

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

Provider Advisory Committee (PAC) Meeting

Tuesday, March 5, 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: 152 133 620#

2100 Outlet Center Drive #380
Oxnard, CA 93036

7466 Beverly Boulevard Suite #205
Los Angeles CA 90036

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

Persons wishing to address VCMCC 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

**Marlen Torres, Executive Director of Strategy & External Affairs
Erik Cho, Chief Policy & Program Officer**

CONSENT

1. Approval of regular meeting minutes of December 5, 2023

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the minutes as presented.

FORMAL ACTION

2. Revised Provider Advisory Committee Charter

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

RECOMMENDATION: GCHP's management team recommends that the PAC Committee approve the revised PAC Charter. The revised PAC Charter will be shared at the next Commission meeting on Monday, April 22, 2024.

PRESENTATIONS

3. Health Risk Assessment

Staff: Erin Slack, Sr. Manager, Population Health

RECOMMENDATION: Receive and file the presentation.

4. Asthma Medication Ratio and Well Child Visit Quality Measure Discussion

Staff: Felix Nunez, M.D., Chief Medical Officer
Eve Gelb, Chief Innovation Officer

RECOMMENDATION: Receive and file the presentation.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the PAC, the next meeting is scheduled for June 4, 2024 and will be held at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, 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, Clerk of the Board
DATE: March 5, 2024
SUBJECT: Approval of the Provider Advisory Committee Meeting minutes of December 5, 2023

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the December 5, 2023, Provider Advisory meeting minutes.

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee (PAC)
December 5, 2023**

CALL TO ORDER

Deborah Munday, Assoc. Clerk called the meeting to order at 7:37 a.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

OPENING REMARKS

CPPO Erik Cho welcomed all to the PAC meeting. He stated that there are several new committee members joining today. He stated this is a re-launch of the Provider Advisory Committee. GCHP is interested in hearing from the provider community. He noted there is a variety of representation on this committee.

CPPO Cho stated that GCHP has a focus and commitment to quality, advancing our quality scores, advancing the quality of care for our members, and raising the MCAS scorecard, which is how plans are measured. We look forward to feedback from the committee.

CPPO Cho stated the committee will also have an opportunity to present feedback to the Commission.

OATH OF OFFICE

Maddie Gutierrez, Clerk of the Commission, administered the Oath of Office to new committee members Amelia Breckenridge, M.D., Claudia Gallard, Sally Grove, and Amanda Larsen took their oath of office. New committee member Kristine Supple was absent.

ROLL CALL

Present: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Claudia Gallard, Sally Grove, Katy Krul, Amanda Larsen, and Dr. Pablo Velez.

Absent: Kristine Supple, and 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, Paul Aguilar, Chief of Human Resources, Alan Torres, Chief Information Officer, Susana

Enriquez-Euyoque Alison Armstrong, Adriana Sandoval-Jimenez and General Counsel, Scott Campbell.

PUBLIC COMMENT

None.

Ms. Marlen Torres, Executive Director of Strategy & External Affairs stated that the Consent items will be voted on separately so that the committee members can determine if they will vote or abstain from the approval of the minutes.

Ms. Torres stated that this committee meets quarterly. The next meeting will be on March 5, then June 4, September 10, and December 10, 2024. She noted that General Counsel, Scott Campbell will review posting requirements and general Brown Act information.

CONSENT

1. Approval of special meeting minutes of January 24, 2023

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 Dr. Pablo Velez seconded.

AYES: Committee members: Masood Babaeian, and Dr. Pablo Velez.

ABSTAIN: Committee members Amelia Breckenridge, M.D., Claudia Gallard, Sally Grove, Katy Krul and Amanda Larsen

NOES: None.

ABSENT: Sim Mandelbaum and Kristine Supple.

The motion carried.

2. Approval of the 2024 PAC Meeting Calendar

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the 2024 PAC meeting calendar as presented.

Committee member Masood Babaeian motioned to approve Agenda item 1 as presented. Committee member Dr. Pablo Velez seconded.

AYES: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Claudia Gallard, Sally Grove, Amanda Larsen, and Dr. Pablo Velez.

ABSTAIN: Committee member Katy Krul

NOES: None.

ABSENT: Sim Mandelbaum and Kristine Supple.

The motion carried.

PRESENTATIONS

3. PAC Orientation Presentation / Overview of Brown Act Requirements

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Receive and file the presentation.

Scott Campbell, General Counsel, stated he will give a brief orientation about the Brown Act, conflict of interest rules, and how members will conduct themselves as part of the committee.

Mr. Campbell stated that Gold Coast is a public entity. This committee's meetings are governed by the Brown Act. He gave a brief history of how the Brown Act came into existence. He noted that the public is able to attend meetings, observe votes, participate in meetings, and hold public officials accountable for the actions they take. The Brown Act has procedures that must be followed for a meeting.

The intent of the Brown Act is to assure that public meetings are held in a public setting so that citizens and residents of Ventura County know what the public entities are doing, and that they can understand what is on the agenda. The public can attend and participate in the meetings. He noted that if there are matters that you would like to discuss, they are to be within the subject matter of PAC, it must be done at a meeting. You cannot individually talk with each other about PAC issues because the public would not know what is being discussed. The whole purpose of the Brown Act is to make certain that when you act, take action, or contemplate acting as a committee, it is done at a public meeting.

Mr. Campbell explained the difference between a regular meeting and a special meeting. He reviewed the posting requirements for each of these types of meetings. The reason for posting the agenda is so that members of the public can then review the agenda and see what will be going on in that meeting. If they are interested in a particular agenda item, they have the right to attend the meeting and participate via public comment. The guidelines are the same for a special meeting. Posting requirements for a regular meeting is 72 hours prior to the meeting. Special meetings are 24 hours prior to the meeting.

Mr. Campbell stated that if an item is not on the agenda, the committee cannot act on the item because the public has not been told that there is going to be a discussion.

Mr. Campbell stated that today there was no one for public comment, but there have been members of the public join a Commission meeting and make public comments. We are very cautious to make certain that no actions occur in violation of the Brown Act.

Mr. Campbell explained that during Covid, there was a law that allowed meetings to be held from anywhere. You could call from your home, from your office, or while driving. There was no requirement that the public be able to attend from any location. A number needed to be provided for people to call in. The purpose for this law was to prevent the spread of the Covid virus. In January 2024, this will no longer be the case. This means that all meetings will be held in person. The meetings will be held in the Community Room here at Gold Coast Health Plan. If you cannot attend in person, there is a teleconferencing rule. This rule says that if you cannot attend in the Community Room, you can participate in the meeting as long as you post the agenda at the location where you will be participating from, and the public can come to that location and participate as well. You must post the agenda 72 hours before the meeting for a regular meeting, and 24 hours prior to a special meeting. The agenda must also list the locations. The Clerk will contact you prior to each meeting to confirm whether you will be attending a meeting in the Community Room or from another location. You must provide the address of the location so that the information is posted on the agenda.

Mr. Campbell moved on to Conflict-of-Interest rule. This rule basically provides that you cannot vote on matters that will enrich yourself. If there is a discussion on an item that will impact you or where you work, you would need to recuse yourself from the discussion. If you are in the Community Room, you would go to another room while the discussion takes place. If you are calling in, you must turn off your camera and mute yourself. You will be contacted by staff prior to a meeting if there is a potential conflict. Mr. Campbell noted that there are penalties associated with violating the conflict-of-interest rule. The basic penalty is that the action itself is null and void. There can be civil or criminal penalties imposed.

Another conflict-of-interest rule under 1090 basically says that you cannot contract with yourself. If there is a specific contract in which you will be a participant, you must recuse yourself.

Mr. Campbell stated that if the committee ever has any questions, they must reach out to the Clerk, Ms. Marlen Torres, or General Counsel.

4. Review of the updated PAC Draft Charter

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

RECOMMENDATION: Receive and file the presentation.

Marlen Torres, Executive Director of Strategy & External Affairs reviewed the draft charter. She stated that prior to the suspension of the committee, an AdHoc group consisting of David Fein, PAC Chair, Katy Krul, and Dr. Pablo Velez met, worked together, and reviewed and revised the draft charter. Ms. Torres thanked Mr. Masood Babaeian, Ms. Katy Krul, and Dr. Pablo Velez for their patience, and for waiting for this committee to start up again.

Ms. Torres noted that there were a number of changes in the Charter, this is a draft only. Ms. Torres stated that the Commission had some follow-up questions, we will respond, and it will again be presented to the Commission for approval. Ms. Torres noted that this committee reports to the Commission and there will be a presentation to the Commission giving them feedback and information on how this committee has supported GCHP. We plan to have more active involvement with the Commission this coming year.

Ms. Torres stated that one of the changes in the Charter was the number of members. We went from eleven members to thirteen in order to have a diverse PAC. She noted that this committee will also be able to provide feedback on our Model of Care. This committee will also weigh in on quality, how we can collaborate with providers to increase our quality scores. Ms. Torres reviewed the general responsibilities of PAC members. Ms. Torres pointed out that with the growing number of committee member, we want to also focus on non-traditional providers. We still have more seats to fill and hope to have a complete committee by January. If the committee has questions on the Charter, they can contact Ms. Torres or CPPO Cho.

CEO Nick Liguori asked Ms. Torres for clarification on the channels that the committee can use to provide feedback or if they have any questions. Ms. Torres informed committee members to directly contact the Clerk to the Commission. She requested the emails be sent out individually and not as a group. The Clerk will then filter the

questions to Ms. Torres or CPPO Cho. Ms. Torres noted that for the most part, The Clerk is the main point of contact for committee members. Ms. Torres also noted that meeting materials will be sent out a week in advance. The committee will receive meeting packets via email, and there will also be hard copies provided at the meeting. Committee member Sally Grove asked if the packet had been sent out, as she had not received anything. Committee member Claudia Gallard stated that all that was received was the agenda. CEO Liguori stated there are two commitments: 1) materials will go out in advance of the meeting, and 2) there will be prepared binders for those committee members who plan to attend in person.

5. Model of Care Presentation

Staff: Eve Gelb, Chief Innovation Officer
Felix L. Nuñez, MD, MPH, Chief Medical Officer
Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the presentation.

Chief Innovation Officer, Eve Gelb, stated that the Model of Care is the blueprint for how we support our members according to their needs and preference. We want to collect information, engage with our members, engage with community-based organizations, as well as our providers in order to understand the member and we will be able to build from that.

Chief Medical Officer, Felix Nunez, M.D., stated that this is groundbreaking work in the ongoing development of Gold Coast Health Plan. We are striving to bring high quality, highly accessible, highly equitable healthcare services to our community. He stated that our focus is to achieve the best health outcomes. We are striving to provide access to quality care, which will in turn provide a superior member experience.

The Model of Care was established by CMS, the Centers for Medicaid and Medicare Services and the National Committee on Quality Assurance (NCQA). By adopting the Model of Care as a blueprint for GCHP, we will have grown positive impact on Medi-Cal member health while we prepare to build and operate a D-SNP in 2026. We want to achieve the highest outcomes.

CIO Gelb stated she was going to present what is in the Model of Care. The primary focus is to support all populations with needs, all vulnerable populations, and elevate outcomes, which will elevate the ability to serve members by adopting the Model of Care. We need to understand the needs of our members, design our structures to support those needs and evaluate how well we are doing otherwise we are doing things by default instead of by design. NCQA 's model and requirements are applicable to everyone who is dealing with a vulnerable population, such as those we

serve. There are four standards, and each of the standards has elements within them that describe the standards, and there are factors, which produce the desired result. The factors demonstrate that we are meeting the elements that then roll up to the standards. This is a full exploration of the needs of our members. The key in the model of Care is to engage the members, so that is it person centered. The plan of care is not designed by us, but it is designed with the member, with the caregiver, with the family, so that the care plan achieves the desired outcomes. We must have care coordination, so that there is an integrated exchange of information. We want to connect with the members, not just deliver care, we want to ensure they get the right care, and that the care is focused on their needs and preferences.

We must also ensure that our providers are engaged and are aware of the Model of Care. We must approach this in a multidisciplinary approach. We must measure the outcomes and use the information to improve consistently.

Committee member Dr. Pablo Velez stated that it all looks good on paper, but where this has been broken in the past is in the interdisciplinary or interagency process. Everyone starts being silos and the interaction does not happen. CIO Gelb stated that is where we are hoping this committee can help us with this issue. We need to work together to build the design, not just with our members but also with our providers. We want opportunities to partner with the community. The Model of Care is something that must be continuously improved.

CEO Liguori asked CIO Gelb and CMO Nunez how they would want feedback from the committee. He also asked that they present the core element. CMO Nunez stated there are two elements. We are working to bring tools in-house where we could have a line of sight and see where the multiple streams are connecting with community agencies. We are developing those tool and resources. We will have a way to see what care management is doing or what another department is doing and how they are engaging with the patient. He noted it is difficult to coordinate at times, but bringing the member in is something new. It has been a challenge. We are beginning to implement in real time. As we develop the Model of Care and as we receive additional input, it will be key. We need to engage with our members and engage with our providers. We must map out a process.

CEO Liguori proposed sending out the translation of this abstraction into use of how the Model of care works, and the providers' role as we see it so that the committee has plenty of time to review and then focus on that for our March agenda.

Committee member Amanda Larsen motioned to approve Agenda items 3 through 5 as presented. Committee member Claudia Gallard seconded.

AYES: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Claudia Gallard, Sally Grove, Amanda Larsen, and Dr. Pablo Velez.

ABSTAIN: Committee member Katy Krul

NOES: None.

ABSENT: Sim Mandelbaum and Kristine Supple.

The motion carried.

UPDATES

6. Quality Incentive Provider Program (QIPP)

Staff: Erik Cho, Chief Policy, and Program Officer

RECOMMENDATION: Receive and file the update.

CPPO Erik Cho presented some things that the organization is doing that are meaningfully advancing the Model of Care. We have the quality Incentive Pool Program. It is our investment in provider quality performance, and it aligns with what has been discussed. The focus is on PCP providers. The program launched in 2023 and will continue in 2024. It is based on performance and MCAS. There are incentives for providers to meet measures. We have seen significant engagement to try to meet the metrics and deliver care. We will continue to see improvements in our quality. CPPO Cho reviewed how the program works. It helps create a quality improvement work plan which we can measure. We are working to take in extra data sets from the providers. We need to show that the work is being done, but it is not captured. We need to maximize what is able to be captured.

The focus is MCAS performance. There are five measures that are required, they are core measures for each of the provider systems, plus there are five that can be chosen for a total of ten. There are eighteen MCAS measures which we were held to MPL (minimum performance level) as a plan.

CEO Liguori stated the funding program is incentive for providers to partner with us and work with us. It will help in addressing care gaps in quality care as defined by the MCAS system. All of our primary care providers will ultimately have access to the incentive. We would like to create this kind of funding for hospitals and for other provider partners. This is an inaugural program where we are learning through it. We are catalyzing change.

Committee member Sally Grove, asked if there is room for redesign metrics, where instead of just a metric and something physicians are capturing or checking the box to make sure you get a metric on the way they are conducting the care. CEO Liguori replied that while this program is aimed at improvement, specifically in the MCAS measure set, we also have a grant program that we have just launched and intend to expand. It is all about funding, and delivery system change.

CPPO Cho stated that the MCAS measure set is heavily weighted towards preventive things, heavily weighted towards primary care focus. This is the first incentive program, but not the last quality incentive program that we have, and we are determined to spread out into other areas as well.

CMO Nunez pointed out that this is an investment. It is not a practice transformation grant; we see providers taking this money and doing exactly what the intent was. The intent was that they use these resources to build innovation and redesign their practice settings. Money was put out specifically to build an infrastructure and lay groundwork for what we hope will be an ongoing relationship with network partners and an investment designed to reach our objectives, which is a healthier community as measured by MCAS metrics that the state is measuring on. The intent is to spur innovation and redesign and practice settings to achieve the benchmarks. The design is intended to be flexible. Each provider partner develops a work plan of how they want to achieve the metrics and the improvements. That involves care redesign. It is a commitment that GCHP with the financial strength has at the moment to use to the best advantage that the community can find.

Committee member Dr. Pablo Velez motioned to approve Agenda item 6 as presented.
Committee member Masood Babaeian seconded.

AYES: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Claudia Gallard, Sally Grove, Amanda Larsen, and Dr. Pablo Velez.

ABSTAIN: Committee member Katy Krul

NOES: None.

ABSENT: Sim Mandelbaum and Kristine Supple.

The motion carried.

Agenda item 7 was tabled.

7. Provider Grants Program Update

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

Ms. Torres stated that agenda item 8 will be tabled until the next meeting.

8. Election of Chair and Vice Chair

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

RECOMMENDATION: The recommendation is for the PAC to nominate and vote on the Chair and Vice Chair.

ADJOURNMENT

With no further items to be addressed, Ms. Marlen Torres adjourned the meeting at 9:02 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission



AGENDA ITEM NO. 2

TO: Provider Advisory Committee (PAC)

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

DATE: March 5, 2024

SUBJECT: Revised Provider Advisor Committee (PAC) Charter

SUMMARY:

In 2022, the Provider Advisory Committee (PAC) convened an Ad Hoc Committee to review and revise the existing Committee Charter. The committee was comprised of David Fein (former PAC Chair), Katy Krul (Oxnard Family Circle Adult Day Health Center), and Pablo Velez (Amigo Baby) and met several times with Mr. Cho and Ms. Torres to propose revisions to the Charter. The Ad Hoc Committee was unable to present its final recommendation to the PAC because the PAC lost its quorum and was temporarily suspended.

Additionally, the GCHP management team made other revisions that included changes focused on modernizing the PAC's span to include the rapidly advancing programmatic and quality imperatives – by doing this we calibrated the priority of the PAC-GCHP partnership to today's dynamic regulatory environment (e.g., CalAIM) and our main strategic principle of Quality Improvement and Alignment with Providers.

The goal in modernizing the charter in the matter and increasing the PAC from 11 to 13 members is to meaningfully engage the PAC as we move forward many of these initiatives in partnership and collaboration with our contracted providers.

The revisions consist of the following:

1. Increase the numbers of PAC members from 11 to 13.
2. Updated the purpose of the charter to include providing feedback on GCHP's Model of Care, improving access to quality care, and feedback on GCHP membership.
3. Provide greater clarity on PAC responsibilities.
4. Provisions regarding the selection of a Committee Chair and Vice Chair.
5. PAC membership term limits including Ventura County members.
6. PAC membership enhancement to include non-traditional providers.

Attached you will find the original charter, the redline charter with the Ad Hoc Committee's recommendation and the proposed additional changes discussed at the November 20 Commission meeting, where at the recommendation of the Commission all PAC members are to have term limits. You will also find the clean version of the revised charter.

RECOMMENDATION:

GCHP's management team recommends that the PAC Committee approve the revised PAC Charter. The revised PAC Charter will be shared at the next Commission meeting on Monday, April 22, 2024.

**Committee Charter:
Provider Advisory Committee**

Committee Purpose

Pursuant to the Bylaws, the Ventura County Medi-Cal Managed Care Commission (VCMCC) enabling ordinance 4409 (April 2010) shall establish a Provider Advisory Committee (PAC) whose members can provide expertise relative to their respective specialties. The PAC, at a minimum, will meet quarterly and make recommendations, review policies and programs, explore issues and discuss how ~~GCHP~~the plan may best fulfill its mission. The PAC offers a forum for Providers and Practitioners to provide input and advice to Gold Coast Health Plan leadership. The PAC offers a forum for Providers and Practitioners to provide input and advice to the Gold Coast Health Plan (GCHP) leadership.

The PAC's mission is to provide feedback and recommendations on GCHP's membership needs, Model of Care, understand programmatic changes (regulatory, business, current and anticipated) and the managed care industry (local, state and national), and research by the health plan discuss local, state, or national issues focusing on enhancing access to care and theregarding the relationships and interactions between ~~PP~~Providers and GCHP to enhance member care. These issues include improving health care, and clinical quality, and improving communications, relations, and cooperation between ~~Providers~~Providers and GCHP. GCHP leadership may utilize information gained from the PAC to make recommendations or address issues brought forth by the Commission. GCHP leadership may utilize information gained from the PAC to make recommendations or address issues with the GCHP Governing Board.

Responsibilities

The following responsibilities shall serve as a guide, with the understanding that the PAC may carry out additional functions as may be appropriate ~~in light of considering a~~ changing business landscape, regulatory, legal, and/or other conditions. The PAC shall also carry out any other responsibilities delegated to it by the Commission from time to time.

- 1.) Address clinical and administrative topics that affect interactions between ~~PP~~Providers and GCHP.
- 2.) Discuss local, state, and national issues related to enhancing member care.
3. Provide input on health care services of GCHP.
4. Provide input on the program design and structures of the provider Quality incentives, Grant programs, and value based payments to improve access to care for members and quality measures.

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- 5. Provide input on GCHP’s Model of Care design and structures of member incentives and healthcare programs aimed at increasing member engagement in health/wellness, healthcare, and adherence to treatment.
- 3)6. Provide input on GCHP membership to better understand their needs, barriers, and priorities.
- 4)7. Provide input on the coordination of services between networks of GCHP.
- 5)8. Improve communications, relations, and cooperation between Providers and GCHP.
- 6)9. Provide expertise to GCHP relative to a PAC member’s area of practice.
- 7)10. GCHP budget review updates. GCHP budget review.
- 8)11. Changes to programs that impact Providers, such as Health Education, contracting, DHCS guidance, etc. Changes to programs that impact Providers, such as Health Education, contracting, etc.
- 12. Benefit changes and interpretation. Benefit changes and interpretation.
- 9)13. The Chair and Vice Chair will present to the Commission at least on an annual basis.

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Meetings

Regular meetings of the PAC shall be scheduled quarterly. Additional special (ad hoc) meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chair, or a majority of the members of the PAC. PAC meeting dates are scheduled one (1) year in advance. PAC meeting dates are scheduled one (1) year in advance.

Members

The VCMC determined the PAC would consist of thirteeneleven (13) GCHP Providers or Practitioners (14) GCHP Providers or Practitioners members with one dedicated seat representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members, with the exception of the designated VCHCA seat position, would serve a two-year term, serve up to three termterms have no term limits and individuals could apply for re-appointment if they haven’t met their term limits. The thirteeneleven voting members would represent various professional disciplines and/or constituencies, which include: allied health services, durable medical equipment, pharmacies, community clinics, hospitals, long-term care, non-physician medical practitioners, nurses, physician, and traditional / safety net, transportation, behavioral health, and community based organizations.

PAC Membership

- 1) One (1) VCHCA
- 2) One (1) Physician participating in Primary Care Providers (PCP)



- ~~3) Two (2) hospital representatives~~
- ~~4) One (1) allied health service provider~~
- ~~5) One (1) community clinic provider or practitioner~~
- ~~6) One (1) long term care provider~~
- ~~7) One (1) non-physician medical practitioner~~
- ~~8) One (1) nurse~~
- ~~9) One (1) traditional or safety net provider~~
- ~~10) One (1) practicing member from the Behavioral Health discipline~~

The Chief Policy and Program Office and the Executive Director, Strategy and External Affairs will serve as the Principal Executive Sponsors for the PAC. In addition, the following GCHP staff will be available at each meeting or may include a designee on a limited as-needed basis: GCHP staff that will be available at each meeting will be:

- ~~1) Chief Executive Officer (CEO), or designee~~
- ~~2) Chief Diversity Officer, or designee~~
- ~~3) Chief Medical Officer (CMO), or designee~~
- ~~4) Chief Operating Officer (COO), or designee~~
- ~~4) Chief Financial Officer (CFO), or designee~~
- ~~5) Chief Compliance Officer, or designee~~
- ~~6) Chief Program and Policy Officer~~
- ~~7) Chief Information and System Modernization Officer~~
- ~~8) Chief Innovation Officer~~
- ~~9) Chief Human Resources and Organizational Performance Officer~~
- ~~10) Senior Director of Network Operations/Provider Relations, or designee~~
- ~~11) Executive Director, Strategy and External Affairs, or designee~~
- ~~8) Director, Behavioral Health and Social Programs~~

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Membership Chair and Vice Chair Selection Process

1. Nomination Process

- a. To establish a nomination ad hoc subcommittee, the PGAC chairperson or vice-chair shall ask three to four members to serve on the ad hoc subcommittee. PAC members who are being considered for reappointment, cannot participate in the nomination ad hoc subcommittee.

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2. Prior to the PAC nomination ad hoc subcommittee meeting: At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation.
3. The PAC nomination ad hoc subcommittee shall:
 - i. Review, evaluate and select a prospective chairperson, vice-chair, and a candidate for each of the open seats.
 - ii. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice-chair, and a candidate for each of the expiring seats using the attendance record if relevant, and the prospective candidate's references.

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PAC Selection and Approval Process for Chairperson, Vice-Chair, and PAC Candidates

- a. On a biannual basis, PAC shall select a Chairperson and Vice-Chair from its membership to coincide with the biannual recruitment and nomination process.
 - i. The PAC Chairperson and Vice-Chair may serve one-year terms with two term extensions with a vote taken by the PAC members annually.
 - ii. The PAC Chairperson or Vice-Chair may be removed by a majority vote from GCHP's Commission.
- b. Upon selection of a recommendation for a Chairperson, Vice-Chair and a slate of Candidates, the ad hoc subcommittee shall forward its recommendation to the PAC for consideration.
- c. Following consideration, the PACs recommended slate of new Candidates shall be submitted to GCHP Commission for review and final approval.
- d. Following GCHP's Commission approval of PAC's recommendation, the new PAC members' terms shall be effective at the next regular meeting.
- e. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the immediately following PAC meeting.
- f. GCHP shall provide new PAC members with a new PAC member orientation including information on past meetings.

Membership Responsibilities

The Chair shall:

1. Preside at all PAC meetings
2. Work with GCHP staff to develop the PAC regular meeting agendas
3. Report at least on annual basis to the Commission

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- 4. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

The Vice Chair shall:

- 1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson
- 2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon
- 3. Attend PAC meetings on a regular basis

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Membership

- 1. Attend PAC meetings on a regular basis
- 2. Give feedback on topics presented by GCHP staff at PAC meetings
- 3. Serve in ad hoc meetings as determined by the Chair

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~~**Membership requirements/limits — ex: cannot be in ligation with GCHP, must be in good standing, etc.~~

~~**How are members removed? Does the CEO have the power to remove someone from PAC?~~

~~** How do we handle vacant seats?~~

~~** How are the Chair and Vice Chair selected?~~

Meeting Procedures

The PAC will meet on a quarterly basis. Meeting dates and times will be specified a year in advance. Meetings of the PAC shall be open and public pursuant to the Ralph M. Brown Act (Gov. Code § 54950 et seq.)

Voting and Quorum: The eleven voting PAC Members represent various professional disciplines. The presence of a majority of the PAC Members, shall constitute a quorum.

The PAC may invite other individuals, such as members of management, auditors, or other experts or consultants to attend meetings and provide pertinent information



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relating to an agenda item, as necessary.

The ~~Clerk of the Board~~ **Clerk of the Board** is responsible for notifying members of the dates and times of meetings and preparing a record of the Committee's meetings.

DRAFT

Committee Charter: Provider Advisory Committee

Committee Purpose

Pursuant to the Bylaws, the Ventura County Medi-Cal Managed Care Commission (VCMCC) enabling ordinance 4409 (April 2010) shall establish a Provider Advisory Committee (PAC) whose members can provide expertise relative to their respective specialties. The PAC, at a minimum, will meet quarterly and make recommendations, review policies and programs, explore issues and discuss how GCHP may best fulfill its mission. The PAC offers a forum for Providers and Practitioners to provide input and advice to Gold Coast Health Plan leadership.

The PAC's mission is to provide feedback and recommendations on GCHP's membership needs, Model of Care, understand programmatic changes (regulatory, business, current and anticipated) and the managed care industry (local, state and national), and research by the health plan focusing on enhancing access to care and the relationships and interactions between Providers and GCHP to enhance member care. These issues include improving health care, and clinical quality, and improving communications, relations, and cooperation between Providers and GCHP. GCHP leadership may utilize information gained from the PAC to make recommendations or address issues brought forth by the Commission.

Responsibilities

The following responsibilities shall serve as a guide, with the understanding that the PAC may carry out additional functions as may be appropriate considering a changing business landscape, regulatory, legal, and/or other conditions. The PAC shall also carry out any other responsibilities delegated to it by the Commission from time to time.

1. Address clinical and administrative topics that affect interactions between Providers and GCHP.
2. Discuss local, state, and national issues related to enhancing member care.
3. Provide input on health care services of GCHP.
4. Provide input on the program design and structures of the provider Quality incentives, Grant programs, and value based payments to improve access to care for members and quality measures.
5. Provide input on GCHP's Model of Care design and structures of member incentives and healthcare programs aimed at increasing member engagement in health/wellness, healthcare, and adherence to treatment.
6. Provide input on GCHP membership to better understand their needs, barriers, and priorities.



7. Provide input on the coordination of services between networks of GCHP.
8. Improve communications, relations, and cooperation between Providers and GCHP.
9. Provide expertise to GCHP relative to a PAC member's area of practice.
10. GCHP budget review updates.
11. Changes to programs that impact Providers, such as Health Education, contracting, DHCS guidance, etc.
12. Benefit changes and interpretation.
13. The Chair and Vice Chair will present to the Commission at least on an annual basis.

Meetings

Regular meetings of the PAC shall be scheduled quarterly. Additional special (ad hoc) meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chair, or a majority of the members of the PAC. PAC meeting dates are scheduled one (1) year in advance.

Members

The VCMC determined the PAC would consist of thirteen (13) GCHP Providers or Practitioners members with one dedicated seat representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members would serve a two-year term, serve up to three terms and individuals could apply for re-appointment if they haven't met their term limits. The thirteen voting members would represent various professional disciplines and/or constituencies, which include: allied health services, durable medical equipment, pharmacies, community clinics, hospitals, long-term care, non-physician medical practitioners, nurses, physician, and traditional / safety net, transportation, behavioral health, and community based organizations.

The Chief Policy and Program Office and the Executive Director, Strategy and External Affairs will serve as the Principal Executive Sponsors for the PAC. In addition, the following GCHP staff will be available at each meeting or may include a designee on a limited as-needed basis:

1. Chief Executive Officer (CEO)
2. Chief Diversity Officer
3. Chief Medical Officer (CMO)
4. Chief Financial Officer (CFO)
5. Chief Compliance Officer



6. Chief Program and Policy Officer
7. Chief Information and System Modernization Officer
8. Chief Innovation Officer
9. Chief Human Resources and Organizational Performance Officer
10. Senior Director of Network Operations/Provider Relations
11. Executive Director, Strategy and External Affairs,

Membership Chair and Vice Chair Selection Process

1. Nomination Process
 - a. To establish a nomination ad hoc subcommittee, the PAC chairperson or vice-chair shall ask three to four members to serve on the ad hoc subcommittee. PAC members who are being considered for reappointment, cannot participate in the nomination ad hoc subcommittee.
2. Prior to the PAC nomination ad hoc subcommittee meeting: At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation.
3. The PAC nomination ad hoc subcommittee shall:
 - i. Review, evaluate and select a prospective chairperson, vice-chair, and a candidate for each of the open seats.
 - ii. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice-chair, and a candidate for each of the expiring seats using the attendance record if relevant, and the prospective candidate's references.

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- c. Following consideration, the PACs recommended slate of new Candidates shall be submitted to GCHP Commission for review and final approval.
- d. Following GCHP's Commission approval of PAC's recommendation, the new



- PAC members' terms shall be effective at the next regular meeting.
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Membership

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Meeting Procedures

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The PAC may invite other individuals, such as members of management, auditors, or other experts or consultants to attend meetings and provide pertinent information relating to an agenda item, as necessary.

The Clerk of the Board is responsible for notifying members of the dates and times of meetings and preparing a record of the Committee's meetings.

DRAFT



AGENDA ITEM NO. 3

TO: Provider Advisory Committee (PAC)
FROM: Erin Slack, Sr. Manager of Population Health
DATE: March 5, 2024
SUBJECT: Health Risk Assessment

**PowerPoint with
Verbal Presentation**

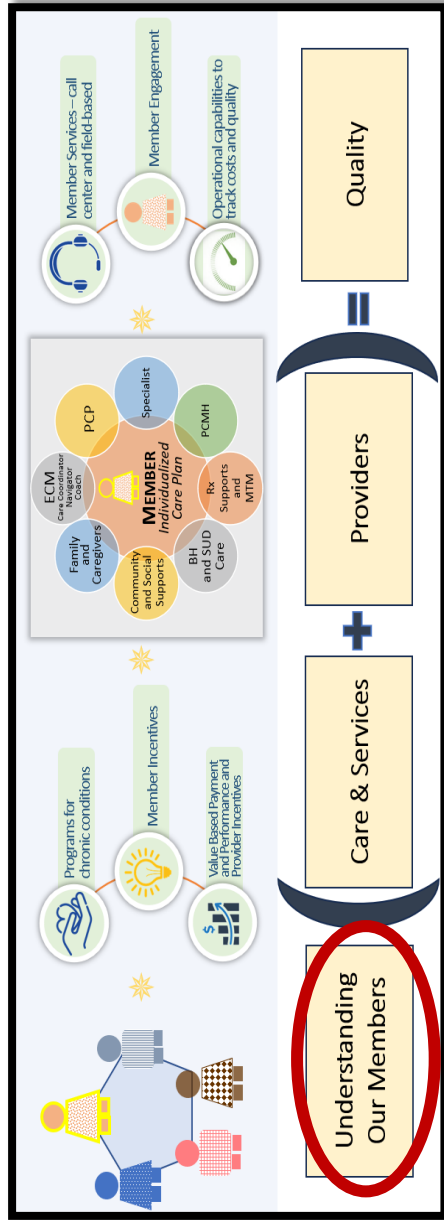
ATTACHMENTS:

Health Risk Assessment Phased Implementation Approach

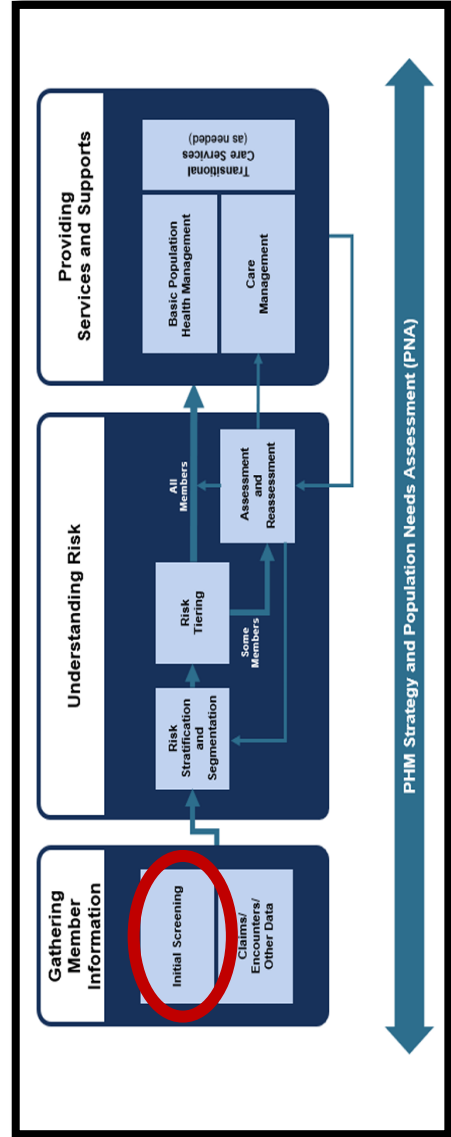
Health Risk Assessment (HRA) Phased Implementation Approach

Erin Slack, MPH
Senior Manager of Population Health
March 5, 2024

Model of Care and PHM Framework



Health Risk Assessment (HRA) Process

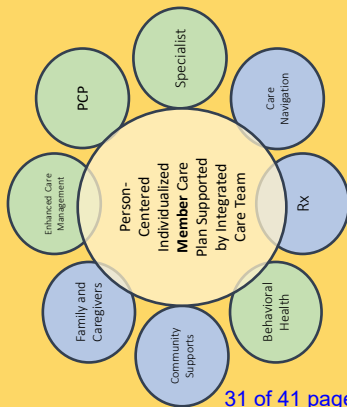


Health Risk Assessment (HRA) Process

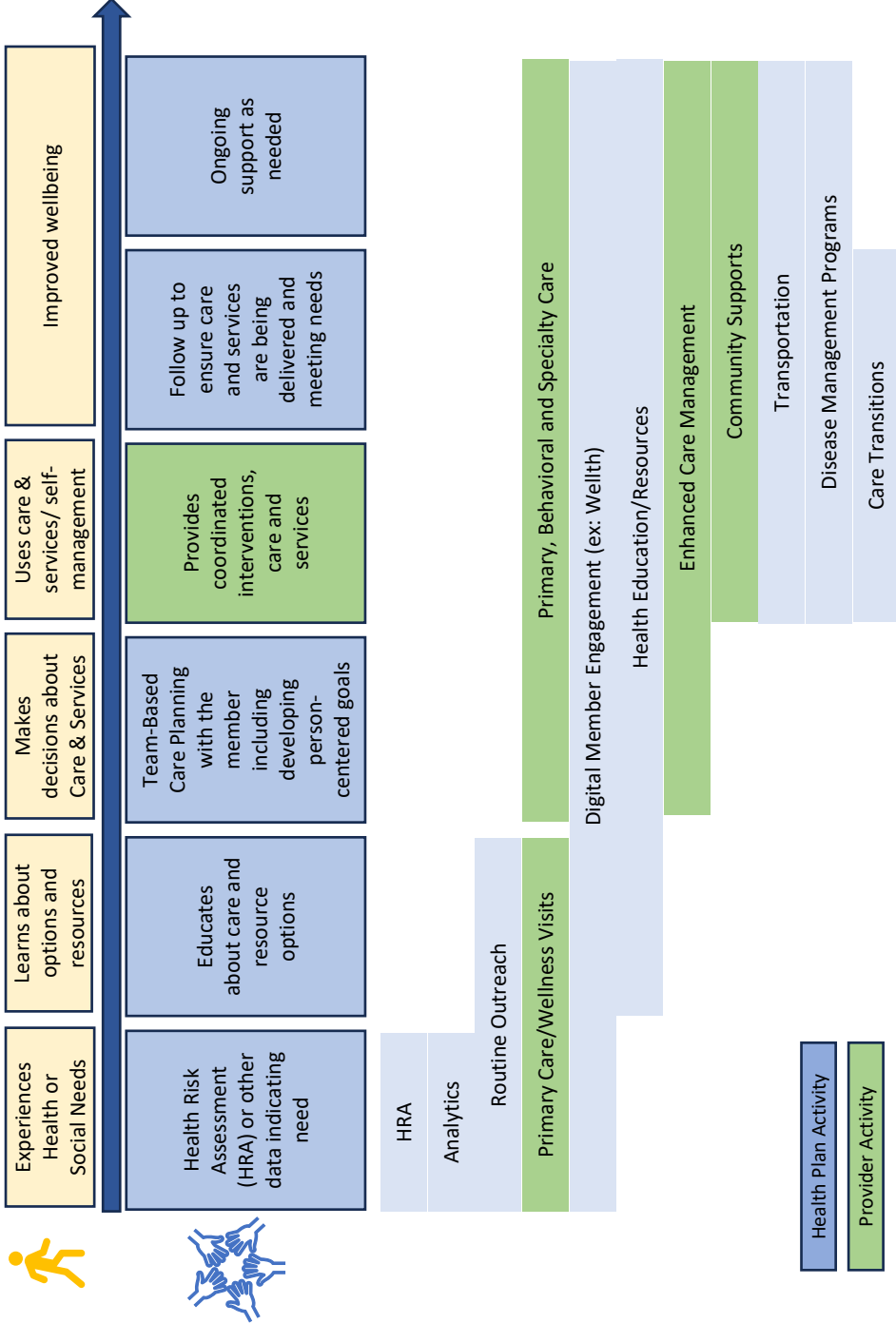


MEMBER JOURNEY THROUGH AN INTEGRATED CARE TEAM

Integrated Care Team



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



Process for HRA Development

Topics Included	Question Selection Process
<ul style="list-style-type: none">• Individual Assessment of their health• Access to Needed Care• ER and Hospitalization Utilization in Past 30 Days• Activities of Daily Living• Cognitive capacity• Mental and Behavioral Health• Social Determinants of Health including housing, food insecurity, transportation, and work status	<ul style="list-style-type: none">• Focused on where we can make an impact and provide services or referrals to resources• Learn more about our Members and establish a baseline for program planning• Meet requirements for D-SNP• Meet requirements for NCQA

Example HRA Questions

#	Questions	Response Options	Source	Referral Pathway
1	Would you say your health in general is?	<ol style="list-style-type: none"> 1) Excellent 2) Very Good 3) Good 4) Fair 5) Poor 	National Health and Nutrition Examination Survey	Answer = 5) Poor - Referral to Care Management
5	If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?	<ol style="list-style-type: none"> 1) I don't need any help 2) I get all the help I need 3) I could use a little more help 4) I need a lot more help 	CMS Health Related Social Needs Screening Tool	Answer = 3 or 4 - Referral to Care Management
10	Within the past 12 months, were you worried that your food would run out before you got money to buy more?	<ol style="list-style-type: none"> 1) Often true 2) Sometimes true 3) Never true 	CMS Health Related Social Needs Screening Tool (1 of 2 Hunger Vital Signs Questions)	Answer = 1 - Referral to Care Management

Phased Approach to Full HRA Implementation

Phase 1

- **Target Population:** Members newly eligible for Medi-Cal in January 2024 and those with low engagement with the healthcare system
- **Outreach Plan:** Utilize CareNet to make calls and send text messages

Phase 2

- **Target Population:** Families with Children
- **Outreach Plan:** Utilize our internal call center to make outreach calls

Phase 3

- **Target Population:** All Members that enroll on the Member Portal
- **Outreach Plan:** Will leverage the Member portal to conduct annual surveys

Phase 4

- **Target Population:** Focused efforts with populations such as Members with multiple chronic conditions, rolling out new populations by Quarter
- **Outreach Plan:** Utilize text capability/calls of our internal call center

Feedback from PAC Members

- Thinking about the integrated care team approach, how do you think providers should be involved in the HRA and care planning process?
- Does your organization currently have a process for gathering the type of information that is on the health risk assessment? If so, how often is that information collected and what are the opportunities for collaborating with or share that information with GCHP?



AGENDA ITEM NO. 4

TO: Provider Advisory Committee (PAC)

FROM: Felix Nunez, M.D., Chief Medical Officer
Eve Gelb, Chief Innovation Officer

DATE: March 5, 2024

SUBJECT: Asthma Medication Ratio and Well Child Visits Discussion

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:
Asthma Medication Ratio and Well Child Visits Discussion

Asthma Medication Ratio and Well Child Visits Discussion

Felix Nuñez MD, Chief Medical Officer
Eve Gelb, Chief Innovation Officer

2023 Managed Care Accountability Set (MCAS) Results Year to Date (YTD) and Projections

Children		YTD Percentile Results*	Projection**
WCV (A)	Child and Adolescent Well – Care Visits	50 th (MPL)	50 th (MPL)
W30-6+ (A)	Well-Child Visits in the First 0 to 15 Months of Life – 6+ Well-Child Visits	50 th (MPL)	50 th (MPL)
W30-2+ (A)	Well-Child Visits in the First 15 to 30 Months of Life – 2+ Well-Child Visits	75 th (MPL+)	75 th (MPL+)
CIS-10 (H)	Childhood Immunization Status – Combo 10	25 th	50 th (MPL) or 75 th (MPL+)
IMA-2 (H)	Immunizations for Adolescents – Combo 2	50 th (MPL)	75 th (MPL+)
DEV (A)	Developmental Screening in the First Three Years of Life	50 th (MPL)	50 th (MPL)
LSC (A)	Lead Screening in Children	50 th (MPL)	75 th (MPL+)
TFL (A)	Topical Fluoride for Children	Below 50 th	Will not meet MPL
Women			
BCS (E)	Breast Cancer Screening	75 th (MPL+)	75 th (MPL+)
CCS (H)	Cervical Cancer Screening	50 th (MPL)	75 th (MPL+)
CHL (A)	Chlamydia Screening in Women	50 th (MPL)	75 th (MPL+)
PPC - Pre (H)	Prenatal and Postpartum Care: Timeliness of Prenatal Care	50 th (MPL)	90 th (HPL)
PPC - Post (H)	Prenatal and Postpartum Care: Postpartum Care	90 th (HPL)	90 th (HPL)
Behavioral Health			
FUA (A)	Follow Up After an ED Visit Substance Abuse - 30 Days	Below 50 th	Will not meet MPL
FUM (A)	Follow Up After an ED Visit Mental Illness - 30 days	Below 50 th	Will not meet MPL
Chronic Conditions			
AMR (A)	Asthma Medication Ratio	Below 50 th	Will not meet MPL
CBP (H)	Controlling High Blood Pressure	Below 50 th	50 th (MPL) or 75 th (MPL+)
HBD (H)	Hemoglobin A1c Control for Patients with Diabetes – > 9%	50 th (MPL)	75 th (MPL+) or 90 th (HPL)

(A) Administrative: Measure is determined by data from claims and encounters for care that is delivered.
(H) Hybrid: Measure is determined by combination of administrative data and data that can be found in other medical records.
(E) Electronic Clinical Data Systems: Measure is determined by reporting from a wide range of data sources including administrative data, Health Information Exchanges and Electronic Health Records
*Data are preliminary as of end of January 2024 for MY 2023 and show only administrative data. Performance in all measure can increase based on additional care delivered and additional data collected.
**Projection is based on administrative data and projected lift from medical record review for hybrid measures.

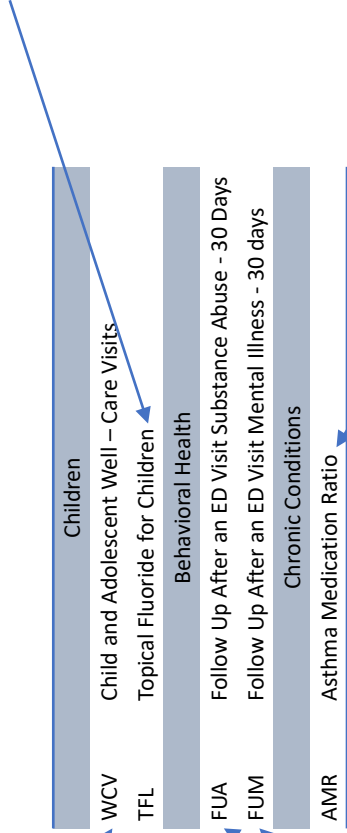
Aggressive But Achievable

The goal for 2024 Measurement Year is no measures below MPL and more measures meeting HPL than in 2023. The measures below present our biggest challenge and need for investment and innovation.

High volume and school age population impacted by access and schedules → School Partnership, expanded office hours, provider recruitment strategies.

Short time frame to improve outcomes and hard to reach population that often does not engage with care → Incentives and investments in staff in the ED and new data sharing.

Providers typically don't provide this service for any children and even less so for those over 5 years old → Providing the incentives and resources to administer the treatments.



Combination of factors including how pharmacies manage refills and provider prescribing patterns → Incentives and pharmacist led interventions to support PCPs.

Clinic System

- (Blank)
- CDCR
- CMH
- Dignity
- Independent
- Kaiser
- VCMC

Rate

47.30%

65.61%

Eligible Population

1,220

Closed Gaps

577

Open Gaps

643

Members Needed MPL Goal

224

Members Needed HPL Goal

350

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2024 MCAS MEASURE: ASTHMA MEDICATION RATIO (AMR)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GHCP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Asthma Medication Ratio (AMR)."

Measure Description: Measure the percentage of members ages 5 to 64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

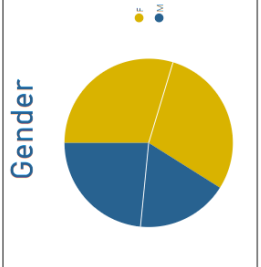
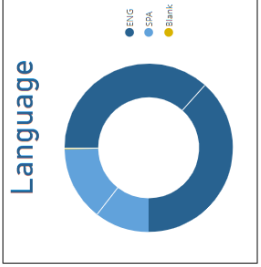
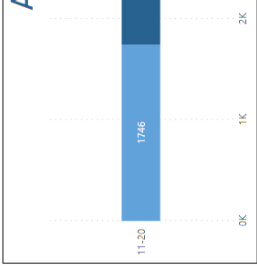
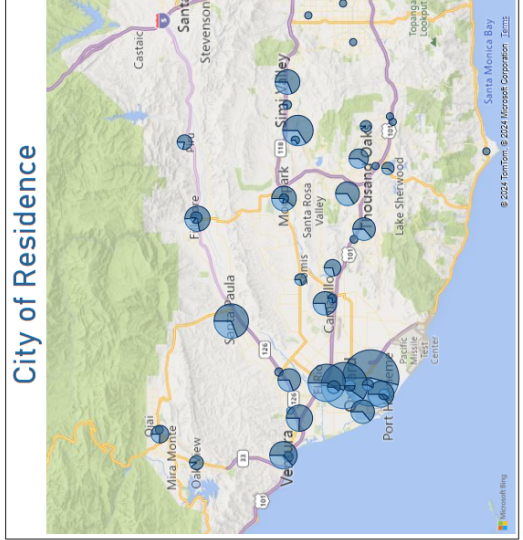
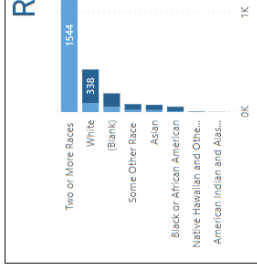
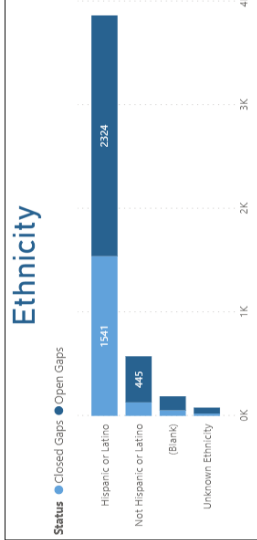
Inclusion into the measure can include any of the following four events:

- ▶ At least four subsequent visits, observation visits, telephone visits, e-visits or virtual check-ins, where there was a diagnosis of asthma and the patient was prescribed a controller medication.
- ▶ At least one acute inpatient visit where the patient received a principal diagnosis of asthma.
- ▶ Emergency Department (ED) visits with a principal diagnosis of asthma.
- ▶ At least four asthma medication dispensing events.

Data Collection Method: Administrative

AMR Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

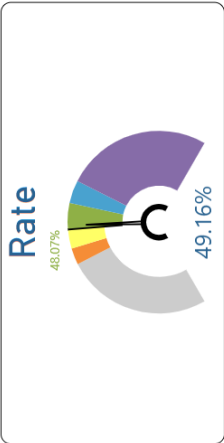


What are some of the barriers that members and providers face regarding ensuring the appropriate ratio of rescue and maintenance medications?

What could GHCP do to address those barriers and support members and providers?

Clinic System

- (Blank)
- CDCR
- CMH
- Dignity
- Independent
- Kaiser
- VCMC



Eligible Population
81,790

Closed Gaps
40,210

Open Gaps
41,580

Members Needed MPL Goal
0

Members Needed HPL Goal
9,805

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Integrity - Accountability - Collaboration - Trust - Respect

2024 MCAS MEASURE: CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GHCP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Child and Adolescent Well-Care Visits (WCV)."

Measure Description: Measures the percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a primary care provider (PCP) or an OB/GYN practitioner during the measurement year.

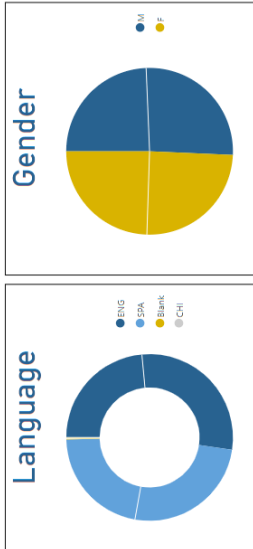
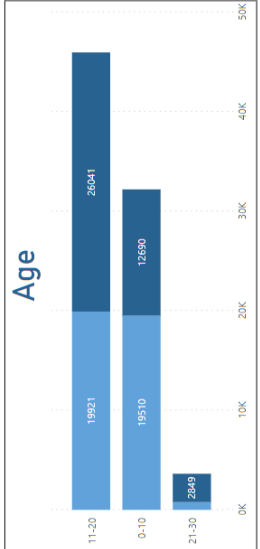
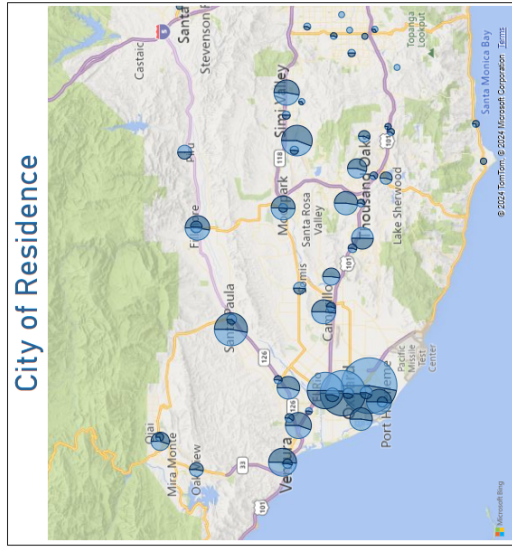
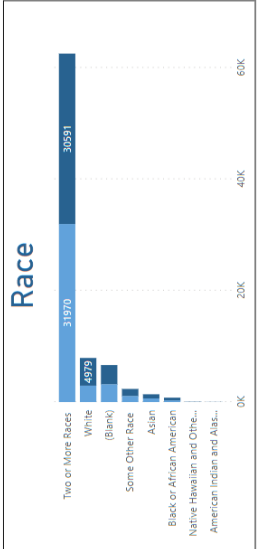
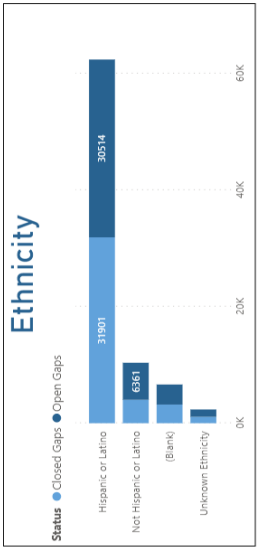
Data Collection Method: Administrative

WCV Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.

ICD-10-CM	CPT	HCPCS
Z00.00, Z00.01, Z00.10, Z00.11, Z00.121, Z00.122, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z70.1, Z70.2	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	G0438, G0439, S082, S0810, S082E, S0819

Codes used to identify well-care exams with a PCP or OB/GYN.



This measure is particularly problematic for our members over 10 years old.

- We are interested in school-based opportunities to support members in getting care. What are your thoughts about school-based care?
- What could GHCP do to support members and providers in closing this gap in care?