Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan Strategic Planning Retreat

Thursday, Dec. 12, 2024

Integrity
Accountability
Collaboration
Trust
Respect

Agenda

Topics	Time	Speakers
1. Welcome & Opening Remarks	**1:30 – 1:45 p.m.**	**Dr. Felix Nuñez**, Acting Chief Executive Officer (CEO) **Marlen Torres**, Chief Member Experience & External Affairs Officer
2. Competitive Landscape and Q&A a) State b) National	**1:45 – 2:45 p.m.**	**Linnea Koopmans**, Chief Executive Officer, Local Health Plans of California **Chris Dickerson**, Senior Consulting Actuary I, Health Management Associates **Jennifer Babcock**, Senior Vice President of Medicaid Policy, Association of Community Affiliated Health Plans **Craig A. Kennedy**, President and Chief Executive Officer, Medicaid Health Plans of America
3. **Financial Outlook**	**2:45 – 3:00 p.m.**	**Sara Dersch**, Chief Finance Officer

Agenda

Topics	Time	Speakers
4. Update on 5-Year Plan	**3:00 – 5:45 p.m.**	
a) Improve Health Outcomes • California Advancing and Innovating Medi-Cal (CalAIM) • Quality / MCAS		**Erik Cho,** Chief Policy and Program Officer
b) Improve Member Experience		**Marlen Torres**, Chief Member Experience & External Affairs Officer
c) Diversity, Equity, and Inclusion / Health Equity		**Ted Bagley**, Chief Diversity Officer **Dr. James Cruz**, Acting Chief Medical Officer
Breakout		
a) Stabilize Operations		**Anna Sproule**, Executive Director of Operations **Alan Torres**, Chief Information & System Modernization Officer
b) Implement Dual Eligible Special Needs Plan (D-SNP)		**Eve Gelb**, Chief Innovation Officer
a) Transform our Culture		**Paul Aguilar**, Chief HR & Organizational Performance Officer
Breakout		
5. Retrospective on Today's Retreat & Closing Remarks	**5:45 – 6:00 p.m.**	**Laura Espinosa,** Commission Chair **Dr. Felix Nuñez,** Acting CEO

Competitive Landscape and Q&A

Linnea Koopmans, Chief Executive Officer, Local Health Plans of California
Chris Dickerson, Senior Consulting Actuary I, Health Management Associates
Jennifer Babcock, Senior Vice President of Medicaid Policy, Association of Community Affiliated Health Plans
Craig A. Kennedy, President and Chief Executive Officer, Medicaid Health Plans of America

Premium Rate Q&A

Q #1: There has been a lot of rate movements over 2023 and 2024. What is driving this?

Q #2: Are other County Organized Health System (COHS) and Local Plans experiencing what GCHP is from a rate-setting perspective?

Q #3: What is the latest on regional rate setting?

Q #4: What are some of the intended and unintended impacts of Proposition 35?

Q #5: Can you describe future limits on directed payments?

Oct. 2024 Fiscal Year-to-Date (YTD) Financial Results

Sara Dersch, Chief Finance Officer

October Year-to-Date Summary

Item	Actual	Budget	Explanation
Membership	243,870	249,989	Child, Expansion and Adult are driving the variance
Revenue $$ *Revenue pmpm*	$355.3M *$361.02*	$358.3M *$358.59*	Volume driven variance
Investment Income	$7.0M	$5.3M	Favorable Interest Rates
Medical Cost $$ *Medical Costs pmpm* MLR %	$309.6M *$314.59* 87.1%	$306.8M *$307.06* 85.6%	Increased utilization higher in the Adult Expansion, Adult, and SPD cohorts, putting downward pressure on the contribution margin
Quality Strategy (Grants/Incentives)	$18.7M	$27.5M	Quality Improvement Incentive Program (QIPP) slow start; will be ramping up in Spring 2025
Admin	$30.5M	$32.7M	Variances due to shifting of Budgeted Core Admin Expenses to OOTF
Operations of the Future (OOTF)	$7.2M	$5.4M	Continuation of expanded stabilization plan
Net Income/(Loss)	($3.6M)	($8.8M)	Favorability primarily attributed to timing of Quality Strategy payments
TNE	$362.3M	$354.3M	TNE approximates budget

2025 Rates and Impact to Current Fiscal Year

Category of Aid	2024 Rate	2025 Rate (Budget)	2025 Initial (Oct)	2025 Initial (Dec)	Impact to Fiscal Year
Adult - SIS	$ 339.69	$ 368.96	$ 328.27	$ 334.88	$ (1,435,899)
Adult - UIS	$ 480.75	$ 551.82	$ 413.61	$ 420.93	$ (23,735,899)
Adult Expansion - SIS	$ 339.63	$ 343.99	$ 344.10	$ 351.27	$ 5,927,692
Adult Expansion - UIS	$ 559.76	$ 557.23	$ 552.00	$ 563.25	$ 899,439
Child - SIS	$ 108.75	$ 109.51	$ 110.58	$ 112.96	$ 3,629,452
Child - UIS	$ 102.30	$ 125.01	$ 104.05	$ 106.25	$ (896,872)
LTC Dual - SIS	$ 650.41	$ 649.31	$ 618.72	$ 630.68	$ (140,418)
LTC Dual - UIS	$ 502.67	$ 502.13	$ 606.01	$ 620.27	$ 8,388
LTC Non-Dual - SIS	$ 1,268.91	$ 1,283.39	$ 1,193.38	$ 1,216.03	$ (27,956)
LTC Non-Dual - UIS	$ 1,290.23	$ 1,323.75	$ 1,446.82	$ 1,478.10	$ 36,734
SPD - SIS	$ 1,311.31	$ 1,282.78	$ 1,203.30	$ 1,222.19	$ (5,114,392)
SPD - UIS	$ 1,348.14	$ 1,337.47	$ 1,446.65	$ 1,477.88	$ 2,208,382
SPD Dual - SIS	$ 655.58	$ 649.29	$ 618.72	$ 630.68	$ (5,498,109)
SPD Dual - UIS	$ 513.29	$ 502.70	$ 606.01	$ 620.27	$ 167,774
					$ (23,971,684)

Note: *"Impact to Fiscal Year" includes reduction of 50K member months multiplied by the change in rates*

FY 2024-25 Cost Headwinds

- Operations of the Future Remediation / Stabilization: $11.5M additional costs
- Utilization Changes: $40M additional costs
- Provider Rate Increases: $12M additional costs
- D-SNP Right-sizing: $5M additional costs

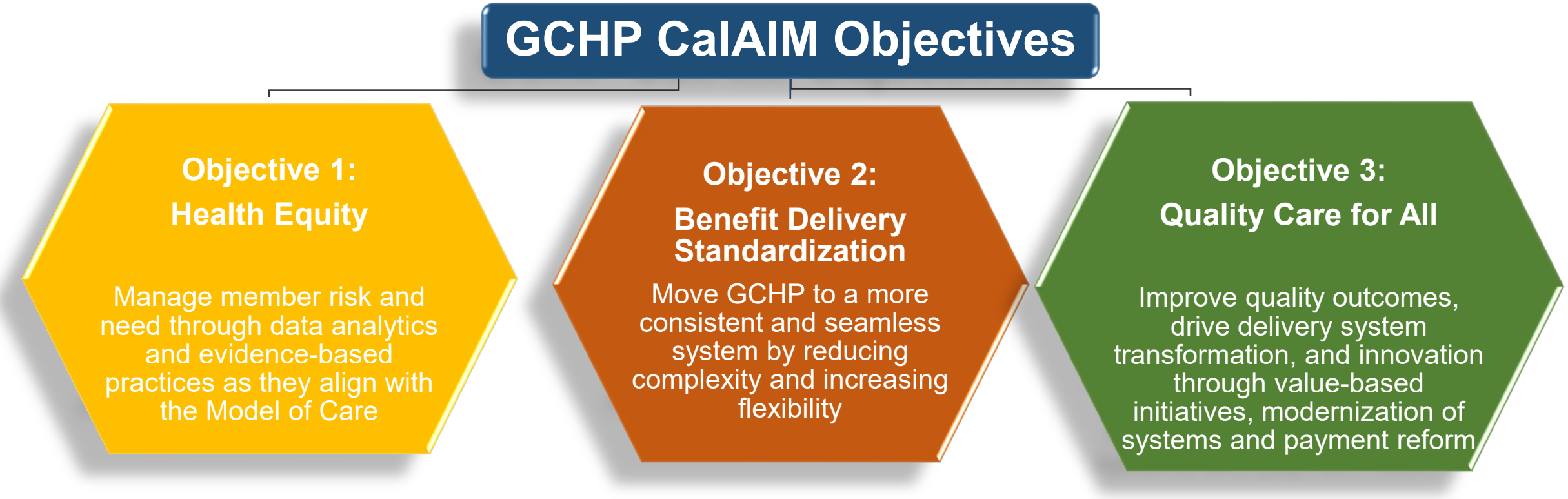
Update on 5-Year Plan

Improve Health Outcomes

Erik Cho, Chief Policy and Program Officer
Pauline Preciado, Executive Director of Population Health
Kim Timmerman, Senior Director of Quality Improvement

Achieving Quality for GCHP Members

To maximize the health and life trajectory of all members through coordinated and equitable access to quality services



What is California Advancing and Innovating Medi-Cal (CalAIM)?

- ***CalAIM*** is a multi-year initiative led by the state Department of Health Care Services (DHCS). The goal is to improve the qualify of life and health outcomes of Medi-Cal members by implementing delivery and payment reforms across the program.
- CalAIM leverages Medi-Cal as a tool to help address many of the complexities and challenges facing the most vulnerable individuals. The model is a person-centered approach targeting social determinants of health and reduces health disparities and inequities.

National Committee for Quality Assurance (NCQA)

Enhanced Care Management (ECM) / Community Supports (CS)

Population Health Management (PHM)

Benefits and Programs

Dual Special Needs Program (DSNP)

Behavioral Health

GCHP CalAIM Impact:

Key Accomplishments and Highlights

Member First

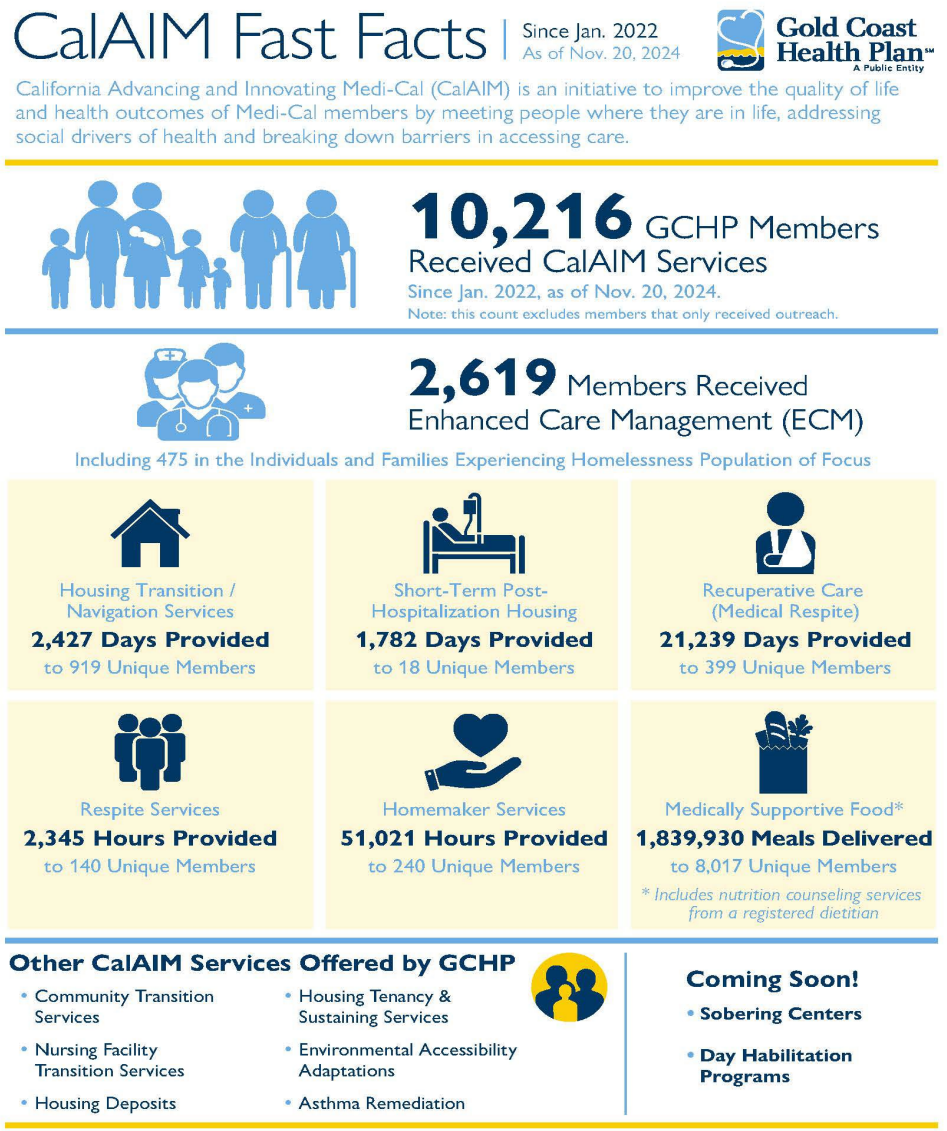
- Provided ECM services to 2,600+ high risk members
- Launched 12 new services addressing Social Drivers of Health (SDOH)
- Delivered CalAIM webinar series and implemented a “No Wrong Door” referral policy
- Introduced new programs, including Community Health Worker (CHW), Doula benefits, and scholarship initiative

Community and Provider Engagement

- Maximized CalAIM incentive payment programs, distributing $22M to providers and community-based organizations (CBOs)
- Engaged with 18+ providers, including CBOs and non-traditional organizations
- Launched CalAIM Technical Assistance onboarding for providers
- Established CalAIM Advisory Committee and Ventura County Birth Equity Collaborative

Best In Class

- Ranked in the top third in California for Community Supports Utilization (Dec. 2023)
- Recognized as 2024 Healthcare Champion by *Partnership for Healthy Ventura County*
- Enhanced risk stratification through advanced data analytics



CalAIM: ENHANCED CARE MANAGEMENT (ECM) / COMMUNITY SUPPORTS (CS)

GCHP Members engaged in their health care and empowered to take action to live a full life.

Health Equity

Manage member risk and need through data analytics and evidence-based practices as they align with the Model of Care

WHAT ARE WE DOING

- *12 Community Support Services*
- *Increasing Population Health Analytic Capabilities*
- *Doula Pilot Program*
- *Community Health Workers (CHW) Benefit*

WHAT TO EXPECT

- *Transitional Rent Benefit*
- *Enhanced Care Management (ECM) Services for Incarcerated Members*
- *Day Habilitation Services*

Benefit Delivery Standardization

Move GCHP to a more consistent and seamless system by reducing complexity and increasing flexibility

WHAT ARE WE DOING

- *Contracting with non-traditional providers*
- *Offering comprehensive technical assistance for onboarding and support*
- *Implemented CalAIM Data Sharing Authorization Guidance*

WHAT TO EXPECT

- *Expand partnerships with non-traditional providers*
- *Enhance stakeholder involvement in program design and content*
- *Standardize Closed Loop Referrals*
- *Dual Eligible Special Needs Plan (D-SNP)*

Quality

Improve quality outcomes, drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

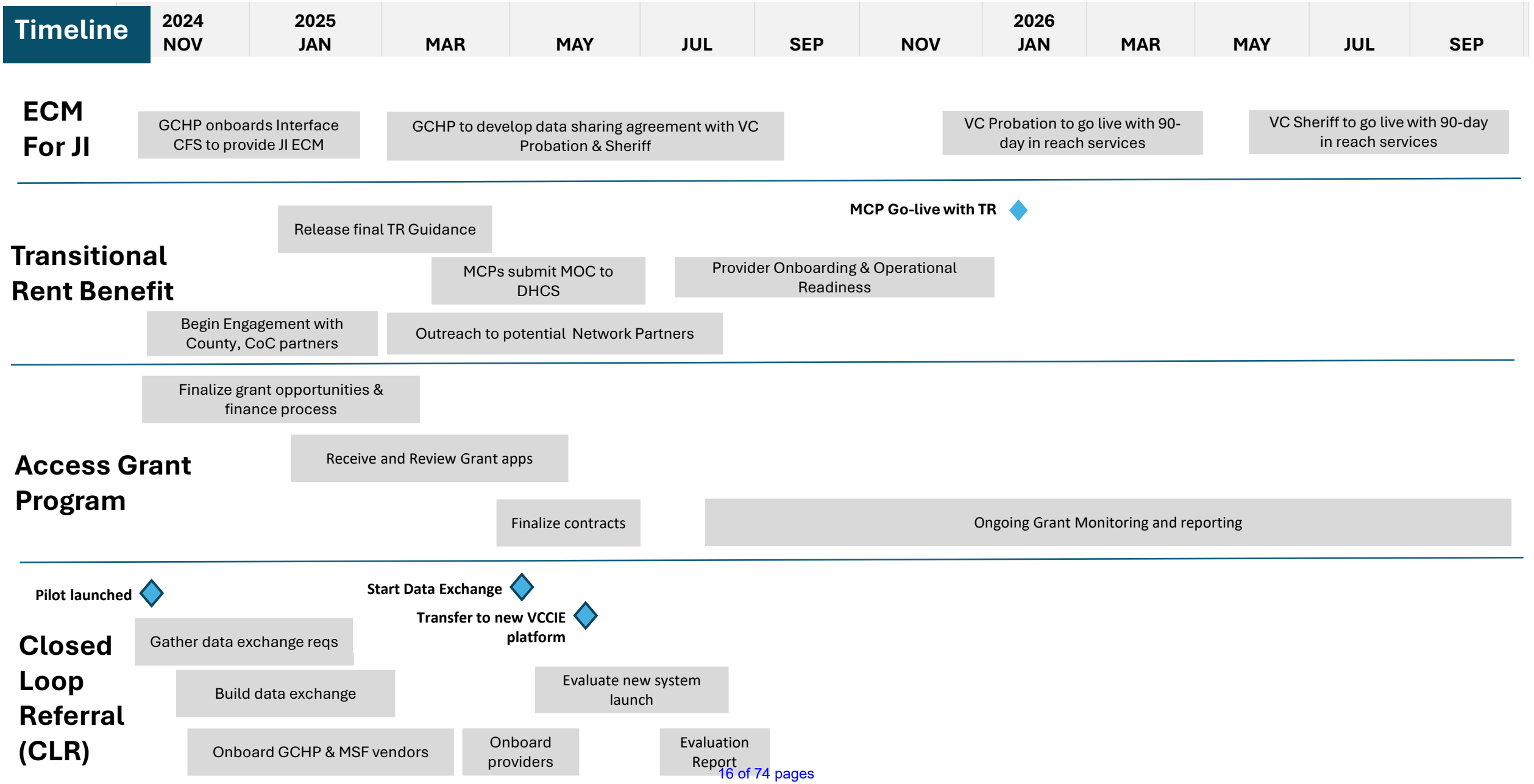
WHAT ARE WE DOING

- *Incentive Payment Program (IPP)*
- *Housing and Homelessness Incentive Program (HHIP)*
- *Community Information Exchange (CIE)*

WHAT TO EXPECT

- *NCQA Accreditation*
- *Expansion of CHW Benefit*
- *Value Based Incentives*
- *Increased oversight and monitoring by DHCS*

CalAIM Timeline



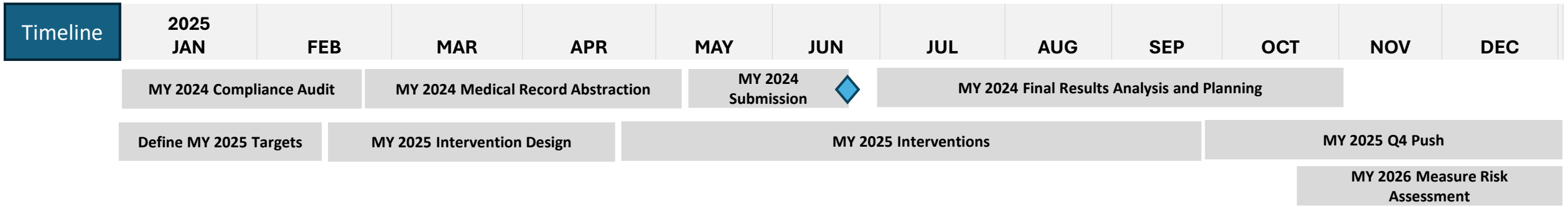
Managed Care Accountability Set (MCAS)

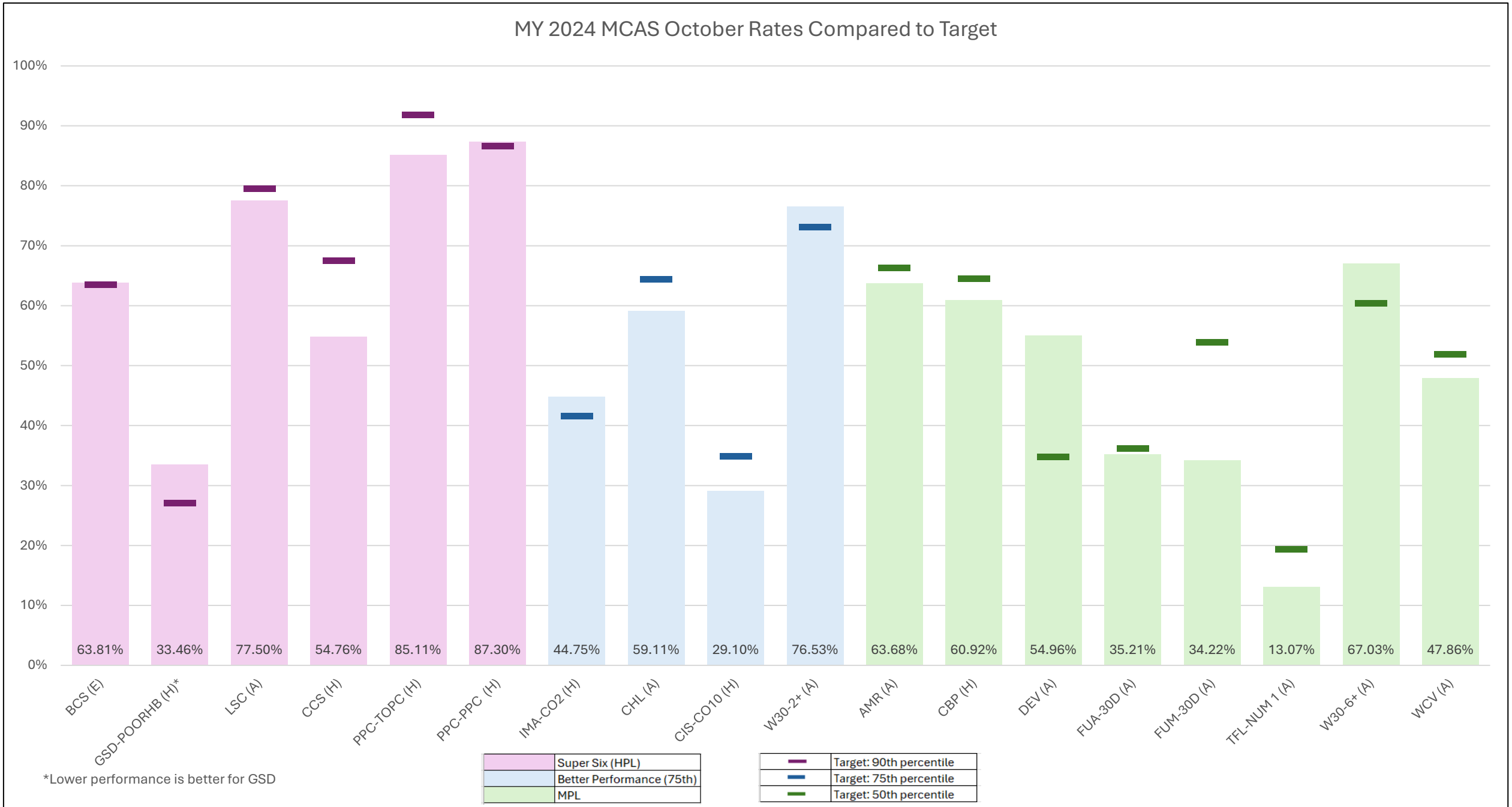
Our Deliverables

- Complete Measurement Year (MY) 2024 MCAS / Healthcare Effectiveness Data and Information Set (HEDIS) Project
- Successfully Pass MY 2024 HEDIS Compliance Audit
- Define MY 2025 targets
- Design MY 2025 intervention plan
- Implement interventions aimed at meeting MY 2025 targets
- Plan for NCQA Accreditation and Health Plan Ranking HEDIS Measures
- Assess targets and risks for MY 2026

Expected Business Outcomes

- Achieve MY 2024 MCAS Targets by June 30, 2025
- Achieve MY 2025 MCAS Targets by June 30, 2026
- Prepare for optimal MY 2026 Target achievement




MY 2024 MCAS October Rates Compared to Target
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
63.81%
33.46%
77.50%
54.76%
85.11%
87.30%
44.75%
59.11%
29.10%
76.53%
63.68%
60.92%
54.96%
35.21%
34.22%
13.07%
67.03%
47.86%
BCS (E)
GSD-POORHB (H)*
LSC (A)
CCS (H)
PPC-TOPC (H)
PPC-PPC (H)
IMA-CO2 (H)
CHL (A)
CIS-CO10 (H)
W30-2+ (A)
AMR (A)
CBP (H)
DEV (A)
FUA-30D (A)
FUM-30D (A)
TFL-NUM 1 (A)
W30-6+ (A)
WCV (A)
*Lower performance is better for GSD
Super Six (HPL)
Better Performance (75th)
MPL
Target: 90th percentile
Target: 75th percentile
Target: 50th percentile

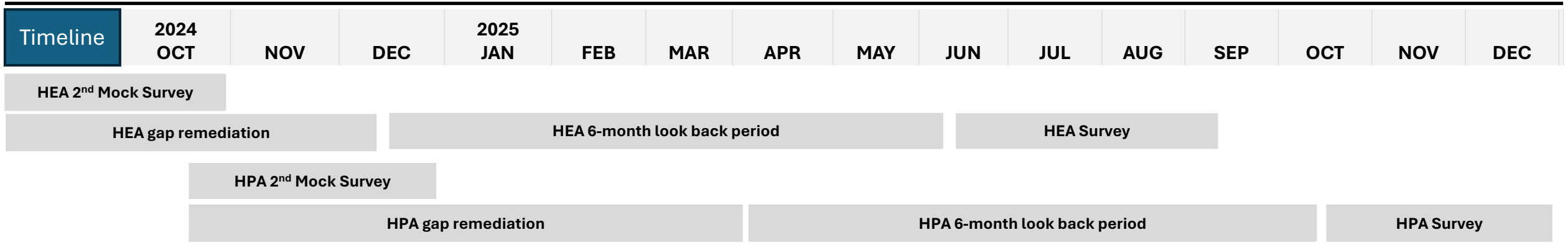
National Committee for Quality Assurance (NCQA)

Our Deliverables

- Health Equity Accreditation (HEA) 2nd Mock Survey Sept. – Oct. 2024
- Full remediation of HEA gaps by Dec. 10, 2024
- NCQA HEA Survey: June 10, 2025
- GCHP to submit final HEA responses to issues to NCQA by July 10, 2025
- Anticipated HEA Accreditation Decision: Sept. 1, 2025
- Health Plan Accreditation (HPA) 2nd Mock Survey Oct. – Dec. 2024
- Full remediation of HPA gaps by April 7, 2025
- NCQA HPA Survey – Oct. 7, 2025
- GCHP to submit final HPA responses to issues to NCQA by Nov. 5, 2025
- Anticipated HPA Accreditation Decision: Dec. 29, 2025

Expected Business Outcomes

- Achieve NCQA Health Equity Accreditation by Jan. 2026 (CalAIM requirement)
- Achieve NCQA Health Plan Accreditation by Jan. 2026 (CalAIM requirement)



Improve Member Experience

Marlen Torres, Chief Member Experience & External Affairs Officer

GOAL

IMPROVE MEMBER EXPERIENCE

GCHP members engaged in their health care and empowered to take action to live a full life.

WHAT ARE WE DOING

WHAT TO EXPECT

Voice of Member

Gain deep understanding of our members and use this knowledge to improve their experience

- *Survey – Email, Text, Mail Member Satisfaction Survey*
- *D-SNP focus group took place on Dec. 9, 2024*
- *Develop Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey Improvement Plan for 2025*

- *Survey results in Jan. 2025*
- *Implement CAHPS Improvement Plan and present findings*
- *Additional focus groups will be scheduled for D-SNP and other programs that will be launched*
- *Launch Member Advisory Committee*

Member Services Everywhere – Community Care

Ensure members receive exceptional support seamlessly across all GCHP and provider touchpoints

- *Member Care Ambassadors are located at 9 Ventura County Medical Center (VCMC) clinics, including administrative offices*
- *Hosted Santa Paula Health Fair in partnership with Santa Paula Latino Town Hall*
- *3 health fairs with VCMC have been scheduled in Dec. 2024*

- *Members Care Ambassadors will be located at two School Districts in their Wellness Clinics*
- *More pop-up health fairs will be scheduled with providers*

Store Fronts / Resource Centers

Embed GCHP services in the communities where our members live, work and play.

- *Conduct a feasibility study to determine the need and return on investment to have store fronts / resource centers*
- *Include feasibility in having an office at other resource centers in the community*

- *Based on the feasibility study funding would be included in next year's budget along with implementation plan and timeline*

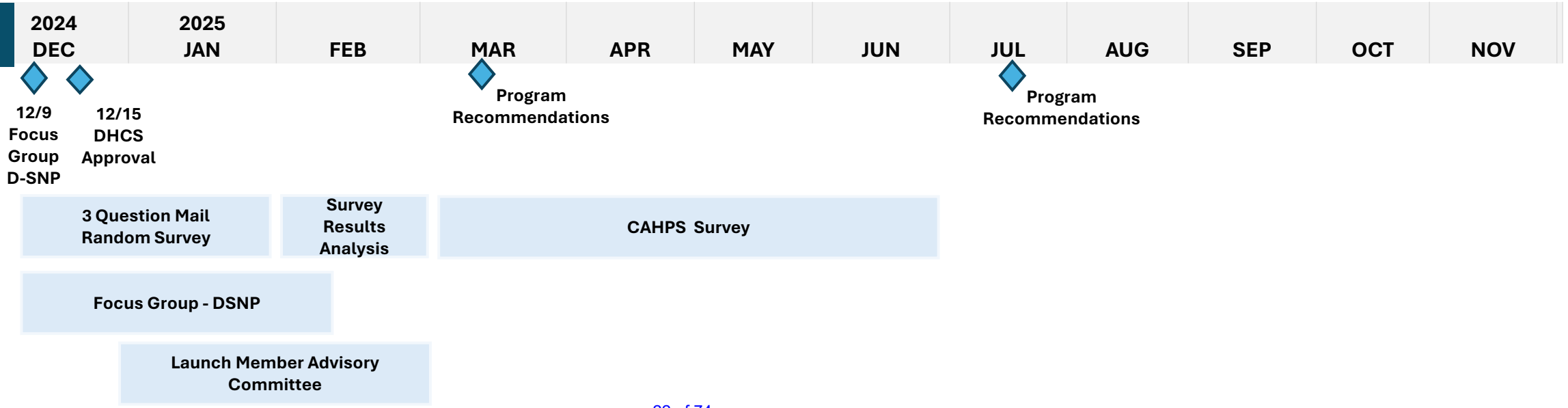
IMPROVE MEMBER EXPERIENCE

GCHP members engaged in their health care and empowered to take action to live a full life.

Community Events

- **August**
  - VCMC Las Islas and Mandalay Bay Well Child Visit Exams
  - Assemblymember Jaqui Irwin's Women's Health Fair, blood pressure screenings
- **October**
  - Health Fair Santa Paula
  - Moorpark Clinic Well-Child Visits, Immunizations and Physicals
  - VCMC Academic Clinic, Vaccinations, Well-Child Visits and Mammograms
  - CMH Clinic Mammograms Screenings
- **November**
  - Clinicas del Camino Real Well-Child Visits and Immunizations
- **December**
  - VCMC Magnolia Women's Health Fair, Cervical Cancer Screenings
  - VCMC Las Islas and Sierra Vista Clinics, Cervical Cancer and Mammograms Screenings

Timeline

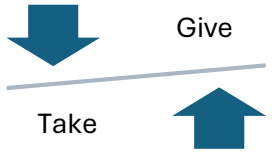


Diversity, Equity, and Inclusion

Ted Bagley, Chief Diversity Officer

DIVERSITY, EQUITY, AND INCLUSION

How It Must Be Done



Legal Implications

Take a pro-active approach to grievances rather than a reactive one. Keep Human Resources in the loop no matter the case.

WHAT ARE WE DOING

- *Total number of cases: 0*
- *Average grievances: 2/Quarter*
- *100% solved internally*
- *Current old insurance cases*

WHAT TO EXPECT

- *Survey results pushed to late first quarter because of climate survey*

Diversity, Equity & Inclusion Council

Ensure that all employees are treated fairly as related to opportunity, pay, respect and dignity

- *Met with County to share best practices*
- *Monitor promotions and pay disparity.*
- *Use a 48-hour first response time on grievances.*

- *Continued monitoring on promotions, pay equity and overall opportunities.*
- *Conduct diversity training in compliance with NCQA and diversity strategic Plan*

Community Focus

Ensure that the environment / culture/ availability numbers are consistent with the pool of talent that we draw from

- *Work with Community Relations and Human Resources on member-centered events.*
- *Meet with other community organizations having Diversity Councils (County / Amgen)*

- *Timely update to commission on internal data measures.*
- *No surprises related to potential cases that could go external.*

Diversity Data 2024

Measures of Significance

- What % of GCHP staff are women: (280) 71%; Men (114) 29%
- What % of promotions were diverse: 67% and 83% were women
- What % of terminations were diverse: 64% and 91% were female
- What % of hires were diverse: 88% and 73% were female
- What % of leadership is diverse (Chiefs, Executive Directors, Sr. Directors, Directors, Sr. Managers, Managers): 55% and Senior Team 70%
- What % of Leadership is female: 62%
- What % of GCHP is Diverse: 75%

Employee Ethnicity, Gender, and Job Level

- Diverse Executive Team
- Recently added two female executive leaders
- Well balanced diverse representation at all job levels

Employee Ethnicity	Female	Male	Total	Percentage of Company
Hispanic or Latino	142	35	177	44.9%
White	57	43	100	25.4%
Asian	40	20	60	15.2%
Black or African American	23	10	33	8.4%
Two or more races (Not Hispanic or Latino)	13	5	18	4.6%
Native Hawaiian or Other Pacific Islander	3	1	4	1.0%
American Indian or Alaska Native	2	0	2	0.5%
Total	280	114	394	
Percentage of Total	71%	29%		

	Female		Male		Total	Ethnicity Groups							
Job Level	Count	%age	Count	%age	Total	Hispanic or Latino	White	Asian	Black or African American	Two or more races	Native Hawaiian or other Pacific Islander	American Indian or Alaska Native	Total
Executive Team	4	36%	7	64%	11	6	3	1	1	0	0	0	11
Director	18	64%	10	36%	28	7	13	3	4	0	1	0	28
Manager	24	67%	12	33%	36	9	15	5	4	1	1	1	36
Pro-Exempt	124	67%	62	33%	186	56	58	44	17	9	2	0	186
IC - Hourly	110	83%	23	17%	133	99	11	7	7	8	0	1	133
Total	280	71%	114	29%	394	177	100	60	33	18	4	2	394
Percentage Total						44.9%	25.4%	15.2%	8.4%	4.6%	1%	0.5%	

Fiscal Year 2024-25 Terminations

- Current attrition: 5.7%
- 1 Termination

Health Equity

Dr. James Cruz, Acting Chief Medical Officer
Pshyra Jones, Executive Director of Health Equity

CalAIM: HEALTH EQUITY

Building a healthier, and more equitable Ventura County for GCHP members

Stabilize Operations

Operational and systems implications. Build and refine data collection, analytics and reporting capability.

WHAT ARE WE DOING

- *Evaluating data and analytics capabilities*
- *Reviewing data sources and gaps*
- *Reviewing types of reports and capability*

WHAT TO EXPECT

- *Hiring of an Executive Director of Health Equity*
- *Acceleration and refinement of data collection, analysis and reporting.*
- *Translation of findings into plan programmatic adjustments.*

Improve Health Outcomes

Improve clinical outcomes by reducing barriers to care access

WHAT ARE WE DOING

- *Health education, cultural & linguistic services population needs assessment*
- *Review and implement actions based on Health Services Utilization Management (UM) data*
- *Implementation of a Quality Incentive Program grant providing resources to recruit additional specialty providers.*

WHAT TO EXPECT

- *Prepare an annual Health Disparities Report*
- *Develop and conduct a health equity performance improvement project*
- *Participate in the DHCS quarterly health equity collaborative calls with other health plans*

Improve Member Experience

Embed GCHP services in the communities where our members live, work and play.

WHAT ARE WE DOING

- *Partnering with Voice of the Member.*

WHAT TO EXPECT

- *Work with network providers, community stakeholders and partner organizations to develop and deploy interventions to eliminate addressable health inequities and improve GCHP member health literacy skills.*
- *Capture granular population data, analyze data to identify disparities, develop plan to address specific disparities, and execute a disparity reduction plan.*

CalAIM – Health Equity

Building a healthier, and more equitable Ventura County for GCHP members

Timeline	2024 DEC	2025 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV

Executive Director starts 12/2

Implementation Plan

Onboarding Exec Director

Data Gap Analysis, Explore Solutions to Address

Data Capture & Analytics

1. Analyze data by race, ethnicity and socio-economic factors
2. Implement social needs screenings and health risk assessments
3. Use predictive analytics to identify trends & target interventions

Develop Disparity Reduction Plan

Integrate Care Across Sectors

1. Ensure physical, behavioral, social services are connected
2. Partner with community organizations to address SDOH

Implement HE Performance Improvements

Support Birth Equity

1. Track maternal and infant health outcomes across demographics
2. Implement culturally competent care models (e.g., doula, lactation support)

Prepare Annual Health Disparities Report

NCQA Health Equity Accreditation

Breakout Session #1

Operational Stability

Alan Torres, Chief Information & System Modernization Officer
Anna Sproule, Executive Director of Operations
Michael Mitchell, Executive Director of IT
Nicole Kanter, Senior Director of Utilization Management
Vicki Wrighster, Senior Director of Provider Network Operations
Stacy Luney, Director of Operations
Holly Krull, Principal Business Relationship Manager of Operations

OPERATIONS OF THE FUTURE

Stabilize Operations

	Call Center	Core Admin / Print Fulfillment	Mail Room / Imaging
WHAT ARE WE DOING	**Create an in-house call center to support members and providers** • *Hire, train and ongoing support of internal call centers.* • *Build customer relationship management (CRM) software.* • *Integrate CRM with operational systems.*	**Stabilize Operations** • *Align providers to the correct contracts.* • *Stabilize the claims inventory.* • *Increase auto adjudication.*	**Create an in-house mailroom to include imaging / Optical Character Recognition (OCR) of mail** • *Hiring and development of training for internal mailroom by March 2024.* • *Procuring Document Management System (DMS), OCR, and scanners to support the mailroom.*
WHAT TO EXPECT	○ *Completion of bi-directional integration of CRM*	○ *Survey results in January* ○ *Prepare for CAHPS*	○ *Survey Results in January* ○ *Prepare for CAHPS*

OPERATIONS OF THE FUTURE
Stabilize Operations

Medical Management System (MMS)

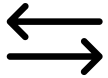
WHAT ARE WE DOING

Stabilize Operations

- *Completing system integration with Core Admin and CRM.*
- *Historical data migration from MHK to TruCare.*

WHAT TO EXPECT

- *Interfaces built for authorizations to Core Admin*



EDI / Data Warehouse

Stabilize Operations

- *835 electronic remittance advice (ERA) stabilization.*
- *834 Enrollment / Eligibility implementation.*
- *837 claims mapping finalization.*

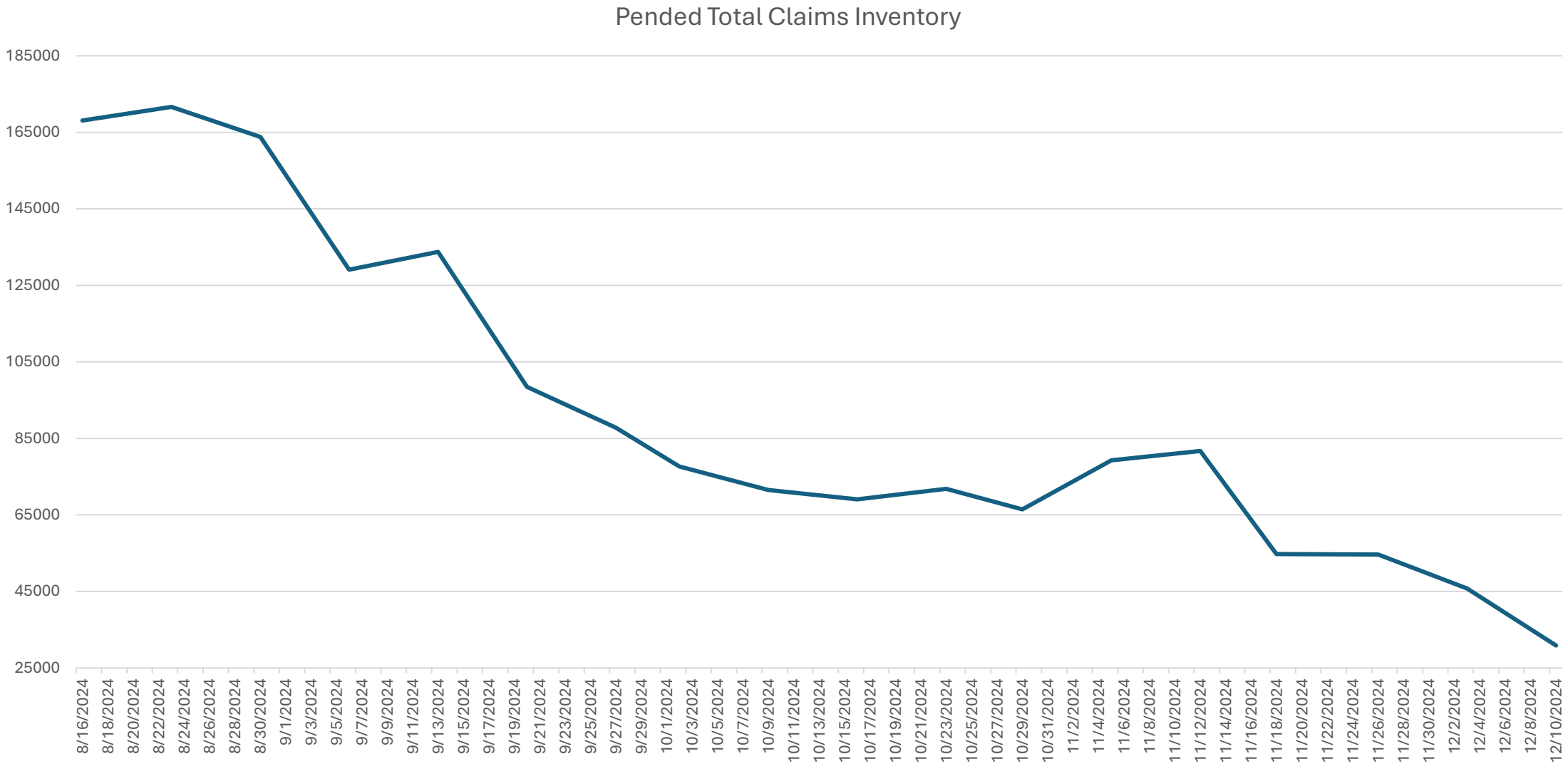
Provider Portal

Stabilize Operations

- *Align providers to the correct contracts.*
- *Stabilize the claims inventory.*
- *Increase auto adjudication.*
- *Enhance provider operations, streamline capabilities and improve overall efficiency.*

- *Survey Results in January*
- *Prepare for CAHPS*
- *Addition of Aid Codes and County Codes*

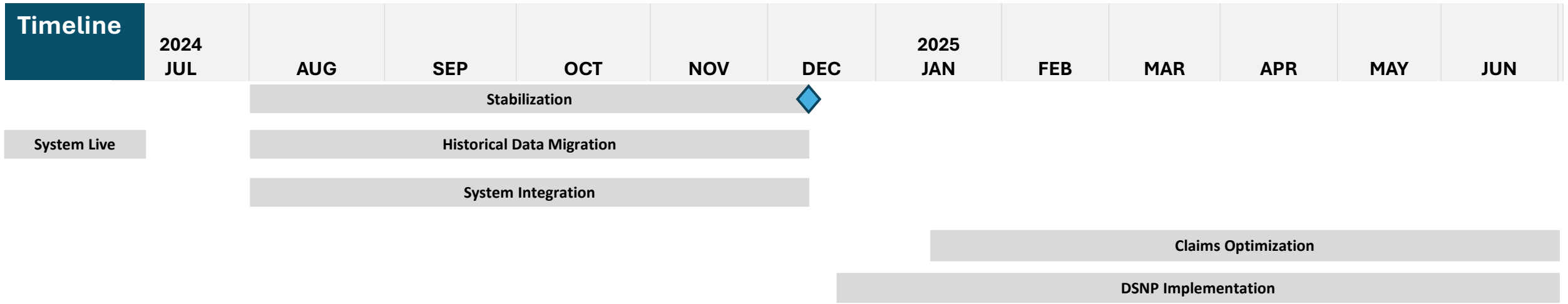
Total Inventory Trending



Operations of the Future

Measures of Significance

- 99% of 835's are being generated within 24 hours of payment
- 100% of enrollment and eligibility files are processed with 24 hours
- Auto assignment is completing timely
- Claims processing is 90% within 30 days
- Integrations with key operating systems (HRP, NTT, KP, etc.)
- Historical data migration from MHK to TruCare



Dual Eligible Special Needs Plan (D-SNP)

Eve Gelb, Chief Innovation Officer

HIGH-QUALITY DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP)

Launch high quality sustainable D-SNP to ensure compassionate, equitable and integrated care for members with Medicare and Medi-Cal.

	2024	2025	2026	2027
	Begin regulatory filings and operational readiness	**Complete all regulatory filings and operational readiness**	**First year of compliant reporting and high-quality sustainable operations**	**Complete all regulatory filings necessary to launch a D-SNP and establish strong compliance practice**
WHAT TO EXPECT	• *Complete Knox Keene filing with Department of Managed Health Care (DMHC).* • *Procure Pharmacy Benefit Manager (PBM).* • *Prepare network submission.* • *Launch Centers for Medicare and Medicaid Services (CMS) bid preparation.* • *Prepare Model of Care (MOC) submission.* • *Complete state Department of Health Care Services (DHCS) readiness checklists.*	• *CMS application* • *3-year MOC approval* • *CMS Bid* • *Sales and marketing live* • *Operational readiness*	• *Operations live* • *1,500 members enrolled* • *Pass CMS data validation* • *3.5 Stars* • *Medical management savings 19.7%* • *Risk Adjustment Factor (RAF) of 1.182*	• *3,480 members enrolled* • *Pass CMS data validation* • *3.5 Stars* • *Medical management savings 21.7%* • *RAF 1.20*

DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP)

Launch high quality sustainable D-SNP to ensure compassionate, equitable and integrated care for members with Medicare and Medi-Cal.

Regulatory Filings and Compliance

Complete all regulatory filings necessary to launch a D-SNP and establish strong compliance practice

WHAT ARE WE DOING

- *Complete Knox Keene filing with Department of Managed Health Care (DMHC).*
- *Prepare network submission.*
- *Launch Centers for Medicare and Medicaid Services (CMS) bid preparation*
- *Prepare Model of Care (MOC) submission.*
- *Complete state Department of Health Care Services (DHCS) readiness checklists.*

WHAT TO EXPECT

- *Submit D-SNP MOC through HPMS to CMS and DHCS for approval by Feb. 14, 2025.*
- *Submit MA and Part D Bid submissions for benefit calendar year 2026 to CMS by June 2, 2025.*
- *Complete all DHCS Readiness Checklists and pass a DHCS Readiness Review by June 30, 2025.*
- *Submit completed and signed SMAC to CMS by June 30, 2025.*
- *All Policies and Procedures approved by March 1, 2026.*
- *Pass Part C and D Data Validation.*

Operational Readiness

Complete all operational and systems task and deliverables on time and on budget for Oct. 1, 2025, enrollments, Jan. 1, 2026, go-live and ongoing high quality sustainable operations

- *Kicked off operational readiness and requirements capture*
- *Understanding our members needs*
- *Designing Model of Care*
- *Launched financial planning*
- *Pharmacy Benefit Manager (PBM) implementation launch*
- *Hired 2 of 3 staff budgeted for 2024 and preparing postings for 2025 hires*
- *Request for Information for third party administrators (TPA)*
- *Request for Proposal for implementation partner*
- *Member focus groups on benefits and model of care*
- *Contracting Medicare network*

- *Decision on need for continency use of TPA*
- *Onboard implementation partner*
- *Hire 11 staff*
- *Complete network contracting including supplemental benefit vendors*
- *Build sales and marketing function and materials / tools including website*
- *Build workflows, policies and procedures and other tools*
- *Configure systems*
- *Design testing and training*
- *Operations live Jan. 1, 2026*
- *Average enrollment of 1,500 members in 2026*

Focus on Understanding the Needs of our Potential D-SNP Members

Mayra Hernandez, Director of Medical Informatics

Potential D-SNP Members

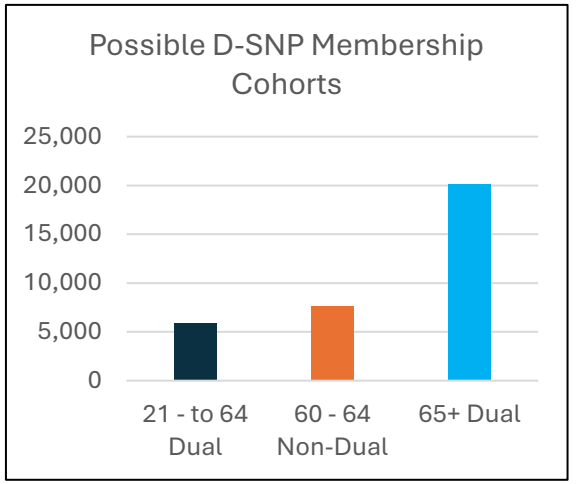
As a new D-SNP, it is difficult to project who will chose to enroll in the GCHP D-SNP. In order to understand the potential membership, GCHP analyzed data on three cohorts of possible D-SNP members:

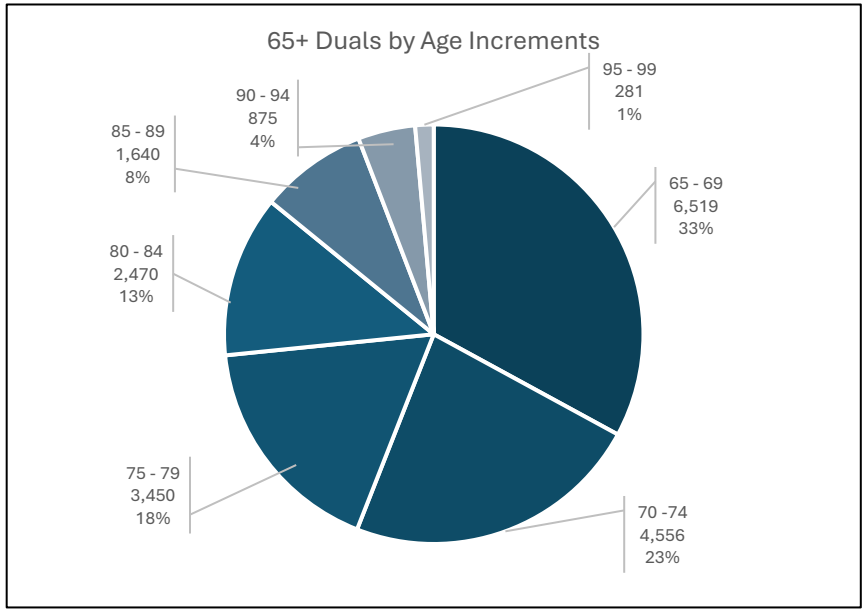
21-64 Dual
People ages 21 to 64 who have Medi-Cal and have Medicare due to a qualifying illness or disability.

60-64 Non-Dual
People ages 60 to 64 who have Medi-Cal only and will age into Medicare in the next few years

65+ Dual
People ages 65 or older who have Medi-Cal and have Medicare due to age qualifications.

Data is most complete on the 60-64 Non-Dual cohort because GCHP is the primary health care coverage for these members, while Medicare is primary for the other cohorts.



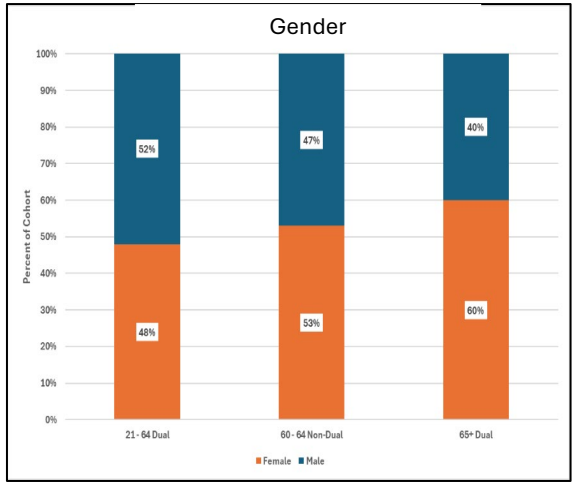


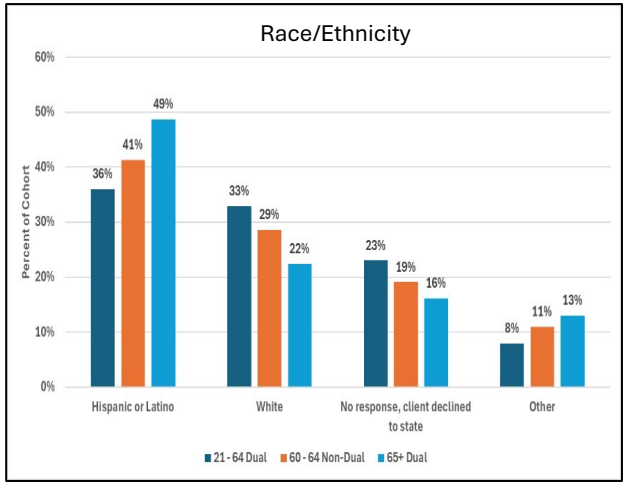
Demographics

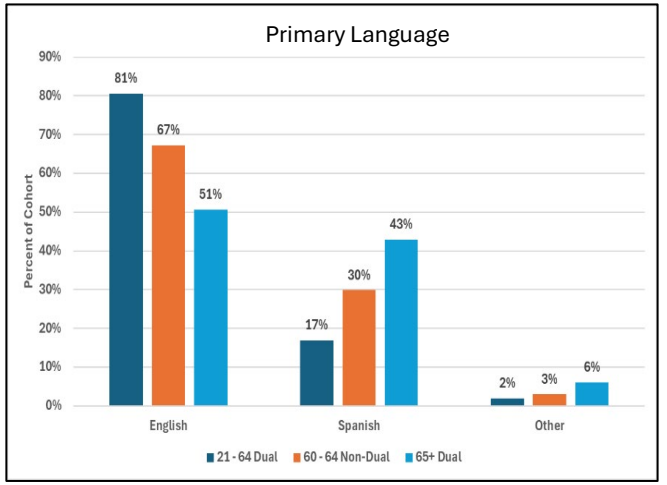
Key Insights:

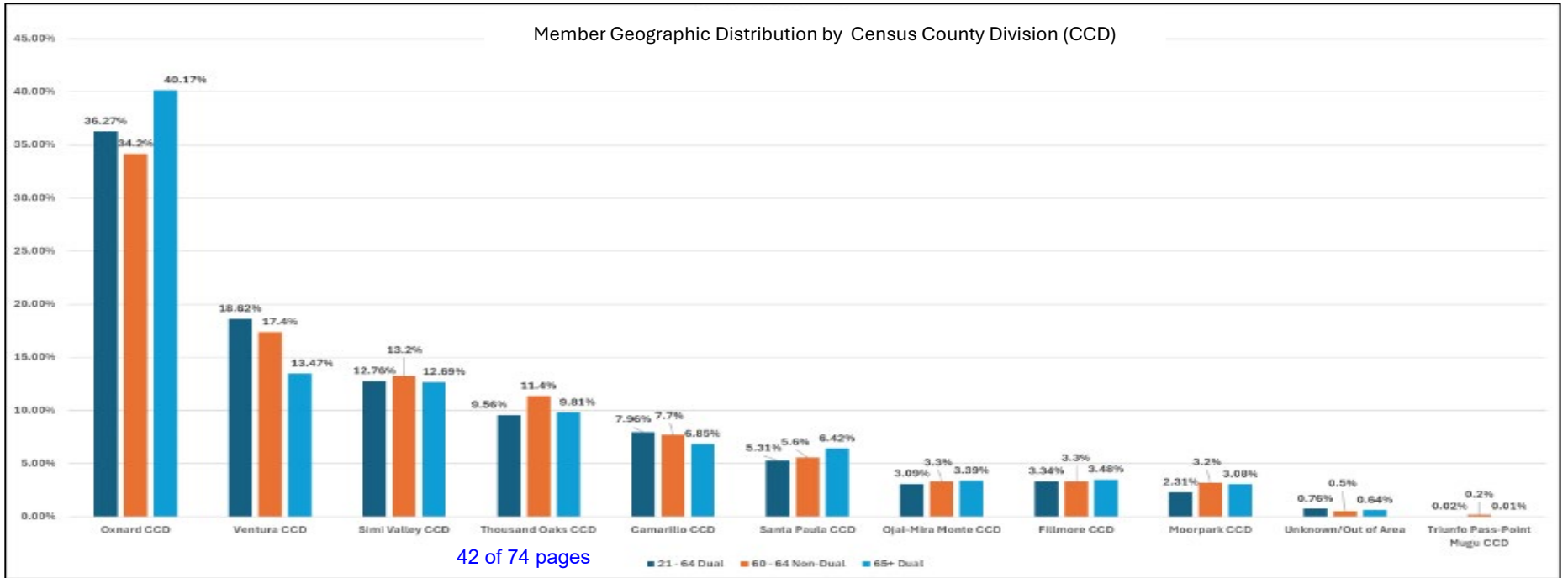
The older population is more likely to self-identify as Hispanic or Latino and more likely to have Spanish as their primary language.

The geographic distribution of these members is similar to GCHP overall.







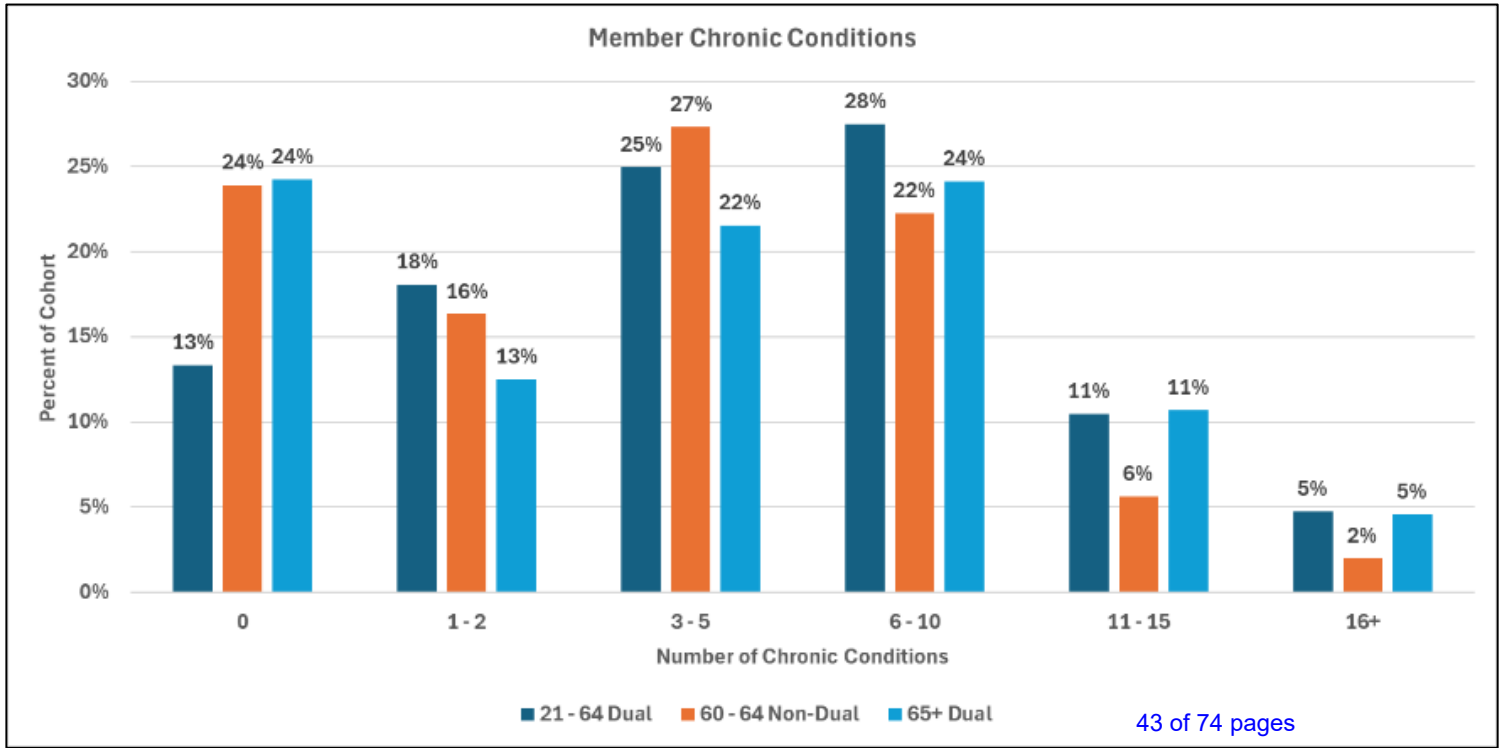


Chronic Conditions

Key Insights:

- 21-64 Duals: Have the most chronic conditions, with 69% having 3 or more
- 65+ Duals: 62% have 3 or more
- 60-64 Non-Duals: 57% having 3 or more

Hypertension, diabetes, anxiety and degenerative joint disease are common in all three populations and more prevalent in these populations than in the GCHP population overall. Schizophrenia is more common in the younger cohort and heart disease is more common in the older cohort.



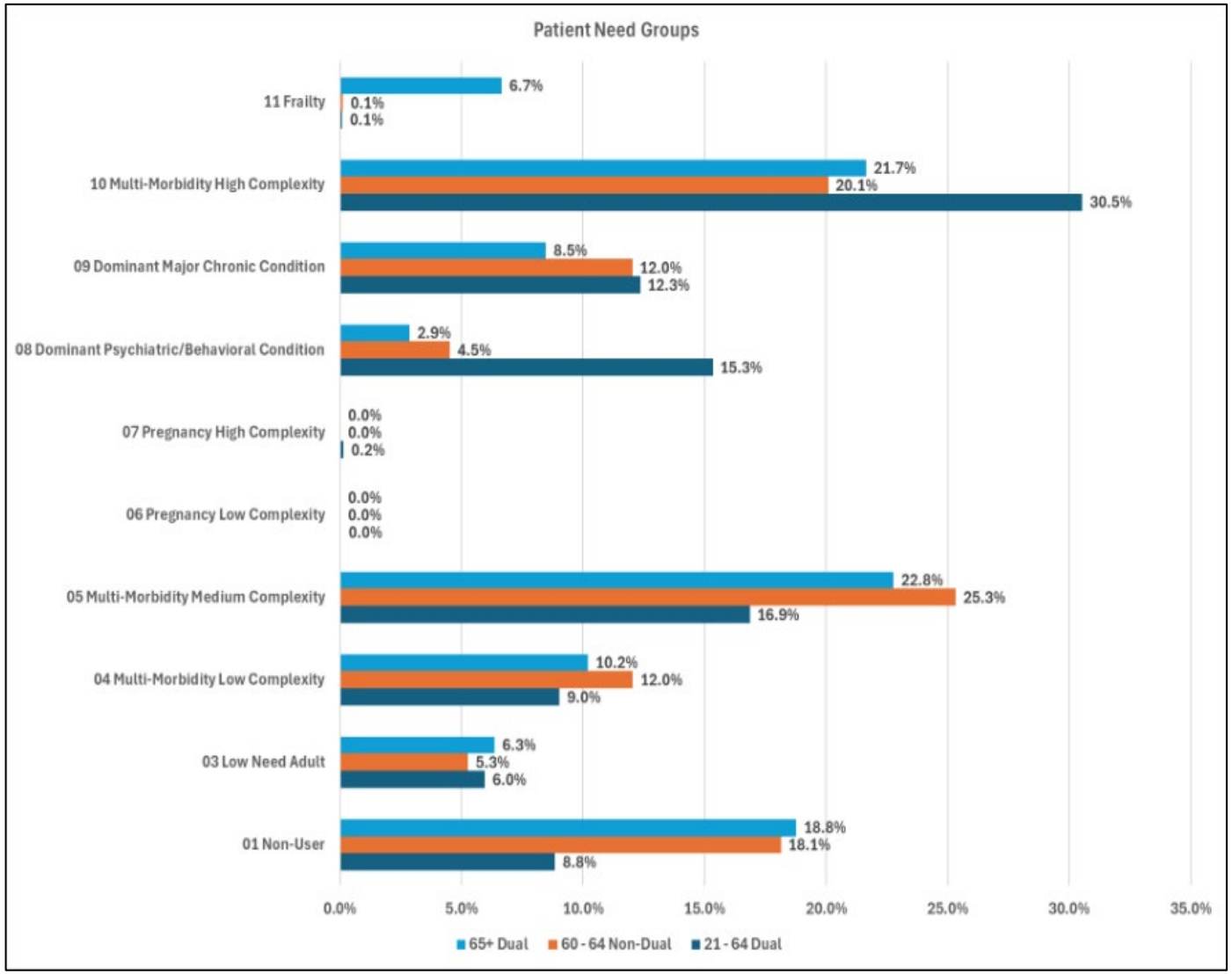
Top 10 Chronic Conditions by Cohort

	21 - 64 Dual	Total GCHP Population
Hypertension	46%	16%
Disorders of lipid metabolism	35%	14%
Anxiety, neuroses	26%	10%
Type 2 diabetes	23%	8%
Obesity	18%	8%
Developmental disorder	18%	3%
Major depression	17%	5%
Nonspecific signs and symptoms	15%	4%
Degenerative joint disease	15%	5%
Schizophrenia and affective psychosis	14%	1%

	60 - 64 Non-Dual	Total GCHP Population
Hypertension	48%	16%
Disorders of lipid metabolism	41%	14%
Degenerative joint disease	18%	5%
Refractive errors	17%	5%
Type 2 diabetes	23%	8%
Anxiety, neuroses	14%	10%
Obesity	11%	8%
Nonspecific signs and symptoms	10%	4%
Musculoskeletal disorders, other	9%	3%
Hypothyroidism	8%	3%

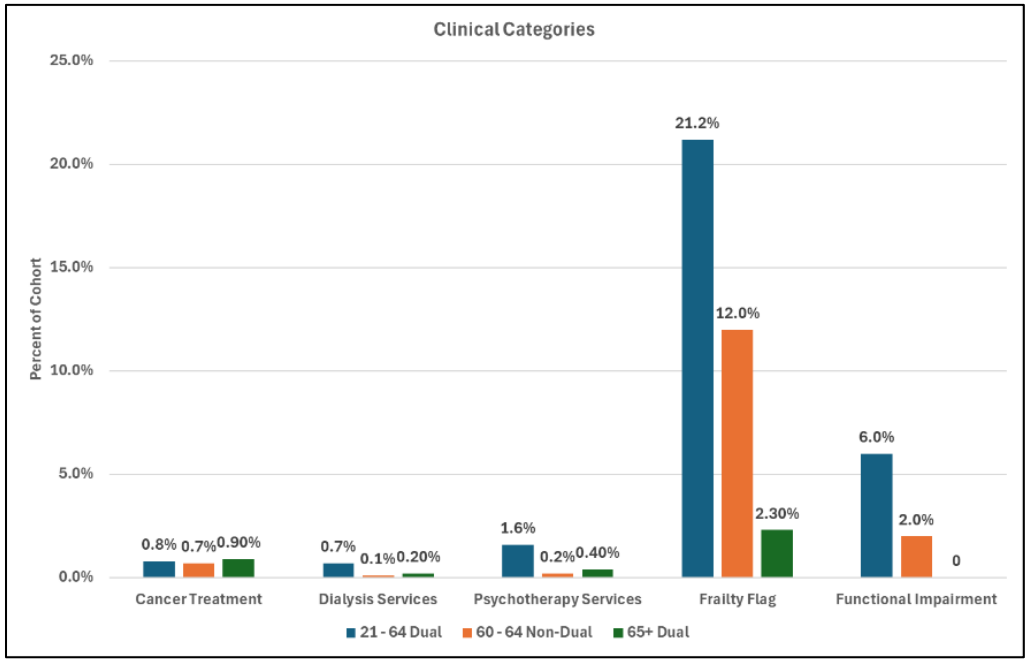
	65+ Dual	Total GCHP Population
Hypertension	65%	16%
Disorders of lipid metabolism	43%	14%
Type 2 diabetes	31%	8%
Degenerative joint disease	22%	5%
Ischemic heart disease (excluding acute myocardial infarction)	14%	2%
Refractive errors	14%	5%
Chronic renal failure	13%	2%
Anxiety, neuroses	12%	10%
Musculoskeletal disorders, other	12%	3%
Cardiac arrhythmia	12%	2%

Complexity of Need



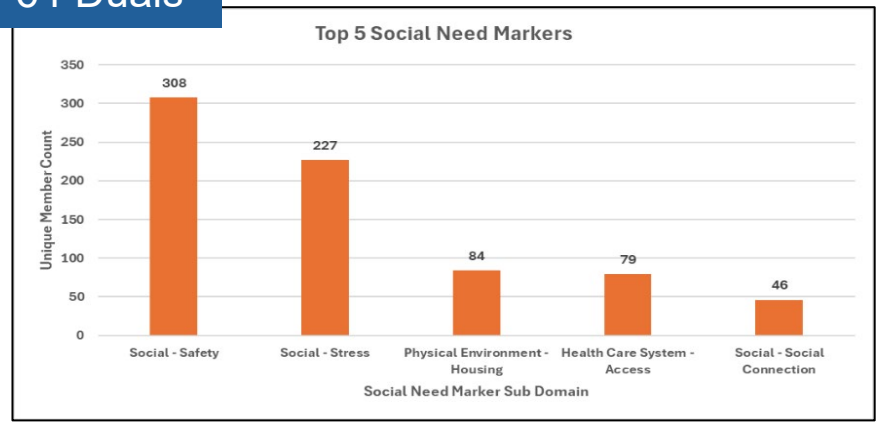
Key Insights:

Duals 21-64 have the highest complexity and functional impairment and are more likely to have dominant psychiatric conditions. Non-duas 60-64 have multiple chronic conditions that will require focused chronic condition management programs.

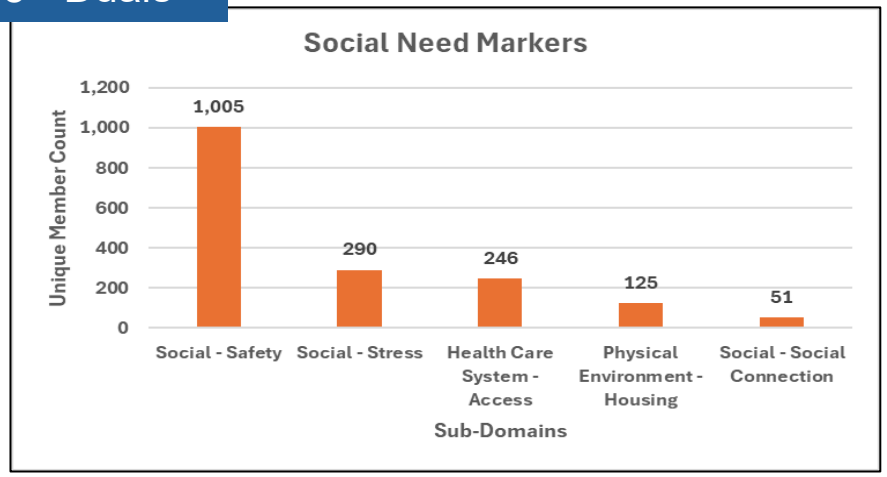


Social Needs Markers

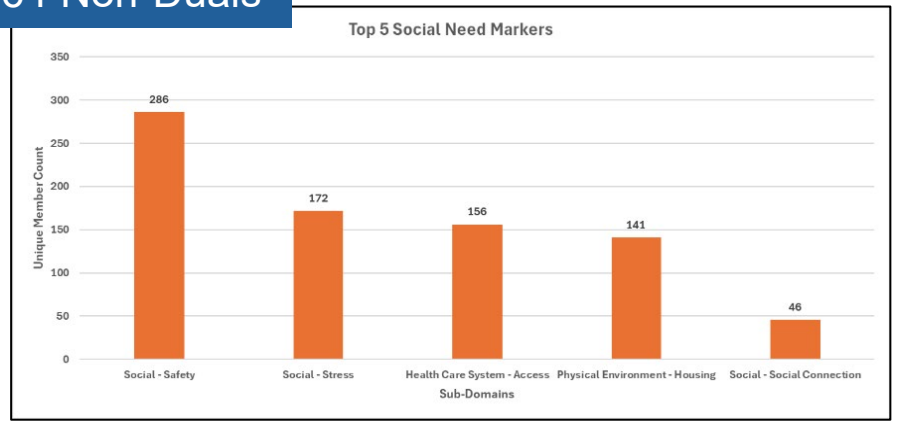
21-64 Duals



65+ Duals



60-64 Non-Duals



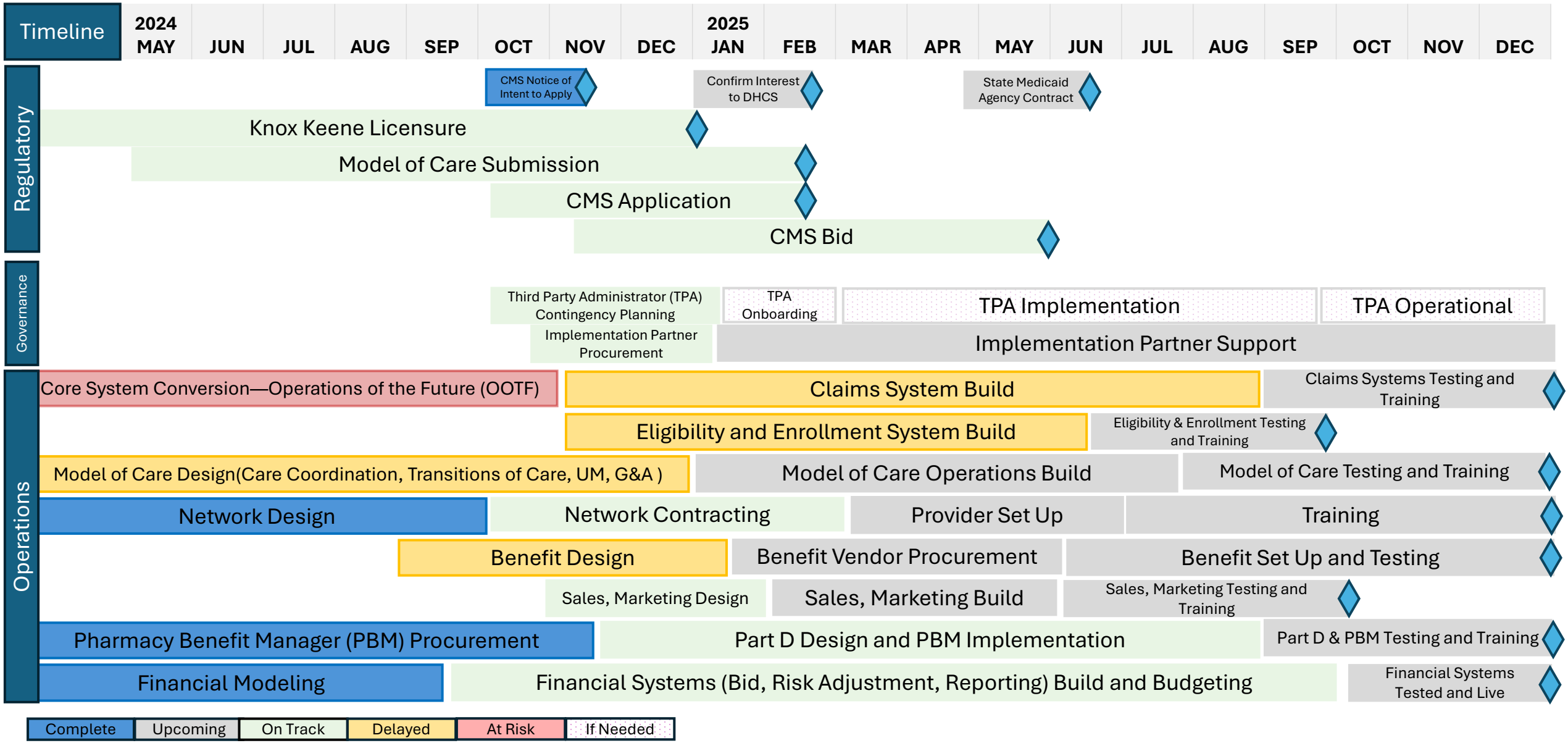
The ACG System will read the ICD-10 codes from medical services and/or supplemental files and assign domain-specific social needs for each patient. Given the sometimes-low frequency of coding of the social needs ICD-10 codes, only the overall Social Need Marker sub-domain and domain-specific markers will be displayed in the frequency distributions report. Enhanced reporting will be developed in future versions based on customer feedback.

Below are the ACG Social Need Marker domains and subdomains:

Social Need Domains	Social Need Markers (Sub-domains)
Social	Safety Social Connection Stress Race/Ethnicity Migration Incarceration Military Deployment
Education	Education
Health Care System	Access to Health Services
Economic	Finances Employment Nutrition
Physical Environment	Housing

Note: For 21-64 Duals, 942 out of 5,861 members in this cohort have social need markers available within the data. For 60-64 Non-Duals, 1,006 out of 7,628 members in this cohort have social need markers available within the data. For 65+ Duals, 1,958 out of 19,928 members in this cohort have social need markers available within the data. These markers are based off ICD10 Z codes. Some members may have more than one social need marker.

D-SNP


Timeline
2024 MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
2025 JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
Regulatory
CMS Notice of Intent to Apply
Confirm Interest to DHCS
State Medicaid Agency Contract
Knox Keene Licensure
Model of Care Submission
CMS Application
CMS Bid
Governance
Third Party Administrator (TPA) Contingency Planning
TPA Onboarding
TPA Implementation
TPA Operational
Implementation Partner Procurement
Implementation Partner Support
Operations
Core System Conversion—Operations of the Future (OOTF)
Claims System Build
Claims Systems Testing and Training
Eligibility and Enrollment System Build
Eligibility & Enrollment Testing and Training
Model of Care Design(Care Coordination, Transitions of Care, UM, G&A)
Model of Care Operations Build
Model of Care Testing and Training
Network Design
Network Contracting
Provider Set Up
Training
Benefit Design
Benefit Vendor Procurement
Benefit Set Up and Testing
Sales, Marketing Design
Sales, Marketing Build
Sales, Marketing Testing and Training
Pharmacy Benefit Manager (PBM) Procurement
Part D Design and PBM Implementation
Part D & PBM Testing and Training
Financial Modeling
Financial Systems (Bid, Risk Adjustment, Reporting) Build and Budgeting
Financial Systems Tested and Live
Complete
Upcoming
On Track
Delayed
At Risk
If Needed

Transform Our Culture

Paul Aguilar, Chief HR and Organizational Performance Officer

Develop High Performing Culture

To establish a purposeful culture aimed at inspiring and developing a high performing workforce to achieve GHCP's vision, strategy and key metrics by:

- Empowering employees,
- Promoting accountability and ownership,
- Improving the work environment, and
- Recognizing and rewarding achievements and right behaviors.

Culture and Strategy: The Power of Alignment

Companies with culture misaligned with strategy:

-0.1%

Change in revenue over 3 years

Companies with culture aligned with strategy:

+42.7%

Change in revenue over 3 years

2023, Dr. Charles O'Reilly, Stanford University | Dr. Jessica Kriegel, Chief Scientist of Workplace Culture for Culture Partners.

Stanford

Culture Equation: The Power of Alignment

Companies with full alignment of their Culture Equation:

+44.5%

Change in revenue over 3 years

Companies with partial alignment of their Culture Equation:

+10.7%

Change in revenue over 3 years

2023, Dr. Charles O'Reilly, Stanford University | Dr. Jessica Kriegel, Chief Scientist of Workplace Culture for Culture Partners.

Stanford

What does Full Alignment look like?

Why does your organization exist? +

Where is your organization going? +

How will you measure success? +

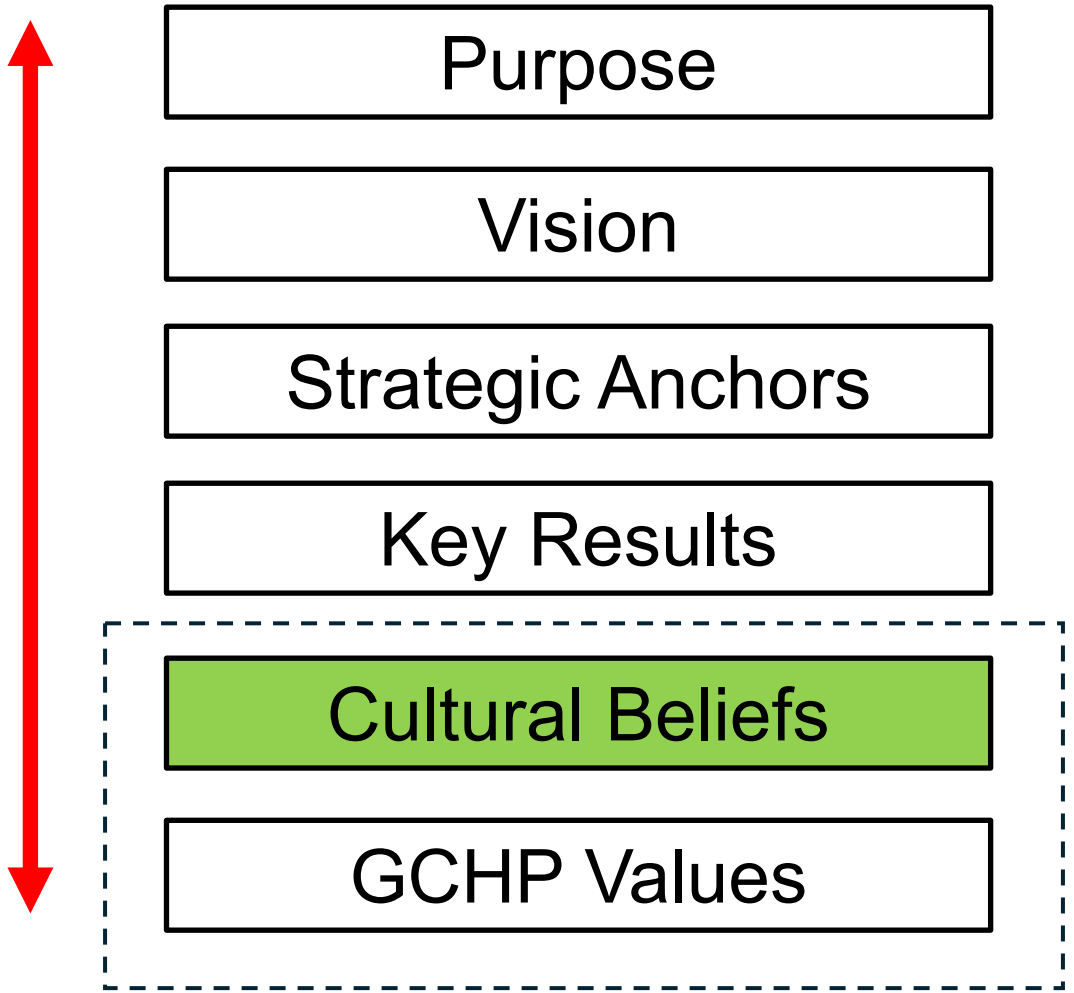
What are your long-term priorities? +

What shifts are needed for your success? +

Operationalize
Experiences
Accountability
Systems

Gold Coast Health Plan Culture Equation

Need to establish Clarity and Alignment across the organization

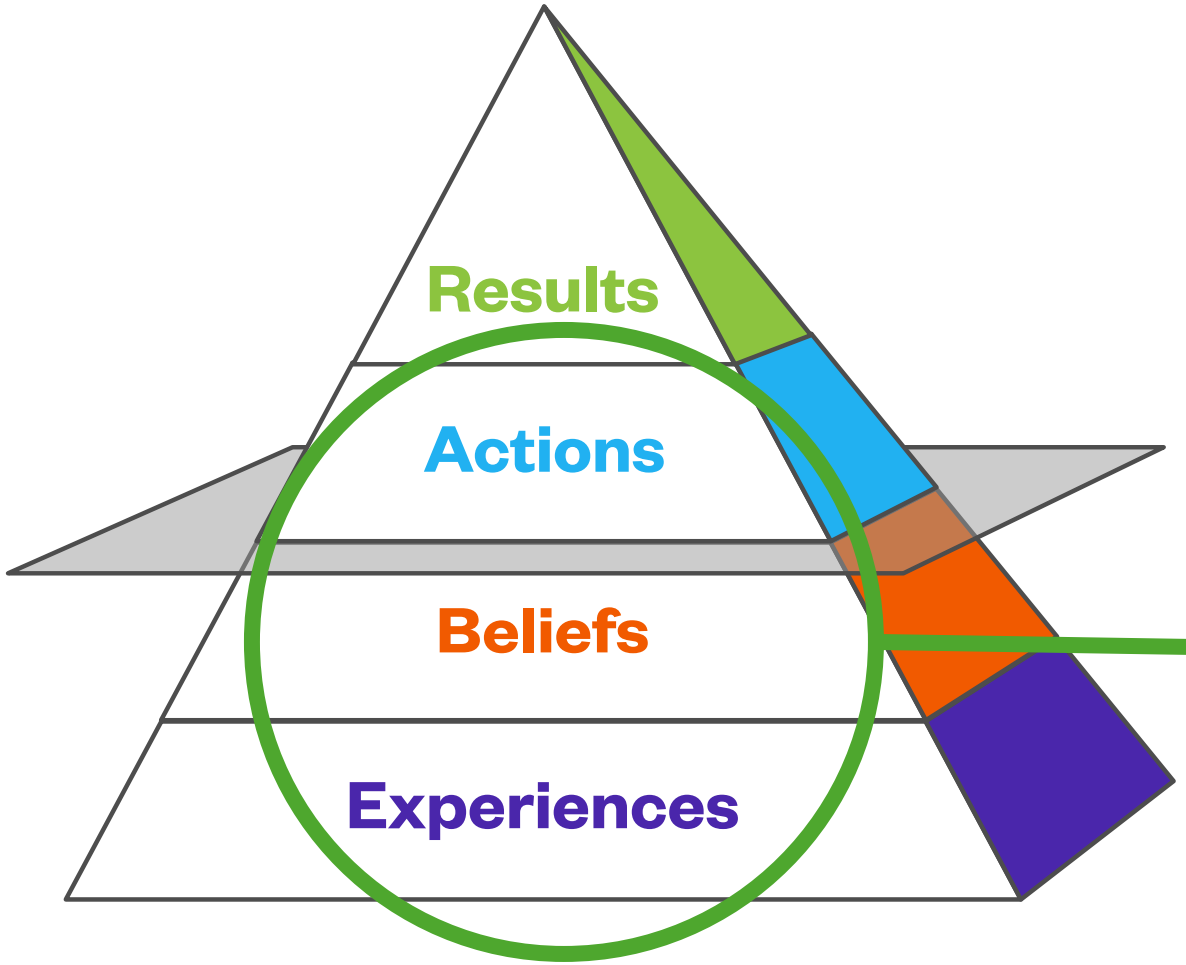


Cultural Beliefs
Needs to establish new set of beliefs to reinforce the right behaviors needed to achieve our strategy

Culture

Culture is the way people **THINK** and **ACT** to get results

The Results Pyramid®



Culture

The way people THINK and ACT to get results.

TRANSFORM OUR CULTURE

Develop High Performing Culture

Culture Alignment

WHAT ARE WE DOING

- Culture assessment will be completed by all employees
- GCHP Strategy is developed in alignment with the Commission
- Culture Equation two-day session held with Leadership Team to define and align strategy with *developed cultural beliefs*

WHAT TO EXPECT

- GCHP Staff members can articulate strategy and have the conviction to achieve our mission
- Organization System Assessment is conducted to ensure alignment with cultural beliefs

Culture Development

- Culture development plan, roadmap, and governance established with Steering Committee
- Culture “Champions” identified, trained, and certified to sustain activities within the organization
- Development: 360-degree assessment completed for all Executive Team and Leadership Team
- Culture Training completed for all managers and employees
- Skill development training: decision making, leading culture alignment, and accountability for leaders

- GCHP Staff members Think and Act in alignment with Cultural Beliefs to achieve Key Results. These behaviors are reinforced through effective feedback, recognition and rewards

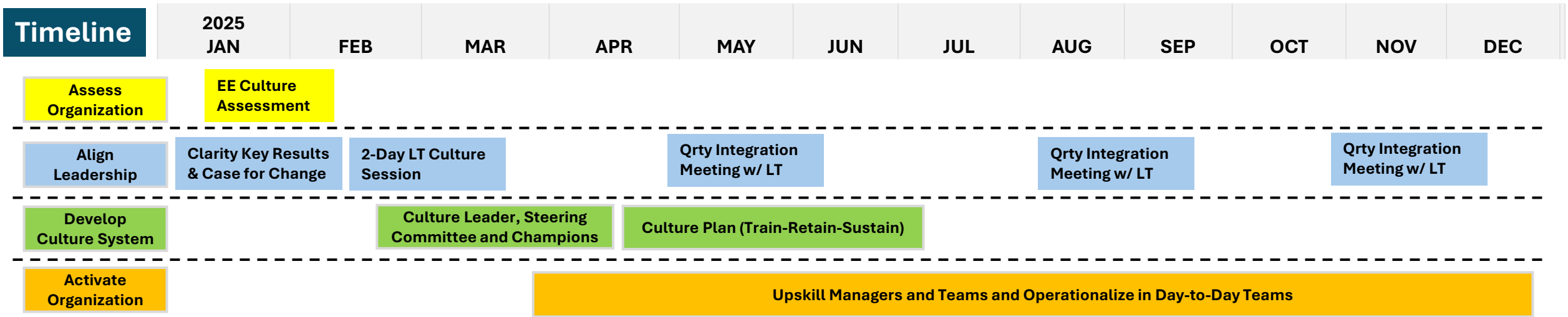
Culture Roadmap

Our Deliverables

- Define and align on purpose, vision, strategy
- Identify cultural shifts necessary for success
- Develop culture plan and roadmap
- Enable internal champions
- Integrate culture management tools (Feedback, Recognition, and Storytelling)
- Elevate accountability
- Train managers and employees

Expected Business Outcomes

- Define cultural beliefs required to achieve our strategy and key results
- Individuals take ownership, and accountability for results
- Managers know how to impact employee beliefs, mind-sets, and attitudes needed to deliver results
- Focused and engaged workforce aligned with the right beliefs, and behaviors needed to deliver on GCHP strategies.



Breakout Session #2

Retrospective on Today’s Retreat

Marlen Torres, Chief Member Experience & External Affairs Officer

Closing Comments

Laura Espinosa, Chair, Ventura County Medi-Cal Managed Care Commission

Appendix

Appendix Content

1. Speaker Bios

2. CalAIM and Beyond: Building an Integrated Behavioral Health System of Care

Speaker Bio

Linnea Koopmans
Chief Executive Officer, Local Health Plans of California (LHPC)

Linnea Koopmans is the Chief Executive Officer for the Local Health Plans of California (LHPC), the statewide trade association representing all 17 of California's not-for-profit and community-based Medi-Cal managed care plans. Ms. Koopmans leads the largest state trade association of Medicaid managed care plans, with a membership that collectively provides vital health coverage for 9.7 million Californians – representing 70 percent of the Medi-Cal managed care population.

As the Medi-Cal program continues to grow and evolve, both in population covered and the services and benefits offered to enrollees, Ms. Koopmans guides LHPC's advocacy for locally delivered, high-quality health care for California's vulnerable Medi-Cal population.

Working to strengthen California's safety net programs has been a constant throughout Ms. Koopmans' career. Her success in representing local health plans is informed by her extensive experience in healthcare policy, particularly her knowledge of behavioral health, and her years spent working to support California's unhoused residents. Her passion for serving others has been essential to her work at the organization. She brings energy and expertise to her role as LHPC's CEO.

Ms. Koopmans first joined LHPC in 2018 as Director of Government Affairs, where she helped lead the organization on major Medi-Cal-related initiatives, including the development of CalAIM and Medi-Cal Rx. She was instrumental in supporting local plans as they adjusted and expanded operations to ensure their enrollees had access to essential health care during the pandemic. Her focus on and understanding of the many facets of the Medi-Cal program is crucial to the advancement of these programs and initiatives.

Ms. Koopmans' commitment to addressing health and social inequities through public policy was developed over the course of her career, including her time shaping policy on behalf of the County Behavioral Health Directors Association, where she formed expertise in several of California's waiver programs. Linnea also worked for the Los Angeles County Department of Mental Health, specifically on implementation of the Affordable Care Act, and she began her career working in housing and homelessness.

Speaker Bio

Chris Dickerson
Senior Consulting Actuary I, Health Management Associates (HMA)

A credentialed and experienced, actuary, Chris Dickerson has expertise in Medicaid managed care, risk adjustment, and capitation rate development as well as rate development for long-term services and supports, physical and behavioral health.

Before joining HMA, he was a senior consultant with Optumas where he developed complex Excel models for actuarial topics including rate adequacy, risk adjustment, program changes, trend development, and Incurred but not reported (IBNR) reserving.

He has led projects through all phases, including working with the details of large data sets and presenting results to executives. A specialist in abstract problem solving, Chris has worked extrapolating results from limited data and using creative thinking to develop unique solutions to challenges.

He has served clients including state health and human services offices, health plans, and financing divisions providing actuarial services, reviewing and setting Medicaid rates, creating models of financial impact, and developing and launching a new Medicaid managed care program for the state of Nebraska.

He earned a Bachelor of Science degree in mathematics from Arizona State University and has an Association of the Society of Actuaries designation. He is also a member of the American Academy of Actuaries.

Speaker Bio

Jennifer Babcock
Senior Vice President of Medicaid Policy, Association of Community Affiliated Health Plans (ACAP)

Jennifer Babcock is ACAP's Senior Vice President for Medicaid Policy. She also spent over four years as ACAP's Vice President for Exchanges. In 2010, she served the Eligibility and Enrollment team within the Office of Health Insurance Exchanges in the Department of Health and Human Service's Office of Consumer Information and Insurance Oversight (OCIIO, now known as CCIIO)., focusing primarily on the interplay between Medicaid and Exchange coverage. Before joining OCIIO, Jennifer served as ACAP's Director of Policy, working on Medicaid and CHIP health plan issues. Previously, she worked on policy related to Medicaid, CHIP, the uninsured, and private health insurance in the Office of health Policy for the Assistant Secretary for Planning and Evaluation (ASPE) at the Department of Health and Human Services.

She has also held positions with CHIP at the Centers for Medicare & Medicaid Services as special assistant to the Deputy Secretary of Health Care Financing at the Maryland Department of health and Mental Hygiene, and as an associate consultant with The Lewin Group in Falls Church. Jennifer also served as an MPH Fellow at the Consumer Health Foundation in Washington, D.C., and as Executive Director of the Lovelight Foundation, an anti-poverty organization in Detroit. She has a Masters of Public Health from the University of Michigan, Department of Health Management and Policy, and a Bachelor of Arts in English from Kalamazoo College in Michigan.

Speaker Bio

Craig A. Kennedy
President and Chief Executive Officer, Medicaid Health Plans of America (MHPA)

Craig joined MHPA in December of 2019 after more than two decades in non-profit association management and in leadership positions on Capitol Hill. He has management responsibility for all aspects of the Association and reports to the MHPA Board of Directors. MHPA represents the interests of the Medicaid managed care industry through advocacy and research to support innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees.

Prior to joining MHPA, Craig was the Executive Director for the Association of Clinicians for the Underserved (ACU). He led ACU to record growth over his six-year tenure and helped secure new federal grant funding for the organization. He also helped establish their advocacy infrastructure, which grew to include thousands of active participants across the country. Craig previously served as the top lobbyist for the National Association of Community Health Centers (NACHC) for more than a decade, which included negotiating the 2008 reauthorization of the Health Centers and National Health Service Corps programs, the 2009 Stimulus package, and the 2010 Affordable Care Act. He began his tenure at NACHC working to double the Health Centers program (the REACH Initiative) and subsequently drafted the ACCESS for All America plan for the organization. During his thirteen-year tenure at NACHC, the Health Centers program grew from $875 million in annual funding to over $5 billion.

Craig has also worked on Capitol Hill and in the Oregon State Legislature. His work on Capitol Hill included a stint in the Senate Finance Committee, which has jurisdiction over all health, tax and trade issues. He also served as the Senior Legislative Assistant for a member of the House Appropriations Committee, and later as the Legislative Director for a member of the House Rules Committee.

He received his Masters in Public Health from the George Washington University School of Public Health in Washington, DC, and has a Bachelor’s of Science from Willamette University in Salem, Oregon.

He lives with his wife Linda and three daughters in Northern Virginia.

CalAIM and Beyond: Building an Integrated Behavioral Health System of Care

Lucy E. Marrero, MA LMFT CPHQ, Director of Behavioral Health and Social Programs

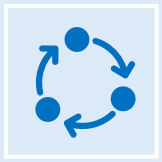
CalAIM Behavioral Health Initiative

Improved system coordination, and oversight between Carelon, GCHP, and Ventura County Behavioral Health (VCBH)

Screening and Transition Tools

No Wrong Door

Memorandum of Understanding (MOU) with data sharing agreement

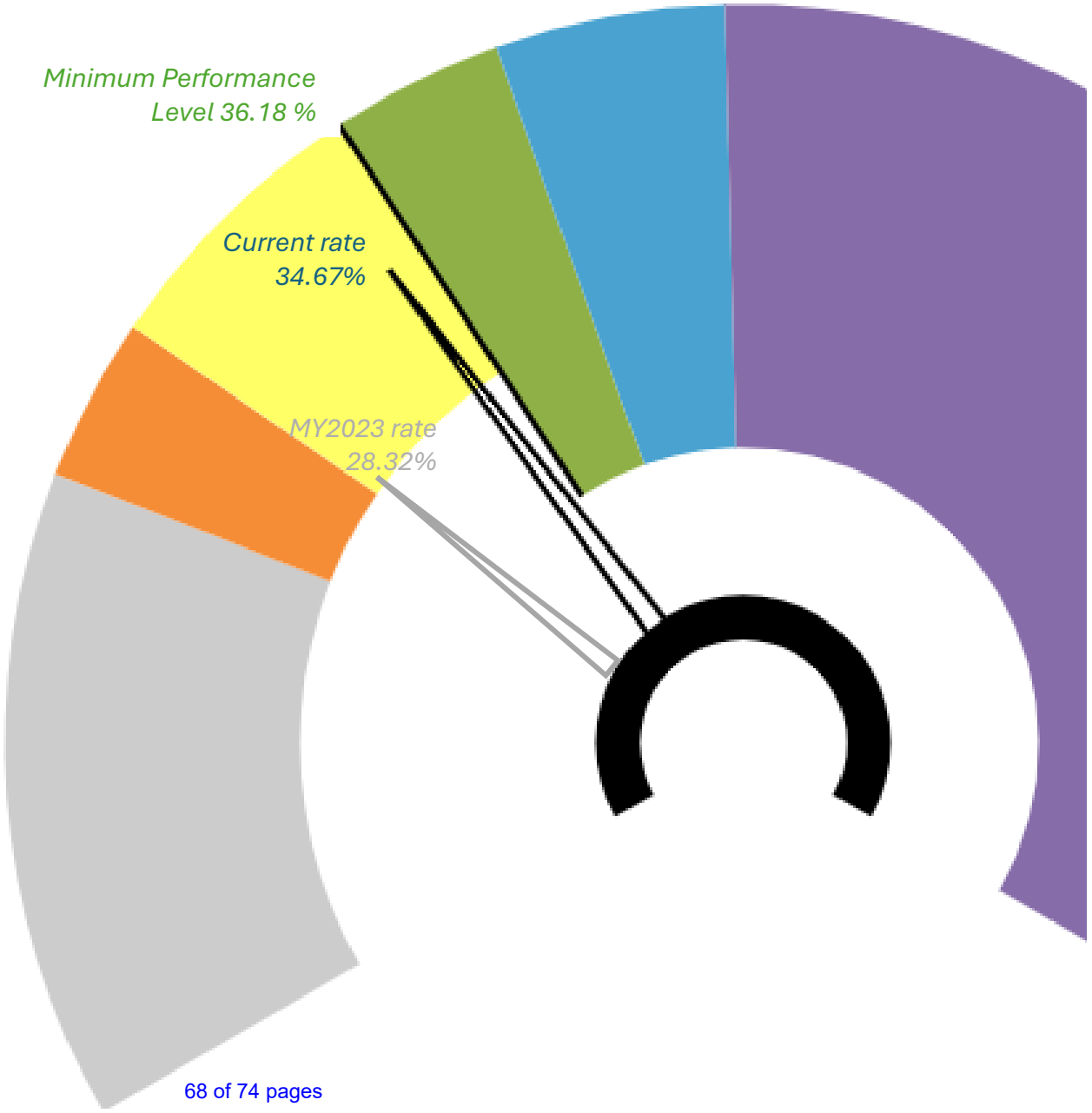


In progress: Closed Loop Referrals

FUA performance improves >7%

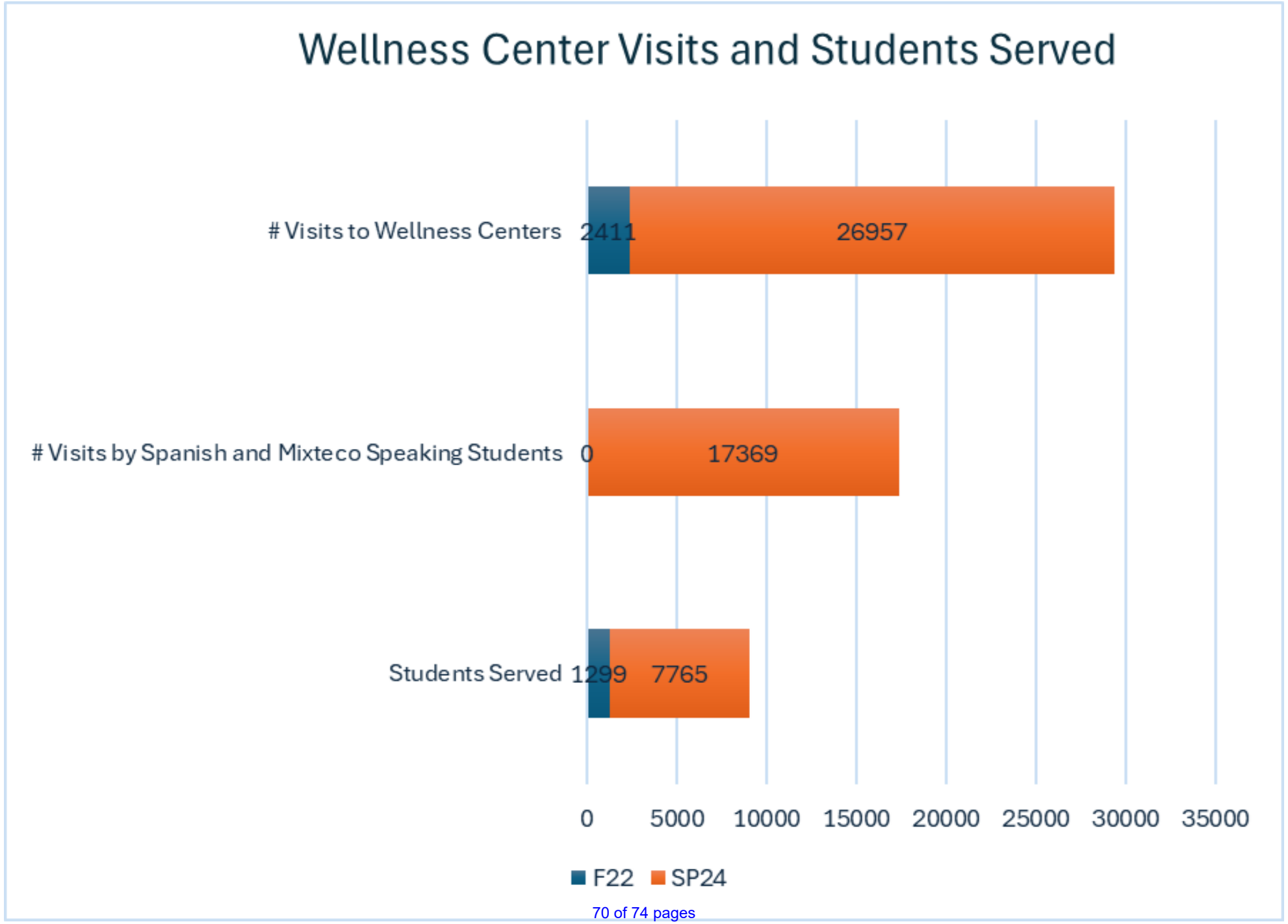
- Care coordination
- Data exchange
- Innovation
- Collaboration

FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

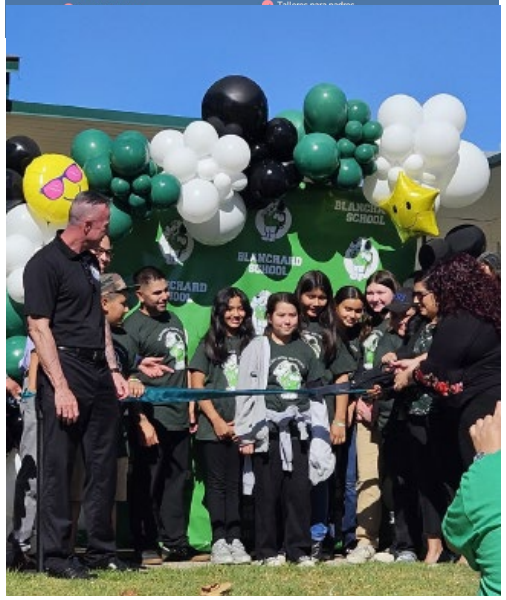


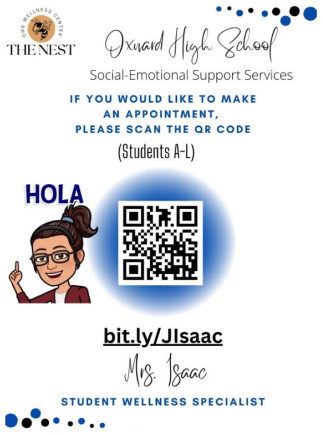
Student Behavioral Health Incentive Program (SBHIP)

- 11 schools with new Wellness Centers (all grade levels)
- 15 schools with new private therapy spaces
- 4 schools with new resources for Spanish- and Mixteco-Speaking students
- 2 districts with new Behavioral Health / Emotional Wellness CTE pathways
- $1.5M invested in behavioral health workforce scholarships


Wellness Center Visits and Students Served
Visits to Wellness Centers
2411
26957
Visits by Spanish and Mixteco Speaking Students
0
17369
Students Served
1299
7765
0
5000
10000
15000
20000
25000
30000
35000
F22
SP24

SBHIP Wellness Centers





Video: Emotional Wellness Career Pathway at Oxnard High School

Scholarship Program Goal

Increase number and diversity of behavioral health providers in Ventura County by investing $1.5M in scholars who will provide direct services in the county after graduation

- Remove financial barriers to education
- Scholarships for all provider types and education levels

SBHIP Scholarship Details

Mixteco / Indígena Community Organizing Project (MICOP)

- **Eligibility:** Students from Mexican Indigenous or farm working family backgrounds.

Ventura County Community Foundation (VCCF)

- **Eligibility:** Current / former Medi-Cal beneficiaries with preference for first-generation college students, foster youth, justice-involved individuals, speakers of Spanish, and other languages than English, and students from zip codes with health disparities.

Applications

- **MICOP:** Spring 2025 applications in review.
- **VCCF:** Open now through Jan. 15, 2025 for 2025-26 school year

Education Level	MICOP (5 years)	VCCF (ongoing)
Certification Programs CHW, PSS, PMHNP	Up to $10,000	Up to $3,500
Associate Degrees CADC, CWC I	Up to $15,000	Up to $5,500
Bachelor's Degrees CWC II, SW, Pre-Med	Up to $20,000	Up to $7,500
Graduate/Medical ABCA, LMFT, LPCC, LEP, Psychiatrist	Up to $25,000	Up to $9,500