

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

Provider Advisory Committee (PAC) Regular Meeting

Tuesday, September 10, 2024, 7:30 a.m.

Gold Coast Health Plan, 711 East Daily Drive, Community Room, Camarillo, CA 93010

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

Conference Call Number: 1-805-324-7279

Conference ID: 271 993 370#

Telephonic Location:

3080 Bristol Street
Costa Mesa, CA 92626

The Clayton Hotel
Galway, Ireland

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

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

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

OPENING REMARKS / WELCOME

Felix L. Nunez, M.D. MPH, Acting Chief Executive Officer
Marlen Torres, Executive Director of Strategy & External Affairs
Erik Cho, Chief Policy & Program Officer

CONSENT

1. Approval of Special Meeting Minutes of June 11, 2024

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the minutes as presented.

UPDATES

2. Operations of the Future Update (OOTF)

Staff: Anna Sproule, Executive Director of Operations
Alan Torres, Chief Information & Systems Modernization Officer

RECOMMENDATION: Receive and file the update.

3. D-SNP Update

Staff: Kimberly Marquez-Johnson, Director of Dual Special Needs Plan

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

4. PAC AdHoc Committee Recommendation for Chair and Vice Chair

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

RECOMMENDATION: Staff requests that the PAC Committee accept the PAC AdHoc committee's recommendations for Chair and Vice-Chair.

ADJOURNMENT

Unless otherwise determined by the PAC, the next meeting is scheduled for December 10, 2024 and will be held at Gold Coast Health Plan located at 711 E. Daily Drive, Suite 110, Community Room, Camarillo, CA 93010.

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

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

AGENDA ITEM NO. 1

TO: Provider Advisory Committee (PAC)
FROM: Maddie Gutierrez, MMC, Sr. Clerk of the Commission
DATE: September 10, 2024
SUBJECT: Approval of the Special Provider Advisory Committee Meeting minutes of June 11, 2024

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the June 11, 2024, Special Provider Advisory meeting minutes.

**Ventura County Medi-Cal Managed Care Commission (VCMCCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee (PAC)
Special Meeting June 11, 2024**

CALL TO ORDER

The Clerk to the Commission called the meeting to order at 7:34 a.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

OATH OF OFFICE

The Clerk administered the Oath of Office to the following new committee members: Molly Corbett, Milad Pezeshki, M.D., Josie Roemhild, and Vincent Pillard

ROLL CALL

Present: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Molly Corbett, Claudia Gallard, Katy Krul, Amanda Larson, Milad Pezeshki, M.D., Vince Pillard, Josie Roemhild, Kristine Supple, and Dr. Pablo Velez.

Absent: Committee member: Sim Mandelbaum.

Gold Coast Health Plan Staff in attendance: Nick Liguori, Chief Executive Officer, Marlen Torres, Executive Director of Strategy & External Affairs, Ted Bagley, Chief Diversity Officer, Felix Nunez, MD, Chief Medical Officer, Robert Franco, Chief Compliance Officer, Erik Cho, Chief Policy & Program Officer, Susana Enriquez-Euyoque, Vicki Wrighster, Kim Marquez-Johnson, Jan Schmitt, Rob Davenport, Alison Armstrong, Anna Sproule, TJ Piwowski, and General Counsel, Scott Campbell.

PUBLIC COMMENT

None.

OPENING REMARKS

CPPO Erik Cho welcomed all to the PAC meeting. CPPO Cho stated the committee will also have an opportunity to provide feedback, opinions, and ideas on programs that we are launching. We want to work together to make sure that we are meeting the needs not only of our members but also our providers. He noted that the organization is undergoing changes, and it includes upgrade to all of our core technology systems.

CPPO Cho reviewed the meeting agenda with all present.

CONSENT

1. Approval of regular meeting minutes of March 5, 2024

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the minutes as presented.

Committee member Masood Babaeian motioned to approve Agenda item 1 as presented.
Committee member Amelia Breckenridge, M.D. seconded.

AYES: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Claudia Gallard, Katy Krul, Amanda Larsen, Kristine Supple, and Dr. Pablo Velez.

ABSTAIN: Committee members: Molly Corbett, Milad Pezeshki, M.D., Josie Roemhild, and Vincent Pillard

NOES: None.

ABSENT: Sim Mandelbaum

The motion carried.

PRESENTATIONS

2. Operations Of The Future (OOTF) for Provider Partners – Background and Readiness

Staff: Anna Sproule, Executive Director of Operations
Vicki Wrighster, Sr. Director of Network Operations

RECOMMENDATION: Receive and file the presentation

Vicki Wrighster, Sr. Director of Network Operations, stated that she excited about the provider portal. Ms. Wrighster reviewed the benefits of the new portal. This gives higher visibility to member information. She noted that movability within the portal for providers is easier. It is extremely user friendly and is accessible. The portal provides clear insights into the authorizations, claims and is user friendly. This portal does a more streamlined process for registration for our providers.

Ms. Wrighster stated that currently our providers are reliant on Gold Coast for most operations within the portal. If our providers have multiple sites, our providers must sign on for each of those sites. There are also limited self-service functions within the

current portal. Within the current portal we have claims processing and claims submission, but we are only able to submit professional claims and not the institutional claims. She noted that in the current portal messaging is to the entire network and there is no messaging to an individual user on the portal. If a provider or user loses their username or password, the providers must reach out to GCHP in order to retrieve or activate a new username and/or password.

The new portal gives autonomy back to providers for most services. Providers do not have to call GCHP in order to access information. This portal is more intuitive, user friendly and allows for the submission of both institutional claims as well as professional claims. This portal is able to send messages directly to the user as well as to the entire network. There is one single sign on for users, regardless of the number of locations that they have access to. The providers now have larger control. They can change user ID and passwords. They can also add users to their network.

Ms. Wrihster stated that on the portal there is always a message about how they can contact GCHP if they need something. Providers with multiple locations will have the ability to look through their structure and identify all the users. This will ensure little interruption for patient care. When a provider registers for the portal they have two types of users that they can add themselves. One is the vendor level/tax ID level, and the other is the clinic or office location. If there are multiple sites, there will be a drop-down box and the user will click on the location they want to use. They will also be able to identify the different role that users will be able to operate in within the portal. Each person within the organization understands their role and the provider has the ability to invite users to the portal. She noted that an A2 factor authentication has been added. In a different dashboard in the portal there is a segment with patient eligibility, authorizations, claims, etc. A provider can look up patient eligibility, the same for claims and authorizations. There is also a segment where messages can be sent to specific providers, once the message is read, it goes to archive, and the provider has the ability to pull up the message from there as well. There are also network wide updates that can be viewed.

You can also look up member information, including eligibility dates, date of birth, address and phone numbers. You can see what clinic members are assigned to and also see their specific PCP.

Committee member Molly Corbett asked how much data is in the new portal. Ms. Wrihster stated two years of data is available. Ms. Wrihster noted that questions are covered in the trainings – it is an open forum. There will also be FAQ in the system and providers can look up questions and answers there.

Anna Sproule, Executive Director of Operations presented information on the core administration system, which is the claims system, and it also processes member

eligibility. We have selected HealthEdge to be our system of the future and this system will go live on July 1st. We have an opportunity to partner with Netmark, who is the BPO partner who will utilize HealthEdge to process our claims and eligibility process. The current system that we are operating in has many inefficiencies that can lead to inaccuracies. HealthEdge is going to support the ability for our claims to turn around in a way that our providers are accustomed to. We will have real time dashboards to be able to tell what our inventory looks like, and efficiencies will improve. We will continue to review the care management and medical management system. That system is also being replaced on July 1st. We are replacing several systems. We also have a new print fulfillment vendor that is going live. Ms. Sproule noted that this system is different from the portal but the information that goes into HealthEdge feeds the portal, so when looking up claim status, and the claim is processed through HealthEdge, it then goes into the portal to provide the provider the access to the status and in addition the payment information. The bonus is that there will be more information available more quickly. The portal is more robust, and the information will be presented in a way that is easier to follow.

Ms. Sproule stated claim submission will be done in the same way, and providers will be able to submit on the portal as well. We are going to make this as seamless as possible for all of our providers. The mail address will stay the same, if submitting paper claims, all claim submissions would be the same, but might be a little slower. Ms. Sproule thanked the providers for their patience as GHP makes this significant move into the future. She noted that staff is available to assist with any challenges that may be experienced.

3. Wellth Presentation

Staff: Rob Davenport, Manager, Wellness and Prevention Program

RECOMMENDATION: Receive and file the presentation

The agenda item was tabled.

4. 2024/25 Budget Presentation

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive and file the presentation

CEO Nick Liguori presented the budget information for CFO Sara Dersch. He noted his appreciation for the PAC. CEO Liguori noted that it is imperative for us to improve quality and to achieve the highest level of quality. He stated that DHS is our primary regulator and in the future the Department of Managed Healthcare and CMS will also

be our regulators as we expand into Medicare and D-SNP in 2026. They all agree that there is one score card. There are two parts to the scorecard. There is the managed care accountability set of measures and there are also survey responses. The imperative to is achieve the highest possible scores on these scorecards.

CEO Liguori stated that health plans describe themselves as “at risk.” Providers could consider themselves “at risk” if there is not enough money coming in to provide services and operate providers. The per member per month payment to us is used to cover all benefits, services, and operational requirements. We have to do everything with that. If it costs us more to do that because the population may have more acute needs. If we are inefficient with the use of our funds and running operations, then it will cost us more than what we are receiving.

CEO Liguori reviewed historical trends, components for running, building a health plan, and performing health plan services. There is also the component for building our reserves and meet growing requirements for reserves. He noted that the state sets high and higher standards for reserves. More people can be enrolled in Medi-Cal and that is also a basis for determining reserve levels. The state has stated to apply various mechanisms to incentivize to create improvement in health plans and health system quality. They have begun to apply penalties to health plans that do not meet performance levels below the fifty percentile. We, as a health plan are going to turn around the health plan and support quality transformation CEO Liguori reviewed NCQA and HEDIS measure sets with the committee.

CEO Liguori reviewed the 2024/2025 Budget for Gold Coast Health Plan. He noted that we are waiting for commission approval at the June 24th commission meeting. He noted that this is a hard business to succeed in. margins are small. We cannot change that, but we can change what we deliver. If we deliver high quality healthcare, it will ensure our long-term success and more funding will be available.

Committee member Claudia Gallard left the meeting at 9:02 a.m.

Committee member Kristine Supple left the meeting at 9:04 a.m.

FORMAL ACTION

5. Creation of an Ad Hoc Subcommittee for the Nomination of a Chairperson and Vice-Chairperson to Serve on the Ventura County Medi-Cal Managed Care Commission's Provider Advisory Committee (PAC)

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Staff recommends the PAC establish a nomination ad hoc subcommittee to commence the selection process of the Chairperson and Vice-Chairperson of the PAC.

General Counsel, Scott Campbell stated that the Charter requires the selection of a Chair and Vice-Chair. We must have an ad hoc committee consisting of three or four member who do not want to hold these two positions, to volunteer to sit on the ad hoc. This ad hoc committee will be for the purpose of deciding who will be chair and vice-chair.

Committee members Molly Corbett, Amanda Larson, and Amelia Breckenridge, M.D. volunteered to be on the ad hoc committee.

Committee member Dr Pablo Velez motioned to approve the Ad Hoc committee members. Committee member Masood Babaeian seconded.

AYES: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Katy Krul, Amanda Larsen, and Dr. Pablo Velez.

ABSTAIN: Committee members: Molly Corbett, Milad Pezeshki, M.D., Josie Roemhild, and Vincent Pillard

NOES: None.

ABSENT: Claudia Gallard, Sim Mandelbaum, and Kristine Supple.

The motion carried.

ADJOURNMENT

With no further items to be addressed, the Clerk adjourned the meeting at 9:08 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission



AGENDA ITEM NO. 2

TO: Provider Advisory Committee (PAC)

FROM: Anna Sproule, Executive Director of Operations
Alan Torres, Chief Information & System Modernization Officer

DATE: September 10, 2024

SUBJECT: Operations of the Future (OOTF) Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Operations of the Future: Current State Issues & Performance Metrics

Operations of the Future Current State Issues and Performance Metrics

Anna Sproule, Executive Director of Operations
Alan Torres, Chief Information and Technology Officer

Payment Operations: Timely SNF Payments and 835 Remittance

DHCS Contact

- Skilled Nursing Facilities (SNFs) provide essential skilled nursing care and rehabilitative services to people who are chronically ill or rehabilitating from illness or surgery. Such claims are processed in a specialized manner using adjudication logic that has some degree of technical difficulty in system configuration, implementation, and testing.
- GCHP's claims system has been unable to support adequate levels of auto-adjudication of COB claims, resulting in processing and payment delays.
- GCHP regularly works with the California Association of Health Facilities (CAHF) to ensure SNF and Long-Term Care providers are funded and satisfied. We have been working closely with CAHF on the current issues.

835 operations

- Providers need accurate, timely, and complete remittance advice (835) from a highly dependable automated process.
- New and improved automated 835 capabilities are now being rolled out across our provider network.

Authorizations

- AUTHORIZING CARE IS A CRITICAL ACCESS FUNCTION OF A HEALTH PLAN — PROVIDERS REQUEST APPROVAL FOR CERTAIN TYPES OF CARE (FACILITY ADMISSIONS, SPECIALTY SERVICES, SURGERIES, THERAPIES, ETC.); APPROVAL IS ACCESS TO CARE.
- OPERATIONS OF THE FUTURE (OOTF) → STABLE AND ABOVE-STANDARD PERFORMANCE, CONSISTENT WITH THE TRACK RECORD OF A UTILIZATION MANAGEMENT TEAM WITH A STRONG POSITIVE REPUTATION ACROSS GCHP’S PROVIDER NETWORK.
- AFTER OOTF STABILITY IS ACHIEVED (AUTOMATION, ACCURACY, AND TIMELINESS WILL HAPPEN PER OUR PLAN Q4 2024), GCHP WILL ENGAGE WITH THE COMMISSION ON OPTIONS TO RELIEVE PROVIDERS OF CERTAIN AUTHORIZATION REQUIREMENTS.

Requirement	4 Weeks Ending 7/26	4 Weeks Ending 7/26	4 Weeks Ending 7/26	Average Since Go Live	GCHP Standard
Expedited Authorization (72 Hours)	87.0%	91.9%	90.8%	91.1%	>90% standard
Standard Authorization (5 Business Days)	97.0%	95.3%	96.1%	95.6%	>90% standard
Retro Authorization (30 Calendar Days)	100.0%	100.0%	100.0%	100.0%	>90% standard
Approval Letter Timeliness (24 Hour)	100.0%	100.0%	100.0%	100.0%	>90% standard
Denial Letter Timeliness (24 Hour)	100.0%	100.0%	100.0%	100.0%	>90% standard



AGENDA ITEM NO. 3

TO: Provider Advisory Committee (PAC)

FROM: Kimberly Marquez-Johnson, Director of Dual Special Needs Plan
Eve Gelb, Chief Innovation Officer

DATE: September 10, 2024

SUBJECT: D-SNP (Dual Special Needs Plan) Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

D-SNP Update

Gold Coast Health Plan PAC: D-SNP Update

September 10, 2024

Eve Gelb, Chief Innovation Officer
and

Kim M Johnson, Director of Dual Special Needs Plan

Integrity

Accountability

Collaboration

Trust

Respect

DHCS transformation For Dual Eligible Enrollees

- In 2022 the Department of Health Care Services (DHCS) collaborated with the Centers for Medicare & Medicaid Services (CMS) as well as Managed Care Plans (MCP) to establish an Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP) model.
- Seven MCPs in the Coordinated Care Initiative (CCI) counties have already established EAE D-SNPs effective January 1, 2023.
- All MCPs will be required to establish EAE D-SNPs no later than contract year 2026.

What does it mean to be a EAE D-SNP

For most dual eligible beneficiaries, Medicare and Medi-Cal operate separately, with different funding streams.

This fragmented system can be confusing and hard to navigate. It may not provide person-centered services.

CalAIM Approach: Health plan to coordinate care across Medicare and Medi-Cal, known as **Medicare Medi-Cal Plans (or Medi-Medi Plans)**

Available in twelve counties in 2024: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare.

MMPs will launch in 46 additional counties by January 1, 2026.

Medi-Medi Plans

Medicare Medi-Cal Plans (Medi-Medi Plans) are a type of Medicare Advantage plan in California that are only available to dual eligible beneficiaries.

Beneficiaries enrolled in a Medi-Medi Plan receive their Medicare benefits through a Dual Eligible Special Needs Plan (D-SNP) and their Medi-Cal benefits through a Medi-Cal Managed Care Plan (MCP).

D-SNP + MCP Medi-Medi Plan



D-SNPs provide Medicare services, such as:

- Hospitals
- Providers
- Prescription drugs



MCPs provide wrap-around services, such as:

- Medicare cost-sharing
- Long-Term Services and Supports (LTSS)
- Transportation

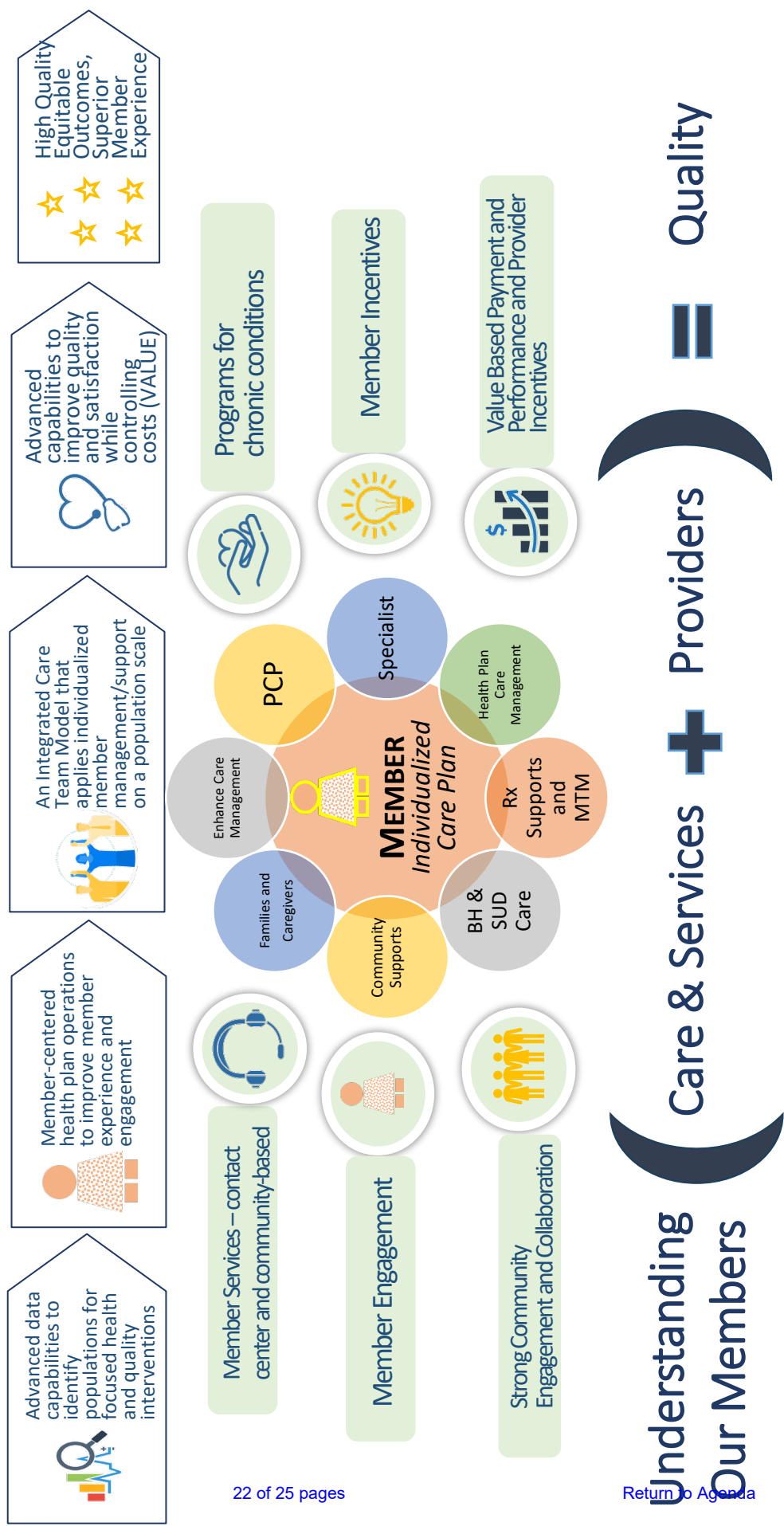
Care Coordination For Medi-Medi Plans

Medi-Medi Plans are described as a **single plan** in beneficiary-facing materials, as members will receive one card, one welcome packet, and have one phone number to call for member services.

There will only be one organization coordinating care across both sets of benefits.

- Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP):
 - Provide comprehensive care coordination across Medicare and Medi-Cal benefits, and streamline enrollee experiences, such as integrating member notification materials, grievances and appeals processes, and a single drug formulary.
 - Coordination with “carved- out” benefits such as:
 - In-Home Supportive Services (IHSS)
 - Multipurpose Senior Services Program (MSSP)
 - Specialty Mental Health and Substance Use Disorder Services provided by the county
 - Medi-Cal Dental (including Dental Managed Care Plans)

GCHP Model of Care : A Sustainable High-Quality Plan Blueprint

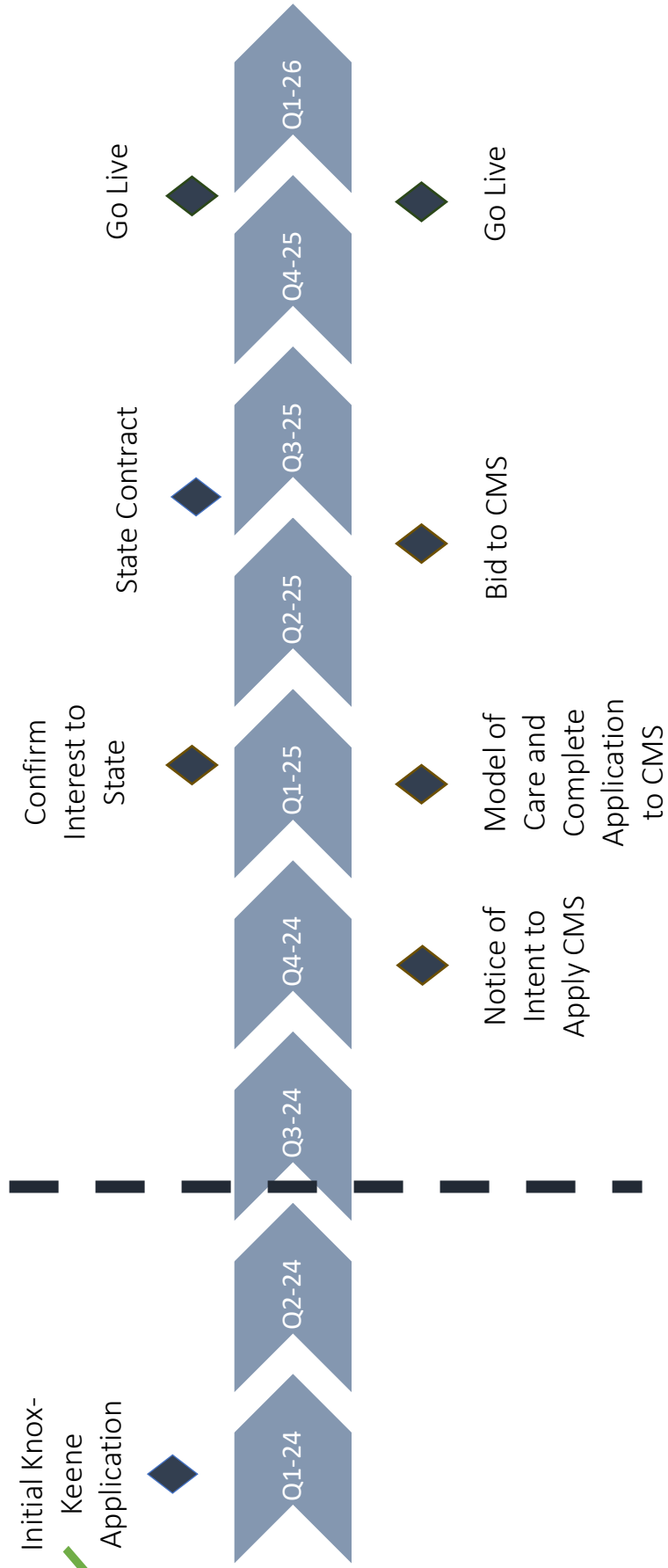


D-SNP Readiness

- Preparing to become a Medicare Advantage (MA) Plan to serve our Exclusively Aligned Enrollment (EAE) D-SNP members.
- Responsible for:
 - Providing specialized care to beneficiaries dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services
 - Adhere to Medicare regulations in addition to Medi-Cal
 - Institute Medicare processes that may not exist in our Medi-Cal
 - Align existing processes in the most efficient way possible
- GCHP will become an Exclusively Aligned Enrollment (EAE) D-SNP Medi-Medi Plan starting on 1/1/2026.
- Our goal is to be a sustainable high-quality plan by making sure we are thoughtful in our implementation and grow at a manageable pace.

On Track with Regulatory Schedule

GCHP has filed our initial Knox Keene Application and is working with the Department of Managed Health Care to complete deliverables. We are on track for all other filings



AGENDA ITEM NO. 4

TO: Provider Advisory Committee (PAC)

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

DATE: September 10, 2024

SUBJECT: PAC AdHoc Committee Recommendation for Chair and Vice Chair

SUMMARY:

On Wednesday, August 7, the PAC AdHoc Committee, comprised of Dr. Amelia Breckenridge, Molly Corbett, and Amanda Larson, met to review the interested candidates for the Chair and Vice Chair roles. After a robust discussion the majority voted to present the following slate of candidates to the PAC for a formal vote:

1. Chair: Dr. Milad Pezeshki
2. Vice Chair: Dr. Pablo Velez

RECOMMENDATION:

Staff requests that the PAC Committee accept the PAC AdHoc committee's recommendations for Chair and Vice-Chair.