(0.00)	4.08	4.08
Provider Reserve / Provider Incentives	(1,052,357)	(662,467)	5,762,458	6,424,925	111%	(0.45)	4.08	4.53
Other Medical Professional	331,538	1,777,767	2,190,011	412,244	19%	1.22	1.55	0.33
Other Fee For Service	839,231	5,392,196	6,133,230	741,034	12%	3.70	4.34	0.65
Transportation	172,713	1,128,363	1,104,375	(23,988)	-2%	0.77	0.78	0.01
Total Claims	49,157,521	318,606,338	364,775,701	46,169,363	13%	218.37	258.30	39.92
Medical & Care Management Expense	1,916,476	9,702,395	9,324,348	(378,047)	-4%	6.65	6.60	(0.05)
Reinsurance	331,101	1,002,697	531,133	(471,563)	-89%	0.69	0.38	(0.31)
Claims Recoveries	(109,434)	(1,611,372)	(2,057,433)	(446,061)	22%	(1.10)	(1.46)	(0.35)
Sub-total	2,138,143	9,093,720	7,798,049	(1,295,671)	-17%	6.23	5.52	(0.71)
Total Cost of Health Care	**59,875,052**	**377,998,001**	**423,881,532**	**45,883,531**	**11%**	**257.94**	**297.31**	**39.38**
Contribution Margin	**22,689,360**	**100,337,287**	**64,522,907**	**35,814,380**	**56%**	**69.92**	**48.52**	**21.39**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	4,483,501	20,394,045	18,244,990	(2,149,055)	-12%	13.98	12.92	(1.06)
Training, Conference & Travel	17,153	101,981	289,728	187,747	65%	0.07	0.21	0.14
Outside Services	3,027,127	14,245,706	14,439,266	193,560	1%	9.76	10.22	0.46
Professional Services	210,518	2,339,187	2,616,749	277,562	11%	1.60	1.85	0.25
Occupancy, Supplies, Insurance & Others	763,189	4,738,697	5,879,036	1,140,338	19%	3.25	4.16	0.91
Care Management Reclass to Medical	(1,905,103)	(9,631,039)	(9,324,348)	306,690	-3%	(6.60)	(6.60)	(0.00)
G&A Expenses	6,596,386	32,188,577	32,145,420	(43,157)	0%	22.06	22.76	0.70
Project Portfolio	358,058	1,850,322	3,334,916	1,484,594	45%	1.27	2.36	1.09
Total G&A Expenses	**6,954,444**	**34,038,900**	**35,480,337**	**1,441,437**	**4%**	**23.33**	**25.12**	**1.79**
Total Operating Gain / (Loss)	**15,734,916**	**66,298,387**	**29,042,570**	**37,255,817**	**128%**	**46.59**	**23.40**	**23.19**
Non Operating								
Revenues - Interest	833,085	3,058,586	80,600	2,977,986	3695%	2.10	0.06	2.04
Gain/(Loss) on Sale of Asset	-	-	-	-	0%	-	-	-
Total Non-Operating	**833,085**	**3,058,586**	**80,600**	**2,977,986**	**3695%**	**2.10**	**0.06**	**2.04**
Total Increase / (Decrease) in Unrestricted Net Assets	**$ 16,568,001**	**$ 69,356,973**	**$ 29,123,170**	**$ 40,233,803**	**138%**	**$ 48.68**	**$ 23.46**	**$ 25.23**

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STATEMENT OF CASH FLOWS	December 2022	FYTD 22-23
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ 16,568,001	$ 69,356,973
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	144,041	870,835
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilites		
Accounts Receivable	10,035,738	1,203,955
Prepaid Expenses	526,173	(280,286)
Accrued Expense and Accounts Payable	(1,846,445)	908,200
Claims Payable	(13,994,686)	(22,994,734)
MCO Tax liablity	7,907,460	2,156,580
IBNR	(65,147)	4,656,230
Net Cash Provided by (Used in) Operating Activities	19,275,134	55,877,751
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(156,511)	(683,513)
Purchase of Property and Equipment	(3,824)	(210,265)
Net Cash (Used In) Provided by Investing Activities	(160,335)	(893,779)
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(107,798)	(639,787)
Net Cash Used In Financing Activities	(107,798)	(639,787)
Increase/(Decrease) in Cash and Cash Equivalents	19,007,000	54,344,185
Cash and Cash Equivalents, Beginning of Period	242,617,041	207,279,855
Cash and Cash Equivalents, End of Period	261,624,041	261,624,041

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value* December 31, 2022	Account Type
Local Agency Investment Fund (LAIF)[1]	$ 40,482,460	investment
Ventura County Investment Pool[2]	$ 18,475,155	investment
CalTrust	$ 35,153,100	short-term investment
Bank of West	$ 260,327,135	money market account
Bank	$ 1,296,404	operating accounts
Mechanics Bank[3]	$ -	operating accounts
Petty Cash	$ 500	cash
Investments and monies held by GCHP	***$ 355,734,755***	

	Dec-22	FYTD 22-23
Local Agency Investment Fund (LAIF)		
Beginning Balance	$ 40,482,460	$ 40,269,787
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	-	212,673
Quarterly Interest Adjustment	-	-
Current Market Value	**$ 40,482,460**	**$ 40,482,460**
	-	-
Ventura County Investment Pool		
Beginning Balance	$ 18,441,057	$ 18,377,308
Transfer of funds to LAIF	-	-
Interest Received	34,099	97,847
Current Market Value	**$ 18,475,155**	**$ 18,475,155**
	-	-

**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 investments are purchased at market and a market valuation is conducted monthly.

[2] 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, laddered 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 or less.

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

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Financial Statements

November and December 2022

Jamie Louwerens
Senior Director, Finance

January 23, 2023

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

Financial Overview

Return to Agenda

Nov-2022 NET GAIN	$ 11.7 M
Dec-2022 NET GAIN	$ 16.6 M

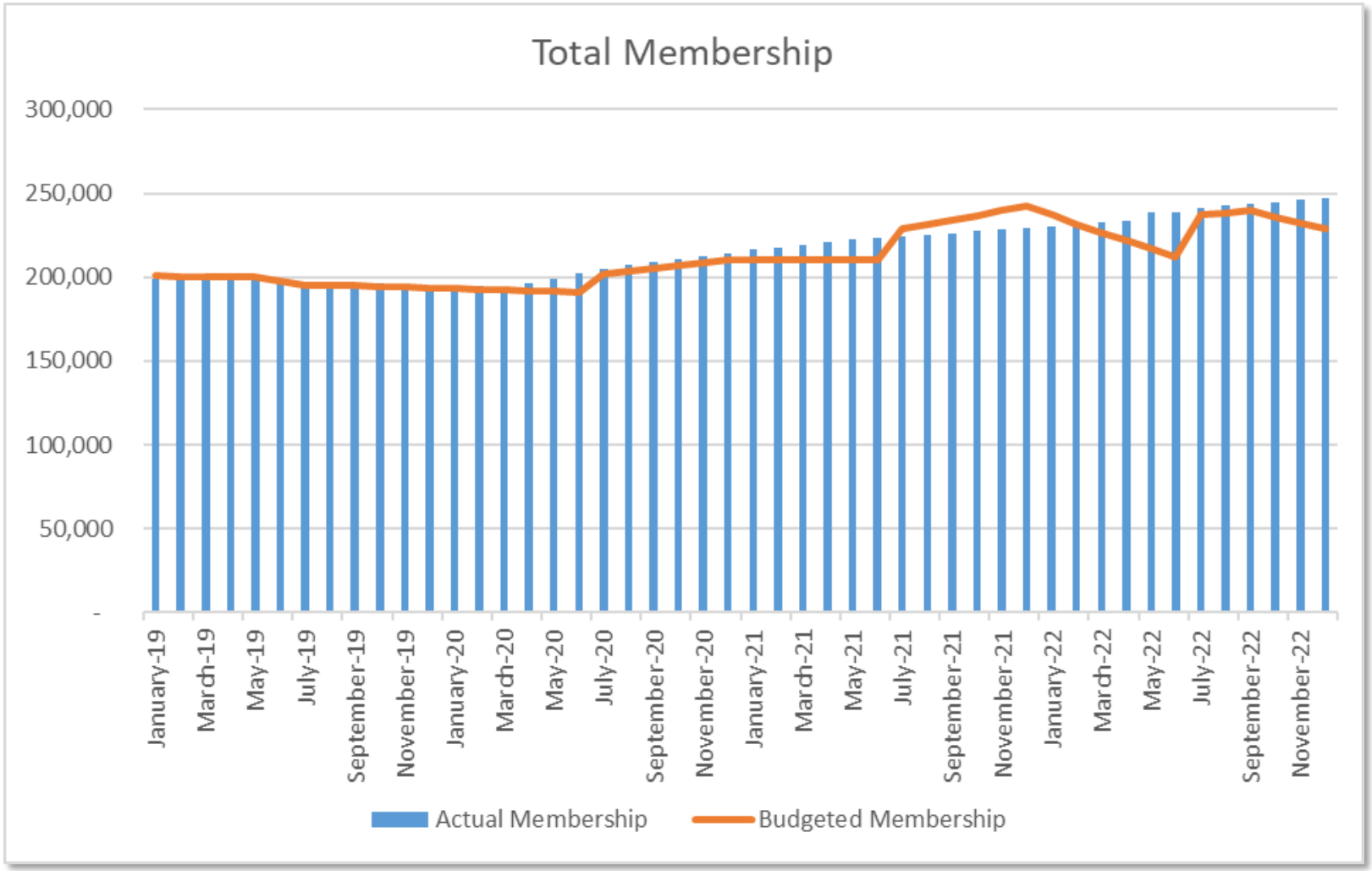
2022-23 FYTD NET GAIN $69.4 M

TNE is $246.0 M and 750% of the minimum required

MEDICAL LOSS RATIO 79.0%

ADMINISTRATIVE RATIO 7.1%

Membership Trends



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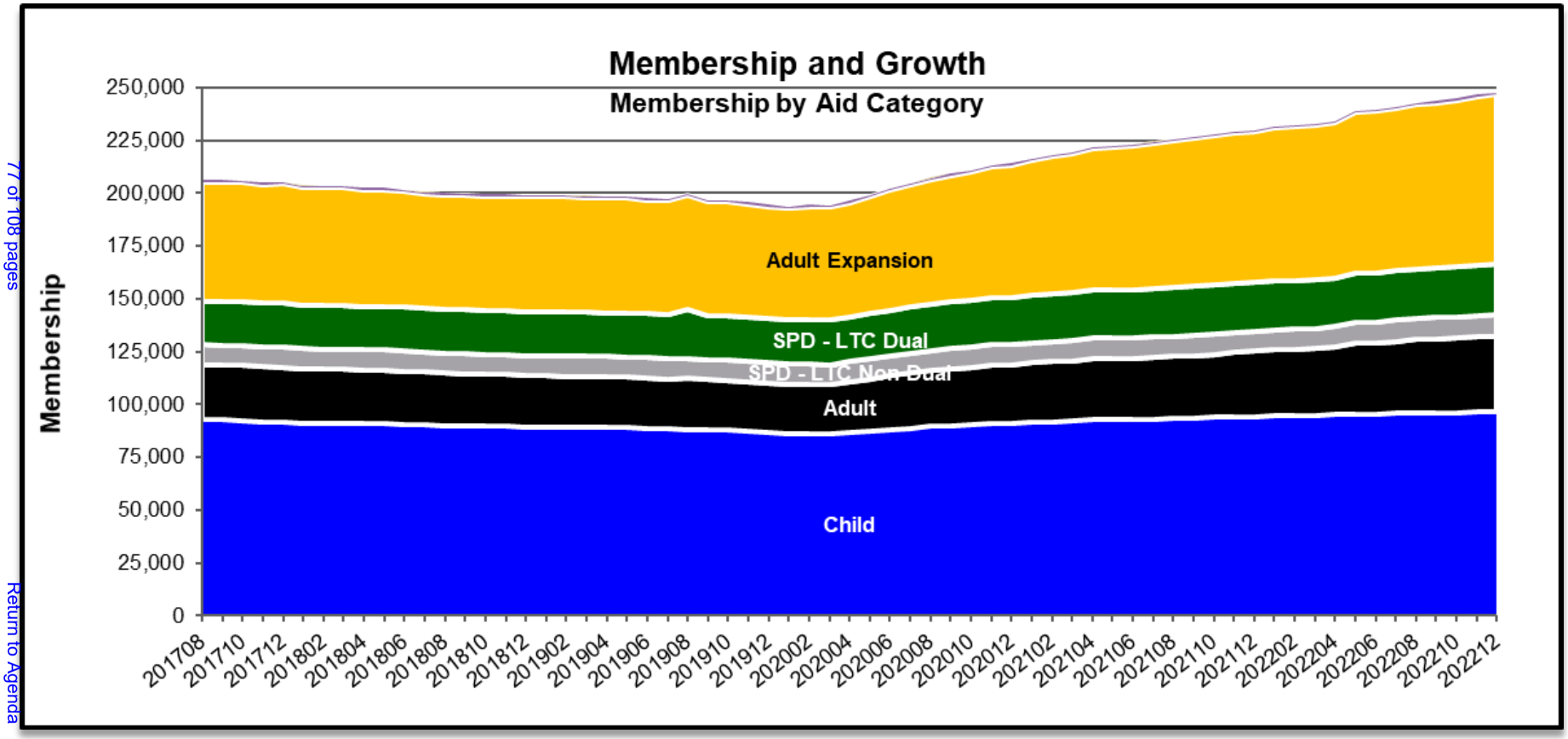
Membership Trends



Revenue

FYTD net premium revenue is $478.3 million unfavorable to budget by $10.1 million primarily due to:

1. $4.6M- timing of vaccine incentives and CalAIM incentive receipts versus budget.

2. $3.8M- member mix and lower supplemental revenue than budget

3. $1.6M- MCO Tax unfavorable to budget

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Medical Expenses

FYTD Health care costs are $378.0 million and $45.9 million and 11% under budget.

Medical loss ratio is 79.0%, a 7.8% budget variance.

Continuation of PHE through 2022 and pause on redeterminations has led to a significant increase in membership with a less acute total population as compared to our medical expense experience pre-pandemic.

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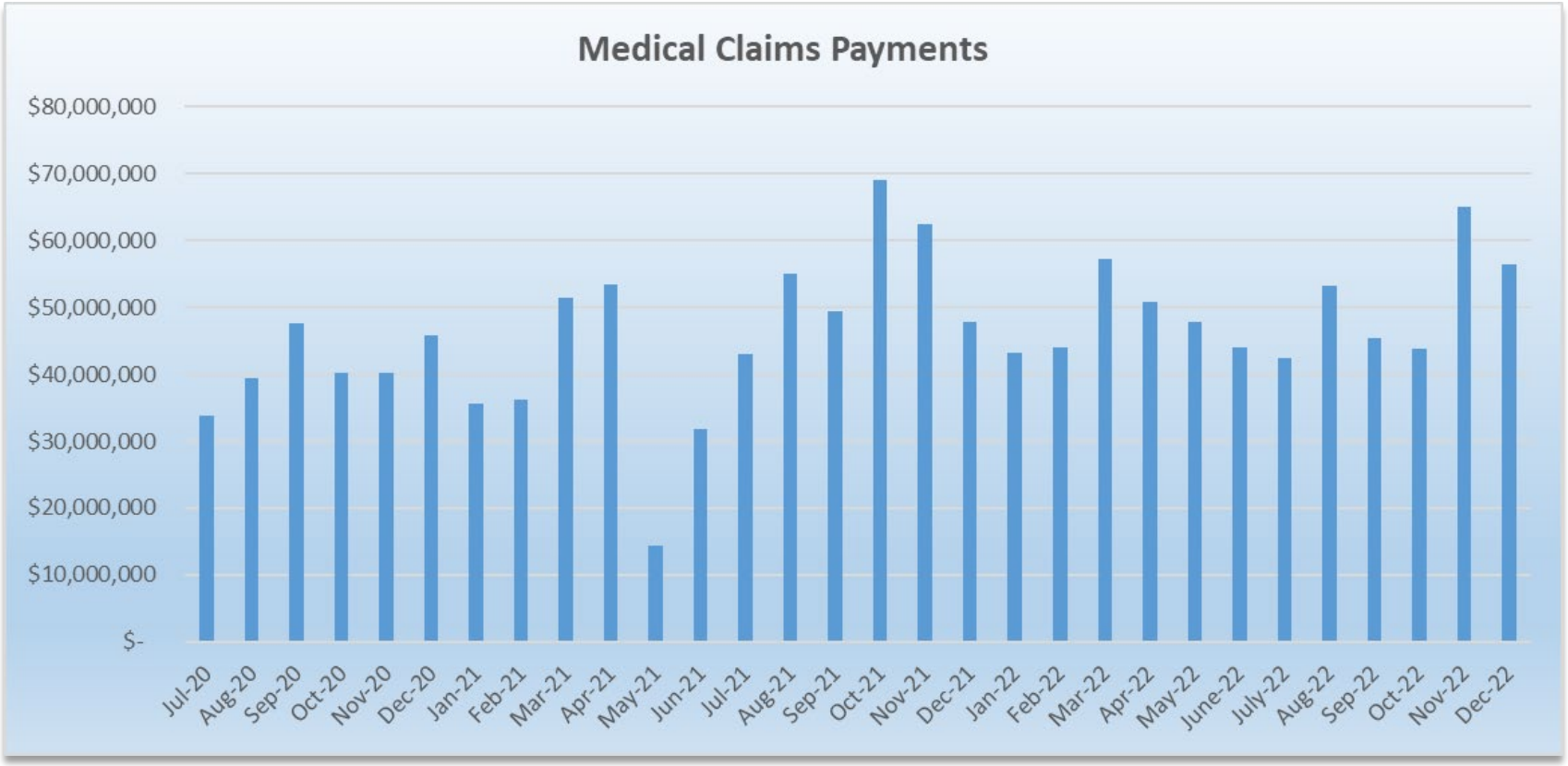
Medical Claims Payments



Note: Average monthly claims file has increased only 9% since CY 2019, despite 25% increase in membership.

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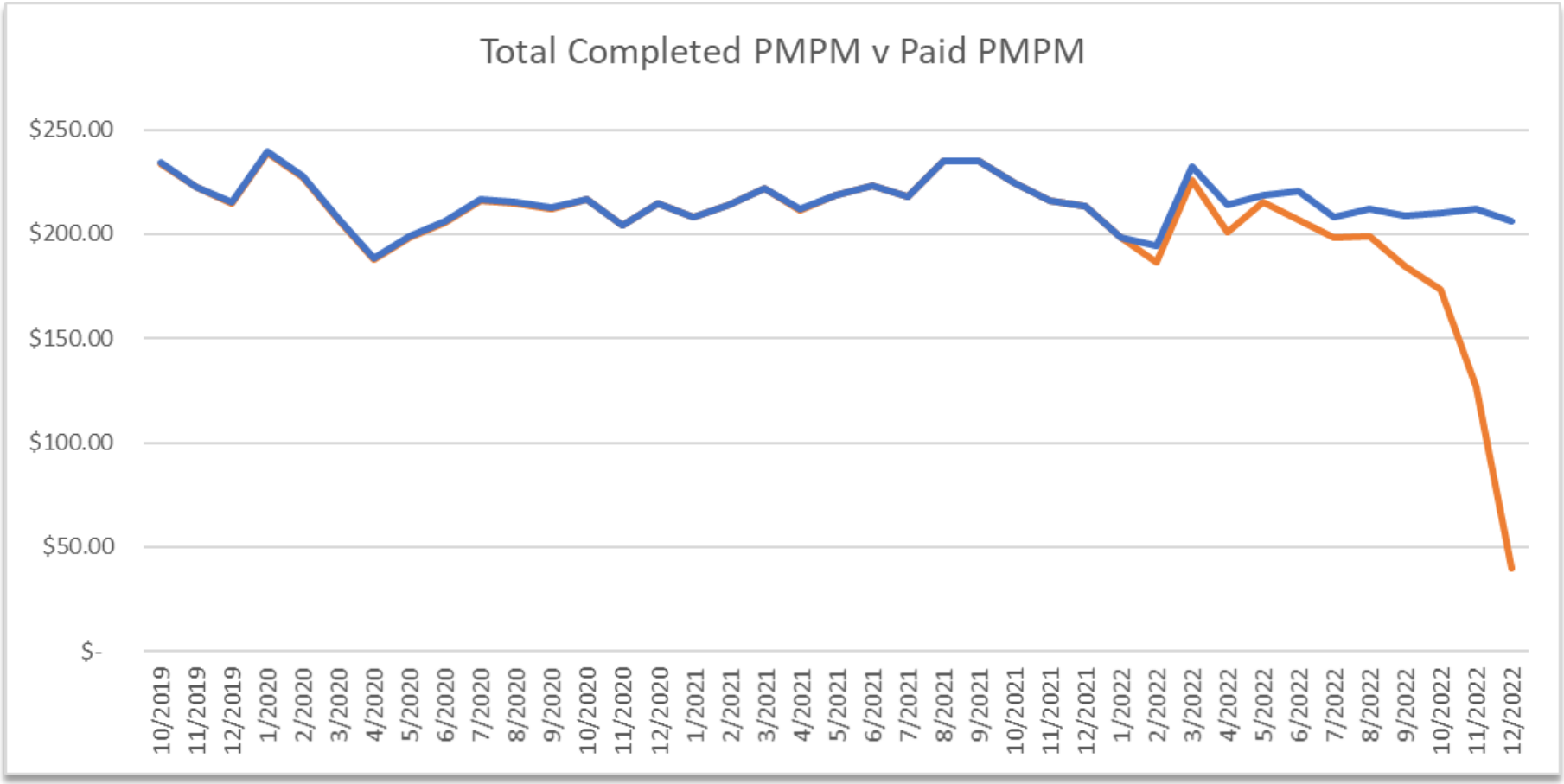
Medical Expense Reserve

Incurred But Not Paid (IBNP)



Comparison of Complete Estimates and Paid Data

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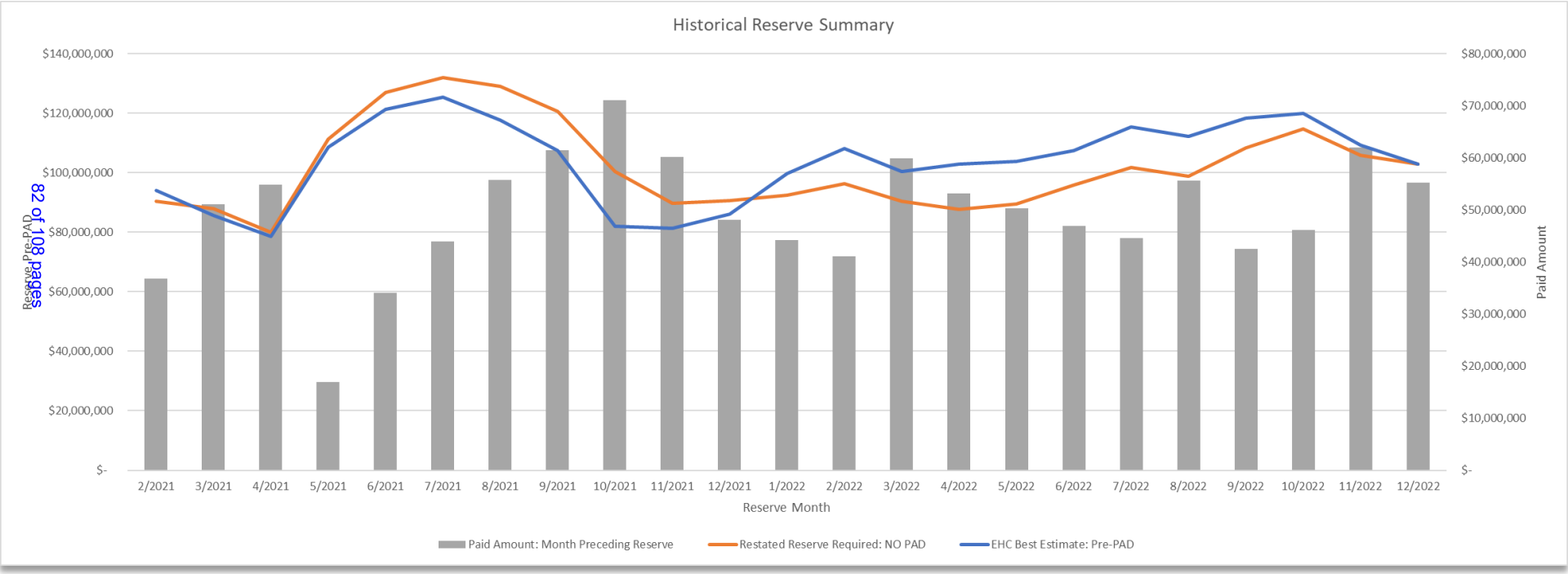
Medical Expense Reserve

Incurred But Not Paid (IBNP)



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Overview of Historical Reserve and Reasonableness of IBNP Estimates

Administrative Expenses

For the fiscal year-to-date period through December 2022, administrative costs were $34.0 million and $1.4 million under budget.

The following is the primary driver of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~$1.4M)

As a percentage of revenue, the administrative cost ratio (or ACR) was 7.1% versus 7.4% for budget.

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Financial Statement Summary

	November 2022	December 2022	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	$ 81,999,682	$ 82,564,352	$ 478,334,898	$ 488,404,439	$ (10,069,541)
Health Care Costs	65,357,000	59,875,052	377,998,001	423,881,532	(45,883,531)
Medical Loss Ratio			**79.0%**	**86.8%**	
Administrative Expenses	5,589,973	6,954,444	34,038,900	35,480,337	(1,441,437)
Administrative Ratio			**7.1%**	**7.3%**	
Non-Operating Revenue/(Expense)	689,513	833,145	3,058,976	80,600	2,978,377
Total Increase/(Decrease) in Net Assets	$ 11,742,222	$ 16,568,001	$ 69,356,973	$ 29,123,170	$ 40,233,804
Cash and Investments		$ 355,734,756			
GCHP TNE		$ 245,919,895			
Required TNE		$ 32,778,640			
% of Required		**750%**			

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Questions?

Staff requests the Commission approve the unaudited financial statements for November and December

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AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: January 23, 2023

SUBJECT: Chief Executive Officer (CEO) Report

I. EXTERNAL AFFAIRS:

A. State: 2023-24 State Budget

On Jan. 10, 2023, Gov. Gavin Newsom released the proposed 2023-24 state budget. The proposal includes funding for advancements and access to quality care for Medi-Cal beneficiaries.

In 2023-24, California faces a $22.5 billion deficit due to the current economic state, inflation, and revenue losses mostly from declines in withholding and capital gains taxes. The deficit is the difference between projected state revenues and the estimated current baseline of spending on services. The Governor's budget includes funding delays and shifts, borrowing, and decreases in funding of existing programs to alleviate the financial strain on the state, maintain authorized services, ensure a balanced budget, and safeguard reserves in case of a recession. The Legislative Analyst's Office (LAO) predicts that the budget deficit will continue through 2026-27 based on current economic forecasts; however, the deficit is expected to decrease over time.

Priorities in the budget include labor and workforce development, transportation, and health and human services, which encompasses Medi-Cal. To ensure adequate funding for these priorities, the budget reduces spending in natural resources, environmental protection, business, consumer services and housing, and corrections and rehabilitation.

The Governor's Budget includes $230.5 billion ($71.5 billion General Fund) for all Health and Human Services (HHS) programs in 2023-24. The Medi-Cal budget includes $138.9 billion ($38.7 billion General Fund) in 2023-24. Medi-Cal is projected to cover approximately 15.2M Californians in 2022-23 and14.4M (an over 5 percent decrease in membership) in 2023-24.

Highlights of the state's proposed health care investments include:

- $844.5 million to expand health care access for all Californians and provide full-scope Medi-Cal coverage to income-eligible individuals regardless of their immigration status.

- More than $10 billion in total funds for California Advancing and Innovating Medi-Cal (CalAIM).
- More than $8 billion for behavioral health treatment, programs, and infrastructure development across multiple HHS departments.
- $88.3 million for the Community Assistance, Recovery & Empowerment (CARE) Act and county and state implementation of CARE Courts.
- More than $1 billion General Fund for the Department of Health Care Access and Information (HCAI) and the expansion of the state's health care workforce.

A detailed analysis will be included in next month's Commission report. In the meantime, you can find more information on the following website's:

- Gov. Newsom's proposed 2023-24 budget
- DHCS budget highlights
- Legislative Analyst's Office (LAO) Fiscal Outlook

B. State: Legislative Bills

Below is a list of bills that Gold Coast Health Plan (GCHP) is currently monitoring. This list will continue to grow and be updated as bills move through the California State Assembly and Senate.

Key Legislative Bills (as of Jan. 9, 2023)	Potential Impact(s)
SB 10: Pupil Health - Opioid Overdose Prevention and Treatment Summary: SB 10 provides proactive intervention by requiring local education agencies such as school districts to include opioid prevention and treatment in their School Safety Plans as well as mandating training for school staff regarding the process and procedures of administering opioid antagonists or drug overdose reversals. SB 10 also creates various resources for parental and public distribution regarding the detrimental effects of opioids, consequences of drug use, and how to prevent an overdose.	Although SB 10 focuses on local education agencies and does not mention managed care plans (MCPs), this bill will be beneficial to GCHP members. By educating individuals during their formative years of the detrimental effects of opioid use and training school staff to combat youth addiction and reverse overdose, fewer young individuals will be admitted to emergency departments or long-term care for drug overdose / use and the development of chronic conditions from opioid use will be minimized.

Key Legislative Bills (as of Jan. 9, 2023)	Potential Impact(s)
AB 55: Emergency Medical Services Summary: AB 55 increases the reimbursement rate for private emergency ground transport providers to $350 per transport, mandates the local emergency medical services (EMS) agency to identify a local prevailing wage or hourly rate with benefits to be paid to a majority of emergency medical technicians (EMTs), and obligates private emergency employers to pay EMTs in accordance with the prevailing wage requirement.	If AB 55 passes, GCHP will have to allocate additional funds for emergency service providers, as AB 55 increases the amount due to emergency medical service providers and specifically increases the reimbursement rate per transport. Further, it may be necessary to further highlight the role of Non-Emergency Medical Transportation (NEMT) and ensure that GCHP members are aware of this option to reduce future incurred costs for emergency medical transportation.
AB 47: Pelvic Floor Physical Therapy Coverage Summary: AB 47 seeks to add two new sections to the California Health and Safety Code and California Insurance Code. For the Health and Safety Code, a section will be added that mandates how health plans – including MCPs – must provide coverage for pelvic floor physical therapy after pregnancy from Jan. 1, 2024, onward. For the Insurance Code, a new section dictates how health insurance policies must be updated to provide pelvic therapy coverage for women post-pregnancy, also starting on Jan. 1, 2024.	AB 47 directly mentions MCPs and states how plans that contract with the state Department of Health Care Services (DHCS) must provide coverage for pelvic floor physical therapy post-pregnancy. Additionally, all health insurance policies must be updated to reflect this coverage.

C. Community Relations – Sponsorships

Through its sponsorship program, Gold Coast Health Plan (GCHP) supports the efforts of community-based organizations in Ventura County to help Medi-Cal members and other vulnerable populations. The following organizations were awarded in December and January:

Organization	Description	Amount
Ventura County Medical Resource Foundation	Ventura County Medical Resource Foundation serves to improve access for the most vulnerable and underserved residents of Ventura County. The sponsorship will support the “2023 Tauber/Fainer, MD Community Health Care Awards,” which raises money to continue providing health care services – including dental and vision care – for low-income children and seniors in Ventura County.	$1,000

Organization	Description	Amount
LUCHA / Poder Popular	LUCHA / Poder Popular serves to strengthen the Ventura County community by addressing critical social justice issues, including housing, criminal justice, immigration, food insecurity, and health disparities. The sponsorship is for their annual "Gran Reposada Comunitaria" event that celebrates the Latino culture.	$500
Planned Parenthood California Central Coast	Planned Parenthood California Central Coast (PPCCC) serves to improve our communities' sexual and reproductive health outcomes through health care, education, and advocacy. The sponsorship will help support their annual "Power of Love" fundraiser that will provide funding for their health care centers in Ventura, Oxnard, and Thousand Oaks.	$1,000
Santa Paula Latino Town Hall	Santa Paula Latino Town Hall is a nonprofit organization dedicated to working to enhance, promote, mobilize, cultivate, and raise the level of social awareness in Ventura County. The sponsorship will support the "26th Annual Community Awards" fundraising event to provide youth scholarships, career educational seminars, and youth leadership conferences.	$1,000
TOTAL		**$3,500**

C. Community Relations – Community Meetings and Event

In December and January, the Community Relations team participated in various collaborative meetings. The purpose of these events is to connect with our community partners and members to ensure they are aware of how to access the services that are available to the most vulnerable Medi-Cal beneficiaries.

Organization	Description	Date
Partnership for Safe Families 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 provides a venue for parents and community representatives to share resources, announcements, and community events.	Dec. 7, 2022

Organization	Description	Date
Circle of Care One Step A la Vez	One Step A La Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13- to 19-year-olds and bridging the gaps of inequality while cultivating healthy individuals and community. Circle of Care is a monthly meeting with community leaders to share resources, network, and promote community events.	Dec. 7, 2022
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and bring presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.	Jan. 4, 2023
Total community meetings and events		**3**

D. Community Relations – Speakers Bureau

The purpose of the Speakers Bureau is to educate and inform the public, partners, and external groups about GCHP and its mission in the community. In November, GCHP participated in one presentation via the Speakers Bureau:

Name of Organization	Description	Date
Cesar Chavez Elementary	Provided an overview of GCHP's benefits and services, followed by a Q&A session. Participants received a resource folder that included information about member incentives and transportation information.	Dec. 9, 2022

E. Community Relations – Community Insight Coalition

The Community Insight Coalition comes together virtually to identify and address barriers members may have when accessing care and community resources. The goal of the coalition is to work with our community partners and address shared challenges to strengthen our community.

In December, the group discussed GCHP's Enhanced Care Management (ECM) benefit and Community Supports (CS) services, focusing on the populations served, timeline for expansion, and referral process. In addition, we provided highlights from the recent ECM Community Needs Survey:

- Community partners expressed interest in learning more about ECM / CS to refer their clients who would benefit from these services.
- Discussion of additional community surveys in Ventura County that confirm the results of the ECM Community Needs Survey.

We also shared community resources and information about community events.

The next meeting is scheduled for Feb. 2, 2023.

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	KAISER	AHP	ADMIN MEMBERS	NOT ASSIGNED
Dec-22	91,083	39,917	34,663	6,951	5,186	6,949	9,102	49,191	2,471
Nov-22	90,247	39,537	34,420	6,917	5,180	6,890	9,042	49,092	4,556
Oct-22	90,036	39,430	34,240	6,904	5,249	6,910	8,888	48,222	2,821

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	December 2022
Total Administrative Members	48,222
Share of Cost (SOC)	615
Long-Term Care (LTC)	697
Breast and Cervical Cancer Treatment Program (BCCTP)	84
Hospice (REST-SVS)	19
Out of Area (Not in Ventura County)	384
Other Health Care Coverage	
DUALS (A, AB, ABD, AD, B, BD)	26,125
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	21,702

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. That member 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 follow:

1. Share of Cost (SOC-AMT) > zeros
    a. AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
2. Long-Term Care (LTC) members identified by AID codes 13, 23, and 63.
3. Breast and Cervical Cancer Treatment Program (BCCTP) members identified by AID codes 0M, 0N,0P, and 0W.

4. Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.
5. Out-of-Area members were identified by the following zip codes:
    a. Ventura zip codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
    b. If no residential address, the mailing address is used for this determination.

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) successfully held its first California Advancing and Innovating Medi-Cal (CalAIM) Technical Assistance (TA) webinar with the County of Ventura on Dec. 7, 2022. PNO received positive feedback from those who attended the webinar, along with interest in additional CalAIM training. The TA webinar provided information on the Enhanced Care Management (ECM) benefit and Community Supports (CS) services, including how both will evolve in 2023 and 2024. Another TA webinar is scheduled for Jan. 20, 2023, for organizations that are interested in becoming providers for ECM and CS. The TA webinars will provide information on training and onboarding and will help GCHP expand its CalAIM provider network.

The Annual Network Certification (ANC) administered by the state Department of Health Care Services (DHCS) is still in progress. DHCS divided the ANC deliverable into two deliverables, one of which was completed in October. We are awaiting the due date for the second deliverable.

Our team continues to provide support and meet deliverables for DHCS program initiatives, GCHP projects, provider contracting, updates to policies and procedures, provider onboarding, and communications.

Provider Network Developments: Dec. 1-31, 2022

Provider Network Full Terminations	Count
DME Provider	1
Diagnostic Radiologist	2
Hospitalist	4
Optometrist	1

Additional Network Developments:

- Additions: 26
- Terminations: 38

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**
	Oct-22	**Nov-22**	
Hospitals	**0**	**0**	**25**
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers	**17**	**2**	**6,755**
Primary Care Providers (PCPs) & Mid-levels	8	2	448
Specialists	9	0	4,604
Hospitalists	0	0	168
Ancillary	**1**	**6**	**588**
Ambulatory Surgery Center (ASC)	0	0	7
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	0	0	93
Home Health	0	0	25
Hospice	0	2	23
Laboratory	0	0	41
Optometry	0	0	103
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	0	0	136
Radiology / Imaging	0	0	62
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	1	0	84
Behavioral Health	0	4	365

C. Delegation Oversight

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 subcontractor
- 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 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, along with 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 Dec. 31, 2022.

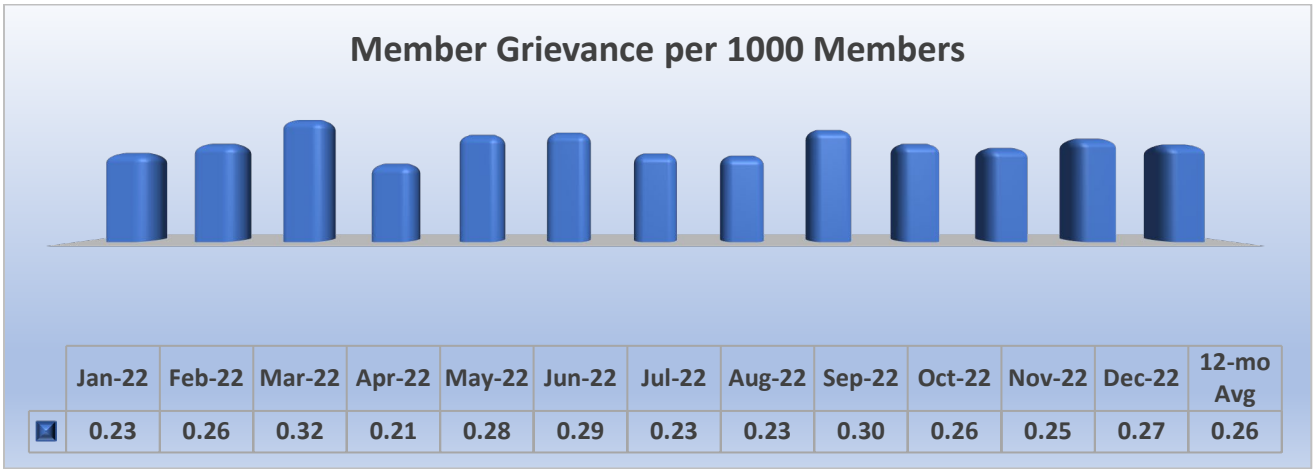
Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
AHP	2022 Annual Claims Audit	Closed	6/10/2022	11/04/2022	
AHP	2022 Annual Credentialing and Recredentialing Audit	In Progress			.
AHP	2022 Annual PDR Claims Audit	Open	10/11/2022	Under CAP	
Beacon	2022 Annual Claims Audit	Open	6/22/2022	Under CAP	
Beacon	2022 Call Center Audit	Open	8/26/2022		
Beacon	Quarterly Utilization Management Audit	Closed	N/A	N/A	No Findings
CDCR	Quarterly Utilization Management Audit	Closed	11/1/2022	11/28/2022	
CDCR	2023 Annual Credentialing and Recredentialing Audit	Scheduled			

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
CMHS	2023 Annual Credentialing and Recredentialing Audit	Scheduled			
Conduent	2017 Annual Claims Audit	Open	12/28/2017	Under CAP	Issue will not be resolved until new claims platform conversion
Conduent	2021 Annual Claims Audit	Open	7/21/2021	Under CAP	
Conduent	2022 Annual Claims Audit	Open	8/31/2022	Under CAP	
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	
Conduent	2021 Call Center Audit	Open	2/25/2022	Under CAP	
Conduent	2022 Call Center Audit	In Progress			
Kaiser	2022 Annual Claims Audit	Closed		9/13/2022	
VSP	2021 Annual Claims Audit	Closed	11/5/2021	10/06/2022	
VSP	2022 Annual Claims Audit	Open	12/07/2022	Under CAP	
VTS	2022 Annual Non-Medical Transportation (NMT) / Non-Emergency Medical Transportation (NEMT) Audit	Open	11/17/2022	Under CAP	

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VTS	2021 Call Center Focused Audit	Open	2/2/2022	Under CAP	
VTS	2022 Call Center Audit	Open	5/26/2022	Under CAP	
VTS	2022 Call Center Focused Audit	Open	10/27/2022		
VTS	NMT Scheduling Grievances CAP	Open	5/6/2022	Under CAP	
VTS	Subcontracting CAP	Open	7/22/2022	Under CAP	
Privacy & Security CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
Conduent	Call Center Recordings Website	Open	1/6/2021	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	
Conduent	Oct. 2021 CAPs	Open	11/22/2021	N/A	
Conduent	Nov. 2021 SLA	Open	1/28/2022	N/A	
Conduent	Jan. 2021 Contract Deficiencies	Open	2/4/2022	N/A	

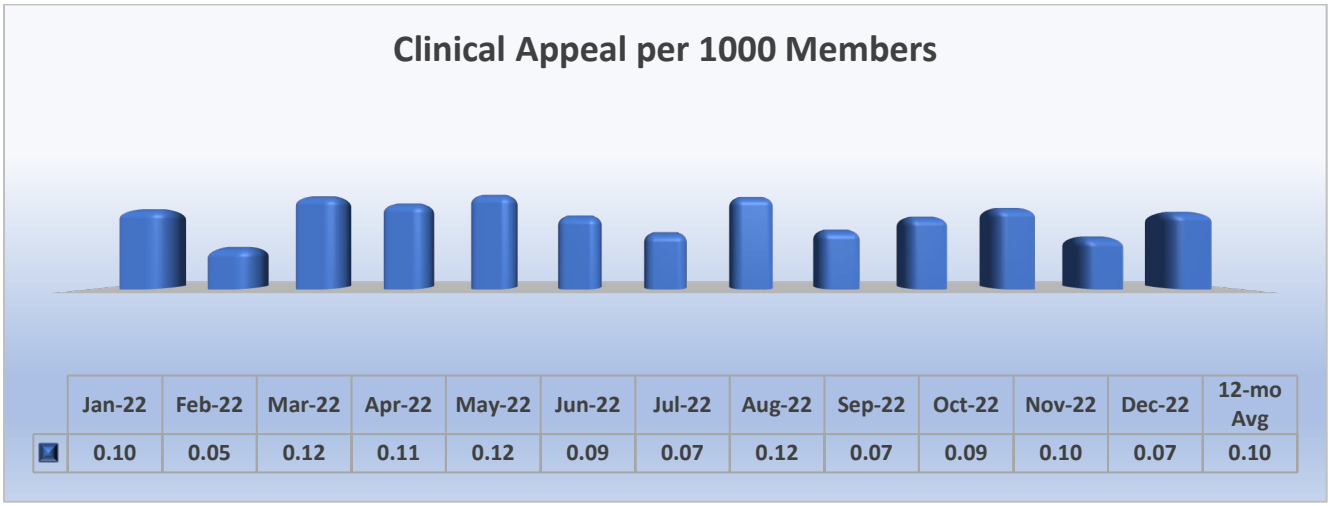
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	Dec. 2021 Contract Deficiencies	Open	2/11/2022	N/A	
Conduent	March 2022 SLA Deficiencies & Findings	Open	3/11/2022	N/A	
Conduent	Jan. 2022 SLA CAP	Open	3/25/2022	N/A	
Conduent	Feb. 2022 SLA CAP	Open	4/15/2022	N/A	
Conduent	March 2022 SLA CAP	Open	6/17/2022	N/A	

D. GRIEVANCE AND APPEALS



Member Grievances per 1,000 Members
The data show GCHP's volume of grievances has decreased slightly. In December, GCHP received 67 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 235,347, with an average annual grievance rate of .26 grievances per 1,000 members.

In Dec. 2022, the top reason reported was "Quality of Care," which is related to member concerns about the care they received from their providers.



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	12-mo Avg
	0.10	0.05	0.12	0.11	0.12	0.09	0.07	0.12	0.07	0.09	0.10	0.07	0.10

Clinical Appeals per 1,000 Members
The data comparison volume is based on the 12-month average of .10 appeals per 1,000 members.

In Dec. 2022, GCHP received 16 clinical appeals:

1. Six were overturned
2. Three were upheld
3. Five are still in review
4. Two were withdrawn

RECOMMENDATION:

Receive and File

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, M.D., Chief Medical Officer

DATE: January 23, 2023

SUBJECT: Chief Medical Officer (CMO) Report

Quality Update

Managed Care Accountability Set ("MCAS") Measurement Year ("MY") 2021 – Monetary Sanctions

As reported in the Q3-Q4 2022 Quality Improvement Committee Report to Commission, the Department of Health Care Services ("DHCS") announced in April 2022 that it will impose sanctions on Managed Care Plans ("MCPs") for failure to meet the Minimum Performance level ("MPL") for any MCAS measure, including corrective action plans and financial sanctions. DHCS established accountability requirements based on a Quality Improvement ("QI") tiering system tied to the number of measures performing below MPL with three levels – Green, Orange and Red. GCHP was designated the Orange Tier, denoting two or more measures below MPL in any one domain. Under the DHCS accountability requirements, all MCPs are required to perform two process improvement projects ("PIPs"), attend quarterly Regional Collaborative Calls, and actively engage and collaborate across delivery systems to improve quality measures. Additionally, under the Orange Tier, an MCP is required to conduct quality improvement projects (Plan-Do-Study-Act ("PDSA") or Strength, Weakness, Opportunity, and Threat ("SWOT")) to address measures below MPL. The following measures did not meet minimum performance in MY 2021:

- Child/Adolescent Preventive Health domain
    - Well Child Visits 0-15 months
    - Well Child Visits 15-30 months
    - Well Child Visits 3-21 years
- Women's/Maternal Health domain
    - Chlamydia Screening in Women
    - Breast Cancer Screening

In November 2022, DHCS provided additional specific guidance on financial sanctions via the Quality Sanction Bulletin, noting the following:

- A base of $25,000 per measure that fell below the MPL in Measurement Year 2021

- The amount may increase/decrease based on:
    - Number of impacted members who did not receive the recommended service
        - If >25,000 members, each impacted member will constitute a separate violation
    - The degree to which GCHP is below the MPL for each measure
        - Sanction amounts may increase based on disparity between reported rate and MPL
    - Whether performance on the measure has improved or worsened compared to MY 2020
        - If performance has declined, the amount will increase
        - If performance has improved, the amount will decrease

On December 13, 2022, GCHP was notified that total sanction amount is $87,000. Overall, DHCS sanctioned 22 plans due to poor performance on quality and will require concrete action for improvement. GCHP is positioning for the upcoming measurement year to achieve the best possible health outcomes and minimize sanctions through a multifaceted approach including executive level/CEO support, IT engagement, cross-organizational awareness, and collaboration with partner organizations.

MCAS Measurement Year ("MY") 2022 - Improvement Plan

The GCHP QI Department is leading improvement efforts on measures performing below MPL noted above. Clinical SWOT analyses will be performed for the Child/Adolescent Well Care and Women's Health measures, with specific interventions developed, to include member outreach strategies and collaborative efforts with the provider community.

GCHP is also currently engaged in a "Q4 MCAS Push" strategy aimed at optimizing MCAS outcomes for MY 2022. These strategies include:

- Proactive medical record abstraction for measures that are collected through administrative data (claims, encounters, supplemental electronic data) only. This is a large-scale effort entailing review of medical records for 74,000+ gaps in care with temporary HEDIS staff in place as well as overtime hours for UM/CM staff.
- Mechanisms to increase accuracy and improve mapping of data to Inovalon that feeds MCAS outcomes, including data mapping of Mother-to-Infant to capture encounters billed under mother's member ID, remediating code mapping to improve administrative capture for prenatal care measures, and working with Inovalon to ensure business rules and mapping are applied properly to GCHP data.

- Incorporating new sources to provide for more robust administrative data including Kaiser supplemental EMR feeds, Quest lab lookups, and potentially Manifest Medex Health Information Exchange ("HIE") data.
- Member engagement campaigns to close gaps in care including texting and outreach from GCHP health navigators, member incentive programs for well child/cervical cancer/breast cancer/diabetes, and member communications including educational content and events.
- Provider collaboration including promoting provider utilization of INDICES® gaps in care reports for assigned membership, QI Collaboration Meetings with the provider network to educate providers and share best practices from clinic partners, provider recognition and incentives for high performance, and partnering on member interventions including distribution of gift cards at the point of care.

MCAS Measurement Year 2023 - Measure Set

DHCS has released the final MCAS measure set for Measurement Year 2023, with a total of 42 metrics to be measured and reported within the following domains:

- Behavioral health
- Children's Health
- Chronic Disease Management
- Reproductive Health
- Cancer Prevention

Highlights of key changes compared to MY 2022 include the following:

- Total of 20 measures held to MPL versus 15
- New Measures:
    - Depression Remission or Response for Adolescents and Adults
    - Depression Screening and Follow-Up for Adolescents and Adults
    - Developmental Screening in the First Three Years of Life
    - Topical Fluoride for Children
- Asthma Medication Ratio was re-added as a measure held to MPL

Medi-Cal Rx Update

The transition to Medi-Cal Rx occurred on January 1, 2022. All retail pharmacy prescription claims are now submitted directly to the state via its Pharmacy Benefits Administrator ("MMA"), Magellan Medicaid Administration, Inc.

DHCS has released some detailed information regarding their plan for reinstatement of the edits and prior authorizations. Listed below are several elements of the plan:

- Multi-phased process to gradually reinstate edits and prior authorizations over 4+ months
- Timely and consistent communication and education regarding upcoming phases
- Minimum notice of 30 days regarding reinstatement
- Minimum notice of 90 days regarding end of the transition period

Beginning September 16, 2022, prior authorization ("PA") requirements were reinstated for 11 drug classes. This change only affected new start medications for beneficiaries 22 years of age and older. New starts are defined as new therapies or medications not previously prescribed during the 15-month lookback period. Grandfathering will be based on claim history and PAs received. Members aged 21 and younger will not be affected. The affected drug classes are as follows:

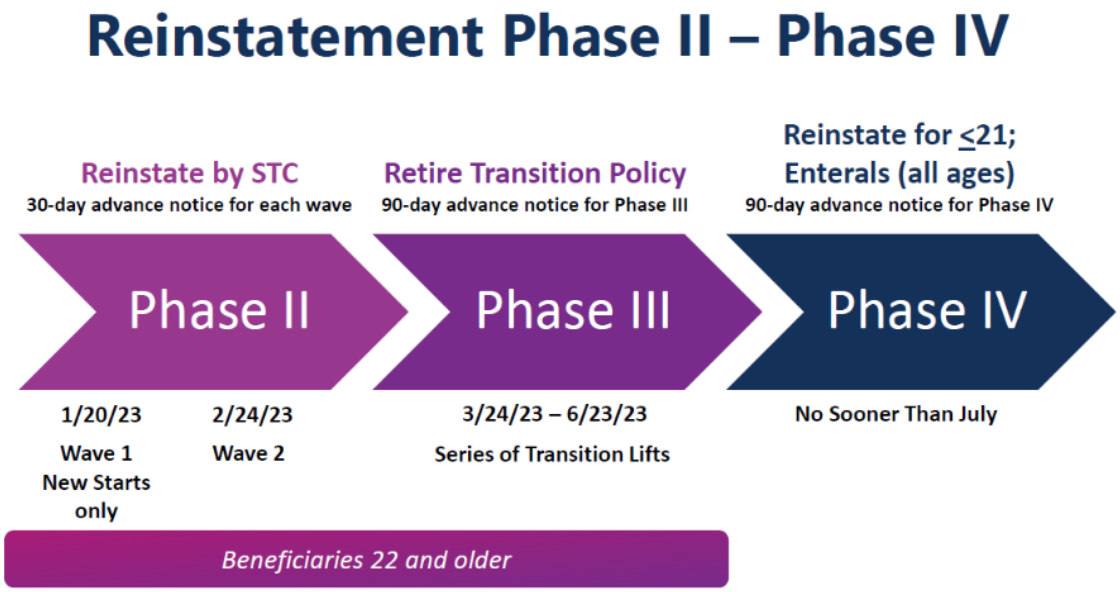
- Diuretics
- Antilipidemic agents (including statins and omega-3 fatty acids)
- Hypoglycemics and glucagon
- Antihypertensives
- Coronary vasodilators (nitrates and pulmonary arterial hypertension agents)
- Cardiovascular agents (including antiarrhythmics and inotropes)
- Anticoagulants and antiplatelets
- Niacin, Vitamin B, and Vitamin C products

On December 8, 2022, DHCS announced the future reinstatement of prior authorizations for the rest of the drug classes and retirement of the transition policy. This will only impact beneficiaries who 22 years of age and older.

Some key important dates are:

- January 20, 2023: Phase II, Wave 1 begins for new starts only for 39 drug classes.
- February 24, 2023: Phase II, Wave 2 begins for new starts for the remaining 32 drug classes.
- March 24, 2023 – June 23, 2023: Series of Transition Lifts as part of the retirement of the transition policy.

Medi-Cal Rx Reinstatement



Medi-Cal Rx will reinstate PA requirements for the remaining 71 drug classes for new prescriptions in early 2023. Effective January 20, 2023, prior authorization requirements will be reinstated for new starts for 39 drug classes in members 22 years of age and older. The authorizations for the remaining 32 drug classes will go into effect on February 24, 2023. Previously grandfathered prior authorizations for all drug classes will remain in effect no later than June 22, 2023, after which time a PA will be required for future fills. These changes will not affect patients 21 years of age and younger until a later time.

Reinstatement of PAs in the following drug classes will begin on January 20, 2023:

Therapeutic Class	Therapeutic Class
All Other Dermatologicals	Glucocorticoids
Anabolics	Iodine Therapy
Androgens	Multivitamins
Anesthetic Local Topical	Muscle Relaxants
Antiarthritics	Non-Opioid Analgesics
Antifungals	Ophthalmic Preparations
Antimalarials	Other Antibiotics
Antiparasitics	Other Hormones
Antiparkinson	Penicillins
Anti-Ulcer Preps/Gastrointestinal Preps	Progesterone
Antivirals	Streptomycins
Biologicals	Sulfonamides
Cephalosporins	Systemic Contraceptives
Corticotropins	TB Preparations

Therapeutic Class	Therapeutic Class
Emollients Protectives	Tetracyclines
Erythromycins	Thyroid Preps
Estrogens	Topical Nasal and OTIC Preparations
Fat Soluble Vitamins	Urinary Antibacterials
Folic Acid Preparations	Vitamin K
General Antibacterials and Antiseptics	

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

DHCS will provide more information regarding the series of transition lifts and updates regarding the reinstatement process and the retirement of the transition policy.

The DHCS dedicated website contains announcements, news, and secure portal training/registration. References are provided below:

DHCS's Dedicated Medi-Cal Rx Website:

https://medi-calrx.dhcs.ca.gov/home/

Medi-Cal Rx Bulletin & News:
https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news/

Medi-Cal Rx Pharmacy Locator:

https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy

Online Searchable Contract Drug List (CDL):

https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf

Reinstatement Resources:

Medi-Cal Rx Reinstatement of Prior Authorizations and Retirement of the Transition Policy: Phases II, III, and IV

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

90-Day Countdown – Phase III: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older

30-Day Countdown – Reinstatement of Prior Authorization Requirements for 39 Drug Classes

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AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Chief Diversity Officer

DATE: January 23, 2022

SUBJECT: Chief Diversity Officer (CDO) Report

Actions:

- **Community Relations**

1. Attended Multi-cultural Fair in Oxnard representing GCHP.
2. Participate in Minority Scholars Program at California Lutheran (Ongoing)
3. Participating in ACAP planning sessions with focus on mentoring.
4. Attend NCQA state meetings on Health Equity and Diversity (Preparing documents to meet State request).
5. Attended NCQA training on regulations coming from the state.
6. Met with diversity representatives from the county and Amgen to establish lines of communication on Ventura County issues.

- **Case Investigations**

a. No current Diversity related cases.

- **Diversity Activities**

Received nine (9) calls from employees during November/December with the Following subject matter:

1. Career council. (3)
2. Development classes (2)
3. Job opportunities (2)
4. Community involvement (2)

- Volunteered as a Career/Personal counsellor for state's ACAP

Other GCHP Activities:

1. Working with several Goals team on 2023 strategy.
2. Attended 1 mediation session for old open case (settled)
3. Bi-weekly 1x1's with CEO Nick Liguori continuing
4. Held several DEI meetings over the past few months.
5. Conducted 2023 planning session with DEI Council.
6. Attended year end 2023 GCHP Strategic Planning session with Commission.

GCHP Demographics (Year End 2022)

Males	28.1%
Females	71.9%

Cultures

White	30.3%
Blacks	6.8%
Hispanic	39.4%
Asian	17.4%
Hawaiian/Pacific Island	1.1%
Native American	.38%
Two or more Races	4.5%

Overall, our numbers track well to the changing demographics of the County. All other statistics such as promotions, attrition, hiring are available upon request. Our numbers are tracking well to the objectives/strategic planning and direction of GCHP.