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

Regular Meeting
Monday, October 28, 2024 2:00 p.m.
Meeting Location: Community Room
711 E. Daily Drive #110
Camarillo, CA 93010

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

Conference Call Number: 1-805-324-7279
Conference ID Number: 167 974 185#

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

Community Memorial Hosp
147 N. Brent St
Ventura, CA 93003

Ventura Government Center
800 S. Victoria Ave #L-1860
Ventura, CA 93009

2220 E Gonzales Rd Ste 120AB
Oxnard, CA 93036

AGENDA

CLERK ANNOUNCEMENT

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

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

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

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

CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of September 23, 2024.**

   Staff: Maddie Gutierrez, MMC Sr. Clerk to the Commission

   RECOMMENDATION: Approve the minutes as presented.

2. **Salary Adjustment for Acting Chief Executive Officer (CEO)**

   Staff: Paul Aguilar, Chief of Human Resources & Organization Performance Officer

   RECOMMENDATION: Approve a temporary 10% increase in the salary of the Acting Chief Executive Officer (CEO).

3. **711 Building Lease Extension**

   Staff: Paul Aguilar, Chief of Human Resources & Organization Performance

   RECOMMENDATION: It is recommended that Commission approve the request to negotiate lease extension with the property owner for Building - 711 East Daily Drive, Camarillo, CA through June 2027.

4. Written Summary of Quality Improvement and Health Equity Activities – Q3 2024

Staff: James Cruz, MD, Acting Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 3, 2024 Quality Improvement and Health Equity Committee summary.

PRESENTATIONS

5. Quality Improvement and Health Equity Committee 2024 Third Quarter Report

Staff: James Cruz, MD, Acting Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the 2023 QIHET Program Evaluation as presented and receive and file the complete report as presented.

FORMAL ACTION

6. Consideration of Moving the November 25, 2024 Commission Meeting and Adding a Meeting of the Executive Finance Committee in November.

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Provide direction on moving the November 25th meeting due to the Thanksgiving Holiday and Adding an Executive Finance Meeting in November

7. 2023/2024 Fiscal Year Close Financials and Financial Audit

Staff: Sara Dersch, Chief Financial Officer
Moss Adams Representatives

RECOMMENDATION: Receive and file the Moss Adams audit results as presented.

8. D-SNP Pharmacy Benefit Manager (PBM) Contract Approval

Staff: James Cruz. M.D., Acting Chief Medical Officer
Eve Gelb, Chief Innovation Officer
Sara Dersch, Chief Financial Officer

RECOMMENDATION: It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a 50-month agreement with Prime Therapeutics.

9. Provider Grant Administrator – Contract Approval

Staff: Erik Cho, Chief Policy & Programs Officer
David Tovar, Incentive Strategy Manager

RECOMMENDATION: It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a 44-month agreement with Institute for Healthcare Improvement, a non-profit organization for an amount not to exceed $1.2M.

10. Operations of the Future (OOTF) Approval of Remediation Plan and Cost

Staff: Alan Torres, Chief Information & System Modernization Officer
Anna Sproule, Exec. Director of Operations
Sara Dersch, Chief Financial Officer

RECOMMENDATION: GCHP staff is seeking approval from the Ventura County Medi-Cal Managed Care Commission to approve the execution of additional contract authorizations with the vendors listed above and approve the revised amount of $21.5M (adding $11.5M which includes contingency of 10%) to the Operations of the Future budget.

REPORTS

11. Chief Executive Officer (CEO) Report

Staff: Felix L. Nunez, M.D., MPH, Acting Chief Executive Officer

RECOMMENDATION: Receive and file the report

CLOSED SESSION

12. CONFERENCE WITH LABOR NEGOTIATORS
Agency designated representatives: Commission &
Chief of Human Resources & Organization Performance Officer
Unrepresented employee: Chief Executive Officer

13. PUBLIC EMPLOYEE APPOINTMENT
Title: Chief Executive Officer

ADJOURNMENT

The next meeting will be determined, start time is scheduled for 2:00 p.m. Community Room located at 711 E. Daily Dr. #110 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 Clerk of the Commission.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Maddie Gutierrez, MMC, Clerk for the Commission

DATE: October 28, 2024

SUBJECT: Regular Meeting Minutes of September 23, 2024

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Commission regular meeting minutes of September 23, 2024.

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

September 23, 2024

CALL TO ORDER

Committee Chair Laura Espinosa called the meeting to order at 2:02 p.m. in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Suite 110, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, and Scott Underwood D.O.

Absent: Commissioner Phil Buttell

Attending the meeting for GCHP were Felix L. Nunez, M.D., Acting Chief Executive Officer, Alan Torres, Chief Information Officer, CPPO Erik Cho, CFO Sara Dersch, Marlen Torres, Executive Director, Strategy and External Affairs, Paul Aguilar, Chief of Human Resources, James Cruz, M.D., Acting Chief Medical Officer, Robert Franco, Chief Compliance Officer, Eve Gelb, Chief Innovation Officer, and Scott Campbell, General Counsel.

Also in attendance were the following GCHP Staff: Kim Timmerman, David Tovar, Mayra Hernandez, Michelle Espinosa, Lupe Gonzalez, Kim Marquez-Johnson, Anna Sproule, Josephine Gallella. TJ Piwowarski, Rachel Lambert, Lucy Marrero, Victoria Warner, Susana Enriquez-Euyoque, Lupe Harrion, Vicki Wrighster, Shannon Robledo, Stacy Luney, Veronica Estrada, Adriana Sandoval, Holly Krull, Alison Armstrong, Sergio Cendejas, Chris Dulan, Corey Stephenson, Joanna Hioureas, Ifsha Butitta, Michael Mitchell, Carolyn Harris, David Kirkpatrick, Yoonhee Kim, Paula Cabral, and Sandi Walker

PUBLIC COMMENT

None.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of August 26, 2024, and special meeting minutes of August 28, 2024.

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Tangible Net Equity (TNE) and Working Capital Reserve Funds Policy Revision

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Staff recommends the Commission adopt (accept and file) the increase in targeted TNE to 700% of required TNE.

Commissioner Pupa motioned to approve Consent items 1 and 2. Commissioner Livingston seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Dee Pupa, Sara Sanchez, and Scott Underwood D.O.

NOES: None.

ABSENT: Commissioner Phill Buttell.

Motion carried.

UPDATES

3. Operations Dashboard

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

RECOMMENDATION: Receive and file the update.

Anna Sproule, Executive Director of Operations reviewed the Operations dashboard. She reviewed total claims volume and average claims per member. She also reviewed auto-adjudication and claims payments. She noted there has been a decrease in auto-judication, which has directly affected the average time it takes to process a claim. The auto-judication rate has dropped from 70% pre-conversion to 45% after the July 1 conversion. The decline in auto-judication is attributed to configuration challenges that

we have experienced. She also noted that increases will take place to auto-judication as we move forward and improve.

Ms. Sproule stated that when the data was pulled, we had a total of 151,000 claims that were pending. 28,000 of those claims were at 31 to 45 days in age. 43,000 were over 45 days, and those end up having interest payable. We are making every effort to get back to the point we were in and improve our turnaround time for our provider payments. 270,000 in interest that was payable in March primarily attributable to two major events that took place this past year and one that takes place on an annual basis. The primary event is that there is a Long-term care and skilled nursing facility retro rate adjustment that takes place each year that is payable. The other thing that took place this year versus years prior, is that we had a significant push to get all our claims inventory out the door before we did the conversion. The biggest push started in February and moving onto March. Even though we adjudicated those in February, some of them did not pay until March. She noted that through conversion it did stay higher than usual because we were pushing the backlog inventory out that had aged.

Ms. Sproule stated that on average we have $35,000 average interest payable per month, on the low end $25,000, and on the higher end $50,000 pre-conversion. Currently we have approximately $200,000 in interest for July, August, and part of September. We are getting closer in turning around the claims timelier.

Commissioner Pupa stated she appreciated the extra detail being provided. Commissioner Abbas asked if all the interest that is being paid was calculated into the overall financial scheme of things. CFO Sara Dersch replied yes, we did. Commissioner Cosio asked if there was information to what caused claims to be paid within the 30-day period; something that was controllable within the plan or was it external factors. Ms. Sproule stated there are several factors that are attributable. There are times that a contract does not get configured in the system until after those contract rates are already implemented, and it takes us at least 45 days to configure the system and evaluate it properly. When that happens, claims are going to have to be retro adjudicated. We had to go in adjust the original payment to the new payment amount. Another is data entry issues. If there is a data entry error, then it needs to correct, and that interest is also payable. There are also times when a dispute gets made in favor of the provider and we must go back and retro-pay that interest. Those are the three primary factors that we see on a regular basis.

Ms. Sproule stated that the situation that we are under now, there are additional contributing factors – we have some configuration within the system that is being worked through. We have regular meetings with our contracting team to get ahead of any contract that is coming in and make sure that they are as timely as possible.

Ms. Sproule noted that Operations is keeping an eye on not just claim payments but also claims payments by provider category, because sometimes there are changes to fee schedules. We are going to change the way that things are build and what this does is allows us to keep track of any payments that may get delayed for our providers.

Ms. Sproule then shared her screen to demonstrate our actual live dashboard. She noted a significant improvement for where we were two weeks ago. There has also been a further reduction in aged claims. She noted that this dashboard is reviewed every morning, and we can see where we are each day. .in her next slide she stated we can keep an eye on how many claims we have coming in and get additional detail for day by day inbound. We also look at specific claims by received date and we can keep an eye on processing. We also keep an eye on any increase in rejected claims. We keep an eye on things by category because of specific codes that happen by category of provider, and we dig into pended claims and paid claims by aging. We can also keep a close eye on our enrollment and watch the enrollment that goes in and comes out each day. We look at member demographics and this makes sure that there are no changes from DHCS that we have not implemented. If a new demographic category is provided to us, or a new language that is now going to be provided on our enrollment and eligibility files, we can identify if it has not been loaded to our system. We keep an inventory of members that are current, as well as new members that come in or members that we are losing by category, as well as zip code.

4. Operations Of the Future (OOTF) Update

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

RECOMMENDATION: Receive and file the update.

Anna Sproule, Executive Director of Operations, stated that the update would be on the stabilization strategy. She stated that there is a plan that she will present at a very high level, which will include the reduction, and stabilization of our claims inventory by 10/31/2024, which means that the aging will be back to where it should be.

Ms. Sproule stated there are three primary parts of the plan. Those areas are the provider, electronic data interchange (EDI), and membership. The plan is a specific work that is based around providers, the contracts, and the work that needs to go in streamlining and enhancing those pieces. Remediation of our electronic remit, known as 835 transactions and ensuring that we have a full reconciliation of our enrollment and eligibility file which includes categories of aid. Ms. Sproule reviewed the actual trend from August moving into September. She noted that aged claims have been further reduced and we will continue to track this to ensure that we stay within a reasonable level. She then moved onto the stabilization road map. She noted that this is a robust project plan that supports each aspect within this plan, and we have had several of our partners on site with our operations team to work through how we are going to remediate each challenge individually. We have a 10/31/24 deadline for claims remediation and we have some supplemental staffing that we brought in to support for PDR's as week will be seeing an increase in disputes around claims payments. Any errors or perceived errors in payments are going to be disputed. We have resource and system alignment, further refinement of our analytics, our dashboards, and the tools that we use as well as continuing to reduce that claims inventory.

In order to reduce the impact of the delayed claims payments to the provider community, we have begun advances for claims that are currently in inventory. We are being very particular about the claims already received by GCHP and we have begun advance payments for those claims, which began last week. This has relieved some of our providers.

Alan Torres, Chief Information & System Modernization Officer, stated that the vast majority of 835's has gone out. We are now in a state where we are delivering those within 24 hours after the claims checklist. However, there are still some 835's that are not making their way out and we know that is causing some challenges for our providers. We have engaged our vendor to help accelerate the 835's go out.

Commissioner Corwin stated that although staff is saying the bulk have gone out, he has not had any on the hospital side in quite some time, yet staff says only 5% are let to send. He asked for clarification. Mr. Torres stated that approximately 95% of the total 835's since our conversion date of 7/1/24 have successfully gone out to the providers, so that leaves approximately three hundred eight 835's that have yet to go out due to some defects/complexities in those claims. We can look specifically if you have not seen any for a professional institution. Commissioner Corwin stated he will give Mr. Torres some dates.

Dr Nunez, Acting CEO, stated that Anna's team has been doing a tremendous amount of work and they are trying to get the work done. General Counsel, Scott Campbell stated that additional resources are needed to make certain that all claims are paid within 30 days and more information will be presented at the next month's meeting. He noted that the teams are working with a great deal of urgency to work through these issues.
Commissioner Corwin stated that he appreciated all the effort. Commissioner Underwood stated this is an immense task and allows clinicians to have a better fell of GCHP and want to take care of Gold Coast patients which would improve access to care for those patients. Having a good reputation is a good first step, and we will end up seeing more and more clinicians sign on with Gold Coast knowing that they will be able to pay their staff and keep doors open. He thanked the team for the tremendous amount of work.

Commissioner Abbas stated that when looking at auto-adjudication, there is a thin line between the quality of paying. He asked if claims are being paid correctly 85% of the time or 95% of the time. If claims are not paid correctly there is another problem that will happen when you must claw back. He stated he would like to see how the quality of paying will be managed. Ms. Sproule stated that in our last audit we had 99.7% payment accuracy, and it is our goal to get back to that place as quickly as possible, and that is part of our plan. Commissioner Corwin stated that payment accuracy will need to be looked at once we the 835-issue fixed.

5. Dual Eligible Special Needs Plan (D-SNP) Update

Staff: Kimberly Marquez-Johnson, Director of Dual Special Needs Plan
James Cruz, M.D., Senior Medical Director
Michelle Espinoza, Executive Director of Delivery Systems Operations
Eve Gelb, Chief Innovation Officer

RECOMMENDATION: Receive and file the update.

Chief Innovation Officer, Eve Gelb, reviewed the definition of D-SNP. She noted that we will be launching a Medicare product, which means we will cover Medicare services along with Medi-Cal services. She stated that Medicare is broken up into three categories. Medicare Part A is mostly the inpatient and skilled nursing facility portion of Medicare. Medicare Part B is services that happen in a doctor's office or in the home, and Medicare Part D which is prescription drugs. For people who enroll their Medicare with us will need to get their Part D drugs from Medicare, not Medicare Rx. It is a complicated benefit structure and being able to administer will take some time and some outside help and resources to support that.

Being a Dual will have a lot of benefits. Both federal government and state government are focusing on integrating. It can be difficult for older adults or disabled individuals to know what they get under Medicare versus what they get under Medi-Cal and how to coordinate all the benefits. CIO Gelb stated that the federal government has been pushing to integrate the two benefit streams into one product which in California is called Medi-Medi plan. This is a choice for the Medicare beneficiary as to where they enroll their Medicare. There are functions that today GCHP does not perform but we will need to do them in a way that meet Medicare regulations. We are focusing on the member journey through the Medi-Cal plan as well as the Medicare plan. This awareness and shopping are a piece that we do not do as a county organized health system. Medi-Cal beneficiaries get assigned to Gold Coast; they do not choose Gold Coast. For their plan under Medicare, they must choose, the state cannot assign them. There is a set of activity that needs to happen about that awareness. How we publish what benefits are available ensure that people have the right options, that their network providers is a network that they are that meets their needs. CIO Gelb noted that there is a whole enrollment process that needs to be built for Medicare. She also stated that whatever materials we put out must follow CMS rules. Even the basics of a benefits brochure must meet Medicare requirements. We will be building a lot of new processes at the beginning of this journey from the time they are onboarding until the time that they get all the care and services from our providers. We will need to tweak processes to make sure that they meet the Medicare requirements - the Model of Care helps us do that. There are a lot of different things that we will be doing for the member – there are also lots of different drivers for payment, lots of different drivers of reporting requirements, etc. There is a very different approach for Medicare than for Medi-Cal, some measures align but not all.

Kimberly Marquez-Johnson, Director of Dual Special Needs Plan, stated that for use to operate as a D-SNP, there are several regulatory requirements that we must complete

and obtain with the Department of Managed Health Care. She reviewed the timeline which has seven major regulatory requirements that we need to adhere to. Prior to January 1, 2026, we must have our Knox-Keene state license. We submitted our initial application April 4th, and we currently have four exhibits that are still pending, two of which are our major exhibits, and revolve around our contracts. We must have a signed contract with the PBM for our Part D Medicare and second is showing and demonstrating to DMHC our contracts for a Medicare network. We must have our notice of intent to apply for Advantage Prescription Drug Plan D-SNP only to CMS and that is due on November 6th. Our Model of Care for D-SNP is due on February 12th, and our part C&D applications to CMS, and those incorporate all the operational, the foundation of what we are going to be executing for our D-SNP. Going into March, we will be confirming with the state our interest to engage them in a Medicaid agency contract and we will be working with them for the next quarter of Quarter Two to execute that contract, have it signed and delivered - both signed by DHCS and by us. We must submit that to CMS by June. We will also be focusing on our bid submission to CMS for our benefit year of 2026. This bid is something that we must do annually for our Medicare benefits, which takes us to our Go-Live of January 1, 2026.

James Cruz, M.D., Acting Chief Medical Officer will be presenting our plant for D-SNP Pharmacy Benefit Manager contracting update. He gave an overview of the complexities that are involved in ensuring that our members receive the drugs that are needed. Our Medi-Cal members currently receive their drugs through the state of California's Medi-Cal RX, and the state contracts directly with a pharmacy benefit. Our D-SNP members will receive their drugs through Medicare Part D and Gold Coast, not the state. Gold Coast will contract with a pharmacy benefit manager and do two things: 1) to deliver the pharmacy benefit and 2) to ensure that Gold Coast meets Medicare regulatory requirements. In addition, the PBM conducts several critical functions. The PBM will be able to negotiate purchasing power with manufacturers and pass it on to Gold Coast. The PBM will also partner with Gold Coast to develop a cost-efficient formulary that is reflective of our member needs. Third, they will pay our pharmacy claims, and lastly, in partnership with GCHP, the pharmacy benefit manager will conduct both utilization management as well as quality oversight activities.

Dr. Cruz stated that part of the member journey begins with us targeting communications, announcements, and education to make sure the member has a clear understanding of the Medicare product they will be receiving. There will then be a partnership with the PBM of the formulary that is reflective of our D-SNP member needs. Following that there will be establishing a pharmacy network – we are going to look to have a broad-based pharmacy network that not only includes traditional large chain pharmacies but also to include independent local "mom and pop" pharmacies because we have developed relationships with those community pharmacies. We will be closely monitoring the end in processes to ensure that our members have a positive experience and that the PBM is working to ensure that our members are adherent to their treatment.

Dr. Cruz stated that he wanted to share some good news. He stated that GCHP has established a transparent, clear objective fact-based procurement process that was a

cross-functional team led by procurement and included several team members. This team worked together to develop a Request for Proposal process. Dr. Cruz reviewed the procurement process which outlines steps that will occur before we conclude a contract execution. He noted that we are in the beginning stages of negotiations with a select number of PBM companies and the team is confident that a contract will be ready for Commission to review in October and execution in November.

Commissioner Pupa commented that it was unfortunate for the Duals that there are two different workforces for pharmacy because prescriptions are very personal to member and when there is disruption or confusion it is very frustrating. We must clearly communicate to the members what they need to do for their prescriptions. Dr. Cruz stated that we will be closely monitoring our members' experience. Our goal is to make is as seamless as possible.

CFO Sara Dersch stated that we found that over 40% of our members actually go to independent pharmacies, and we did look at that s part of this process and one of our criteria was that if the independent pharmacies that our members go to, if they are not in the network, it is very easy to get added to that network. We are going to do this well for our members.

CIO Gelb stated that there are a specific Five-Star Part D measures that are very focused on the member experience on medication adherence. PBMs must be very well experienced, and we are putting incentives in place to improve the outcomes and ensure that we get high quality.

Michelle Espinosa, Executive Director of Delivery Systems Operations oversees our provider network. Ms. Espinosa stated that we have started evaluating the current Medicaid network and got letters of intent out with key partners in our provider network to start doing the overlap as indicated by the state's requirements. We are looking at the DHCS requirements and DMHC requirements and we are trying to line everything up with the CMS requirements so that there is up to 90% overlap between our Medicaid network and our Medicare network. We want to ensure that the provider that they have today is the same provider that they will see when the conversion occurs and that there is no disruption to care. We also want to make sure that whatever providers we bring in corresponds with the demographic population. Anyone that has language needs, we have the providers to cover that. We will not throw a contract out to the entire network and see who signs it. We must continually monitor and make sure that we are covering the adequacy, the alignment of the membership and the language capabilities of our network in comparison to what our member needs are.

We must make sure that in anticipation of our Know-Keene filing in November that we have actual signed agreements with those providers that signed letter of intent. There is a lot of focus and attention on the CMS network adequacy requirements, and therefore we are trying to home in on that. We also look closely at hospitals, PCs, PS and specialists, post-acute care is also big. We want to make sure our contracts have both sides of the house. We need to have services that are utilized by this population. We

need to ensure that our DME and lab vendors are set up. We are already starting to evaluate and analyze where our network is today.

Ms. Espinosa stated that we have great software that mimics what CMS does. It will tell us the adequacy percentage and where gaps might be and then we can fill those gaps. We not only need to get members ready, but we also need to get providers ready and how our provider portal will need to change to accommodate each step. We must develop new behaviors for providers and how they look at the members through Model of Care. We need to make sure they understand pharmacy benefits, the overlap etc. We have started creating training platforms and getting providers ready.

Commissioner Corwin asked how confident are we that our existing network will be able to port over. Ms. Espinosa stated members are already familiar with the process. Commissioner Corwin also asked if there is a deadline with DMHC. Ms. Espinosa stated they look at contracts that must be filed with D-SNP filing. We will need to show the contracts. Supervisor Lopez asked if it was auto-enrollment. CIO Gelb replied it is optional enrollment. Supervisor Lopez asked if there is a minimum number of enrollees. CIO Gelb stated we have three years to get there. The enrollment number is 1,500 members to start. Commissioner Espinosa asked for members that are currently Medi-Medi, what is the process for them. CIO Gelb stated the process stays the same. Open enrollment starts 10/27/24 and members can choose. CFO Dersch stated we want to start small and work out the kinks. It will take 10,000 members before we are out of the red. We want members to stay with GCHP and we want to deliver on what we promise.

6. Compliance Update

a. Department of Health Care Services (DHCS) Audit

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the update

Chief Compliance Officer, Robert Franco, stated the medical audit started today (9/23/24). He noted there is a new audit team. He also stated that the focused audit has fewer areas of review. The review period is July 1, 2023, through June 30, 2024. Virtual interviews begin 9/23/24 through 10/4/24.

CCO Franco reviewed the audit process. He also reviewed the 2024 DHCS areas of focus, Utilization Management, Case Management and Coordination of Care, Access and Availability, Member Rights, Quality Improvements, and Administrative and Organizational Capacity.

Commissioner Buttell joined the meeting at 3:57 p.m.
Commissioner Underwood left the meeting at 3:59 p.m.

CCO Franco stated the final report will be issued in 90 days from the Exit Conference which is scheduled for October 4, 2024.

Commissioner Monroy motioned to approve Agenda items 3 through 6. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Phil Buttell, James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Dee Pupa, and Sara Sanchez

NOES: None.

ABSENT: Commissioner Scott Underwood, D.O.

Motion carried.

FORMAL ACTION

7. Reinstituting Commission Strategic Planning Retreat Ad Hoc Committee

Staff: Marlen Torres, Chief of Member Experience & External Strategies

RECOMMENDATION: Staff recommends that the Commission reconstitute the Strategic Planning Ad Hoc Committee and select up to five Commissioners who will serve in the ad hoc committee. Additionally, staff recommends that the Strategic Planning Retreat be held in person this year.

Marlen Torres, Chief of Member Experience & External Affairs explained the need for an AdHoc committee and requirements of the members who volunteer to serve. She noted that there would only be a couple of meetings, and they will be held remotely for approximately 1 hour. General Counsel, Scott Campbell stated the AdHoc is not a Brown Act meeting, and the committee needs up to five volunteers.

The following commissioners volunteered to be part of the AdHoc committee:
Commissioner Laura Espinosa
Commissioner Dee Pupa
Supervisor Vianey Lopez
Commissioner Tabin Cosio and
Commissioner Sara Sanchez

Commissioner Corwin motioned to approve Agenda item 7. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Phil Buttell, James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Dee Pupa, and Sara Sanchez

NOES: None.

ABSENT: Commissioner Scott Underwood, D.O.

Motion carried.

REPORTS

8. Chief Executive Officer (CEO) Report

Staff: Felix L. Nunez, M.D., MPH, Acting Chief Executive Officer

RECOMMENDATION: Receive and file the report

Acting Chief Executive Officer, Felix L. Nunez, M.D. stated there will be no scripts, or lectures. The staff wants a discussion/dialog. Staff wants to update, inform the commission and wants feedback. The team wants transparency, honesty, and integrity. This is an opportunity to re-set and look at the work being done and how to approach the work that needs to be done. The team is committed to the organization and its mission, as well as to the members.

Dr. Nunez noted there are changes to roles. He stated Dr. Cruz accepted the role of Acting Chief Medical Officer. Marlen Torres has been promoted to Chief of Member Experience & External Affairs. A new medical director has been appointed – Dr. Teri Brown.

Dr. Nunez stated there is a positive team coming together and focus is on the work for our members.

Commissioner Espinosa thanked everyone for their graciousness.

9. Chief Medical Officer (CMO) Report

Staff: James Cruz, M.D., Acting Chief Medical Officer

RECOMMENDATION: Receive and file the report

Dr. James Cruz, Acting Chief Medical Officer, stated his reports covered six key areas Focus #1 Managed Care Accountability Set (MCAS) Update which is to build on the 2023 success and are on track to meet or exceed the measures. He noted there are three areas of concern: follow-up after an ED visit for substance use disorder within 30 days, follow-up after an ED visit for Mental Illness within 30 days, and Asthma medication ratio.

Focus #2 is the NCQA Project Update – we are engaged in activities to ensure that we will be accredited, and staff is working on three risks in health equity that were noted. Work is progressing as planned.

Focus #3 QIPP is also working on quality performance and was measured using final audited MCAS performance rates. QIPP MY 2023 participating health systems include: Ventura County Health Care Agency, Clinicas del Camino Real, and Community Memorial Health. These partnerships and collaboration through QIPP have demonstrated significant performance improvements for GCHP.

Focus #4 is the Sr. Medical Director update – noting continued progress to identify a PBM to contract with for D-SNP.

Focus #5 utilization Management continues to work to maintain regulatory compliance. The new medical management software went live on 7/1/24. Staff is fully trained and processing authorization requests within regulatory timeframes.

Focus #6 Pharmacy Services has been monitoring and assisting members who need help with processing their prescriptions, understanding limitations or restrictions based on coverage criteria by Medi-Cal Rx

Commissioner Espinosa asked how we can raise health equity percentages. Dr. Cruz stated mock surveys along with working with the NCQA consultant. General Counsel, Scott Campbell stated this will also be discussed in Closed Session. Dr. Gonzalez and her team are building policy & procedures for a mock survey. CDO Ted Bagley stated that in full disclosure, we came to the table late, we did not get serious on health equity until six months ago, but we will meet the requirements.

10. Human Resources (H.R.) Report

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance Officer

RECOMMENDATION: Receive and file the report

Chief of Human Resources & Organization Performance Officer, Paul Aguilar, stated there is lots of staff engagement and there is a lot of change. Teams is trying to stay close to their teams and determine how to work cohesively, starting with the Executive Team and Leadership Team.

There is a focus on hiring and we are making progress on budgeted jobs that have been approved. Mr. Aguilar also reviewed the Employee Count table, and it will be updated continuously. CDO Ted Bagley also noted there are less complaints lately.

Commissioner Abbas motioned to approve Agenda items 8 through 10. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Phil Buttell, James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Dee Pupa, and Sara Sanchez

NOES: None.

ABSENT: Commissioner Scott Underwood, D.O.

Motion carried.

General Counsel, Scott Campbell stated that Agenda Item 11 will be tabled.

Open Session ended at 4:34 p.m. the Commission took a five-minute break.

Closed Session began at 4:45 p.m.

CLOSED SESSION

11. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9.: One case.

12. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: One Case.
GCHP has received a letter from the IRS regarding an examination of GCHP withholdings. A copy of the letter is available upon request.

13. PUBLIC EMPLOYEE PERFORMANCE EVALUTION
Title: Acting Chief Executive Officer

14. CONFERENCE WITH LABOR NEGOTIATORS
Agency designated representatives: Commission &
Chief of Human Resources & Organization Performance Officer
Unrepresented employee: Acting Chief Executive Officer

15. PUBLIC EMPLOYEE APPOINTMENT
Title: Chief Executive Officer

General Counsel, Scott Campbell stated the reportable action was as follows: The Commission unanimously agreed to increase the Acting CEO pay by 10%.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 5:35 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

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AGENDA ITEM NO. 2

To: Ventura Country Medi-Cal Managed Care Commission

From: Paul Aguilar, Chief Human Resource & Organization Performance Officer

Date: October 28, 2024

Subject: Acting CEO Salary Adjustment

SUMMARY:

On Wednesday August 28, 2024, the Commission appointed Dr Felix Nunez as Acting Chief Executive Officer (CEO) of Gold Coast Health Plan. Dr Nunez will have full CEO authority during this interim period. In these interim situations, it is Gold Coast Health Plan practice to provide a salary adjustment to incumbents to effective compensation in recognition for their expanded interim roles.

RECOMMENDATION:

To provide Dr Felix Nunez a 10% salary adjustment while assuming the role of Acting Chief Executive Officer for Gold Coast Health Plan. During this interim period, Dr Nunez's annual salary will increase from $410,856 to $451,942. No other compensation adjustments will be provided.

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AGENDA ITEM NO. 3

To: Ventura Country Medi-Cal Managed Care Commission

From: Paul Aguilar, Chief Human Resource & Organization Performance Officer

Date: October 28, 2024

Subject: Facility Lease Extension

SUMMARY:

Gold Coast Health Plan (GCHP) currently occupies Building - 711 East Daily Drive, Camarillo CA 93010 at Camarillo Business Park as its primary office location since April 2014. The current lease expires March 31, 2026 and staff is seeking approval to negotiate a lease extension with the property owner through June 2027. During this extended period, staff will assess the future work environment needs to determine options to consider. These options may be to remain at the current location or relocate to a new site within Ventura County. The extended lease time will provide staff with the right amount of time to effectively complete the assessment and execute any options agree to by the Commission.

BACKGROUND:

The GCHP leases 34,974 rentable square feet at Building - 711 East Daily Drive. The annual lease for this office space is $1,045,703. The anticipated 15-month extension will be within the range of $1,360,000 to $1,500,000.

FISCAL IMPACT

No immediate financial impact. The lease extension requires an extended occupancy cost through the fiscal year 2026-27 budget.

RECOMMENDATION:

It is recommended that Commission approve the request to negotiate lease extension with the property owner for Building - 711 East Daily Drive, Camarillo, CA through June 2027.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, MD, Acting Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

DATE: October 28, 2024

SUBJECT: Written Summary of Quality Improvement and Health Equity Activities – Q3 2024

SUMMARY:

The Department of Health Care Services ("DHCS") contract, Exhibit A Attachment III, Section 2.2.3, requires Gold Coast Health Plan ("GCHP") to prepare a written summary of Quality Improvement and Health Equity Committee (QIHEC) activities, findings, recommendations, and actions after each meeting and submit it to the Governing Board.

The attached report contains a summary of activities of the QIHEC and its subcommittees for Quarter 3, 2024.

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 3, 2024 Quality Improvement and Health Equity Committee summary.

ATTACHMENTS:

Quality Improvement and Health Equity Committee (QIHEC) Meeting, 2024 Quarter 3 Summary Report, September 17, 2024

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2024 Quarter 3 Summary Report
September 17, 2024

Overview:

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets quarterly, with special meetings scheduled as needed to conduct business. The QIHEC is chaired and facilitated by the Chief Medical Officer (CMO), with committee members comprised of internal leadership, the Chairs from the ten QIHEC Subcommittees, one Commissioner, three practicing physicians in the community, and a behavioral health care practitioner. This report represents a summary of the September 17, 2024 QIHEC meeting.

Approval Items

- Approved
  - 2024 Quarter 2 QIHEC Meeting Minutes
    - May 7, 2024 Special Meeting
    - June 11, 2024 Regular Meeting
  - Quality Improvement and Health Equity Committee Meeting Schedule for 2025
  - Carelon 2023 Quality Improvement Work Plan Evaluation
  - Gold Coast Health Plan 2023 Quality Improvement and Health Equity Transformation Program Evaluation
- Approved contingent upon clarification of follow-up questions discussed at this QIHEC
  - Carelon 2024 Quality Improvement Program Description
  - Carelon 2024 Quality Improvement Work Plan

Open Action Items from Prior QIHEC Meeting

- **Action Item #57 - Closed**
  - Facility Site Review (FSR) Nurse reported that some independent providers voiced concerns about additional FSR paperwork and increased costs. They may stop seeing pediatric patients. Committee member James Cruz, MD asked if the independent providers are going to stop seeing all pediatric members.
  - Resolution: Member Services confirmed that some pediatric members assigned to one independent provider have been reassigned and another independent provider opted to continue seeing their existing pediatric members.
- **Action Item#59 - Closed**
  - Committee member Jeffrey Yarges asked if there is a trending report showing a year-to-year comparison of child lead screening collected during Initial Health Appointments (IHA).
  - Resolution: The QI Department reported that audit results for blood lead anticipatory guidance and blood lead screening have been added to the FSR/IHA Dashboard for quarterly trending.
- **Action Item #60 – Closed**

  - Committee member James Cruz, MD asked if there was information regarding closing the loop on referrals during Facility Site Reviews and to quantify any level of improvement.
  - Resolution: Heidi Ramirez provided Dr. James Cruz with data collected during Facility Site Reviews/Medical Record Reviews including: 1) Office practice procedures allow timely provision and tracking of internal and external referrals; 2) Physician Review and follow-up of referral/consultation reports and diagnostic test results; 3) Evidence of practitioner review of specialty consult/referral reports and diagnostic tests; 4) Evidence of follow-up of specialty/consult/referrals made, and results/reports of diagnostic tests, when appropriate.
- **Action Item # 61 - Closed**
  - Committee member James Cruz, MD asked if the medical record reviews include tracking of providers who completed an Adverse Childhood Exposure Experience (ACE) screenings.
  - Resolution: The QI Department is sending providers the list of recommended adult/pediatric health assessments & standardized tools (e.g., SDOH, ACEs, CRAFTS, etc.). The information is also be posted on the GCHP website. The QI FSR nurses also provide training to providers and recently completed a training for risk assessment screening tools at the August 21, 2024 QI Collaboration meeting.
- **Action Item #62 - Closed**
  - Committee Chair Felix Nuñez, MD, MPH, said that Dr. Underwood's feedback on continuous glucose monitoring can be shared at the next Director of Pharmacy meeting with the state and the next Chief Medical Officer (CMO) meeting with the state.
  - Resolution: The Department of Health Care Services (DHCS) reported there is no additional flexibility in use of continuous glucose monitors. GCHP will regroup internally to evaluate how to expand the eligibility for use of these monitors in the clinical setting.

QIHEC Membership Updates

- QIHEC Chair Changes
  - Due to recent staffing changes, the Commission has appointed Dr. Felix Nuñez as the acting Chief Executive Officer and Dr. James Cruz has been appointed as the acting Chief Medical Officer and will be chairing the QIHEC meetings.
- QIHEC Membership Changes
  - Dr. John Fankhauser and Dr. Sandrine Pirard are retiring and will be leaving the QIHEC and Dr. Gary Proctor and Dr. Alicia Casapao will be joining the QIHEC.

Quality Improvement and Health Equity Committee Meeting Schedule for 2025

- The 2025 schedule will increase the meeting cadence from quarterly regular meetings in 2024 (4 meetings) to 6 meetings in 2025. The increased meeting frequency is intended to provide sufficient committee time for review of accreditation and regulatory requirements.

Carelon Behavioral Health Quality Improvement Program Description and Work Plan

- The Director of National Quality Management at Carelon Behavioral Health reported on Carelon's 2023 Quality Program Evaluation and the 2024 Quality Improvement Program Description and Quality Improvement Work Plan.
- GCHP QIHEC Committee members had follow-up questions on the 2024 Quality Improvement Work Plan pertaining to reporting methodology, performance monitoring, health equity and

cultural linguistics training, language assistance for Spanish and Mixteco populations, processing grievances efficiently, delegation oversight of grievances, and incorporation of CalAIM initiatives. Approval of these two documents is contingent upon clarification of the questions addressed during this QIHEC meeting.

Gold Coast Health Plan 2023 Quality Improvement and Health Transformation (QIHET) Program Evaluation

- The 2023 QIHET Work Plan effectively monitored and reported on organization-wide goals which included 46 comprehensive quality initiatives. Goals were met for 35 out of 46 initiatives.
- Rates improved for 27 Managed Care Accountability Set Measures and 15 out of 18 measures met or exceeded the DHCS minimum performance level (MPL).
- Multiple quality initiatives were launched in 2023 that included
  - Quality Incentive Pool and Program (QIPP) launched
  - Member outreach campaigns to close care gaps
  - Expansion of the point-of-care member incentive programs
  - Provider and member education campaigns
  - Data improvements and collection of new supplemental data sources
  - Health fairs and mobile mammograms
- The Program structure consisted of oversight by Quality Committees and Subcommittees. Resources for the QIHET Program included multidisciplinary GCHP staff with leadership from the Chief Medical Officer (CMO). Network providers gave feedback on quality improvement and health equity transformation activities through quarterly QI Collaboration meetings, monthly Joint Quality Operations Meetings (JQOM) and monthly Joint Quality Program Committee Meetings (JQPC), the quarterly Quality Improvement Committees (QIC), and the subcommittees.

QIHEC Subcommittee and Department Summaries

Compliance/Delegation Oversight

- 10 delegation oversight audits were completed as scheduled: 4 credentialing, 2 claims, 1 transportation, 2 utilization management, and 1 quality improvement and cultural linguistics.
- 7 corrective action plans were issued and 3 were closed.

Managed Care Accountability Set (MCAS) Steering Committee

- MCAS Dashboard: 2024 Quarter 2 MCAS rates reviewed.
  - 7 MCAS rates achieved DHCS MPL
  - 9 MCAS rates increased compared to 2024 Quarter 1
- MCAS Operations Steering Committee: new sub-committee launched July 2024 to align and drive the organization's strategy and initiatives around MCAS, including but not limited to, prioritization, goals, work plans, and performance tracking.
- QIHET Work Plan Updates: Reviewed interventions related to member engagement (outreach and member reward programs), community collaborations, data improvements, and member and provider education campaigns.

Quality Improvement: Facility Site Review (FSR) / Initial Health Appointment (IHA)

- Facility Site Reviews:
  - The QI FSR Nurses completed 6 FRS FSRs and 5 medical record reviews (MRR). Most clinic sites are continuing to pass their FSRs, but there has been an increase in MRR corrective action plans and need for focused reviews. Continuing to assist the clinics with major changes in workflows, educational visits for providers and staff, and environmental safety to align with the DHCS FSR/MRR Standards.
- Initial Health Appointments:
  - The QI Nurses completed 257 audits on IHAs and MRR in 2024 Quarter 1 and 73% met IHA criteria. Areas in need of improvement include screenings for sexually transmitted infections, age-appropriate immunizations, blood lead screening and anticipatory guidance, psychosocial/behavioral risk assessments, and intimate partner violence screenings. Continuing IHA audits to measure compliance and educate providers and clinic staff in the IHA requirements.

Population Health Management (PHM) Department

- Wellth Program: 1,264 members in 2024 Quarter 1 and 85% of program participants engaged in 80+% of the daily check-ins. Approval received from the Commission to enroll up to 5,500 additional members in FY 2024-2025.
- Population Needs Assessment (PNA): The PNA will be updated and reviewed in November 2024.

Behavioral Health Quality Committee

- Carelon's performance for post-ED outreach attempts for members identified with substance use or mental health conditions in 2024 YTD was 97% and appointments scheduled and/or discharge assessments completed for this target population in 2024 YTD was 28%.
- The BH Department completed all planned activities within the QIHETP Work Plan and continues to share barriers to goal attainment with leadership. The 2024 Quarter 2 activities included implementing workflows to coordinate post ED care with Conejo Health, evaluating MY 2023 barriers to create mitigation plans, and negotiate additional data source through Bamboo Health.

Utilization Management Committee

- Prior authorization turn-around-time benchmarks were met in 2024 Quarter 2.
- 24-Hour Nurse Advise Line (NAL): GCHP began implementing strategies to increase awareness of the after-hour nurse advise line.
- Medical Management System: The new medical management system, TruCare, was successfully launched on July 1, 2024 with more enhancement planned to increase functionality and ensure regulatory requirements are met.

Member Services Committee

- Call Center:
  - All Conduent Call Center benchmarks were met in 2024 Quarter 2 for speed of answer, abandonment rate, call center volume, and phone quality.
  - On July 1, 2024, Gold Coast Health Plan transitioned to an internal call center. To prepare for this transition, 40 agents were hired to staff the internal call center. The Member Services department will continue to audit call center metrics and hold weekly meetings

with the internal call center staff to evaluate performance and identify opportunities for improvement

- Membership: As of June 30,2024, GCHP's membership was 248,315 members. There was a 0.7% decrease in membership from 2024 Quarter 1 (250,134 members) to 2024 Quarter 2 (248,315 members).

Network Operations

- Network Operations monitors capacity on a quarterly and annual basis via the DHCS Quarterly Monitoring Report Template (QMRT) and the Annual Network Certification. Provider Network Quarterly Monitoring Outcomes for Q2 2024:
  - Network adequacy standards met for PCPs and Specialists
  - Ratio of Specialist to Members and PCPs to Members met
  - 100% of new provider orientation scheduled within 10days and completed within 30days was not met; 161 out of 223 orientations were completed timely. Retroactive dates, limited staffing. and limited provider availability contributed to delayed orientations.
- The 2024 Provider Satisfaction Survey is ongoing and results will be segmented by Primary Care Provider and Specialty type.

Quality Improvement: NCQA Accreditation

- Health Equity Accreditation (HEA) and Health Plan Accreditation (HPA) mock surveys have been scheduled for 2024 Quarter 2 and Quarter 4. The mock surveys serve as a midway assessment to evaluate current compliance with NCQA standards, identify remaining gaps, and develop plans to remediate those gaps in preparation for 2025 final surveys.

Health Education and Cultural Linguistics (HE/CL) Committee

- Cultural and Linguistic Requests: 743 requests completed which was a 12% increase from 2024 Quarter 1. The top 3 requested languages were Spanish, Vietnamese, and Mixteco.
- Program Referrals: 693 completed. 412 HE and 272 CL (sign-language and in-person interpreting) referrals. This was a 47% increase from 2024 Quarter 1.
- Follow-Up Referrals: 271 from Care Management and 349 from ECM/CM and other special projects/programs.
- QIHET Work Plan Activities:
  - Outreach Calls to promote the Health Fairs/Community Events: 887.
  - Tobacco cessation, HE packets, and provider C&L/DEI trainings.

Grievance and Appeal (G&A) Committee

- All grievance and appeal benchmarks were met except one. The benchmark to acknowledge 98% of member grievance within in 5 calendar days was 95%.
- 2024 Quarter 2 grievances included 67 quality of care cases: 36% substantiated; 38% non-substantiated; 6% unfounded due to lack of information; 20% had no rating applied. Next steps include collaborating with Provider Network Operations to identify the provider offices or clinics that need additional resources to address and resolve issues related to these various complaints.
- G&A has increased the monitoring of all the mailroom functions related to scanning and forwarding any appeals and grievances to ensure they are routed timely.

Pharmacy and Therapeutics (P & T) Committee

- Drug Utilization Review (DUR) of opioid prescription utilization met performance benchmarks in 2024 Quarter 2 with <5% increase in the following metrics (1) total opioid utilization; (2) combined use with benzodiazepines; and (3) combined use with antipsychotics.
- Medi-Cal Rx will continue to cover COVID-19 Antigen over-the-count test #4 kits/30-days
- New policies and procedures have been approved for pharmaceutical management of Physician Administered Drugs (PADs) and Drug Recall Notification.
- The Pharmacy & Therapeutics Committee on August 15, 2024 reviewed and approved the recommended changes to the list of PADs requiring prior authorization.

Credentials/ Peer Review Committee (C/PRC)

- All credentialing, recredentialing and peer review benchmarks were met in 2024 Quarter 2.
- Identified need to upgrade Symplr software to improve efficiency of credentialing process.

Medical Advisory Committee (MAC)

- Quorum was not met for 2024 Quarter 2 and the review and approval of the clinical practice and preventive services guidelines was moved to 2024 Quarter 3 Medical Advisory Committee.

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, M.D., Acting Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

DATE: October 28, 2024

SUBJECT: Quality Improvement and Health Equity Committee 2024 Third Quarter Report

SUMMARY:

The Department of Health Care Services ("DHCS") requires Gold Coast Health Plan ("GCHP") to implement an effective quality improvement system and to ensure that the governing body routinely receives written progress reports from the Quality Improvement and Health Equity Committee ("QIHEC").

The attached PPT report contains a summary of activities of the QIC and its subcommittees.

APPROVAL ITEMS:

- 2023 Quality Improvement and Health Equity Transformation ("QIHET") Program Evaluation

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the 2023 QIHET Program Evaluation as presented and receive and file the complete report as presented.

ATTACHMENTS:

1) Timmerman, K., (2024). Quality Improvement, Ventura County Medi-Cal Managed Care Commission, Quality Improvement and Health Equity Committee 2024 Third Quarter Report, Presentation Slides.

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Quality Improvement and Health Equity Committee Report Q3 2024

October 28, 2024

Kimberly Timmerman, MHA, CPHQ - Sr. Director, Quality Improvement

Integrity
Accountability
Collaboration
Trust
Respect

Return to Agenda

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

Q3 2024 Quality Improvement Update

2023 Quality Improvement and Health Equity Transformation (QIHET) Program Evaluation

Approval Requested

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Annual 2023 QIHET Program Evaluation

The 2023 QIHET Work Plan effectively monitored and reported on organization-wide goals which included **46 comprehensive quality initiatives**

- Focused on five objectives with **35 out of 46 goals** met:
  - **Objective 1:** Improve Quality and Safety of Clinical Care Services
    - 24 goals met
    - 7 goals not met
  - **Objective 2:** Improve Quality and Safety of Non-Clinical Services
    - 4 goals met
    - 1 goal not met
  - **Objective 3:** Improve Member Safety
    - 4 goals met
    - 1 goal not met
  - **Objective 4:** Assess and Improve Member Experience
    - 3 goals met
    - 1 goal not met
  - **Objective 5:** Ensure Organization Oversight of Delegated Functions
    - 1 goal not met

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Strengths of the 2023 QIHET Program

Managed Care Accountability Set (MCAS) Measures (MY 2023)

- 83% of measures met or exceeded the DHCS minimum performance level (**MPL**)
- 15 of 18 measures **improved** compared to MY 2022
- 3 measures achieved **MPL** for the **first time** in GCHP history
  - 4,992 more members between 3-21 years of age received a well care visit
- 7 measures **increased in percentile level** performance
- 3 measures met **the 90th percentile**
  - Hemoglobin A1c Control for Patients with Diabetes
  - Timeliness of Prenatal Care
  - Postpartum Care
- 4 measures met the **75th percentile**
  - Breast Cancer Screening (+439 more mammograms)
  - Chlamydia Screening in Women (+940 more women screened)
  - Immunizations for Adolescents
  - Well Child Visits – 15 to 30 months (2 or more visits)

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Strengths of the 2023 QIHET Program

Robust Improvement Efforts

- Highly collaborative provider partnerships and aligned goals
  - Launch of Quality Incentive Pool and Program (QIPP)
  - Provider grants to improve access and quality
- Member outreach campaigns to close care gaps and facilitate appointment scheduling
- Expansion of the point-of-care member incentive programs
  - POC locations increased ~400%
- Provider and member education campaigns
- Implementation of data improvements and collection of new supplemental data sources
  - EMR data feeds from 3 largest health systems
  - Data validation and documentation process improvement
- Meeting members where they are
  - Health fairs
  - Mobile mammography events
- Wellth Behavioral Economics Program

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Opportunities for the 2024 QIHET Program

Identified Areas for Improvement

- MCAS Measures Not Meeting the MPL Target
  - Asthma Medication Ratio (AMR)
  - Follow-Up After Emergency Department Visit for Mental Illness (FUM)
  - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- Provider Access
  - Ensuring primary and specialty care standards were met for minimum of 90% of providers
- Member Experience
  - Overall decreased rates for the Child Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
  - Decrease in Adult and Child CAHPS® rates for getting urgent care and routine care as soon as needed
- Identified need for additional resources to support increased organization-wide initiatives targeting quality improvement efforts

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2024 QIHET Program Enhancements

QIHET Committee Structure

- Behavioral health practitioner joined the QIC and UMC to provide advisement on behavioral health quality initiatives.
- Opportunities identified to strengthen provider and member feedback and add committees/subcommittees to ensure insights are included in the QIHET Program.
- Pharmacy & Therapeutics (P&T) Committee was reinstated in November 2023
- QIHEC Subcommittees added:
  - MCAS Steering Committee
  - NCQA Key Stakeholder Forum
  - Behavioral Health Quality Subcommittee
- Voice of the Member Committee under development

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Next Steps for the 2024 QIHET Program

2024 Strategies

- Establishment of focused workgroups and provider partnerships to improve AMR, FUM, and FUA measures
- PNO launched multiple interventions to improve access scores including:
  - Outreach and site visits to low-performing providers
  - Corrective Action Plans
  - Ongoing provider education
- Expansion of QIPP
  - Inclusion of small network providers
  - Additional core and optional measures
- Expand focus on Model of Care to meet unique needs of members
- Launch Voice of the Member (VOM) initiatives including member advisory committee and member listening surveys
- Increase focus on Health Equity and Culturally and Linguistically Appropriate Services (CLAS) that include engaging community and member feedback
- Enhance resources to support expanded quality improvement initiatives

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Appendix

2023

Quality Improvement & Health Equity Transformation (QIHET)

Program Evaluation Goals Detail

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Objective 1

Improve Quality and Safety of Clinical Care Services

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Objective 1: Improve Quality and Safety of Clinical Care Services

(1) 2023 Quality Improvement & Health Equity Transformation Program Description (QIHETPD) ***Goal: Update the annual QIHET Program Description.***	
Completed and approved by QIC on 3/21/23 and Commission on 04/24/23.	Met

(2) 2023 Quality Improvement and Health Equity Transformation Program Work Plan (QIHETPWP) ***Goal: Update the annual QIHETP Work Plan.***	
Completed and approved by QIC on 3/21/23 and Commission on 04/24/23.	Met

(3) 2022 Quality Improvement Work Plan Evaluation ***Goal: Complete the annual QI WP Evaluation.***	
Completed and approved by QIC on 09/19/23 and Commission on 10/30/23.	Met

(4) 2023 HEDIS® Compliance Audit™ ***Goal: Successfully complete and pass the annual HEDIS® Compliance Audit™ and receive "reportable" status for all measures.***	
Successfully passed the annual audit for th 12th consecutive year.	Met

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Objective 1: Improve Quality and Safety of Clinical Care Services

(5) Population Health: Population Health Management (PHM) Program ***Goal: Implement the Population Health Management Program in accordance with DHCS 2023 PHM Policy Guide.***	
Implemented the PHM Program and created dashboards with risk segmentation and stratification tiering to assess needs and characteristics of members and support NCQA accreditation requirements.	Met

(6) Health Education/Cultural Linguistics: Population Needs Assessment (PNA) ***Goal: Complete the PNA report and/or evaluation as required by DHCS***	
Submitted to DHCS the Population Health Management (PHM) Strategy Deliverables along with a PNA that meets the National Committee for Quality Assurance (NCQA) standards.	Met

(7) Utilization Management: Clinical Practice Guidelines ***Goal: Complete annual review and adoption of evidence-based Preventive Health Guidelines (PHG), including Diabetes and Asthma Clinical Practice Guideline (CPG).***	
Updated CPGs to ensure alignment with the Provider Manual and applicable policies.	Met

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Objective 1: Improve Quality and Safety of Clinical Care Services

(8) Care Management: Complex Case Management ***Goal: Develop and implement a standardized Turn Around (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements.***	
Developed policies, standardized workflows, staff training, benchmarks and ongoing monitoring to ensure timeliness of complex case management.	Met

(9) Care Management: Care Gap Closure ***Goal: Implement strategies to close care gaps for the following : BCS, CCS, CHL, FUM, FUA.***	
Supported gap closure interventions using new data sources (HIE Manifest Medex) and quality dashboards, to identify members with care gaps.	Met

43 of 431 pages

(10) Advance Prevention: Tobacco Cessation ***Goal: Increase rate of tobacco cessation interventions in members identified as tobacco users.***	
Provider tobacco cessation interventions declined in 2023: Tobacco cessation counseling declined 13.12% from 34.13% to 21.01% Tobacco cessation medication declined 1.98% from 10.83% to 8.85%.	Not Met

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(11) Initial Health Appointment (IHA) ***Goal: Increase rates of Initial Health Appointment (IHA) completion by providers.***	
Providers with IHA scores between 90-99% increased 5.99% points.	Met

Objective 1: Improve Quality and Safety of Clinical Care Services

(12) Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ***Goal: Increase the FUM-30 rate to meet or exceed the DHCS MPL (50th percentile).***	
MY 2023 FUM-30 rate of 23.59% did not meet the MPL. Multiple care coordination interventions launched in 2023 including collection of new data sources (HIE, ED data), collaborations with new and existing network providers, member and provider outreach campaigns.	Not Met

(13) Behavioral Health: Follow-Up After Emergency Department Visit for Substance Use – 30 Days ***Goal: Increase the FUA-30 rate to meet or exceed DHCS MPL (50th percentile).***	
MY 2023 FUA-30 rate increased 3.68% points but did not meet the MPL. Multiple care coordination interventions launched in 2023 including collection of new data sources (HIE, ED data), collaborations with new and existing network providers, member and provider outreach campaigns.	Not Met

(14) Behavioral Health: 2023-2026 PIP Non-Clinical Topic: Percentage of Provider Notifications for Members with SUD/SMH Diagnoses within 7 Days of an ED Visit ***Goal: Submit the PIP Module 1 to DHCS/HSAG by December 21, 2023.***	
All PIP documents submitted timely, and the weekly provider notification launched in September 2023.	Met

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Objective 1: Improve Quality and Safety of Clinical Care Services

(15) Cancer Prevention: Breast Cancer Screening (BCS) ***Goal: Increase the percentage of women 50-74 years of age who had a mammogram to meet or exceed the DHCS MPL (50th percentile).***	
Rate increased 3.95% points from 56.00% to 59.95% and met 75th percentile.	Met

(16) Cancer Prevention: Cervical Cancer Screening (CCS) ***Goal: Increase percentage of women 21-64 years of age who were screened for cervical cancer to meet or exceed the DHCS MPL (50th percentile).***	
Rate increased 3.40% points from 57.91% to 61.31% and met the 50th percentile.	Met

(17) Cancer Prevention: Colorectal Cancer Screening (COL) ***Goal: Increase the MY 2023 COL rate from 31.52% (MY 2022) to 76.80% (or the minimum performance level established by DHCS).***	
Rate increased 2.44% points from 29.93% to 32.37% but did not meet the 76.80% goal. MPL pending from DHCS.	Not Met

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Objective 1: Improve Quality and Safety of Clinical Care Services

(18) Cancer Prevention: 2020-2023 CCS Health Equity PIP ***Goal: By December 31, 2022, increase the percentage of cervical cancer screenings among 21 to 64-year-old female members who are assigned to Magnolia Family Medical Clinic from 36.41% to 50.00%.***	
The Point-of-Care member incentive intervention was successfully launched and expanded to other clinics. The CCS rate for the clinic partner increased but did not meet the target goal of 50%.	Not Met

(19) DHCS Women's Health: 2022-2023 Women's Health SWOT ***Goal: Increase the rate of the following measures to meet or exceed the MPL (50th percentile): BCS, CHL.***	
All documents submitted to DHCS, and intervention testing launched and completed.	Met

(20) Women's Health: Chlamydia Screening in Women (CHL) ***Goal: Increase the CHL rate to meet or exceed the DHCS MPL (50th percentile).***	
Rate increased +10.33% points from 53.26% to 63.59% and met the 75th percentile.	Met

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Objective 1: Improve Quality and Safety of Clinical Care Services

(21) Chronic Disease Management: Asthma Medication Ratio (AMR) ***Goal: Increase the MY 2023 AMR rate to meet or exceed the DHCS MPL (50th percentile).***	
Rate decreased -5.61% points from 52.41% to 46.80% and did not meet the MPL.	Not Met

(22) Chronic Disease Management: Health Equity Controlling Blood Pressure (CBP) ***Goal: Increase the MY 2023 CBP rate to meet or exceed the DHCS MPL (50th percentile).***	
Rate increased 1.95% points from 60.34% to 62.29 and met the MPL.	Met

(23) Chronic Disease Management: Diabetes Management ***Goal: Improvement disease management of members diagnosed with diabetes.***	
Launched the Wellth program and 2023 Q4 HbA1c test member incentive program. HBD Uncontrolled rate improved 6.33% points from 35.04% to 28.71 (lower rate is better).	Met

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Objective 1: Improve Quality and Safety of Clinical Care Services

(24) Children's Health: Developmental Screening in the First Three Years of Life (DEV) ***Goal: Increase the MY 2023 DEV rate by 3% compared to the prior measurement year.***	
Rate increased 8.90% points from 38.95% to 47.85% and met the MPL.	Met

(25) Children's Health: Lead Screening in Children (LSC) ***Goal: Increase the MY 2023 LSC rate to exceed the MY 2022 MPL (63.99%) by 2% points (65.99%) and increase the percentage of children who had blood lead tests and periodic assessments as denoted in the DHCS APL 20-016***	
Rate increased 4.18% points from 65.69% to 69.87% and met the MPL.	Met

(26) Children's Health: Topical Fluoride Varnish (TFL) ***Goal: Increase the MY 2023 TFL rate to meet or exceed the DHCS MPL (50th percentile).***	
Rate increased 27.46% points from 0.64% to 28.10% and met the MPL.	Met

(27) Children's Health: Well-Child Visits in the First 30 Months of Life (W30) ***Goal: Increase the MY 2023 W30-6 and W30-2 rates to meet or exceed the DHCS MPL (50th percentile).***	
W30-6 rate increased 13.32% points from 47.38% to 60.70% and met MPL. W30-2 rate increase 4.80% points from 68.14% to 72.94% and met 75th percentile	Met

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Objective 1: Improve Quality and Safety of Clinical Care Services

(28) Children's Health: Child and Adolescent Well-Care Visits (WCV) ***Goal: Increase the MY 2023 WCV rate to meet or exceed the DHCS MPL (50th percentile).***	
Rate increased 7.46% points from 42.33% to 49.79% and met MPL.	Met

(29) Children's Health: 2022-2023 Well-Child SWOT ***Goal: Increase the rate of the following measures to meet or exceed the MPL (50th percentile): W30, WCV.***	
All documents submitted to DHCS, and intervention testing launched and completed.	Met

(30) Children's Health: 2020-2023 WCV PIP ***Goal: By December 31, 2022, increase the percentage of adolescent well care exams among 12 to 17-year-old Gold Coast Health Plan members assigned to CMH Centers for Family Health Airport Marina Clinic, from 37.78% to 50.00%.***	
Two interventions successfully launched: clinic-led well-child texting and data mapping improvements. The WCV rate for the clinic partner increased to 47.95% but did not meet the target goal of 50%.	Not Met

(31) Children's Health: 2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members ***Goal: Submit the PIP Module 1 to DHCS/HSAG by December 21, 2023.***	
All PIP documents submitted timely, and interventions launched.	Met

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Objective 2

Improve Quality and Safety of Non-Clinical Care Services

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Objective 2: Improve Quality and Safety of Non- Clinical Care Services

(32) Cultural and Linguistic Needs & Preferences ***Goal: Ensure adequate resources to address the cultural, ethnic, and linguistic needs of members.***	
Health Education/Cultural Linguistics provided quarterly provider trainings on language assistance services. Network Operations incorporated C&L education in provider orientations.	Met

(33) Primary and Specialty Care Access ***Goal: Ensure primary and specialty care standards met for minimum of 90% of providers.***	
Primary and specialty care access standards were not met. Network Operations provided outreach and education to providers that did not meet standards.	Not Met

(34) Network Adequacy ***Goal: Assess and improve network adequacy as demonstrated by availability of practitioners.***	
Network adequacy time and distance standards were met.	Met

(35) After Hours Availability ***Goal: Conduct surveys to ensure members are able to reach a provider after hours.***	
After-hours surveys were completed. Network Operations provided outreach and education to providers that did not meet standards.	Met

(36) Provider Satisfaction ***Goal: Field provider survey and develop action plan(s) to improve areas of low performance.***	
Provider satisfaction survey completed and addressed provider feedback and concerns.	Met

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Objective 3

Improve Member Safety

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Objective 3 : Improve Member Safety

(37) Facility Site Review Requirements ***Goal: Maintain 100% compliance with Facility Site Review (FSR) requirements.***	
Complete and document the Initial, Interim, and Tri-annual Facility Site Reviews timely.	Met

(38) Facility Site Review Monitoring ***Goal: Conduct facility site monitoring 100% on time to ensure safety practices.***	
Completed 14 Facility Site Reviews and issued four CAPs.	Met

(39) Physical Accessibility Review Surveys (PARS) ***Goal: Complete Physical Accessibility Reviews (PARs) 100% on time.***	
Completed 11 PARS for high-volume ancillary specialists.	Met

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(40) Credentialing/Recredentialing ***Goal: Maintain a well-defined credentialing and recredentialing process for evaluating practitioners/providers to provide care to members.***	
All credentialing and re-credentialing standards met 100%.	Met

(41) Pharmacy: Reduction in Potential Unsafe Opioid Prescriptions ***Goal: Monitor member opioid use via Medi-Cal Rx and maintain performance compared to prior year and less than a 5% increase in each category. Monitor the Pharmacotherapy for Opioid Use Disorder (POD) measures.***	
There was an increase in opioid use in 2023 Q3 and 2023 Q4.	Not Met

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Objective 4

Assess and Improve Member Experience

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Objective 4: Assess and Improve Member Experience

(42) Grievances and Appeals ***Goal: Monitor all member grievances and appeals to review for trending issues that will be communicated to various departments to develop action plans to improve the member experience by focusing on highly reported issues.***	
Quarterly assessments of grievances and appeals were conducted, and workgroups created to addresses and resolve issues.	Met

(43) Call Center Monitoring **Goal:** ***Meet call center benchmarks to ensure members have timely access to call center staff and implement interventions on any deficient benchmarks. (1) ASA: 30 seconds or less; (2) Abandonment Rate: 5% or less; (3) Phone Quality Results: ≥ 95%.***	
ASA and abandonment rate benchmarks were met, but phone quality rate was 94.71 and below the 95% benchmark.	Not Met

(44) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys ***Goal: Coordinate with DHCS and HSAG to complete the CAHPS surveys to monitor and improve CAHPS scores.***	
RY 2023/MY 2022 CAHPS surveys were completed, and scores assessed to identify strategies to implement to improve CAHPS rates.	Met

(45) CAHPS: Getting Care Quickly ***Goal: Improve getting care quickly for adults and children.***	
A new "How to Get the Care You Need" member webpage was created.	Met

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Objective 5

Ensure Organizational Oversight of Delegated Activities

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Objective 5: Ensure Organizational Oversight of Delegated Activities

(46) Delegation Oversight ***Goal: 100% of all audits completed with corrective action plans (CAPs) closed timely.***	
All audits were completed 100% except claims audits in Q1 2023. Claims audit was delayed but the Delegation Oversight team increased the number of auditors to mitigate issue.	Not Met

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Questions?

Recommendation:

Approve the 2023 QIHET Program Evaluation

Thank you

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Gold Coast Health Plan℠
A Public Entity

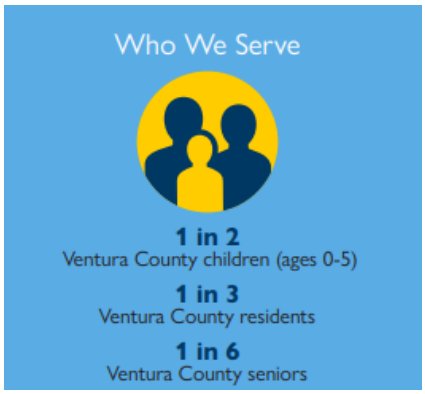
2023 Quality Improvement and Health Equity Transformation Program Evaluation

QIHEC Approved: September 17, 2024
Commission Approved: Scheduled 10/25/24

Introduction

Gold Coast Health Plan

Gold Coast Health Plan (GCHP) is an independent public entity that is governed by the Ventura County Medi-Cal Managed Care Commission (VCMMCC). In 2023, GCHP served 254,610 Medi-Cal beneficiaries living in Ventura County.



Mission

The Quality Improvement and Health Equity Transformation Program (QIHETP) is designed to support Gold Coast Health Plan's mission to improve the health of our members through the provision of high-quality care and services. Our member-first focus centers on the delivery of exceptional service to our beneficiaries by enhancing the quality of health care, providing greater access, and improving member choice.

In line with that goal, Gold Coast Health Plan's Quality Improvement and Health Equity Transformation Program defines the processes for continuous quality improvement of clinical care and services, patient safety, and member experience, provided by GCHP and its contracted provider network, through its commitment to improving and sustaining its performance through the prioritization, design, implementation, monitoring, and analysis of performance improvement initiatives with a specific focus on health equity. Core values of the program include maintaining respect and diversity for members, providers, and employees.

Vision

Compassionate care, accessible to all, for a healthy community.

Values

The QIHET Program supports the organization's values of:

- Integrity: Achieving the highest quality of standards of professional and ethical behavior, with transparency in all business and community interactions
- Accountability: Taking responsibility for our actions and being good stewards of our resources

- Collaboration: Working together to empower our GCHP community to achieve our shared goals
- Trust: Building relationships through honest communication and by following through on our commitments
- Respect: Embracing diversity and treating people with compassion and dignity

Scope of the Quality Improvement and Health Equity Transformation Program

The purpose of the Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Transformation Program (QIHETP) is to achieve high quality, equitable, and optimal clinical outcomes in all departmental programs in accordance with the State's mission to preserve and improve the health of all Californians. The QIHETP provides the framework for GCHP to:

- Objectively and systematically monitor and evaluate the quality, appropriateness, accessibility and availability of safe and equitable health care and services
- Identify and implement ongoing and innovative strategies to improve the quality, equity, appropriateness, and accessibility of member healthcare
- Implement an ongoing evaluation process that lends itself to improving identified opportunities for under/over utilization of services
- Facilitate organization wide integration of quality management and population health principles
- Promote engagement in local community, statewide and national collaborations and initiatives aimed at improving quality and equity of care and services

To accomplish this, GCHP's QIHET Program aligns its efforts with the Department of Health Care Services (DHCS) Comprehensive Quality Strategy as well as the goals set forth by the California Advancing and Innovating Medi-Cal (CalAIM) Initiative.

The Quality Strategy is anchored by three linked goals:

1. Improve the health of all Californians
2. Enhance quality, including the patient care experience, in all DHCS programs
3. Reduce the Department's per-capita health program costs

In conjunction with the Quintuple Aim, the eight priorities of the Quality Strategy are to:

1. Improve patient safety
2. Deliver effective, efficient, and affordable care
3. Engage persons and families in their health
4. Enhance communication and coordination of care
5. Advance prevention
6. Foster healthy communities
7. Eliminate health disparities
8. Improve health outcomes

Quality Improvement and Health Equity Transformation Program Evaluation

2023 Quality Improvement and Health Equity Transformation Program Effectiveness

The components of the QIHET Program are closely aligned in order to meet the goals of continuous quality improvement and health equity transformation. The 2023 QIHET Program was effective in identifying opportunities for improvement and enhancing processes and outcomes that supported GCHP's mission of improving the health of our members through the provision of high-quality care and services. The 2023 QIHET Work Plan effectively monitored and reported on organization-wide goals which included 46 comprehensive quality initiatives within five objectives: (1) Improve Quality and Safety of Clinical Care Services; (2) Improve Quality and Safety of Non-Clinical Services; (3) Improve Member Safety; (4) Assess and Improve Member Experiences; and (5) Ensure Organization Oversight of Delegated Functions. These initiatives supported the California Department of Health Care Services (DHCS) Comprehensive Quality Strategy, the California Advancing and Innovating Medi-Cal (CalAIM) Program, and the National Committee for Quality Assurance (NCQA) Health Plan and Health Equity Accreditation standards.

Leadership and network physicians supported these initiatives through their participation in Committee meetings and providing recommendations and insight to identify barriers and opportunities for improvement. GCHP Leadership in Provider Network Operations and Quality Improvement supported the launch of the new Quality Incentive Pool & Program (QIPP) provider incentive program, a multi-year initiative to improve quality scores through pioneering quality incentive funding and supporting innovative member engagement programs and interventions focused on providing comprehensive high quality health care to members. Through the QIPP, GCHP created monthly Joint Quality Operation Meetings (JQOMs) and Joint Quality Provider Meetings (JQPCs) to further engage providers in quality improvement efforts. Leadership also advocated for increased organization-wide commitment to quality improvement efforts through a "One Priority, One Plan, One Scorecard, One Team" vision that includes multiple plans for continuous quality improvement activities in 2024 to support and improve member access and engagement to care, member experience, systems enhancements, and advances in data analytics. Additional staff were hired to support many of these new and expanding initiatives.

In 2023, GCHP was required to report 42 Managed Care Accountability Set (MCAS) measures that were selected by DHCS from NCQA's Health Effectiveness and Information Data Set (HEDIS®), the Centers for Medicare and Medicaid (CMS) Child and Adult Core Measure Sets, and custom measures developed by DHCS for reporting three new Long-Term Care measures. In 2023, achievements in MCAS reporting included improvement in 27 measures, and 15 out of 18 measures met or exceeded the DHCS minimum performance level (MPL) benchmarks, which equates to the 50th Medicaid HMO percentile ranking established by NCQA Quality Compass®. Of the 15 measures that met or exceeded the MPL, four achieved the 75th percentile benchmark and three achieved the DHCS high performance level (HPL) benchmark, which equates to the NCQA 90th Medicaid HMO percentile. MCAS measures that underperformed and did not meet the DHCS MPL included Asthma Medication Ratio (AMR), Follow-Up After Emergency Department Visit for Mental Illness (FUM), and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA). Multiple interventions were conducted in 2023 that contributed to performance improvement including the launching of the Quality Incentive Pool and Program (QIPP) provider incentive program, member outreach campaigns, expansion of member incentive programs to include point-of-care incentive distribution, provider and member education campaigns, data improvement activities, the collection of new supplemental data sources (e.g., electronic health information, health information exchange), ongoing internal collaborations and external collaborations with clinic systems and community-based organizations (CBOs), and measure-focused improvement projects. To further the quality performance achievements gained in 2023, GCHP increased quality improvement targets for 2024. At a minimum, the goal is for all measures to meet the MPL. Four measures have been identified to meet the 75th percentile benchmark and six measures have a goal to meet or exceed the HPL.

Areas in need of improvement include provider access and member experience. Some standards for Primary and Specialty Care Access, Network Adequacy, and After-Hours Availability were not met in 2023. The RY 2023 / MY 2022 Adult and Child CAHPS scores reported increased rates for the Adults CAHPS, but decreased rates for the Child CAHPS, and the Adult and Child CAHPS rates declined for the following two survey questions related to access: (1) Got care as soon as needed when care was needed right away, (2) and Got check-up / routine appointments as soon as needed.

For 2024, the QIHET Program will continue to focus on innovative initiatives and strategic goals that support continued improvement in equitable clinical care and services, member safety and experience, and timely access to care. Some of these initiatives include:

- Expand GCHP's Mission, Vision and Values to include GCHP's Model of Care which is focused on meeting the unique needs of Members and expanding internal programs and partnerships with CBOs.
- Launch Voice of the Member (VOM) surveys to acquire member feedback on quality of care and member satisfaction.
- Expand provider participation in the QIPP to smaller network providers.
- Increase focus on Health Equity and Culturally and Linguistically Appropriate Services (CLAS) that include engaging community and member feedback through the Consumer Advisory Committee (CAC) and the newly formed CalAIM Committee.

2023 Quality Improvement and Health Equity Transformation Program and Committee Structure

In 2023, the QIHET Program structure consisted of oversight provided by GCHP's Quality Committees and Subcommittees. The structure consists of six subcommittees each reporting up to the Quality Improvement Committee. The Quality Improvement Committee (QIC) reports directly to the Ventura County Medi-Cal Managed Care Commission (VCMCC) as the overseeing body for quality within Gold Coast Health Plan. In addition to the QIC, the VCMCC oversees the Provider Advisory Committee (PAC) and Community Advisory Committee (CAC). The PAC and CAC both function to support quality improvement and health equity activities by encouraging community participation in QI activities, however each reports directly to the VCMCC.

Overall, the 2023 QIHET Program structure served its defined function of providing oversight of the QIHET Program by giving internal stakeholders, providers, and members a platform for input in the QIHET Program. However, opportunities for improvement were identified to strengthen these platforms for provider feedback, refine committees to elicit feedback in the appropriate forum, and add committees/subcommittees to ensure member insights are included in the QIHET Program.

The majority of committees and subcommittees within the scope of the QIHET Program met regularly in 2023. Twenty-four committee and subcommittee meetings were held with most meeting according to established meeting schedules. The Medical Advisory Committee (MAC), the Credentials/Peer Review Committee (CPRC), the Utilization Management Committee (UMC), and the QIC all met according to the established meeting schedule. However, the MAC did not achieve quorum at all meetings. To ensure the items presented to MAC were reviewed and approved timely, follow-up meetings where quorum was achieved were held. There were three committees that did not meet at the established meeting cadence. The Health Education and Cultural and Linguistics Committee (HE/CL) was not able to meet in quarter four 2023 due to end of year scheduling conflicts. However, presentation materials were shared and approved in March 2024. The Grievance and Appeals Committee (G&A) did not meet in quarter three and quarter four of 2023 due to conflicting priorities such as an organization-wide effort to implement new software systems. Despite not being able to meet in the second half of 2023, monthly G&A committee reports were submitted to overseeing committees timely. The Member Services Committee (MSC) met on schedule for quarter one and quarter two of 2023. However, MSC did not meet on schedule for quarter three and quarter four of 2023 due to a change in management of the Member Services Department. The

quarter three and quarter four 2023 MSC meetings were held in 2024. While the 2023 quarter three and quarter four MSC meetings were held in 2024, the 2023 monthly reports were submitted to overseeing committees timely.

Committee and subcommittee participating practitioners provided approval over meeting minutes, policies, clinical guidelines, and action items. Network providers provided feedback on quality improvement and health equity transformation activities through quarterly QI Collaboration meetings, bi-monthly Joint Quality Operations Meetings (JQOMs), ad hoc provider collaboration meetings, the Quality Improvement Committee (QIC), and the following subcommittees: Medical Advisory Committee (MAC), Utilization Management Committee (UMC), and Credentials / Peer Review Committee (C/PRC). Key provider and staff input included recommendations for member rewards programs and expanding point of care member incentives, obstacles experienced due to the pharmacy benefit carve out, strategies to improve access to care including the launch of the Wellth behavioral economics program, review and approval of delegated behavioral health quality functions, challenges regarding initial health appointments, clinic-led presentations on best practices to improve care and performance, ongoing communication and coordination of interventions, and feedback regarding GCHP's 2023 quality performance outcomes as compared to other Medi-Cal Managed Care Plans.

While these platforms provided an effective opportunity for provider feedback regarding QIHET Program activities, there is room for improvement in provider engagement. To further increase provider participation in the QIHET Program, the Pharmacy & Therapeutics (P&T) Committee was reinstated in November 2023 and the Behavioral Health Quality Subcommittee was added in 2024. In addition to the Behavioral Health Quality Subcommittee, a behavioral health practitioner joined the QIC and UMC to provide advisement on behavioral health quality initiatives. In order to drive QIHET Program goals across the organization, the MCAS Steering Committee and NCQA Key Stakeholder Forums were established in 2024.

It was also noted that member insight into QIHET Program activities could be expanded with only one committee, the CAC, providing a platform for member input. Since the CAC does not directly report into the QIHET Program committee structure, member perspectives were not always captured regarding QIHET Program activities. As such, in 2024 GCHP is developing a Voice of the Member Committee (VOMC). The VOMC will consist of internal and external stakeholders, including 5-6 GCHP members to more effectively capture member feedback. It will serve as a forum for members to share their perspectives on member satisfaction as well as QIHET Program activities and CAHPS performance improvement.

Lastly, to fully encompass the 2023-established scope of the Quality Improvement Committee (QIC) and to align with the inclusion of health equity across all domains of care and service within the QIHET Program, the QIC was renamed the Quality Improvement and Health Equity Committee (QIHEC) in 2024.

2023 Quality Improvement and Health Equity Transformation Program Resources

Resources for the QIHET Program are comprised of multidisciplinary GCHP staff with leadership from the Chief Medical Officer (CMO). The Chief Executive Officer has appointed the CMO as the designated physician to support the QIHET Program by providing day to day oversight and management of quality improvement activities. The CMO has overall responsibility for the clinical direction of GCHP's QIHET Program. The quality improvement staff assists the Sr. QI Director and the CMO in assessing data for improvement opportunities. QI staff work with other departments in planning and implementing activities that will improve care or service.

Support for improvement initiatives related to population health, behavioral health, care management, utilization/risk management, and other clinical process improvement and outcome measures are provided by Health Services, Population Health, Information Technology, and QI staff. Quality initiatives associated with service including member satisfaction and those related to complaints and appeals are supported by Member Services and Grievance and Appeals staff. Quality initiatives related to provider network and

provider communication is supported by Provider Network Operations staff. Credentialing and peer review functions are supported by QI staff.

In 2023, the Sr. QI Director oversaw the GCHP QI Department under the direction of the CMO. The Sr. QI Director directly oversaw the QI Department's two QI Managers, each overseeing various functions, one QI Program Manager focused on NCQA Accreditation, and one Administrative Assistant. One QI Manager is a licensed RN who oversaw four QI Registered Nurses and one QI Specialist. The second QI Manager oversaw a multidisciplinary team including four QI Program Managers, one Sr. Quality Improvement Data Analyst, the HEDIS Data Master, and three QI Credentialing Specialists. Additionally, the QI team was supported by a Principal Data Analyst residing in the IT Population Health Enablement Department, a Sr. IT Business Analyst residing in the IT Population Health Enablement Department, the Sr. Director of Data Engineering, the Director of Business Solutions, and the Health Education and Cultural Linguistics Team.

The resources dedicated to the QIHET Program met organizational and QIHET Program needs through support of increased quality improvement activities, enhanced data sources to reflect quality of care rendered, expansion of population health and behavioral health services, improved oversight of grievances and appeals, and increased support for provider quality initiatives.

While resources were able to support quality improvement efforts in 2023, increased quality initiatives particularly in quarter four strained resources across the organization. In recognition of this and with the increased organization-wide commitment to quality improvement efforts through the "One Priority, One Plan, One Scorecard, One Team" vision established in late 2023, the need for further resource support was identified to sustain the gains achieved in 2023, meet heightened 2024 quality improvement targets, and continue to improve quality outcomes performance in 2024. Specifically, identified resource needs to be addressed in 2024 include:

- Quality Data Management & Leadership (1) to lead further expansion of data sources, data investigations, and quality data process and procedure oversight.
- Quality Data Analysts (3) to effectively support increased data analytic needs that drive quality and population health initiatives.
- Information Technology Developers (2+) to implement data improvement activities.
- Provider Network Operations Senior Specialist (1) specific to provider-focused quality improvement initiatives, including the Quality Incentive Pool and Program (QIPP).
- Member Services Representatives and Leadership (28) to triage member calls now brought "in-house" to GCHP's call center in order to further improve member experience.
- Behavioral Health Specialists (2) to enhance member experience and support quality initiatives focused on follow-up after an ED visit for mental health or substance use disorder.
- Project Management (1+) support to help manage the myriad of quality improvement initiatives targeted for implementation in 2024

Identified resource needs are planned for onboarding throughout 2024. Further resource needs will be reassessed throughout the year to ensure quality initiatives are supported appropriately.

2023 Quality Improvement and Health Equity Transformation (QIHET) Work Plan Evaluation Summary

Objective 1: Improve Quality and Safety of Clinical Care Services

- **QIHET Program Description, Work Plan, and Program Evaluation**
  In 2023, the Quality Improvement Program Description and Quality Improvement Work Plan were renamed the Quality Improvement and Health Equity Transformation Program (QIHETP) and the Quality Improvement and Health Equity Transformation (QIHET) Work Plan to align with the goal of improving health equity across all domains of care and service.

  The 2023 QIHET Program and QIHET Work Plan was approved by the Quality Improvement Committee (QIC) on March 21, 2023, and the Ventura County Medi-Cal Commission on April 24, 2023. Both documents incorporated a focus on (1) Health Equity, (2) Key Functional Areas; (3) and Resources. GCHP's key functional areas included: (1) Population Health; (2) Care Management; (3) Utilization Management; (4) Behavioral Health; and (5) Pharmacy Services.

  The 2022 QI Work Plan Evaluation was approved at the Quality Improvement Committee on September 19, 2023, and the Ventura County Medi-Cal Commission on October 30, 2023.

- **Measurement Year (2022) HEDIS® Compliance Audit™**
  GCHP successfully passed the annual HEDIS® Compliance Audit™ for the 11th consecutive year. Health Services Advisory Group (HSAG) was the External Quality Review Organization (EQRO) selected by DHCS to conduct the measurement year (MY) 2022 audit, which included assessing GCHP's information system capabilities, supplemental databases, Medical Record Review Validation (MRRV), HEDIS® Measure Determination Assessment, and the Survey Sample Frame Validation (SSFV) for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. GCHP successfully submitted the MY 2022 HEDIS® /MCAS rates to NCQA's Interactive Data Set Submission (IDSS), and the non-HEDIS rates and stratified rates by Seniors and Persons with Disabilities (SPD) to DHCS.

- **Population Health Management (PHM) Program**
  GCHP successfully implemented the Population Health Management (PHM) Program in accordance with the DHCS 2023 PHM Policy Guide. GCHP used the John's Hopkin's Resource Utilization Bands to develop a risk segmentation and stratification (RSS) and tiering system which was deployed on several dashboards utilizing the Power BI platform.

- **Population Needs Assessment (PNA)**
  The Population Health Department updated the PNA to meet the DHCS and NCQA accreditation requirements.

- **Utilization Management (UM)**
  To ensure alignment with clinical practice guidelines, the Medical Advisory Committee (MAC) completed the annual review and adoption of the evidence-based Preventive Health Guidelines (PHG), including Diabetes and Asthma Clinical Practice Guidelines (CPG). These guidelines are made available to providers on the GCHP website, the Provider Manual, and applicable GCHP policies.

- **Care Management (CM)**
  Complex Case Management (CCM): The CM Department implemented a standardized Turn Around Time (TAT) process for members identified as eligible for complex case management (CCM) that is aligned with the NCQA CCM requirements. The CM and PHM departments

collaborated to develop a Risk Stratification and Segmentation report that identifies Members eligible for CCM services.

Care Gap Closure: The CM Department implemented a workflow to support the improvement of MCAS rates by facilitating the closure of care gaps in members who received Care Management services. Their workflow included notifying members of their care gaps and assisting with scheduling appointments. In Q4 2023, CM staff collaborated with multiple departments to support the developmental of a new MCAS Care Gap dashboard to facilitate access to care gap data.

- **Advance Prevention**

  Initial Health Appointments (IHA): GCHP's QI RNs continued to conduct medical record audits to assess provider compliance with completing the IHA within 120-days of a member's assignment to a PCP. All providers were given a summary of findings and opportunities for improvement. Compared to 2022, the 2023 IHA audit scores improved and there was a 6% increase in providers with IHA scores ≥ 90% and a 6.39% decrease in provider with IHA scores < 89%.

  Tobacco: The ongoing IHA audits paired with provider education helped increase tobacco use assessments and counseling for the following: (1) Tobacco use assessment increased for 11–20-year-olds from 71% in MY 2022 to 88% in MY 2023, and (2) Tobacco cessation counseling and/or tobacco cessation medication offered in members identified as smokers increased from 0% in MY 2022 to 25% in MY 2023.

- **Behavioral Health:**
  Table 1 shows the MY 2023 rates for the following behavioral health measures: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM-30) and Follow-Up After Emergency Department Visit for Substance Use – 30 Days (FUA-30).

Table 1: Behavioral Health measures

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	Medicaid Percentile Rank	Goal Rate	Goal Status
FUM-30	29.35	23.59	-5.76	< 25th	54.87	Not Met
FUA-30	24.64	28.3	+3.68	25th	36.34	Not Met

GCHP Behavioral Health Department engaged with Carelon, GCHP's delegated behavioral health provider, to begin telephonic outreach and offer telehealth services to improve FUM and FUA rates. To launch this program, GCHP procured multiple data feeds, such as Health Information Exchange data, hospital census data, and customized Emergency Department reports to identify members in need of follow-up care. Outreach coordination was expanded to include support from GCHPs Enhanced Care Management (ECM) and Complex Care Management (CCM) team to reach more members. Table 1 shows that the FUA rate increased, however, it did not meet the goal of surpassing the 50th percentile benchmark. Unfortunately, the FUM rate also did not meet the 50th percentile benchmark and also declined. In 2023, there was an increase in the FUM eligible population from 845 in 2022 to 937 in 2023, but the provider notifications and member outreach interventions did not begin until the Fall of 2023. Plans for 2024 include contracting with Conejo Health, a community-based health organization with expertise in substance use disorder (SUD) health navigators, that will provide an onsite ED presence to perform follow-up care for members with FUA and FUM conditions and is predicted to increase member access to care and improve member engagement.

As part of the new 2023-2026 DHCS Substance Use Disorder (SUD) / Specialty Mental Health (SMH) Non-Clinical Performance Improvement Project (PIP), GCHP's QI and CM Departments

collaborated to develop a process to send weekly provider notifications that inform providers if any of their patients had an ED Visit for an SUD/mental health condition with in the last 7-days. The intervention launched in October 2023 and the timely notifications have the potential to improve care coordination and increase opportunities to implement timely interventions to address healthcare needs. Additionally, in 2024 GCHP will be participating in a Medi-Cal Behavioral Health Collaborative with Ventura County Behavioral Health (VCBH) that will be supported by DHCS and the Institute for Healthcare Improvement (IHI) to improve care coordination of behavioral health services.

- **Cancer Prevention:**
  Table 2 shows the MY 2023 rates for the following cancer prevention measures: Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS) and Colorectal Cancer Screening (COL). Key initiatives that supported improvement in all three measures included member outreach programs to schedule appointments, launching of the QIPP provider incentive program that included BCS and CCS, with the latter as a core required measure, member rewards incentive programs for BCS and CCS, mobile mammography events, collaboration with clinic systems on shared objectives, the ongoing promotion of the importance of cancer preventive screenings via social media posts and the member newsletter, and two DHCS improvement projects that included the 2020-2023 CCS Health Equity Performance Improvement Project (PIP) and the 2022-2023 Women's Health Strengths, Weakness, Opportunities, and Threats (SWOT) Analysis & Strategy Project which had a focus on BCS as well as Chlamydia Screening in Women.

Table 2: Cancer Prevention Measures

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	Medicaid Percentile Rank	Goal Rate	Goal Status
BCS	56.00	59.95	+3.95	75th	52.60	Met
CCS	57.91	61.31	+3.40	50th	57.11	Met
COL	29.93	32.37	+2.44	NA	76.80	Not Met

- **Women's Health**
  Table 3 shows the MY 2023 rates for the following women's heath measure: Chlamydia Screening in Women (CHL). In addition to the Women's Health SWOT Analysis & Strategy Project noted above, key initiatives that supported improvement in this measure included launching of the QIPP provider incentive program with CHL as a core required measure, collaboration with clinic systems on shared objectives, the ongoing promotion of the importance of women's health screenings, a provider education Chlamydia Screening Lunch and Learn, and a best practices sharing was conducted at the Q3 QI Collaborative meeting including health education materials resources. Each initiative contributed to a rate improvement of over 10 percentage points and the CHL measure not only surpassing the 50th percentile benchmark for the first time in GCHP history but meeting the 75th percentile benchmark.

Table 3: Women's Health Measure

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	Medicaid Percentile Rank	Goal Rate	Goal Status
CHL	53.26	63.59	+10.33	75th	56.04	Met

- **Chronic Disease Management**
  Table 4 shows the MY 2023 rates for the following chronic disease management measures: Asthma Medication Ratio (AMR), Controlling Blood Pressure (CBP), and Hemoglobin A1c Control for Patients with Diabetes—HbA1c Poor Control >9% (HBD). The CBP and HBD Poor Control rates improved; however, the AMR rate declined. Key initiatives to support improvement in these

measures included launching of the QIPP provider incentive program that included AMR, CBP, and HBD-Poor Control. Collaboration with clinic systems on shared objectives, the ongoing promotion of the importance of chronic disease management, the collection of new EHR data sources and data improvement activities, and a provider education Asthma Management Lunch and Learn are planned to improve AMR rates in 2024.

Table 4: Chronic Disease Management Measures

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	Medicaid Percentile Rank	Goal Rate	Goal Status
AMR	52.41	46.80	-5.61	<5th	65.61	Not Met
CBP	60.34	62.29	+1.95	50th	55.96	Met
HBD-Poor Control *	35.04	28.71	-6.33	90th	37.96	Met

*Lower rate is better.

- **Children's Health**
  Table 5 shows the MY 2023 rates for the following children's health measures: Developmental Screening in the First Three Years of Life (DEV), Lead Screening in Children (LSC), Topical Fluoride Varnish (TFL), Well-Child Visits in the First 30 Months of Life (W30), and Child and Adolescent Care Visits (WCV). Key initiatives that supported improvement in all six measures included member outreach programs to schedule appointments for well-child exams, the well-child and lead screening member incentive programs, launching of the QIPP provider incentive program with W30 and WCV as core required measures, collaboration with clinic systems on shared objectives, the ongoing promotion of the importance of children's health screenings, a provider education Well-Child Lunch and Learn training, and three DHCS improvement projects that included the (1) 2020-2023 WCV PIP, (2) 2023-2026 W30-6+ PIP, and (3) 2022-2023 Well-Child SWOT. Of note, TFL improved by over 27 percentage points in 2023 compared to 2022. This was due to data improvement activities to capture fluoride applications rendered in a dental office setting.

Table 5: Children's Health Measures

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	Medicaid Percentile Rank	Goal Rate	Goal Status
DEV	38.95	47.85	+8.90	50th	34.70	Met
LSC	65.69	69.87	+4.18	75th	65.99	Met
TFL	0.64	28.10	+27.46	50th	19.30	Met
W30-6+	47.38	60.70	+13.32	50th	58.38	Met
W30-2+	68.14	72.94	+4.80	75th	66.76	Met
WCV	42.33	49.79	+7.46	50th	48.07	Met

Objective 2: Improve Quality and Safety of Non-Clinical Care Services

- **Cultural and Linguistic Needs and Preferences**
  GCHP's Provider Network Operations (PNO) and Health Education & Cultural and Linguistic (HECL) Departments collaborated to ensure there were adequate resources available to address the cultural, ethnic, and linguistic needs of GCHP members. The PNO Department's Provider Contracting and Credentialing Management (PCCM) system tracked languages and ethnicity for practitioner/professionals and included these in the Provider Directory. The HECL Department also scheduled language assistance services trainings each quarter and provided ongoing education in the Provider Operations Bulletin and Joint Operations Meetings with clinic systems.

- **Primary and Specialty Care Access**

The Provider Network Operations (PNO) Department conducted surveys to assess that at least 90% of providers met the urgent and non-urgent primary and specialty care access requirements. The Provider Appointment Availability Survey (PAAS) was conducted by a contracted survey vendor, Press Ganey, from May to September 2023. Unfortunately, access standards were unmet in 2023. Due to this, PNO launched multiple interventions to improve access scores which included: (1) outreach and site visits to low-performing providers; (2) Corrective Action Plans; and (3) ongoing provider education.

- **Network Adequacy**
  The PNO Department conducts ratio analyses to ensure DHCS-mandated network adequacy standards for Medi-Cal are met in seven focus areas. This includes assessing time and distance standards and provider-to-member ratios. In 2023, 5 of the 7 focus areas met the standards. The two time-to-distance standards were not met due to one zip code being outside the (1) 30 minutes or 10 miles of a members' residence and (2) 50 minutes or 30 miles of a member's residence requirements. However, for both standards, DCHS approved alternate access standards for members residing in this zip code (Maricopa - zip code 93252) to expand the time and distance standard.

- **After Hours Availability**
  The After-Hours Availability Survey was conducted by a contracted survey vendor, Press Ganey, between May to September 2023. Providers and specialists were contacted during closed office hours (early morning, evening, weekend) to assess compliance with after-hours availability. Outcomes indicated that standards were not met for PCPs (93.3%) or Specialists (79.9%). To remediate this, PNO launched multiple interventions to improve after hours availability which included (1) outreach to targeted providers; (2) Corrective Action Plans; and (3) ongoing provider education.

- **Provider Satisfaction**
  In 2023, PNO continued to assess provider satisfaction and needs. Providers continued to report staffing shortages which contributed to delayed access to care. PNO continued to support providers by offering solutions such as utilizing mid-level clinicians when available, utilizing appointment availability with another provider within the same office or health system, and offering weekend clinics and telehealth appointments. In addition, GCHP advised providers to notify GCHP in advance of delays in timely access so that GCHP could intervene by aiding in locating alternate providers who can provide care within the appropriate timeframe. To address the ongoing staffing shortage within GCHP's provider network in 2023, GCHP launched a provider grant program in 2024 to support providers in the recruitment of additional resources.

Objective 3: Improve Member Safety

- **Facility Site Review (FSR) Requirements and Monitoring**
  GCHP maintained 100% compliance with completing Initial, Interim, and Periodic FSRs. The QI RN Certified Site Reviewer / Certified Master Trainer used the DHCS audit tools and Healthy Data Systems (HDS) to track and trend the Facility Site Review (FSR) and Medical Record Review (MRR) review audits. In 2023, 14 FSRs were completed; 1 initial and 13 periodic. Four CAPs were issued and remediated by the end of Q4 2023.

- **Physical Accessibility Review Survey**
  Due to competing priorities and resource limitations, the PARS for High Volume/Ancillary Specialists (HVAS) was on pause until December 2023. In 2023, 1 PARS was completed for HVAS and 11 PARS for initial and periodic FSRs.

- **Credentialing/Recredentialing**
  All credentialing / recredentialing activities were completed timely, including performing timely verification of all required credentialing elements to ensure current, accurate, and complete files for credentialing decisions, and ongoing monitoring of sanctions and adverse events. Additionally, there were ongoing collaborations with Symplr, GCHP's Provider Contracting and Credentialing Management (PCCM) software, on configuration and automation to achieve efficiencies in the credentialing process. To improve software efficiencies, an organization-wide software update is scheduled for Q3 2024.

- **Pharmacy Reduction Potential Unsafe Opioid Use**
  The Pharmacy Department monitored opioid utilization and concurrent users of opioid and benzodiazepines/antipsychotics/naloxone by accessing the Medi-Cal Rx opioid dashboard on a quarterly basis. GCHP met the performance goals for 2023 for all quarters except in 2023 Q4 when an increase in concurrent users of opioids and benzodiazepines occurred. Barriers to assessing opioid utilization included resource limitations to complete analysis and determine potential interventions, and data limitations in the Medi-Cal Rx opioid dashboard. The Pharmacy Department provided detailed information regarding opioid utilization and potential interventions at the Pharmacy & Therapeutics Committee which was reinstated in November 2023.

Objective 4: Assess and Improve Member Experience

- **Grievances and Appeals**
  Through quarterly assessments of member complaints and grievances, the identified top grievance categories were Quality of Care and Transportation. To address this, the Compliance Department added "Transportation" to the list of delegated oversight audits to perform ongoing evaluation of the Transportation vendor's quality of services. For 2024, there are plans to develop an organization-wide workgroup to collect, review and address member feedback and grievances with a specific focus on Quality of Care and Transportation and develop strategies for ongoing process improvement.

- **Call Center Monitoring**
  GCHP contracts with a call center vendor and performs ongoing quality assessments to ensure call center benchmarks are met. In 2023, the call center met the Average Speed of Answer (ASA) and Abandonment Rate benchmarks but did not meet Phone Quality Results which scored 94.71%. To improve business operations, increase oversight and control of call center operations and management, and improve member experience, GCHP will be ending the relationship with the current call center vendor and bring the Call Center in-house in 2024.

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys**
  The RY 2023 / MY 2022 Adult CAHPS received 361 responses and scores increased in all categories except for three: (1) Got Care as Soon as Needed When Care Was Needed Right Away; (2) Got Check-Up / Routine Appointment as Soon as Needed; and (3) Health Plan Forms Were Easy to Fill Out. For the RY 2023 / MY 2022 Child CAHPS received 498 responses, but scores declined in 12 of 15 survey questions. To address these declines, GCHP conducted the following activities to improve member satisfaction and access to care in 2023: (1) telephonic member outreach campaigns to assist with appointment scheduling of preventive screenings; (2) community care events such as health fairs and mobile mammogram clinics; (3) expanded the point-of-care member incentive programs to new clinic locations; (4) launched a behavioral economics program focused on chronic conditions; (5) participated in the ACAP CAHPS collaborative to evaluate and improve business processes and best practices. Plans for 2024 include continuing these initiatives and implementing a Voice of the Member program.

- **CAHPS: Getting Care Quickly**
  The RY 2023 / MY 2022 Adult and Child CAHPS scores showed that “Got Care as Soon as Needed When Care Was Needed Right Away” declined when compared to the prior CAHPS scores: Child CAHPS scores declined 17.25% and Adult CAHPS scored declined 7.83%. To increase member awareness and facilitate member access to preventive care and covered services/benefits, GCHP created a “How to Get the Care You Need” webpage.

Objective 5: Ensure Organization Oversight of Delegated Functions

- To ensure organization oversight of delegated functions, the Compliance Department completed audits in the following areas: (1) credentialing; (2) quality improvement; (3) utilization management; (4) member rights; (5) claims; (6) call center; (7) cultural and linguistics; and (8) transportation. Transportation was a new area of oversight added in 2023 due to an increased volume of member complaints regarding transportation services. The goal to ensure 100% of all audits are completed with corrective actions plans closed timely were met for all focus areas except for claims auditing, which was not met in 2023 Q1, due to resource constraints. Additional delegation oversight auditors were added to mitigate this issue.

2024 Quality Improvement and Health Equity Program Enhancements

In order to incorporate opportunities to refine and enhance the Quality Improvement and Health Equity Program (QIHETP), the 2024 QIHETP Description and Work Plan will be revised with the following:

The 2024 QIHET Program Description will include:

- Expanding GCHP’s Mission, Vision, and Values to include the Model of Care which is focused on improving quality of care and health outcomes by meeting the unique needs and preferences of members and expanding internal programs, and partnerships with providers and community-based organizations.
- Increased focus on Health Equity and Culturally and Linguistically Appropriate Services (CLAS) that includes expanding community participation and feedback in quality improvement and health equity activities, expanded provider trainings on Cultural and Linguistic (CL) needs and preferences, and Diversity, Equity and Exclusion (DEI), increased access to Race, Ethnicity, Language, and Disability (RELD) data and Sexual Orientation and Gender Identity Data (SOGI) data.
- Enhanced organization-wide support through the updating of the committee structure that included reinstating the Pharmacy & Therapeutics Committee and adding three new sub-committees that include the Behavioral Health Quality Committee, NCQA Key Stakeholder Forum, and the MCAS Steering Committee.

The 2024 QIHET Work Plan will be expanded to include:

- The addition of four HEDIS® measures focused on children’s health, reproductive health and chronic disease management: Childhood Immunization Status – Combo 10, Immunization Status for Adolescents – Combo 2, Prenatal and Postpartum Care, and Glycemic Status Assessment for Patients with Diabetes that will include interventions to improve these rates
- The Quality Incentive Pool & Program will be expanded to include additional MCAS measures.
- Evaluation of new opportunities and resources to expand access to care and improve member experience such as health fairs, home test kits, vendor member engagement services, provider grants, and the new in-house call center
- Increased focus on developing interventions that are culturally and linguistically appropriate.

Gold Coast Health Plan℠
A Public Entity

2023 Quality Improvement & Health Equity Transformation Work Plan Evaluation

QIC Approved: 9/17/24
Commission Approved: Scheduled for 10/28/24

Kimberly Timmerman
GOLD COAST HEALTH PLAN

Return to Agenda

Reference Guide

	Metric	Goal	Department
1	2023 Quality Improvement & Health Equity Transformation Program Description (QIHETPD)	Update the annual QIHET Program Description.	Quality Improvement
2	2023 Quality Improvement and Health Equity Transformation Program Work Plan (QIHETPWP)	Update the annual QIHETP Work Plan.	Quality Improvement
3	2022 Quality Improvement Work Plan Evaluation	Complete the annual QI WP Evaluation.	Quality Improvement
4	2023 HEDIS® Compliance Audit™	Successfully complete and pass the annual HEDIS® Compliance Audit™ and receive "reportable" status for all measures.	Quality Improvement
5	Population Health: Population Health Management (PHM) Program	Implement the Population Health Management Program in accordance with DHCS 2023 PHM Policy Guide.	Population Health
6	Health Education/Cultural Linguistics: Population Needs Assessment (PNA)	Complete the PNA report and/or evaluation as required by DHCS.	Health Education / Cultural Linguistics
7	Utilization Management: Clinical Practice Guidelines	Complete annual review and adoption of evidence-based Preventive Health Guidelines (PHG), including Diabetes and Asthma Clinical Practice Guideline (CPG).	Utilization Management
8	Complex Case Management	Develop and implement a standardized Turn Around (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements.	Care Management
9	Care Gap Closure	Implement strategies close care gaps for the following measures: BCS, CCS, CHL, FUM, FUA.	Care Management
10	Tobacco Cessation	Increase rate of tobacco cessation interventions in members identified as tobacco users.	Quality Improvement / Health Education
11	Initial Health Appointment (IHA)	Increase rates of Initial Health Appointment (IHA) completion by providers.	Quality Improvement
12	Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	Increase the FUM-30 rate to meet or exceed the DHCS MPL (50th percentile).	Behavioral Health
13	Behavioral Health: Follow-Up After Emergency Department Visit for Substance Use – 30 Days	Increase the FUA-30 rate to meet or exceed DHCS MPL (50th percentile).	Behavioral Health
14	Behavioral Health: 2023-2026 PIP Non-Clinical Topic: Percentage of Provider Notifications for Members with SUD/SMH Diagnoses within 7 Days of an ED Visit	Submit the PIP non-clinical topic proposal and Module 1 of the PIP to DHCS/HSAG by December 21, 2023, in order to address improving the percentage of provider notifications are sent for members with SUD/SMH diagnoses following or within 7 days of an emergency department (ED) visit.	Quality Improvement
15	Cancer Prevention: Breast Cancer Screening (BCS)	Increase the percentage of women 50-74 years of age who had a mammogram to meet or exceed the DHCS MPL (50th percentile).	Quality Improvement /Health Education / Cultural Linguistics
16	Cancer Prevention: Cervical Cancer Screening (CCS)	Increase percentage of women 21-64 years of age who were screened for cervical to meet or exceed the DHCS MPL (50th percentile).	Quality Improvement

	Metric	Goal	Department
17	Cancer Prevention: Colorectal Cancer Screening (COL)	Increase the percentage of members 45- to 75-year-old who had an appropriate screening for colorectal cancer from 31.52% (2022 MY) to 76.80% (or the minimum performance level established by DHCS.	Quality Improvement
18	Cancer Prevention: 2020-2023 CCS Health Equity PIP	By December 31, 2022, increase the percentage of cervical cancer screening among 21 to 64-year-old female members of Gold Coast Health Plan who are assigned to Magnolia Family Medical Clinic in Oxnard, California, from 36.41% to 50.00%.	Quality Improvement
19	Women's Health: 2022-2023 Women's Health SWOT	Increase the rate of the following measures to meet or exceed the MPL (50th percentile): BCS, CHL.	Quality Improvement
20	Women's Health: Chlamydia Screening in Women (CHL)	Increase the CHL rate to meet or exceed the DHCS MPL (50th percentile).	Quality Improvement /Health Education / Cultural Linguistics
21	Chronic Disease Management: Asthma Medication Ratio (AMR)	Increase the AMR rate for members, 5 to 64 years of age, who had persistent asthma and had a ≥ 0.50 ratio of controller medications to total asthma medications to meet or exceed the DHCS MPL (50th percentile).	Quality Improvement / Pharmacy
22	Chronic Disease Management: Health Equity Controlling Blood Pressure (CBP)	Increase the CBP rate to meet or exceed the DHCS MPL (50th percentile).	Quality Improvement / Pharmacy / Health Education / Cultural Linguistics
23	Chronic Disease Management: Diabetes Management	Improvement disease management of members diagnosed with diabetes.	Population Health
24	Children's Health: Developmental Screening in the First Three Years of Life (DEV)	Increase the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding, or on, their first, second or third birthday, by 3% compared to the prior measurement year.	Quality Improvement
25	Children's Health: Lead Screening in Children (LSC)	Increase the percentage of children who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday to exceed the 2023 MY MPL to achieve the blood lead tests and periodic assessments as prescribed in the DHCS APL 20-016 Lead Screening in Young Children.	Quality Improvement
26	Children's Health: Topical Fluoride Varnish (TFL)	Increase the percentage of children, ages 1 through 20, who received at least two topical fluoride applications during the measurement year to meet or exceed the DHCS MPL (50th percentile).	Quality Improvement
27	Children's Health: Well-Child Visits in the First 30 Months of Life (W30)	Increase the percentage of children who had well-child visits with a PCP to meet or exceed the DHCS MPL (50th percentile).	Quality Improvement
28	Children's Health: Child and Adolescent Well-Care Visits (WCV)	Increase the percentage of members, 3-21 years of age, who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year to meet or exceed the DHCS MPL (50th percentile).	Quality Improvement
29	Children's Health: 2022-2023 Well-Child SWOT	Increase the rate of the following measures to meet or exceed the MPL (50th percentile): W30, WCV.	Quality Improvement
30	Children's Health: 2020-2023 WCV PIP	By December 31, 2022, increase the percentage of adolescent well care exams among 12 to 17-year-old Gold Coast Health Plan members assigned to CMH Centers for Family Health Airport Marina Clinic, from 37.78% to 50.00%.	Quality Improvement

	Metric	Goal	Department
31	Children's Health: 2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members	Submit the PIP clinical topic proposal and Module 1 of the PIP to DHCS/HSAG by December 21, 2023, in order to address the health disparity for Well Child Visits for Children 0-15 months – 6+ among Hispanic/Latinx Members.	Quality Improvement
32	Cultural and Linguistic Needs & Preferences	Ensure adequate resources to address the cultural, ethnic, and linguistic needs of our members.	Health Education / Cultural Linguistics
33	Primary and Specialty Care Access	Ensure standards met for minimum of 90% of providers. Members are offered: (1) non-urgent primary care within 10 business days of request and (2) Urgent care within 24 hours. Specialty Care Access Members are offered: (1) non-urgent specialty care appointment within 15 business days and (1) non-urgent ancillary services within 15 business days.	Provider Network Operation
34	Network Adequacy	Assess and improve network adequacy as demonstrated by availability of practitioners.	Provider Network Operations
35	After Hours Availability	Conducts surveys to ensure members are able to reach a provider after hours.	Provider Network Operations
36	Provider Satisfaction	Field provider survey and develop action plan(s) to improve areas of low performance.	Provider Network Operations
37	Facility Site Review Requirements	Maintain 100% compliance with Facility Site Review (FSR) requirements.	Quality Improvement
38	Facility Site Review Monitoring	Conduct facility site monitoring 100% on time to ensure safety practices.	Quality Improvement
39	Physical Accessibility Review Surveys (PARS)	Complete Physical Accessibility Reviews (PARs) 100% on time.	Quality Improvement
40	Credentialing/Recredentialing	Maintain a well-defined credentialing and recredentialing process for evaluating practitioners/ providers to provide care to members.	Quality Improvement
41	Pharmacy: Reduction in Potential Unsafe Opioid Prescriptions	Monitor member opioid use via Medi-Cal Rx and maintain performance compared to prior year and less than a 5% increase in each category. Monitor the Pharmacotherapy for Opioid Use Disorder (POD) measures.	Pharmacy
42	Grievances and Appeals	Monitor all member grievances and appeals to review for trending issues that will be communicated to various departments to develop action plans to improve the member experience by focusing on highly reported issues.	Grievances and Appeals
43	Call Center Monitoring	Meet call center benchmarks to ensure members have timely access to call center staff and implement interventions on any deficient benchmarks. (1) ASA: 30 seconds or less; (2) Abandonment Rate: 5% or less; (3) Phone Quality Results: ≥ 95%.	Member Services
44	CAHPS: Surveys	Coordinate with DHCS and HSAG to complete the CAHPS surveys to monitor and improve CAHPS scores.	QI, MS, PNO, HE/CL, G/A
45	CAHPS: Getting Care Quickly	Improve getting care quickly for adults and children.	QI, MS, PNO, HE/CL, G/A
46	Delegation Oversight	100% of all audits completed with corrective action plans (CAPs) closed timely.	Compliance

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Objective 1: Improve Quality and Safety of Clinical Care Services

1-Quality: 2023 Quality Improvement & Health Equity Transformation Program Description (QIHETPD)

2023 Quality Improvement and Health Equity Transformation Program Description (QIHETPD)						
Quality	2023 QIHETP Description	Update the annual QIHET Program Description.	1. Collaborate with business units to review and update QIHETPD. 2. Prepare and submit for approval to Quality Improvement and Health Equity Committee (QIHEC) 3. Prepare and submit for approval to the Commission	1. 01/01/23-03/31/23 2. 03/21/23 3. 04/24/23	• Sr. Director, Quality Improvement • QI Manager • QI Program Manager	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ QIHETP approved by QIC on 03/21/23. • Q2 ○ QIHETP approved by Commission on 04/24/23. • Q3 ○ No updates – activities completed in Q2. • Q4 ○ No updates – activities completed in Q2. Continue Objective: Yes☒ No☐ Next Steps: Collaborate with business units to review and update the 2024 QIHET Program Description.

Evaluation & Barrier Analysis

Collaborate with business units to review and update QIHETPD.

Summary of key changes to the Program Description:

- Title of the document changed from Quality Improvement Program Description (QIPD) to Quality Improvement & Health Equity Transformation Program Description (QIHET)
- More substantive changes compared to previous years to align with accreditation standards and Department of Health Care Services (DHCS) Operational Readiness
- NCQA consultant reviewed, and recommendations were implemented as GCHP prepares for 2025 submission for NCQA accreditation.
- Incorporated focus on:
  - Health equity
    - Drive system transformation & innovation to ensure quality and equity for members.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2023 Quality Improvement and Health Equity Transformation Program Description (QIHETPD)

- Whole person care
  - Collaborations with stakeholders (members, providers, community)
  - Access to services for at-risk populations
- Emphasis on:
  - Children's preventive care
  - Maternal health outcomes
  - Behavioral health

- Key functional areas
  - Population Health
  - Care Management
  - Utilization Management
  - Behavioral Health
  - Pharmacy Services
- Resources supporting the QIHET Program
  - Defined resources supporting the QIHET Program
  - Overall oversight is delegated by the Commission to the CMO and led by Sr. Director of QI
  - Includes QI team member responsibilities:
    - Clinical quality monitoring
    - Performance improvement project oversight
    - Analytical support
    - Oversight of the annual MCAS/HEDIS® audit
    - Credentialing
  - IT/Analytic Support
    - Monthly file creation
    - Data integrity oversight
  - Health Education
    - Member health education materials
    - Health navigators

Prepare and submit for approval to Quality Improvement and Health Equity Committee (QIHEC).
The 2023 QIHET Program Description was presented and approved at the QIHEC on March 21, 2023.

Prepare and submit for approval to the Commission.
The 2023 QIHET Program Description was presented and approved at the Ventura County Medi-Cal Managed Care Commission meeting on April 24, 2023.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
2-Quality: 2023 Quality Improvement and Health Equity Transformation Work Plan (QIHETWP)						
2023 Quality Improvement and Health Equity Transformation Work Plan						
Quality	2023 QIHET Work Plan	Update the annual QIHET Work Plan	1. Collaborate with business units to review and update QIHET WP. 2. Prepare and submit for approval to the Quality Improvement and Health Equity Committee (QIHEC) 3. Prepare and submit for approval to the Commission.	1. 01/01/23-03/31/23 2. 03/21/23 3. 04/24/23	• Sr. Director, Quality Improvement • QI Manager • QI Program Manager	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ QIHETWP approved by QIC on 03/21/23. • Q2 ○ QIHETWP approved by Commission on 04/24/23. • Q3 ○ No updates – activities completed in Q2. • Q4 ○ No updates – activities completed in Q2 Continue Objective: Yes☒ No☐ Next Steps: Complete the annual 2023 QIHET Work Plan evaluation.
Evaluation & Barrier Analysis						
Collaborate with business units to review and update 2023 QIHET Work Plan Summary of key changes to the 2023 QIHET Work Plan • Updates to align with the DHCS Quality Strategy and Operational Readiness ○ Title Change ▪ Old Title: Quality Improvement Work Plan (QIWP) ▪ New Title: Quality Improvement and Health Equity Transformation (QIHET) Work Plan ○ DHCS Managed Care Plan (MCP) Readiness and Transition Planning for 2024 ▪ Content updated to focus on high quality, accessible, and comprehensive care across all settings and level of care. ▪ Reduce health disparities. ▪ Improve health outcomes. • Updates to align with NCQA Accreditation						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2023 Quality Improvement and Health Equity Transformation Work Plan
▪ Work plan format & content changes to address NCQA accreditation standards to make goals, objectives, and activities specific. ➢ Added specific dates for each activity. ➢ Added responsible department and title for each activity. ➢ Indicated if objective is a continuing goal from prior year. ➢ Add section for quarterly updates. ➢ Add section for next steps.
Prepare and submit for approval to the Quality Improvement and Health Equity Committee (QIHEC) The 2023 QIHET Work Plan was presented and approved at the QIHEC on March 21, 2023.
Prepare and submit for approval to the Commission. The 2023 QIHET Work Plan was presented and approved at the Ventura County Medi-Cal Managed Care Commission meeting on April 24, 2023.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
3-Quality: 2022 Quality Improvement Work Plan Evaluation						
2022 QI Work Plan Evaluation						
Quality	2022 QI Work Plan Evaluation	Complete the annual QI Work Plan Evaluation.	1. Collaborate with business units to complete evaluation of the QI Work Plan. 2. Prepare and submit for approval to QIC. 3. Prepare and submit for approval to the Commission.	1. 03/15/23-07/15/23 2. 09/19/23 3. 10/23/23	• Sr. Director, Quality Improvement • QI Manager • QI Program Manager	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ Collaborated with departments to begin annual summaries for the 2022 QI WP evaluation. • Q2 ○ Departments added 2022 evaluations to the 2022 QI Work Plan. • Q3 ○ Completed summaries annual QI Work Plan evaluation. ○ Approved at QIC on 09/19/23. • Q4 ○ No updates – activities completed in Q3 Continue Objective: Yes☒ No☐ Next Steps: Collaborate with business units to review and update the 2023 QIHET Work Plan
Evaluation & Barrier Analysis						
Collaborate with business units to complete evaluation of the Quality Improvement Work Plan Evaluation The annual evaluation includes evaluating outcomes, monitoring performance measures, completing quantitative and qualitative analysis of quality improvement initiatives, and reviewing the adequacy of resources, systems, and committee structures to support GCHP's QI goals and objectives. The 2022 evaluation summaries outcomes and the impact of the following key focus areas with improving the quality of care and services provided to Members:						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022 QI Work Plan Evaluation

- Managed Care Accountability Set (MCAS) Rate Outcomes and the successful completion of the National Committee for Quality Assurance (NCQA) Health Effectiveness Data and Information Set (HEDIS®) Compliance Audit™
- Clinical Practice Guidelines
- Advance Prevention
- Programs to Close Care Gaps
- Preventive Screening Member Incentive Programs
- Behavioral Healthcare Coordination and Outreach
- Quality Improvement Projects
- Programs supporting Population Health and Health Equity
- Cultural and Linguistic Services
- Provider Network Audits and Assessments on Network Adequacy, After Hours Availability, and Provider Satisfaction
- Improving Member Safety Audits and Assessments including Facility Site Reviews, Physical Accessibility Surveys
- Credentialing and Credentialing
- Assess and Improving Member Experience: Grievances and Appeals and Call Center Monitoring
- Organization Oversight of Delegated Functions

The 2022 QI Work Plan included 33 objectives addressing these key focus areas. The following summarizes which objects met, partially met or did not meet the 2022 goals.

Objectives That Met Goals (16)

- Practice Guidelines
- Initial Health Assessments
- Lead Screening in Children
- Chronic Conditions
- COVID-19
- Breast Cancer Screening
- Cervical Cancer Screening
- 2021-2022 Diabetes HbA1c IP
- 2021-2022 COVID-19 QIP
- Cultural and Linguistics Needs & Preferences: Practitioner Availability
- Network Adequacy
- Provider Satisfaction
- Facility Site Monitoring
- Credentialing/Recredentialing
- Member Access and Satisfaction
- Delegation Oversight

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2022 QI Work Plan Evaluation

Objectives That Partially Met Goals (6)

- Behavioral Health
- Well-Child Visits in the First 30 Months of Life (W30)
- 2021-2022 Women's Health SWOT
- Primary and Specialty Care Access
- Pharmacy
- Call Center Monitoring

Objectives That Did Not Met Goals (7)

- Tobacco Cessation
- Adverse Childhood Experience Screening
- Chlamydia Screening in Women
- Child Immunization Status – Combo 10
- Developmental Screening in Children
- Child and Adolescent Well-Care Visits (WCV)
- After Hours Availability

Objectives Still In-Process (4)

- 2022-2023 Women's Health SWOT
- 2022-2023 Well-Child SWOT
- 2020-2023 Cervical Cancer Screening (Ages 21-29) Health Equity PIP
- 2020-2023 Child and Adolescent Well-Care (Ages 12-17) PIP

Focus Areas for 2023 Include:

- Quality Improvement and Health Equity Performance: Continue focus on improving measure performance for those measures that did not meet the DHCS MPL benchmark in MY 2022: Well-Child Visits in the First 30 Months of Life: 0-15 Months, Child and Adolescent Well-Care Visits, Chlamydia Screening in Women, and Follow-Up After Emergency Department Visit for Mental Health – 30 days. Meet the HPL benchmark in MY 2023 for five identified measures: Breast Cancer Screening, Cervical Cancer Screening, Hemoglobin A1c Control for Patients with Diabetes – Poor Control (>9%), Timeliness of Prenatal Care, and Timeliness of Postpartum Care.

- Member Experience: Develop education materials regarding provider hours of operation to ensure timely care for adults and children.

- Network Development: Expand GCHP's provider network to ensure adequate and appropriate access to benefits to meet member needs including Enhanced Care Management, Community Supports, Community Health Workers, and Doula benefits.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022 QI Work Plan Evaluation
• Member Access: Conduct in-person provider visits to discuss timely access standards and monitor progress for those providers identified as not meeting access standards.
Prepare and submit for approval to QIC. The 2022 QI Work Plan Evaluation was presented and approved at the Quality Improvement Committee on September 19, 2023**.**
Prepare and submit for approval to the Commission. The 2022 QI Work Plan Evaluation was approved at the Ventura County Medi-Cal Managed Care Commission meeting on October 30, 2023.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
4-Quality: 2023 HEDIS® Compliance Audit™						
2023 HEDIS® Compliance Audit™						
Quality	2023 HEDIS® Compliance Audit™	Successfully complete and pass the annual HEDIS® Compliance Audit™ and receive "reportable" status for all measures.	1. ROADMAP Submission 2. Non-Standard Supplemental Data Primary Source Validation 3. Medical Record Review (MRR) Validation 4. Preliminary rate review 5. Final rate review 6. Interactive Data Set Submission 7. Submit ROADMAP Management Representation Letter.	1. 01/31/23 2. 03/31/23 3. 05/15/23 4. 04/15/23 5. 06/01/23 6. 06/15/23 7. 06/15/23	• QI Program Manager II	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ ROADMAP submitted on 01/31/23, Supplemental data (standard and non-standard approved), production run and preliminary rates generated, medical records reviews for hybrid measures initiated. • Q2 ○ Passed PSV and MRRV. Completed admin refreshes. Final rates successfully submitted on deadline. Continue Objective: Yes☒ No☐ Next Steps: Successfully complete and pass the annual 2023 MY / 2024 RY HEDIS® Compliance Audit™ and receive "reportable" status for all measures.
Evaluation & Barrier Analysis						
ROADMAP Submission On January 31, 2023, the HEDIS Roadmap was submitted to Health Services Advisory Group (HSAG), the HEDIS auditor assigned Gold Coast Health Plan by the Department of Health Care Services. Between October 2022 and January 2023, the Quality Improvement Program Manager lead an organization-wide effort to complete the annual Record						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

of Administration, Data Management and Processes (ROADMAP), which collects information about the following information management systems used by Gold Coast Health Plan to report HEDIS rates and provides information for the HEDIS auditors to conduct the annual HEDIS® Compliance Audit™:

- General Information
- Medical Services
- Enrollment
- Practitioner Data
- Medical Record Review
- Supplemental Data
- Supplemental Data from Health Information Exchanges
- Data Reproduction Reporting
- Data Integration and Reporting

Non-Standard Supplemental Data Primary Source Validation

The purpose of the GCHP non-standard supplemental data (NSSD) collection is to capture services completed that were not received through administrative data sources (e.g., claims, encounter, or other supplemental data). By the 4th quarter of the 2022 calendar year, the Quality Improvement Department assessed which measures could be improved through the collection non-standard supplemental data and implemented a project plan and timeline to collect the data and meet the deliverables required by NCQA.
The NSSD activities implemented to increase data collection for the RY 2023/MY 2022 included the following:

- Data Collection Timeline: October 2022 to February 2023
- Medical Record Review Staff: Trained 31 MRR staff that included 17 GCHP Registered Nurses and 14 Temps
- Coordinated remote access to four electronic health record systems
- Developed training and data collection tools
- The NSSD was submitted to HSAG and approved on March 16, 2023
- Retrieved medical records for the following measures:

Measure	Total Records Reviewed	Total Compliant Records Found	Total Records with Claims Found in the Production Run	Total Submitted for NSSD	NSSD Supplemental Impact
Breast Cancer Screening	4239	339	213	123	2.97%
Chlamydia Screening	1443	60	50	10	0.69%
Well Child Visits in the First 30 Months of Life (0-15 Months)	1688	568	562	6	0.36%
Well-Child Visits in the First 30 Months of Life (15-30 Months)	1205	149	146	3	0.25%
Child and Adolescent Well Care	32962	5714	5581	133	0.40%
Total	**41537**	**6833**	**6552**	**278**	**0.67**

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2023 HEDIS® Compliance Audit™

Medical Record Review Validation (MRRV)

The MRRV is a component of the annual NCQA HEDIS Compliance Audit and is conducted by the External Quality Review Organization (EQRO) assigned by DHCS, which is Health Services Advisory Group (HSAG). The purpose of the MRRV is to ensure that compliant medical records retrieved for the hybrid measures are abstracted correctly and meet compliance according to the NCQA measure specifications. HSAG reviewed all records excluded and also selected 3 measures to evaluate compliance with the medical record review guideless.

Gold Coast Health Plan's Quality Improvement Department completed 100% overread of all medical records collected and abstracted by Inovalon, the medical record review vendor. This included overreading the following measures

Measure	CCS	CIS	CBP	HBD	IMA	LSC	PPC	Total
Records Overread	219	284	359	218	289	148	129	1646

For MY 2022 / RY 2023, GCHP passed the annual MRRV for the following

- 13 excluded records
- Cervical Cancer Screening
- Controlling Blood Pressure
- Immunization for Adolescents – Tdap

Preliminary rate review

This was completed on time. As part of the annual HEDIS Compliance Audit, GCHP submitted a MY 2022 preliminary rate review on April 14, 2023, of all measures GCHP reports. This included a preliminary Interactive Data Set Submission (IDSS) to NCQA, and two DCHS reporting templates used by Medi-Cal plans to report non-HEDIS rates and to stratify specific measures by SPD/non-SPD populations. This was reviewed by the HEDIS auditor to evaluate trending of rates and eligible populations compared to the last three reporting years.

Final rate review

This was completed on time. Upon completion of the final administrative data run on May 11, 2023, and the completion of the hybrid measure data collection project on April 28, 2023, Gold Coast Health Plan's final MY 2022 rates were submitted to HSAG and DHCS on May 31, 2023. This included submitting a preliminary Interactive Data Set Submission (IDSS) to NCQA, and two DCHS reporting templates used by Medi-Cal plans to report non-HEDIS rates and to stratify specific measures by SPD/non-SPD populations. The rates were reviewed and approved by the HEDIS auditor on 06/15/23.

Interactive Data Set Submission (IDSS)

The IDSS for MY 2022 was submitted to NCQA on 05/31/23 and approved by the HEDIS auditor on 06/15/24.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2023 HEDIS® Compliance Audit™
Submit ROADMAP Management Representation Letter Upon approval of the HEDIS auditor's final rate review, the NCQA HEDIS MY 2022 Management Representation letter was signed by GCHP's Chief Medical Office, Dr. Felix Nunez, and submitted timely to NCQA on 06/15/24.

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
5-Population Health: Population Health Management (PHM) Program						
Population Health Management (PHM) Program						
Population Health	Population Health Management (PHM) Program	Implement the Population Health Management Program in accordance with DHCS 2023 PHM Policy Guide.	1. Develop and implement a process for risk segmentation and stratification (RSS) and tiering, including counts of members that fall into each RSS tier per month, to assess the needs and characteristics of all Members. 2. Develop and implement a PHM dashboard that allows for business owners to access member data that can be utilized to develop and deliver appropriate interventions.	1. 3/31/2023 2. 6/30/2023	• Sr. Manager of Population Health	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ Implemented PHM-002 Population Risk Stratification / Segmentation and Tiering. Developed prototype Significant Health Changes dashboard that will allow for business owners to access the RSS data. • Q2 ○ Published draft significant health changes dashboard in PowerBI. • Q3 ○ Continue to make updates to PHM Significant Health Changes Dashboard. • Q4 ○ Publish final version of the PHM Risk Stratification Dashboard. Continue Objective: Yes☒ No☐ Next Steps: Maintain a Population Health Management Program in accordance with DHCS PHM Policy Guide.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Population Health Management (PHM) Program

Evaluation & Barrier Analysis

Develop and implement a process for risk segmentation and stratification (RSS) and tiering, including counts of members that fall into each RSS tier per month, to assess the needs and characteristics of all Members.

GCHP is using John's Hopkin's Resource Utilization Bands for RSS and tiering and updates this dashboard on a monthly basis, built in a PowerBI platform.

Resource Utilization Band (RUB) 0:

- **Description**: Non-utilizers of healthcare resources.
- **Characteristics**:
  - Individuals in RUB 0 have no significant healthcare interactions within a specified period (often a year).
  - They do not visit doctors, receive prescriptions, or have hospital admissions.
  - Generally healthy or do not seek medical care.

Resource Utilization Band (RUB) 1:

- **Description**: Low expected healthcare resource use.
- **Characteristics**:
  - Individuals in RUB 1 have minimal healthcare interactions.
  - They may have occasional doctor visits or prescriptions but no chronic conditions requiring ongoing management.
  - Low frequency of medical consultations and low overall healthcare costs.

Resource Utilization Band (RUB) 2:

- **Description**: Low expected healthcare resource use.
- **Characteristics**:
  - These individuals have a slightly higher level of healthcare interaction than those in RUB 1.
  - They might have minor chronic conditions or a few acute health episodes.
  - They require more frequent visits to healthcare providers and might need some medications regularly.
  - Their healthcare costs and utilization are higher than RUB 1 but still relatively low.

Resource Utilization Band (RUB) 3:

- **Description**: Moderate expected healthcare resource use.
- **Characteristics**:
  - Patients in RUB 3 have more significant healthcare needs than those in RUB 2.
  - They often have multiple chronic conditions or more severe single conditions that require consistent management.
  - These individuals need regular interactions with healthcare providers, including frequent doctor visits, ongoing medication management, and possibly outpatient services.
  - Their healthcare costs and utilization are moderate, reflecting their increased morbidity and need for medical attention.

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Population Health Management (PHM) Program

Resource Utilization Band (RUB) 4:

- **Description**: High level of healthcare resource use.
- **Typical Characteristics**:
  - Multiple chronic conditions.
  - Significant comorbidities that require regular and intensive management.
  - Frequent healthcare visits, including specialist consultations and hospitalizations.
  - High prescription drug use, often for managing complex or multiple conditions.

Resource Utilization Band (RUB) 5:

- **Description**: Very high or the highest level of healthcare resource use.
- **Typical Characteristics**:
  - Very complex medical profiles with multiple severe chronic conditions.
  - Significant and potentially life-threatening comorbidities.
  - Extremely high frequency of healthcare services utilization, including frequent hospital admissions, emergency department visits, and specialist care.
  - Extensive and complex medication regimens, often involving multiple high-cost drugs.

Develop and implement a PHM dashboard that allows for business owners to access member data that can be utilized to develop and deliver appropriate interventions.

PHM deployed the risk tiering methodology on several dashboards. To help business owners understand the characteristics of each risk tier, PHM added the "Typical Characteristics" language described above to the informational section of each dashboard. The risk tiering is included in the MOC dashboard as well as the CCM Eligibility report where members are identified for outreach for care management.

PHM also determined these dashboard can help to meet the NCQA accreditation requirements for PHM-2D and will be making modifications to outline programs appropriate for each risk tier within the dashboard.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
6-Health Education/Cultural Linguistics: Population Needs Assessment (PNA)						
Population Needs Assessment						
Health Education / Cultural Linguistics	Population Needs Assessment	PNA is part of the Population Health Strategy Report submitted to DHCS.	1. Population Health Management Strategic Objectives	1. 6/30/2023	• HECL/Sr. Director of Health Education and Cultural Linguistics • PHM/Sr. Manager of Population Health Management	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ HECL continues to implement intervention strategies on the PNA objectives that were identified on the 2022 PNA report. • Q2 ○ HECL continues to implement intervention strategies on the PNA objectives that were identified on the 2022 PNA report. ○ New health education portal with Healthwise launched on GCHP website: May 2023 Continue Objective: Yes☒ No☐ Next Steps: Maintain NCQA compliant PNA as part of the Population Health Strategy Report submitted to DHCS.
Evaluation & Barrier Analysis						
Population Health Management Strategic Objectives DHCS has redesigned the Medi-Cal Managed Care Plan (MCP requirements for developing a Population Needs Assessment (PNA), which has historically been MCPs' primary mechanism for identifying the priority health and social needs of their members, including health disparities. A central component of DHCS' approach is for MCPs to meaningfully participate on Local Health Jurisdiction (LHJ) Community Health Assessments (CHAs)/Community Health Improvement Plans (CHIPs) rather than complete a						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Population Needs Assessment
separate PNA focused solely on their own members' data. GCHP is already a member of the Ventura County Community Health Improvement Collaborative and participates in the triannual collaborative assessment. GCHP worked with Ventura County Public Health to develop SMART objectives that aligned with the DHCS Bold Goals for quality improvement to further advance our collaboration. In December 2023, GCHP also submitted to DHCS the Population Health Management (PHM) Strategy Deliverables along with a PNA that meets the National Committee for Quality Assurance (NCQA) standards.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
7-Utilization Management: Clinical Practice Guidelines						
Clinical Practice Guidelines						
Utilization Management	**Clinical Practice Guidelines**	Complete annual review and adoption of evidence-based Preventive Health Guidelines (PHG), including Diabetes and Asthma Clinical Practice Guideline (CPG).	1. Review and approval by the Medical Advisory Committee (MAC) 2. Post guidelines on the GCHP website and distribute guidelines to appropriate practitioners, upon request. 3. Ensure alignment of PHG with Provider Manual and applicable policies	1. 01/19/23, 04/20/23, 07/20/23, 10/19/23 2. 01/01/23-12/31/23 3. 01/01/23-12/31/23	• Sr. Director Quality Improvement • Chief Medical Officer	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ Diabetes Clinical Practice Guideline was reviewed and approved at 01/19/2023 MAC. • Q2 ○ No updates currently. • Q3 ○ Asthma Clinical Practice Guideline was reviewed and approved at 7/20/23 MAC. • Q4 ○ No updates currently. Continue Objective: Yes☒ No☐ Next Steps: Continue annual review and adoption of evidence-based Preventive Health Guidelines (PHG), including Diabetes and Asthma Clinical Practice Guideline (CPG).
Evaluation & Barrier Analysis						
Review and approval by the Medical Advisory Committee (MAC) The following clinical practice guidelines were reviewed and approved at the following Medical Advisory Meetings • Preventive Health Guidelines 07/20/23 • Diabetes Clinical Practice Guidelines 01/19/2023 • Asthma Clinic Practice Guidelines 07/20/2023						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Clinical Practice Guidelines
Post guidelines on the GCHP website and distribute guidelines to appropriate practitioners, upon request. *Guideline Distribution:* The guidelines were made available to practitioners through the following sources: • GCHP Provider Resource Website: https://www.goldcoasthealthplan.org/for-providers/provider-resources/#guidelines • GCHP 2023 Provider Manual
Ensure alignment of Preventive Health Guideline (PHG) with Provider Manual and applicable policies *Guideline Alignment:* GCHP has incorporated these preventive health guidelines into the following documents. • GCHP Provider Resource Website: https://www.goldcoasthealthplan.org/for-providers/provider-resources/#guidelines • GCHP 2023 Provider Manual • GCHP Policy HS-019 Care Coordination of Substance Use Treatment Services • GCHP Policy MS-018 Access to Network Providers and Covered Services • GCHP Policy QI-022 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care • GCHP Policy QI-024 Medical Records Requirements • GCHP Policy QI-026 Adult Preventive Care • GCHP Policy QI-031 Chlamydia and Gonorrhea Screening • GCHP Policy QI-032 Pediatric Preventive Services • GCHP Policy QI-033 Initial Health Appointment

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
8-Care Management: Complex Case Management						
Complex Case Management						
Care Management (CM)	Complex Case Management (CCM)	Develop and implement a standardized Turn Around (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements.	1. Develop care management policy that includes CCM. 2. Develop and implement process for standardized identification of members eligible for CCM. 3. Review and revise staff training resources as identified. 4. Provide staff training as identified. 5. Review and revise staff auditing tools to align with established TAT. 6. Develop metrics and benchmarks to capture CMM TAT. 7. Monitor CMM TAT dashboard and implement interventions for benchmarks not met.	1. 01/01/23-12/31/23 2. 01/01/23-12/31/23 3. 01/01/23-12/31/23 4. 01/01/23-12/31/23 5. 03/01/23-12/31/23 6. 03/31/23 7. 04/01/23-12/31/23	• Director of CM • Sr. Manager, CM & Special Projects • CM Managers	Annual Goal Met: Yes ☒ No ☐ Quarterly Updates: • Q1 Updates ○ CM created a new CM policy (HS-058 Care Management including Complex Case Management) that aligns with PHM NCQA CCM guidelines of a 30-day TAT for initiating the Initial assessment when a member is identified as eligible for CCM and a 60-day TAT for completion of the initial assessment. HS-058 is being taken to September Policy Review Committee ○ PHM RSS tool developed with PHM team, awaiting launch. Test file in August revised and awaiting final report ○ Staff resources: reviewed staff resource tool for CCM process with consulting group, revised tool ○ Staff training: in progress ○ Auditing tool: update in progress ○ Strategizing on metrics in current MMS. Will

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Complex Case Management						
						collaborate with HS admin analyst to capture data points ○ Strategizing and development of dashboard to capture TAT for CCM continuing. • Q2 Updates ○ No updates • Q3 Updates ○ PHM RSS report being used to identify Member eligible for CCM services. ○ CM staff provided training. • Q4 Updates ○ HS-058 sent to PRC. ○ Updating of auditing tool remains in-progress. ○ Strategizing on metrics and dashboard to capture data points such as TAT to align with NCQA standards, remains in progress.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue to train staff on the standardized turn-around-time (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Complex Case Management						
						• Continue developing dashboards and reports to track CCM activity in the new medical management system that will be launched in July 2024.
Evaluation & Barrier Analysis						
Develop care management policy that includes CCM. Care Management created a new CM policy (HS-058 Care Management including Complex Case Management) that aligns with the Population Health Management (PHM) NCQA Complex Care Management guidelines of a 30-day turn-around-time (TAT) for initiating the Initial Assessment when a member is identified as eligible for CCM, and a 60-day TAT to complete the initial assessment. The new policy was created in July 2023 and approved at the Policy Review Committee in September 2023 and the Utilization Management Committee in October 2023.						
Develop and implement process for standardized identification of members eligible for CCM. The Care Management Department collaborated with the GCHP Population Health Management Department on the development and implementation of a Risk Stratification and Segmentation report that identifies Members eligible for CCM services. The Care Management Program Description was updated to include identification criteria for CCM services.						
Review and revise staff training resources as identified. Update were made to Job Aid Manuals (Care Management Process-CMC, Care Management Process RN SW) to align with the NCQA PHM Standards, in the identification of Members eligible for CCM and the TAT requirements CM created a resource tool for CM staff to align with the 30-day TAT to align with PHM NCQA CCM Standards.						
Provide staff training as Identified. Staff training occurred regarding TAT for CCM and identification of Members eligible for CCM throughout the course of the year.						
Review and revise staff auditing tools to align with established TAT. Remains in-progress, will be included in the 2024 QIHET Work Plan						
Develop metrics and benchmarks to capture CCM TAT. Barriers identified: • The Health Services Department made changes to Care Management Department's medical management system (MMS), called MedHok, to include data collection and reporting. • MedHok will be replaced by a new MMS called TruCare, which is expected to launch in July 2024. The Health Services Department is strategizing on developing the new metrics and dashboard that will be needed in the new MMS to capture data points, such as TAT, that align with NCQA standards. This action is in process and will be included in the 2024 QIHET Work Plan.						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Complex Case Management
Monitor CMM TAT dashboard and implement interventions for benchmarks not met. Barriers identified: • The Health Services Department made changes to Care Management Department's medical management system (MMS), called MedHok, to include data collection and reporting. • MedHok will be replaced by a new MMS called TruCare, which is expected to launch in July 2024. The Health Services Department is strategizing on developing the new metrics and dashboard that will be needed in the new MMS to capture data points, such as TAT, that align with NCQA standards. This action is in process and will be included in the 2024 QIHET Work Plan.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
9-Care Management: Care Gap Closure						
Care Gap Closure						
Care Management (CM)	Care Gap Closure	• Implement strategies to close care gaps for the following measures: - Brest Cancer Screening (BCS) - Cervical Cancer Screening (CCS) - Chlamydia screening in Women (CHL) - Follow-up After Emergency Department Visit for Mental Illness (FUM) - Follow- Up After Emergency Department Visit for Substance Use (FUA)	1. Utilize Health Information Exchange (HIE) Admission, Discharge, Transfer (ADT) data to close care gaps for the FUA and FUM measures. 2. Utilize the INDICES care gap dashboard to inform members of their care gaps.	1. 01/01/24-12/31/4 2. 04/01/24-12/31/24	• Director of CM • Sr. Manager, CM & Special Projects • CM Managers • HECL • QI Manager	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ FUA/FUM daily outreach using the Manifest Medex HIE ADT fields. ○ GCHP staff (CM/QI) developed process to address PCP notification within 7 days of a Member's ED visit related to an FUA/FUM condition. ○ GCHP CM/QI/BH collaborated on developing a process to engage with Carelon for Member outreach following an ED visit related to FUA/FUM ○ Ongoing efforts to educate providers and Members related to FUA/FUM ○ Identified need for further INDICES care gap training for CM staff ○ The Health Education/Cultural Linguistics (HECL) Department published a health education article for members on sexually transmitted Infections • Q2

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Care Gap Closure						
						○ CM provided outreach to Members identified as having care gaps ○ HECL conducted a Hospital Health Navigator Pilot Program: Healthy Connection Program with St. John's Hospital in Oxnard. Health Navigators would visit high risk admission members to provide resources and help them to connect to care after hospitalization. ○ HECL published article in Provider Operations Bulletin (May Issue) – Talk. Test. Treat your patients for sexually transmitted infections Q3 ○ CM collaborated with PHM on the development and finalization of MCAS Care gaps reports. ○ CM and BH collaborated on identification of Members appropriate for FUA/FUM follow up ○ HECL- Continued Health Connection Program to visit member in hospital and provide resource and help them to connect to care after hospitalization. ○ HECL- Published article in Provider Operations

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Care Gap Closure						
						Bulletin (Aug. Issue): Healthy Connections Program – Hospital Health Navigator Post-Discharge Pilot Program. Q4 Updates ○ CM integrated use of the MCAS care gaps reports data into the CM process ○ HECL- Continued Health Connection Program to visit member in hospital and provide resource and help them to connect to care after hospitalization.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue to implement strategies to close care gaps for MCAS measures.
Evaluation & Barrier Analysis						
Utilize Health Information Exchange (HIE) Admission, Discharge, Transfer (ADT) data to close care gaps for the FUA and FUM measures. A multi-department effort consisting of the Care Management, Quality Improvement, Behavioral Health and Information Technology Departments supported the development of the following initiatives: • Developed a process to identify members using the HIE ADT feeds in order to send provider notifications within 7 days of a Member's ED visit for a substance use or mental health condition. This new process will support improvement in coordination of care and assist providers scheduling timely follow-up visits with members within 30-days of the ED visit. The provider notifications were launched in October 2023. • Developed and implemented a process for exchanging data with Gold Coast Health Plan's Behavioral Health entity, Carelon. The data exchanged was enhanced to additional ED data from other hospitals, in addition to the HIE data from Manifest Medex.						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Care Gap Closure
Utilize the INDICES care gap dashboard to inform members of their care gaps. The Care Management Department implemented a workflow to support the improvement of MCAS rates by facilitating the closure of care gaps in members who received Care Management services. The workflow included notifying the members of their care gaps and assisting with scheduling of appointments accordingly with the appropriate provider type (e.g., the primary care provider or imaging centers). Initially, the CM staff utilized the INDICES care gap dashboard to identify members with care gaps. In Q4 2023 the Care Management department collaborated with multiple departments to support the developmental of a new MCAS Care Gap dashboard that is accessible system-wide and easier to view each member's gaps.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
10-Advance Prevention: Tobacco Cessation						
Tobacco Cessation						
Advance Prevention	Tobacco Cessation	Increase rate of tobacco cessation interventions in members identified as tobacco users. **Initial Health Appointment (IHA) benchmarks** • 100% of identified tobacco users receive counseling. • 32% of tobacco users receive cessation medication. **Admin benchmarks:** • 39% of identified tobacco users receive counseling. • 13% of tobacco users receive cessation medication.	1. Utilize DHCS methodology to identify tobacco users via data pulls for quarterly analysis and reporting. 2. Create and/or update provider and member education campaigns. 3. Measure tobacco cessation medication dispensing and cessation counseling quarterly via IHA medical record review and administrative data. 4. Report tobacco cessation medication dispensing and cessation counseling semi-annually.	1. 03/31/23 06/30/23 09/30/23 12/31/23 2. 12/31/23 3. 03/31/23 06/30/23 09/30/23 12/31/23 4. 03/31/23, 09/30/23	• QI RN Manager • Sr. QI Data Analyst • HECL/Sr. Director of Health Education and Cultural Linguistics • HECL/Sr. Health Navigator (HN)	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1 ○ CM provided follow ups to HE to mail tobacco cessation materials to members who selected tobacco use (by member or in household) in Initial Intake Screening under member self-reporting health status section. ○ HECL published article in Winning Health Member Newsletter in Winter 2023 Issue: Teens and Vaping – What parents should know. • Q2 ○ Plan for IHA medical record review in Q3. ○ CM provided follow ups to HE to mail tobacco cessation materials to members who selected tobacco use (by member or in household) in Initial Intake Screening under member self-reporting health status section. ○ HECL added Tobacco Cessation Flyer to Healthy Connections Program resource packet for members who had

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Tobacco Cessation						
						been admitted to St. John's Regional Medical Center (SJRMC) hospital. ○ HECL published article in Provider Operations Bulletin (June Issue): Kick IT California – Tobacco Cessation. • Q3 ○ IHA MRR for Q1 2023 currently being reviewed. Presentation and report at the Q3 QIC ○ Tobacco member detail report created for mailing campaign scheduled in October. ○ CM provided follow ups to HE to mail tobacco cessation materials to members who selected tobacco use (by member or in household) in Initial Intake Screening under member self-reporting health status section. ○ HECL added Tobacco Cessation Flyer to Healthy Connections Program resource packet for members who had been admitted to St. John's Regional Medical Center (SJRMC) hospital.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Tobacco Cessation						
						• Q4 ○ Q2 IHA MRR presentation and report discussed at Q4 QIC. ○ CM provided follow ups to HE to mail tobacco cessation materials to members who selected tobacco use (by member or in household) in Initial Intake Screening under member self-reporting health status section. ○ HECL added Tobacco Cessation Flyer to Healthy Connections Program resource packet for members who had been admitted to St. John's Regional Medical Center (SJRMC) hospital. ○ HECL conducted Great American Smokeout mailing to members in November providing the GCHP Tobacco Cessation Flyer.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue to increase rate of tobacco cessation interventions in members identified as tobacco users.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Tobacco Cessation

Evaluation & Barrier Analysis

Utilize DHCS methodology to identify tobacco users via data pulls for quarterly analysis and reporting.

Members Identified as Tobacco Users in 2023

Quarterly Reports	Members Identified as Tobacco Users	Received Tobacco Cessation Counseling	Received Tobacco Cessation Medication
2023 Quarter 1	3,240	1,057 (33%)	301 (9%)
2023 Quarter 2	3,259	1,076 (33%)	301 (9%)
2023 Quarter 3	2,607	770 (30%)	210 (8%)
2023 Quarter 4	2,053	669 (33%)	176 (9%)
Total	**11,159**	**3,572**	**988**

Create and/or update provider and member education campaigns.

Provider Campaigns

- Promoted the "Kick It California" program that provides free resources and assistance with smoking cessation, June 2023 Provider Operations Bulletin
- Promoted GCHP's Nicotine Replacement Therapy flyer, June 2023, Provider Operations Bulletin

Member Campaigns

- Annual tobacco cessation member mailing to members in October 2023 to promote "Kick It California".

Measure tobacco cessation medication dispensing and cessation counseling quarterly via IHA medical record review and administrative data. Measure percentage of tobacco cessation medication and counseling Q1-Q4 2023.

The IHA audits showed that the following rate improved in 2023:

- Tobacco use assessment increased for 11–20-year-olds from 71% in MY 2022 to 88% in MY 2023.
- Tobacco cessation counseling and/or tobacco cessation medication offered in members identified as smokers increased from 0% in MY 2022 to 25% in MY 2023.

IHA Tobacco Cessation Counseling Data - Medical Record Review Q1-Q4 2023

Metric	2022	2023
Tobacco Exposure Assessment for members 0-10 years	90%	90%
Tobacco Exposure/Use Assessment for members 11-20 years	71%	88%
Tobacco Cessation Counseling/Medication Offered for members 11-20 years	NA*	N/A*
Tobacco Exposure/Use Assessment for members 21+ years	86%	86%
Tobacco Cessation Counseling/Medication Offered for members 21+ years	0%	58%

*Members did not require tobacco cessation counseling/medication due to reporting a negative history.

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Tobacco Cessation

Report tobacco cessation medication dispensing and cessation counseling semi-annually Q1-Q2 and Q3-Q4.

The tables below show that both the tobacco counseling and tobacco medication rates declined in 2023.

Rate 1: Tobacco Users Who Received Tobacco Cessation Counseling

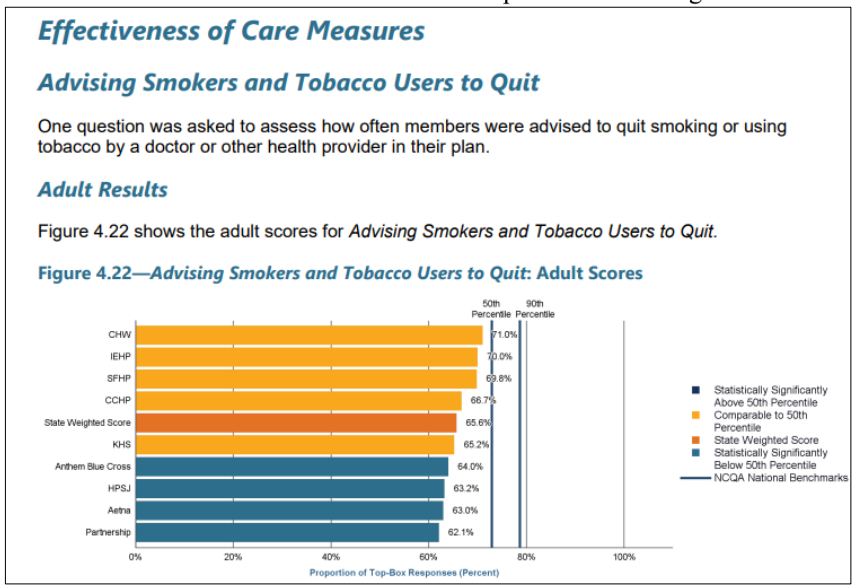
Members Diagnosed as Tobacco Users	Tobacco Counseling Received	2023 Rate	2022 Rate	Rate Change
11,159	3,572	32.01%	34.13%	-2.12%

Rate 2: Tobacco Users Who Received Tobacco Cessation Medication

Members Diagnosed as Tobacco Users	Tobacco Medication Received	2023 Rate	2022 Rate	Rate Change
11,159	988	8.85%	10.83%	-1.98%

RY 2023 Medi-Cal CAHPS Survey Summary Report

Gold Coast Health Plan's rate for the CAHPS question "Advising Smokers and Tobacco Users to Quit" was 66.7%, which ranked above the State Weighted Score.



Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
11-Advance Prevention: Initial Health Appointment (IHA)						
Initial Health Appointment						
Advance Prevention	Initial Health Appointment	Increase rates of Initial Health Appointment (IHA) completion by providers.	1. Distribute new member lists to clinic/health system for member outreach to schedule the IHA visit. 2. Monitor claims data for timely IHA completion within 120 days by clinic system. 3. Conduct medical record audits by provider site and provide feedback on opportunities for improvement. 4. Create and/or update education campaigns to increase provider awareness of requirements and member awareness of IHA offering. • Create IHA webpage as a provider resource to include CPT code toolkit. • Modify IHEBA/SHA webpage to include other screening tools. • Revise PPT used by Provider Network Ops during site visits.	1. 11th day of each month 2. 03/31/23, 06/30/23, 09/30/23, 12/31/23 3. 01/01/23-12/31/23 4. 06/30/23	• QI RN Manager • QI RN • Sr. Manager, Population Health • HECL/Sr. Director HECL	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ Promotion of updated IHA requirements and updated policy. ○ Presented Q2-Q3 2022 results at Q1 QIC. Published POB article. ○ GCHP Website updated with information on IHA updates and resources. • Q2 ○ Performed training with CMHS Quality team. All resources provided. ○ *Initial Health Appointment* article, May 2023 POB • Q3 ○ IHA MRR for Q1 2023 completed. ○ Presented Q1 2023 results at Q3 QIC ○ QI Collaborative IHA Presentation: 08/16/23 ○ New IHA MRR tool through SharePoint ○ Updates to the IHA MRR questions to reflect risk assessment and SDOH. ○ IHA training slides complete – to present at

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Initial Health Appointment						
						PCP JOM and upload to GCHP website. ○ Published article in POB (August Issue): Initial Health Appointment (IHA). • Q4 ○ Completed 2023 Q2 IHA MRR ○ Launched new IHA MRR SharePoint database. ○ Presented 2023 Q2 IHA MRR findings at 2023 Q4 QIC.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue activities to increase rates of IHA completion by providers.

Evaluation & Barrier Analysis

IHA 2022 and 2023 Rate Review

IHA Compliance Score	2022 IHA Audits	2022 Compliance Rate	2023 IHA Audits	2023 Compliance Rate	2022 – 2023 Compare
100%	11	8.52	38	8.28	-0.24
90-99%	35	27.13	152	33.12	+5.99
<89%	83	64.34	86	57.95	-6.39
Total Records Reviewed	**129**		**151**		

The table above shows that there was a 5.99% increase in providers with IHA scores ≥ 90% and a 6.39% decrease in provider with IHA scores < 89%.

Distribute new member lists monthly to clinic/health system for member outreach to schedule the IHA visit.

- Updated the clinic contract distribution lists as needed to ensure the new member list were received by the appropriate clinic contacts.
- The new member lists were distributed to clinics with new members to support the clinic's timely outreach to schedule the IHA visits.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Initial Health Appointment

Monitor claims data for timely IHA completion within 120 days by clinic system.

Gold Coast Health Plan utilized the IHA Billing Code List to monitor the timely completion of IHAs using claims data.

- The findings show that overall, 81% of members (1432/1758) enrolled during Q1-Q4 2023 completed their IHA within 120 days.
- The table below shows the IHA completion rate by the four largest clinic systems.

CDCR	CMHS	DHMG	VCHCA
79%	82%	93%	88%

Conduct medical record audits by provider site and provide feedback on opportunities for improvement.

- GCHP's QI RNs conducted quarterly medical record reviews on a sample of members to assess completion and timeliness of initial health appointment visits (IHA).
- Members were randomly selected from IHA lists and the audits were conducted after the 120-day IHA period. The minimum passing score for the IHA medical record review is 90% with the ideal compliance score being at 100%
- Regardless of the score, all providers were given a summary of findings and feedback regarding opportunities for improvement. As appropriate, resource materials and information regarding the issues identified during the IHA review are provided.

IHA Compliance Score	2023 Quarter 2	2023 Quarter 3	2023 Quarter 4	IHA Compliance Rate
100%	**29**	**5**	**4**	**8.28**
90-99%	**69**	**60**	**23**	**33.12**
<89%	**69**	**86**	**111**	**57.95**
Excluded	**1**	**0**	**2**	
Total Records Reviewed	**168**	**151**	**140**	

The table above shows that only 8.28% of records reviewed had an IHA compliance score of 100% and 33.12% had an IHA compliance score of 90-99%; however, the majority of records reviewed (57.95%) had an IHA compliance score of < 89%.

2023 Accomplishments:

- Automated the IHA reports to providers
- IHA updates and guidelines were published in Provider Operations Bulletin and GCHP Provider Manual
- An Initial Health Appointment Resource webpage was created with links to IHA Resources.
- Educated providers on new IHA services requirements
- Created the IHA MRR SharePoint Database to input the results of IHA audit and calculates the percentage of IHA criteria met by age groups and by clinics.

Created IHA Dashboard to track and trend IHA clinic performance

2024 Plan:

- DHCS APL 22-030 policy drafted - pending DHCS approval for QI-034
- Continue to support clinics in the provision of IHA services

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Initial Health Appointment
• Educate and support providers on IHA Outreach Logs • Continue to use the IA MRR and IHA Database and make enhancements as needed.

Create and/or update education campaigns to increase provider awareness of requirements and member awareness of IHA offering.
 	
Provider Campaigns
• Created an IHA Resource webpage for providers that included links to the following information
  ○ Bright Futures Periodicity Schedule
  ○ GCHP IHA Training Presentation
  ○ IHA Billing Code List
  ○ Staying Health Assessment Forms
  ○ United States Preventive Services Task Form
• Created the IHA Billing Code List to guide providers on the appropriate Evaluation & Management CPT codes used to bill for preventive and ambulatory screenings that meet the IHA requirements
• Provider articles
  ○ Initial Health Assessment article on update to the DHCS IHA requirements published in the Provider Operations Bulletin, May 2023
  ○ IHA Resources article published in the Provider Operations Bulletin, May 2023
  ○ Initial Health Appointment article that includes information on IHA Reports, Outreach Logs, and IHA Resources published in the Provider Operation Bulletin, August 2023
• Provider IHA presentations
  ○ IHA Outreach Training: Steps for IHA Outreach and Outreach Logs, QI Collaboration Meeting, August 16, 2023

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
12-Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days						
Follow-Up After Emergency Department (ED)Visit for Mental Illness – 30 days						
Behavioral Health	Follow-Up After Emergency Department (ED)Visit for Mental Illness – 30 days (FUM-30)	Increase the FUM-30 rate to meet or exceed the DHCS MPL (50th percentile).	1. Assess and develop interventions that promote members' access to behavioral health care services. 2. Incentivize Carelon Behavioral Health performance in new contract to ensure adequate follow-up care after ED visit. 3. Engage Carelon Behavioral Health and Ventura County Behavioral Health (VCBH) in data sharing to ensure robust capture of follow-up visits. 4. Expand care management follow-up activities for members discharged from ED to home/community. 5. Launch Quality Incentive Program that includes FUM.	1. 02/28/23-12/31/24 2. 04/30/23 3. 06/30/23 4. 12/31/24 5. 06/30/23	• Director of Behavioral Health and Social Program • HECL/Sr. Director HECL	Annual Goal Met: Yes☐ No☒ Quarterly Update • Q1 ○ Carelon contract continues to be developed. ○ Data sharing agreement with VCBH approved by the Board of Supervisors on June 27. ○ Care management efforts for FUM follow up continue. ○ Quality incentive program launched. ○ HECL includes behavioral health resource in postpartum packets. • Q2 ○ Immediate intervention launched with Carelon and GCHP CM to provide follow-up assessment appointments via telehealth and care management for 30-90 days to ensure appropriate linkage to ongoing care ○ HECL includes behavioral health resource in postpartum packets. ○ Starting June 2023, HECL included behavioral health resources in Healthy Connection Packets. • Q3

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Follow-Up After Emergency Department (ED)Visit for Mental Illness – 30 days						
						○ Working with Carelon on FUA/FUM text outreach campaign ○ Issue fixed with VCMC ADT feeds into MX HIE ○ MCAS Deep Dive: 08/22/23 ○ Member Newsletter Article published "When to consider seeing a mental health professional" in Fall 2023 issue. ○ HECL included behavioral health resources in Healthy Connection Packets and postpartum packets. • Q4 ○ Q4 FUM/FUA Push: Voice message campaign, weekly provider notifications, finalized provider/member informational flyers as part of discharge planning process, telephonic follow-up appointments w/ Carelon. ○ Finalize performance goals for Carelon contract. ○ Updated contract w/ FUA and FUM incentives finalized. ○ Planning with Conejo Health & Carelon to support on-site at VCMC.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Follow-Up After Emergency Department (ED)Visit for Mental Illness – 30 days						
						○ Stand up process for contracting with Conejo Health for peer support/CHW ED onsite. ○ Implement Bamboo pilot for ADT data. ○ Developing BH resource communications i.e., flyers, referral forms, website updates for FUA/FUM discharge planning ○ Exploring opportunities for FUA/FUM Provider Incentive Payments in 2024 ○ Leveraging partnerships with BHI clinic systems to increase outreach after ED visit. ○ Develop BH QIC subcommittee meeting (Clinical/Medical) to meet NCQA standards. ○ HECL included behavioral health resources in Healthy Connection Packets. ○ HECL includes behavioral health resource in postpartum packets. Continue Objective: Yes☒ No☐ Next Steps: Continue interventions to increase the FUM-30 rate to meet or exceed

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Follow-Up After Emergency Department (ED)Visit for Mental Illness – 30 days						
						the DHCS MPL (50th percentile) that include stand up hospital incentive program, expand onsite interventions to new hospitals, improve ADT data, incorporate VCBH into process.

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
FUM-30	**29.35**	**23.59**	**-5.76**	**<25th**	**Not Met**

Summary

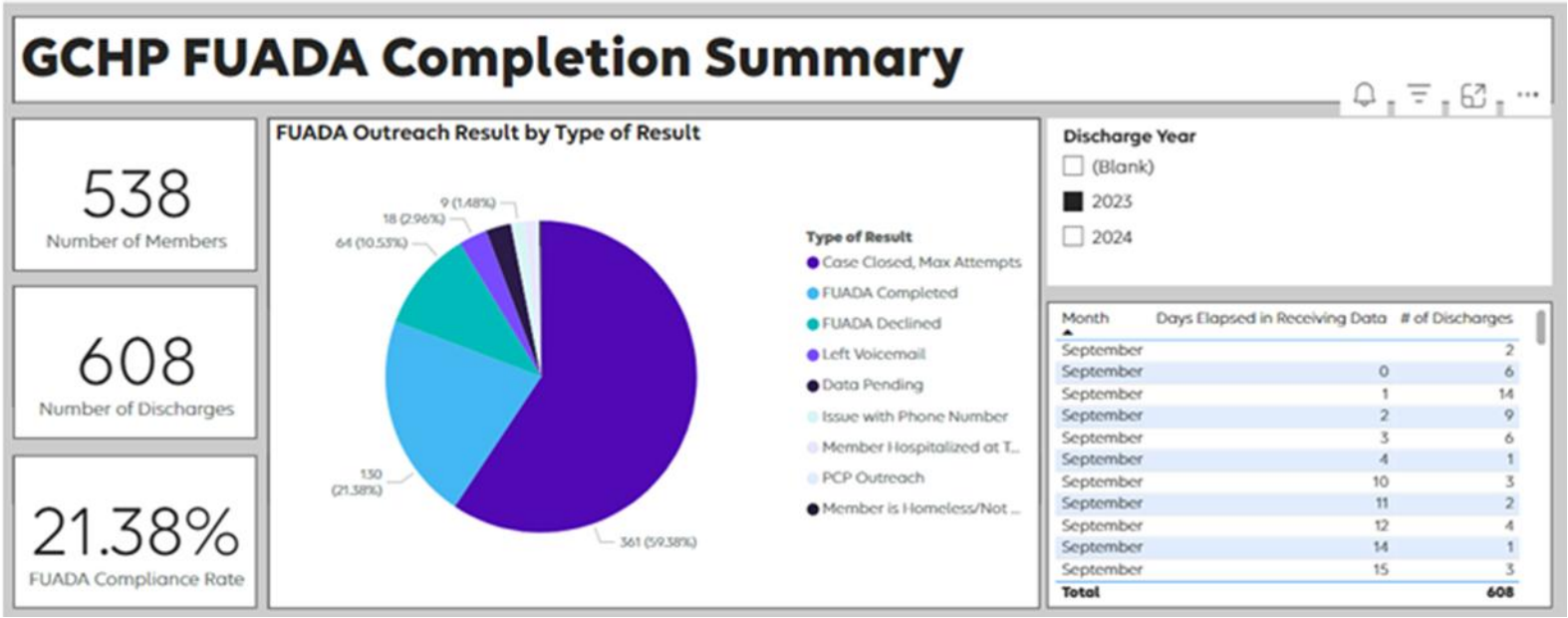
GCHP engaged Carelon to begin telephonic follow-up visits to members in the emergency department (ED) for behavioral health conditions related to substance use and mental help. Data timeliness and completeness were significant barriers. To address this, GCHP procured additional Health Information Exchange data sources (e.g., Bamboo Health) and worked with Ventura County Medical Center (VCMC) to develop a custom report that includes diagnoses. Another barrier was a low completion rate for telephone outreach. To address this, the Carelon team began engaging with contracted primary care providers, GCHP contracted behavioral health vendor Carelon, and GCHPs Enhanced Care Management (ECM) and Complex Care Managed (CCM) team to reach more members. This resulted in an increase in FUM compliance rate from ~18% to ~33%; however, the compliance rate for FUA remained low (in the teens). The plans to onboard Conejo Health, community-based health organization with expertise in substance use disorder (SUD) health navigators, will provide increased onsite ED presence and is predicted to increase member engagement and increase the FUM and FUA rates.

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Follow-Up After Emergency Department (ED)Visit for Mental Illness – 30 days

Carelon Follow Up After Discharge Assessment (FUADA) Chart



Assess and develop interventions that promote members' access to behavioral health care services.

- Intervention 1:
  - Carelon clinical staff reached out to members to complete a Follow Up After Discharge Assessment (FUADA) to help link members to proper mental health services within seven and/or 30 days of discharge, as well as linkage to the member's primary care physician.
  - Carelon outreach launched in Q4 2023.
  - The Carelon Follow Up After Discharge Assessment (FUADA) chart above shows that in 2023 Q4, Carelon was able to complete FUADAs for 21.38% of the members with ED discharges for an FUA/FUM condition.

- Intervention 2:
  - Gold Coast Health Plan (GCHP) began collaborations to set up a text campaign with a texting vendor contracted through Carelon, mPulse that will be launched in 2024. GCHP plans to receive approval from DHCS to initiate this text campaign with members. mPulse will be used to outreach to members to assist in reminding them to set up appointments after an ED discharge for an FUM/FUA condition.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Follow-Up After Emergency Department (ED)Visit for Mental Illness – 30 days

- Intervention 3:
  - GCHP developed an informational flyer for both members and providers called "Getting Follow-Up Care After a Visit to the Emergency Department" to inform members on how they can get follow-up care with a PCP or through Carelon Behavioral Health. The flyers will be published in February 2024.

Incentivize Carelon Behavioral Health performance in new contract to ensure adequate follow-up care after ED visit.

- Performance incentives were set up for the two behavioral health measures: Follow-Up After an ED Visit for Mental Illness (FUM) and Follow-Up After and ED for Substance Use Disorder (FUA). Carelon will receive incentive funding if Gold Coast Health Plan meets the DHCS Minimum Performance Level (MPL) and additional funding for reaching High Performance Level (HPL) in MY2024.

Engage Carelon Behavioral Health and Ventura County Behavioral Health (VCBH) in data sharing to ensure robust capture of follow-up visits.

- Access to Data Sources
  - GCHP obtained additional data sources to support timely FUA/FUM outreach which included Manifest Medex HIE admission, discharge, transfer (ADT) data, hospital census data and a billing report from VCBH. GCHP also implemented Bamboo Health pilot for ADT data. Bamboo Health, a health information exchange (HIE), allows GCHP to access detailed data from Dignity Health Systems patient censuses to capture and follow up with GCHP members who have accessed the ED for FUA/FUM reasons.
- Barriers
  - Obtaining and sharing daily work lists of members in the ED proved difficult. ADT information from the HIE did not include diagnoses codes but included discharge descriptions. To identify members with an FUA or FUM conditions, GCHP social workers had to manually review the daily ADTs and hospital census data to identify the FUA/FUM population.
  - Coordinating with PCPs and other parts of the healthcare system was difficult without being able to share timely information. Each entity needs only their relevant members, and that differs by entity. The manual process of preparing and sending spreadsheets is time-prohibitive, and multiple privacy concerns arose.
- Resolving these barriers will be a continued focus in 2024.

Expand care management follow-up activities for members discharged from ED to home/community.

- Began collaborations with Conejo Health, a community-based organization that has substance use disorder (SUD) health navigators and Carelon, GCHP contracted behavioral health vendor. The collaborations included developing a coordinated process workflow for follow-up care. Conejo Health SUD Navigators to provide on-site follow-up care at Ventura County Medical Center and assist with discharge planning for members with FUA and FUA/FUM comorbidities and Carelon will do outreach for members with an FUM condition.

Launch Quality Incentive Program that includes FUM.

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the FUM measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
13-Behavioral Health: Follow-Up After Emergency Department Visit for Substance Use – 30 Days						
Follow-Up After Emergency Department (ED)Visit for Substance Use – 30 days						
Behavioral Health	Follow-Up After Emergency Department (ED)Visit for Substance Use – 30 days (FUA-30)	Increase the FUA-30 rate to meet or exceed DHCS MPL (50th percentile).	1. Assess and develop interventions that promote members' access to behavioral health care services. 2. Incentivize Carelon Behavioral Health performance in new contract to ensure adequate follow-up care after ED visit. 3. Engage Carelon Behavioral Health and Ventura County Behavioral Health (VCBH) in data sharing to ensure robust capture of follow-up visits. 4. Expand care management follow-up activities for members discharged from ED to home/community. 5. Launch Quality Incentive Program that includes FUM.	1. 02/28/23-12/31/23 2. 4/30/23 3. 6/30/23 4. 12/31/23 5. 06/30/23	• Director of Behavioral Health and Social Program	Annual Goal Met: Yes☐ No☒ Quarterly Update • Q1 ○ Carelon contract continues to be developed. ○ Data sharing agreement with VCBH approved by the Board of Supervisors on June 27. ○ Care management efforts for FUM follow up continue. ○ Quality incentive program launched. • Q2 ○ Immediate intervention launched with Carelon and GCHP CM to provide follow-up assessment appointments via telehealth and care management for 30-90 days to ensure appropriate linkage to ongoing care. ○ Starting June 2023, HECL included behavioral health resources in Healthy Connection Packets. • Q3 ○ Working with Carelon on FUA/FUM text outreach campaign

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Follow-Up After Emergency Department (ED)Visit for Substance Use – 30 days						
						○ Issue fixed with VCMC ADT feeds into MX HIE ○ MCAS Deep Dive: 08/22/23 ○ HECL included behavioral health resources in Healthy Connection Packets. • Q4 ○ Q4 FUM/FUA Push: Voice message campaign, weekly provider notifications, finalized provider/member informational flyers as part of discharge planning process, telephonic follow-up appointments w/ Carelon. ○ Test and assess new interventions for FUA and FUM to meet MPL in 2024 ○ Finalize performance goals for Carelon contract. ○ Updated contract w/ FUA and FUM incentives finalized. ○ Planning with Conejo Health & Carelon to support on-site at VCMC. ○ Stand up process for contracting with Conejo

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Follow-Up After Emergency Department (ED)Visit for Substance Use – 30 days						
						Health for peer support/CHW ED onsite ○ Implement Bamboo pilot for ADT data ○ Developing BH resource communications i.e., flyers, referral forms, website updates for FUA/FUM discharge planning ○ Exploring opportunities for FUA/FUM Provider Incentive Payments in 2024 ○ Leveraging partnerships with BHI clinic systems to increase outreach after ED visit. ○ Develop BH QIC subcommittee meeting (Clinical/Medical) to meet NCQA standards. ○ HECL included behavioral health resources in Healthy Connection Packets.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue interventions to increase the FUA-30 rate to meet or exceed DHCS MPL that include stand up hospital incentive program, expand onsite interventions to new hospitals, improve ADT data, incorporate VCBH into process.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Follow-Up After Emergency Department (ED)Visit for Substance Use – 30 days

Evaluation & Barrier Analysis

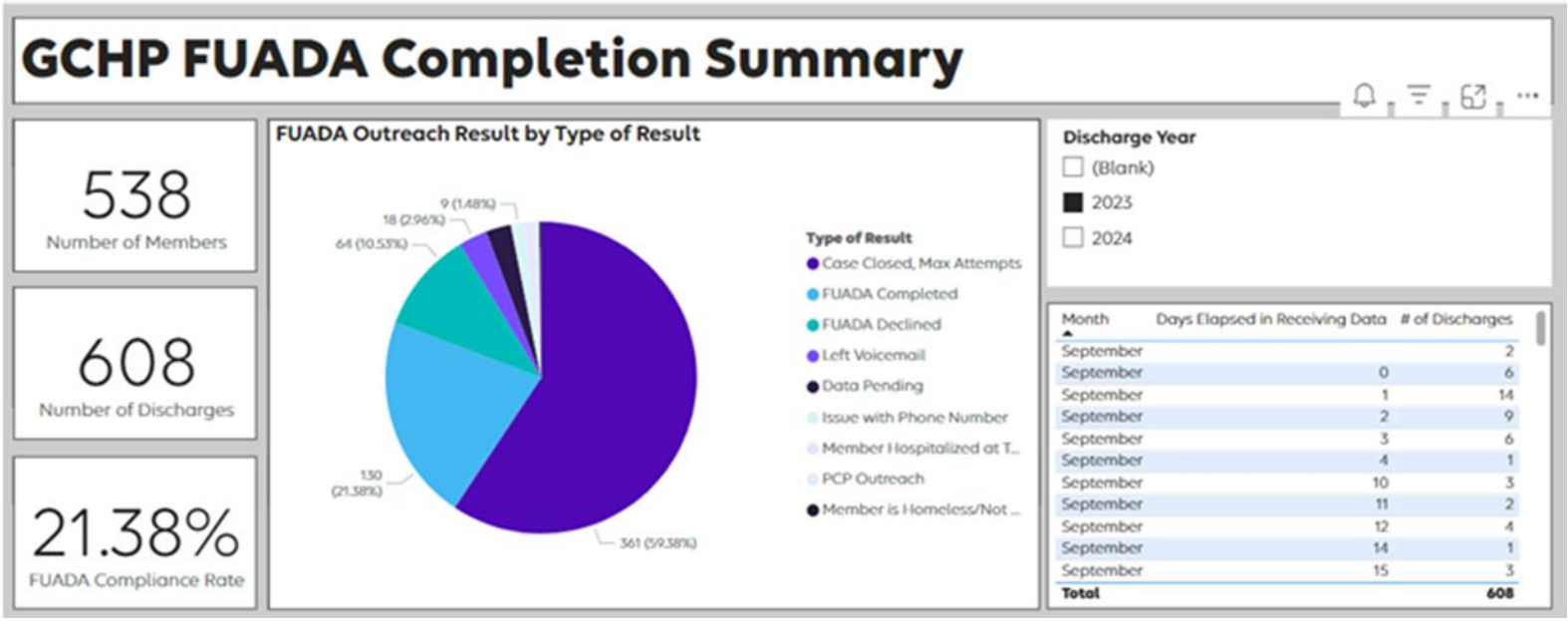
Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
FUA-30	24.64	28.32	+3.68	25th	Not Met

Summary

GCHP engaged Carelon to begin telephonic follow-up visits to members in the emergency department (ED) for behavioral health conditions related to substance use and mental health. Data timeliness and completeness were significant barriers. To address this, GCHP procured additional Health Information Exchange data sources (e.g., Bamboo Health) and worked with Ventura County Medical Center (VCMC) to develop a custom report that includes diagnoses. Another barrier was a low completion rate for telephone outreach. To address this, the Carelon team began engaging with contracted primary care providers, GCHP contracted behavioral health vendor Carelon, and GCHPs Enhanced Care Management (ECM) and Complex Care Managed (CCM) team to reach more members. This resulted in an increase in FUM compliance rate from ~18% to ~33%; however, the compliance rate for FUA remained low (in the teens). The plans to onboard Conejo Health, community-based health organization with expertise in substance use disorder (SUD) health navigators, will provide increased onsite ED presence, and is predicted to increase member engagement and increase the FUM and FUA rates.

Carelon Follow Up After Discharge Assessment (FUADA) Chart



Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Follow-Up After Emergency Department (ED)Visit for Substance Use – 30 days

Assess and develop interventions that promote members' access to behavioral health care services.

- Intervention 1:
  - Carelon clinical staff reached out to members to complete a Follow Up After Discharge Assessment (FUADA) to help link members to proper mental health services within seven and/or 30 days of discharge, as well as linkage to the member's primary care physician.
  - Carelon outreach launched in Q4 2023.
  - The Carelon Follow Up After Discharge Assessment (FUADA) chart above shows that Carelon in 2023 Q4, was able to complete FUADAs for 21.38% of the members with ED discharges for an FUA/FUM condition.
- Intervention 2:
  - Gold Coast Health Plan (GCHP) began collaborations to set up a text campaign with a texting vendor contracted through Carelon, mPulse that will be launched in 2024. GCHP plans to receive approval from DHCS to initiate this text campaign with members. mPulse will be used to outreach to members to assist in reminding them to set up appointments after and ED discharge for an FUM/FUA condition.

- Intervention 3:
  - GCHP developed an informational flyer for both members and providers called "Getting Follow-Up Care After a Visit to the Emergency Department" to inform members on how they can get follow-up care with a PCP or through Carelon Behavioral Health. The flyers will be published in February 2024.

Incentivize Carelon Behavioral Health performance in new contract to ensure adequate follow-up care after ED visit.

- Performance incentives were set up for the two behavioral health measures: Follow-Up After an ED Visit for Mental Illness (FUM) and Follow-Up After and ED for Substance Use Disorder (FUA). Carelon will receive incentive funding if Gold Coast Health Plan meets the DHCS Minimum Performance Level (MPL) and additional funding for reaching High Performance Level (HPL) in MY2024.

Engage Carelon Behavioral Health and Ventura County Behavioral Health (VCBH) in data sharing to ensure robust capture of follow-up visits.

- Access to Data Sources
  - GCHP obtained additional data sources to support timely FUA/FUM outreach which included Manifest Medex HIE admission, discharge, transfer (ADT) data, hospital census data and a billing report from VCBH. GCHP also implemented Bamboo Health pilot for ADT data. Bamboo Health, a health information exchange (HIE), allows GCHP to access detailed data from Dignity Health Systems patient censuses to capture and follow up with GCHP members who have accessed the ED for FUA/FUM reasons.
- Barriers
- Obtaining and sharing daily work lists of members in the ED proved difficult. ADT information from the HIE did not include diagnoses codes but included discharge descriptions. To identify members with an FUA or FUM conditions, GCHP social workers had to manually review the daily ADTs and hospital census data to identify the FUA/FUM population.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Follow-Up After Emergency Department (ED)Visit for Substance Use – 30 days
• Coordinating with PCPs and other parts of the healthcare system was difficult without being able to share timely information. Each entity needs only their relevant members, and that differs by entity. The manual process of preparing and sending spreadsheets is time-prohibitive, and multiple privacy concerns arose. • Resolving these barriers will be a continued focus in 2024.
Expand care management follow-up activities for members discharged from ED to home/community. • Began collaborations with Conejo Health, a community-based organization that has substance use disorder (SUD) health navigators and Carelon, GCHP contracted behavioral health vendor. The collaborations included developing a coordinated process workflow for follow-up care. Conejo Health SUD Navigators to provide on-site follow-up care at Ventura County Medical Center and assist with discharge planning for members with FUA and FUA/FUM comorbidities and Carelon will do outreach for members with an FUM condition.
Launch Quality Incentive Program that includes FUM. The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the FUA measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
14-Behavioral Health: 2023-2026 PIP Non-Clinical Topic: Percentage of Provider Notifications for Members with SUD/SMH Diagnoses within 7 Days of an ED Visit						
2023-2026 Non-Clinical PIP: SUD/SMH Provider Notifications						

Behavioral Health	2023-2026 PIP Non-Clinical PIP	Improve the percentage of provider notifications for members with substance use disorder (SUD) and / or specialty mental health (SMH) diagnoses following or within 7 days of emergency department (ED) visit.	1. Submit the PIP topic proposal to DHCS.
			2. Submit Module 1 of the PIP as directed by DHCS/HSAG.
				1. 04/11/23
				2. 09/08/23
					• QI Program Manger III
					• Sr. Manager, CM & Special
					• Projects
					• Director of Behavioral Health and Social Program
					• Clinical Care Manager, LCSW
						Annual Goal Met: Yes☒ No☐
						
						Quarterly Updates:
						• Q1
						  ○ No updates
						• Q2:
						  ○ GCHP submitted PIP topic to DHCS on 4/11/23 and PIP topic approved on 04/12/23.
						  ○ Began summaries and workflows for Module 1, Section 1 – 6.
						  ○ Worked with Manifest Medex to evaluate the ADT data deficiencies.
						• Q3
						  ○ QI-CM Collaborated on provider notification workflow and reports.
						• Q4
						  ○ Began submitting weekly provider notifications on 10/16/23.
						
						Continue Objective: Yes☒ No☐
						
						Next Steps:
						Continue monitoring the effectiveness of the weekly provider notification process and evaluate opportunities to improve the capture of real-time data (e.g., ADT, ED census) to improve the identification of members with ED visits for SUD/SMH conditions.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2023-2026 Non-Clinical PIP: SUD/SMH Provider Notifications

Evaluation & Barrier Analysis

PIP Topic

Gold Coast Health Plan's Quality Improvement, Behavioral Health, and Care Management Departments evaluated the three topics provided by DHCS and proposed selecting the topic **"**Improve the percentage of provider notifications for members with substance use disorder (SUD) and / or specialty mental health (SMH) diagnoses following or within 7 days of emergency department (ED) visit." The selection was approved by DHCS on 04/11/23.

This topic also aligns with DHCS' Bold Goals and the Comprehensive Quality Strategy 2022 report, and supports efforts to improve statewide performance on the *Follow-Up After Emergency Department Visit for Mental Illness (FUM)) and Follow-Up—Total* and *Follow-Up After Emergency Department Visit for Substance Use (FUA)* behavioral health MCAS measures. The PIP topic aims to increase access to members as described in *DHCS' Comprehensive Quality Strategy 2022* report's Bold Goals: 50 x 2025.

The PIP topic has the potential to improve member health, functional status, and/or satisfaction:
Timely provider notifications for members with ED visits for SUD and/or SMH conditions has the potential to address multiple health factors that can improve whole person care by using integrative interventions to address each member's healthcare needs.

- Increase the opportunities to implement timely interventions to prevent or treat SUD/SMH conditions and address any other underlying health conditions.
- Address any social determinants of health that may be contributing to SUD/SMH conditions.
- Connect members to appropriate resources and rehabilitation services.

PIP Design: Steps 1 – 6

The initial PIP submission was submitted to HSAG on 09/08/23 and included the first six steps for designing the PIP.

1. Select the PIP Topic
2. Definite the PIP Aim Statement
3. Define the PIP Population
4. Use Sound Sampling Methods
5. Select the Performance Indicator(s)
6. Valid and Reliable Data Collection

Implementation of the Weekly SUD/SMH Provider Notifications

On 10/16/23, the weekly provider notification program was launched. Implementing this program included:

- Evaluating and obtaining real-time data source(s) for the timely identification of members seen in the ED for an SUD/SUM condition.
- Outlining the daily workflow for reviewing the daily data feeds.
- Outlining the weekly workflow for sending the provider notifications.
- Identifying roles and designated staff for each workflow.
- Developing the databases to collect and evaluate outcomes.
- Creating the provider notification template.
- Identify the clinic staff that will be the recipients of the weekly provider notifications.
- Determine HIPAA compliant method to transmit the provider notifications with protected health information (PHI).

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
15-Cancer Prevention: Breast Cancer Screening (BCS)						
Breast Cancer Screening						
Cancer Preventions	Breast Cancer Screening	Increase the percentage of women 50-74 years of age who had a mammogram to meet or exceed the DHCS MPL (50th percentile).	1. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 2. Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®. 3. Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions. 4. Evaluate effectiveness of the breast cancer screening member incentive program and identify program changes/enhancements, as applicable. 5. Evaluate the effectiveness of the point-of-care (POC) member incentive program and identify program changes/enhancements as applicable. • Community Memorial Breast Center 6. Distribute provider member incentive awards quarterly. 7. Explore grant opportunities to fund access to mammography services. 8. Utilize vendor to conduct gaps in care breast cancer member outreach via text and live call.	1. 08/15/23 2. 02/28/23-12/31/22 3. 07/31/23 4. 01/31/24 5. 01/31/24 6. 02/15/23, 05/17/23, 08/16/23, 10/16/23 7. 09/30/23 8. 04/14/23-10/21/23	• QI Program Manager • QI RN • HECL/Sr. Health Navigator	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 • CMH Breast Cancer Center launched the BCS MI POC program 4/1/2023. They have distributed 120 gift cards as of June 1, 2023. • Q1 Clinic Incentive Winner: Moorpark Family Medical Clinic • POB Article – February 2023: 2023 GCHP Member Incentives (BCS). • Q2: • 2022 MY barrier analysis report complete. • Q2 Clinic Incentive Winner: Moorpark Family Med Clinic • Added CMH Breast Center as POC BCS incentive program. • BCS POC Gift Cards April-June: 149 • Summer Member Newsletter Article: Earn Rewards (BCS) • Q3 • BCS member outreach program launched with Conduent & VCMC

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Breast Cancer Screening						
			9. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness. 10. Launch Quality Incentive Program that includes BCS. 11. Women's Health SWOT Strategies from the DHCS Improvement Project ○ Increase low performing providers that collaborate with GCHP to increase breast cancer screenings.	9. 01/01/23-12/31/23 10. 06/30/23 11. 09/30/23		• Expanded POC MI to Santa Paula Hospital • BCS MI monthly member mailing • QIPP contracts signed with VCMC, CMH, and CDCR. • 2022 MY Provider Report Cards distributed. • MCAS Deep Dive: 08/21/23 • Q3 Clinic Incentive Winner: Santa Paula Hospital Clinic • Wellth app will include BCS gap closure. • BCS POC Gift Card July-Sept: 66 • Q4 • Alinea Mobile Mammogram Van Events. ▪ Conejo: 19 gift cards given. ▪ Las Islas: 36 gift cards given. • BCS POC Gift Cards Oct-Dec: 224 • GCHP UTR outreach • MCAS Q4 Push Activities to Close Care Gaps Continue Objective: Yes☒ No☐

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Breast Cancer Screening						
						Next Steps: Continue interventions to increase the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer to meet or exceed the DHCS HPL (90th percentile).

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
BCS	**56.00**	**59.95**	**+3.95**	**75th**	**Met**

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.
The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.

Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®.
Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings
The QI Department reviewed the MY 2022 BCS data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

BCS: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	651	301	1101	157	1466	342	48	4066
Compliant	766	344	1503	159	1929	439	35	5175
Total	1417	645	2604	316	3395	781	83	9241
Compliance Rate	*54.06*	*53.33*	*57.72*	*50.32*	*56.82*	*56.21*	*42.17*	*56.00*

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Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Breast Cancer Screening

Area Code	Ventura County Cities
Area 1	Ventura
Area 2	Camarillo, Somis, Santa Rosa
Area 3	Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village
Area 4	Oak View, Ojai
Area 5	Oxnard, Port Hueneme, Point Mugu
Area 6	Fillmore, Piru, Santa Paula
Area 7	Outside Ventura County

BCS: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	166	907	703	217	96	87	29	1861	4066
Compliant	262	861	888	286	137	274	8	2459	5175
Total	428	1768	1591	503	233	361	37	4320	9241
Compliance Rate	*61.21*	*48.70*	*55.81*	*56.86*	*58.80*	*75.90*	*21.62*	*56.92*	*56.00*

BCS: Age Group	52-59	60-69	70-74	Total
Non-Compliant	2454	1484	128	4066
Compliant	3010	2099	66	5175
Total	5464	3583	194	9241
Compliance Rate	*55.09*	*58.58*	*34.02*	*56.00*

BCS: Language	English	Spanish	Declined	Total
Non-Compliant	2874	1112	80	4066
Compliant	2952	2100	123	5175
Total	5826	3212	203	9241
Compliance Rate	*50.67*	*65.38*	*60.59*	*56.00*

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Breast Cancer Screening

BCS: Race	White	African American	American Indian / Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Race	2+ Races	Declined / Blank	Total
Compliant	1147	73	17	224	11	818	1549	227	4066
Non-Compliant	1178	62	13	301	9	1003	2349	260	5175
Total	2325	135	30	525	20	1821	3898	487	9241
Compliance Rate	*50.67*	*45.93*	*43.33*	*57.33*	*45.00*	*55.08*	*60.26*	*53.39*	*56.00*

BCS: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	1503	1518	1045	4066
Compliant	2313	1599	1263	5175
Total	3816	3117	2308	9241
Compliance Rate	*60.61*	*51.30*	*54.72*	*56.00*

Summary Analysis: Subgroups with the Lowest MY 2022 BCS Rates

- Area of Residence: Area 2 (53.33), Area 4 (50.32), Area 7 (42.17)
- Clinics Systems: CDCR (48.70), CMHS (55.81)
- Age Group: 70-74 (34.02)
- Language: English (50.67)
- Race: White (50.67), African American (45.93), American Indian / Alaska Native (43.33), Native Hawaiian / Other Pacific Islander (45.00)
- Ethnicity: Non-Hispanic (51.30)

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to identify new data sources, improve data integration and reduce data gaps.
- Provider Awareness
  - Develop provider education campaigns to promote best practices (e.g. lunch-and-learn, provider tools and resources).
- Member Education
  - Develop, update, and promote member education material (e.g. women's health education, incentive programs).
- Collaborations with Providers, Vendors and Community Based Organizations

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Breast Cancer Screening

- Support and utilize the promotion of community care resources and programs to improve access to care (e.g. mobile mammogram, gap-closure outreach programs, point-of-care member incentives, QIPP).

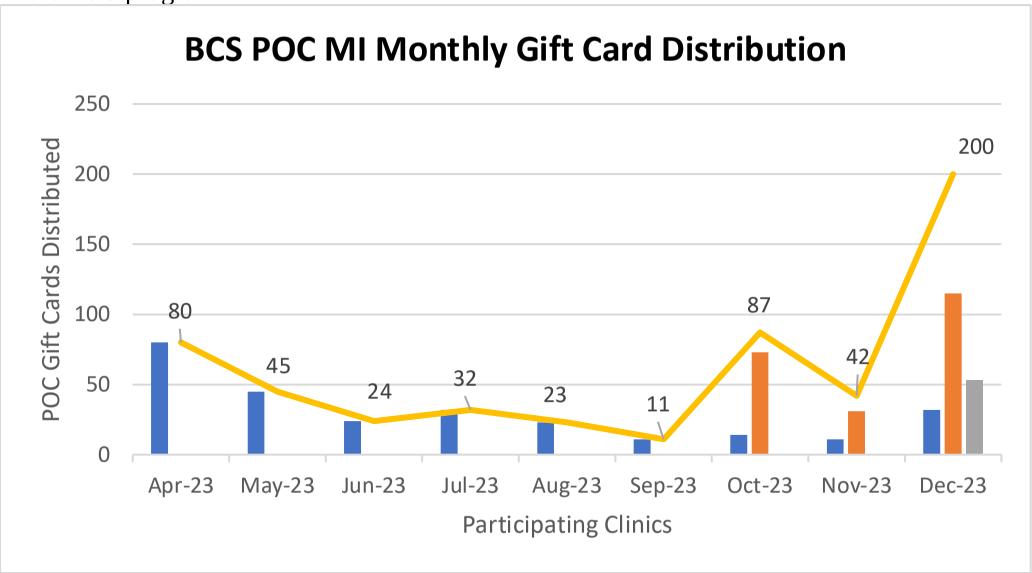
Evaluate effectiveness of the breast cancer screening member incentive program (In-House and Point-of-Care) and identify program changes/enhancements, as applicable.

Time Period: 01/01/23 -12/31/23
Member Incentive: $40 gift card to Target, Walmart, or Amazon.
Criteria: Members (50-74 years of age) who receive a mammogram.
Eligible Population: 8,833
Incentive Forms Mailed: 9,115 **(**Some members were mailed the incentive form twice in the year.)

Percentage of Compliant Members from Final MY2023 BCS Rate

Compliant Members Final MY2023 BCS	Members Rewarded BCS Incentive in MY2023	Percentage of Compliant who Earned an Incentive
5,170	1,294	25.02%

The graph below shows that the trending of gift cards distributed at Point-of-Care (POC) increased in October 2023 and December 2023 as additional clinics began participating in the POC program.



Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Breast Cancer Screening

MY2023 and MY2022 Program Performance

Program	Forms Submitted to GCHP	MY2023 Incentives Awarded	MY2022 Incentives Awarded	MY2023 Participation Rate	MY2022 Participation Rate
In-House	729	674	135	7.63%	1.5%
Point-of-Care (POC)	N/A	620	N/A	6.38%	N/A
Total	729	1,294	135	14.01%	1.5%

MY 2023 BCS Eligible Population by Age Group

Age Group	50-59	60-69	70-74	Total
Eligible Population	4728	4462	223	9413
Percentage of Eligible Population	50.23%	47.40%	2.37%	100%

POC (Clinic Only) Incentives Awarded by Age

Age	27-49 (Outside Eligible Population)	50-59	60-69	70*74	75-89	Total
Incentives Awarded	73	245	220	22	4	564
Percentage of GC's Awarded	12.94%	43.44%	39.01%	3.90%	0.71%	100%

In-House Incentives Awarded by Age

Age	44-49 (Outside Eligible Population)	50-59	60-69	70-74	75-79	Total
Incentives Awarded	40	314	297	18	5	674
Percentage of GC's Awarded	5.93%	46.59%	44.07%	2.67%	0.74%	100.00%

Mobile Mammogram Van Event

Clinic	Date	Incentives Awarded
Conejo Valley Family Medical Group	12/28/2023	22
Las Islas Family Medical Group	12/27/2023	34

In-House Gift Cards Awarded:

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Breast Cancer Screening

Target	Walmart	Amazon
215	298	161

In-House Form Source:

Case Manager	1
Direct Mail	293
Website	381
Community Relations	39
Health Education	8
On-Site Delivery	1
VCMC	2

Conclusions: The Breast Cancer Screening Member Incentive program was successful in encouraging women to complete their screenings. A quarter of all members who completed their breast cancer screenings in MY2023 received a gift card from GCHP. This incentive was utilized to successfully offer two mobile mammogram van events at the end of 2023. Clinic partners offering the incentive at the point-of-care consistently said that members were grateful for the gift card. However, some members who were not part of the 50-74 age eligible population received a gift card for completing a mammogram. Plans to remediate this in 2024 include tracking the age of the members who submit a member incentive form by adding a field in the member incentive database to automatically populate a member's age to ensure only age appropriate members receive the gift card.. Additional enhancements in 2024 include increasing the gift card incentive from $40 to $50 and provide more opportunities for members to complete their screenings with the mobile mammogram van.

Distribute provider member incentive awards quarterly.

The following clinic systems received incentives for submitting the highest volume of completed Breast Cancer Screening Member Incentive Forms.

- Q1 Clinic Incentive Winner: Moorpark Family Medical Clinic
- Q2 Clinic Incentive Winner: Moorpark Family Medical Clinic
- Q3 Clinic Incentive Winner: Santa Paula Hospital Clinic
- Q4: Did not do incentive winner for BCS as GCHP is rethinking the strategy to award winners are there are only 3 participating POC sites.

Explore grant opportunities to fund access to mammography services.

GCHP collaborated with Ventura County Health Care Agency to host mobile mammography event on December 27, 2023, with Alinea Mobile Mammogram vendor at two VCHCA clinic locations. This was an event funded by GCHP and not a grant. GCHP will continue to explore grant opportunities in 2024.

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Breast Cancer Screening

Utilize vendor to conduct gaps in care breast cancer member outreach via text and live call.

Gold Coast Health Plan launched two telephonic outreach campaigns focused on women's health to close care gaps for the BCS measure. The outreach campaigns included developing scripts that included content to increase member engagement by promoting the benefits of preventive care and promoting the $40 breast cancer screening member incentive. The script also included content on how to guide the call staff to schedule a screening mammogram with an imaging center or to schedule an appointment with the member's primary care provider if a diagnostic mammogram needed to be ordered. A project plan and data collections tools were developed to launch and monitor each outreach campaign.

Member Outreach Campaign with Conduent

- Gold Coast Health Plan utilized Conduent, GCHP's Call Center vendor, to conduct outreach between July and September 2023.
- Outcome stats:

Outreach Count	Total Members Contacted	Total Appointments Scheduled
3056	353	57

Member Outreach Campaign with Gold Coast Health Plan Staff

- Gold Coast Health Plan staff from the Health Services Department to conduct the BCS outreach campaign #1 which focused on those members that CareNet was not able to contact.
- Outcome stats:

Outreach Count	Total Members Contacted	Total Appointments Scheduled
2938	641	68

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness.

MCAS Deep Dive GCHP Department-Wide Collaboration

- To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
- The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Breast Cancer Screening

Mobile Mammogram Pilot Program with Ventura County Health Care Agency (VCHCA) and Alinea.

- GCHP collaborated with VCHCA and Alinea, a mobile mammogram vendor, to host two mobile mammography events on December 27, 2023, at two VCHCA clinic locations.
- Feedback from Members as reported by the clinics: The patients we saw were very grateful for the convenience of the service, and many shared that it had been several years since their last mammogram. They were also grateful for the incentive gift cards. Several Las Islas patients said that they were going to immediately go across the parking lot to use it at Walmart to buy groceries**.**

Location	Screenings / Gift Cards Distributed	No Show Rate
Las Islas Family Medical Group	34	21%
Conejo Valley Medical Group	22	21%

American Cance Society Bi-Monthly Meetings

- Collaborated with ACS and received information on improving member access to mammograms through mobile mammograms services

GCHP Breast Cancer Resources for Members

- The Quality Improvement and Communications Departments updated the "Imaging Centers for Mammograms" directory to ensure locations and hours of operation were correct and updated.

Outreach Strategies to Scheduled Mammograms

- Development of Outreach Protocol to Schedule Mammograms
  - In July and August of 2023, the Quality Improvement Department contacted imaging centers to collect information about appropriate protocols for scheduling screening versus diagnostic mammograms that included an assessment workflow conducted by imaging center staff.
  - In November 2023, the Quality Improvement Department also contacted Imaging Centers to check for next available appointments and shared this information with the contracted health systems with plans to implement this on a quarterly basis.
  - The Quality Improvement Department developed scripts and worked with the Health Education /Cultural Linguistics Department to review content for cultural, linguistic and grade level suitability and translation to Spanish.
- Provided Breast Cancer Screening gap reports to Ventura County Health Care Agency for their in-house mammogram outreach programs.

Launch Quality Incentive Pool and Program (QIPP) that includes BCS.

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the BCS measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. The table below shows that the BCS rates increased for all three clinic systems.

Clinic System	MY 2022 BCS Rate	MY 2023 BCS Rate	Rate Change
Clinicas del Camino Real	48.70	57.00	+8.30
Community Memorial Health System	55.81	59.84	+4.03

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Breast Cancer Screening			
Ventura County Healthcare Agency	56.92	59.26	+2.34

Women's Health SWOT Strategies from the DHCS Improvement Project
This evaluation is summarized within the 2023 QIHET Work Plan under #26 "Quality / DHCS 2022-2023 Women's Health SWOT".

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
16-Cancer Prevention: Cervical Cancer Screening (CCS)						
Cervical Cancer Screening						
Cancer Prevention	Cervical Cancer Screening (CCS)	Increase percentage of women 21-64 years of age who were screened for cervical cancer to meet or exceed the DHCS MPL (50th percentile).	1. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 2. Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®. 3. Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions. 4. Evaluate effectiveness of the cervical cancer screening member incentive program and identify program changes/enhancements, as applicable. 5. Evaluate the effectiveness of the point-of-care (POC) member incentive program and identify program changes/enhancements as applicable. • Magnolia Family Medical Center • Las Islas Family Medical Group 6. Distribute provider member incentive awards quarterly. 7. Utilize vendor to conduct gaps in care cervical cancer member outreach via text and live call.	1. 08/15/23 2. 02/28/23-12/31/22 3. 07/31/23 4. 01/31/24 5. 01/31/24 6. 02/15/23, 05/17/23, 08/16/23, 10/16/23 7. 07/01/23-11/30/23	• QI Program Manager • QI RN • HECL/Sr. Health Navigator	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ Initiated MCAH collaborative meeting. ○ Q1 Clinic Incentive Winner: Moorpark Family Medical Clinic ○ POB Article – February 2023: 2023 GCHP Member Incentives (CCS). ○ CCS POC Gift Cards Jan-March: 45 • Q2 ○ 2022 MY barrier analysis report complete. ○ Q2 Clinic Incentive Winner: Sierra Vista Family Medical Clinic ○ CCS POC Gift Cards April-June: 51 • Summer Member Newsletter Article: Earn Rewards (CCS) ○ • Q3 ○ Develop outreach program with CareNet. ○ CCS MI monthly member mailings ○ QIPP contracts signed with VCMC, CMH, and CDCR.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Cervical Cancer Screening						
			8. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness. 9. Launch Quality Incentive Program that includes CCS.	8. 01/01/23-12/31/23 9. 06/30/23		○ 2022 MY Provider Report Cards distributed. ○ MCAS Deep Dive: 08/21/23 ○ Five clinics offering POC CCS MI program. ○ Q3 Clinic Incentive Winner: CDCR – RSJ ○ Wellth app will include CCS gap closure to members enrolled. ○ CCS POC Gift Cards July-Sept: 278 • Q4 ○ CCS POC Gift Cards Oct-Dec: 803 ○ Q4 Clinic Incentive Winner: Fillmore Family Medical Clinic ○ MCAS Q4 Push Activities to Close Care Gaps ○ Tools to Improve Cervical Cancer Screening – Provider Operations Bulletin, October 2023 Continue Objective: Yes☒ No☐ Next Steps: Continue implementing interventions to increase percentage of women 21-64 years of age who were screened for

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Cervical Cancer Screening						
						cervical cancer to meet or exceed the DHCS HPL (90th percentile).

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
CCS	**57.91**	**61.31**	**+3.40**	**50th**	**Met**

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.
The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.

Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®.

Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings
The QI Department reviewed the MY 2022 CCS data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

CCS: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	17	9	45	8	79	14	1	173
Compliant	26	18	66	4	104	17	3	238
Total	43	27	111	12	183	31	4	411
Compliance Rate	*60.47*	*66.67*	*59.46*	*33.33*	*56.83*	*54.84*	*75.00*	*57.91*

Area Code	Ventura County Cities
Area 1	Ventura

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cervical Cancer Screening

Area 2	Camarillo, Somis, Santa Rosa
Area 3	Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village
Area 4	Oak View, Ojai
Area 5	Oxnard, Port Hueneme, Point Mugu
Area 6	Fillmore, Piru, Santa Paula
Area 7	Outside Ventura County

CCS: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	8	33	26	14	5	3	1	83	173
Compliant	9	37	51	11	4	14	1	111	238
Total	17	70	77	25	9	17	2	194	411
Compliance Rate	*52.94*	*52.86*	*66.23*	*44.00*	*44.44*	*82.35*	*50.00*	*57.22*	*57.91*

CCS: Age Group	20 to 29	30 to 39	40 to 49	50 to 59	60 to 64	Total
Non-Compliant	51	49	28	31	14	159
Compliant	54	83	46	40	15	238
Total	105	132	74	71	29	397
Compliance Rate	*51.43*	*62.88*	*62.16*	*56.34*	*51.72*	*59.95*

CCS: Language	Declined	English	Spanish	Total
Non-Compliant	3	134	36	173
Compliant	3	172	63	238
Total	6	306	99	411
Compliance Rate	*50.00*	*56.21*	*63.64*	*57.91*

CCS: Race	White	African American	American Indian/Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Race	2+ Races	Declined / Blank	Total
Compliant	37	2	1	12	1	45	73	2	173

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cervical Cancer Screening

Non-Compliant	57	3		6		51	107	14	238
Total	94	5	1	18	1	96	180	16	411
Compliance Rate	*60.64*	*60.00*	*0.00*	*33.33*	*0.00*	*53.13*	*59.44*	*87.50*	*57.91*

CCS: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	72	54	47	173
Compliant	105	68	65	238
Total	177	122	112	411
Compliance Rate	*59.32*	*55.74*	*58.04*	*57.91*

Summary Analysis: Subgroups with the Lowest MY 2022 CCS Rates

- Area of Residence: Area 4 (33.33), Area 5 (56.83), Area 6 (54.84)
- Clinics Systems: AHP (52.94), CDCR (52.86), Dignity Health (44.00), VCMC (57.22)
- Age Group: 20-29 (51.43), 50-59 (56.34), 60-64 (51.72)
- Language: English (56.21)
- Race: Asian (33.33), Other Race (53.13)
- Ethnicity: Non-Hispanic (55.74)

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to identify new data sources, improve data integration and reduce data gaps.
- Provider Awareness
  - Develop provider education campaigns to promote best practices (e.g. lunch-and-learn, provider tools and resources).
- Member Education
  - Develop, update, and promote member education material (e.g. women's health education, incentive programs).
- Collaborations with Providers, Vendors and Community Based Organizations
  - Support and utilize the promotion of community care resources and programs to improve access to care (e.g. gap-closure outreach programs, expand point-of-care member incentives, QIPP).

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cervical Cancer Screening

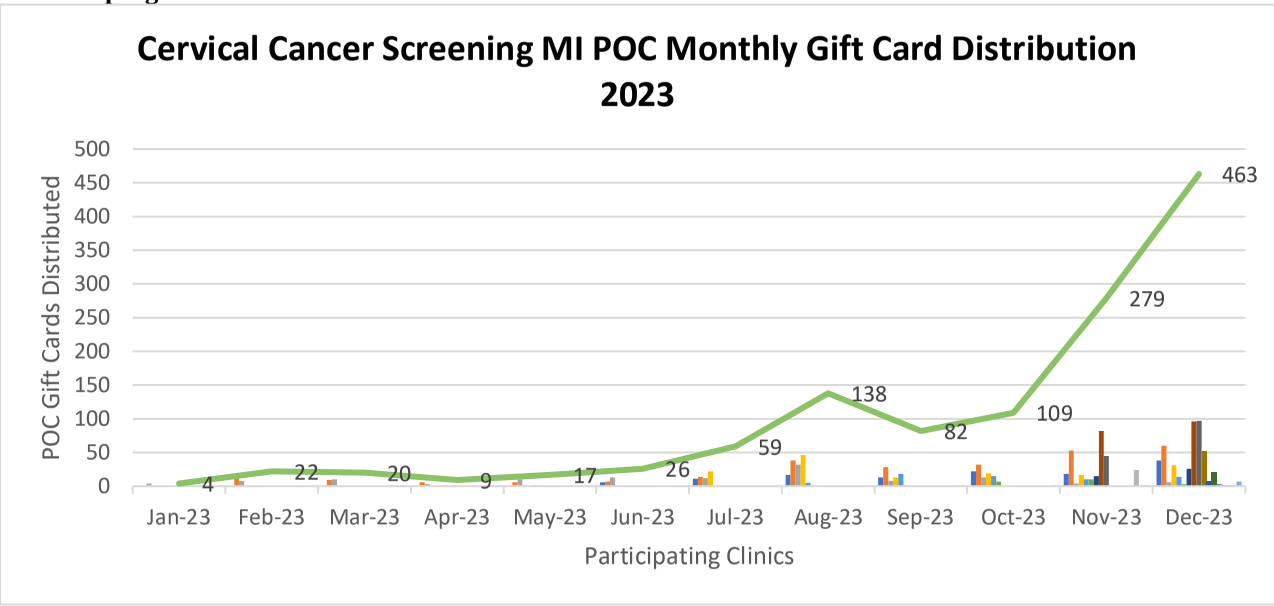
Evaluate effectiveness of the cervical cancer screening member incentive program (In-House and Point of Care) and identify program changes/enhancements, as applicable.

Time Period: 1/01/23 -12/31/23
Member Incentive: $25 gift card to Target, Walmart or Amazon
Criteria: Members (21-64 years of age) who completed a cervical cancer screening.
Eligible Population: 39,143
Incentive Forms Mailed: 35,632

Percentage of Compliant Members from Final MY2023 CCS Rate

Compliant Members Final MY2023 CCS	Members Rewarded CCS Incentive in MY2023	Percentage of Compliant who Earned an Incentive
22,527	1,925	8.54%

The graph below shows that the trending of gift cards distributed at Point-of-Care (POC) began to increase in August 2023 as additional clinics began participating in the POC program.



MY2023 and MY2022 Program Performance

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cervical Cancer Screening

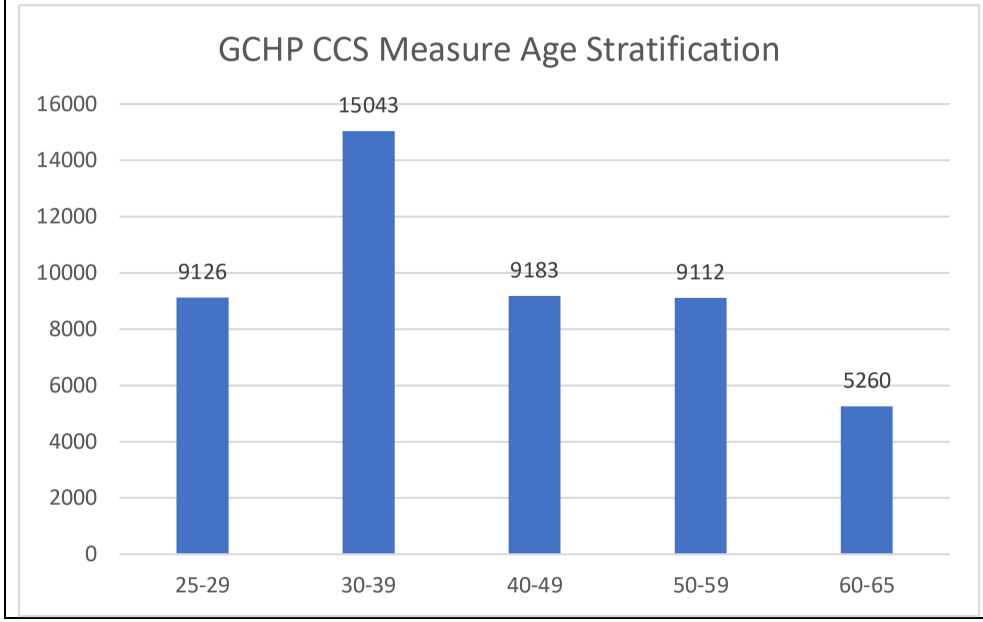
Program	Forms Submitted to GCHP	MY2023 Incentives Awarded	MY2022 Incentives Awarded	MY2023 Participation Rate	MY2022 Participation Rate
In-House	826	748	336	1.91%	.84%
Point-of-Care (POC)	N/A	1,177	N/A	3.00%	N/A
Total	826	1,925	336	4.917%	.84%

In-House Gift Cards Awarded:

Target	Walmart	Amazon
308	246	200

MY2023 CCS Measure Eligible Members by Age Group

Age Group	25-29	30-39	40-49	50-59	60-65	Total
Eligible Population	9126	15,043	9183	9112	5260	47,724
Percentage of Eligible Population	19.12%	31.52%	19.24%	19.09%	11.02%	100%



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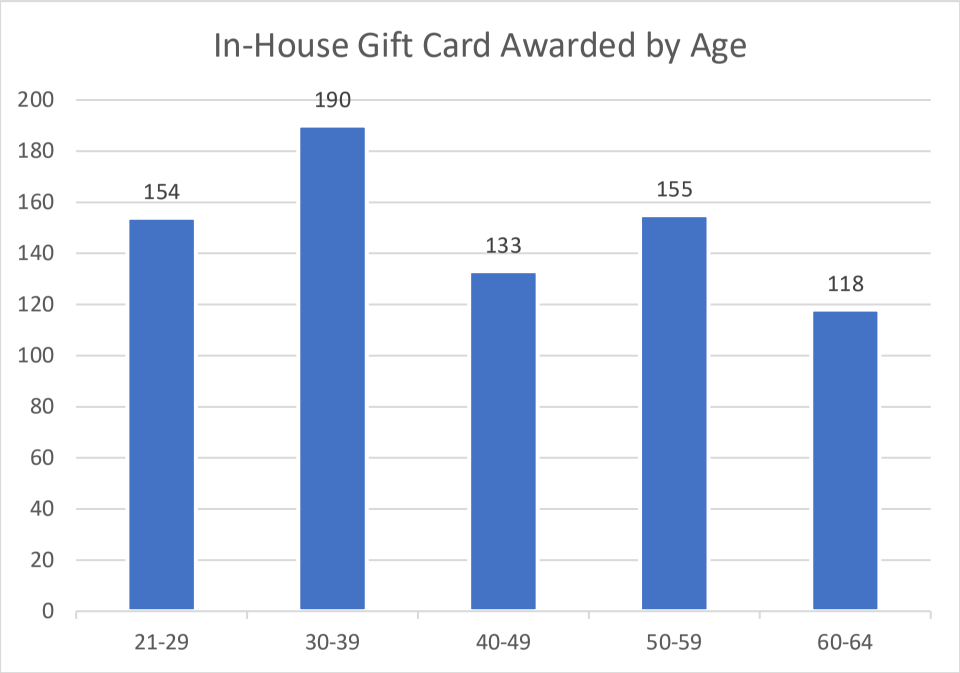
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cervical Cancer Screening

In-House Ages:

Ages	21-29	30-39	40-49	50-59	60-64	Total
Incentives Awarded	154	190	133	155	118	750
Percentage of GC's Awarded	20.53%	25.33%	17.73%	20.67%	15.73%	100%

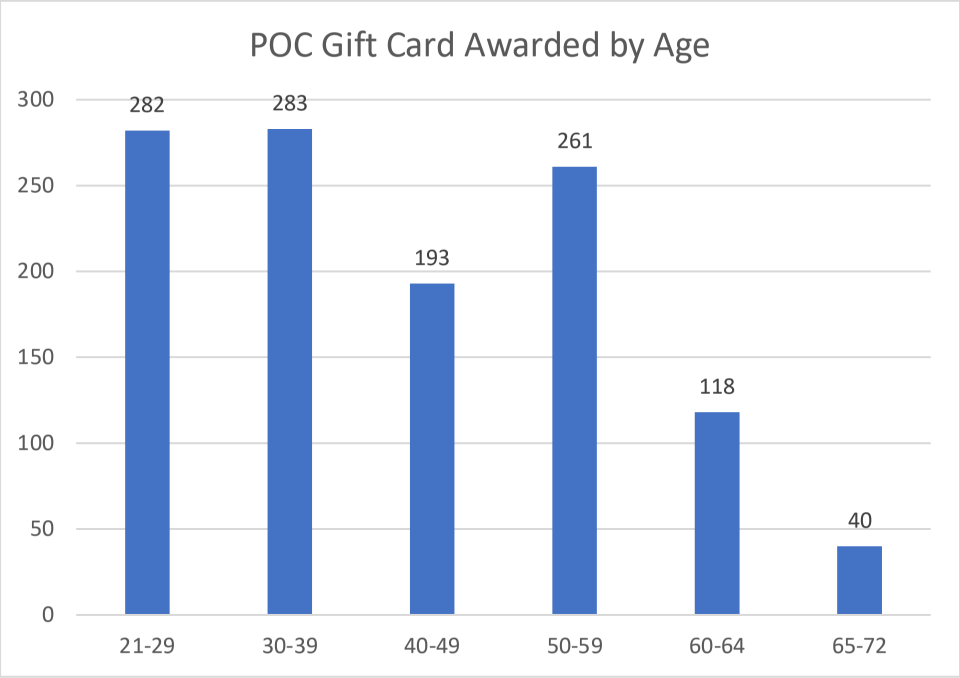


POC Ages

Age	21-29	30-39	40-49	50-59	60-64	65-72	Total
Incentives Awarded	282	283	193	261	118	40	1177
Percentage of total GC's Awarded	23.96%	24.04%	16.40%	22.18%	10.03%	3.4%	100%

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cervical Cancer Screening



Form Source:

CMH Clinics	15
Direct Mail	384
Website	404
Community Relations	18
Health Education	2
Dignity	1
VCMC	3

Conclusion: The Cervical Cancer Screening Member Incentive saw a significant increase in participation with the addition of the point-of-care member incentive program. However, GCHP continues to struggle to achieve high performance in the CCS measure and the same level of participation as the incentive program. We plan to continue this incentive with an increase in the incentive amount to $50 from $25. We hope that this will increase participation and use of this program to ultimately get more women to complete their screenings.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cervical Cancer Screening

Distribute provider member incentive awards quarterly.

The following clinic systems received incentives for submitting the highest volume of completed Cervical Cancer Screening Member Incentive Forms.

- Q1 Clinic Incentive Winner: Moorpark Family Medical Clinic
- Q2 Clinic Incentive Winner: Sierra Vista Family Medical Clinic
- Q3 Clinic Incentive Winner: CDCR – RSJ
- Q4 Clinic Incentive Winner: Fillmore Family Medical Clinic

Utilize vendor to conduct gaps in care cervical cancer member outreach via text and live call.

Gold Coast Health Plan launched a telephonic outreach campaign focused on women's health to close care gaps for the CCS measure. The outreach campaign included developing scripts that included content to increase member engagement by promoting the benefits of preventive care and promoting the $25 cervical cancer screening member incentives, and instructions for scheduling an appointment with each member's primary care provider. A project plan was developed to launch the campaign during the 4th quarter of 2023.

Member Outreach Campaign with CareNet

- Gold Coast Health Plan utilized CareNet, a healthcare member engagement vendor, to conduct the CCS outreach campaign #1.
- Timeline: 10/01/23 – 12/15/23
- Outcome stats:

Outreach Count	Total Members Contacted	Total Appointments Scheduled
20539	4273	1323

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness.

MCAS Deep Dive GCHP Department-Wide Collaboration

- To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
- The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

American Cancer Society Bi-Monthly Meetings

- Collaborated with ACS and received resources for providers
  - Talking to Your Patients about Primary HPV Screening: A Script for Providers
  - The Dos and Don'ts: Explaining Primary HPV Screening to Patients

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cervical Cancer Screening

Launch Quality Incentive Pool and Program (QIPP) that includes CCS.

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the CCS measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. CCS was a core QIPP measure. The table below shows that the CCS rates increased for all three clinic systems that participated in the QIPP.

Clinic System	MY 2022 CCS Rate	MY 2023 CCS Rate	Rate Change
Clinicas del Camino Real	41.36	60.47	+19.11
Community Memorial Health System	54.87	57.54	+2.67
Ventura County Healthcare Agency	52.13	56.01	+3.88

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
17-Cancer Prevention: Colorectal Cancer Screening (COL)						
Colorectal Cancer Screening						
Cancer Prevention	Colorectal Cancer Screening (COL)	Increase the percentage of members 45- to 75-year-old who had an appropriate screening for colorectal cancer from 31.52% (2022 MY) to 76.80% (or the minimum performance level established by DHCS.)	1. Create education campaigns to increase provider awareness of requirements and member awareness of COL screening. 2. Launch educational member mailing campaign. 3. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness. 4. Partner with Provider Network Operations (PNO) to collaborate with Exact Sciences to promote Cologuard. 5. Launch Quality Incentive Program that includes COL.	1. 03/31/23 2. 05/30/23 3. 01/01/23-12/31/23 4. 12/31/23 5. 06/30/23	• QI Manager • QI RN • HECL/Sr. Director of Health Education, Cultural and Linguistic Services and Sr. Health Navigator	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1 ○ *Colorectal Cancer Screening* article, March 2023 POB ○ Engaged with American Cancer Society, Health Ed, and Care Management ○ Contracted w/Exact Science for Cologuard • Q2 ○ Ongoing engagement with American Cancer Society, Health Ed, and Care Management ○ PNO- Cologuard covered w/ pre-authorization. • Q3 ○ Ongoing engagement with American Cancer Society, Health Ed, and Care Management ○ Flyer in progress ○ Social Media post ○ No PA required for Cologuard. ○ MCAS Deep Dive: 10/02/23 • Q4 ○ Ongoing engagement with Cologuard, American Cancer

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Colorectal Cancer Screening						
						Society, Health Ed, and Care Management ○ Flyer in progress. ○ HE drafted article for upcoming. Winter 2024 (February 2024) Member Newsletter.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue interventions to increase the percentage of members 45 to 75 years of age who had an appropriate screening for colorectal cancer from 30.86% (2023 MY) to meet the minimum performance level (MPL) established by DHCS (50th percentile).

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
COL	**29.93**	**32.37**	**+2.44**	**NA – Not Held to MPL and no Medicaid benchmark available.**	**Not Met**

Create education campaigns to increase provider awareness of requirements and member awareness of COL screening.

Provider Education Campaigns

- March 2023 MCAS Tip sheet update
- March 2023 Colorectal Screening Provider Operations Bulletin Article
- August 2023 Provider COL Tip sheet send to providers.

Member Campaigns

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Colorectal Cancer Screening

- Began research on best practices for launching the future mailing of the Cologuard home test kits. Received information from American Cancer Society on the Mailed FIT Implementation Guide created by the National Association of Chronic Disease Directors (NACDD) in partnership with the Kaiser Permanente Center for Health Research (KPCHR) and with the support of the Centers for Disease Prevention and Control (CDC).

Launch educational member mailing campaign.

In 2023, DHCS proposed COL as a measure held to MPL in MY 2023. However, DHCS postponed COL held to the MPL until 2025. Due to this change and to ensure health promotion materials aligned with the most recent clinical guidelines reflected in the MY 2025 COL measure specifications, the COL member mailing campaign was postponed to 2024.

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness.

MCAS Deep Dive GCHP Department-Wide Collaboration

- To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
- The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

American Cancer Society

- Quarterly with ACS to discuss member education campaigns and resources.
- Discussed and reviewed licensing for co-branding member, but an ACS co-branded member mailing was not completed in 2023 due to conflicting reading level requirements amongst ACS's target population and GCHP regulatory requirements.
- Reviewed member education resources
  - Mailed FIT Implementation Guide & Online Course
  - Lead Time Messaging Guidebook: A Tool to Encourage On-Time Colorectal Cancer Screening

Collaborations with Vendor, Exact Sciences Corporation on their product Cologuard

- Exact Sciences creates test kits for the detection of cancers and in 2023 GCHP initiated meetings with Exact Sciences to plan member outreach programs that includes mailing the Cologuard home test kits.

Health Education Department

- GCHP contracted with new Health Education platform, Healthwise® that includes information on colorectal cancer screening resources for members, including written material and videos that are available in both English and Spanish.

Partner with Provider Network Operations (PNO) to collaborate with Exact Sciences to promote Cologuard.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Colorectal Cancer Screening
Gold Coast Health Plan coverage guidelines were updated in 2023 to remove the prior-authorization requirement for Cologuard. Plans for 2024 include developing a mail campaign using the Cologuard home test kits to increase colorectal cancer screenings.
Launch Quality Incentive Pool and Program (QIPP) that includes COL. Colorectal Cancer Screening was removed from the QIPP because the measure was not included in the list of MCAS measures held to the DHCS minimum performance level. This will be reassessed for future inclusion in the QIPP.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
18-Cancer Prevention: 2020-2023 CCS Health Equity PIP						
2020-2023 CCS Health Equity PIP						
Cancer Prevention	2020-2023 CCS Health Equity PIP	By December 31, 2022, increase the percentage of cervical cancer screening among 21 to 64-year-old female members of Gold Coast Health Plan who are assigned to Magnolia Family Medical Clinic in Oxnard, California, from 36.41% to 50.00%.	Two-year performance improvement project (PIP): health plan/clinic collaborative between GCHP's Quality Improvement Department and Magnolia Family Medical Clinic. • Submit Modules as directed by DHCS/HSAG for approval. • Report updates/results to QIC	04/21/23	• QI Program Manager I	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1 ○ Began outcomes analysis to complete Module 4. ○ Evaluation/Module 4 was submitted on April 20th. • Q2 ○ Evaluation was approved by DHCS on June 21, 2023, and received High Confidence. Continue Objective: Yes☐ No☒ Next Steps: The 2020-2023 CCS Health Equity PIP concluded in 2023. We will continue to offer the POC Cervical Cancer Screening gift card program at Magnolia Family Medical Clinic and expand this program to other clinics as we found it a successful way to get members into their appointments.
Evaluation & Barrier Analysis						
Project Conclusion:						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2020-2023 CCS Health Equity PIP

Our SMART Aim goal was to increase the percentage of cervical cancer screening among 24- to 29-year-old females assigned to Magnolia Family Medical Clinic from 36.41% in Measurement Year 2020 to 50% by December 31, 2022. This goal was not met; however, the rate did increase to 37.54%.

Although the project did not prove to be statistically or clinically significant in its improvement, we believe it was programmatically significant. The implementation of the point-of-care member incentive program has over time, through trial and error, proven to be a successful and practical intervention that we can expand to other clinics. The addition of the Saturday clinics in Cycle #2 also were impactful in focusing efforts. Through this intervention we learned what the best practices are for successfully running the point-of-care program. This includes the importance of a program champion who communicates with clinic staff and streamlines the gift card exchange workflow. Having the space to test and tweak this framework in Magnolia was the project's biggest success and the reason we believe it had programmatically significant improvement.

Intervention Testing Conclusion:
We believe that the intervention that had the greatest impact on the SMART Aim goal was the member incentive program paired with the point-of-care option. The clinic leveraged this program to implement Saturday clinics that solely scheduled and provided cervical cancer screenings to GCHP members. The focused Saturday clinic days provided alongside the POC program resulted in 86 screenings completed over 6 Saturday's. Going forward we will continue to leverage these Saturday clinic days and work with the clinic staff to do targeted outreach to the 24- to 29-year-old population to fill the clinic availability.

Spread of Successful Interventions:
GCHP will continue to offer the cervical cancer screening point-of-care member incentive program at Magnolia clinic and offer the Saturday pap clinic days throughout the year. We have already expanded the program to 7 other clinics and have included the other member incentives GCHP offer. We promote the program at all collaborative meetings and work with our clinic connections to specifically partner with low performing clinics. We have streamlined our program materials and framework that we feel confident in it being an effective tool to not only move the needle of the measure but create valuable relationships with the clinic staff and connection with our members.

Challenges:
This project faced many challenges throughout its two-year process. The biggest challenge was around staffing resources in the clinic. The pandemic and a company merger left the clinic severely understaffed. This led to lack of appointment availability, front office staff unable to answer incoming phone calls timely, shortage of personnel able to make outreach phone calls to schedule pap screenings, and lack of engagement in the PIP project.

In addition, due to delays with receiving DHCS approval for a text message scripting, we were unable to launch the initial intervention until September 2022, which was to evaluate the effectiveness of a secure-digital text message campaign through a GCHP vendor. Our second action item was the co-branded outreach letter, which was also delayed until 9/30/2022 due to the new alternate format request requirements. Once we truly reconnected with the clinic in October of 2022, we were able to re-engage and focus on the point-of-care member incentive program. Up until then, the program was being underutilized. The clinic decided to run Saturday clinics focused on pap smears from October to December. We can see in the data the increase in gift cards being handed out during the events in Table 2 below.

Table 2: Gift Cards Handed out at Magnolia Clinic June 2022 - December 2022

	June	July	August	September	October	November	December
Amazon	2		1	1	2	10	6
Wal-Mart	11	1	6	1	6	17	17

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2020-2023 CCS Health Equity PIP

Target	3	5	2	2	4	16	8

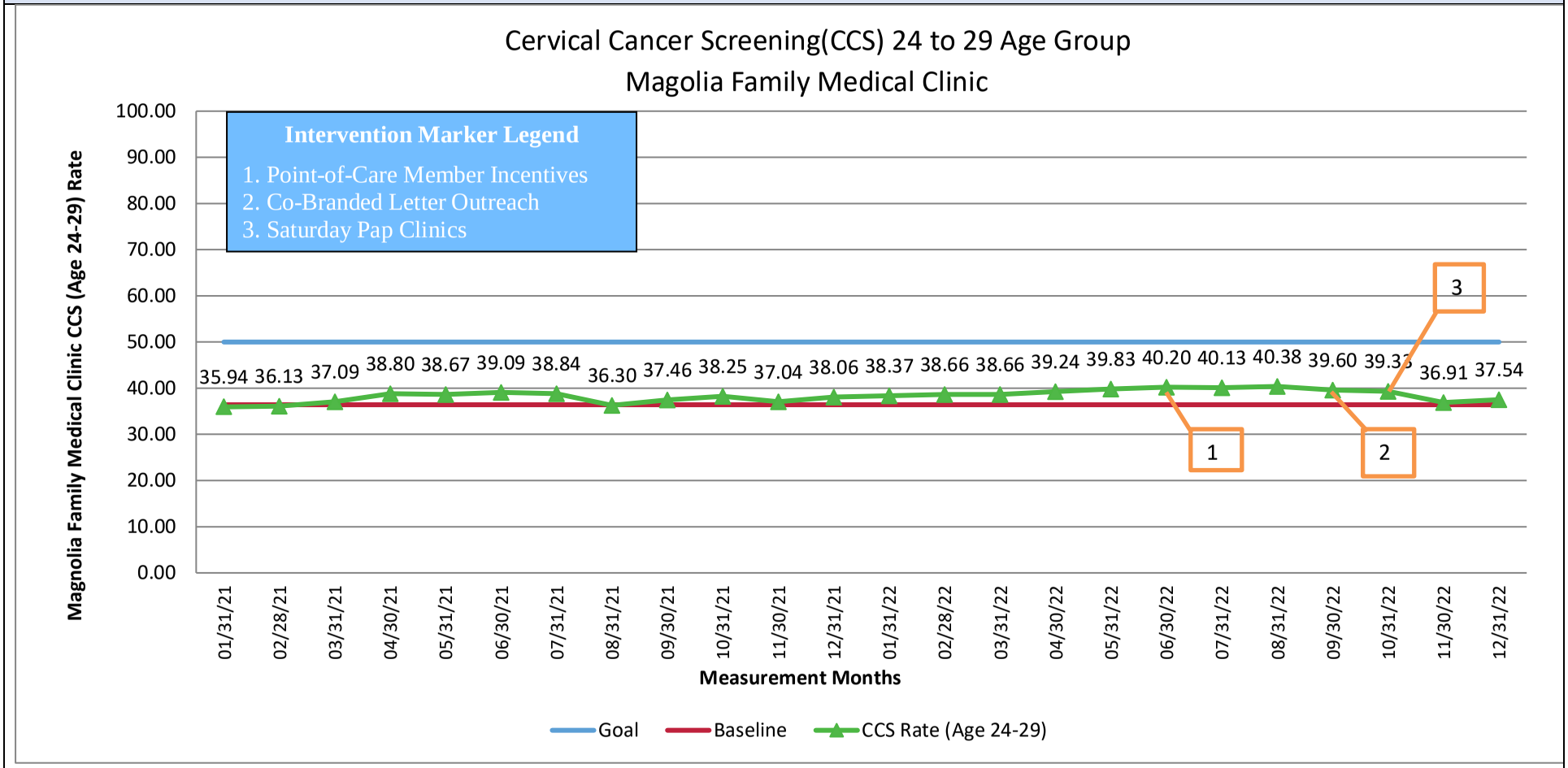
Lessons Learned:

- Running outreach requires an understanding from the clinics to ensure they are ready to receive phone calls and have appointment availability.
- We did not find the co-branded letter effective in reaching the 24–29-year-old age group and will explore other ways to connect with this group.
- It is key to build a relationship with administrative staff and have a project champion involved to keep momentum going within clinic.
- It has taken time to recover from the pandemic.
- Having a program champion is key to running the point-of-care member incentive program.

In addition, there is still a lot of work to do to engage the female 24–29-year-old age population. We plan to explore overall healthcare engagement with them to see if there are gaps in data. We are going to see if there are gaps from incomplete medical history due to coming in and out of Medi-Cal, if they are dealing with other co-morbidities that are preventing them from getting their pap smears done routinely, what social determinants of health they face, and what are their barriers to care.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2020-2023 CCS Health Equity PIP



Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
19-Women's Health: 2022-2023 Women's Health SWOT						
2022-2023 Women's Health SWOT						
Women's Health	2022-2023 Women's Health SWOT	Increase the rate of the following measures to meet or exceed the MPL (50th percentile): 1. Breast cancer screening 2. Chlamydia screening	Complete Strengths, Weaknesses, Opportunities, Threats (SWOT) Improvement Project Activities and submit updates as instructed by DHCS. 1. Complete SWOT Analysis 2. Complete SWOT Strategy 3. First Progress Update 4. Second Progress Update	1. 11/09/22 2. 02/13/23 3. 05/30/23 4. 09/30/23	• QI Program Manager I	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ SWOT Analysis Approved by DHCS ○ SWOT Strategy Approved by DHCS ○ First Progress Update – sent to DHCS. • Q2 ○ First progress submission sent to DHCS. • Q3 ○ Second progress submission sent to DHCS Continue Objective: Yes☐ No☒ Next Steps: The 2022-2023 Women's Health SWOT project concluded in 2023 but GCHP will continue to implement activities to improve the BCS and CHL rates.
Evaluation & Barrier Analysis						

Strategy 1	Start Date	Anticipated Date of Completion
Increase the number of low performing providers participating in QI work with Gold Coast Health Plan working toward improving	1/2/2023	9/30/2023

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Women's Health SWOT

chlamydia screening with GCHP members.		

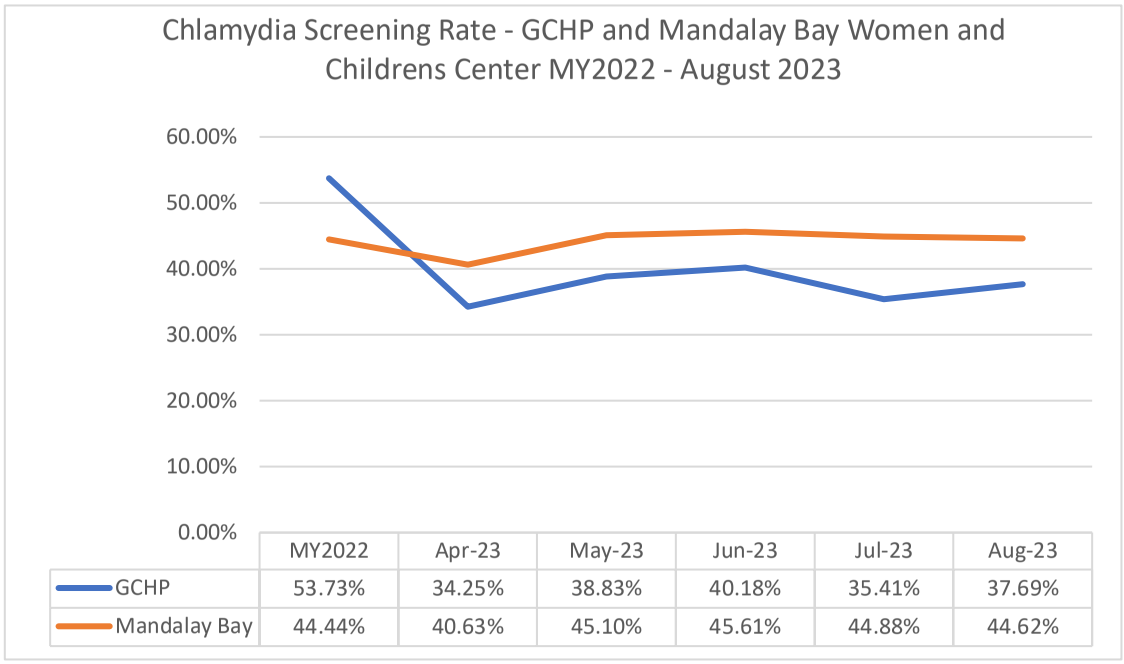
Action Item	Conclusion
1. Meet with five low performing clinics within one health system to collaborate with, identify barriers for intervention, share best practices and set up on-going monitoring of process improvements. **Start Date:** January 11, 2023 **Short-Term Objective:** Three out of five clinics will show improvement in chlamydia screening workflow and a 3% increase in clinic rate communicated over regular monthly meetings.	GCHP Quality Improvement department engaged with clinic partners to launch an intervention to increase Chlamydia Screening (CHL) rates. This effort was a challenge. However, collaborative discussions were held with a clinic who was running a well-care visits point-of-care member incentive program and with one health system to present at their provider monthly provider meeting. • **Ventura County Health Care Agency (VCHCA):** The QI Department partnered with Mandalay Bay Women and Children's Center (MB) in July to run an intervention to increase chlamydia screening rates for members due for a chlamydia screening and also due for a well-care visit (WCV). MB offers a Point-Of-Care (POC) member incentive program for GCHP's well-care visits member incentive which in turn can contribute to incentivizing members to schedule and attend a visit for chlamydia screening. This program allows clinics to house GCHP gift cards for the incentive program to give to the members directly once the service is complete. Studies show that it is effective to target Chlamydia Screening during a well-care visit, rather than scheduling the patient for a separate visit to screen for the Sexually Transmitted Infection (STI). It was this evidence-based finding that drove our intervention to outreach to members who are due for a chlamydia screening and well-care visit. Below outlines the intervention: ○ **Intervention:** ▪ **Outreach List:** GCHP generated an outreach list to share with MB. The report pulled members who are assigned to MB and were due for both a chlamydia screening and a well-care visit. ▪ **Telephone/Text Outreach:** MB called identified members on the list to schedule adolescent well-care visits. MB also used an internal text messaging system to remind patients about their appointments and notify them that they will receive a $25 gift card before leaving the clinic. Text messages were sent out four and one day before the appointment. ▪ **EMR Alert:** In addition, VCHCA added an alert to their electronic medical record (EMR) system to flag members who are due for a chlamydia screening. ▪ **Start Date:** August 2023. ○ **Results:** ▪ Outreach list total: 50 members ▪ Scheduled: 7 members ▪ Due to claims lag, 7 members had already received their chlamydia screening at the clinic. ▪ Two members already had Well-Care visits scheduled with the clinic. ▪ The remaining 34 members will be outreached to as appointment availability opens.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Women's Health SWOT

- Below is a graph showing GCHP's and Mandalay Bay's CHL rate for Measurement Year (MY) 2022 through August 2023. Due to the outreach occurring in August, we cannot determine if the outreach has impacted MB's rate as of this report.

- **Conclusion:** We will continue to outreach to this population for the remainder of 2023 and engage with more WCV POC clinics with this strategy.



	MY2022	Apr-23	May-23	Jun-23	Jul-23	Aug-23
GCHP	53.73%	34.25%	38.83%	40.18%	35.41%	37.69%
Mandalay Bay	44.44%	40.63%	45.10%	45.61%	44.88%	44.62%

- **Community Memorial Health (CMH):** Despite continued efforts to collaborate with CMH, GCHP has not been invited to attend monthly provider meetings. Due to CMH's Quality Improvement resource constraints, there has been a lack of engagement. Nonetheless, GCHP has launched a well child visit POC member incentive program at a CMH clinic and we intend to implement an outreach intervention there to promote this.
- **Dignity Health:** GCHP QI department presented a provider focused chlamydia screening Best Practices training at two clinic provider meetings. The trainings were held on September 14th and September 18th. The feedback from providers was mixed. Attendees expressed that patient declination of chlamydia screening is the primary barrier to getting them tested. However, one

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Women's Health SWOT

	provider stated that the training was helpful and something they would like to implement in their clinic. GCHP QI staff offered assistance to help implement workflow changes to support this request. • **Clinicas Del Camino Real (CDCR):** CDCR Quality Improvement team was provided with clinic level data on their chlamydia screening rates in June. They expressed interest in utilizing this data to create outreach lists for their clinics but have not taken any action yet. However, CDCR has recently engaged and began hosting the well child visit POC member incentive program at 6 of their clinics. As a result, GCHP plans to engage these clinics to participate in outreach for members who are due for a chlamydia screening and well-care visit to leverage the POC member incentive program.
2. Conduct training to low performing providers on best practices of universal testing, motivational interviewing, and offer resources to complete chlamydia screenings via virtual or in person meeting. **Start Date:** January 12, 2023 **Short-Term Objective:** Receive feedback on survey from 50% of provider attendees.	The provider training Lunch and Learn on Chlamydia Screening was hosted on June 7th and there was a total of 58 external providers who attended. A post-training survey was sent out to attendees including questions regarding the quality of the training, current chlamydia screening workflows, and if strategies discussed would be implemented. 10 attendees responded to the survey, which did not meet the target of 25 respondents. Nonetheless, valuable feedback was received as well as requests for health education materials. In response,75 member facing packets on chlamydia screening were distributed to three clinics. **Next Steps:** Due to the success of the intervention, we plan to incorporate quarterly trainings on other preventive health topics as an on-going quality improvement activity. Going forward we will also work with our Provider Network Operations team to help target and outreach to provider partners.
3. Establish Action Plan to capture supplemental data through chart reconciliation reviews quarterly for five identified low performing providers. **Start Date:** March 31, 2023 **Short-Term Objective:** Complete quarterly medical record review and 50% of	The initial plan for a quarterly medical record review was abandoned. The intervention intended to use data from the quarterly review of the Initial Health Assessments (IHA) however, this data did not capture the fields needed for review. In lieu of this, we analyzed a prospective run of a member detail report of data encompassing claims and the members for services provided January to June of 2023. to understand how members were identified for the chlamydia screening eligible population. Providers stated that emergency room pregnancy tests and birth control was a large, uncontrollable variable, contributing to women being included in the eligible population. The table below shows our findings:

Identified Reason of Sexual Activity "Flagged Event"	Contraceptive Medication	Pregnancy	Pregnancy Test	Sexual Activity (disclosing to doctor)
Number	1359	625	1047	2111

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

charts reviewed will have more than 70% of CHL screenings reconciled through claims.

Conclusion: Through this analysis, it was determined that pregnancy tests, performed at the emergency room, are indeed an uncontrollable variable that allows for members to be included in the chlamydia screening eligible population.

Next Steps: We will continue promoting universal chlamydia testing as a best practice for chlamydia screening of adolescent and young adult female patients, as well as encouraging providers to discuss sexual health during preventive care visits.

4. Share clinic level rates at regularly scheduled meetings (i.e. monthly and quarterly) with clinic health systems quality improvement teams.

Start Date: March 8, 2023

Short-Term Objective: Receive feedback from 3 out of 4 clinics about rate sharing and any process changes they may implement.

Clinic system level rates were shared at each clinic system's monthly meeting. They shared positive feedback about reviewing the measure rate monthly as they felt it was insightful and motivating. In addition, each system discussed their strategies to increase chlamydia screening rates within their 16–24-year-old female population.

Reported strategies to improve chlamydia screenings by clinic system:

- **Ventura County Health Care Agency (VCHCA):** They recently implemented an alert in their EMR system for all females 16-24 years of age who are due for chlamydia screening according to monthly gap reports.
- **Community Memorial Health (CMH):** They have posted health education flyers in exam rooms regarding STI testing. They plan to leverage health education to increase chlamydia screenings. In addition, GCHP sent health education brochures on chlamydia screening to CMH.
- **Clinicas Del Camino Real (CDCR):** They are working on implementing standing orders for chlamydia screenings through an alert in their EMR. They are also focusing on outreach to members who are due for both a well-child visit and chlamydia screening.

Table One: Monthly Chlamydia Screening (CHL) Rate (16–24-year-old) by Clinic System*

Clinic System	Measure	April 2023	May 2023	June 2023	July 2023	August 2023
VCHCA	CHL	38.03%	40.80%	43.44%	45.03%	46.73%
CMH	CHL	22.70%	27.32%	30.70%	11.47%	11.59%
CDCR	CHL	22.60%	34.03%	41.65%	36.02%	40.04%

*The decline in the June and July 2023 CHL rates for CMH was due to the quality reporting vendor's file conversion issue that caused claims to be dropped, but this issue was corrected in September 2023.

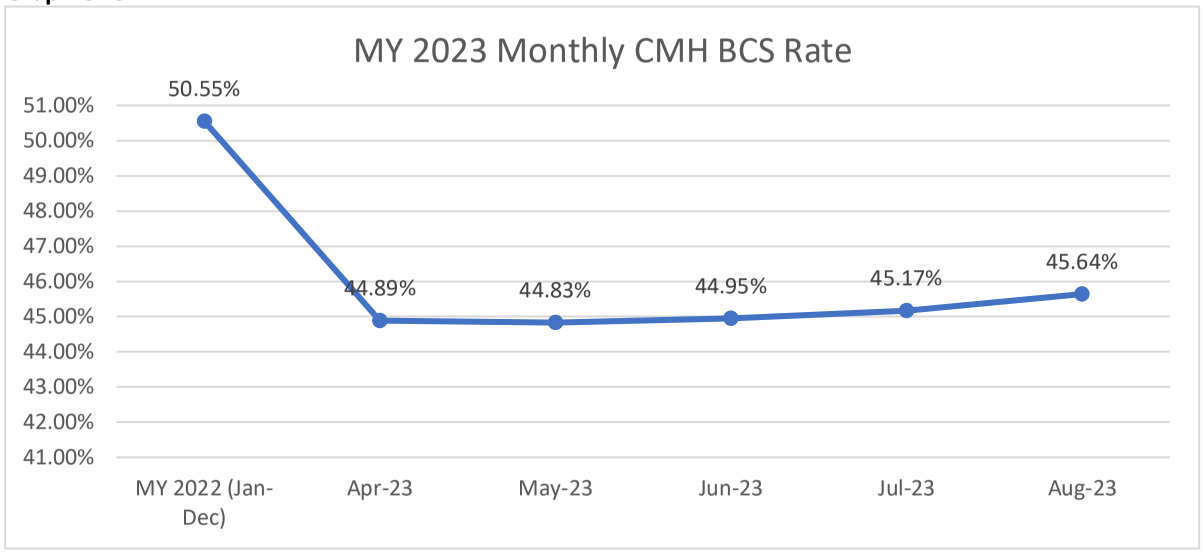
Next Steps: GCHP will continue sharing system level rates at the monthly provider meetings and discussing ways to increase screenings.

Strategy 2	Start Date	Anticipated Date of Completion
Increase the number of low performing providers participating in QI work with Gold Coast Health Plan working toward improving	March 1, 2023	September 30, 2023

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Women's Health SWOT

breast cancer screening with GCHP members.		

Action Item	Conclusion
1. Implement a point-of-care member incentive program at Community Memorial Health (CMH) Breast Cancer Center. **Start Date:** January 12, 2023 **Short-Term Objective:** See a 3% increase in breast cancer screenings rate for CMH health system after implementation of point-of-care member incentive program.	The CMH Breast Center continued to distribute $40 gift cards to GCHP members receiving a mammogram screening. Below, Graph One shows the Breast Cancer Screening (BCS) rate for Community Memorial Health for Measurement Year (MY) 2022 through August 2023. The program began in April of 2023 and unfortunately did not meet our target of increasing 3% since program inception. However, there was a .75% increase in the rate. Graph Two displays the monthly gift card distribution at the clinic. The decrease in gift cards being distributed each month cannot be contributed to any one factor, according to the clinic administrative manager. The CMH Breast Center has expressed that appointment availability is not a barrier for mammogram screenings and plans to outreach to members in September to fill available appointments using a gap list generated by CMH. In addition, GCHP launched a member outreach campaign including telephone outreach to members to schedule their mammogram. This outreach resulted in 18 GCHP members scheduling a mammogram screening at CMH Breast Center. **Graph One** 

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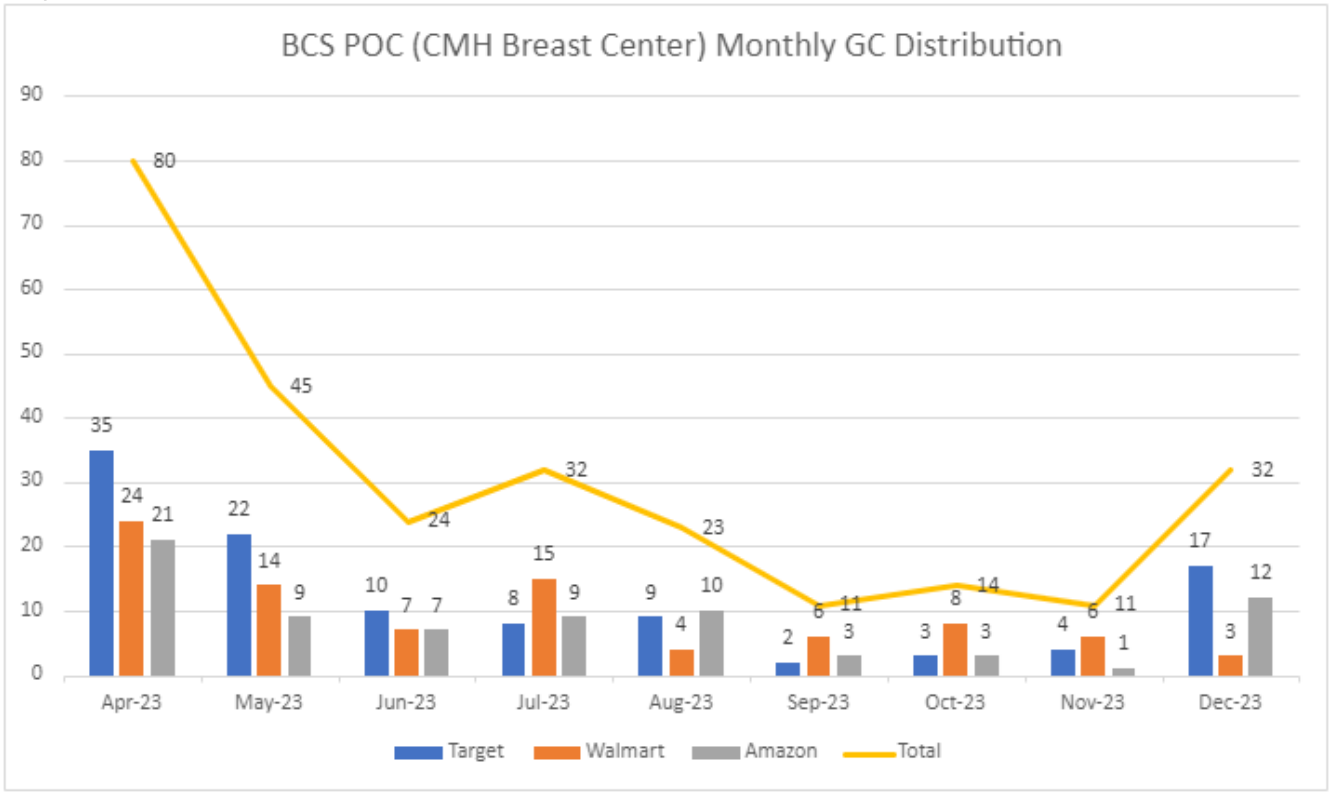
2022-2023 Women's Health SWOT

Graph Two



Next Steps: GCHP will work with the CMH Breast Center to fill available appointments through collaboration on outreach efforts. The Point-of-Care member incentive program will continue to be offered at CMH Breast Center and is being expanded to other radiology locations.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Women's Health SWOT

2. Conduct training to GCHP Care Management and Utilization Management teams on the CHL and BCS measures to ensure they can provide best resources and practices on health screenings when speaking to members. **Start Date:** January 12, 2023 **Short-Term Objective:** Receive qualitative feedback from CM and UM teams about implementing training recommendations when speaking with members.	On May 11, 2023, a GCHP QI RN presented the MY 2023 MCAS performance measure set to the GCHP Care Management and Utilization Management teams. This presentation included the performance measure name, measure description, applicable resources or member incentives, and conversation cues when speaking to members. The initial feedback was very positive. The Care Management and Utilization Management teams found the presentation about the focused measures educational and were motivated to participate in quality improvement efforts to improve these measures. A survey will be sent to presentation attendees in June, to provide feedback after implementing the best practices shared. The information provided in the survey responses will be used to complete follow-up activities as appropriate. In early September, GCHP sent a survey to team members who attended the training to understand opportunities for improvement. There were 10 respondents who provided positive feedback and suggestions that the training be offered every 6 months to managers and annually to the entire CM/UM team. We will implement this change going forward.
3. Work with three or more imaging centers who had missing claims to reduce this gap in compliant supplemental records for breast cancer screening. **Start Date:** March 30, 2023 **Short-term Objective:** See a 50% accuracy increase in claims submission from imaging centers.	**Study:** For three consecutive months between June and August of 2023, GCHP's QI Department began retrospective reviews of the monthly Breast Cancer Screening (BCS) gap reports to identify members who were inappropriately flagged as non-compliant for a mammogram due to missing or incorrectly submitted claims. Each month a random sample of 100 non-compliant members assigned to different clinic systems were reviewed to audit the following: • Review the member's medical record history to check for evidence of a mammogram between 10/01/21 to present. • If a mammogram was found, document the date and location of the mammogram, then check if Gold Coast Health Plan received the claim with the appropriate mammogram CPT code. **Quantitative Analysis:** The table below shows that of the 300 non-compliant members audited, 29 members had a valid mammogram during the required time (10/01/21 to present) and should have been flagged as compliant on the BCS gap reports. GCHP reviewed the claims data warehouse and confirmed claims for 27 of the 29 mammograms were received from the imaging centers with the correct mammogram codes. Only two claims were not received because these members had another primary payer where the imaging centers submitted these claims.

Audit Month	Records Reviewed for Missing Claims	Mammogram Report Found	Claims Received	Claims with Appropriate Mammogram Codes	Claims Missing

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Women's Health SWOT

May	100	11	9	9	2
June	100	7	7	7	0
July	100	11	11	11	0
Total	**300**	**29**	**27**	**27**	**2**

Qualitative Analysis: The QI Department interviewed imaging centers contracted with Gold Coast Health Plan that perform mammograms on GCHP members to evaluate how they schedule and bill for their mammogram services. All imaging centers applied the same approach to scheduling the appointments:

1. The patients are screened for symptoms to determine if they need a screening or diagnostic mammogram.
    - If the patient reports no symptoms, the imaging center schedules a screening mammogram.
    - If the patient reports symptoms or has a history of breast cancer, they are asked to schedule an appointment with their PCP to request clinic advice if a screening mammogram or a diagnostic mammogram is needed. All imaging centers require a physician's order for a diagnostic mammogram.
2. The imaging center schedules the appropriate appointment, collects information on the member's insurance and primary care provider.
3. After the mammogram service is complete, a copy of the mammogram is sent to the member's PCP and the service is billed to the patient's insurance.

Findings:

- The imaging centers are collecting the appropriate information to ensure that services are being billed to the appropriate payer and that each patient's PCP receives a copy of the mammogram.
- The primary barriers driving under-reporting of the BCS rate are timeliness of claims and enrollment data.
    - Claims Data: Claims were found for 27 of the 29 mammograms completed, but due to claims lag, the data was not captured timely to be reported in the monthly gap and rate reports. It is challenging to reduce claims lags due to the customary workflow of claims processing before claims data is ingested into the quality reporting software, which can create data lags that exceed 30 days. To help compensate for claims lag, GCHP is currently working with contracted providers to receive electronic health record (EHR) data as part of the QIPP requirements. GCHP currently receives EHR data from one clinic system which increased the measurement year 2022 breast cancer screening rate by almost 2%.
    - Enrollment Data: Claims for two mammograms were billed to other payers. GCHP relies on enrollment data from the CA Department of Social Services to determine if a member meets eligible population specifications for breast cancer screening. If the enrollment data is inaccurate, ineligible members may be erroneously included in the eligible population. Additionally, due to the COVID-19 public health emergency (PHE), the monthly Medi-Cal redetermination process was paused until the end of the PHE, and members who may have obtained other health coverage may still have been enrolled in Medi-Cal. However, as of April 1, 2023, monthly redetermination for Medi-Cal enrollment resumed. The resumption of Medi-Cal redetermination is likely to improve the accuracy of enrollment data.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Women's Health SWOT

Strategy 3	Start Date	Anticipated Date of Completion
Increase member awareness of the importance of chlamydia screening.	January 12, 2023	September 30, 2023

Action Item	Conclusion
1. Collaborate with local high school districts to implement chlamydia screening outreach campaign. **Start Date:** January 12, 2023 **Short-Term Objective:** Establish action plan to implement campaign.	**Planned Parenthood** The Director of Health Education of Planned Parenthood presented at a Health Service Standards and Practices (HSSPC) meeting on September 14th. The presentation included information regarding the "Teen Talk" curriculum and why it is important to provide this curriculum in a school setting. Planned Parenthood will follow up with the coordinator of the HSSPC meeting to see if there was interest from school systems to learn more about the curriculum or adopt it for their students. **Mobile Clinic Van** The focus of this intervention has shifted away from using mobile clinic vans to instead partnering with local high school wellness centers and school nursing offices. Through the Student Behavioral Health Incentive Program (SBHIP) run by GCHP's Behavioral Health team, strong connections have been made with the wellness centers. GCHP is strategizing to contract with a vendor who can supply individually administered chlamydia testing kits to the wellness centers and school nursing offices for students to access. GCHP will coordinate the transferring of data and connect with a lab to capture the service for the Chlamydia Screening (CHL) measure. Vendor interviews are underway to launch this intervention in 2024.
2. Launch chlamydia screening campaign on GCHP social media platform in collaboration with Communications team. **Start Date:** January 16, 2023 **Short-Term Objective:** Reach 50% of social media followers with campaign.	The Communications team has shared a post for a weeklong campaign focused on STI/Chlamydia screening. The campaigns mirror messages from the "Yes Means Test" social media campaign and the "GYT: Get Yourself Tested" campaign. The Communications campaign utilized Instagram to post a "Get tested for Chlamydia to ensure good health" on November 26, 2023. The post was available in English and Spanish and included education content on the importance of chlamydia screening for women 16-24 years of age.
3. Provide patient health education materials to	This intervention was abandoned due to the FSR packets already being information dense. It was determined that inclusion of this information would not be a valuable mechanism to promote the member incentive program.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

	providers by creating clinic packets (to include information on the member incentive program) that will be distributed to clinics by the Facility Site Review RNs during their site visits. **Start Date:** January 12, 2023 **Short-Term Objective:** Receive feedback from at least 10 clinics that received packets.					

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
20-Women's Health: Chlamydia Screening in Women (CHL)						
Chlamydia Screening in Women						
Women's Health	Chlamydia Screening in Women (CHL)	• Increase the CHL rate to meet or exceed the DHCS MPL (50th percentile). • Increase the percentage of women, 16-20 years of age, who were identified as sexually active and who had at least one chlamydia screening during the measurement year by 5% over the previous measurement year.	1. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 2. Provide clinics/providers with prospective MY 2023 MCAS rate and gaps in care reporting via INDICES®. 3. Evaluate MY 2023 performance to identify barriers, disparities and opportunities for improvement and interventions. 4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department, Planned Parenthood, VCPH, VCOE) to implement interventions, promote best practices and increase awareness. 5. Create and/or update provider and member education campaigns. • Trainings for low performing providers 6. Create CHL screening declination form for providers. 7. Launch Quality Incentive Program that includes CHL. 8. Women's Health SWOT Strategies from the DHCS Improvement Project. • Increase the number of low performing providers that collaborate with GCHP to	1. 08/15/23 2. 02/28/23-12/31/22 3. 07/31/21 4. 01/01/23-12/31/23 5. 04/30/23 6. 06/30/23 7. 06/30/23 8. 09/30/23	• QI Program Manager • QI Manager • QI RN • HECL/Sr. Health Navigator	Annual Goal Met: Yes ☒ No ☐ Quarterly Updates: • Q1 ○ Initiated MCAH collaborative meeting ○ Initiated meetings with health systems to discuss collaboration with low performing providers. ○ Winter 2023 Issue – Member Newsletter Article: Get tested for sexually transmitted infections • Q2: ○ CM training on MCAS. Lunch & Learn in-service completed 6/7/23. ○ Met with VCPH discuss using mobile vans at student health centers for STI testing. Initiated meetings with PPH to collaborate on student curriculum. ○ 2022 MY barrier analysis report complete. ○ POB Article – May 2023: Talk, Test, Treat your patients for Sexually Transmitted Infections • Q3 ○ CHL PPT at QI Collaborative 08/16/23

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Chlamydia Screening in Women						
			increase chlamydia screenings. • Increase member awareness on the importance of chlamydia screenings.			○ QIPP contracts signed with VCMC, CMH, and CDCR. ○ 2022 MY Provider Report Cards distributed. ○ MCAS Deep Dive: 08/22/23 ○ Mandalay Bay and Pediatric Diagnostic Center outreaching to members who have both a CHL and WCV visit to complete. ○ Provider trainings at two separate Dignity Health clinic monthly provider meetings on CHL best practices. • Q4 ○ Requested NCQA VSD to reinstate LOINC codes that were removed from VSD causing CHL rate to decline. ○ Started receiving EMR data feeds for QIPP ○ NSSD data collection. ○ MCAS Q4 Push Activities to Close Care Gaps Continue Objective: Yes☒ No☐ Next Steps: Continue interventions to increase the rate of chlamydia screening in members 16 to 24 years of age to

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Chlamydia Screening in Women						
						meet or exceed the 75th national Medicaid percentile established by NCQA.

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
CHL: 16-20	**46.50**	**57.28**	**+10.75**	**NA**	**Met**
CHL: 20-24	**60.40**	**70.38**	**+9.98**	**NA**	**Met**
CHL: Total	**53.26**	**63.59**	**+10.33**	**75th**	**Met**

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.

The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.

Provide clinics/providers with prospective MY 2023 MCAS rate and gaps in care reporting via INDICES®.

Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings

The QI Department reviewed the MY 2022 CHL data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

CHL: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	418	185	684	82	1582	369	17	3337
Compliant	445	199	818	72	1873	355	40	3802
Total	863	384	1502	154	3455	724	57	7139
Compliance Rate	*51.56*	*51.82*	*54.46*	*46.75*	*54.21*	*49.03*	*70.18*	*53.26*

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Chlamydia Screening in Women

Area Code	Ventura County Cities
Area 1	Ventura
Area 2	Camarillo, Somis, Santa Rosa
Area 3	Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village
Area 4	Oak View, Ojai
Area 5	Oxnard, Port Hueneme, Point Mugu
Area 6	Fillmore, Piru, Santa Paula
Area 7	Outside Ventura County

CHL: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	149	748	681	134	82	108	47	1388	3337
Compliant	207	753	693	117	166	166	46	1654	3802
Total	356	1501	1374	251	248	274	93	3042	7139
Compliance Rate	*58.15*	*50.17*	*50.44*	*46.61*	*66.94*	*60.58*	*49.46*	*54.37*	*53.26*

CHL: Age Group	16-20	21-24	Total
Non-Compliant	1963	1374	3337
Compliant	1706	2096	3802
Total	3669	3470	7139
Compliance Rate	*46.50*	*60.40*	*53.26*

CHL: Language	English	Spanish	Declined	Total
Non-Compliant	1880	1444	13	3337
Compliant	2214	1579	9	3802
Total	4094	3023	22	7139
Compliance Rate	*54.08*	*52.23*	*40.91*	*53.26*

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Chlamydia Screening in Women

CHL: Race	White	African American	American Indian/Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Race	2+ Races	Declined / Blank	Total
Compliant	540	25	2	40	3	613	1985	129	3337
Non-Compliant	497	39	6	37	5	848	2207	163	3802
Total	1037	64	8	77	8	1461	4192	292	7139
Compliance Rate	*47.93*	*60.94*	*75.00*	*48.05*	*62.50*	*58.04*	*52.65*	*55.82*	*53.26*

CHL: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	1980	615	742	3337
Compliant	2198	593	1011	3802
Total	4178	1208	1753	7139
Compliance Rate	*52.61*	*49.09*	*57.67*	*53.26*

Summary Analysis: Subgroups with the Lowest MY 2022 CHL Rates

- Area of Residence: Area 4 (46.72), Area 6 (49.03)
- Clinics Systems: CDCR (50.17), CMHS (50.44), Dignity Health (46.61)
- Age Group: 16-20 (46.50)
- Language: Spanish (52.23)
- Race: White (47.93), Asian (48.05), 2+ Races (52.65)
- Ethnicity: Non-Hispanic (49.09)

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to identify new data sources, improve data integration and reduce data gaps.
- Provider Awareness
  - Develop provider education campaigns to promote best practices (e.g. lunch-and-learn, provider tools and resources).
- Member Education
  - Develop, update, and promote member education material (e.g. women's health education).
- Collaborations with Providers, Vendors and Community Based Organizations
  - Support and utilize the promotion of community care resources and programs to improve access to care (e.g. gap-closure outreach programs, home test kits, QIPP).

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Chlamydia Screening in Women

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department, Planned Parenthood, VCPH, VCOE) to implement interventions, promote best practices and increase awareness.

MCAS Deep Dive GCHP Department-Wide Collaboration

- To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
- The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

Ongoing Data Validation Activities

- Analyzed prospective data between January – June 2023 to understand how members were included in the CHL denominator. We identified that pregnancy tests collected in the emergency department were an uncontrollable variable that pulled members who may not be sexually active in the CHL denominator

- **Advocating for LOINC Code Updates to Nation Committee for Quality Assurance Value Set Directory**
  - Ongoing data validation activities with one clinic system revealed that NCQA had removed 20 chlamydia screening LOINC codes from NCQA's MY 2023 Value Set Directory (VSD) that was published by NCQA in March 2023. This caused CHL rates to decline because these LOINC codes are commonly used by lab vendors. GCHP submitted an NCQA Policy Clarification Support response to advocate for the LOINC codes to be reinstated in the VSD and on November 30, 2023, NCQA re-released an updated VSD with the LOINC codes reinstated.

Create and/or update provider and member education campaigns.

Provider Campaigns

- Talk. Test. Treat your Patients for Sexually Transmitted Diseases, article published in Provider Operations Bulletin, May 2023.
- Chlamydia Screening Provider Education Lunch and Learn to share best practice guideline and provide guidance on the Chlamydia Screening in Women HEDIS measure, June 7, 2023.
- Clinical Strategy Updates to Improve Chlamydia Screening in Women presented at the August 2023 QI Collaborative meeting.

Member Campaigns

- Get Tested for Sexually Transmitted Infections article, Winter 2023 Winning Health Member Newsletter
- Get Tested for Chlamydia Screening, Social Media Campaign Using Instagram, November 26, 2023

Create CHL screening declination form for providers.

The scope of creating a chlamydia screening declination form was expanded to create a universal screening declination form for general preventative health screenings. Due to competing priorities, the work on creating this form was paused and will resume in 2024 with guidance from the Chief Medical Office and legal counsel.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Chlamydia Screening in Women

Launch Quality Incentive Pool and Program (QIPP) that includes CHL.

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the CHL measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. CHL was a required core QIPP measure, and the table below shows that the CHL rates increased for all three clinic systems that participated in the QIPP.

Clinic System	MY 2022 CHL Rate	MY 2023 CHL Rate	Rate Change
Clinicas del Camino Real	50.17	63.51	+13.34
Community Memorial Health System	50.44	56.62	+6.18
Ventura County Healthcare Agency	54.37	67.39	+13.02

Women's Health SWOT Strategies from the DHCS Improvement Project

This evaluation is summarized within the 2023 QIHET Work Plan under #26 "Quality / DHCS 2022-2023 Women's Health SWOT".

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
21-Chronic Disease Management: Asthma Medication Ratio (AMR)						
Asthma Medication Ratio						
Chronic Disease Management	Asthma Medication Ratio	Increase the AMR rate for members, 5 to 64 years of age, who had persistent asthma and had a ≥ 0.50 ratio of controller medications to total asthma medications to meet or exceed the DHCS MPL (50th percentile).	1. Retrospective Drug Utilization Review and Provider Interventions Related to Asthma Medication Use. 2. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 3. Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®. 4. Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions. 5. Explore development of community health workers (CHW) home visiting program in collaboration with Health Education. 6. Launch Quality Incentive Program that includes AMR 7. Asthma Campaigns	1. 09/30/23 2. 08/15/23 3. 02/28/23-12/31/23 4. 07/31/23 5. 09/30/23 6. 06/30/23 7. 12/31/23	• QI Manager • Clinical Programs Pharmacist • HECL/Sr. HN	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1 ○ Report development for the DUR is in progress. • Q2 ○ 2022 MY barrier analysis report complete. ○ POB Article – May 2023: Asthma Action Plan • Q3 ○ Lunch and Learn 09/29/23. ○ Drug Utilization Review ○ 2022 MY Provider Report Cards distributed. ○ MCAS Deep Dive: 10/02/23 ○ POB Article – August 2023: Asthma Action Plan • Q4 ○ Drug Utilization review for members/providers (TBD) ○ Ongoing Monthly Provider rate and Gap Reports in INDICES ○ Ongoing Chronic Disease Self-Management Program ○ Ongoing GHCP Asthma Action Plan & education material

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Asthma Medication Ratio						
						○ Provider notification for members w/ <50% AMR ○ MCAS Q4 Push Activities to Close Care Gaps ○ Fall 2023 Member newsletter article: Taking an active role in managing asthma ○ POB Article – October 2023: Asthma Remediation Program ○ Nov. 2023 – GCHP website updated Asthma Remediation Section.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue interventions to increase the AMR rate for members, 5 to 64 years of age, who had persistent asthma and had a ≥ 0.50 ratio of controller medications to total asthma medications to meet or exceed the DHCS MPL (50th percentile).

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
AMR	**52.41**	**46.80**	**-5.61**	**<5th**	**Not Met**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Asthma Medication Ratio

Retrospective Drug Utilization Review and Provider Interventions Related to Asthma Medication Use

Pharmacy Data Analysis

- The Pharmacy and Quality Improvement Departments collaborated to review the Asthma Medication Ratio outcome reports produced by GCHP's quality reporting Vendor, Inovalon. The analysis revealed issues with pharmacy dispensing events being over-reported because duplicate claims and pharmacy reversals were included in the AMR rate calculation. These issues were corrected to remove the duplicate claims and pharmacy reversals for the final MY 2023 rate reporting.
- The AMR analysis also revealed that many members overutilizing rescue medications which caused their ratio of asthma controller medication to total asthma medication to be < 50%. An area of concern that could be contributing to this is auto-refilling of rescue medications. GCHP's Pharmacy Department and Chief Medical Officer met with providers who also reported concerns about auto-refill for albuterol medication at CVS pharmacies and this concern was presented at the Local Health Plans of California (LHPC) to consider advocating for policy changes on auto-refilling.

Provider Education on Medication Management

- Clinical Guidelines for Asthma Management and Tips for Improving the AMR rate, Pharmacy Newsletter, Fall 2023
- Asthma Inhaler Demonstration presented by the Pharmacy Department, September 29, 2023
- Asthma Medication Management Webinar Lunch and Learn on 09/229/23

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.

The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.

Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®.

Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings

The QI Department reviewed the MY 2022 AMR data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	111	46	172	18	291	36	7	681
Compliant	121	55	217	21	265	64	7	750
Total	232	101	389	39	556	100	14	1431

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Asthma Medication Ratio

Compliance Rate	*52.16*	*54.46*	*55.78*	*53.85*	*47.66*	*64.00*	*50.00*	*52.41*

Area Code	Ventura County Cities
Area 1	Ventura
Area 2	Camarillo, Somis, Santa Rosa
Area 3	Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village
Area 4	Oak View, Ojai
Area 5	Oxnard, Port Hueneme, Point Mugu
Area 6	Fillmore, Piru, Santa Paula
Area 7	Outside Ventura County

AMR: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	19	118	123	49	21	0	6	345	681
Compliant	29	123	150	57	11	51	7	322	750
Total	48	241	273	106	32	51	13	667	1431
Compliance Rate	*60.42*	*51.04*	*54.95*	*53.77*	*34.38*	*100.00*	*53.85*	*48.28*	*52.41*

AMR: Age Group	5 to 11	12 to 18	19 to 50	51 to 64	Total
Non-Compliant	97	137	309	138	681
Compliant	118	131	324	177	750
Total	215	268	633	315	1431
Compliance Rate	*54.88*	*48.88*	*51.18*	*56.19*	*52.41*

AMR: Gender	Female	Male	Total
Non-Compliant	372	309	681
Compliant	449	301	750
Total	821	610	1431
Compliance Rate	*54.69*	*49.34*	*52.41*

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Asthma Medication Ratio

AMR: Language	Declined	English	Spanish	Total
Non-Compliant	2	503	176	681
Compliant	7	568	175	750
Total	9	1071	351	1431
Compliance Rate	*77.78*	*53.03*	*49.86*	*52.41*

AMR: Race	White	African American	American Indian/Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Rate	2+ Races	Declined	Total
Compliant	172	11	2	9	2	110	343	32	681
Non-Compliant	188	20	2	35	0	135	329	41	750
Total	360	31	4	44	2	245	672	73	1431
Compliance Rate	*52.22*	*64.52*	*50.00*	*79.55*	*0.00*	*55.10*	*48.96*	*56.16*	*52.41*

AMR: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	343	196	142	681
Compliant	327	247	176	750
Total	670	443	318	1431
Compliance Rate	*48.81*	*55.76*	*55.35*	*52.41*

Summary Analysis: Subgroups with the Lowest MY 2022 AMR Rates

- Area of Residence: Area 5 (47.66) which includes Oxnard, Port Hueneme, and Point Mugu.
- Clinics Systems: Independent providers (34.38) and VCMC clinics (48.28).
- Age Group: 12 – 18 years of age (48.88)
- Gender: Males (49.34)
- Language: Spanish (49.86)
- Race: White (52.22), American Indian / Alaska Native (50.00), and 2+Race (48.96)
- Ethnicity: Hispanic (48.81)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Asthma Medication Ratio

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to improve data integration and reduce data gaps.
- Provider Awareness
  - Develop provider education campaigns, such as lunch-and-learn to promote best practices
  - Pilot a provider notification campaign.
- Member Education
  - Develop, update and promote asthma education material.
- Collaborations with Providers and Community Based Organizations
  - Support the promotion of community programs such as the Ventura County Healthcare Agency Asthma Remediation Program
  - Collaborate with contracted providers to implement interventions to improve asthma medication management.

Explore development of community health workers (CHW) home visiting program in collaboration with Health Education.

GCHP contracted with Ventura County Health care Agency to support the Asthma Remediation Program, which is part of the Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative to expand Community Supports (CS) services. The program will provide physical home modifications to ensure the health and welfare of GCHP members with poorly controlled asthma defined by the following:

- Emergency department visits or hospitalization
- Two sick or urgent care visits in the past 12 months
- Score of 19 or lower on the Asthma Control Test

The Asthma Remediation Program will enable members to function in their home and prevent acute asthma episodes that could result in the need for emergency services and hospitalization. The program will include services that include the following:

- Allergen-impermeable mattress and pillow dust covers
- High-Efficiency Particulate Air (HEPA) filtered vacuums
- Integrated Pest Management (IPM) services
- De-humidifiers
- Air filters
- Minor mold removal
- Ventilation Improvements
- Asthma-friendly cleaning products and supplies

Launch Quality Incentive Pool and Program (QIPP) that includes AMR.

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the AMR measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. However, no participating providers selected AMR as an optional measure in MY 2023. For MY 2024, the QIPP will be expanded to include AMR as a required measure.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Asthma Medication Ratio						
Asthma Campaigns **Provider Asthma Management Lunch & Learn Webinar Provider Training** • The Quality Improvement Department hosted a "Lunch & Learn Asthma Medication Training on September 29, 2023. • The presentations were led by clinical staff including Andrea Andre, a GCHP QI RN and Dr. Ravi Bajwa, a medical doctor with specialty in pulmonary and critical care medicine. • The webinar covered the following topics: o Overview of the Asthma Medication Ratio HEDIS measure specifications. o Latest updates on asthma medication management o Asthma clinical overview o 2022 Asthma Guidelines o Winning Health Article: *Taking an active role in your Asthma,* October 2023 **Provider Campaigns** • Promotion of the GCHP Asthma Action Plan, Provider Operations Bulletin, May 2023 and August 2023 • Asthma Remediation Program article, Provider Operations Bulletin, October 2023 **Member Campaigns** o Take an Active Role in Managing Asthma, Winning Health Member Newsletter, Fall 2023						

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
22-Chronic Disease Management: Health Equity Controlling Blood Pressure (CBP)						
Controlling Blood Pressure						
Chronic Disease Management	Controlling Blood Pressure (CBP	Increase the CBP rate to meet or exceed the DHCS MPL (50th percentile).	1. Increase member and provider awareness and utilization of the blood pressure cuff benefits to improve member self-monitoring of blood pressure for members with hypertension. 2. Create toolkit. 3. Monitor utilization of BP cuff 4. Collaborate with Care Management to promote the blood pressure cuff benefit. 5. Improve capture of blood pressure data in administrative data (e.g., EMR). 6. Implementation of the Wellth Congestive Heart Failure Incentive Program 7. Launch Quality Incentive Program that includes CBP	1. 12/31/23 2. 05/01/23 3. 06/01/23-12/31/23 4. 06/01/23-12/31/23 5. 09/01/23 6. 06/30/23 7. 09/30/23	• Clinical Programs Pharmacist • QI RN • QI Managers • Clinical Care Manager • Clinical Programs Registered Dietician • HECL Department	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: ○ Presented QIC Telehealth BP ○ Members and Provider education completed. ○ *Managing Blood Pressur*e article in Winning Health ○ Toolkit in progress ○ Engaged w/ Care management. • Q2: ○ 2022 MY barrier analysis report completed. • Q3 ○ BP Toolkit on GCHP website ○ BP Toolkit distributed in August. ○ MCAS Deep Dive: 08/25/23 ○ Provider E-Blast: New Provider Blood Pressure Toolkit • Q4 ○ Health Fairs BP collection ○ EMR data feeds for CBP ○ MCAS Q4 Push Activities to Close Care Gaps Continue Objective: Yes☒ No☐

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Controlling Blood Pressure						
						Next Steps: Continue interventions to increase the CBP rate for members 21-44 years of age to meet or exceed the DHCS MPL (50th percentile).

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
CBP	**60.34**	**62.29**	**+1.95**	**50th**	**Met**

Increase member and provider awareness and utilization of the blood pressure cuff benefits to improve member self-monitoring of blood pressure for members with hypertension.

Provider Campaigns

- Blood Pressure Monitors and Coverage Updates under Medi-Cal Rx presentation at the February 2023 QI Collaboration meeting.
- Clinical Data Strategies to Improve Collection and Documentation of Blood Pressure presented at the May 2023 QI Collaboration meeting.
- New Provider Blood Pressure Toolkit announcement eblast sent to providers on August 3, 2023

Member Campaigns

- "Managing Blood Pressure" article in the Winter 2023 Winning Health Member Newsletter

Create a Blood Pressure Provider Toolkit

In collaboration with the Quality Improvement, Health Education/Cultural Linguistics, Pharmacy, and Communications Departments, a new "Blood Pressure Toolkit" provider resource webpage was created and launched on the Gold Coast Health Plan website on August 3, 2023. The toolkit has blood pressure resources for providers and members and include the following information:

- Provider Education Materials
  - Health Education Referral Form: can be used by providers to refer members to the GCHP Health Education Department for health education material
  - Care Management Referral Form: can be used by providers to refer members to GCHP Care Management Services
  - Blood Pressure tip sheet includes information on how provides can order or prescribe home blood pressure cuffs and monitoring systems for GCHP members
  - Fact sheet on how to collect blood pressure during a telehealth visit
- Member Education Materials / Tips Sheets in English and Spanish
  - How to Check Your Blood Pressure
  - Blood Pressure Diary
  - Daily Care for Hypertension

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Controlling Blood Pressure

- When to Get Help for Hypertension
- Link to the GCHP Health Library
- 24/7 Nurse Advice Line

Monitor utilization of BP cuff.

Pharmacy and professional claim data shows that a total of 930 blood pressure monitoring devices were distributed to members via their medical or pharmacy benefits.

- Profession Claims
  - 136 blood pressure monitors
- Pharmacy Claims
  - 8 BP cuffs
  - 786 BP monitors

Of the 9081 members in the MY 2023 Controlling Blood Pressure member, 55 utilized the blood pressure monitor benefit in 2023 and 27 of the 55 members had controlled blood pressure < 140/80.

Collaborate with Care Management to promote the blood pressure cuff benefit.

The Quality Improvement and Care Management collaborated on the promotion of the new BP toolkit resources that informed both providers and members of the Medi-Cal blood pressure cuff and monitoring benefit and these devices can be obtained.

The Care Management Department implemented a workflow to support increased member utilization of the home blood pressure devices by informing members who received Care Management support of the blood pressure device benefit.

Improve capture of blood pressure data in administrative data (e.g., EMR).

- The Quality Improvement and Information Technology Departments worked with network providers to increase access to supplemental data that included Health Information Exchange (HIE) data feeds.
- Providers that participated in the Quality Incentive Pool and Program (QIPP) also started submitted electronic health record (EHR) that included blood pressure values mapped to CPT II codes.

Implementation of the Wellth Congestive Heart Failure Incentive Program.

Initially, GCHP engaged with Wellth for a pilot focused on reductions in high-cost utilization. After seeing such high early engagement in the program for members (over 90% engagement on a daily basis), GCHP co-designed a program with Wellth that focused primarily on care gap closure (for CCS, BCS, HBD and CBP), as part of the Q4 push to

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Controlling Blood Pressure
improve MCAS rates. In November of 2023, the Commission approved a phased approach to increasing Wellth enrollment up to 6,500 members by 6/30/24. As GCHP continues to expand the program, provider engagement in determining target populations for enrollment will be necessary.
Launch Quality Incentive Pools and Program that includes CBP. The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the CCS measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. However, no participating providers selected CBP as an optional measure in MY 2023.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
23-Chronic Disease Management: Diabetes Management						
Diabetes Management						
Chronic Disease Management	Diabetes Management	Improvement of disease management for members diagnosed with diabetes.	1. Implementation of the Wellth Diabetes Management Incentive Program 2. Evaluate the effectiveness of the Diabetes HbA1c Test Member Incentive Program 3. Diabetes Education Campaigns	1. 06/30/23 2. 12/31/23 3. 12/31/23	• Sr. Manager of Population Health • HECL/Sr. Director HECL	Annual Goal Met: Yes ☒ No ☐ Quarterly Updates: • Q1: ○ POB Article February 2023: Chronic Disease Self-Management Program (CDSMP) promoting HE workshop to manage conditions like Diabetes. ○ Submitted contract and mobile application to DHCS for approval on 4/11/23. Pending approval to move forward. ○ *Why Diabetic Patients Need Annual Screening* article, March 2023 POB ○ Medically Supportive Foods outreach for members with diabetes. • Q2 ○ Wellth Mobile Application approved by DHCS on 6/9/2023. ○ Medically Supportive Foods outreach for members with diabetes. ○ HECL published article in member newsletter for "Learn to Live a Healthier" promoting HE workshops to chronic conditions like diabetes.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Diabetes Management						
						○ POB Article Healthwise Health Library for HE • Q3: ○ Wellth pilot launched on 9/12/2023. ○ HbA1c MI re-launching ○ HbA1c member outreach scheduled for Q4. ○ MCAS Deep Dive: 08/22/23 ○ Data improvement mapping of HbA1c lab values to CPT II codes. ○ Medically Supportive Foods outreach for members with diabetes. ○ HECL visited high risk diabetes members at St. John's Medical Regional Center for Health Connections Program. • Q4: ○ Wellth pilot reached 1,500 members. ○ Additional Wellth program focused on QI approved by DHCS and Commission. ○ Began enrolling members in the QI program on December 13, 2023. ○ Member Newsletter Article published (Fall Issue): Medically Supportive Foods Delivered to You [for

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Diabetes Management						
						members with diabetes] & Keeping Diabetes Under Control. ○ HECL conducted HDB outreach for MCAS push, providing assistance in scheduling appointments. ○ POB Article published October 2023 - New Member Incentive Programs - Diabetes HbA1c Test ○ Sr. Health Navigator certified in Diabetes Self-Management Program (DSMP) to conduct workshops in 2024. ○ HECL visited high risk diabetes members at St. John's Medical Regional Center for Health Connections Program.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue phased approach to Wellth program implementation after evaluation of initial outcomes.

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
HBD*	**35.04**	**28.71**	**-6.33**	**90th**	**Met**

***Lower rate is better.**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Diabetes Management

Implementation of the Wellth Diabetes Management Incentive Program

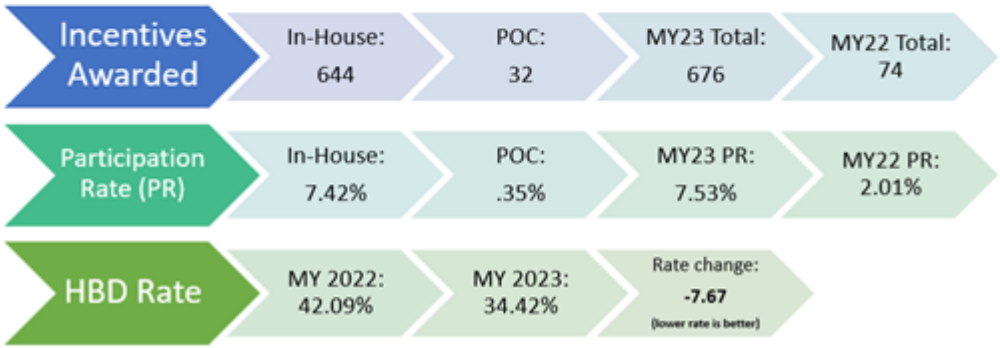
Initially, GCHP engaged with Wellth for a pilot focused on reductions in high-cost utilization. After seeing such high early engagement in the program for our members (over 90% engagement on a daily basis), GCHP co-designed a program with Wellth that focused primarily on care gap closure (for CCS, BCS, HBD and CBP), as part of the Q4 push to improve MCAS rates. In November of 2023, the Commission approved a phased approach to increasing Wellth enrollment up to 6,500 members by 6/30/24. As GCHP continues to expand the program, provider engagement in determining target populations for enrollment will be necessary.

Evaluate the effectiveness of the Diabetes HbA1c Test Member Incentive Program

Members with diabetes that needed an HbA1c test were mailed the member incentive and received a follow-up phone call from GCHP's Health Navigators to help with scheduling heir appointment. In additional to receiving the member incentive, they were offered to enroll in GCHP's Chronic Disease Self-Management Program, which is an interactive workshop where members can learn to manage their diabetes and any other chronic conditions, to help them live healthier lives. Topics include action planning, decision making, medication usage, following up with their health care provider, healthy eating and exercising.

2023 Diabetes HbA1c Test Member Incentive Evaluation

Time Period: 09/01/23 -12/31/23
Member Incentive: $40 gift card to Target, Walmart or Amazon
Criteria: Members (18-75 years of age) who receive an HbA1c test between 7/1-12/31/23.
Eligible Population: 8,972
Incentive Forms Mailed: 4,440



Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Diabetes Management

Diabetes Education Campaigns

Provider Campaigns

- Why Diabetic Patients Need Annual Screening, Provider Operations Bulletin, March 2023
- Diabetes Prevention Program, Provider Operations Bulletin, August 2023
- Promote the New Diabetes HbA1c Test Member Incentive Program, Provider Operations Bulletin, October 2023
- Changes to the Continuous Glucose Monitoring (CGM) Systems Coverage Criteria and Prior Authorization, Provider Operations Bulletin, December 2023

Member Campaigns

- Chronic Disease Self-Management Program, Winning Health Newsletter, Summer 2023
- Following Up with Your Primary Care Provider, Winning Health Newsletter, Summer 2023
- Keeping Diabetes Under Control, Winning Health Newsletter, Fall 2023.
- Medically Supportive Food Delivery, Winning Health Newsletter, Fall 2023

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
24-Children's Health: Developmental Screening in the First Three Years of Life (DEV)						
Developmental Screening in the First Three Years of Life						
Children's Health	Developmental Screening in the First Three Years of Life (DEV)	Increase the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding, or on, their first, second or third birthday, by 3% compared to the prior measurement year.	1. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 2. Provide prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES® to clinics/providers. 3. Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions. 4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department, Help Me Grow/First 5, CHDP, VCPH, VCOE) to implement interventions, promote best practices and increase awareness. 5. Create and/or update provider and member education campaigns. 6. Evaluate improvement in data capture (e.g., non-standard data collection, claims, coding improvement). 7. Launch Quality Incentive Program that includes DEV.	1. 08/15/23 2. 02/28/23-12/31/22 3. 07/31/23 4. 01/01/23-12/31/23 5. 09/30/23 6. 12/31/23 7. 06/30/23	• QI RN Manager • QI Program Manager II • QI Program Manager III • QI RN	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: ○ Ongoing collaboration with First 5 and Help Me Grow • Q2: ○ First 5 presentations on HMG during QI Collab ○ 2022 MY barrier analysis report complete. • Q3: ○ Review of top performing providers ○ QI Collab Presentation of best practices for DEV clinic workflow 08/16/23 ○ Collaboration with MCAH to provide members and providers with ASQ-3 results for provider's review. ○ 2022 MY Provider Report Cards distributed. • Q4 ○ MCAS Q4 Push Activities to Close Care Gaps Continue Objective: Yes☒ No☐ Next Steps: Continue intervention to increase the percentage of children

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Developmental Screening in the First Three Years of Life						
						screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding, or on, their first, second or third birthday, by 3% compared to the prior measurement year.

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
DEV	**38.95**	**47.85**	**+8.90**	**50th**	**Met**

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.

The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.

Provide prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES® to clinics/providers.

Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings

The QI Department reviewed the MY 2022 DEV data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

DEV: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	671	271	1062	133	2947	713	89	5886

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Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Developmental Screening in the First Three Years of Life

Compliant	395	161	568	56	2187	334	55	3756
Total	1066	432	1630	189	5134	1047	144	9642
Compliance Rate	*37.05*	*37.27*	*34.85*	*29.63*	*42.60*	*31.90*	*38.19*	*38.95*

Area Code	Ventura County Cities
Area 1	Ventura
Area 2	Camarillo, Somis, Santa Rosa
Area 3	Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village
Area 4	Oak View, Ojai
Area 5	Oxnard, Port Hueneme, Point Mugu
Area 6	Fillmore, Piru, Santa Paula
Area 7	Outside Ventura County

DEV: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	299	1638	1237	270	82	383	96	1881	5886
Compliant	143	395	565	44	77	15	78	2439	3756
Total	442	2033	1802	314	159	398	174	4320	9642
Compliance Rate	*32.35*	*19.43*	*31.35*	*14.01*	*48.43*	*3.77*	*44.83*	*56.46*	*38.95*

DEV: Age Group	Age 1	Age 2	Age 3	Total
Non-Compliant	1379	2118	2389	5886
Compliant	713	1505	1538	3756
Total	2092	3623	3927	9642
Compliance Rate	*34.08*	*41.54*	*39.16*	*38.95*

DEV: Gender	Female	Male	Total
Non-Compliant	2889	2997	5886
Compliant	1812	1944	3756

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Developmental Screening in the First Three Years of Life

Total	4701	4941	9642
Compliance Rate	*38.54*	*39.34*	*38.95*

DEV: Language	Declined	English	Spanish	Total
Non-Compliant	**15**	3792	2079	5886
Compliant	**10**	2146	1600	3756
Total	25	5938	3679	9642
Compliance Rate	*40.00*	*36.14*	*43.49*	*38.95*

DEV: Race	White	African American	American Indian /Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Race	2+ Races	Declined / Blank	Total
Compliant	843	44	4	51	3	1551	3120	270	5886
Non-Compliant	464	26	0	30	2	928	2141	165	3756
Total	1307	70	4	81	5	2479	5261	435	9642
Compliance Rate	*35.50*	*37.14*	*0.00*	*37.04*	*40.00*	*37.43*	*40.70*	*37.93*	*38.95*

DEV: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	3112	953	1821	5886
Compliant	2140	523	1093	3756
Total	5252	1476	2914	9642
Compliance Rate	*40.75*	*35.43*	*37.51*	*38.95*

Summary Analysis: Subgroups with the Lowest MY 2022 DEV Rates

- Area of Residence: Area 3 (34.85), Area 4 (29.63), Area 6(31.90)
- Clinics Systems: AHP (32.35), CDCR (19.43), CMHS (31.35), Dignity Health (14.01), Kaiser Permanente (3.77)
- Age Group: Age 1 (34.08)
- Gender: No significant difference in rates between female and male.
- Language: English (36.14)
- Race: White (35.50)
- Ethnicity: Non-Hispanic (35.43)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Developmental Screening in the First Three Years of Life

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to identify new data sources, improve data integration and reduce data gaps.
- Provider Awareness
  - Develop provider education campaigns to promote best practices (e.g., lunch-and-learn, provider tools and resources).
- Member Education
  - Develop, update, and promote member education material (e.g., health education resources and programs).
- Collaborations with Providers, Vendors and Community Based Organizations
  - Support and utilize the promotion of community care resources and programs to improve access to care (e.g., gap-closure outreach programs, QIPP).

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department, Help Me Grow/First 5, CHDP, VCPH, VCOE) to implement interventions, promote best practices and increase awareness.

MCAS Deep Dive GCHP Department-Wide Collaboration

- To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
- The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

Continued collaboration with CHDP, VCOE, VCPH, and Help Me Grow/First 5

- Partnership with First 5/ Help Me Grow to promote developmental screening resources.
- Help Me Grow presented developmental screening best practice and agency resource support at the May 17, 2023, QI Collaboration Meeting
- Quarterly collaborative meetings with CHDP, First 5, and GCHP. Developmental screening clinic performance rate presented quarterly.
- Developmental Screening Best Practices Sharing presented by Ventura County Ambulatory Care at the August 2023 QI Collaboration Meeting

Create and/or update provider and member education campaigns.

Provider Campaigns

- Developmental Screening Best Practices presented by Help Me Grow Ventura at the May 2023 QI Collaboration Meeting
- Developmental Screening Best Practices Sharing presented by Ventura County Ambulatory Care at the August 2023 QI Collaboration Meeting
- Importance of Child Developmental Screening at 9, 18, and 30 Months of Age article, August 2023 Provider Operations Bulletin
- Well-Child Visits Best Practices article, December 2023 Provider Operations Bulletin

Member Campaigns

- Well-Baby Visits for Your Growing Baby article, Fall 2023 Winning Health

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Developmental Screening in the First Three Years of Life

- Member mail campaign on Medi-Cal for Kids & Teens to promote preventive and covered services for children 0 to 21 years of age, June 2023

Evaluate improvement in data capture (e.g., non-standard data collection, claims, coding improvement).

- New Data Sources
  - In 2023, Gold Coast Health Plan bean collecting electronic health (EHR) data feeds from the three largest clinic systems to supplement administrative data sources.

- Coding Guidance and Education
  - Worked with two clinic systems to provide coding guidance and education on the codes used to bill for developmental screening using standardized screening tools. These clinic systems had not been using the appropriate developmental and/or did not utilize the appropriate and standardized screening tools.

Launch Quality Incentive Pool and Program (QIPP) that includes DEV

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the DEV measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. Ventura County Health Care Agency (VCHCA) selected DEV as an optional measure in the QIPP and their rate improved from 56.46% in MY 2022 to 62.10% in MY 2023.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
25-Children's Health: Lead Screening in Children (LSC)						
Lead Screening in Children						
Children's Health	Lead Screening in Children (LSC)	• Increase the percentage of children who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday to exceed the 2022 MY MPL (63.99%) by 2% points (65.99%). • Increase the percentage of children is who had blood lead tests and periodic assessments as prescribed in the DHCS APL 20-016 Lead Screening in Young Children by 5% in each age category. ○ 0-15 months: 8.33% (2022 MY) to 13.33% ○ 12-27 months: 24.24% (2022 MY) to 29.24% ○ 0-72 months: 56.99% (2022 MY to 61.99%)	1. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 2. Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®. 3. Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions. 4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Community Relations Department, Help Me Grow/First 5, CHDP, CDR, CLPPP, VCPH, VCOE) to implement interventions, promote best practices and increase awareness. • WIC text campaigns 5. Create and/or update provider and member education campaigns. • 2023 Q1 QI Collaborative 6. Compile and distribute lead screening gaps in care reports quarterly to providers (per DHCS APL 20-016) 7. Monitor provider compliance with lead screening requirements through medical record audits and issue CAPs for performance below 80% threshold.	1. 08/15/23 2. 02/28/23-12/31/23 3. 07/31/23 4. 01/01/23-12/31/23 5. 01/01/23-12/31/23 6. 03/31/23, 06/30/23, 09/30/23, 12/31/23 7. Biannual (May & December)	• QI RN Manager • QI RN • HECL/Sr. Health Navigator	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: ○ Continued engagement with CLPPP. LSC rates report provided to clinic systems during collaborative meetings. ○ *Protect Your Kids from Lead Poisoning* article in Winning Health. ○ HECL includes lead poisoning prevention brochure in pregnancy & postpartum packets. • Q2: ○ Completed lead focused MRR. ○ LSC incentive flyer. ○ Provider grant program enabling purchase of POC machines. ○ 2022 MY barrier analysis report completed. ○ HE provided members with lead member incentive, well-care visit flyer, and lead brochure through CM follows up on MHK. ○ Q2 Clinic Incentive Winner: Conejo Valley Family Medical Clinic

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Lead Screening in Children						
			8. Launch Quality Incentive Program that includes LSC. 9. Launch and evaluate the effectiveness of the LSC member incentive program.	8. 06/30/23 9. 12/31/23		○ Member newsletter article – Summer 2023: Go to the doctor before school starts! – including lead screenings ○ HECL includes lead poisoning prevention brochure in pregnancy & postpartum packets. • Q3: ○ LSC quarterly reports submitted, MRR focused review completed, and education provided on areas of weakness, soft CAPs to be provided. ○ PI letters sent to each clinic with their overall final results for May. ○ LSC POC MI planning ○ LSC provider incentive per test completed. ○ 2022 MY Provider Report Cards distributed. ○ MCAS Deep Dive: 10/02/23 ○ QI Collaboration Meeting LSC Presentation: 08/16/23 ○ DHCS 2022 Medical Audit CAP closed 9/10/23 ○ Q3 Clinic Incentive Winner: CMH – Camarillo

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Lead Screening in Children						
						○ HECL includes lead poisoning prevention brochure in pregnancy & postpartum packets. • Q4: ○ Focused Lead Screening MRR in December ○ New Lead MRR SharePoint database ○ Q4 Clinic Incentive Winner: Dignity Health – Verdugo Way ○ MCAS Q4 Push Activities to Close Care Gaps ○ Member newsletter article – Fall 2023: well-baby visits for your growing baby & Lead screening in children ○ HECL includes lead poisoning prevention brochure in pregnancy & postpartum packets.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue interventions to increase the percentage of children who had one or more capillary or venous blood lead tests for lead poisoning by their 2nd birthday to meet the 75th national Medicaid percentile established by NCQA.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Lead Screening in Children

Evaluation & Barrier Analysis

LSC Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
LSC	65.69	69.87	+4.18	75th	Met

DHCS Lead Screening Rates

DHCS Blood Lead Test Rates	MY 2022	MY 2023	Goal
0 to 15 Months of Age	8.33%	6.61%	13.33%
0 to 27 Months of Age	25%	32%	29.24 %
0 to 72 Months of Age	56.99%	58.62%	61.99%

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.

The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.

Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®.

Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings

The QI Department reviewed the MY 2022 LSC data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

LSC: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	16	7	35	3	68	11	1	141
Compliant	25	12	36	3	160	30	4	270
Total	41	19	71	6	228	41	5	411

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Lead Screening in Children

Compliance Rate	*60.98*	*63.16*	*50.70*	*50.00*	*70.18*	*73.17*	*80.00*	*65.69*

Area Code	Ventura County Cities
Area 1	Ventura
Area 2	Camarillo, Somis, Santa Rosa
Area 3	Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village
Area 4	Oak View, Ojai
Area 5	Oxnard, Port Hueneme, Point Mugu
Area 6	Fillmore, Piru, Santa Paula
Area 7	Outside Ventura County

LSC: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	1	15	10	20		12	2	81	141
Compliant	14	88	45	5	2	6	3	107	270
Total	15	103	55	25	2	18	5	188	411
Compliance Rate	*93.33*	*85.44*	*81.82*	*20.00*	*100.00*	*33.33*	*60.00*	*56.91*	*65.69*

LSC: Gender	Female	Male	Total
Non-Compliant	75	66	141
Compliant	143	127	270
Total	218	193	411
Compliance Rate	*65.60*	*65.80*	*65.69*

LSC: Language	English	Spanish	Total
Non-Compliant	101	40	141
Compliant	140	130	270
Total	241	170	411
Compliance Rate	*58.09*	*76.47*	*65.69*

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Lead Screening in Children

LSC: Race	White	African American	Asian	Other Race	2+ Races	Declined / Blank	Total
Compliant	21	1	2	52	59	6	141
Non-Compliant	25	0	2	69	160	14	270
Total	46	1	4	121	219	20	411
Compliance Rate	*54.35*	*0.00*	*50.00*	*57.02*	*73.06*	*70.00*	*65.69*

LSC: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	59	24	58	141
Compliant	158	29	83	270
Total	217	53	141	411
Compliance Rate	*72.81*	*54.72*	*58.87*	*65.69*

Summary Analysis: Subgroups with the Lowest MY 2022 LSC Rates

- Area of Residence: Area 1 (60.98), Area 2 (63.16), Area 3 (50.70), Area 4 (50.00)
- Clinics Systems: Dignity Health (20.00), Kaiser Permanente (33.33), VCMC (56.91)
- Gender: No group with lower rates
- Language: English (58.09)
- Race: White (54.35), Asian (50.00), Other Race (57.02)
- Ethnicity: Non-Hispanic (54.72)

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to identify new data sources, improve data integration and reduce data gaps.
- Provider Awareness
  - Develop provider education campaigns to promote best practices (e.g. lunch-and-learn, provider tools and resources).
- Member Education
  - Develop, update, and promote member education material.
- Collaborations with Providers and Community Based Organizations
  - Support the promotion of community programs to improve access to care.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Lead Screening in Children

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Community Relations Department, Help Me Grow/First 5, CHDP, CDR, CLPPB, VCPH, VCOE) to implement interventions, promote best practices and increase awareness.

MCAS Deep Dive GCHP Department-Wide Collaboration

- To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
- The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

Continued partnerships and collaborations with external community-based organizations Help Me Grow First 5 Ventura County, and the Ventura Count of Public Health (VCPH) Childhood Lead Poisoning Prevention Branch (CLPPB) to promote the importance of blood lead screening in children.

- Held quarterly meetings with VCPH to discuss the CLPPB activities to promote lead poisoning education and close gaps in care through lead tests. CLPPB conducted case management calls and as needed environmental and developmental screening.
- GCHP advocated for the promotion of lead testing through the following activities
  - Continued to distribute quarterly lead screening gap reports to notify providers of children who were missing blood lead tests
  - Evaluated grants to provide clinics with point-of-care lead machines
  - Developed and promoted the lead screening member incentive program with members and providers. Member lead testing incentive shared with COB (VCPH, CLPPP, CDR, CHDP, First 5, and CAC.
  - Included the Lead Screening in Children as a core measure in the newly launched QIPP provider incentive program.

New partnerships developed through Child Development Resources of Ventura County (CDRV)

- Collaborated with CDRV to help promote importance of lead testing and requirements within the community.

Create and/or update provider and member education campaigns.

Provider Education

- Lead Screening in Children presentation at the QI Collaboration Meeting , February 2023
- Promotion of lead test refusal form
- Focused Lead Screening Audit Results, presented at the QI Collaboration Meeting on 08/16/23
- Focused Lead Screening Audit Results, presented at the monthly clinic system meetings.
- Blood Lead Testing for Children Member Incentive Program, Provider Operations Bulletin, October 2023
- Well-Child Visit Best Practices, Provider Operations Bulletin, December 2023

Member Education

- Member mail campaign on Medi-Cal for Kids & Teens to promote preventive and covered services for children 0 to 21 years of age, June 2023
- Protect Your Kids from Lead Poisoning article, Winning Health. Member Newsletter, Winter 2023

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Lead Screening in Children

- Screening Schedule for School Age Children, Winning Health Member Newsletter Summer 2023
- Well-Baby Visits for Your Growing Baby, Winning Health Member Newsletter, Fall 2023
- Member mailer to promote the importance of childhood lead screening and to promote the $25 lead screening in children member incentive.

Compile and distribute lead screening gaps in care reports quarterly to providers (per DHCS APL 20-016).

Lead screening gap reports were distributed to providers on the following dates:

- Q1 2023 sent on 04/12/2023
- Q2 2023 sent on 06/15/2023
- Q3 2023 sent on 12/08/2023
- Q4 2023 sent on 01/01/2024

Monitor provider compliance with lead screening requirements through medical record audits and issue CAPs for performance below 80% threshold.
The Quality Improvement Department continued to conduct focused lead screening audits on the four largest clinic systems to evaluate provider compliance with documenting the following with the medical records of children between 0 to 72 months of age: (1) lead screening anticipatory guidance; (2) blood lead lab test order; (3) blood lead lab test completed; and (4) parental/guardian lead screening refusal form. Clinics that under-performed were issued CAPs that included continuing education and guidance.
The audits results show that members are being seen during the recommended time frame for 12-months and the blood lab tests are being ordered. Areas in need of improvement continue to be documentation of anticipatory guidance and use of the lead test refusal form.

CDCR	May	December
Anticipatory Guidance	37%	71.05%
Lead Test Ordered	76%	88.75%
Lead Test Completed	96%	97.18%
Lead Test Refusal	0%	0%

CMH	May	December
Anticipatory Guidance	58%	46.38%
Lead Test Ordered	69%	63.95%
Lead Test Completed	76%	72.73%
Lead Test Refusal	0%	0%

VCHCA	May	December
Anticipatory Guidance	1%	5.21%

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Lead Screening in Children

Lead Test Ordered	61%	85.71%
Lead Test Completed	96%	85.56%
Lead Test Refusal	0%	0%

DHMG	May	December
Anticipatory Guidance	32%	0.00%
Lead Test Ordered	20%	9.76%
Lead Test Completed	58%	100.00%
Lead Test Refusal	0%	0%

Launch Quality Incentive Pool and Program (QIPP) that includes LSC.

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the LSC measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance.
CDCR and CMH selected LSC as an optional measure in the QIPP and their rate increases are documented in the table blow.
Ventura County Healthcare Agency (VCHCA) did not select LSC as an optional measure in the QIPP and was therefore eligible to receive the $25 per lead screening test performed on patients up to 24 months of age. VCHCA was awarded for performing 2,983 tests in MY 2023.

Clinic System	MY 2022 LSC Rate	MY LSC BCS Rate	Rate Change
Clinicas del Camino Real	80.26	83.41	+3.15
Community Memorial Health System	67.75	68.21	+0.46
Ventura County Healthcare Agency	NA – Did not select measure in QIPP	NA	NA

Launch and evaluate the effectiveness of the LSC member incentive program.

Time Period: 06/01/23 -12/31/23
Member Incentive: $25 gift card to Target, Walmart, or Amazon.
Criteria: Members (0-2 years of age) who receive a blood lead test on or before their second birthday.
Eligible Population: 3,276
Incentive Forms Mailed: 9,039 **(**Some members were mailed the incentive form twice in the year.)

Percentage of Compliant Members from Final MY2023 LSC Rate

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Lead Screening in Children

Compliant Members Final MY2023 LSC	Members Rewarded LSC Incentive in MY2023	Percentage of Compliant who Earned an Incentive
2,332	425	18.22%

Forms Submitted to GCHP	Incentives Awarded	Participation Rate
468	425	12.97%

Gift Cards Awarded:

Target	Walmart	Amazon
196	151	82

Form Source:

Case Manager	0
Direct Mail	197
Website	231
Community Relations	0
Health Education	0
On-Site Delivery	0
VCMC	1

Conclusion: The Blood Lead Test Member Incentive for 0–2-year-olds was a successful program. We can conclude this by seeing that 18% percent of the members who completed a blood lead test in MY2023 received an incentive and almost 13% percent of the total eligible population for the LSC measure received an incentive. These high participation rates show us that the program was highly utilized in helping members complete this important screening. GCHP is continuing to offer this incentive in MY2024 where we will further be able to evaluate the success of this program through comparison of its success in MY2023 to MY2024.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
26-Children's Health: Topical Fluoride Varnish (TFL)						
Topical Fluoride Varnish						
Children's Health	Topical Fluoride Varnish (TFL)	Increase the percentage of children, ages 1 through 20, who received at least two topical fluoride applications during the measurement year to meet or exceed the DHCS MPL (50th percentile).	1. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 2. Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®. 3. Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions. 4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department, Help Me Grow/First 5, CHDP, VCPH, VCOE) to implement interventions, promote best practices and increase awareness. 5. Create and/or update provider and member education campaigns. • Provider article • Member mailing • Health Fair 6. Launch Quality Incentive Program that includes TFL. 7. Data improvement • Integrate Denti-Cal claims in measure reporting.	1. 08/15/23 2. 02/28/23-12/31/23 3. 07/31/23 4. 01/01/23-12/31-23 5. 02/28/23, 03/31/23, 08/31/23 6. 06/30/23 7. 03/31/23	• QI-RN Manager • QI Program Manager II • QI RN • HECL	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: ○ Focus collaboration meetings with CHDP. Performance rates provided to clinics quarterly. ○ *Stay on Top of Your Dental Health* article in Winning Health ○ Provider Training on Child Oral Health and Fluoride Varnish Application ○ POB Article February 2023: February – National Children's Dental Health Month & Dental Fluoride Varnish ○ HECL included TFL brochure in postpartum packets. • Q2: ○ Completed TFL quarterly reports requirements and to be sent out July 2023. ○ Continued TFL rate sharing during collaborative meetings. ○ 2022 MY barrier analysis report completed. ○ HECL included TFL brochure in postpartum packets.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Topical Fluoride Varnish						
						○ Member newsletter article Summer Issue: Go to the doctor before school starts – includes dental • Q3 ○ TFL Quarterly reports submitted. ○ Provider Tip Sheet completed ○ HECL included TFL brochure in postpartum packets. • Q4 ○ Collaborative meeting with VCPH and VCHCA to discuss TFL training and performance. ○ MCAS Q4 Push Activities to Close Care Gaps ○ HECL included TFL brochure in postpartum packets.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue interventions to increase the percentage of members, ages 1 through 20, who received at least two topical fluoride applications during the measurement year to meet or exceed the DHCS MPL (50th).
Evaluation & Barrier Analysis						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Topical Fluoride Varnish

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
TFL	**0.64**	**28.10**	**+27.46**	**50th**	**Met**

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.
The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.

Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®.

Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings
The QI Department reviewed the MY 2022 TFL data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

TFL: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	9702	4103	16908	1899	45525	9618	709	88464
Compliant	47	9	40	9	169	26	0	300
Total	9749	4112	16948	1908	45694	9644	709	88764
Compliance Rate	*0.48*	*0.22*	*0.24*	*0.47*	*0.37*	*0.27*	*0.00*	*0.34*

TFL: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	4359	19170	16279	2236	3136	3166	1234	38884	88464
Compliant	26	36	132	1	63		5	37	300
Total	4385	19206	16411	2237	3199	3166	1239	38921	88764
Compliance Rate	*0.59*	*0.19*	*0.80*	*0.04*	*1.97*	*0.00*	*0.40*	*0.10*	*0.34*

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Topical Fluoride Varnish

TFL: Age Group	1 to 10	11 to 20	Total
Non-Compliant	40963	47501	88464
Compliant	300	0	300
Total	41263	47501	88764
Compliance Rate	*0.73*	*0.00*	*0.34*

TFL: Gender	Female	Male	Total
Non-Compliant	43588	44876	88464
Compliant	149	151	300
Total	43737	45027	88764
Compliance Rate	*0.34*	*0.34*	*0.34*

TFL: Language	Chinese	Declined	English	Spanish	Total
Non-Compliant	5	409	44828	43222	88464
Compliant	0	1	159	140	300
Total	5	410	44987	43362	88764
Compliance Rate	*0.00*	*0.24*	*0.35*	*0.32*	*0.34*

TFL: Race	White	African American	American Indian/Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Race	2+ Races	Declined/ Blank	Total
Compliant	13302	895	94	1496	198	9075	61335	2069	88464
Non-Compliant	44	4		1		74	169	8	300
Total	13346	899	94	1497	198	9149	61504	2077	88764
Compliance Rate	*0.33*	*0.44*	*0.00*	*0.07*	*0.00*	*0.81*	*0.27*	*0.39*	*0.34*

TFL: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	61163	16157	11144	88464
Compliant	169	49	82	300
Total	61332	16206	11226	88764

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Topical Fluoride Varnish

Compliance Rate	*0.28*	*0.30*	*0.73*	*0.34*

Summary Analysis: Subgroups with the Lowest MY 2022 TFL Rates

- Area of Residence: Area 2 (0.22), Area 3 (0.24), Area 6 (0.27), Area 7 (0.00)
- Clinics Systems: CDCR (0.19), Dignity Health (0.04), Kaiser Permanente (0.00), VCMC (0.10)
- Age Group: 11to 20 (0.00)
- Gender: No difference in rate
- Language: Chinese (0.00), Declined (0.24)
- Race: American Indian / Alaska Native (0.00), Asian (0.07), Native Hawaiian / Other Pacific Islander (0.00), 2+ Races (0.27)
- Ethnicity: Hispanic (0.28)

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to identify new data sources, improve data integration and reduce data gaps.
- Provider Awareness
  - Develop provider education campaigns, such as lunch-and-learn to promote best practices.
- Member Education
  - Develop, update, and promote member education material.
- Collaborations with Providers and Community Based Organizations
  - Support the promotion of community programs to improve access to care.

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department, Help Me Grow/First 5, CHDP, VCPH, VCOE) to implement interventions, promote best practices and increase awareness.

MCAS Deep Dive GCHP Department-Wide Collaboration

- To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
- The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Topical Fluoride Varnish

Continued partnerships and collaborations with external community-based organizations Help Me Grow First 5 Ventura County, Ventura County Office of Education, and Ventura County Public Health to promote the importance of topical fluoride varnish in children.

- Child Health and Disability Prevention Program (CHDP)
  - Quarterly CHDP/GCHP collaborative meetings. Reviewed TFL performance rates by clinic system.
  - CHDP provided support through conducting oral health and fluoride varnish on low performing clinics
  - GCHP promoted utilization of CHDP fluoride varnish training with providers

Create and/or update provider and member education campaigns.

Provider Campaigns

- Fluoride Varnish Education Presentation at the February 2023 QI Collaboration Meeting
- Dental Fluoride Varnish article, Provider Operations Bulletin Article February 2023
- Child and Oral Health and Fluoride Varnish Application Provider Training by CHDP, February 2016
- Well-Child Visits Best Practices article, Provider Operations Bulletin, December 2023

Member Campaigns

- Member mailing campaign to promote the importance of fluoride varnish, March 2023
- Member mail campaign on Medi-Cal for Kids & Teens to promote preventive and covered services for children 0 to 21 years of age, June 2023
- Stay on Top of Your Dental Health article in Winning Health Member Newsletter, Winter 2023
- Screening Schedule for School-Age Children article, Winning Health Member Newsletter, Summer 2023
- Well-Baby Visits for Your Growing Baby article, Winning Health Member Newsletter, Fall 2023

Launch Quality Incentive Pool and Program (QIPP) that includes TFL.
The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the TFL measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. No clinic partners selected TFL as an optional measure in the QIPP.

Data Improvement

- The Quality Improvement and Information Technology Departments worked to increase access to supplemental data that included Health Information Exchange (HIE) data and the Denti-Cal claims from the Plan Data Feed files sent from the Department of Health Care Services.
- Providers that participated in the Quality Incentive Pool and Program (QIPP) also started submitted electronic health record (EHR)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Topical Fluoride Varnish
• A data mapping correction of the Current Dental Terminology (CDT) from CPT code field to HCPCS code improved the accuracy for reporting topical fluoride varnish screenings and the TFL rate increased from 3.01% in MY 2023 February Regulatory run to 25.35% in MY 2023 March Regulatory run. The final MY 2023 TFL rate is 28.10% which met the DHCS mandated minimum performance level benchmark.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
27-Children's Health: Well-Child Visits in the First 30 Months of Life (W30)						
Well-Child Visits in the First 30 Months of Life						
Children's Health	Well-Child Visits in the First 30 Months of Life (W30)	Increase the percentage of children who had well-child visits with a PCP to meet or exceed the DHCS MPL (50th percentile) for the following sub-measures: • Well-child visits in the first 15 months of life: Increase the percentage of children with six or more well-care exams within the first 15 months of life. • Well-child visits between 15 and 30 months of age: Increase the percentage of 30-month-old children who had two or more well-child exams between 15 and 30 months of age.	1. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 2. Provide clinics/providers with monthly prospective MY 2023 MCAS rate and gaps in care reporting via INDICES®. 3. Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions. 4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Health Education, Population Health, Community Relations, Help Me Grow/First 5, CHDP, VCPH, VCOE, WIC) to implement interventions, promote best practices and increase awareness. 5. Create and/or update provider and member education campaigns. 6. Conduct text and live call member outreach campaign to increase well-child preventive care screenings and close gaps in care. 7. Launch Quality Incentive Program that includes W30. 8. Well-Child SWOT Strategies from the DHCS Improvement Project. • Increase the number of low performing providers participating and/or collaborating in Well Child	1. 08/15/23 2. 02/28/23-12/31/23 3. 07/31/23 4. 01/01/23-12/31/23 5. 09/30/23 6. 04/15/23-10/31/23 7. 06/30/23 8. 09/30/23	• QI Program Manager • QI RN • HECL/Sr. Health Navigator	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: ○ Ongoing collaborations with WIC and Help Me Grow/First 5 ○ Met with VCMC, CMH, CDCR, DHMG at the health system level to increase collaboration for W30/WCV efforts-in progress. ○ HECL included "Well-Child Visits What to Expect 0-30 Monthly Flyer in postpartum packets. • Q2 ○ 2022 MY barrier analysis report complete. ○ HECL included "Well-Child Visits What to Expect 0-30 Monthly Flyer in postpartum packets. • Q3: ○ Continued collaboration with MCAH ○ Westminster Health Fair ○ 2022 MY Provider Report Cards distributed. ○ QIPP contracts signed with VCMC, CMH, and CDCR.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Well-Child Visits in the First 30 Months of Life						
			(W30/WCV) QI activities for Gold Coast Health Plan members. • Increase member and/or parent/guardian awareness of the importance of all Well Child Visits (W30 & WCV). • Increase activities /collaboration/partnerships with community resources within member county.			○ MCAS Deep Dive: 08/23/23 ○ HECL included "Well-Child Visits What to Expect 0-30 Monthly Flyer in postpartum packets. • Q4 ○ Started receiving EMR data feeds for QIPP. ○ NSSD data collection ○ MCAS Q4 Push Activities to Close Care Gaps ○ Member Newsletter Article: Fall 203 - Well-baby visits for your growing baby. ○ POB Article – December 2023: GCHP's Well-Child Measures ○ Amigo Baby – Facebook live "Well-Baby Visits" ○ HECL included "Well-Child Visits What to Expect 0-30 Monthly Flyer in postpartum packets. Continue Objective: Yes☒ No☐ Next Steps: Continue intervention to increase the percentage of children who had well-child visits with a PCP to

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Well-Child Visits in the First 30 Months of Life						
						meet or exceed the DHCS MPL (50th percentile).

Evaluation & Barrier Analysis

Rate Review

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
W30-6+	47.38	60.70	+13.32	50th	Met
W30-2+	68.14	72.94	+4.80	75th	Met

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.

The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.

Provide clinics/providers with monthly prospective MY 2023 MCAS rate and gaps in care reporting via INDICES®.

Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings

The QI Department reviewed the MY 2022 AMR data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

W30-15: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	169	60	220	23	786	161	26	1445
Compliant	119	57	209	27	731	136	21	1300
Total	288	117	429	50	1517	297	47	2745
Compliance Rate	*41.32*	*48.72*	*48.72*	*54.00*	*48.19*	*45.79*	*44.68*	*47.36*

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Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Well-Child Visits in the First 30 Months of Life

W30-30: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	174	55	234	24	569	128	14	1198
Compliant	258	109	421	52	1425	265	31	2561
Total	432	164	655	76	1994	393	45	3759
Compliance Rate	*59.72*	*66.46*	*64.27*	*68.42*	*71.46*	*67.43*	*68.89*	*68.13*

Area Code	Ventura County Cities
Area 1	Ventura
Area 2	Camarillo, Somis, Santa Rosa
Area 3	Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village
Area 4	Oak View, Ojai
Area 5	Oxnard, Port Hueneme, Point Mugu
Area 6	Fillmore, Piru, Santa Paula
Area 7	Outside Ventura County

W30-15: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	58	257	263	75	26	32	26	708	1445
Compliant	110	268	270	30	14	92	29	487	1300
Total	168	525	533	105	40	124	55	1195	2745
Compliance Rate	*65.48*	*51.05*	*50.66*	*28.57*	*35.00*	*74.19*	*52.73*	*40.75*	*47.36*

W30-30: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	29	266	237	34	19	37	19	557	1198
Compliant	118	568	457	71	41	103	47	1156	2561
Total	147	834	694	105	60	140	66	1713	3759
Compliance Rate	*80.27*	*68.11*	*65.85*	*67.62*	*68.33*	*73.57*	*71.21*	*67.48*	*68.13*

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Well-Child Visits in the First 30 Months of Life

W30: Age	0-14	15-30	Total
Non-Compliant	1445	1198	2643
Compliant	1300	2561	3861
Total	2745	3759	6504
Compliance Rate	*47.36*	*68.13*	*59.36*

W30-15: Gender	Female	Male	Total
Non-Compliant	688	757	1445
Compliant	677	623	1300
Total	1365	1380	2745
Compliance Rate	*49.60*	*45.14*	*47.36*

W30-30: Gender	Female	Male	Total
Non-Compliant	615	583	1198
Compliant	1243	1318	2561
Total	1858	1901	3759
Compliance Rate	*66.90*	*69.33*	*68.13*

W30-15: Language	Declined	English	Spanish	Total
Non-Compliant	5	898	542	1445
Compliant	2	766	532	1300
Total	7	1664	1074	2745
Compliance Rate	*28.57*	*46.03*	*49.53*	*47.36*

W30-30: Language	Declined	English	Spanish	Total
Non-Compliant	2	848	348	1198
Compliant	8	1451	1102	2561
Total	10	2299	1450	3759
Compliance Rate	*80.00*	*63.11*	*76.00*	*68.13*

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Well-Child Visits in the First 30 Months of Life

W30-15: Race	White	African American	American Indian/Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Race	2+ Races	Declined / Blank	Total
Compliant	192	10	0	6	0	446	710	81	1445
Non-Compliant	164	6	0	4	0	415	626	85	1300
Total	356	16	0	10	0	861	1336	166	2745
Compliance Rate	*46.07*	*37.50*	*NA*	*40.00*	*NA*	*48.20*	*46.86*	*51.20*	*47.36*

W30-30: Race	White	African American	American Indian/Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Race	2+ Races	Declined / Blank	Total
Compliant	196	18	2	6	0	300	631	45	1198
Non-Compliant	289	17	3	25	1	621	1528	77	2561
Total	485	35	5	31	1	921	2159	122	3759
Compliance Rate	*59.59*	*48.57*	*60.00*	*80.65*	*100.00*	*67.43*	*70.77*	*63.11*	*68.13*

W30-15: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	710	208	527	1445
Compliant	625	175	500	1300
Total	1335	383	1027	2745
Compliance Rate	*46.82*	*45.69*	*48.69*	*47.36*

W30-30: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	630	223	345	1198
Compliant	1522	341	698	2561
Total	2152	564	1043	3759
Compliance Rate	*70.72*	*60.46*	*66.92*	*68.13*

Summary Analysis: Subgroups with the Lowest MY 2022 W30-15 Rates

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Well-Child Visits in the First 30 Months of Life

- Area of Residence: Area 1 (41.32), Area 6 (45.79), Area 7 (44.68)
- Clinics Systems: Dignity Health (28.57), Independents (35.00), VCMC (40.75)
- Age Group: 0-14 (47.36)
- Gender: Male (45.14)
- Language: Declined (28.57)
- Race: White (46.07), African American (37.50), Asian 40.00),
- Ethnicity: Non-Hispanic (45.69)

Subgroups with the Lowest MY 2022 W30-30 Rates

- Area of Residence: Area 1 (59.72), Area 3 (64.27)
- Clinics Systems: CMHS (65.85), Dignity Health (67.62), VCMC 67.48)
- Gender: Female (66.90)
- Language: English (63.11)
- Race: White (59.59), African American (48.57), American Indian / Alaska Native (60.00)
- Ethnicity: Non-Hispanic (60.46)

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to identify new data sources, improve data integration and reduce data gaps (EHR data, provider mapping, code mapping).
- Provider Awareness
  - Develop provider education campaigns to promote best practices (e.g. lunch-and-learn, provider tools and resources).
- Member Education
  - Develop, update, and promote member education material (e.g. health education programs).
- Collaborations with Providers, Vendors and Community Based Organizations
  - Support and utilize the promotion of community care resources and programs to improve access to care (e.g. gap-closure outreach programs, QIPP).

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Health Education, Population Health, Community Relations, Help Me Grow/First 5, CHDP, VCPH, VCOE, WIC) to implement interventions, promote best practices and increase awareness.

- **MCAS Deep Dive GCHP Department-Wide Collaboration**
  - To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
  - The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Well-Child Visits in the First 30 Months of Life

- GHCP partnered with the following organizations to increase well-care visits and improve the WCV measure:
  - Worked with network providers to increase access to data sources with evidence of well-care services and started receiving electronic health record data.
  - With the assistance of GCHP's Community Relations department the Quality Improvement Department sponsored backpacks and school supplies that included well-care visit health education material for the Westminster Health Fair.
  - GCHP partnered with Amigo Baby for a Facebook Live with our CMO to promote the importance of well-care visits.
  - GCHP began collaborations with Woman, Infants, and Children (WIC) program to send text messages to our members on the importance of well-care visits. The scripts were finalized in 2023, but due to competing priorities at WIC, the text message campaign will begin in 2024.
  - GCHP's Health Education team began conducting a member survey to help identify barriers for members on completing well-care visits.
  - GCHP completed a Well-Child Lunch & Learn on May 10, 2023, for network providers to provide education on the updated well-care visit guidelines, HEDIS® specifications, and best practices.

Create and/or update provider and member education campaigns.

Provider Campaigns

- GCHP completed a Well-Child Lunch & Learn on May 10, 2023, for network providers to provide education on the updated well-care visit guidelines, HEDIS® specifications, and best practices.
- Best Practices for Well-Child Visits Provider Operations Bulletin December 2023

Member Campaigns

- June to November 2023: Monthly Birthday letter mail campaign to promote the importance of completing the annual well-child exam and the $25 gift card well-child member incentive.
- Amigo Baby Facebook Live with our CMO to promote the importance of well-care visits.
- The WIC text message script was completed for our members to remind them of the importance of well-care visits; however, due to competing priorities at WIC text message campaign will begin in 2024.
- *Well-Baby Visits for your Growing Baby* Winning Health, October 2023
- Member mail campaign on Medi-Cal for Kids & Teens to promote preventive and covered services for children 0 to 21 years of age, June 2023

Conduct text and live call member outreach campaign to increase well-child preventive care screenings and close gaps in care.

Member Outreach Campaign with CareNet

- Gold Coast Health Plan utilized CareNet, a healthcare member engagement vendor, to conduct the well-child outreach campaign to close care gaps for the W30 measure. The outreach campaign included developing scripts that included content to increase parent engagement by promoting the benefits of preventive care and to schedule an appointment with each member's primary care provider. A project plan was developed to launch the campaign during the 4th quarter of 2023.
- Outcome statistics:

Outreach Count	Total Members Contacted	Total Appointments Scheduled
622	180	49

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Well-Child Visits in the First 30 Months of Life

Launch Quality Incentive Pool and Program (QIPP) that includes W30

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the W30 measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. W30-6+ and W30-2+ were required core QIPP measures and the table below shows that the W30 rates increased for all three clinic systems that participated in the QIPP.

Clinic System	MY 2022 W30-6+ Rate	MY 2023 W306+ Rate	Rate Change
Clinicas del Camino Real	51.05	60.83	+9.78
Community Memorial Health System	50.66	68.40	+17.74
Ventura County Healthcare Agency	40.75	58.28	+17.53

Clinic System	MY 2022 W30-+2 Rate	MY 2023 W30-2+ Rate	Rate Change
Clinicas del Camino Real	68.11	71.30	+3.19
Community Memorial Health System	65.85	70.61	+4.76
Ventura County Healthcare Agency	67.48	75.22	+7.74

Well-Child SWOT Strategies from the DHCS Improvement Project

This evaluation is summarized within the 2023 QIHET Work Plan under #27 “Quality / DHCS 2022-2023 Well-Child SWOT”.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
28-Children's Health: Child and Adolescent Well-Care Visits (WCV)						
Child and Adolescent Well-Care Visits						
Children's Health	Child and Adolescent Well-Care Visits (WCV)	Increase the percentage of members, 3-21 years of age, who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year to meet or exceed the DHCS MPL (50th percentile).	1. Provide clinics/providers with monthly prospective MY 2023 MCAS rate and gaps in care reporting via INDICES®. 2. Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports. 3. Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions. 4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Health Education, Population Health, Community Relations Department, Help Me Grow/First 5, CHDP, VCPH, VCOE) to implement interventions, promote best practices and increase awareness. 5. Create and/or update provider and member education campaigns. • Health Fair 6. Evaluate effectiveness of the well care member incentive program and identify program changes/enhancements, as applicable. 7. Evaluate the effectiveness of the point-of-care (POC) member incentive program and identify program changes/enhancements as applicable.	1. 08/15/23 2. 02/28/23-12/31/23 3. 07/31/23 4. 01/01/23-12/31/23 5. 09/30/23 6. 01/31/24 7. 01/31/21	• QI Program Manager • QI RN • HECL/Sr. Health Navigator	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: • Mandalay Bay and PDC continue to distribute gift cards and meet monthly. • Conejo Valley Family Medical Group Q1 Winner on 5/17/23. • Ongoing collaborations with WIC and Help Me Grow/First 5 • Met with VCMC, CMH, CDCR, DHMG at the health system level to increase collaboration for W30/WCV efforts. • Q1 Clinic Incentive Winner: Conejo Valley Medical Group • WCV POC Gift Cards Jan-March: 210 • Q2: • 2022 MY barrier analysis report complete. • Q2 Clinic Incentive Winner: Las Posas Family Med Group • WCV Gift Cards April-June: 1002 • Summer issue – Member newsletter

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Child and Adolescent Well-Care Visits						
			• Mandalay Bay Women and Children's Clinic • Pediatric Diagnostic Center 8. Distribute provider member incentive awards quarterly. 9. Conduct text and live call member outreach campaign to increase child / adolescent preventive care screenings and close gaps in care. 10. Launch Quality Incentive Program that includes WCV. 11. Well-Child SWOT Strategies from the DHCP Improvement Project. • Increase the number of low performing providers participating and/or collaborating in Well Child (W30/WCV) QI activities for Gold Coast Health Plan members. • Increase member and/or parent/guardian awareness of the importance of all Well Child Visits (W30 & WCV). • Increase activities /collaboration/partnerships with community resources within member county.	8. 02/15/23, 05/17/23, 08/16/23, 10/16/23 9. 04/15/23-10/31/23 10. 06/30/23 11. 09/30/23		article: Go to the doctor before school starts! • Q3: • Continued collaboration with MCAH and new collaboration with AFLP • Develop outreach material with CareNet. • 2022 MY Provider Report Cards distributed. • Westminster Health Fair • POC MI Expanded to CDCR and 2 more clinics at VCMC. • QIPP contracts signed with VCMC, CMH, and CDCR. • MCAS Deep Dive: 08/23/23 • Q3 Clinic Incentive Winner: Las Posas Family Medical Group • WCV Gift Cards July-Sept: 2562 • Q4 • WCV POC Gift Cards Oct-Dec: 6453 • Q4 Clinic Incentive Winner: Clinicas del Camino Real – Fillmore • WCV Gift Cards Oct-Dec: 6453 • CareNet Gap closure outreach

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Child and Adolescent Well-Care Visits						
						• Started receiving EMR data feeds for QIPP. • MCAS Q4 Push Activities to Close Care Gaps • POB Article December 2023: Well-Child Visits • HECL conducted qualitative survey for members assigned to VCMC – Santa Paula Clinic. 301 members completed survey providing feedback about well-child visit appointments. Members who completed survey received a $25 gift card.
						Continue Objective: Yes ☒ No ☐
						Next Steps: Continue interventions to increase the percentage of members, 3-21 years of age, who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year to meet or exceed the DHCS HPL (90th percentile).
Evaluation & Barrier Analysis						
Rate Review						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits

Measure	2022 MY Rate	2023 MY Rate	2022-2023 Rate Change	2023 MY Percentile	Goal Status
WCV	**42.33**	**49.79**	**+7.46**	**50th**	**Met**

Provide clinics/providers with monthly prospective MY 2023 MCAS rate and gaps in care reporting via INDICES®.
Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

QIPP Reports: Starting September 2023, MY 2023 MCAS/HEDIS® prospective performance rate reports were also distributed monthly to providers participating in the Quality Incentive Provider Pool Program (QIPP).

Provide clinics/providers with the annual MY 2022 MCAS/HEDIS® rate reports.
The annual MY 2022 MCAS/HEDIS® rate reports were distributed to providers on 8/16/2023.
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Evaluate MY 2022 performance to identify barriers, disparities and opportunities for improvement and interventions.

Summary of Findings
The QI Department reviewed the MY 2022 AMR data by the following sub-groups: (1) residence; (2) clinic system; (3) age group; (4) gender; (5) language; (6) race; (7) ethnicity.

WCV: Residence	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total
Non-Compliant	5310	2337	10133	1079	24277	5292	246	48674
Compliant	3929	1588	6544	760	18958	3829	120	35728
Total	9239	3925	16677	1839	43235	9121	366	84402
Compliance Rate	*42.53*	*40.46*	*39.24*	*41.33*	*43.85*	*41.98*	*32.79*	*42.33*

Area Code	Ventura County Cities
Area 1	Ventura
Area 2	Camarillo, Somis, Santa Rosa
Area 3	Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village
Area 4	Oak View, Ojai
Area 5	Oxnard, Port Hueneme, Point Mugu

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits

Area 6	Fillmore, Piru, Santa Paula
Area 7	Outside Ventura County

WCV: Clinic System	AHP	CDCR	CMHS	Dignity	Independent	Kaiser	No PCP	VCMC	Total
Non-Compliant	1690	11734	8836	1201	1512	1546	743	21412	48674
Compliant	2298	6915	6681	867	1743	1442	402	15380	35728
Total	3988	18649	15517	2068	3255	2988	1145	36792	84402
Compliance Rate	*57.62*	*37.08*	*43.06*	*41.92*	*53.55*	*48.26*	*35.11*	*41.80*	*42.33*

WCV: Age Group	3 to 11	12 to 17	18 to 21	Total
Non-Compliant	18351	17333	12990	48674
Compliant	20185	12699	2844	35728
Total	38536	30032	15834	84402
Compliance Rate	*52.38*	*42.28*	*17.96*	*42.33*

WCV: Gender	Female	Male	Total
Non-Compliant	23654	25020	48674
Compliant	17988	17740	35728
Total	41642	42760	84402
Compliance Rate	*43.20*	*41.49*	*42.33*

WCV: Language	Chinese	Declined	English	Spanish	Total
Non-Compliant	1	**228**	25662	22783	48674
Compliant	4	**179**	16002	19543	35728
Total	5	407	41664	42326	84402
Compliance Rate	*80.00*	*43.98*	*38.41*	*46.17*	*42.33*

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits

WCV: Race	White	African American	American Indian / Alaska Native	Asian	Native Hawaiian / Other Pacific Islander	Other Rate	2+ Races	Declined / Blank	Total
Compliant	7871	570	57	965	123	4421	33563	1104	48674
Non-Compliant	4889	302	37	546	73	3094	26073	714	35728
Total	12760	872	94	1511	196	7515	59636	1818	84402
Compliance Rate	*38.32*	*34.63*	*39.36*	*36.14*	*37.24*	*41.17*	*43.72*	*39.27*	*42.33*

WCV: Ethnicity	Hispanic	Non-Hispanic	Unknown	Total
Non-Compliant	33452	9697	5525	48674
Compliant	26011	5909	3808	35728
Total	59463	15606	9333	84402
Compliance Rate	*43.74*	*37.86*	*40.80*	*42.33*

Summary Analysis: Subgroups with the Lowest MY 2022 W30 Rates

- Area of Residence: Area 2 (40.46), Area 3 (39.24), Area 7 (32.79)
- Clinics Systems: CDCR (37.08), No PCP (35.11)
- Age Group: 18 to 21 (17.96)
- Gender: Male (41.49)
- Language: English (38.41)
- Race: White (38.32), African American (34.63), American Indian / Alaska Native (39.36), Asian (36.14), Native Hawaiian / Other Pacific Islander (37.24)
- Ethnicity: Non-Hispanic (37.86)

Opportunities for Improvement and Interventions

- Data Improvement
  - Continue evaluating data to identify new data sources, improve data integration and reduce data gaps (EMR data, HIE data, provider taxonomy mapping, code mapping).
- Provider Awareness
  - Develop provider education campaigns to promote best practices (e.g. lunch-and-learn, provider tools and resources).
- Member Education

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits

- Develop, update, and promote member education material (e.g. health education and incentive programs).
- Collaborations with Providers, Vendors and Community Based Organizations
  - Support and utilize the promotion of community care resources and programs to improve access to care (e.g. gap-closure outreach programs, expand point-of-care member incentives, QIPP).

Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Health Education, Population Health, Community Relations Department, Help Me Grow/First 5, CHDP, VCPH, VCOE) to implement interventions, promote best practices and increase awareness.

MCAS Deep Dive GCHP Department-Wide Collaboration

- To engage organization wide support in improving MCAS measures, GCHP launched internal MCAS Deep Dive sessions in August 2023 for all MCAS measures held to the DHCS minimum performance level (MPL)
- The MCAS deep dives included creating a workflow diagram of each measure starting with identifying how the member is included in the measure's denominator, how the member gets the screenings, and the data flows to GCHP to report evidence of the screening. The workflows were analyzed for barriers to care and data deficiencies and used as a tool to develop interventions.

GHCP partnered with the following organizations to increase well-care visits and improve the WCV measure:

- Worked with network providers to increase access to data sources with evidence of well-care services and started receiving electronic health record data.
- With the assistance of GCHP's Community Relations department the Quality Improvement Department sponsored backpacks and school supplies that included well-care visit health education material for the Westminster Health Fair.
- GCHP partnered with Amigo Baby for a Facebook Live with our CMO to promote the importance of well-care visits.
- GCHP began collaborations with Woman, Infants, and Children (WIC) program to send text messages to our members on the importance of well-care visits. The scripts were finalized in 2023, but due to competing priorities at WIC, the text message campaign will begin in 2024.
- GCHP's Health Education team began conducting a member survey to help identify barriers for members on completing well-care visits.
- GCHP completed a Well-Child Lunch & Learn on May 10, 2023, for network providers to provide education on the updated well-care visit guidelines, HEDIS® specifications, and best practices.

Create and/or update provider and member education campaigns.

Provider Campaigns

- GCHP completed a Well-Child Lunch & Learn on May 10, 2023, for network providers to provide education on the updated well-care visit guidelines, HEDIS® specifications, and best practices.
- Best Practices for Well-Child Visits, Provider Operations Bulletin, December 2023

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits

Member Campaigns

- Amigo Baby Facebook Live with our CMO to promote the importance of well-care visits.
- The WIC text message script was completed for our members to remind them of the importance of well-care visits; however, due to competing priorities at WIC text message campaign will begin in 2024.
- Member mail campaign on Medi-Cal for Kids & Teens to promote preventive and covered services for children 0 to 21 years of age, June 2023

Evaluate effectiveness of the well care member incentive program and identify program (In-House and Point-of-Care POC) changes/enhancements, as applicable.

Time Period: 1/01/23 -12/31/23
Member Incentive: $25 gift card to Target, Walmart or Amazon
Criteria: Members (3-21 years of age) who completed a well-care exam.
Eligible Population: 77,712
Incentive Forms Mailed: 72,264

Percentage of Compliant Members from Final MY2023 WCV Rate

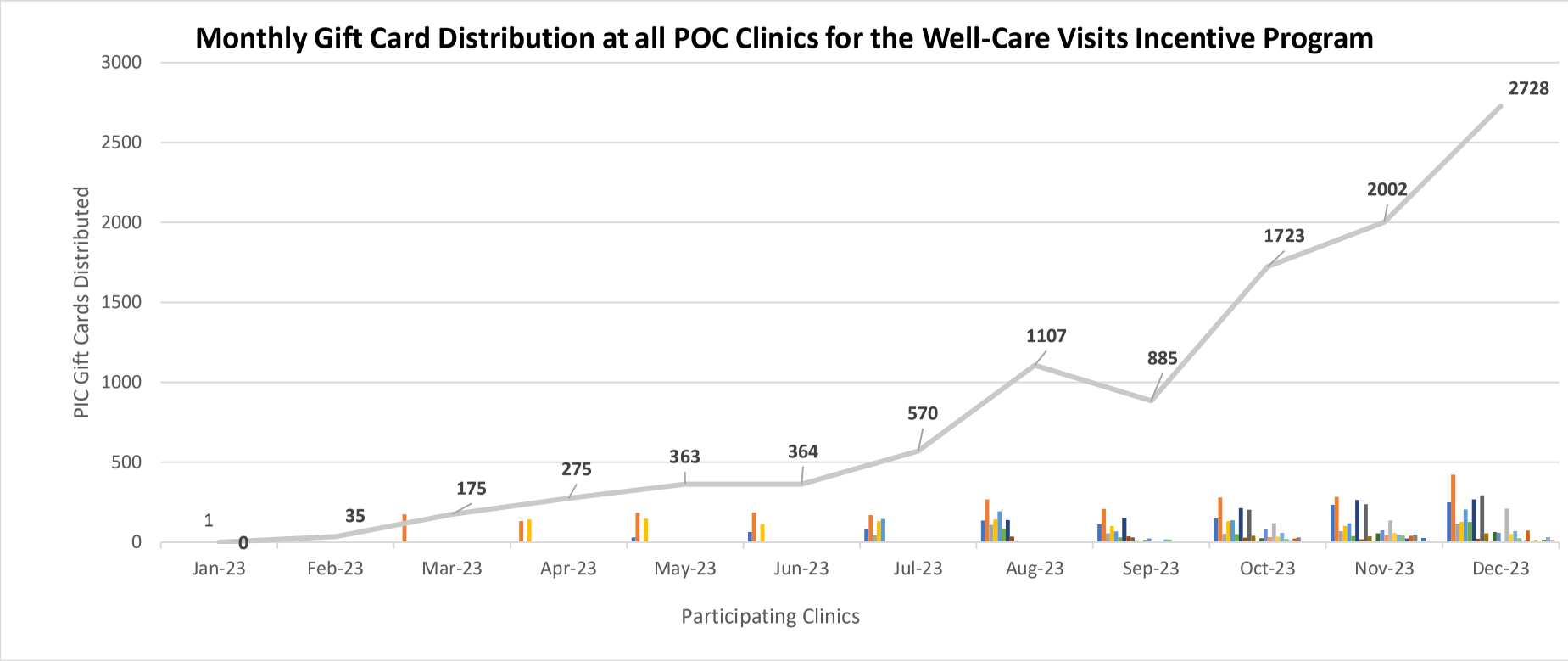
Compliant Members Final MY2023 WCV	Members Rewarded WCV Incentive in MY2023	Percentage of Compliant who Earned an Incentive
38,734	15,575	40.21%

Incentives Awarded MY2022 and MY2023

Program	Forms Submitted to GCHP	MY2023 Incentives Awarded	MY2022 Incentives Awarded	MY2023 Participation Rate	MY2022 Participation Rate
In-House	5,749	5,348	3,690	6.9%	N/A
Point-of-Care (POC)	N/A	10,227	N/A	13.16%	N/A
Combined	5,749	15,575	3,690	20.09%	3.10%

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

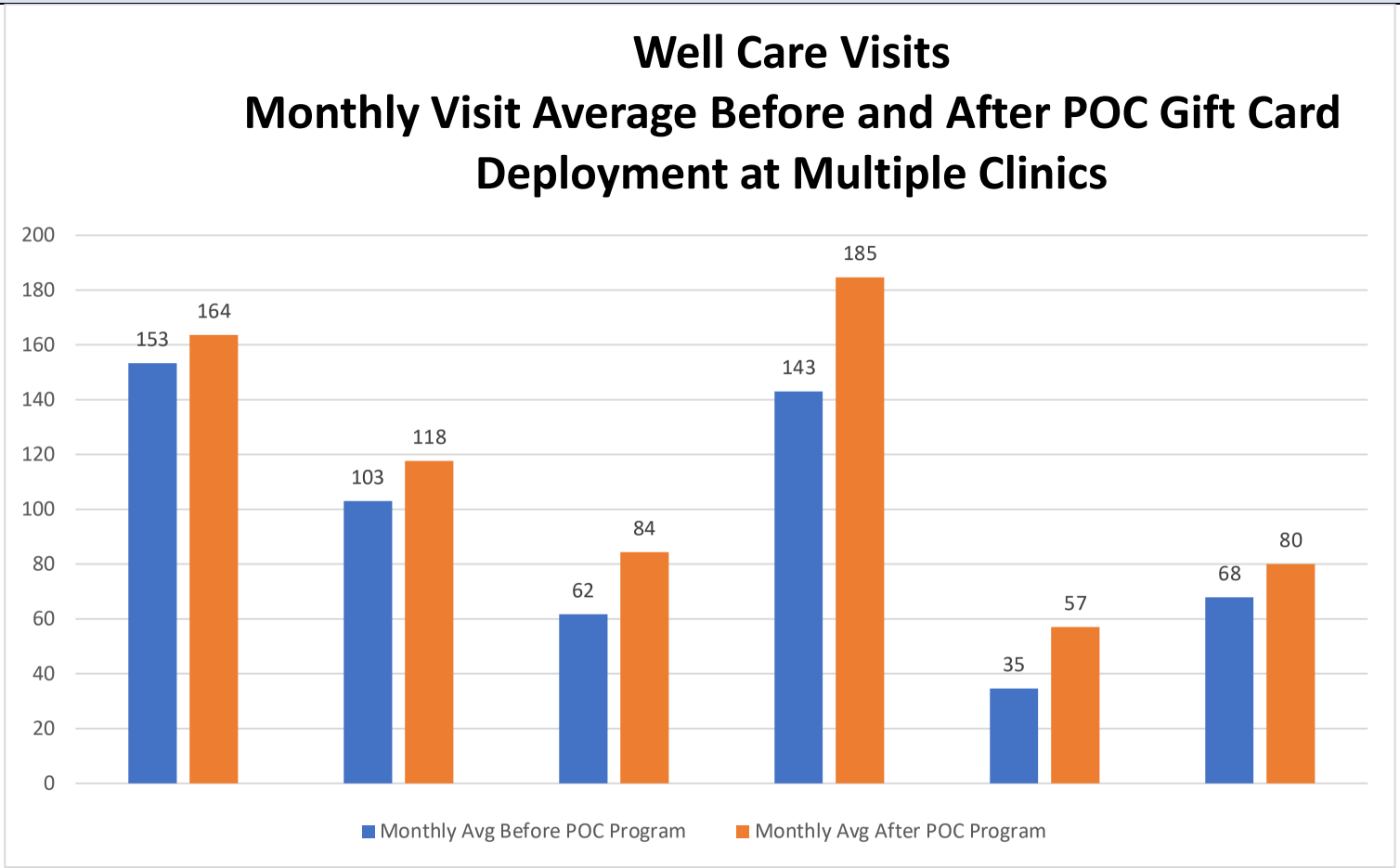
Child and Adolescent Well-Care Visits



The graph below shows that the trending of gift cards distributed at POC began to increase significantly in October 2023 as more clinics began participating in the POC program.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits



- Decrease in No-Show rates with POC gift cards:
  - Our Ventura County Health Care Agency clinic partners calculated that since the inception of Point-of-Care Gift Card they saw a **30% decrease in their no-show rate system wide.**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits

In-House Gift Cards Awarded:

Target	Walmart	Amazon
2370	1434	1543

MY2023 WCV Measure Age Stratification

Ages	3-9	10-19	20-21
Eligible Population	23691	46603	11496
Percentage of Eligible Members	28.96%	56.97%	14.05%

In-House Member Incentive Distribution by Age Group

Ages		1-2	3-9	10-19	20-21	22-65	20-29	30-65
Incentives Awarded		58	1864	3165	220	21	228	21
Percentage of GC's Awarded		0.72%	37.83%	59.40%	4.1%	0.39%	4.26%	.39%

POC Member Incentive Distribution by Age Group

Age		1-2	3-9	10-19	20-21	22-65	
Incentives Awarded		70	3664	5564	229	158	
Percentage of GC's Awarded		0.72%	37.83%	57.45%	2.36%	1.63%	

Form Source:

Case Management	25
Direct Mail	2116
Website	2997
Community Relations	154
CDCR	4
CMH	6
VCMC	5
Onsite Delivery	40

Conclusion: The Well-Care Visit member incentive program has been extremely successful with the expansion of point-of-care gift cards. Compared to the previous year, participation increased over 500% and 10,000 more gift cards were awarded to members who completed a well-care exam. In addition, for the first time ever, the Child and Adolescent Well-Care Visits (WCV) rate met the Minimum Performance Level (MPL) benchmark. We consistently heard from our clinic partners about the importance of POC gift cards as a crucial and successful strategy in getting members to schedule and complete their well-care exams. The clinic staff shared countless stories of positive

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits

member feedback and gratitude stating that members expressed need for use on groceries, back-to-school supplies and even holiday gifts. GCHP continues to offer this incentive at both In-House and POC.

However, the data tables above show that some members who were not part of the 3 – 21 age eligible population received a gift card for completing a well-care exam. Plans to remediate this in 2024 include tracking the age of the members who submit a member incentive form by adding a field in the member incentive database to automatically populate the member's age to ensure only age-appropriate members receive the gift card.

Distribute provider member incentive awards quarterly.

The following clinic systems received incentives for submitting the highest volume of completed Child and Adolescent Care Member Incentive Forms.

- Q1 Clinic Incentive Winner: Conejo Valley Medical Group
- Q2 Clinic Incentive Winner: Las Posas Family Med Group
- Q3 Clinic Incentive Winner: Las Posas Family Medical Group
- Q4 Clinic Incentive Winner: Clinicas del Camino Real – Fillmore

Conduct text and live call member outreach campaign to increase child / adolescent preventive care screenings and close gaps in care.

Member Outreach Campaign with CareNet

- Gold Coast Health Plan utilized CareNet, a healthcare member engagement vendor, to conduct the well-child outreach campaign to close care gaps for the W30 measure. The outreach campaign included developing scripts that included content to increase member engagement by promoting the benefits of preventive care, promoting the $25 well-child member incentive, and to schedule an appointment with each member's primary care provider. A project plan was developed to launch the campaign during the 4th quarter of 2023.
- Outcome stats:

Outreach Count	Total Members Contacted	Total Appointments Scheduled
42,208	7,758	3300

Launch Quality Incentive Pool and Program (QIPP) that includes WCV.

The Quality Incentive Pool and Program (QIPP) was launched in 2023 and included the WCV measure. Providers participating in the QIPP received monthly MY 2023 MCAS/HEDIS® prospective performance rate reports to monitor and track their performance. WCV was a required QIPP core measure, and the table below shows that the WCV rates increased for all three clinic systems that participated in the QIPP.

Clinic System	MY 2022 WCV Rate	MY 2023 WCV Rate	Rate Change
Clinicas del Camino Real	37.08	50.05	+12.97
Community Memorial Health System	43.06	49.03	+5.97
Ventura County Healthcare Agency	41.75	49.11	+7.36

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Child and Adolescent Well-Care Visits
Well-Child SWOT Strategies from the DHCP Improvement Project This evaluation is summarized within the 2023 QIHET Work Plan under #27 “Quality / DHCS 2022-2023 Well-Child SWOT”.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
29-Children's Health: 2022-2023 Well-Child SWOT						
2022-2023 Well-Child SWOT						
Children's Health	2022-2023 Well-Child SWOT	Increase the rate of the following measures to meet or exceed the MPL (50th percentile) : 4. Well-Child Visits in the First 30 Months of Life 5. Child and Adolescent Well-Care Visits	Complete Strengths, Weaknesses, Opportunities, Threats (SWOT) Improvement Project Activities and submit updates as instructed by DHCS. 1. Complete SWOT Analysis 2. Complete SWOT Strategy 3. First Progress Update 4. Second Progress Update	1. 11/09/22 2. 02/13/23 3. 05/30/23 4. 09/30/23	• QI Program Manager II	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: ○ 1 SWOT Analysis Approved by DHCS ○ SWOT Strategy Approved by DHCS • Q2: ○ First Progress Update – sent to DHCS. • Q3: ○ Second Progress Update-sent DHCS. Continue Objective: Yes☐ No☒ Next Steps: The project concluded in 2023 but GCHP will continue to implement interventions to improve the W30 and WCV rates.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

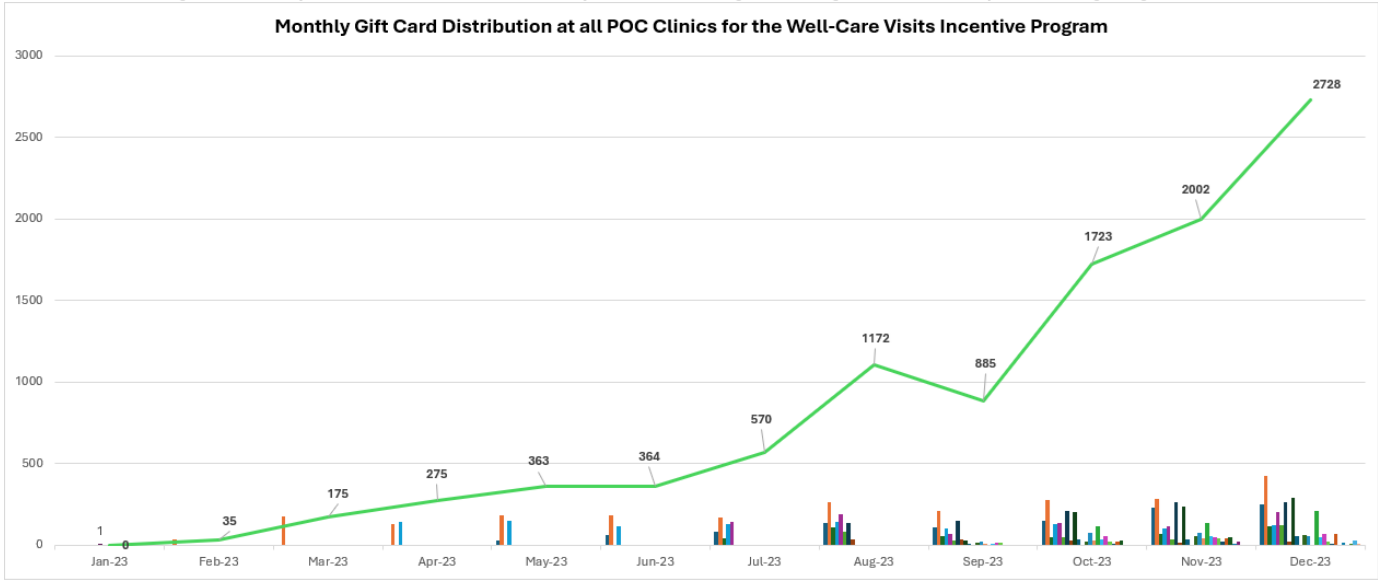
2022-2023 Well-Child SWOT

Evaluation & Barrier Analysis

Strategy 1	Start Date	Anticipated Date of Completion
Increase the number of low performing providers participating and/or collaborating in Well Child (W30/WCV) QI activities for Gold Coast Health Plan members.	1/2/2023	9/30/2023

Action Items	Conclusion
1. Meet with 5 low performing clinics and one high performing clinic to collaborate with, identifying barriers for interventions, share best practices, and set up on-going monitoring of process improvements. Start Date: 1/13/2023 Short Term Objective:3 out of 5 clinics will demonstrate putting process improvements in place to improve WCV/W30 and establish an ongoing meeting cadence.	Through our QI Collaboration meetings, member incentive programs, and Value Based Payment Program our Health Systems have implemented changes within their organization to help increase their overall performance for Well Care visits. Ventura County Health Care Agency (VCHCA) has met with GCHP to help identify data issues and address discrepancies to help improve Well Care rates. VCHCA is also expanding access to members by offering Saturday clinics, after hour clinics, and dedicated well care days. They also plan to hire additional staff within the next year to assist with patient access and are incentivizing retaining their current staff. Community Memorial Health (CMH) is having resource constraints and is focusing on efforts within their organization to prioritize well care appointments. Dignity Health (DHMG) is focusing on Well Care appointments leveraging their text messaging system. Clinicas Del Camino Real (CDCR) discovered they were not coding appropriately for well care visits, specifically for 0-15 months of age, which they are working on remediating to ensure data accuracy. CDCR is also expanding access via Saturday clinics to our members and gap clinic days to help improve well care access.
2. Conduct a virtual or in-person training to 10 low performing providers on best practices/tips/resources for WCV/W30.	GCHP QI team hosted a virtual Well Child Visit (WCV) Lunch & Learn for providers, clinic staff, and operation teams on May 10,2023 with an attendance of 200 individuals. The training was an opportunity to expand knowledge on well care visits, HEDIS specifications, and best practices. A post training survey was sent to all attendees, we received a total of 35 responses back. The primary question and/or concern was regarding GCHP's WCV reimbursement schedule. Most survey respondents said they will be changing how WCV are scheduled utilizing knowledge gained regarding the reimbursement schedule.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Well-Child SWOT	
Start Date: 1/2/2023 **Short Term Objective: 50% of attendees will complete a follow-up survey upon completion of training to report implemented changes within clinic workflow.**	**This training will be offered annually and on a as needed basis targeting low performing health systems/clinics- GCHP will act on any further feedback from the Lunch & Learn session as appropriate.**
3. Partner with 5 clinics on WCV POC (point of care) incentive. **Start Date: 1/2/2023** **Short Term Objective: see a 3% increase in WCVs completed in 2023 vs. 2022 at participating clinics.**	**GCHP has expanded our Well Care Visit point-of-care member incentive program to a total of 19 clinics and will continue to grow through the end of the year. There has been a huge success with the point-of- care member incentive program helping with improved partnerships with clinics, addressing barriers, and focused member outreach. The clinics have given out a total of 1,072 gift cards as of August 2023 through the point-of-care member incentive program. One large clinic offering the point-of-care member incentive saw a decrease in no-shows by 7.81% since implementing the program. In August, specifically, our Health Systems expanded access to members through Saturday Clinics and Well Care Days contributing to a huge increase in processing of gift cards.** 

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Well-Child SWOT

Overall, GCHP is seeing a rate increase for the W30 measures with slight decline in WCV rates when comparing September Measurement Year 2022 to September Measurement Year 2023 rates, see below:

	Sept MY22	Sept MY23	Delta Rate
WCV	23.88	23.77	-0.11
W30-15	17.98	35.57	17.59
W30-30	60.84	66.86	6.02

Strategy 2	Start Date	Anticipated Date of Completion
Increasing member and/or parent/guardian awareness of the importance of all Well Child Visits (W30 & WCV).	1/13/2023	9/30/2023

Action Items	Conclusion
1. Establish 4 new member engagement strategies for WCV/W30 education (e.g. CHW, social media, member portal, text messages, emails, live outbound calls, radio). Start Date: 1/13/2023 Short Term Objective: have a plan of action and timeline on executing on 2 new member outreach strategies.	GCHP launched our overall organizational presence on the social media platform Instagram in July. GCHP is in the process of establishing a content calendar and will be using the platform to reach members about the importance of well care visits. GCHP will be using our contracted member outreach vendor to outreach members with gaps for WCV via phone. Texting programs, CHW programs, and a member portal are still in development.
2. Promote existing benefits and/or provide community benefit resource information to 100% of WCV/W30 eligible members.	Due to competing priorities the transportation/language business cards were finalized in September. They will be shared with our members via providers, community events, and member outreach.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
2022-2023 Well-Child SWOT						
Start Date: 1/13/2023 **Short Term Objective: communicate with members on available benefits/resources (e.g. transportation, language, multiple family appointment slots, after hours appointments).**						

Strategy 3	Start Date	Anticipated Date of Completion

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Well-Child SWOT

Increase and/or improve collaboration efforts and leverage resources with community-based organizations and within GCHP internal departments.	**1/2/2023**	**9/30/2023**
Action Items	**Conclusion**	
1. Collaborate with 3 CBOs to explore potential partnerships for engaging members that we commonly serve for children's measures/care. **Start Date: 1/13/2023** **Short Term Objective: establish at least 2 next steps in more engagement discussions and identify at least one actionable item for engaging members.**	**GCHP's QI team has met with WIC's Program Director and have agreed to partner to use WIC's text messaging system to outreach to members to educate on well care visits, the next step is pending updated MOU language to move forward with this collaboration.** **GCHP's Community Relations team is facilitating collaboration with Oxnard and Pleasant Valley school districts to engage with parents and/or members via Peach Jar (school portal) for well care visits. This strategy is currently pending internal budget approval for fees associated to post on Peach Jar.**	
2. Involve 5 current community partners in hosting/sponsoring a health fair event to include purpose, outreach, services that will be provided. **Start Date: 1/13/2023** **Short Term Objective: to complete a plan of involving community members to**	**GCHP sponsored 200 backpacks and school supplies between two Westminster health fair events on August 9 (Thousand Oaks) and August 15 (Oxnard) in efforts to promote the importance of well care visits. The event was promoted to all our network providers and members. GCHP also had Health Navigators at the events to help members with any questions regarding well care and/or their GCHP benefits.**	

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2022-2023 Well-Child SWOT

participate in a community health fair.	
3. Meet with 5 key GCHP internal stakeholders monthly to leverage and/or collaborate with efforts around WCV/W30. **Start Date: 1/2/2023** **Short Term Objective: increase collaboration opportunities and cohesive efforts for WCV/W30.**	**GCHP's QI and Health Education teams are collaborating to complete a telephone survey for members with well child visit gaps to help identify barriers within the Santa Paula region, this region has a unique population, and we want to address any barrier(s) the members may be facing in attending their well care visits. Survey participation will be incentivized and is currently in the approval process with DHCS.** **GCHP's QI and Provider Network Operations teams are partnering to educate providers on GCHP's well child visit reimbursement guidelines and contractual language on an ongoing basis.** **GCHP's QI and Community Relations teams are working with Amigo Baby, a local CBO, to hold a Facebook Live event featuring GCHP's Chief Medical Officer and Health Navigators. Currently the script is in the GCHP approval process, the event is planned for October 2023.**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
30-Children's Health 2020-2023 Child and Adolescent Well-Care (WCV) PIP						
2020-2023 WCV PIP						
Children's Health	2020-2023 WCV PIP	By December 31, 2022, increase the percentage of adolescent well care exams among 12 to 17-year-old Gold Coast Health Plan members assigned to CMH Centers for Family Health Airport Marina Clinic, from 37.78% to 50.00%.	Two-year performance improvement project (PIP): health plan/clinic collaborative between GCHP's Quality Improvement Department and CMH CFH Airport Marina Clinic. • Submit Modules as directed by DHCS/HSAG for approval. • Report updates/results to QIC	04/21/23	• QI Program Manager III	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1 ○ Began outcomes analysis to complete Module 4. Continue Objective: Yes☐ No☒ Next Steps: The 2020-2023 WCV PIP concluded in 2023. GCHP will continue to evaluate opportunities to increase adolescent well-care exams outreach programs, social media campaigns, collection of additional data sources (e.g., EHR data) launch a provider value-based incentive program, continue provider collaborations, and enhance data validation.
Evaluation & Barrier Analysis						
PIP Conclusion: We predicted that the clinic's well-care exam rates for the target population (age 12-17) would increase to 50.0% by 12/31/22. While the target goal was not achieved, the clinic's rate did increase 10.17% points from 37.78% (2020 baseline rate) to 47.95% (2022 re-measurement rate), nearly reaching the target goal of 50.0%. The data in the table below shows that, using the Fisher's exact test to compare the 2020 measurement year (MY) baseline rate and the 2022 MY re-measurement rate, the WCV rate increase was statistically significant.						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2020-2023 WCV PIP

Measurement Period	Indicator Measurement	Not Compliant	Compliant	Denominator	Percentage	Target Goal	Statistical Test Used
01/01/20- 12/31/20	Baseline	308	187	495	37.78%	N/A for baseli	N/A for baseline
01/01/22 - 12/31/22	Remeasurement 1	279	257	536	47.95%	50.00%	*Fisher's exact test, statistically significant increase from Baseline to Remeasurement 1, p value = 0.0011*

Intervention Testing Conclusions:
PDSA 1 (Well-Care Member Incentive Outreach Campaign): While the 10.17%-point increase in the clinic's WCV rate was a statistically significant increase, the member outreach intervention data in PDSA 1 could not be directly linked to the rate increase. The data in PDSA 1 shows that the outreach rates for the number of appointments scheduled each month fluctuated during the 16-month study. There were some clusters of upward trending during the autumn months, but this is a recurring trend seen each year during this period when more adolescents are completing back-to-school well-care exams.
We also know that during 2021 and 2022 both the clinic partner and Gold Coast Health Plan launched many campaigns to increase well-care exams that parents/guardians had deferred during the pandemic, so the clinic's WCV rate increase could also be attributed to multiple initiatives launched during this period.

PDSA 2 (Audit Monthly Gap Reports for Data Deficiencies): The data audit had a significant and sustainable impact by improving the accuracy of the monthly rate and gap reporting after the date issues were identified and corrected.

Spread of Successful Interventions:
PDSA 1 (Well-Care Member Incentive Outreach Campaign): The clinic reported that they will continue using the text modality to outreach to their assigned patients. Since telephone outreach is resource intensive and patients showed more engagement and response to text messages, the clinic system is going to expand texting from focused outreach on target populations to a system-wide modality for outreaching to all their patients to help close care gaps.

PDSA 2 (Audit Monthly Gap Reports for Data Deficiencies): GCHP will continue ongoing monitoring and validation of the monthly rate and gap reports to ensure accurate reporting. GCHP is also planning on transitioning the building of the quality reporting data tables from the vendor to GCHP analysts, which will give GCHP more oversight and control of the data. This new process will help improve the accuracy of reporting for all the measures GCHP reports.

Challenges:
PDSA 1 (Well-Care Member Incentive Outreach Campaign):

- One primary care pediatrician is assigned to this clinic to perform well-care exams which limits the number of well-care appointments that can be scheduled daily.
- During the intervention testing, the clinic reported that due to COVID-19, they had to postpone plans to expand their clinic space. The clinic recognized that one of their challenges to scheduling more office visits was the was limited clinic space which also limited recruiting more pediatricians or mid-level clinicians.
- The clinic cannot extend clinic hours on the weeknights or weekends due to staffing challenges.
- Since there was very little telephone outreach, we were not able to collect feedback from parents/guardians on any barriers to scheduling the exams. For example, we don't know if parents tried to schedule an appointment, but there was no appointment availability.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2020-2023 WCV PIP

PDSA 2 (Audit Monthly Gap Reports for Data Deficiencies):

- During the PIP project, a break in the provider taxonomy mapping within the vendor's reporting system caused the clinic's WCV rate to be inaccurately reported for up to 11 months making it difficult to trend the clinic rates accurately. The rate decline was observed in January 2022, but due to a reduction of QI staff and the need to focus on priority projects, the implementation of the claims audit had to be deferred until June 2022.

Lessons Learned:

PDSA 1 (Well-Care Member Incentive Outreach Campaign):

- PDSA 1 Graph 1 shows that in 2021 and 2022 well-care exams increased between September to November, which coincided with the back-to-school period, when adolescents schedule appointments to complete physical exams and immunizations needed for school. This period may be an opportunity for Gold Coast Health Plan and the clinic to promote well-care exams with parents/guardians and for the clinic to allocate more resources or extend office hours (e.g., evenings and weekends) to schedule more well-care exams.
- PDSA 1 Graph 2 shows that adding telephone outreach to the monthly text messages in March 2022, April 2022 and June 2022 did not increase scheduled well-care exams indicating that telephone outreach did not increase parent/guardian responsiveness or engagement. Sending text messages was also more manageable and sustainable for the clinic system.
- PDSA 1 Graph 3 shows we started tracking appointment times to determine when most appointments were scheduled. We assumed more appointments would be scheduled in the afternoons when the adolescent was out of school and the parent/guardian was out of work, but we found that most appointments were scheduled between 9am to10am and 1pm to 2pm. The clinic manager explained that this was mostly due to the pediatrician's availability and not due to patient preference, which further substantiates the need for the clinic to have more pediatricians or mid-level staff to help increase appointment availability.

PDSA 2 (Audit Monthly Gap Reports for Data Deficiencies):

- There were no issues identified with the provider's claims submission. The clinic is submitting claims timely and with the correct medical codes for billing. The clinicians are also documenting the exams completely in the clinic notes and signing them timely which supports the assignment of appropriate codes and timely submission of claims.
- Ongoing monitoring and validation of data submitted monthly is needed to ensure accurate and complete rate and gap reporting for both the health plan's trending and to provide the clinics the confidence that the reports GCHP generates area accurate.

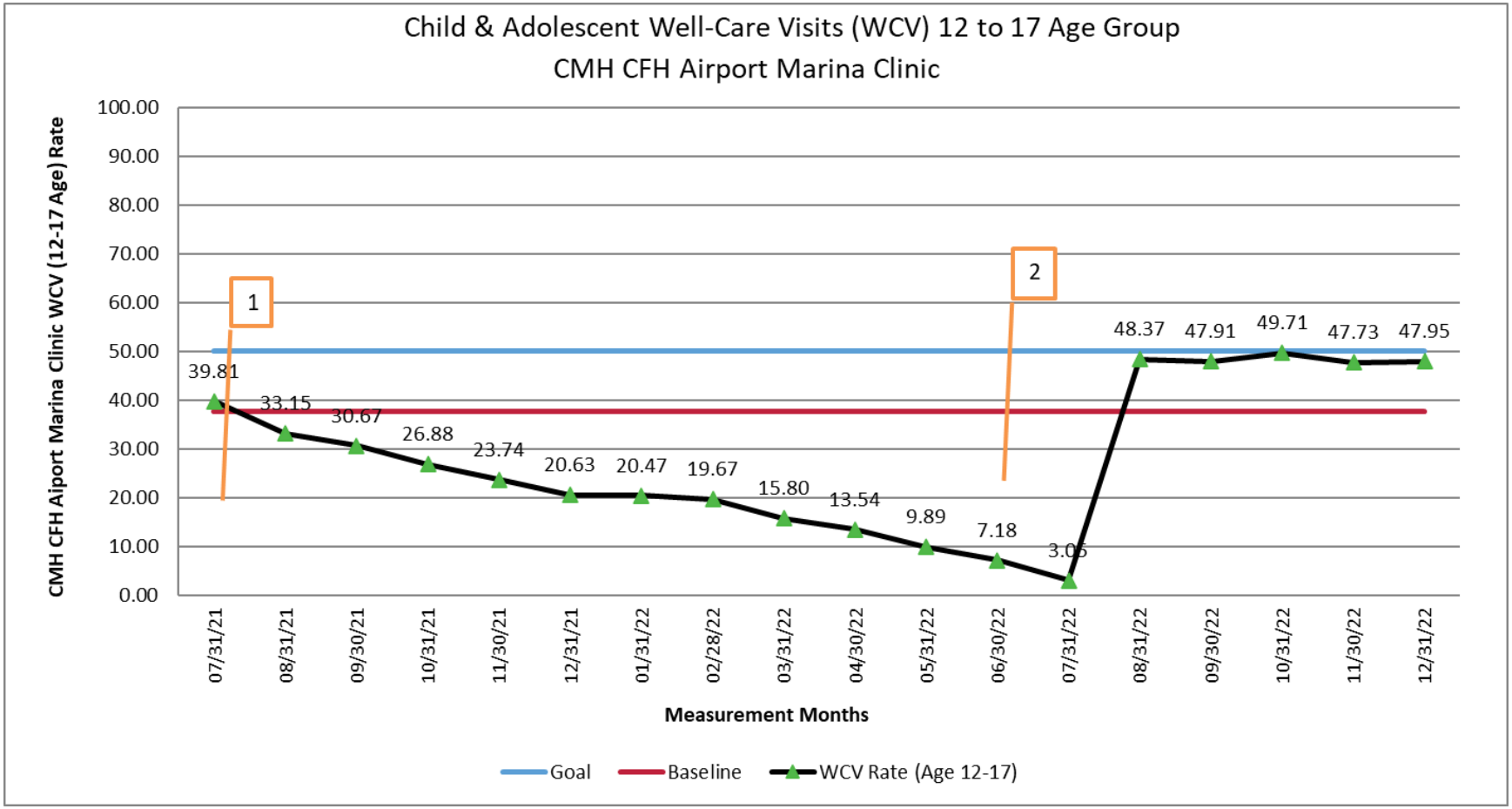
Sustainability

Sustaining improvement often requires multi-pronged approaches and the following activities describe Gold Coast Health Plan's strategies to both sustain and improve the WCV rate:

- Contract with a new text vendor to resume well-child outreach campaigns.
- Continue the monthly birthday letter and well-child exam member incentive mailing that was launched in 2023.
- Implement new types of communication modalities to help with outreach and member engagement:
  - Member portal
  - Social media
- Continue to work with clinic systems to collect more administrative data sources (e.g., electronic health record, health information exchange).
- Launch the provider value-based payment program.
- Continue monthly collaborative meetings with clinic partners and community-based organizations to strategize on opportunities to help increase well-care exams.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2020-2023 WCV PIP



Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
31-Children's Health: 2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members						
2023-2026 Clinical PIP: W30-6+ among Hispanic/Latinx Members						
Children's Health	2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members to address health disparities	Improve the performance rate for Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) among the Hispanic/Latinx population.	1. Submit the PIP clinical topic proposal to DHCS. 2. Submit Module 1 of the PIP as directed by DHCS/HSAG.	1. 04/11/23 2. 09/08/23	• QI Program Manager II	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ Submitted PIP Topic Data Form to HSAG/DHCS on 03/31/23. • Q2 ○ GCHP submitted PIP topic to DHCS on 4/11/23 and PIP topic approved on 04/12/23. Began summaries and workflows for Module 1, Section 1 – 6. Continue Objective: Yes☒ No☐ Next Steps: GCHP will work with community-based organization to develop and implement targeted member education.
Evaluation & Barrier Analysis						
PIP Topic PIP Topic: Improve the performance rate for Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) among the Hispanic/Latinx population. Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) amongst the Black/African American population was the focus for the California Department of Health Care Services (DHCS) but due to having a low denominator Gold Coast Health Plan (GCHP) instead selected the Hispanic/Latinx population, which HSAG has approved. When selecting the specific demographic GCHP's preliminary data showed 23.60% rate (N:315 D:1335) for the Hispanic/Latinx population as compared to the White population rate of 26.69% (N:95 D:356). However, final measurement year 2022 (MY22) data shows a higher performance rate for the Hispanic/Latinx population compared to the White population. Despite this, GCHP still has the largest opportunity for improvement amongst the Hispanic/Latinx community based on population size, as the current rate variance between the two populations is less than 1%.						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

2023-2026 Clinical PIP: W30-6+ among Hispanic/Latinx Members

Provide plan-specific data:
Based on Gold Coast Health Plan's Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) for MY 2022:

- Black/African American:
  - Rate: 37.50%
  - Num: 10
  - Den: 16
- White:
  - Rate: 46.07%
  - Num:192
  - Den: 356
- Hispanic/Latinx:
  - Rate: 46.82%
  - Num: 625
  - Den: 1335
- Asian:
  - Rate:40.00%
  - Num: 6
  - Den: 10

The PIP topic has the potential to improve member health, functional status, and/or satisfaction:
Timely Well-Child visits for members has the potential to help with prevention of illness, assess growth and development, and help address any concerns early between parents and the provider.

PIP Design: Steps 1 – 6

1. The initial PIP submission was submitted to HSAG on 09/08/23 and included the first six steps for designing the PIP.
2. Select the PIP Topic
3. Definite the PIP Aim Statement
4. Define the PIP Population
5. Use Sound Sampling Methods
6. Select the Performance Indicator(s)
7. Valid and Reliable Data Collection

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Objective 2: Improve Quality and Safety of Non-Clinical Care Services

32-Cultural and Linguistic Needs & Preferences

Cultural and Linguistic Needs & Preferences						
Improve Quality & Safety of Non-Clinical Care Services	Cultural and Linguistic Needs & Preferences	Ensure adequate resources to address the cultural, ethnic, and linguistic needs of our members.	1. Evaluate the demographic needs of members and address any unmet needs relative to the network. 2. Create and implement an action plan to address areas for improvement, as needed.	1. 01/01/23-07/31/23 2. 08/01/23-12/31/23	• HECL/Sr. Director of Health Education and Cultural Linguistics • C&L Specialist • Sr. Director, Network Operations • Manager, Provider Contracting & Regulatory	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: Report evaluation demographic data during Q1 2023 HECL quarterly committee meeting. • Q2: Drafted C&L workplan to address areas of improvements and identified intervention strategies. • Q3: Ongoing collaboration with departments to ensure adequate C&L resources are available to address the needs of members (i.e., member newsletter, provider operations bulletin, joint operation meetings, publications and website). Continue Objective: Yes☒ No☐ Next Steps: Continue to ensure adequate resources to address the cultural, ethnic, and linguistic needs of our members

Evaluation & Barrier Analysis

Evaluate the demographic needs of members and address any unmet needs relative to the network

Network Operations' Provider Contracting and Credentialing Management (PCCM) system can track multiple languages and ethnicity for practitioner/professionals. PNO tracks this information when received by providers through our Provider Information Update Form or a provider roster. Provider ethnicity and additional language(s) spoken are not DHCS requirements, therefore providers share this information on a voluntary basis.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cultural and Linguistic Needs & Preferences

Our Provider Relations team incorporates C&L Education topics and provides material during new provider orientation and provider site visits, including information on how providers can use GCHP's language services vendor, Pacific Interpreters, to support the specific needs of our members and providers. Additionally, Provider Relations collaborates with GCHP's Health Education and Cultural Linguistics team during provider Joint Operations Meetings to assure that providers have the necessary information to address the cultural, ethnic, and linguistic needs for our members.

Create and implement an action plan to address areas for improvement, as needed.

The Department of Health Education, Cultural and Linguistic (HECL) Services collaborated with Provider Network Operations (PNO) to ensure providers have all the necessary information to address the cultural, ethnic, and linguistic needs of GCHP members, including the provision of language assistance and auxiliary aids and services.

The following activities and provider trainings were conducted in 2023:

Q1 2023

Language Assistance Services Trainings:

- Second Change Hearing, Inc.
- Ventura County Health Care Agency, Whole Person Care
- Oxnard Union High School District – Wellness & Inclusion
- Clinicas del Camino Real, Inc.

Provider Operation Bulleting (POB) Articles:

- Language Assistance Services – Health Equity – February 2023
- Accessing Language Assistance Services – February 2023
- Tips to Optimize Communications with your Patients – February 2023
- DHCS Guidelines on Alternative Format Selection for Members – February 2023
- Cultural and Linguistically Appropriate Services (CLAS) – March 2023
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care – March 2023
- Think Cultural Health – Training and Resources on Health Equity – March 2023

Q2 2023

Language Assistance Services Trainings:

- Ventura County Health Care Agency, Complex Care Coordination and Systems Integration
- Second Chance Hearing, Inc.
- West Coast Urology
- Ventura Orthopedics
- Clinicas del Camino Real, Inc.
- USA Genetics Care
- Carelon Behavioral Health

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cultural and Linguistic Needs & Preferences

Provider Operation Bulleting (POB) Articles:

- Bilingual Fluency Assessment Reminder – May 2023
- Resources for Providers when Working with Spanish Speaking Patients – June 2023
- Language Assistance Services Reminder – June 2023

Joint Operations Meetings (JOM):

- Provider Network JOM – June 2023
- Specialist Provider Network JOM – June 2023

Q3 2023

Language Assistance Services Trainings:

- Ventura Orthopedics
- Clinicas del Camino Real, Inc.
- USA Genetics Care
- Ascent Hearing Center
- VC Community Health Nursing – Maternal Child Adolescent Health
- HCA Whole Person Care/CalAIM Community Supports
- Second Chance Hearing, Inc.
- West Coast Urology

Provider Operation Bulleting (POB) Articles:

- Nondiscrimination Notices and Language Assistance Taglines – August 2023

Joint Operations Meetings (JOM)

- Carelon Behavioral Health – July 2023
- Specialist Provider Network JOM – August 2023
- Ventura County Medical Center JOM – August 2023

Q4 2023

Language Assistance Services Trainings:

- Ventura Transit System (VTS)
- Carelon Behavioral Health
- Clinicas del Camino Real, Inc.
- VCHP CalAIM, ECM, PHSW
- Ventura County Hematology/Oncology

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cultural and Linguistic Needs & Preferences

- Ventura County Community Health Nursing
- Ventura Orthopedics
- Ocean Perinatal Medical Group, Inc.
- Common Spirit Health

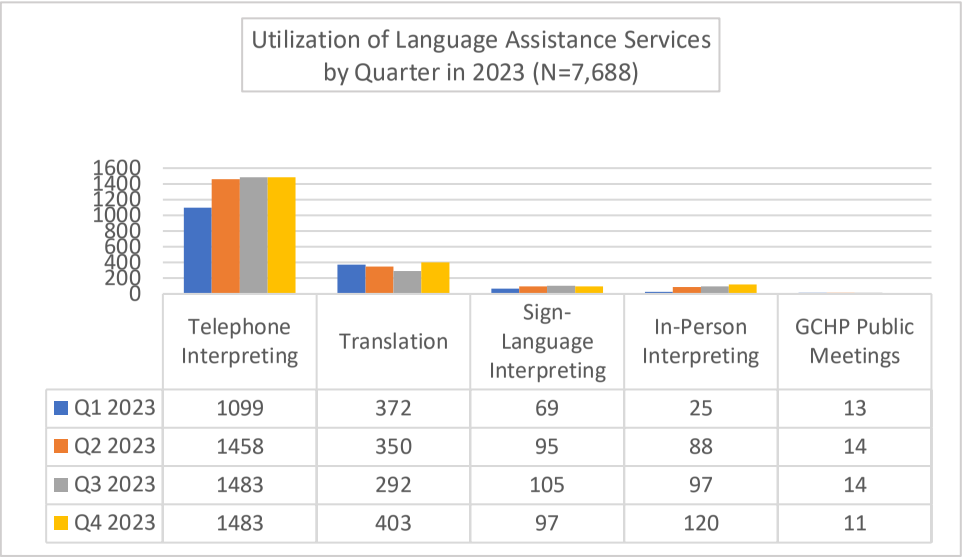
Provider Operation Bulleting (POB) Articles:

- Health Equity Training – December 2023

Joint Operations Meetings (JOM)

- Specialist Provider Network JOM – October 2023
- Ventura Transit System JOM – October 2023
- Ventura Transits System JOM – November 2023
- Ventura County Medical Center JOM – December 2023
- Ventura Transit System JOM – December 2023

The following graph outlines the utilization of language assistance services in 2023.



	Telephone Interpreting	Translation	Sign-Language Interpreting	In-Person Interpreting	GCHP Public Meetings
Q1 2023	1099	372	69	25	13
Q2 2023	1458	350	95	88	14
Q3 2023	1483	292	105	97	14
Q4 2023	1483	403	97	120	11

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Cultural and Linguistic Needs & Preferences
Gold Coast Health Plan's Health Education, Cultural and Linguistic Services offers the online cultural competency training modules for providers and staff to help increase awareness when working with vulnerable populations and the diverse health care of GCHP membership. The online cultural competency training modules in available in the GCHP website and includes: • Module 1: Language Assistance Services • Module 2: Cultural Competency and Patient Engagement • Module 3: Gender Identity and Transgender Health Care • Module 4: Additional Training Resources Upon completion of the online cultural competency training, providers shall complete and return the cultural competency training acknowledgment to HECL Department.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
33-Primary and Specialty Care Access						
Primary and Specialty Care Access						
Improve Quality & Safety of Non-Clinical Care Services	Primary and Specialty Care Access	Ensure the following standards met for minimum of 90% of providers: Members are offered: • Non-urgent primary care within 10 business days of request • Urgent care within 24 hours **Specialty Care Access** Members are offered: • Non-urgent specialty care appointment within 15 business days • Non-urgent ancillary services within 15 business days	1. Conduct survey and evaluate results. 2. Develop and implement corrective action plans when timely access standards not met. 3. Report quarterly performance to QIC. 4. Monitor complaints and PQIs relating to the member access for appointments and/or referrals and take action as appropriate.	1. 01/01/23-12/31/23 2. 01/01/23-12/31/23 3. 01/01/23-12/31/23 4. 03/21/23, 06/13/23, 09/19/23, 12/05/23	• Sr. Director, Network Operations • Sr. Manager, PNO-Program & Policy • Manager, Provider Relations	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1 to Q3 2023: Using the 2022 survey results, GCHP met 94.5% of non-urgent PCP appointment availability and 84.9% for non-urgent specialty appointments. Met 87.3% urgent appointments for PCPs, and 34.3% for urgent specialty appointments. • Q3 2023: Using the 2022 survey results, GCHP identified deficient providers and sent letters to those providers notifying them of the areas where they did not meet urgent and non-urgent appointment standards. • Q4 2023: Using the 2023 survey results, GCHP met 83.9% of non-urgent PCP appointment availability and 81.8% for non-urgent specialty appointments. Met 62.1% urgent appointments for PCPs and 50% for urgent specialty appointments. • Q4 2023: Using the DHCS Quarterly Monitoring Report Template (QMRT) Q3 2023 survey results, deficient providers were identified,

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Primary and Specialty Care Access						
						and CAPS were issued to those providers. Continue Objective: Yes☒ No☐ Next Steps: 1. GCHP will continue to monitor deficient providers who were issued CAPS because of the Provider 2022/2023 Access & Appointment Availability Survey results until remediated. 2. GCHP will utilize the access survey results from DHCS' Quarterly Monitoring Report Template (QMRT) to identify providers who do not meet standards, issue CAPS to deficient providers, and monitor those providers until remediated. 3. GCHP will continue to educate providers through Joint Operation Meetings (JOMs) and POBs.
Evaluation & Barrier Analysis						
Conduct survey and evaluate results. **Outcome:** • Non-urgent standards for PCPs in 2023 were not met. The compliance rate was 63.9%, a significant decrease compared to the previous year. • Urgent standards for PCPs in 2023 were not met. The compliance rate was 71.9%, a decrease compared to the previous year. • Non-urgent standards for Specialists in 2023 were not met. The compliance rate was 81.3%, a small decrease compared to the previous year. • Urgent standards for Specialists in 2023 were not met. The compliance rate was 60.4%, a significant increase compared to the previous year.						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Primary and Specialty Care Access

Conduct survey and evaluate results.

The Provider Appointment Availability Survey (PAAS) was conducted by Press Ganey from May to September 2023. Providers and specialists were surveyed using a roll-up method. In this method, once a survey was completed for any given provider who shared the same phone number, the response or data obtained was considered representative of the entire group.

RESULTS: The Provider Appointment Availability Survey (PAAS) was conducted from May to September 2023. The total sample size included 944 providers and appointment staff, comprising 153 primary care providers (PCPs) and 791 specialists. Data was collected from 169 providers: 32 PCPs and 137 specialists. To avoid duplicate calls to the same provider group or phone number and to minimize the survey completion time, a roll-up method was implemented. This method ensured that once a survey was completed for any given provider sharing the same phone number, the response or data obtained represented the entire group.

1) The survey addressed the following appointment types:

- Urgent care
- Non-urgent care
- Physical/Well Woman exam (PCP)
- Preventive check-up/Well-child exam (PCP)
- Routine care (Specialist)
- Average wait time in office
- Average call back time to patient

2) Primary Care and Specialty Care access survey results:

- Urgent primary care appointment for services that do not require prior authorization within 24 hours: 71.9% met criteria. A decrease from 2022 93.6%.
- Non-urgent primary care appointment available within 10 business days of request: 63.9% met criteria. A decrease from 2022 94.5%.
- Urgent specialty care appointment for services that do not require prior authorization within 96 hours: 60.4% met criteria. An increase from 2022 39.8%
- Non-urgent specialty care appointment within 15 business days: 81.3% met criteria. A slight decrease from 2022 84.9%.
- For Physical exam (PCP) / Well-woman exam (OB/Gyn Specialist) within 10 business days, 35.2% met criteria. A decrease from 2022 78.2%.
- Preventive check-up/Well-Child exam (PCP) within 10 business days 53.5%. A decrease from 2022 80.0%.
- Office Wait Time in PCP office < 45 min., 69.2% did not meet the criteria. A decrease from 2022 90.0%.
- Office Wait Time in Specialist office < 45 min., 88.5% met criteria. A slight decrease from 2022 94.2%.
- The average callback time for a medical professional to return a patient's call when immediate, but not emergency, assistance was needed showed that 45.6% of primary care providers (PCPs) and 62.1% of specialists met the criteria of responding within 60 minutes. This represents a decrease from 2022, when 85.7% of providers met the same criteria.

Develop and implement corrective action plans when timely access standards not met.

- PNO utilized our annual provider survey results and the provider survey data included in DHCS' Quarterly Monitoring Report Template (QMRT) to identify and target providers who do not meet standards. PNO performs outreach to each provider identified to educate them on the required accessibility standards and to gain knowledge of root causes.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Primary and Specialty Care Access
• PNO provided a list of deficient providers to Operations Oversight, including specific details on the standard not met. Operations Oversight will create a CAP notice based on the information provided by PNO. • Provider Relations used Provider Orientations, targeted Provider Site Visits to providers who did not meet the required standards, and Joint Operation Meetings to re-enforce access and availability requirements. • Network Ops/Provider Relations communicated Access regulations in the Provider Operations Bulletin (POB) August publication. • Provider Appointment Availability to be repeated and completed by vendor Press Ganey in 2024. • Providers who do not meet timely access standards identified on the QRMT reports and the 2023 Provider Access and Availability reports will be placed on a Corrective Action Plan
Report quarterly performance to QIC. Provider Appointment Availability Survey (PAAS) is conducted on an annual basis; therefore, the next survey results will be delivered by Press Ganey in Q4 2024.

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Primary and Specialty Care Access

Network Operations QI Dashboard - Access and Availability

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Benchmark Source	Benchmark	2023 Q4	Interventions
Time Elapsed Standards	Specialist Urgent Care appointments for services that do not require prior authorization: within *24 hours of the request for appointment	DHCS, Exhibit A, Attachment 9	Standards met for minimum of 90% of providers	50.0%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
	Non-urgent appointments for primary care: within 10 business days of the request for appointment	DHCS, Exhibit A, Attachment 9		83.9%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
	Non-urgent appointments with specialist physicians: within 15 business days of the request for appointment	DHCS, Exhibit A, Attachment 9		81.8%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
	Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition: within 15 business days of the request for appointment	DHCS, Exhibit A, Attachment 9		81.3%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
Appointment Availability	Availability of appointments within GCHP's standards by type of encounter	DHCS, § 7.5.4	Standards met for minimum of 95% of providers	73.3%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.

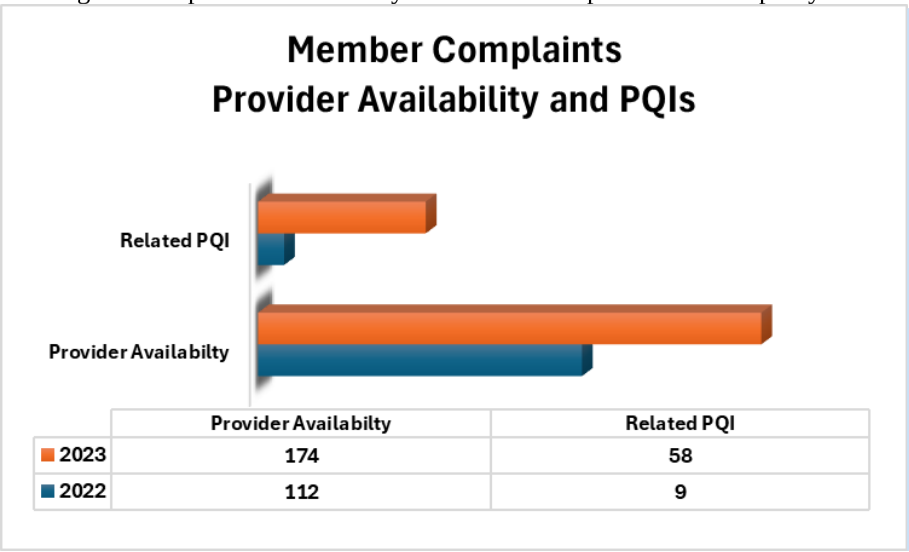
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Primary and Specialty Care Access

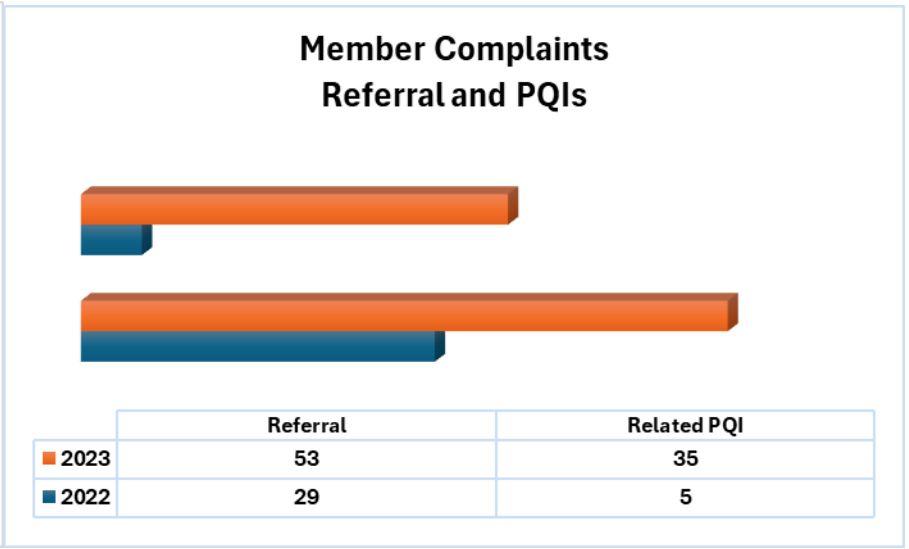
Monitor complaints and PQIs relating to the member access for appointments and/or referrals

Provider Network Operations (PNO) review the GCHP Annual Access Survey, the DHCS Quarterly Monitoring Response Template (QMRT) and member grievances to identify providers who are not in compliance. PNO provided a list of deficient providers to Operations Oversight, including specific details on the standard not met. Operations Oversight created CAP notices based on the information provided by PNO where providers had 30 days to respond with remediation steps.

Conduct a review of the data related to member access for appointments and referrals. The evaluation of the results indicates the number of complaints regarding provider availability and referrals. Monitoring these complaints reveals an increase in cases received in 2023 compared to 2022. The graph below illustrates the year-to-year comparison, showing a rise in provider availability and referral complaints over the past year:



	Provider Availabilty	Related PQI
2023	174	58
2022	112	9



	Referral	Related PQI
2023	53	35
2022	29	5

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
34-Network Adequacy						
Assess and improve network adequacy as demonstrated by availability of practitioners						

Improve Quality & Safety of Non-Clinical Care Services	Assess and improve network adequacy as demonstrated by availability of practitioners	Ensure the following network adequacy standards are met:
		• PCP and Provider Ratios:
		  ○ 1 PCP 1:2000
		  ○ Total Physicians 1: 1200
		• Physician Supervision to Non-Physician Practitioner Ratios:
		  ○ Nurse Practitioners 1:4
		  ○ Physician Assistants 1:4
		• Network maintained PCP located within 10 miles or 30 minutes from members residence.
		• Network maintained DHCS Core specialists located within 30 miles or 60 minutes from members residence.
		• Develop process for network certification (with ratios).
		• Hospitals 15 miles or 30 minutes from members residence
			1. Conduct ratio analysis for primary care and high-volume specialties
			2. Identify gaps and implement corrective action plan(s).
			3. Monitor progress toward action plan to maintain or improve GeoAccess standards: Network maintained PCPs.
			4. Monitor progress toward action plan to maintain or improve GeoAccess standards: Network maintained DHCS Core Specialists.
			5. Report biannual ratio analysis and annual GeoAccess findings to QIC.
				1. 03/31/23, 06/30/23, 09/30/23, 12/31/23
				2. 03/31/23, 06/30/23, 09/30/23, 12/31/23 12/31/23
				3. 01/01/23-12/31/23
				4. 01/01/23-12/31/23
				5. 03/21/23, 06/13/23, 09/19/23, 12/05/23
					• Sr. Director, Network Operations
					• Sr. Manager, PNO – Program & Policy
					• Manager, Provider Relations
						Annual Goal Met: Yes☒ No☐
						
						Quarterly Updates:
						• Q1 to Q3 2023: Met 100% ratio of PCPs to Members and Specialists to Members. Met 99% of geographic distribution for PCPs and Specialists. There was 1 unreachable member in zip code 93455 which is a bordering city in Kern County. There was 1 member with a PO Box in 93252 that was not connected to a Post Office.
						• Q4 2023: Met 100% ratio of PCPs to Members and Specialists to Members. Met 100% of geographic distribution for PCPs and Specialists.
						
						Continue Objective: Yes☒ No☐
						
						Next Steps:
						1. GCHP conducts time or distance reporting monthly to identify and monitor network gaps.
						2. GCHP performs provider outreach in areas where we have network gaps.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Assess and improve network adequacy as demonstrated by availability of practitioners

Evaluation & Barrier Analysis

Conduct ratio analysis for primary care and high-volume specialties.

Based on December 2023 Membership (excluding 2 Share of Cost (SOC) members) of 243,005, Q4 2023 Quest Provider Counts: PCP's 233, Specialty Providers 5,918 and sPayer Mid-level PCPs NPs 410 and PAs 281 PCPs + Mid-levels = 924:

1. Ratios of PCPs to Members, 1:486 metrics met
2. Ratio Total Physicians to Members, 1:41 metrics met
3. Nurse Practitioners to PCP Physicians 1:1 metrics met
4. Physician Assistants to PCP Physicians 1:1 metrics met
5. GCHP's network maintained 99% access to PCPs located within 30 minutes or 10 miles of members' residences.
    a. DHCS approved alternate access standards for members residing in Maricopa (zip code 93252), allowing for access within 110 minutes or 85 miles of their residences.
6. GCHP's network maintained 99% access to specialists located within 60 minutes or 30 miles of members' residences.
    a. DHCS approved alternate access standards for members residing in Maricopa (zip code 93252), allowing for access within 145 minutes or 105 miles of their residences.
7. GCHP's network maintained 100% access to Hospitals within 30 minutes or 15 miles of members' residences.

Identify gaps and implement corrective action plan(s).

Regarding GeoAccess standards, only one member in one city/zip code did not meet the criteria: Frazier Park, zip code 93225. Although this area is primarily in Kern County, some portions fall into Ventura County.

Corrective Action Plan: An Alternative Access Standard (AAS) Request Template was submitted to DHCS and approved.

- For PCPs nearest driving time was 31.2 and nearest driving distance was 28.6.
- For SPCs, nearest driving time was 62.1 and nearest driving distance was 33.9
- GCHP is contracted with the closest provider Fillmore Family Medical Center and made contracting efforts with Arvin Medical Clinic and Centric Health, but providers are non-responsive. Arrangement of access in place for member(s) outside of time and distance via non-emergency transportation. GCHP has also remedied this gap in 2024 and no longer need an AAS template.

Monitor progress toward action plans to maintain or improve GeoAccess standards: Network maintained PCPs.

On a quarterly basis GeoAccess/Timely Access is conducted for our PCP network against our membership and then tracked through the following ways:

1. QIC Quarterly Dashboard
2. Quarterly Network Reports (QNR).
3. GCHP's Provider Network Operations addresses network gaps by actively recruiting new providers and offering members transportation services through our NEMT/NMT provider.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Assess and improve network adequacy as demonstrated by availability of practitioners

Monitor progress toward action plans to maintain or improve GeoAccess standards: Network maintained DHCS Core Specialists.

On a quarterly basis GeoAccess/Timely Access is conducted for our specialist network against our membership and then tracked through the following ways:

1. QIC Quarterly Dashboard
2. Quarterly Network Reports (QNR)
3. GCHP's Provider Network Operations addresses network gaps by actively recruiting new providers and offering members transportation services through our NEMT/NMT provider.

Develop process for network certification (with ratios).

GCHP employs the DHCS APL 23-001, Annual Network Certification (ANC), to certify our provider network.

1. Network Adequacy Standards are provided in Attachment A to APL 23-001.
2. ANC Instruction Manual is provided in Attachment B to APL 23-001.
3. 274 File is submitted monthly to DHCS and then reviewed and approved by DHCS' Provider Data Quality Unit (PDQU).
4. Using Quest Analytics desktop software, GCHP connects to member and provider databases, and then calculates time or distance. Quest Analytics desktop application uses the estimated driving distance from the member's residences to the provider's office.
5. A time or distance report is generated for PCPs and Specialists which indicates where standards are met and not met.

Provider to Member Ratio Calculations:

1. Provider to member ratios for PCPs and Specialists are calculated manually. The provider count comes from a report run in Quest Analytics and the membership count comes from a monthly internal report given by Conduent.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Assess and improve network adequacy as demonstrated by availability of practitioners

Report biannual ratio analysis and annual GeoAccess findings to QIC.

Network Operations QI Dashboard - Access and Availability					
Legend:					
Met or exceeded Benchmark					
Did not meet Benchmark					
Measure	Description	Benchmark Source	Benchmark	2023 Q4	Interventions
Access to Network / Availability of Practitioners					
# & geographic distribution of PCPs	Network of PCPs located within 30 minutes or 10 miles of a member's residence to ensure each member has a PCP who is available and physically present at the service site for sufficient time to ensure access for assigned members upon member's request or when medically required and to personally manage the member on an on-going basis.	DHCS, Exhibit A, Attachment 6	Standard met for minimum 100% of members	100.0%	
# & geographic distribution of SCPs	Network of Specialists located within 60 minutes or 30 miles of a member's residence. Adequate numbers and types of specialists within the network through staffing, contracting, or referral to accommodate members' need for specialty care.	DHCS, Exhibit A, Attachment 6	Standard met for minimum 100% of members	100.0%	
Ratio of members to physicians	1:1200	DHCS, Exhibit A, Attachment 6	Standard met for 100% of members	1:41	
Ratio of members to PCPs	1:2000	DHCS, Exhibit A, Attachment 6	Standard met for 100% of members	1:486	
Acceptable driving times and/or distances to primary care sites	30 minutes and 10 miles of member's residence	DHCS, Exhibit A, Attachment 6	Standard met for minimum 100% of members	100.0%	

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
35-After Hours Availability						
After Hours Availability						
Improve Quality & Safety of Non-Clinical Care Services	After Hours Availability	Conducts surveys to ensure members are able to reach a provider after hours.	1. Conduct surveys and evaluate results. 2. Develop and implement action plans when timely access standards are not met. 3. Report quarterly performance to QIC.	1. 06/30/23 2. 01/01/23-12/31/23 3. 03/21/23, 06/13/23, 09/19/23, 12/05/23	• Sr. Director, Network Operations • Manager, Provider Relations • Sr. Manager, PNO – Program & Policy	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 to Q3 2023: Using the 2022 survey results, GCHP met 98.4% of after-hours standards for PCPs and 64.1% for specialists. • Q3 2023: Using the 2022 survey results, GCHP identified deficient providers and sent letters to those providers notifying them of the areas where they did not meet urgent and non-urgent appointment standards. • Q4 2023: Using the 2023 survey results, GCHP met 93.3% of after-hours standards for PCPs and 79.9% for specialists. • Q4 2023: Using the DHCS Quarterly Monitoring Report Template (QMRT) Q3 2023 survey results, deficient providers were identified, and CAPs were issued to those providers. Continue Objective: Yes☒ No☐ Next Steps: 1. Using the Access & Availability survey results, GCHP will identify deficient providers, issue a CAP where applicable and work

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
After Hours Availability						
						with providers to remediate issues. 2. GCHP will receive survey results in Q4 2024 and will report the survey results to QIC quarterly.

Evaluation & Barrier Analysis

Conduct surveys and evaluate results.

Outcome: Standards are met for a minimum of 93.3% of PCP providers. Standards are met for minimum of 79.9% for specialists.

The After-Hours Survey was conducted by Press Ganey between May to September 2023. Providers and specialists were contacted during closed office hours (early morning, evening, weekend hours to assess compliance with after-hours availability. The survey addressed the following types of after-hours accessibility for both PCPs and specialists:

- Reaching an answering machine or service/auto-attendant for after-hours member calls.
- Advised by a recorded outgoing message that if the situation is a medical emergency they should hang up and dial 911 or go to the nearest ER/Hospital.
- Compliant with emergency instructions in Spanish (or an option to listen in Spanish.

Outcome: Standards are met for 79.9% of specialists.

RESULTS: The After-Hours survey was conducted from May to September 2023. The total sample size included 3,724 providers and appointment staff, comprising 272 primary care providers (PCPs) and 3,482 specialists. Data was collected from providers: 44 PCPs and 424 specialists. To avoid duplicate calls to the same provider group or phone number and to minimize the survey completion time, a roll-up method was implemented. The objective of the After-Hours survey is to contact provider offices during closed office hours (early morning, evening, or weekend hours) to audit the after-hours accessibility of the office and help determine if the office is adhering to regulatory requirements.

PCP After Hours Results:

- 93.3% met the standard of reaching an answering machine or service/auto-attendant for after-hours member calls, a slight decrease from 2022 which was 98.4.%.
- 93.3% Advised by a recorded outgoing message that if the situation is a medical emergency they should hang up and dial 911 or go to the nearest ER/Hospital, a slight decrease from 2022 which was 98.4%.
- 77.5% were compliant with emergency instructions in Spanish (or an option to listen in Spanish). A significant increase from 2022 54.1%.

Specialist After Hours Results:

- 79.9% met the standard of reaching an answering machine or service/auto-attendant for after-hours member calls. An increase from 2022 64.1%.
- 79.9% Advised by a recorded outgoing message that if the situation is a medical emergency they should hang up and dial 911 or go to the nearest ER/Hospital. An increase from 2022 64.1%.
- 28.7% were compliant with emergency instructions in Spanish (or an option to listen in Spanish), a decrease from 2022 52.2%.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

After Hours Availability

Develop and implement action plans when timely access standards are not met.

- PNO utilized our annual provider survey results to identify and target providers who do not meet standards. PNO performs outreach to each provider identified to educate them on the required accessibility standards and to gain knowledge of root causes.
- Provider Relations took a comprehensive or proactive approach and discussed the Access regulations during New Provider Orientations, Provider Site Visits and Joint Operations Meetings. This also allows Provider Relations the opportunity to understand the challenges faced by our provider network
- PNO will provide a list of deficient providers to Network Ops, including specific details on the standard not met, to begin the CAP process and providers have 30 days to respond with remediation steps.
- Network Ops/PR communicated Access regulations in the August 2023 Provider Operations Bulletin (POB)

Report quarterly performance to QIC.

After Hours Access	Primary Care Providers have answering machine or service for after-hours member calls	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members	97.4%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
	Specialist Providers have answering machine or service for after-hours member calls	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members	77.1%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
After Hours Access	Primary Care After-hours machine messages or service staff is in threshold languages	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members	78.9%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
	Specialist After-hours machine messages or service staff is in threshold languages	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members	22.9%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
	Primary Care After-hours answering machine message or service includes instructions to call 911 or go to ER in the event of an emergency	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members	97.4%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.
	Specialist After-hours answering machine message or service includes instructions to call 911 or go to ER in the event of an emergency	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members	83.0%	Using the 2023 survey results we will identify the non-compliant providers, we will also identify providers found repeatedly non-compliant in consecutive years 2022 & 2023, issue CAPS for the 2023 deficiencies, request a remediation plan from the providers and monitor their progress.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
36-Provider Satisfaction						
Provider Satisfaction Survey						
Improve Quality & Safety of Non-Clinical Care Services	Provider Satisfaction Survey	Field provider survey and develop action plan(s) to improve areas of low performance.	1. Analyze results and identify opportunities for improvement. 2. Implement interventions as needed to improve satisfaction.	1. 12/31/23 2. 12/31/23	• Sr. Director, Network Operations • Manager, Provider Relations • Sr. Manager, PNO – Program & Policy	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 2023: 1. Identified lowest rates and provided results to internal GCHP impacted areas. 2. During Joint Operation Meetings (JOMs), addressed provider concerns and questions. 3. During site visits, offered providers the opportunity to ask questions and make recommendations for process improvements. 4. In Provider Operation Bulletins, provided vital information on upcoming changes, improvements and information. 5. In memorandums, provided important resources and guides based on the recommendations solicited from our site visits and JOMs, to the network. • Q2 2023: 1. Identified lowest rates and provided results to internal GCHP impacted areas. 2. During Joint Operation Meetings (JOMs), addressed provider concerns and questions. 3. During site visits, offered

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Provider Satisfaction Survey						
						providers the opportunity to ask questions and make recommendations for process improvements. 4. In Provider Operations Bulletins, provided vital information on upcoming changes, improvements and information. 5. In memorandums, provided important resources and guides based on the recommendations solicited from our site visits and JOMs, to the network. • Q3 2023: 1. Identified lowest rates and provided results to internal GCHP impacted areas. 2. During Joint Operation Meetings (JOMs), addressed provider concerns and questions. 3. During site visits, offered providers the opportunity to ask questions and make recommendations for process improvements. 4. In Provider Operation Bulletins, provided vital information on upcoming changes, improvements and information. 5. In memorandums, provided important resources and guides based on the recommendations solicited

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Provider Satisfaction Survey						
						from our site visits and JOMs, to the network. • Q4 2023: 1. Identified lowest rates and provided results to internal GCHP impacted areas. 2. During Joint Operation Meetings (JOMs), addressed provider concerns and questions. 3. During site visits, offered providers the opportunity to ask questions and make recommendations for process improvements. 4. In Provider Operation Bulletins, provided vital information on upcoming changes, improvements and information. 5. In memorandums, provided important resources and guides based on the recommendations solicited from our site visits and JOMs, to the network. Continue Objective: Yes☒ No☐ Next Steps: Field provider survey and develop action plan(s) to improve areas of low performance.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Provider Satisfaction Survey

Evaluation & Barrier Analysis

Analyze results and identify opportunities for improvement.

Providers continue to experience staffing shortages related to requests for increased salaries, human capacity limitations and an increase in volume for requested in-person member appointments which contributes to delayed care.

Provider Network Operations performed the following to improve:

- Conducted in-person site visits to remind providers of the Timely Access standards and monitor progress for those identified as not meeting access standards from our annual provider survey and DHCS Quarterly Monitoring Report (QMRT).
- Reminded providers to utilize mid-levels when available, of appointment availability with another provider within the same or different office, weekend office hours and telehealth appointments. In addition, we advise providers to notify GCHP in advance, when possible, of delays in timely access so that GCHP may intervene by aiding in locating alternate providers who can provide care within the appropriate timeframe.
- Performed targeted outreach and training for providers who were newly identified as not meeting standards in the survey results.
- We will continue to include reminders to providers on timely access standards in the Provider Operations Bulletin (POB) and Joint Operation Meetings (JOM)

Implement interventions as needed to improve satisfaction.

As a follow-up to results, PNO provides a presentation to the QI Committee and take actions as follows to improve satisfaction.

- Identify the lowest rates of satisfaction and provide results to internal GCHP impacted areas.
- Addressed provider concerns and questions during Joint Operation Meetings (JOM's) and solicited recommendations from providers for opportunities of improvement.
- While conducting provider site visits, we offer providers the opportunity to ask questions, express concerns and make recommendations for GCHP process improvements.
- Provide vital information for providers on upcoming changes, improvements and information in our Provider Operation Bulletins (POBs) along with resources and guides to help address any concerns or questions.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Objective 3: Improve Member Safety						
37-Facility Site Review Requirements						
Facility Site Review Requirements						
Improve Member Safety	Facility Site Review Requirements	Maintain 100% compliance with Facility Site Review (FSR) requirements.	1. Complete and document Initial, Interim, and Tri-annual Facility Site Reviews timely. 2. Complete FSRs past due because of the public health emergency, in accordance with the DHCS plan. 3. Issue and monitor corrective action plans (CAPs) as needed to facilitate clinic compliance and improvement on identified deficiencies. 4. Submit biannual reports to DHCS: ○ January – June ○ July – December	1. 01/01/23-12/31/23 2. 12/31/23 3. 01/01/23-12/31/23 4. 07/31/23, 12/31/23	• QI RN Manager • QI RN	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1: ○ MRR completed for new CDCR site and overdue VCHCA clinic. CAPs issued and closed timely educational visit and re-audit of failed site ○ Focus on training new QI RN for CSR ○ Submitted DHCS biannual report and quarterly catch-up strategy report timely. ○ Received new APL and developed new policy approved by DHCS ○ Training on new tools with DHMG • Q2 ○ Perform educational visits with independent providers to assist with survey readiness ○ Resume performance of FSRs for past due and currently due sites ○ Training on new tools with CMHS Quality Team ○ Effective July 1, DHCS has amended the scoring

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Facility Site Review Requirements						
						rubric for MRRs to include documented refusals. Additional time and training required. • Q3 ○ MT on Medical LOA most of Q3, causing FSRs to be on hold ○ Contracted an Independent MT to perform FSRs ○ In September we resumed FSR/MRR ○ Scheduled all sites past due as a result of the PHE for Q4 with goal to complete by end December 2023 ○ Resumed training of QI RN to become CSR. • Q4 ○ Scheduled and performed all past sites due during PHE as planned in Catch-up Strategy submitted to DHCS in Q4. (Goal Met) ○ Performed FSRs for all newly added sites during this period. ○ Certified QI RN as CSR ○ Started training new QI RN for CSR ○ Minimal utilization of Independent Contractor

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Facility Site Review Requirements						
						DHCS-MT by end of Q4, she is available to assist PRN in Q1 ○ Determined sites due in Q1 2024-all sites past due from 2022 (11)
						Continue Objective: Yes☒ No☐
						Next Steps: Continue to maintain 100% compliance with Facility Site Review (FSR) requirements

Evaluation & Barrier Analysis

Complete and document Initial, Interim, and Tri-annual Facility Site Reviews timely.

- Facility Site Review due dates were continuously monitored by QI RN Certified Master Trainer and QI RN Certified Site Reviewer.
- GCHP uses Health Data Systems (HDS) to track and monitor Facility Site Reivew (FSR) and Medical Record Review (MRR) review audits. The results of FSR/MRR audits are entered into HDS at the time of the review or within the first 24 hours post review based on competing priorities.
- The results of all FSR/MRR that were completed in 2023 were submitted to DHCS on a quarterly basis and all reports were submitted within the required due dates.
- The following FSRs were completed in 2023
  - Initial FSR=1, Interim=0, Tri-Annual (Periodic)=13, total completed is 14.
  - Q1=0 FSRs completed. Q2=1 FSR completed. Q3=1 FSR completed. Q4=12 FSRs completed.

Complete FSRs past due because of the public health emergency, in accordance with the DHCS plan.

- GCHP hired a new QI RN that became a DHCS Certified Site Review in four months by helping with the past due FSR sites.
- A contracted QI RN that is a DHCS Certified Master Training also provided FSR/MRR training and helped complete past due FSRs in 2023 Q3 and Q4.
- Total past due FSRs all completed by end of 2023 Q4 was 14.

Issue and monitor corrective action plans (CAPs) as needed to facilitate clinic compliance and improvement on identified deficiencies.

- The QI RN CSR/CMT followed the timelines and protocol as defined by the current DHCS FSR/MRR All Plan Letter. The protocols are also communicated to the Providers when the CAP is issued.
- CAPs were issued as appropriate based on FSR/MRR findings:

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Facility Site Review Requirements

- A total of 4 CAPS were issues and successfully remediated and closed in 2023
- One MRR CAP was issued to a clinical site that had a failed MRR score below 79%. A 120-day extension was granted to enable the provider to submit the requested documentation to close the MRR CAP.

Submit biannual reports to DHCS

- Reports submitted timely and in proper format, requested by DHCS.
  - Reports for 1/1/2023 to 6/30/2023 were submitted to DHCS on 8/18/2023.
  - Reports for 7/1/2023 to 12/31/2023 were submitted to DHCS on 4/30/2024.
  - All CAP items remediated and verified by end of Q4 2023.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
38-Facility Site Review Monitoring						
Facility Site Monitoring						
Improve Member Safety	Facility Site Monitoring	Conduct facility site monitoring 100% on time to ensure safety practices.	1. Monitor FSR results and deficiencies, track and trend. 2. Monitor member complaints/grievances and potential quality issues (PQIs) involving quality of care/safety concerns. 3. Issue CAPS and track improvements as needed. 4. Take action on sites not meeting requirements.	1. 01/01/23-12/31/23 2. 01/01/23-12/31/23 3. 01/01/23-12/31/23 4. 01/01/23-12/31/23	• QI RN Manager • QI RN	Annual Goal Met: Yes ☒ No ☐ Quarterly Updates: • Q1 ○ Required CAPs issued and remediated. ○ On-going follow-up of non-compliant failed site. • Q2 ○ IC MT retained to perform full-scope re-audit for failed site. ○ Compiled and distributed lists for each clinic system with sites due in 2023 ○ No open CAPs at this time. • Q3 ○ One site failed, so was deemed an educational visit for FSR portion only. ○ One additional CAP issued and remains open. ○ Possible PQI to be initiated due to employee reported “system just not working.” Further discussion pending due to change of manager at impacted site. (confirmed no pending or historical PQIs related to this) • Q4

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Facility Site Monitoring						
						○ Completed all PHE backlog FSRs as required by DHCS. ○ All CAPs issued with all Capped sites within compliance timelines. ○ One independent provider failed FSR/MRR, awaiting their intent to comply or withdraw. ○ PQI discussion to be scheduled for January 2024
						Continue Objective: Yes☒ No☐
						Next Steps: Conduct facility site monitoring 100% on time to ensure safety practices.
Evaluation & Barrier Analysis						
Monitor FSR results and deficiencies, track, and trend. • The QI RN CSR/CMT uses the DHCS reports and Health Data Systems (HDS) to track and trend the Facility Site Reivew (FSR) and Medical Record Review (MRR) review audits results and deficiencies. • These results are reported to the quarterly QIHEC meetings. • The following FSRS were completed ○ 14 FSR completed ○ 4 CAPs issued.						
Monitor member complaints/grievances and potential quality issues (PQIs) involving quality of care/safety concerns. • Potential Quality Issues (PQIs) may be identified by the QI RN CSR/CMT during FSRs. The PQI RN may also refer PQIs to the QI RN CSR/CMT as needed. • No PQIs were identified in 2023.						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Facility Site Monitoring

Issue CAPS and track improvements as needed.
 	
• The QI RN CSR/CMT tracked and monitored all CAP activities and due dates using Health Data Systems. The following CAPS were issued in 2023,
  ○ One incomplete FSR/MRR identified in Q1 2023. The site was evaluated and later passed the full scope periodic review.
  ○ One failed MRR identified in Q3 2023, and the clinic was granted a 120-day extension for corrections.
  ○ 4 of the 14 FSRs completed required a CAP.

Act on sites not meeting requirements. • All clinics are monitored closely with frequent communication via email or telephone to ensure compliance with CAP timelines. Management is included in all correspondence to allow all team members to be actively involved and aware of the situations. • 1 site had a Medical Record Fail of <79% requiring documents to be sent to DHCS upon completion of CAP.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
39-Physical Accessibility Review Surveys (PARS)						
Physical Accessibility Review Surveys						
Improve Member Safety	Physical Accessibility Review Surveys	Complete Physical Accessibility Reviews (PARs) 100% on time.	1. Compile report for high volume/ancillary specialist visits for Seniors and Persons with Disabilities (SPD) population and submit PARS report to DHCS. 2. Complete and document PARS for identified high volume/ancillary specialist provider sides. 3. Complete and document PARS as indicated during the Initial and Periodic FSRs.	1. 01/31/23 2. 12/31/23 3. 01/01/23-12/31/23	• QI RN Manager • QI RN	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ Report for high volume/ancillary specialist visits and PARS report submitted to DHCS January 2023. • Q2 ○ Resumed participation in PARS workgroup meetings • Q3: ○ Continued participation in PARS workgroup meetings. QI RN hired and trained on conducting PARS in conjunction with Initial/Periodic FSRs and for high volume/ancillary specialist visits • Q4 ○ Continued participation in PARS workgroup meetings. QI RN conducted PARS in conjunction with Initial/Periodic FSRs and for high volume/ancillary specialist visits Continue Objective: Yes☒ No☐ Next Steps:

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Physical Accessibility Review Surveys						
						Hire QI Specialist to resume PARS reviews and complete Physical Accessibility Reviews (PARs) 100% on time.

Evaluation & Barrier Analysis

Compile report for high volume/ancillary specialist visits for Seniors and Persons with Disabilities (SPD) population and submit PARS report to DHCS.

- Compiled and submitted 2023 PARS report timely on 1/26/2024.

Complete and document PARS for identified high volume/ancillary specialist provider sides.

- Due to competing priorities and staffing transitions and limitations the PARS for high volume/ancillary specialists was on pause until in 2023 and resumed in December 2023. The following PARS was completed in 2023 Q4:
  - Q4: Anacapa Surgical Associates, Dr. Sadeghi/California Kidney Medical Group

Complete and document PARS as indicated during the Initial and Periodic FSRs.

Timeline	FSR Locations	Count of PARS Completed
2023 Q1	No FSRs completed	0
2023 Q2	• Dr. Patel/Buena Medical Group	1
2023 Q3	• DHMG Riverpark Suite 100, • DHMG Riverpark Suite 120	2
2023 Q4	• VCHCA Santa Paula Medical Clinic, • CMHS Ojai • CMHS Oak View • CMHS Port Hueneme, • VCHCA Sierra Vista, • CDCR Moorpark • CMHS Pirie • Dr. Soroka/Saviers Medical Group	8

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
40-Credentialing/Recredentialing						
Credentialing / Recredentialing						
Improve Member Safety	Credentialing / Recredentialing	Maintain a well-defined credentialing and recredentialing process for evaluating practitioners/ providers to provide care to members.	1. Perform timely verification of all required credentialing elements to ensure current, accurate and complete files for credentialing decisions. 2. Perform timely recredentialing (within 36 months of last approval date). 3. Perform ongoing monitoring of sanctions and adverse events timely. 4. Collaborate with Symplr on software configuration and automation to achieve efficiencies in the credentialing process.	1. 01/01/23-12/31/23 2. 01/01/23-12/31/23 3. 01/01/23-12/31/23 4. 01/01/23-08/31/23	• QI Manager • QI Specialist	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ All metrics met. ○ Identified need for additional training on credentialing software functionalities with business owners. • Q2 ○ All metrics met. ○ Received training on credentialing software. ○ Identified need to upgrade software to support improved efficiencies. • Q3 ○ All metrics met. ○ Software upgrade in process. • Q4 ○ All metrics met. ○ Software upgrade in process. Continue Objective: Yes☒ No☐ Next Steps: Continue all planned activities in 2024. Upgrade Symplr software to achieve automation and improve efficiencies.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Credentialing / Recredentialing

Evaluation & Barrier Analysis

Credentialing

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Benchmark Source	Benchmark	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Interventions
Indicators								
Monitoring of Medicare/Medicaid sanctions	An OIG query is performed on every provider at the time of initial and re-credentialing	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	**100%**	**100%**	**100%**	**100%**	
Monitoring of sanctions and limitations on licensure	A Medical Board of California (MBOC) query is performed on every provider at the time of initial and re-credentialing. Other state licensing boards are also queried as needed	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	**100%**	**100%**	**100%**	**100%**	
Monitoring of adverse events	Quality of Care concerns are reviewed at a minimum of every 6 months and are forwarded to Credentials/Peer Review Committee (CPRC) as indicated.	DHCS/ Title 22	Biannually	**100%**	**100%**	**100%**	**100%**	
	NPDB queries are performed within 180 days prior to the date of initial and re-credentialing	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	**100%**	**100%**	**100%**	**100%**	

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update				
Credentialing / Recredentialing										
	Timeliness of provider notification of credentialing decisions	Providers will be notified of the credentialing decision in writing within 60 days	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	**100%**	**100%**	**100%**	**100%**	
	Timeliness of verifications	All credentialing verifications are performed within 180 days prior to the credentialing date, as required	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	**100%**	**100%**	**100%**	**100%**	
	# of provider terminations for quality issues	Credentials/Peer Review Committee (CPRC) denial of a credentialing application for quality issues will cause termination of the provider from the network	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	None	None	None	None	
	Timeliness of processing of initial applications	Initial applications will be processed within 90 days	DHCS/ Title 22	Standard met for 90% of applications received	**100%**	**100%**	**100%**	**100%**	
	Timeliness of processing of re-credentialing applications	Recredentialing applications will be processed within 90 days	DHCS/ Title 22	Standard met for 90% of applications received	**100%**	**100%**	**100%**	**100%**	
	Timeliness of Physician Recredentialing	Percent of physicians recredentialed within 36 months of the last approval date	NCQA: CR Standards	Standard met for 90% of providers	**100%**	**100%**	**100%**	**98%**	
	Continuous Monitoring of Allied Providers	Percent of allied providers' expirable elements that are current	NA	Standard met for 90% of elements	**100%**	**100%**	**100%**	**100%**	

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Credentialing / Recredentialing

Timeliness of Organization Reassessment	Percent of organizations reassessed within 36 months of the last assessment	NCQA: CR Standards	Standard met for 90% of providers	**100%**	**100%**	**100%**	**100%**	

Quarters	Initial Cred Type I	Initial Cred Type II	Recred Type I	Recred Type II	Cred Facility Type I	Cred Facility Type II
2023 Q1	5	1	32	4	4	0
2023 Q2	38	0	28	2	11	0
2023 Q3	37	2	11	1	7	0
2023 Q4	13	0	9	1	30	0

Perform timely verification of all required credentialing elements to ensure current, accurate and complete files for credentialing decisions.

Verification of all required credentialing elements to ensure current, accurate and complete files for credentialing decisions were performed timely in 2023.

Perform timely recredentialing (within 36 months of last approval date).

All required recredentialing activities were performed within 36 months of last approval date in 2023.

Perform ongoing monitoring of sanctions and adverse events timely.

Ongoing monitoring of sanctions and adverse events was performed timely.

Collaborate with Symplr on software configuration and automation to achieve efficiencies in the credentialing process.

Collaboration with Symplr on software configuration and automation to achieve efficiencies in the credentialing process was completed throughout 2023. However, through this process it was determined that an organization-wide software upgrade was necessary to achieve the configuration and automating efficiencies set forth for this planned activity. The software upgrade is planned for Q3 2024.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
41-Pharmacy: Reduction in Potential Unsafe Opioid Prescriptions						
Reduction in Potential Unsafe Opioid Prescriptions						
Improve Member Safety	Reduction in Potential Unsafe Opioid Prescriptions	• Monitor member opioid use via Medi-Cal Rx and maintain performance compared to prior year and less than a 5% increase in each category. • Monitor the Pharmacotherapy for Opioid Use Disorder (POD) measures	1. Monitor the following statistics related to opioid use via Medi-Cal Rx in GCHP members: • Total number of users Concurrent users of benzodiazepines • Concurrent users of antipsychotics • Concurrent users of opioids and Medication Assisted Treatment (MAT) and Concurrent users of opioids and naloxone. 2. Retrospective Drug Utilization Review (DUR) and implement provider Interventions Related to Opioid Use. 3. Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®.	1. 03/21/23, 06/13/23, 09/19/23, 12/05/23 2. 01/01/23-12/31/23 3. 02/28/23-12/31/23	• Clinical Programs Pharmacist	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1: ○ Monitoring opioid dashboard data. Met performance goal. Pending report for concurrent opioid and MAT users; and concurrent opioid use disorder and MAT users. • Q2: ○ Still monitoring opioid dashboard data and met performance goal. Still pending reports for concurrent opioid/opioid use disorder and MAT users. • Q3: ○ Monitoring opioid dashboard data. Total number of unique utilizers increased by 25%. Total number of concurrent users of benzodiazepines and opioids increased by 34%. Total number of concurrent users of antipsychotics and opioids increased by 17%. Total number of concurrent users of naloxone and opioids

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Reduction in Potential Unsafe Opioid Prescriptions						
						increased by 2.5%. Still pending reports for concurrent opioid/opioid use disorder and MAT users. • Q4: ○ Met performance goals except for concurrent users of opioids and benzodiazepines increased by 6% from Q3. Still pending reports for concurrent opioid/opioid use disorder and MAT users.
						Continue Objective: Yes☒ No☐
						Next Steps: Continue monitoring opioid utilization and performing retrospective DUR to identify opportunities for provider intervention as needed.
Evaluation & Barrier Analysis						
Monitor the following statistics related to opioid use via Medi-Cal Rx in GCHP members. Pharmacy was able to monitor opioid utilization, and concurrent users of opioid and benzodiazepines/antipsychotics/naloxone by accessing the Medi-Cal Rx opioid dashboard on a quarterly basis. GCHP met the performance goals for 2023 except for an increase in all goals identified in Q3 and an increase in concurrent users of opioids and benzodiazepines in Q4.						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Reduction in Potential Unsafe Opioid Prescriptions

Pharmacy

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

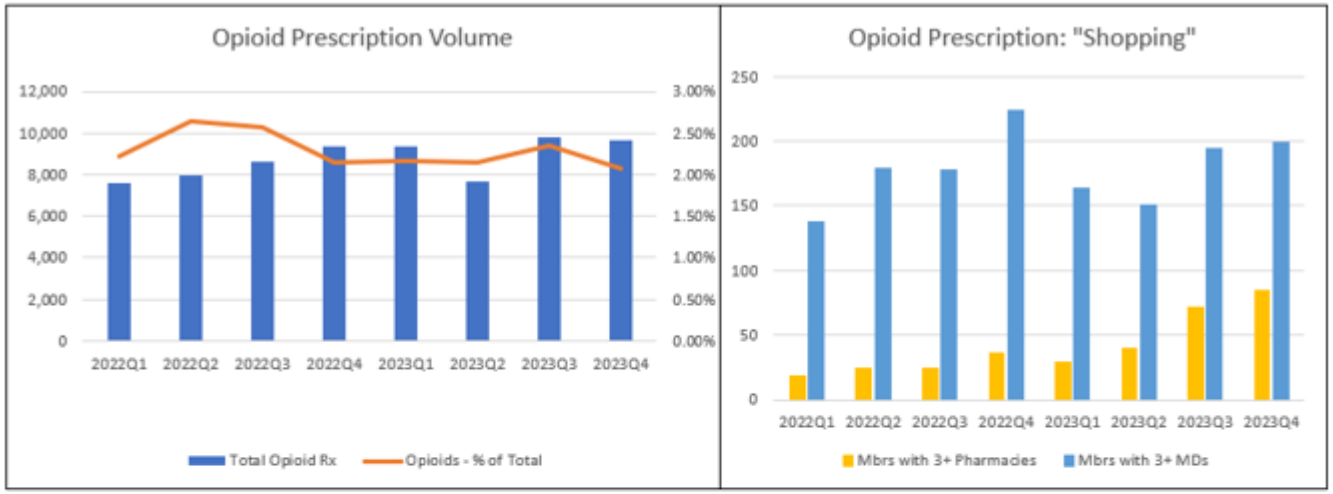
Measure	Description	Responsible Department	Compliance Source	Benchmark	2020	2021	2022	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Interventions
Total Opioid Prescriptions	Total amount of opioid prescriptions	Pharmacy	N/A	N/A	N/A	N/A	34,049	9,380	7,695	9,819	9,648	
Opioids As Percentage of Total	Total percentage of opioids based on total Rx count	Pharmacy	N/A	N/A	N/A	N/A	2.25%	2.17%	2.14%	2.34%	2.08%	
Unique Utilizers	Number of members who use 1 pharmacy and 1 prescriber for opioid prescriptions	Pharmacy	N/A	N/A	N/A	N/A	18,662	5,204	4,332	5,426	5,388	
Concurrent utilizers of opioids and benzodiazepines	Number of members who use at least 1 opioid and 1 benzodiazepine	Pharmacy	N/A	N/A	N/A	N/A	760	220	170	228	242	
Concurrent utilizers of opioids and antipsychotics	Number of members who use at least 1 opioid and 1 antipsychotic	Pharmacy	N/A	N/A	N/A	N/A	1,171	306	288	337	326	
Percentage High Dose Utilizers	Percentage of members with prescriptions where the total daily dosage exceeds 90mg MED	Pharmacy	N/A	N/A	N/A	4.84%	2.47%	2.11%	2.49%	2.01%	2.19%	
High Dose Utilizers	Number of members with prescriptions where the total daily dosage exceeds 90mg MED	Pharmacy	N/A	N/A	N/A	1,170	606	110	108	109	118	
Mbrs with 3+ Pharmacies	Number of members who fill opioids at 3 or more pharmacies	Pharmacy	N/A	N/A	N/A	177	102	29	40	71	84	
Mbrs with 3+ Prescribers	Number of members who have had opioids prescribed by 3 or more prescribers	Pharmacy	N/A	N/A	N/A	1,475	725	164	150	194	199	

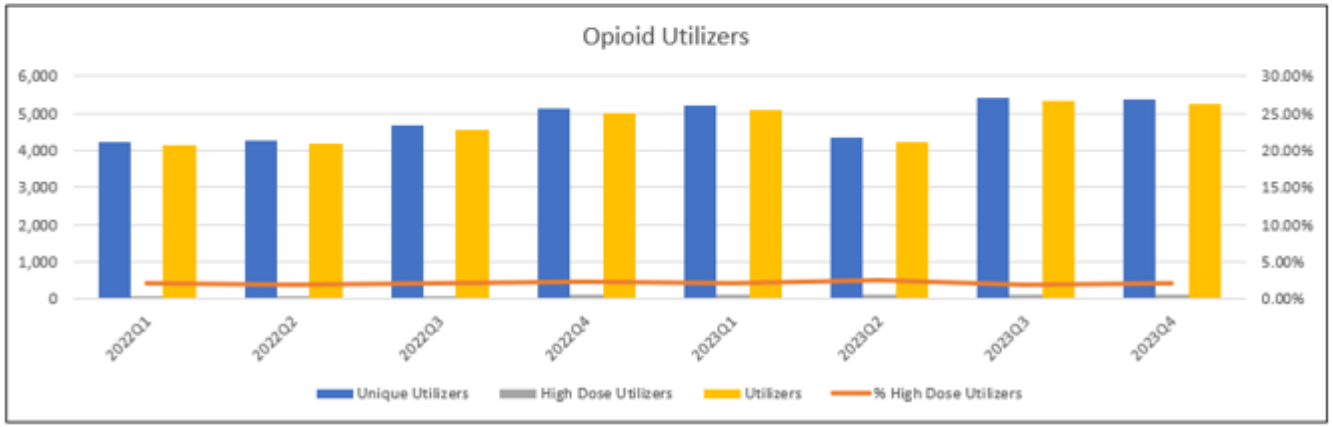
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Reduction in Potential Unsafe Opioid Prescriptions

Retrospective Drug Utilization Review (DUR) and implement provider Interventions Related to Opioid Use.

Some barriers were attributed to staffing bandwidth and the limitation of details provided within the opioid dashboard and having the bandwidth to do a deep dive analysis at the pharmacy and provider level to determine potential targeted interventions. Pharmacy was able to provide more details and information regarding opioid utilization and potential interventions at the Pharmacy & Therapeutics Committee which was reconvened in Nov 2023.





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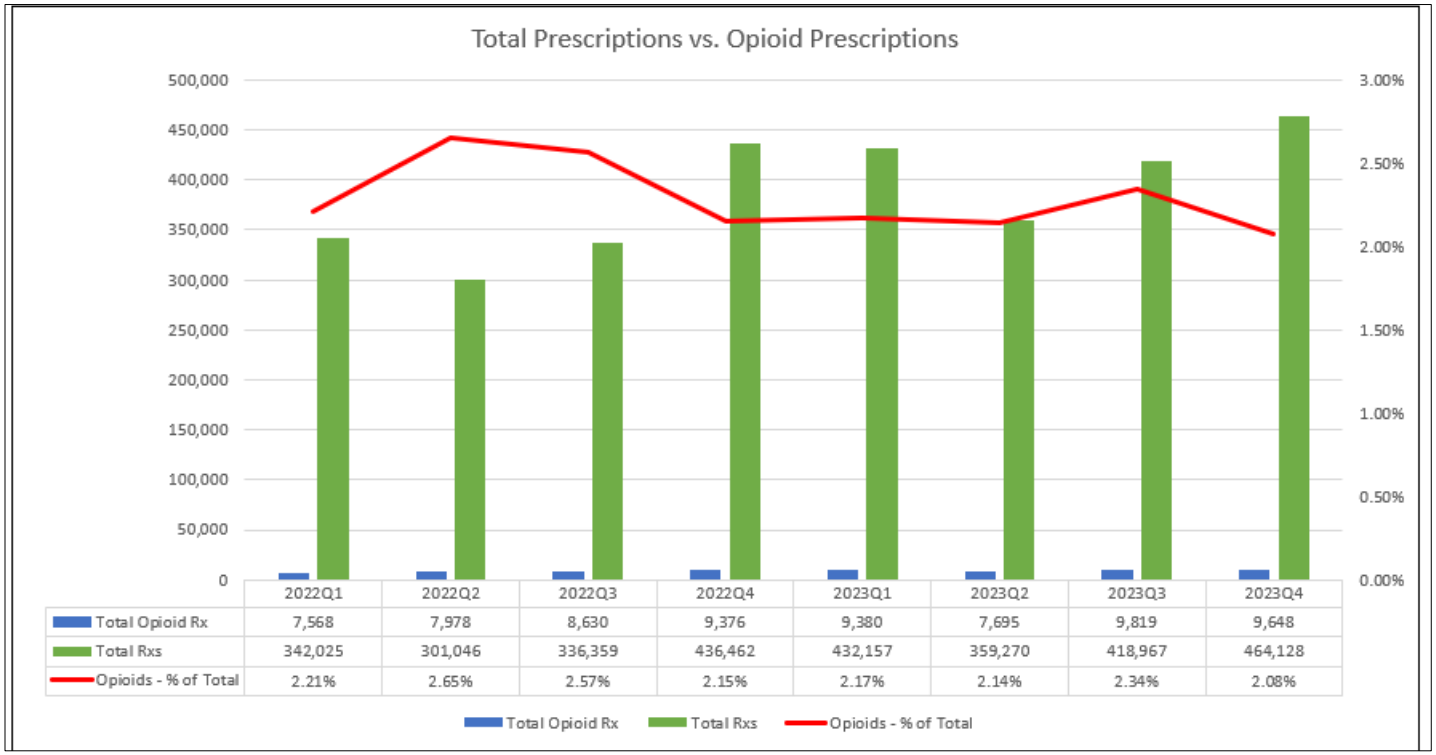
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Reduction in Potential Unsafe Opioid Prescriptions



	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4
Total Opioid Rx	7,568	7,978	8,630	9,376	9,380	7,695	9,819	9,648
Total Rxs	342,025	301,046	336,359	436,462	432,157	359,270	418,967	464,128
Opioids - % of Total	2.21%	2.65%	2.57%	2.15%	2.17%	2.14%	2.34%	2.08%

Provide clinics/providers with the prospective MY 2023 MCAS rate and member gaps in care reporting via INDICES®.

Monthly MY 2023 prospective reports in INDICES®: Providers had access to the INDICES® Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Training was made available to all system users as well as any ad hoc assistance required.

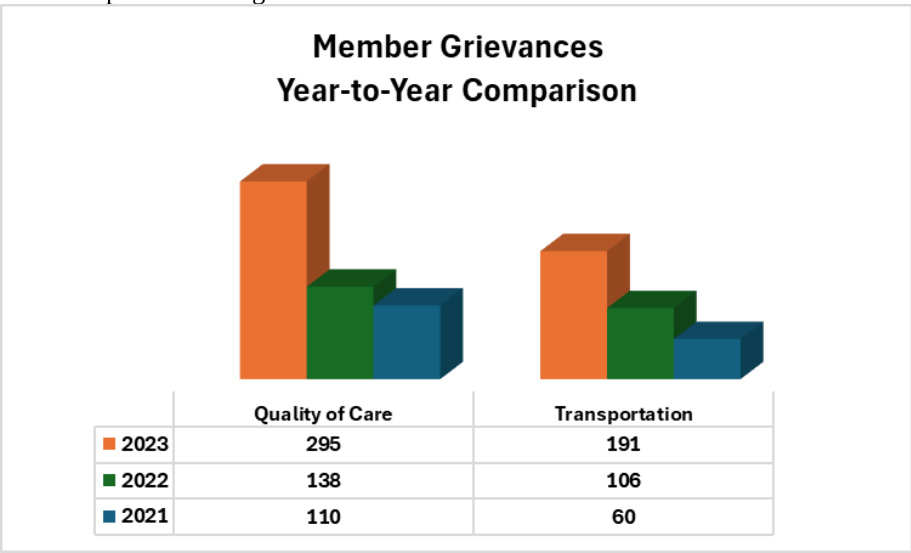
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Objective 4: Assess and Improve Member Experience						
42-Grievances and Appeals						
Grievances and appeals						
Assess and improve member experience	Grievances and appeals	Monitor all member grievances and appeals to review trending issues that will be communicated to various departments to develop action plans to improve the member experience by focusing on highly reported issues.	1. Conduct quarterly assessment of grievances and appeals. 2. Identify opportunities for improvement. 3. Create and implement action plan for improvement.	1. 03/31/23, 06/30/23, 09/30/23, 12/31/23 2. 01/01/23-12/31/23 3. 01/01/23-12/31/23	• Director of Operations	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ All Q1 dashboard metrics met. • Q2 ○ The following measures were not met. (1) Member Grievances Resolution TAT reported 96%. (2) Provider Grievances acknowledgement TAT reported 95%. (3) Appeals Acknowledgement TAT reported 91% • Q3 ○ All the measures were met except one: Acknowledgement TAT reported 90%. • Q4 ○ Three measures were not met in this quarter: (1) Member Grievances Acknowledgement TAT reported 96%. (2) Resolution TAT reported 95% (3) Appeals Acknowledgement TAT reported 94%

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Grievances and appeals						
						Continue Objective: Yes☒ No☐
						Next Steps: Strive to take the necessary steps to improving the TAT in order be compliant with all measures.

Evaluation & Barrier Analysis

Conduct quarterly assessment of grievances and appeals.

Based on the quarterly assessment of the members' complaints and grievances, the annual data revealed that the top grievance categories were related to Quality of Care and Transportation. The year-to-year comparison provides a clear depiction of the complaints reported in 2021, 2022 and 2023. The graph shows an increase in both Quality of Care and Transportation categories.



	Quality of Care	Transportation
2023	295	191
2022	138	106
2021	110	60

Identify opportunities for improvement.

The improvement efforts will focus on communicating the trending patterns based on member experiences to all impacted departments. This collaborative approach aims to address the issues reported by GCHP members. Quality of Care and Transportation have been the main sources of member complaints, making it essential to concentrate on these areas to initiate change and improvement.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Grievances and appeals

Create and implement action plan for improvement.

The plan involves creating a workgroup comprising individuals from the impacted departments. This workgroup will review data, brainstorm, and develop a concrete plan to address the issues reported by GCHP members. The goal is to rectify and tackle the defined problems and develop a strategy for improvement.

- Member Grievance Improvement Plan
  - Initiating
    - Strategy Development
      - Identify Goals and Objectives
      - Develop Strategies and Plans
    - Planning
      - Impacted Department List
      - Schedule Brainstorming Sessions
    - Execution Management
      - Reporting
        - Identify Reporting Requirements
          - Business Owners
          - Data Sources
      - Document and track efforts
    - Monitoring and Controlling
      - Manage Action Items
      - Manage Status and Outcomes
      - Manage Requirements

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
43-Call Center Monitoring						
Call Center Monitoring						
Assess and improve member experience	Call Center Monitoring	Meet call center benchmarks to ensure members have timely access to call center staff and implement interventions on any deficient benchmarks. • ASA: 30 seconds or less • Abandonment Rate: 5% or less • Phone Quality Results: ≥ 95%	1. Report Member Services Telephone Access Analysis • Monitor Average Speed of Answer (ASA) • Monitor Abandonment Rate • Phone Quality Results 2. Identify opportunities for improvement based on data analysis.	1. 03/31/23, 06/30/23, 09/30/23, 12/31/23 2. 01/01/23-12/31/23	• Operations Manager	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1 ○ All benchmarks were met. • Q2 ○ Benchmarks were met for ASA and abandonment rate. Benchmark was not met for phone quality results. • Q3 ○ Benchmark was met for abandonment rate. Benchmarks were not met for ASA and phone quality results. • Q4 ▪ The benchmarks for the abandonment rate and call quality results of call center calls were met. The benchmark for the average speed of answer of call center calls was not met; specifically, for the provider and authorization status queues. Continue Objective: Yes☒ No☐ Next Steps: The GCHP Member Services department continues to audit calls

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Call Center Monitoring						
						and hold weekly calibration meetings with the Conduent Quality Team to identify areas of opportunity and plan for the implementation of the in-house call center by July 1, 2024.

Evaluation & Barrier Analysis

Report Member Services Telephone Access Analysis

- **Monitor Average Speed of Answer (ASA):** The ASA benchmark of 30 seconds or less was met for 2023, as the ASA for the year was 22.70 seconds.
- **Monitor Abandonment Rate:** The Abandonment Rate benchmark of 5% or less was met for 2023, as the average Abandonment Rate for the year was 1.07%.
- **Phone Quality Results:** The Phone Quality Results benchmark of greater than or equal to 95% **was not met**, as the average Phone Quality Results for the year was 94.71%.

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Compliance Source	Benchmark	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2023
Call Center - Aggregate Average Speed of Answer (ASA)	Average Speed to Answer (in seconds)		<= 30 seconds	**4**	**17**	**47**	**48**	**29**
Call Center - Aggregate Abandonment Rate	Percentage of aggregate Abandoned calls to Call Center		<= 5%	**0.18%**	**0.68%**	**1.74%**	**1.69%**	**1.07%**
Call Center - Aggregate Call Center Call Volume	Monitored to ensure adequate staffing and identification of systemic issues.		N/A	**39,188**	**36,699**	**40,006**	**39,641**	**155,534**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Call Center Monitoring

Call Center - Phone Quality Results	Combined percentage of audit scores for all call center agents		>= 95%	**93.97%**	**94.28%**	**94.90%**	**95.61%**	**94.69%**

Identify opportunities for improvement based on data analysis.
To improve business operations and increase oversight and control of call center operations and management, GCHP is planning to bring the Call Center In-House in 2024. Beginning 7/1/24, GCHP will no longer utilize Conduent for call center services; Call Center services will be handled by GCHP's internal Contact Center. With the Contact Center serving as the new call center, the GCHP Member Services team will audit calls and hold weekly calibration meetings with the Contact Center Leadership team to identify areas of opportunity and improvement.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
44-Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys						
CAHPS Surveys						
Assess and improve member experience	CAHPS Surveys	Coordinate with DHCS and HSAG to complete the CAHPS surveys to monitor and improve CAHPS scores.	1. Assess CAHPS scores. 2. Create interventions based on areas of low performance.	1. 06/30/23 2. 07/01-23-12/31/22	• Sr. Director, QI • QI Manager • QI RN Manager • Member Services Manager • Sr. Manager, Operations/G&A • Sr. Director, Network Operations • Sr. Director of HE/CL • Manager of CM	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ HSAG / DHCS approved the MY 2022 CAHPS® Adult and Child survey sample frames on 1/24/23. • Q2: ○ ACAP CAHPS workgroup project launched on May 11, 2023. ACAP CAHPS analysis of CAHPS results by ZaHealth received 07/10/23. • Q3 ○ ACAP CAHPS ZaHealth Member Experience Survey completed 09/01/23. Received and analysis 2023 RY CAHPS results from HSAG. • Q4 ○ SFFV submitted to HSAG. Continue Objective: Yes☒ No☐ Next Steps: Coordinate with DHCS and HSAG to complete the 2024 RY CAHPS surveys and to monitor and improve CAHPS scores.
Evaluation & Barrier Analysis						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

CAHPS Surveys

The 2023 RY / 2022 MY Adult CAHPS received 361 responses and scores showed improvement in all categories except for three:

- Got Care as Soon as Needed When Care Was Needed Right Away
- Got Check-Up / Routine Appointment as Soon as Needed
- Health Plan Forms Were Easy to Fill Out

Only 9 of the 19 survey responses ranked at or above the 50th National Medicaid percentile.

- The following ranked at the 50th percentile
  1. Rating of Health Plan
  2. Rating of All Health Care
  3. Rating of Personal Doctor
  4. How Well Doctors Communicate
  5. Customer Services
  6. Personal Doctor Listened Carefully
- The following ranked at the 66.67th percentile
  7. Personal Doctor Showed Respect
- The following ranked at the 75th percentile
  8. Personal Doctor Explained Things
  9. Customer Service Treated Member with Courtesy and Respect

The remaining survey response ranked < the 50th percentile.

- The following ranked at the 33.3rd percentile
  10. Rating of Specialist Seen Most Often
  11. Personal Doctor Spent Enough Time
  12. Coordination of Care
  13. Customer Services Provided Information of Help
- The following ranked at the 25th percentile
  14. Got Care as Soon as Needed
- The following ranked at the 10th percentile
  15. Getting Needed Care
  16. Getting Care Quickly
  17. Ease of Getting Care, Tests, Treatments
  18. Getting Appointment with Specialists When Needed
  19. Got Check-Ups/Routine Appointments as Soon as Needed

Gold Coast Health Plan *ADULT* CAHPS Trending

CAHPS Survey	Measure	2021 RY	2023 RY	2021 - 2023 CAHPS Trending	Rate Change	GCHP 2023 RY Benchmark Rank
Adult Survey	**CAHPS Survey**	**360**	**361**			
	Rating of Health Plan*	72.33%	78.86%		6.53%	50th
	Rating of All Health Care*	72.28%	76.42%		4.14%	50th
	Rating of Personal Doctor*	80.09%	84.08%		3.99%	50th
	Rating of Specialist Seen Most Often*	70.83%	83.33%		12.50%	33.33th
	Getting Needed Care	74.68%	78.00%		3.32%	10th
	Getting Care Quickly	72.08%	73.55%		1.47%	10th
	How Well Doctors Communicate	89.71%	93.61%		3.90%	50th
	Customer Service		90.07%		NA	50th
	Ease of getting care, tests or treatment	78.39%	81.52%		3.13%	10th
	Got appointment with specialist as soon as needed	70.97%	74.48%		3.51%	10th
	Got Care As Soon as Needed When Care Was Needed Right Away		76.92%		-7.83%	25th
	Got check-up/routine appointment as soon as needed	71.13%	70.18%		-0.95%	10th
	Personal doctor explained things	88.55%	95.21%		6.66%	75th
	Personal doctor listened carefully	88.55%	93.62%		5.07%	50th
	Personal doctor showed respect	93.94%	95.72%		1.78%	66.67th
	Personal doctor spent enough time	87.80%	89.89%		2.09%	33.33th
	Coordination of Care		84.17%		4.71%	33.33th
	Customer service provided information or help		83.78%		NA	33.33th
	Customer service treated member with courtesy and respect		96.36%		NA	75th
	Health Plan Forms Were Easity to Fill Out	96.28%	95.01%		-1.27%	33.33th
	Shared Decision Making**				NA	
	Health Promotion and Education**				NA	

* HSAG calculates global rate based on "top-box" responses for 8+9+10)
** No NCQA benchmark available

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

CAHPS Surveys

The 2023 RY / 2022 MY Child CAHPS received 498 responses scores showed decline in 12 survey questions and all response rates ranked at or below the 33.33rd percentile.

The most significant rates declines were in the following responses.

1. Got Care as Soon as Needed When Care Was Needed Right Away (-17.25%)
2. Ratting All Health Care (-8.39%)
3. Getting Needed Care (-7.85%)
4. Ease of Getting Care, Tests, or Treatment (-7.55%)
5. Rating of Health Plan (-4.98%)
6. Personal Doctor Listened Carefully (-4.41%)
7. Getting Care Quickly (-3.27%)
8. Got Check-Up/Routine Appointment as Soon as Needed (-3.24%)
9. Rating of Personal Doctor (-2.43%)
10. Personal Doctor Spend Enough Time (-1.98%)
11. How Well Doctors Communicate (-1.69%)
12. Personal Doctor Explained Things (-0.89%)

Gold Coast Health Plan *CHILD* CAHPS Trending

CAHPS Survey	Measure	2021 RY	2023 RY	2021 - 2023 CAHPS Trending	Rate Change	GCHP 2023 RY Benchmark Rank
Child Survey	**Total CAHPS Responses**	**406**	**498**			
	Rating of Health Plan*	87.56%	82.58%		-4.98%	10th
	Rating of All Health Care*	89.36%	80.97%		-8.39%	<5th
	Rating of Personal Doctor*	91.87%	89.44%		-2.43%	33.33th
	Rating of Specialist Seen Most Often*					NA
	Getting Needed Care	80.55%	72.70%		-7.85%	<5th
	Ease of getting care, tests or treatment	87.77%	80.22%		-7.55%	<5th
	Got appointment with specialist as soon as needed					NA
	Getting Care Quickly	78.10%	74.83%		-3.27%	<5th
	Got Care As Soon as Needed When Care Was Needed Right Away		77.19%		-17.25%	<5th
	Got check-up/routine appointment as soon as needed	75.71%	72.47%		-3.24%	5th
	How Well Doctors Communicate	93.83%	92.14%		-1.69%	10th
	Personal doctor explained things	93.13%	92.24%		-0.89%	10th
	Personal doctor listened carefully	97.50%	93.09%		-4.41%	10th
	Personal doctor showed respect	96.25%	96.73%		0.48%	33.33th
	Personal doctor spent enough time	88.46%	86.48%		-1.98%	10th
	Coordination of Care		82.61%		9.34%	25th
	Customer Service		82.61%		NA	<5th
	Customer service provided information or help		74.60%		NA	<5th
	Customer service treated member with courtesy and respect		90.63%		NA	10th
	Health Plan Forms Were Easity to Fill Out	95.34%	95.62%		0.28%	33.33th
	Shared Decision Making**				NA	
	Health Promotion and Education**				NA	

* HSAG calculates global rate based on "top-box" responses for 8+9+10)
** No NCQA benchmark available

300 of 431 pages

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

CAHPS Surveys

Create interventions based on areas of low performance.

The 2023 RY / 2022 MY Adult and Child CAHPS rates showed that "Got Care as Soon as Needed When Care Was Needed Right Away" has a rate decline compared to the prior CAHPS scored: Child CAHPS scores declined 17.25% and Adult CAHPS scored declined 7.83%. The following initiatives were implemented to facilitate access to preventive care services.

- Telephonic member outreach programs were implemented to assist members with scheduled appointments for the following preventive care screenings.
  - Well-Child exams
  - Cervical cancer screenings
  - Breast cancer screenings
  - HbA1c tests for members with diabetes
- Launched community care activities including health fairs, mobile mammograms, and home health pilots to bring care to the members.
  - Health Fairs were scheduled to collect blood pressure tests and promote health care screenings.
    - Oxnard College Swap Meet Justice on November 19, 2023
    - Tamale Festive on December 2, 2023
    - Lady of Guadalupe Church on December 3, 2023
  - Mobile Mammogram events were scheduled in collaboration with Ventura County Health Care Agency and gift cards distributed to GCHP members who completed a mammogram.
    - December 27, 2023 – 36 mammograms completed.
    - December 28, 2023 – 19 mammograms completed.
- Collaborated with clinics to expand the member incentive point-of-care programs to reduce no-show rates and help make care delivery more satisfying for members and providers.
- Launched chronic condition programs (e.g., Wellth) that supported increased in member engagement in self-care.
- Participated in an ACAP CAHPS Improvement and Benchmarking Collaborative with ZaHealth that included developing plan-specific member experience improvement activities, analytic assessment of CAHPS scores, business process assessment, best practice identification and sharing, and assisted development of a custom improvement strategy.

Plans for 2024 include expanding the Member Services Everywhere Strategic Components to improve member experience through the following initiatives.

- Complete the RY 2024 / MY 2023 CAHPS Survey
- Implement Gold Coast Health Plan-administered Voice of the Member surveys to acquire member feedback on quality of care and member satisfaction.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
45-Consumer Assessment of Healthcare Providers and Systems (CAHPS): Getting Care Quickly						
CAHPS: Getting Care Quickly						
Assess and improve member experience	CAHPS: Getting Care Quickly	Improve getting care quickly for adults and children.	1. Develop member education material on provider hours of operation.	1. 06/30/23	• QI Manager • Sr. Director, Network Operations • Sr. Director of HE/CL	Annual Goal Met: Yes☒ No☐ Quarterly Updates: • Q1 ○ No updates. • Q2 ○ Workgroup to develop webpage on access to care options for members. • Q3 ○ Webpage draft completed. • Q4 ○ The webpage was posted on the GCHP website. Continue Objective: Yes☒ No☐ Next Steps: The objective to identify interventions to improve CAHPS will continue, but for 2024, interventions will focus on implementing a Voice of the Member program to collect feedback from members through focus group surveys, continue participation in the ACAP CAHPS collaboratives, and implement interventions to improve access to specialty care for adults and children.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

CAHPS: Getting Care Quickly

Evaluation & Barrier Analysis

Develop member education material on provider hours of operation.

The 2023 RY / 2022 MY Adult and Child CAHPS rates showed that "Got Care as Soon as Needed When Care Was Needed Right Away" has rate decline compared to the prior CAHPS scored: Child CAHPS scores declined 17.25% and Adult CAHPS scored declined 7.83**%.**

To increase member awareness and facilitate member access to preventive care and covered services/benefits, The following departments participated in a workgroup to develop the "How to Get the Care You Need" webpage: Quality Improvement, Health Services, Health Education and Cultural Linguistics. Network Operations, Member Services, and Communications. The departments contributed with providing feedback accuracy of content that was culturally and linguistically appropriate and met the DHCS readability requirement.

The purpose of the webpage is to improve access to care by providing an easily accessible web resource with a comprehensive list of covered services available to members, the type of care associated with each service, and how to access the services. The list of services includes the 24-Hour Advice Nurse Line, Care Management, Dental, Emergency Care, Interpreter and Translation Services, Mental Health, Pharmacy, Primary Care, Transportation Services, Urgent Care, and Vision Care.

Social media platforms that Gold Coast Health Plan uses, such as Facebook and Instagram, will be used to promote this new member resource.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Objective 5: Ensure Organizational Oversight of Delegated Functions						
46-Delegation Oversight						
Completion of Delegation Oversight Audits						
Ensure Organizational Oversight of Delegated Functions	Completion of Delegation Oversight Audits: • Credentialing • Quality Improvement • Utilization Management • Member's Rights • Claims • Call Center • Cultural and Linguistics • Transportation (NEMT/NMT)	100% of all audits completed with corrective action plans (CAPs) closed timely.	1. Complete audits per scheduled timeline 2. Issue CAPS as applicable 3. Follow-up on CAPs as applicable 4. Report to Compliance Committee and Quality Improvement Committee.	1. 01/01/23-12/31/23 2. 01/01/23-12/31/23 3. 01/01/23-12/31/23 4. 03/21/23, 06/13/23, 09/19/23, 12/05/23	• Sr. Director, Compliance	Annual Goal Met: Yes☐ No☒ Quarterly Updates: • Q1 ○ Claim audit was delayed; mitigation was increasing staff to support audits. • Q2 ○ Audits were completed on time. • Q3 ○ Audits were completed on time. • Q4 ○ Audits were completed on time. ○ Continue Objective: Yes☒ No☐ Next Steps: Continue on-time audits, close CAPs timely, and reporting to the Compliance and Quality committees.

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update
Completion of Delegation Oversight Audits						
Evaluation & Barrier Analysis						
Complete audits per scheduled timeline Q1 – Claims audit was delayed; Delegation Oversight team increased the number of Auditors to mitigate issue.						

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Completion of Delegation Oversight Audits

Delegation Oversight : *Assessment of Delegated Quality Activities*

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Benchmark Source	Benchmark	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2023
Delegation of UM	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 5; NCQA Standard UM 15	DHCS Contract	100%	100%	100%	N/A	100%
Delegation of CR	Number required & percentage of current delegates assessed	Exhibit A, Attachment 4; NCQA Standard CR 9	DHCS Contract 10-87128	100%	100%	100%	100%	100%
Delegation of QI	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 4; NCQA Standard QI 12	DHCS Contract	N/A	100%	100%	N/A	100%
Delegation of RR	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 4; NCQA Standard RR 7	DHCS Contract	N/A	N/A	100%	N/A	100%
Delegation of Claims	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 8	DHCS Contract	0%	100%	100%	100%	75%
Delegation of Call Center	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 13	DHCS Contract	100%	N/A	100%	100%	100%

Issue CAPS as applicable.

Q1 Audits & CAPs

- CMHS – Credentialing and Re-Credentialing Audit Start Date 1/26/2023
  - CAP Issued: 2/22/2023

Return to Agenda

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Completion of Delegation Oversight Audits

- CAP Closed 4/11/2023
- CDCR – Credentialing and Re-Credentialing Audit Start Date 2/15/2023
  - No CAP issued
- VCMC – Credentialing and Re-Credentialing Audit Start Date 3/10/2023
  - No CAP Issued
- VTS – Credentialing and Subcontracting Audit Start Date 2/10/2023
  - CAP Issued: 5/11/2023
  - CAP Closed: 1/26/2024
- VTS – Annual Call Center Audit, Start Date - 3/13/2023
  - CAP Issued: 5/31/2023
  - CAP Closed: 4/24/2024
- Carelon – Quarterly (Q1) UM Audit Start Date 1/30/2023
  - CAP Issued: 2/17/2023
  - CAP Closed: 3/24/2023
- CDCR – Quarterly (Q1) UM Audit Q1 Start Date – 2/7/2023
  - CAP Issued: 3/13/2023
  - CAP Closed: 7/27/2023
- Carelon – Focused Q1 Claims Audit, Start Date - 1/7/2023
  - CAP Issued: 2/3/2023
  - CAP Closed: 12/21/2023

Q2 Audits & CAPs

- Carelon – Focused Q2 UM Audit (Spanish Letters), Start Date 5/30/2023
  - No CAP Issued
- Carelon – Quarterly (Q2) UM Audit, Start Date 4/10/2023
  - CAP Issued: 4/20/2023
  - CAP Closed: 4/20/2023
- CDCR – Annual UM Audit, Start Date 5/15/2023
  - CAP Issued: 7/5/2023
  - CAP Closed: 9/19/2023
- VSP – Annual C&L and QI Audit, Start Date 6/5/2023
  - CAP Issued: 7/27/2023
  - CAP Closed: Open
- Carelon – Annual Claims Audit, Start Date 4/3/2023
  - CAP Issued: 5/11/2023
  - CAP Closed: Open

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Completion of Delegation Oversight Audits

Q3 – Audits & CAPs

- City of Hope – Credentialing & Re-Credentialing Annual Audit, Start Date 8/3/2023
  - No CAP Issued
- CSMCF – Credentialing & Re-Credentialing Annual Audit, Start Date 9/5/2023
  - No CAP Issued
- CHLAMG – Credentialing & Re-Credentialing Annual Audit, Start Date 8/21/2023
  - No CAP Issued
- VCMC – Credentialling & Re-Credentialing Annual Audit, Start Date – 8/25/2023
  - No CAP Issued
- Carelon – Annual C&L, UM, QI, R&R Audit, Start Date – 7/10/2023
  - CAP Issued: 8/31/2023
  - CAP Closed: 10/05/2023
- CDCR - Quarterly (Q3) UM Audit, Start Date – 7/24/2023
  - CAP Issued: 9/28/2023
  - CAP Closed: 11/9/2023
- Conduent – Annual Claims Audit, Start Date 7/10/2023
  - CAP Issued: 8/1/2023
  - CAP Closed: N/A
- CDCR – Quarterly (Q3) Claims Audit, Start Date – 7/24/2023
  - CAP Issued: 9/7/2023
  - CAP Closed: Open
- Carelon – Annual Call Center Audit, Start Date – 7/24/2023
  - CAP Issued: 9/14/2023
  - CAP Closed: 2/12/2024

Q4 – Audits & CAPs

- CDCR – Credentialing & Re-Credentialing Annual Audit, Start Date – 12/14/2023
  - No CAP Issued
- VTS – Annual NMT/NEMT Annual Audit, Start Date – 10/2/2023
  - CAP Issued: 11/20/2023
  - CAP Closed: 3/18/2024
- VTS – Focused (Q4) Call Center Audit, Start Date – 9/25/2023
  - CAP Issued: 12/21/2023
  - CAP Closed: 4/14/2024
- VSP – Annual Claims Audit, Start Date 9/11/2023
  - No CAP Issued
- Kaiser – Annual claims Audit, Start Date – 9/26/2023

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff/Department	Status Update

Completion of Delegation Oversight Audits
○ CAP Issued: 9/15/2023 ○ CAP Closed: 3/26/2024 • Carelon – Quarterly (Q4) UM audit, Start Date – 11/6/2023 ○ CAP Issued: 11/15/2023 ○ CAP Closed: 1/17/2024 • Carelon – Q4 Focused UM audit, Start Date – 12/20/2023 ○ No CAP Issued • CDCR – Quarterly (Q4) UM audit, Start Date – 10/23/2023 ○ CAP Issued: 12/1/2023 ○ CAP Closed: 2/13/2024
Follow-up on CAPs as applicable. GCHP, Delegation Oversight Team adheres to the requirements of our Corrective Action Plan Policy COMP-008
Report to Compliance Committee and Quality Improvement Committee. Compliance Committee Reported Dates 2023 Audits and CAPs were reported on: 2/13/2023, 5/24/2023, 11/13/2023, 2/8/2024 QIC Reported Dates 2023 Audits and CAPs were reported on: 3/21/2023, 6/13/2023, 9/17/2023, 12/3/2023

Gold Coast Health Plan℠
A Public Entity

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AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: October 28, 2024

SUBJECT: Consider Moving the Regular Commission Meeting and Adding an Executive Finance Committee Meeting to Discuss D-SNP Issues.

SUMMARY:

Action and Direction is sought from Ventura County Medi-Cal Managed Care Commission ("Commission") on rescheduling its regular Commission meeting which is currently scheduled the Monday of Thanksgiving week, and adding an Executive Finance Committee meeting in November to discuss D-SNP issues.

DISCUSSION:

To accommodate the Thanksgiving holiday, the Ventura County Medi-Cal Managed Care Commission is being asked to consider moving the regular meeting from November 25, 2024, to November 18, 2024. Additionally, at the November meeting the Commission will be asked to allocate funding for the D-SNP program and may desire to go into closed session to discuss the status of the CEO search. The Executive Finance Committee is charged with reviewing programs and significant contracts as well as serve as the interview committee for the CEO search. If the Executive Finance Committee desires to review and discuss the D-SNP program and expenditures prior to the Commission meeting, a meeting of the Executive Finance Committee should be scheduled. The target date for such a meeting would be November 14, 2024.

FISCAL IMPACT:

None.

RECOMMENDATION:

Staff recommends moving the November 25th meeting to November 18, 2024 due to the Thanksgiving holiday and adding an Executive Finance Committee meeting on or around November 14, 2024.

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, Chief Financial Officer
Moss Adams Representatives

DATE: October 28, 2024

SUBJECT: 2023/2024 Fiscal Year Close Financials and Financial Audit

PowerPoint with Verbal Presentation

ATTACHMENTS:

GCHP Fiscal Year 2024 Audit Results

MOSSADAMS

Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan

2024 AUDIT RESULTS

Discussion with the Ventura County Medi-Cal Managed Care Commission

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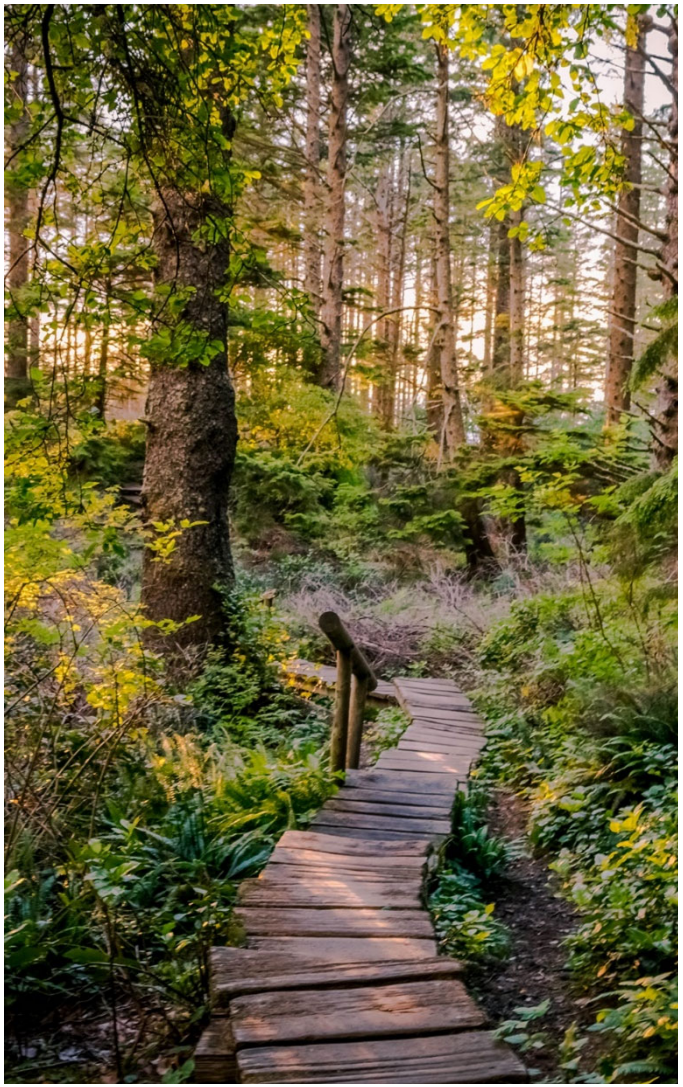
Agenda

1. Matters Required to be Communicated with Those Charged with Governance
2. New Accounting Standard
3. Your Service Team
4. About Moss Adams



Scope of Services

We have performed the following services for Gold Coast Health Plan:

Attest Services

- Annual financial statement audit as of and for the year ended June 30, 2024

Nonattest Services

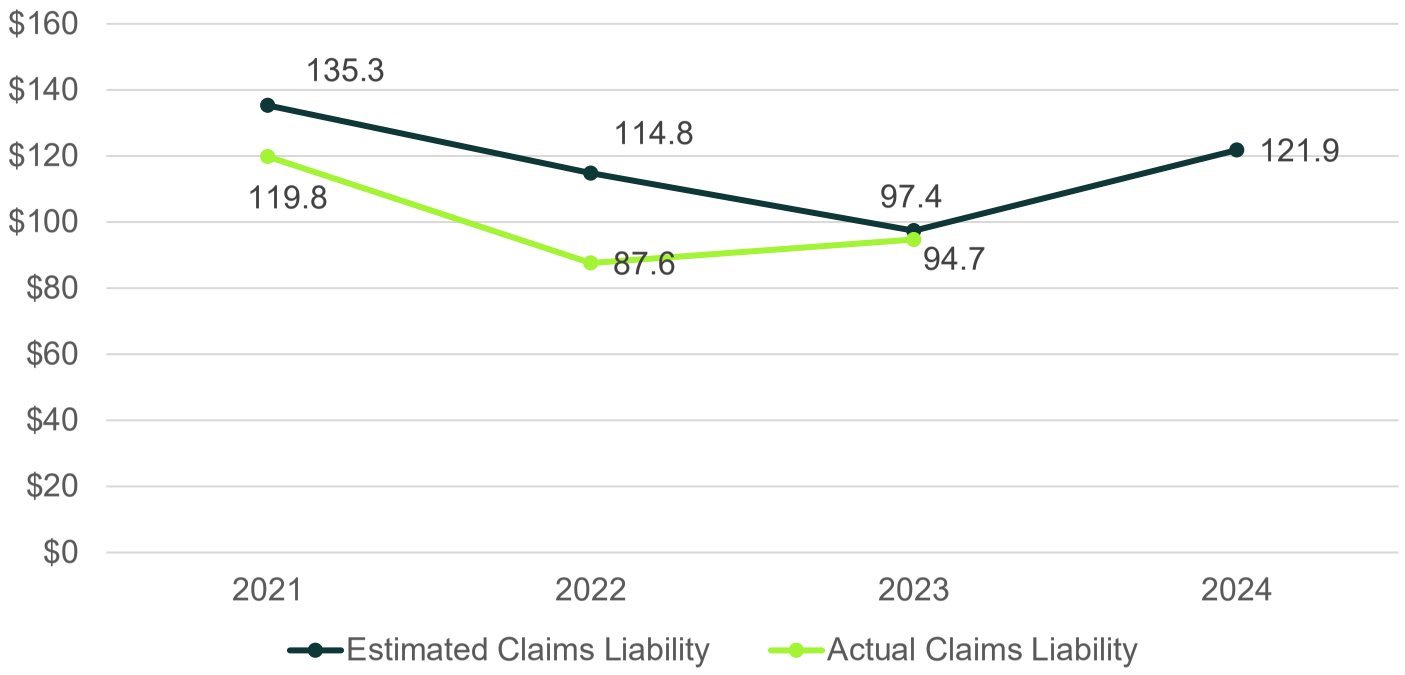
- Assisted management with drafting the financial statements for the year ended June 30, 2024, excluding management's discussion and analysis
- Consulting services associated with Adaptive Insights financial and budgeting solution
- Consulting services associated with the medical loss ratio calculation

Significant Risks Identified

During the audit, we identified the following:

Significant Risks	Procedures
Capitation Revenue Recognition	We tested internal controls around revenue recognition, vouched membership and rates to supporting documentation, and reconciled revenue recognized to monthly cash payments from the State of California.
Medical Claims Liability	We tested internal controls over the claims process (including IT controls), performed a lookback analysis on the prior year medical claims liability estimate, reviewed the actuarial specialist's model and report, and performed analytical procedures around the current year estimate.
Management Override of Controls	We performed inquiries of accounting and operational personnel, performed risk assessment procedures, and tested risk-based manual journal entry selections.

Historic Estimated Medical Claims Liability (IBNP) and Historic Actual Medical Claims Liability (IBNP) (in millions)



Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We are responsible for forming and expressing an opinion about whether the financial statements that have been prepared by management, with your oversight, are prepared, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of your responsibilities.

Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS). As part of an audit conducted in accordance with U.S. GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

Our audit of the financial statements included obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control or to identify deficiencies in the design or operation of internal control. Accordingly, we considered the entity's internal control solely for the purpose of determining our audit procedures and not to provide assurance concerning such internal control.

Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We are also responsible for communicating significant matters related to the financial statement audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED	MOSS ADAMS COMMENTS
Significant Accounting Practices: Our views about qualitative aspects of the entity's significant accounting practices, including accounting policies, accounting estimates, and financial statement disclosures	The quality of the entity's accounting policies and underlying estimates are discussed throughout this presentation. There were no changes in the entity's approach to applying the critical accounting policies.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED	MOSS ADAMS COMMENTS
Significant Unusual Transactions	No significant unusual transactions were identified during our audit of the entity's financial statements.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Significant Difficulties Encountered During the Audit

We are to inform those charged with governance of any significant difficulties encountered in performing the audit. Examples of difficulties may include significant delays by management, an unreasonably brief time to complete the audit, unreasonable management restrictions encountered by the auditor, or an unexpected extensive effort required to obtain sufficient appropriate audit evidence.

MOSS ADAMS COMMENTS

No significant difficulties were encountered during our audit of the entity's financial statements. Additional audit procedures were performed during the FY 2024 audit, based upon the new claims system implementation in July 2024.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Disagreements With Management

Disagreements with management, whether or not satisfactorily resolved, about matters that individually or in the aggregate could be significant to the entity's financial statements, or the auditor's report.

MOSS ADAMS COMMENTS

There were no disagreements with management.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED	MOSS ADAMS COMMENTS
Circumstances that affect the form and content of the auditor's report	There were no circumstances that affected the form and content of the auditor’s report.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED	MOSS ADAMS COMMENTS
Other findings or issues arising from the audit that are, in the auditor's professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process	There were no other findings or issues arising from the audit to report.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED	MOSS ADAMS COMMENTS
Uncorrected Misstatements	Uncorrected misstatements, or matters underlying those uncorrected misstatements, as of and for the year ended June 30, 2024, could potentially cause future-period financial statements to be materially misstated, even though we have concluded that the uncorrected misstatements are immaterial to the financial statements, including disclosures, under audit. No uncorrected misstatements were identified as a result of our audit.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Representations requested of management

We requested certain representations from management that are included in the management representation letter expected to be dated October 29, 2024.

MOSS ADAMS COMMENTS

A copy of the full management representation letter is available, upon request.

October 29, 2024

Moss Adams LLP
101 Second Street, Suite 900
San Francisco, CA 94105

We are providing this letter in connection with your audit of the financial statements of Ventura County Medi-Cal Managed Care Commission, dba Gold Coast Health Plan ("GCHP" or the "Plan"), which comprise the statements of net position and the related statements of revenues, expenses, and changes in net position, and cash flows as of June 30, 2024 and 2023, and for the years then ended and the related notes to the financial statements for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP). Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

Except where otherwise stated below, immaterial matters less than $1,435,000 collectively are not considered to be exceptions that require disclosure for the purpose of the following representations. This amount is not necessarily indicative of amounts that would require adjustment to or disclosure in the financial statements.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of October 29, 2024,

Financial Statements

1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated November 1, 2023, for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP.

2) We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Management's consultation with other accountants

When we are aware that management has consulted with other accountants about significant auditing or accounting matters, we discuss with those charged with governance our views about the matters that were the subject of such consultation.

MOSS ADAMS COMMENTS

We are not aware of instances where management consulted with other accountants about significant auditing or accounting matters.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED	MOSS ADAMS COMMENTS
Significant issues arising from the audit that were discussed, or the subject of correspondence with management	No significant issues arose during the audit that have not been addressed elsewhere in this presentation.

Your Service Team

Kimberly Sokoloff
Audit Engagement Partner

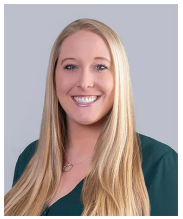
Kimberly.Sokoloff@mossadams.com
(925) 952-2506

Stacy Stelzriede
Quality Control Reviewer

Stacy.Stelzriede@mossadams.com
(949) 474-2684

Stelian Damu
Client Service Partner

Stelian.Damu@mossadams.com
(818) 577-1914



Ashley Merda
Audit Senior Manager

Ashley.Merda@mossadams.com
(949) 517-9431

Mariia Potts
Audit Senior

Mariia.Potts@mossadams.com
(310) 481-1351

About Moss Adams

Perspective

ELEVATED

Moss Adams is a full-service firm, offering a portfolio of tax, assurance, consulting, and individual and institutional wealth management services to clients all over the world.

We're primarily focused on helped US-based middle-market companies, and our professionals are focused by the industry they support.

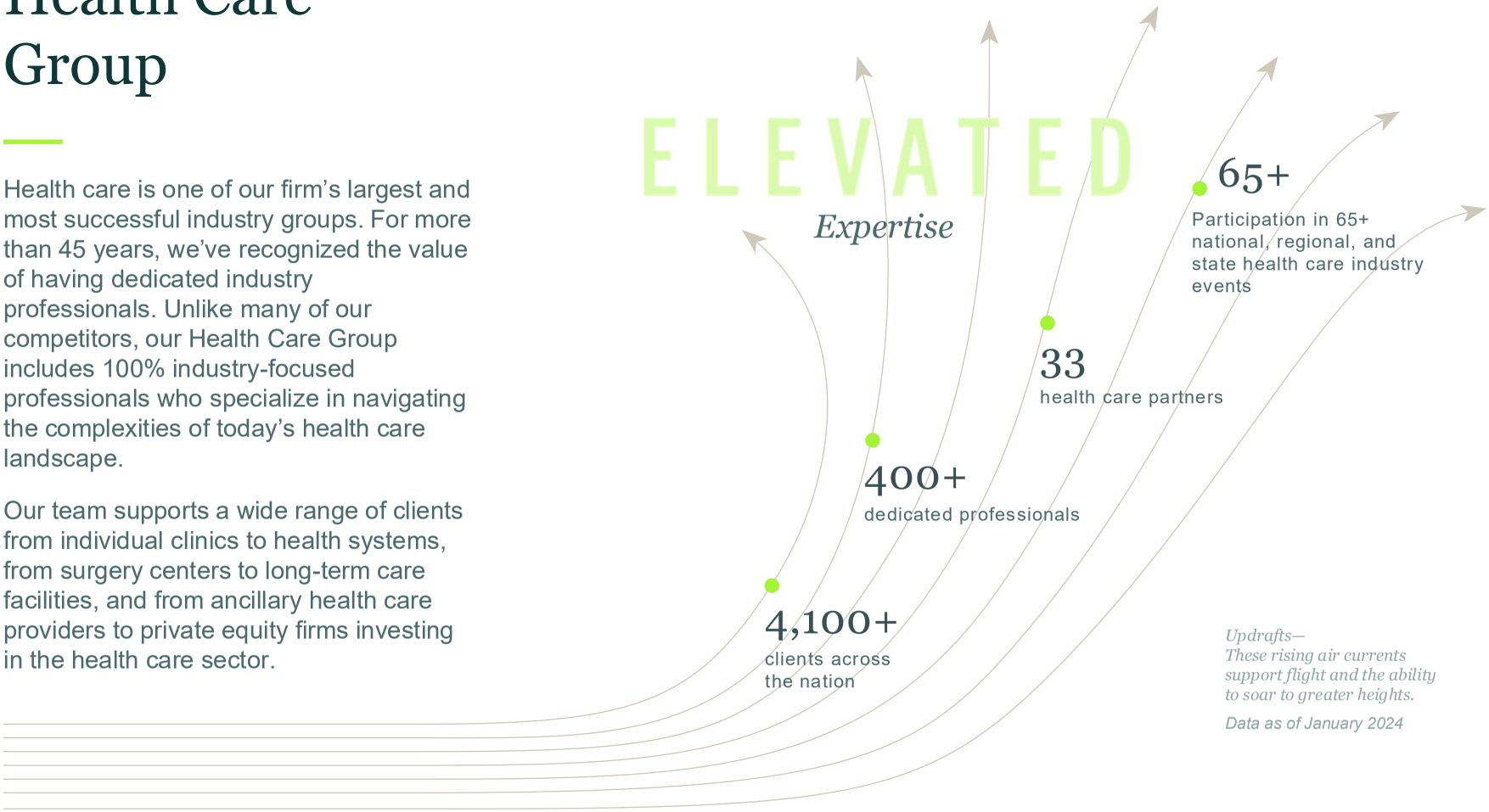
Our annual revenue in 2023 was $1.26 billion, and our bench of more than 4,750 professionals continues to grow rapidly every year.

Updrafts—
These rising air currents support flight and the ability to soar to greater heights.

Health Care Group

Health care is one of our firm's largest and most successful industry groups. For more than 45 years, we've recognized the value of having dedicated industry professionals. Unlike many of our competitors, our Health Care Group includes 100% industry-focused professionals who specialize in navigating the complexities of today's health care landscape.

Our team supports a wide range of clients from individual clinics to health systems, from surgery centers to long-term care facilities, and from ancillary health care providers to private equity firms investing in the health care sector.



Updrafts—
These rising air currents support flight and the ability to soar to greater heights.

Data as of January 2024

Health Plans, Insurance & Risk-Bearing Organizations

In today's health care landscape, managed care risk-bearing organizations (RBOs) come in many different forms including health plans, accountable care organizations, independent physician associations, and integrated delivery networks.

We serve the needs of over 260 clients ranging in size and structure from large, billion-dollar member insurers to small, captive insurers. In addition to tax and assurance services, we also focus on operational and systems infrastructure, and our services and knowledge of the insurance managed care market have been used for numerous litigation matters involving payers and providers. There's opportunity for fresh approaches due to mounting financial pressures affecting profitability, increased federal and state regulations, and shifting patient populations.

WHO WE SERVE:

Self-funded medical professional liability insurance	Captive Insurers	Exclusive Provider Organizations
Risk Pools	Self-insured Pools	TPAs
Medicare Advantage Plans	Medicaid Health Plans	ACOs
CCOs	Knox-Keene Plans	Dental Plans
HMOs	Stock Insurance Companies (public & private)	Insurance Exchanges

Top Audit Firm

Best's Review "AM Best's Monthly Insurance Magazine" has repeatedly named Moss Adams among the top 25 insurance auditors in their rankings of top audit firms.

240+

insurance company clients ranging in premiums from $15M to $5B annually

Health Care Consulting

Audit and tax are vital. But you have complex needs that go beyond these core functions. Our dedicated health care consulting team provides a range of services to address all emerging needs—both now and in the future.

Health Care Consulting

COST REIMBURSEMENT

- Medicare & Medicaid
- Provider-Based Licensure & Certification
- Medical Education
- Uncompensated Care
- Wage Index Reviews
- Contract Compliance

STRATEGY & INTEGRATION

- Provider Risk Analysis, Contracting, & Operational Design
- M&A Support
- Feasibility Studies
- Market Intelligence & Benchmarking
- Strategic Planning & Implementation
- Managed Care Assessment & Negotiation
- Service Line Enhancement & Analyses

GOVERNMENT COMPLIANCE

- Regulatory Compliance
- Coding Validation
- Coding Department Redesign
- EHR Internal Controls
- Corporate Compliance

INFORMATION TECHNOLOGY

- HIPAA Security & Privacy
- Network Security & Penetration Testing
- Disaster Recovery Planning
- PCI DSS Audits
- SOC Pre-Audit Gap Analysis & Readiness
- SOC Audits

OPERATIONAL IMPROVEMENT

- Revenue Cycle Enhancement
- Claims Recovery
- Litigation Support
- Employer Health Benefits
- Lean Consulting
- Operational Assessments & Process Improvement
- Valuations
- Performance Improvement

Point-Counterpoint Political Keynotes for 2024:

Val Demings

- U.S. Representative (D-FL, 2017-2023)
- First Female Police Chief for the City of Orlando, FL
- Served on House Committees on Judiciary, Intelligence, Homeland Security, and Oversight and Government Reform

Kevin McCarthy

- 55th Speaker of the House (R, CA)
- Fastest Rising Minority Leader in California State Assembly History
- Secured $2T in Deficit Reduction
- Created the Select Committee on the Chinese Communist Party

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Join C-suite professionals from across the health care ecosystem to discuss the state of the industry and prepare leaders for 2025.

Return to Agenda

THANK YOU

Report of Independent Auditors
and Financial Statements

Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan

June 30, 2024 and 2023

Table of Contents

Management's Discussion and Analysis

Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
Management's Discussion and Analysis

The intent of the Management's Discussion and Analysis is to provide readers with an overview of the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan's ("GCHP" or the "Plan") financial activities for the fiscal years ended June 30, 2024 and 2023. This overview is provided in conjunction with the Plan's fiscal year ended June 30, 2024, financial statements. Readers should review this overview in conjunction with GCHP's financial statements and accompanying notes to the financial statements to enhance their understanding of the financial performance.

Gold Coast Health Plan Overview

On June 2, 2009, the Ventura County Board of Supervisors approved the implementation of a county-organized health system (COHS) model to transition Ventura County Medi-Cal members from a fee-for-service model to a managed care model. Ordinance No. 4409 (April 2010) established the Ventura County Medi-Cal Managed Care Commission as an oversight entity. The Commission's 11 members oversee a single plan—Gold Coast Health Plan—to serve Ventura County Medi-Cal beneficiaries.

As a COHS, the Plan has an exclusive contract (the Contract) with the State of California (the State) Department of Health Care Services (DHCS) to arrange for the provision of health care services to Ventura County's approximately 249,000 Medi-Cal beneficiaries at June 30, 2024. The Plan receives virtually 100% of its revenue in the form of capitation from the State of California.

Overview of the Financial Statements

This annual report consists of financial statements and notes to those statements, which reflect GCHP's financial position and results of operations for the fiscal years ended June 30, 2024 and 2023. The financial statements of GCHP include the statements of net position, statements of revenues, expenses, and changes in net position, statements of cash flows, and notes to the financial statements.

- The statements of net position include all GCHP's assets and liabilities, using the accrual basis of accounting.
- The statements of revenues, expenses, and changes in net position present the results of operating activities during the fiscal year and the resulting change in net position.
- The statements of cash flows report the net cash provided by operating activities, as well as other sources, and uses of cash from investing, capital, and related financing activities.

The following discussion and analysis addresses GCHP's overall program activities.

Financial Highlights

The table below presents condensed statements of net position of the Plan as of June 30, 2024, 2023, and 2022:

Table 1 – Condensed Statements of Net Position as of June 30

(Dollars in Thousands)

				2024 - 2023 Change		2023 - 2022 Change	
	2024	2023	2022	Amount	Percentage	Amount	Percentage
ASSETS							
Current assets and other assets	$ 757,240	$ 550,528	$ 414,557	$ 206,712	37.5 %	$ 135,971	32.8 %
Capital assets, net	553	982	1,224	(429)	(43.7)%	(242)	(19.8)%
Total assets	$ 757,793	$ 551,510	$ 415,781	$ 206,283	37.4 %	$ 135,729	32.6 %
LIABILITIES							
Current liabilities	$ 388,427	$ 185,470	$ 231,008	$ 202,957	109.4 %	$ (45,538)	(19.7)%
Noncurrent liabilities	3,677	6,088	8,156	(2,411)	(39.6)%	(2,068)	(25.4)%
Total liabilities	392,104	191,558	239,164	200,546	104.7 %	(47,606)	(19.9)%
NET POSITION							
Invested in capital assets	553	982	1,224	(429)	(43.7)%	(242)	(19.8)%
Unrestricted net position	365,136	358,970	175,393	6,166	1.7 %	183,577	104.7 %
Total net position	365,689	359,952	176,617	5,737	1.6 %	183,335	103.8 %
Total liabilities and net position	$ 757,793	$ 551,510	$ 415,781	$ 206,283	37.4 %	$ 135,729	32.6 %

Fiscal Year 2024

- As of June 30, 2024 and 2023, total assets were $757,793,000 and $551,510,000, respectively, an increase of $206,283,000, or 37.4%, due to an increase in cash and cash equivalents as well as an increase in the Medi-Cal amount receivable from the State.

- Total liabilities as of June 30, 2024, were $392,104,000 compared with $191,558,000 as of June 30, 2023, a 104.7% increase. The increase was primarily driven by an increase in accrued Managed Care Organization (MCO) tax and accrued medical expenses.

- The Plan's total net position increased by $5,737,000, or 1.6%, during fiscal year 2024. This increase in net position was attributable to favorability in capitation rates from the State, which resulted in a net position at June 30, 2024, of $365,689,000 compared to a net position of $359,952,000 at June 30, 2023.

- Tangible Net Equity (TNE) at June 30, 2024, was 988% of the DHCS required minimum of $37,010,000.

Fiscal Year 2023

- As of June 30, 2023 and 2022, total assets were $551,510,000 and $415,781,000, respectively, an increase of $135,971,000, or 32.8%, due to an increase in cash and cash equivalents.

- Total liabilities as of June 30, 2023, were $191,558,000 compared with $239,164,000 as of June 30, 2022, a 19.9% decrease. The decrease was primarily driven by a decrease in accrued medical expenses.

- The Plan's total net position increased by $183,335,000, or 103.8%, during fiscal year 2023. This increase in net position was attributable to favorability in capitation rates from the State and overall reduced utilization because of the COVID-19 pandemic, which resulted in a net position at June 30, 2023, of $359,952,000 compared to a net position of $176,617,000 at June 30, 2022.

- TNE at June 30, 2023, was 1094% of the DHCS required minimum of $32,914,000.

Results of Operations

As mentioned above, GCHP's fiscal year 2024 operations and nonoperating revenues and expenses, net resulted in a $5,737,000 increase in net position. As mentioned above, GCHP's fiscal year 2023 operations and nonoperating revenues and expenses, net resulted in a $183,335,000 increase in net position. The following table shows the changes in revenues and expenses for 2024 compared to 2023 and 2023 compared to 2022:

Table 2 – Revenues, Expenses, and Changes in Net Position for Fiscal Years Ended June 30

(Dollars in Thousands)

				2024 to 2023 Change		2023 to 2022 Change	
	2024	2023	2022	Amount	Percentage	Amount	Percentage
Capitation revenues	$ 1,488,842	$ 1,053,304	$ 1,046,588	$ 435,538	41.3 %	$ 6,716	0.6 %
Total operating revenues	1,488,842	1,053,304	1,046,588	435,538	41.3 %	6,716	0.6 %
Provider capitation	101,503	101,667	89,283	(164)	(0.2)%	12,384	13.9 %
Claim payments to providers and facilities	805,271	639,652	646,212	165,619	25.9 %	(6,560)	(1.0)%
Prescription drugs	-	(454)	81,765	454	(100.0)%	(82,219)	(100.6)%
Other medical	44,720	23,136	23,964	21,584	93.3 %	(828)	(3.5)%
Reinsurance, net of recoveries	(6,615)	(2,932)	(8,375)	(3,683)	125.6 %	5,443	(65.0)%
Total health care expenses	944,879	761,069	832,849	183,810	24.2 %	(71,780)	(8.6)%
Salaries, benefits, and compensation	41,053	29,146	17,340	11,907	40.9 %	11,806	68.1 %
Professional fees	76,398	39,549	28,060	36,849	93.2 %	11,489	40.9 %
General administrative fees	9,588	3,682	2,662	5,906	160.4 %	1,020	38.3 %
Supplies, occupancy, insurance, and other	2,124	1,618	1,144	506	31.3 %	474	41.4 %
Premium tax	422,751	39,516	89,424	383,235	969.8 %	(49,908)	(55.8)%
Depreciation	4,114	4,036	3,599	78	1.9 %	437	12.1 %
Total administrative expenses	556,028	117,547	142,229	438,481	373.0 %	(24,682)	(17.4)%
Total operating expenses	1,500,907	878,616	975,078	622,291	70.8 %	(96,462)	(9.9)%
Operating (loss) income	(12,065)	174,688	71,510	(186,753)	(106.9)%	103,178	144.3 %
Interest income	19,155	9,385	215	9,770	104.0 %	9,170	4265.0 %
Interest expense	(1,353)	(738)	(569)	(615)	83.3 %	(169)	29.8 %
Total nonoperating revenues and expenses, net	17,802	8,647	(354)	9,156	105.7 %	9,001	(2542.5)%
Increase in net position	5,737	183,335	71,156	(177,597)	(96.9)%	112,179	157.7 %
Total net position, beginning of year	359,952	176,617	105,461	183,335	103.8 %	71,156	67.5 %
Total net position, end of year	$ 365,689	$ 359,952	$ 176,617	$ 5,737	1.6 %	$ 183,335	103.8 %

Enrollment, Capitation Revenue and Health Care Expenses

Enrollment

Enrollment is divided into aid categories, which correspond to specific rates of capitation to be received by the Plan from the State. During fiscal year 2024, the Plan served an average of 249,944 members per month, compared to an average of 247,855 members per month in fiscal year 2023 and an average of 229,367 members per month in fiscal year 2022. The increase in enrollment is attributed to the moratorium on redeterminations because of the COVID-19 pandemic.

Table 3 – Medi-Cal Enrollment by Aid Category
(Shown as Average Member Months)

Enrollment Category	2024	2023	2022
Child	92,023	94,297	92,327
Adult	40,260	38,421	32,471
Adult Expansion	82,524	80,891	71,794
Seniors and Persons with Disabilities ("SPD")	11,454	11,389	10,530
SPD - Dual	22,968	22,155	21,525
Long Term Care ("LTC")	54	46	46
LTC - Dual	661	656	674
Total average monthly enrollment	249,944	247,855	229,367

Significant aid categories are defined as follows:

1. Child: Qualifying members under age 19.
2. Adult: Qualifying members between the ages of 19 and 64.
3. Adult Expansion (AE): Refers to members who became eligible for the Medi-Cal program effective January 1, 2014, as a result of the implementation of the Affordable Care Act (ACA) and the expanded eligibility criteria for Medicaid.
4. Senior and Persons with Disabilities (SPD)*: Includes individuals who are 65 years of age and older who receive supplemental security income (SSI) checks, or are medically needy if their income and resources are within the Medi-Cal limits, and individuals who met the criteria for disability set by the Social Security Administration and the State Program-Disability and Audit Program Division.
5. Long-Term Care (LTC)*: Includes frail, elderly, nonelderly adults with disabilities and children with developmental disabilities, and other disabling conditions requiring long-term care services.

* "Dual" coverage refers to enrollees who are eligible for both Medi-Cal and Medicare Parts A, B, and D.

Fiscal Year 2024

Capitation Revenue

Premium revenue (capitation received by the Plan from the State) is determined by rates set by the State at the beginning of the plan year and generally are effective for the entire year. The State may, on occasion, provide updated rates during the fiscal year. Total revenue for fiscal year 2024 was $1,489,000,000, a 41.3% increase from the prior year. The increase was primarily attributable to a significant increase in the MCO tax rate and the newly eligible cohort of undocumented adults (Unsatisfactory Immigration Status) aged 26-49.

Health Care Expenses

Aggregate health care expenses were $944,879,000 in fiscal year 2024, compared to $761,069,000 in fiscal year 2023, which is an increase of 24.2%. The Plan's medical loss ratio, or health care expenses as a percent of operating revenues (net of Managed Care Organization ("MCO") taxes), was 88.6% in fiscal year 2024, compared to 75.1% in fiscal year 2023.

Note the following regarding the components of health care expenses:

1. Provider capitation represents monthly payments for members assigned to primary care providers who have agreed to accept risk to provide specific services (when needed) to their members. Rates are fixed by contract and are generally known at the beginning of the fiscal year. Capitation expense for fiscal year 2024 was $101,503,000, or $164,000 lower than in fiscal year 2023. The decrease was primarily due to lower capitated membership from prior year.

2. Other medical, including care management, expense was $44,720,000 in fiscal year 2024, or $21,564,000 and 93.3% higher than in fiscal year 2023. The increase was primarily due to the institution of Quality Incentive Pool and Program.

3. Total reinsurance, net of recoveries and provider refunds resulted in a $6,615,000 reduction to health care expenses in fiscal year 2024, versus $2,932,000 in fiscal year 2023.

Administrative Expenses

Total administrative expenses were $556,028,000 in fiscal year 2024, compared to $117,547,000 in fiscal year 2023, for an increase of $438,481,000. The increase was predominantly due to a State augmentation in the MCO Premium tax expense. This tax was $422,751,000 in fiscal year 2024 compared to $39,516,000 in fiscal year 2023, an increase of $383,235,000.

Senate Bill (SB) X2-2, which passed in March 2016, redefined the premium tax payment and calculation. Per SB X2-2, the tax rate was a pre-determined liability based on DHCS projected Medi-Cal membership and specified rates and was effective through June 30, 2019. Assembly Bill (AB) 115 re-established a managed care enrollment tax, using a modified tiered taxing model. On April 3, 2020, the federal government approved the State's revised proposal to implement a tax on MCOs to help fund the Medi-Cal program. The AB115 MCO tax was effective from January 2020 through December 2022. On December 15, 2023, the federal Centers for Medicare and Medicaid Services (CMS) approved the MCO tax authorized by Assembly Bill 119 (Chapter 13, Statutes of 2023) and submitted by DHCS on June 29, 2023. The MCO tax was approved with an effective date of April 1, 2023, as provided in AB 119 and requested by DHCS. The MCO tax model is based on enrollment in each applicable health plan using data for the January 1, 2022 through December 31, 2022 year, as modified by DHCS to account for the non-renewal of UnitedHealthcare Community Plan of California, Inc.'s contract as of January 1, 2023, and for known or anticipated changes that will affect Medi-Cal enrollment on or after January 1, 2024.

Other administrative expenses increased from the prior year due to increased expenses related to new enterprise projects as compared to prior years and increases in staffing.

Fiscal Year 2023

Capitation Revenue

Premium revenue (capitation received by the Plan from the State) is determined by rates set by the State at the beginning of the plan year and generally are effective for the entire year. The State may, on occasion, provide updated rates during the fiscal year. Total revenue for fiscal year 2023 was $1,053,000,000, a 0.6% increase from the prior year. The increase was primarily attributable to favorability in capitation rates from the State.

Health Care Expenses

Aggregate health care expenses were $761,069,000 in fiscal year 2023, compared to $832,849,000 in fiscal year 2022, which is a decrease of 8.6%. The Plan's medical loss ratio, or health care expenses as a percent of operating revenues (net of MCO taxes), was 75.1% in fiscal year 2023, compared to 87.0% in fiscal year 2022.

Note the following regarding the components of health care expenses:

1. Provider capitation represents monthly payments for members assigned to primary care providers who have agreed to accept risk to provide specific services (when needed) to their members. Rates are fixed by contract and are generally known at the beginning of the fiscal year. Capitation expense for fiscal year 2023 was $101,667,000, or $12,384,000 higher than in fiscal year 2022. The increase was primarily due to higher capitated membership from prior year and the implementation of capitation for Enhanced Care Management ("ECM") services effective January 1, 2022.

2. Prescription drugs expenses were $(454,000), or $82,219,000 lower in fiscal year 2023 than in the prior year. The 100.6% decrease in costs was primarily due to the pharmacy benefit carve-out beginning January 1, 2022.

3. Other medical, including care management, expense was $23,136,000 in fiscal year 2023, or $828,000 and 3.5% lower than in fiscal year 2022. The decrease was primarily due to a reduction in utilization.

4. Total reinsurance, net of recoveries and provider refunds resulted in a $2,932,000 reduction to health care expenses in fiscal year 2023, versus $8,375,000 in fiscal year 2022.

Administrative Expenses

Total administrative expenses were $117,547,000 in fiscal year 2023, compared to $142,229,000 in fiscal year 2022, for a decrease of $24,682,000. The decrease was predominantly due to premium tax expense, which was $39,516,000 in fiscal year 2023 compared to $89,424,000 in fiscal year 2022, a decrease of $49,908,000.

SB X2-2, which passed in March 2016, redefined the premium tax payment and calculation. Per SB X2-2, the tax rate was a pre-determined liability based on DHCS projected Medi-Cal membership and specified rates and was effective through June 30, 2019. AB 115 re-established a managed care enrollment tax, using a modified tiered taxing model. On April 3, 2020, the federal government approved the State's revised proposal to implement a tax on MCOs to help fund the Medi-Cal program. The new AB115 MCO tax is effective from January 2020 through December 2022.

Other administrative expenses increased from the prior year due to increased expenses related to new enterprise projects as compared to prior years and increases in staffing.

Tangible Net Equity

GCHP is required by DHCS to maintain certain levels of TNE. Regulatory TNE levels are determined by formula and are based on specified percentages of revenue and medical expenses. Driven by its operating performance, the Plan's TNE at June 30, 2024, was $365,689,000, which exceeded the required TNE amount of $37,010,000. The Plan's TNE at June 30, 2023, was $359,952,000, which exceeded the required TNE amount of $32,914,000.

Table 4 – Tangible Net Equity (TNE)
(Dollars in Thousands)

	June 30, 2024	June 30, 2023	June 30, 2022
Actual TNE, beginning balance	$ 359,952	$ 176,617	$ 105,461
Change in net position	5,737	183,335	71,156
Actual TNE, ending balance	$ 365,689	$ 359,952	$ 176,617
Required TNE	$ 37,010	$ 32,914	$ 36,610

Requests for Information

This financial report has been prepared in the spirit of full disclosure to provide the reader with an overview of GCHP's operations. If the reader has questions or would like additional information about GCHP, please direct the request to GCHP, 711 East Daily Drive, Suite 106, Camarillo, CA 93010, or call 805-437-5500.

Report of Independent Auditors

(Placeholder)

Financial Statements

Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
Statements of Net Position
June 30, 2024 and 2023

	2024	2023
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 430,974,305	$ 344,166,985
Short-term investments	99,718,245	95,269,796
Capitation receivable	173,911,167	96,222,357
Provider receivables	12,484,788	422,995
Reinsurance and other receivables	6,351,899	522,414
Prepaid expenses and other assets	29,265,636	5,681,145
Total current assets	752,706,040	542,285,692
CAPITAL ASSETS, net	552,659	982,367
INTANGIBLE RIGHT TO USE LEASE, net of accumulated amortization	3,494,070	4,661,876
INTANGIBLE RIGHT TO USE SUBSCRIPTION, net of accumulated amortization	1,040,200	3,580,350
Total assets	$ 757,792,969	$ 551,510,285
LIABILITIES AND NET POSITION		
LIABILITIES		
Medical claims liability	$ 157,746,095	$ 144,395,047
Capitation payable	11,012,947	11,256,966
Payable to the State of California	56,394,287	10,411,049
Accounts payable	4,671,951	1,455,088
Accrued payroll and employee benefits	4,240,566	3,189,633
Accrued premium tax	138,769,137	-
Accrued expenses and other	13,180,466	11,461,986
Current portion of lease and subscription liability	2,411,211	3,300,321
Total current liabilities	388,426,660	185,470,090
LEASE AND SUBSCRIPTION LIABILITY, net of current portion	3,677,360	6,088,557
Total liabilities	392,104,020	191,558,647
NET POSITION		
Net invested in capital assets	552,659	982,367
Unrestricted net position	365,136,290	358,969,271
Total net position	365,688,949	359,951,638
Total liabilities and net position	$ 757,792,969	$ 551,510,285

See accompanying notes.

Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
Statements of Revenues, Expenses, and Changes in Net Position
Years Ended June 30, 2024 and 2023

	2024	2023
OPERATING REVENUES		
Capitation revenues	$ 1,488,841,733	$ 1,053,304,059
Total operating revenues	1,488,841,733	1,053,304,059
OPERATING EXPENSES		
Health care expenses		
Provider capitation	101,503,100	101,666,937
Claim payments to providers and facilities	805,271,007	639,652,210
Prescription drugs	-	(454,456)
Other medical	44,720,048	23,136,023
Reinsurance, net of recoveries	(6,615,190)	(2,931,966)
Total health care expenses	944,878,965	761,068,748
ADMINISTRATIVE EXPENSES		
Salaries, benefits, and compensation	41,053,139	29,145,586
Professional fees	76,397,786	39,548,921
General administrative fees	9,587,624	3,682,438
Supplies, occupancy, insurance, and other	2,124,095	1,617,969
Premium tax	422,751,069	39,516,214
Depreciation and amortization	4,113,945	4,035,654
Total administrative expenses	556,027,658	117,546,782
Total operating expenses	1,500,906,623	878,615,530
Operating (loss) income	(12,064,890)	174,688,529
NONOPERATING REVENUES AND EXPENSES, NET		
Interest income	19,155,484	9,384,542
Interest expense	(1,353,283)	(738,472)
Total nonoperating revenues and expenses, net	17,802,201	8,646,070
Increase in net position	5,737,311	183,334,599
NET POSITION, beginning of year	359,951,638	176,617,039
NET POSITION, end of year	$ 365,688,949	$ 359,951,638

See accompanying notes.

Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
Statements of Cash Flows
Years Ended June 30, 2024 and 2023

	2024	2023
CASH FLOWS FROM OPERATING ACTIVITIES		
Capitation revenues received	$ 1,457,136,161	$ 1,038,862,010
Reinsurance premiums paid	(4,682,591)	(4,331,309)
Payments to providers and facilities	(944,671,069)	(769,017,963)
Payments of premium tax	(283,981,932)	(61,082,014)
Payments of administrative expenses	(146,760,840)	(70,094,220)
Net cash provided by operating activities	77,039,729	134,336,504
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES		
Purchases of capital assets	(36,243)	(275,716)
Interest payments	(1,353,237)	(666,883)
Payments on subscription liability	(1,927,018)	(2,479,964)
Payments on lease liability	(1,307,697)	(1,226,848)
Net cash used in capital and related financing activities	(4,624,195)	(4,649,411)
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest income	14,391,786	7,200,038
Net cash provided by investing activities	14,391,786	7,200,038
NET INCREASE IN CASH AND CASH EQUIVALENTS	86,807,320	136,887,131
Cash and cash equivalents, beginning of year	344,166,985	207,279,854
Cash and cash equivalents, end of year	$ 430,974,305	$ 344,166,985
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating (loss) income	$ (12,064,890)	$ 174,688,529
Adjustments to reconcile operating (loss) income to net cash provided by operating activities		
Depreciation and amortization	4,113,945	4,035,654
Changes in assets and liabilities		
Receivables	(95,270,535)	4,573,997
Prepaid expenses and other assets	(23,584,491)	(3,398,062)
Medical claims liability	13,351,048	880,896
Capitation payable	(244,019)	(17,585,765)
Payable to the State of California	45,983,238	(14,591,700)
Accounts payable	3,216,863	(414,827)
Accrued premium tax	138,769,117	(21,565,800)
Accrued payroll and employee benefits	1,050,953	911,681
Accrued expenses and other	1,718,500	6,801,901
Net cash provided by operating activities	$ 77,039,729	$ 134,336,504

See accompanying notes.

Note 1 – Organization and Operations

Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan ("GCHP" or the "Plan") is a county-organized health system (COHS) organized to serve Medi-Cal beneficiaries living in Ventura County, California. The formation of GCHP was approved by the Board of Supervisors of the County of Ventura in December 2009 through the adoption of Ordinance No. 4409.

As a COHS, GCHP maintains an exclusive contract (the Contract) with the State of California Department of Health Care Services (DHCS) to arrange for the provision of health care services to Ventura County's approximately 238,000 Medi-Cal beneficiaries. All of GCHP's revenues are earned from the State of California (the State) in the form of capitation payments. Revenue is primarily based on enrollment and capitation rates as provided for in the Contract. The Plan began providing services to Medi-Cal beneficiaries in July 2011. In August 2013, the State of California transferred the Healthy Families Program members in Ventura County into the Medi-Cal program, Targeted Low Income Program. In January 2014, the federal Affordable Care Act (ACA) expanded health coverage to certain adults age 19 or older and under 65 and resulted in new enrollment through Adult Expansion (AE) and other population groups. In January 2022, the DHCS launched a new program to improve the health and wellbeing of Medi-Cal members beyond traditional medical services, make services work together better, and improve the quality of services called California Advancing and Innovating Medi-Cal (CalAIM). Upon implementation of the program, the Plan began offering a new benefit, Enhanced Care Management (ECM), and new services called Community Supports.

Note 2 – Compliance with the DHCS, Concentration Risk, and Restricted Net Position

GCHP's contract with the DHCS includes several financial and nonfinancial requirements. As established by the contract, GCHP is required to meet and maintain a minimum level of tangible net equity (TNE). TNE is defined as the excess of total assets over total liabilities, excluding subordinated liabilities and intangible assets.

Required and actual TNE are as follows:

	June 30,	
	2024	2023
	(in thousands)	
Actual TNE, beginning balance	$ 359,952	$ 176,617
Change in net position	5,737	183,335
Reportable TNE	$ 365,689	$ 359,952
Required TNE	$ 37,010	$ 32,914

The ability of GCHP to continue as a going concern is dependent on its continued compliance with the DHCS requirements. The loss of this contract would have an adverse effect on GCHP's future operations.

Note 3 – Summary of Significant Accounting Policies

Basis of presentation – GCHP is a county-organized health system governed by an 11-member Ventura County Medi-Cal Managed Care Commission appointed by the Ventura County Board of Supervisors. Effective for the fiscal year ended June 30, 2011, GCHP began reporting as a discrete component unit of the County of Ventura, California. The County made this determination based on the County Board of Supervisors having the right to elect 100% of the GCHP Commissioners.

Basis of accounting – GCHP uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis, using the economic resources measurement focus. The accompanying financial statements have been prepared in accordance with the standards of the Governmental Accounting Standards Board (GASB).

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Fair value of financial instruments – The carrying amounts of cash and cash equivalents approximate fair value because of the short maturity of these financial instruments. The carrying amounts reported in the statement of net position for capitation receivable, provider receivables, reinsurance and other receivables, prepaid expenses and other assets, medical claims liability, capitation payable, accounts payable, payable to the State of California, accrued payroll and employee benefits, accrued premium tax and other liabilities approximate their fair values as they are expected to be realized within the next fiscal year.

Cash and cash equivalents – Cash and cash equivalents include highly liquid instruments purchased with an original maturity of three months or less when purchased.

Custodial credit risk-deposits – Custodial credit risk is the risk that in the event of a bank failure, GCHP may not be able to recover its deposits or collateral securities that are in the possession of an outside party. The California Government Code requires that a financial institution secure deposits made by public agencies by pledging securities in an undivided collateral pool held by a depository regulated under the state law. As of June 30 2024 and 2023, all accounts were covered by posted collateral.

Investments – Investments are stated at fair value in accordance with GASB Codification Section 150. The fair value of investments is estimated based on quoted market prices, when available. For debt securities not actively traded, fair values are estimated using values obtained from external pricing services or are estimated by discounting the expected future cash flows, using current market rates applicable to the coupon rate, credit, and maturity of the investments.

All investments with an original maturity of one year or less when purchased are recorded as current investments, unless designated or restricted for long-term purposes.

Capitation receivable – Capitation receivable represents capitation revenue for the years ended June 30, 2024 and 2023, received subsequent to June 30, 2024 and 2023, respectively. Capitation receivable also includes final revenue rate adjustments based on communications from the DHCS. Management determines the allowance for doubtful accounts by regularly evaluating individual receivables and considering payment history, financial condition, and current economic conditions. Subsequent adjustments to the contracted rates or enrollments are recognized in the period the adjustment is determined.

Provider receivables – Provider receivables are recorded for all claim refunds due from providers. Management determines the allowance for doubtful accounts by regularly evaluating individual receivables and considering payment history, financial condition, and current economic conditions.

Reinsurance – In the normal course of business, the Plan seeks to reduce the loss that may arise from events that cause unfavorable medical claim results by reinsuring certain levels of risk in various areas of exposure with a reinsurer. Amounts recoverable from reinsurance are estimated in a manner consistent with the development of the medical claim liability.

Amounts recoverable from reinsurers that relate to paid claims are classified as assets and as a reduction to medical expenses incurred. Reinsurance premiums paid are included in medical expenses.

Capital assets – Capital assets are stated at cost at the date of acquisition. The costs of normal maintenance, repairs, and minor replacements are expensed when incurred. Capital assets acquired but not yet placed into service are reported as construction in progress. Construction-in-progress assets are not depreciated until they are placed into service.

Depreciation is calculated using the straight-line method over the estimated useful lives of the assets. Long-lived assets are periodically reviewed for impairment. The estimated useful lives of three to seven years are used for furniture, fixtures, computer equipment, and software. Leasehold improvements are depreciated over the life of the lease or estimated useful life, whichever is shorter. Depreciation expense for the years ended June 30, 2024 and 2023, was approximately $466,000 and $517,000, respectively.

Medical claims liability, capitation payable, and medical expenses – GCHP establishes a claims liability based on estimates of the ultimate cost of claims in process and a provision for claims incurred but not yet reported, which is actuarially determined based on historical claims payment experience and other operational changes. In cases where adequate historical claims payment experience does not yet exist for a new population, a book-to-budget methodology is used in which GCHP relies on state-developed medical rates or medical loss ratios to estimate claims liabilities.

Such reserves are continually monitored and reviewed, with any adjustments made as necessary in the period the adjustment is determined. Management believes that the claims liability is adequate and fairly stated; however, this liability is based on estimates, and the ultimate liability may differ from the amount provided.

GCHP has provider services agreements with several health networks in Ventura County, whereby the health networks provide care directly to covered members or through subcontracts with other health care providers. Payment for the services provided by the health networks is on a fully capitated basis. The capitation amount is based on contractually agreed-upon terms with each health network. GCHP may withhold amounts from providers at an agreed-upon percentage of capitation payments made to ensure the financial solvency of each contract. The capitation expense is included in provider capitation in the statements of revenues, expenses, and changes in net position.

Payable to the State of California – The liability at June 30, 2024 and 2023, was approximately $56,394,000 and $10,411,000, respectively, due to State of California funding programs that have minimum Medical Loss Ratio (MLR) requirements and potential amounts due back to the State. The majority of the balance as of June 30, 2024, represents an estimate due back to the State of California for the ECM risk corridor for the period of January 1, 2022 through June 30, 2024, and an estimate for premium rate adjustments and overpayments. The majority of the balance as of June 30, 2023, represents an estimate due back to the State of California for the Proposition 56 programs in effect for State fiscal year 2021 and an estimate for the ECM risk corridor for the period of January 1, 2022 through June 30, 2023. During the year ended June 30, 2023, GCHP paid approximately $16,400,000 based on the May 2023 determination letter received from the State of California for the Proposition 56 programs for the bridge period of July 1, 2019 to December 31, 2020. As of June 30, 2024 and 2023, the remaining Proposition 56 program accrual for the State fiscal year 2021 was approximately $1,358,000 and $3,172,000, respectively. As of June 30, 2024 and 2023, the estimated amount due related to the ECM risk corridor was approximately $22,584,000 and $7,239,000, respectively. The liability may vary depending on actual claims experience and final reconciliation and audit results. This liability is presented in the payable to the State of California in the accompanying statements of net position.

Accounts payable and accrued expenses – GCHP is required to estimate certain expenses, including accrued payroll, payroll taxes, and professional services fees, as of each statement of net position date and make appropriate accruals based on these estimates. Estimates are affected by the status and timing of services provided relative to the actual level of services performed by the service providers. The date on which certain services commence, the level of services performed on or before a given date, and the cost of services are often subject to judgment. These judgments are based upon the facts and circumstances known at the date of the financial statements. For the periods presented in the financial statements, there were no material adjustments to the estimates for accrued payroll, payroll taxes, and professional services fees.

Premium deficiency reserves – GCHP performed an analysis of its expected future health care and maintenance costs to determine whether such costs will exceed anticipated future revenues under its contracts. Should expected costs exceed anticipated revenues, a premium deficiency reserve would be accrued. A premium deficiency reserve was not required as of June 30, 2024 or 2023.

Accrued compensated absences – GCHP's policy permits eligible employees to accrue vacation based on their individual employment agreements. Unused vacation may be carried over into subsequent years, up to limits indicated in their employment agreements. Accumulated vacation will be paid to the employee upon separation from service with GCHP. All compensated absences are accrued and recorded in accordance with GASB Statement No. 16, *Accounting for Compensated Absences*, and are included in accrued payroll and employee benefits in the accompanying statements of net position.

Premium taxes – Senate Bill (SB) X2-2, which passed in March 2016, redefined the premium tax payment and calculation. Per SB X2-2, the tax rate was a pre-determined liability based on DHCS projected Medi-Cal membership, and specified rates and was effective through June 30, 2019. Assembly Bill (AB) 115, *Committee on Budget, Chapter 348, Statutes of 2019,* re-established a managed care enrollment tax, using a modified tiered taxing model and the implementation of the tax is projected to generate a net state benefit of approximately $7 billion over the three-year duration of the tax. On April 3, 2020, the federal government approved the State's revised proposal to implement a tax on Managed Care Organizations (MCO) to help fund the Medi-Cal program. This MCO tax is effective from January 2020 through December 2022. As this MCO tax expired on December 31, 2022, the Plan did not record a MCO tax liability or premium tax refund receivable as of June 30, 2023. On December 15, 2023, the Centers for Medicare and Medicaid Services (CMS) approved the MCO tax authorized by Assembly Bill 119 (Chapter 13, Statutes of 2023) and submitted by DHCS on June 29, 2023. The MCO tax was approved with an effective date of April 1, 2023, as provided in AB 119 and requested by DHCS. The MCO tax model is based on enrollment in each applicable health plan using data for the January 1, 2022 through December 31, 2022 year, as modified by DHCS, and for known or anticipated changes that will affect Medi-Cal enrollment on or after January 1, 2024. GCHP's MCO tax liability for the year ended June 30, 2024 is approximately $422,960,000, of which $138,769,000 remains unpaid as of June 30, 2024.

Net position – Net position is broken down into three categories, defined as follows:

Net invested in capital assets – This component of net position consists of capital assets, including restricted capital assets, net of accumulated depreciation, and is reduced by the outstanding balances of any bonds, notes, or other borrowings that are attributable (if any) to the acquisition, construction, or improvement of those assets.

Restricted – This component of net position consists of external constraints placed on net asset used by creditors (such as through debt covenants), grantors, contributors, or law or regulations of other governments. It also pertains to constraints imposed by law or constitutional provisions or enabling legislation. There were no amounts classified as restricted net position as of June 30, 2024 or 2023.

Unrestricted – This component of net position consists of net position that does not meet the definition of "restricted" or "net invested in capital assets."

Revenue recognition – Capitation revenue received under the Contract is recognized during the period in which GCHP is obligated to provide medical service to the beneficiaries. This revenue is based on estimated enrollment provided monthly by the DHCS and capitation rates as provided for in the DHCS Contract. Enrollment and the capitation rates are subject to retrospective changes by the DHCS. As such, capitation revenue includes an estimate for amounts receivable from or refundable to the DHCS for these retrospective changes in estimates. These estimates are continually monitored and reviewed, with any changes in estimates recognized in the period when determined.

During the years ended June 30, 2024 and 2023, GCHP received approximately $31,741,000 and $31,485,000, respectively, of supplemental fee revenue from the DHCS as a hospital quality assurance fee (HQAF) as a result of SB 229 and SB 335, respectively.

DHCS implemented a managed care Designated Public Hospital (DPH) Quality Incentive Pool (QIP) that was expanded effective July 1, 2020, under which managed care plans were directed to make QIP payments tied to performance on designated performance metrics in four strategic categories: primary care, specialty care, inpatient care, and resource utilization. The QIP payments are linked to delivery of services under the managed care plan contracts and increase the amount of funding tied to quality outcomes. During the years ended June 30, 2024 and 2023, GCHP received approximately $113,797,000 and $117,294,000, respectively, in QIP payments.

DHCS also established a Directed Payments DPH Enhanced Payment Program (EPP) under which managed care providers were directed to reimburse California's 21 DPHs for network contracted services delivered by DPH systems, enhanced by either a uniform percentage or dollar increment based on actual utilization of network contracted services. The State will evaluate the extent to which enhanced payments are achieving the goals identified. During the years ended June 30, 2024 and 2023, GCHP received approximately $16,145,000 and $41,396,000, respectively, through the EPP.

DHCS also established a Private Hospital Directed Payment Program (PHDPP) under which managed care providers were directed to reimburse private hospitals, as defined in WIC 14169.51, based on actual utilization of contracted services. The enhanced payment is contingent upon hospitals providing adequate access to service, including primary, specialty, and inpatient (both tertiary and quaternary) care. During the years ended June 30, 2024 and 2023, GCHP received approximately $34,572,000 and $93,840,000, respectively, through the PHDPP.

GCHP passed these HQAF, QIP, EPP, and PHDPP funds through to providers. These amounts were not reflected in the accompanying financial statements for the years ended June 30, 2024 and 2023, as the amounts passed through to the providers do not meet requirements for revenue recognition under accounting standards issued by the GASB.

GCHP has an agreement with the DHCS to receive an intergovernmental transfer (IGT) through a capitation rate increase of $45,102,000 and $38,968,000 recorded in years ended June 30, 2024 and 2023, respectively. Under the agreement, these funds that are distributed to providers are not reported on the statements of revenues, expenses, and changes in net position, or the statements of net position, as these amounts do not meet requirements for revenue recognition under accounting standards issued by the GASB. GCHP did not retain any of this IGT during the years ended June 30, 2024 and 2023, for administrative costs.

DHCS has established the CalAIM Incentive Payment Program (IPP). Under the program, GCHP is eligible to receive incentive payments from DHCS based on the successful completion of DHCS-established development goals, objectives, and measures of the program's priority areas. The Plan received approximately $6,027,000 of the approximately $12,054,000 for calendar year 2022 in April 2022. The amount was recognized as revenue during the year ended June 30, 2023. GCHP received the remaining $6,027,000 in July 2023. The Plan received approximately $5,870,000 in November 2023. The amounts were recognized as revenue during the year ended June 30, 2024.

Effective January 1, 2022, DHCS implemented the Housing and Homelessness Incentive Program (HHIP). Under the program, GCHP is eligible to receive incentive payments from DHCS based on the successful completion and achievement of program measures as well as Local Homelessness Plan and Investment Plan submissions. The Plan received approximately $4,954,000 for calendar year 2022 in May 2023 and approximately $8,256,000 for calendar year 2023 in April 2024. The amounts were both recognized as revenue during the year ended June 30, 2024.

Operating revenues and expenses – GCHP's statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with arranging for the provision of health care services. Operating expenses are all expenses incurred to arrange for the provision of health care services, as well as the costs of administration. Claims adjustment expenses are an estimate of the cost to process the claims and are included in operating expenses. Nonexchange revenues and expenses are reported as nonoperating revenues and expenses.

Administrative expenses – Administrative expenses are recognized as incurred and consist of administrative expenses that directly relate to the implementation and operation costs of the Plan. Capitation contract acquisition costs are expensed in the period incurred.

Defined contribution plan – GCHP has adopted, and its employees are participants in, the California Public Agencies Self-Directed Tax-Advantaged Retirement System (CPA STARS). CPA STARS is a California public trust organized under the laws of the State of California and includes the STARS 401(a) Retirement Plan (the 401 Plan), which is a retirement plan under Section 401(a) of the Internal Revenue Code. GCHP participation in the 401 Plan is defined by the 401(a) Trust Agreement and the 401 Plan Agreement between GCHP and CPA STARS.

All regular employees participate in the CPA STARS 401 Plan. Employee contributions to the 401 Plan are not allowed. GCHP makes employer contributions to the 401 Plan in an amount annually determined under the 401 Plan Agreement. For the years ended June 30, 2024 and 2023, GCHP contributions to the 401 Plan were $3,916,000 and $3,075,000, respectively.

Deferred compensation plan – GCHP has adopted, and its employees are participants in, the CPA STARS 457(b) deferred compensation plan (the 457 Plan). The 457 Plan was created in accordance with Internal Revenue Code Section 457 and permits employees to defer a portion of their annual salary until future years. GCHP participation in the 457 Plan is defined by the 457 Trust Agreement between GCHP and CPA STARS. Employee participation in the 457 Plan is voluntary, and GCHP has not made any contributions. As such, there were no GCHP employer contributions for the years ended June 30, 2024 and 2023.

Leases – GCHP recognizes lease contracts or equivalents that have a term exceeding one year, the cumulative future payments on the contract exceed $50,000, and that meet the definition of an other than short-term lease. GCHP uses a discount rate that is explicitly stated or implicit in the contract. When a readily determinable discount rate is not available, the discount rate is determined using GCHP's incremental borrowing rate at start of the lease for a similar asset type and term length to the contract. Short-term lease payments are expensed when incurred.

Income taxes – GCHP operates under the purview of the Internal Revenue Code, Section 501(a) and corresponding California Revenue and Taxation Code provisions. As such, GCHP is not subject to federal or state taxes. Accordingly, no provision for income tax has been recorded in the accompanying financial statements.

Risk management – GCHP is exposed to various risks of loss from torts, business interruption, errors and omissions, and natural disasters. Commercial insurance coverage is purchased by GCHP for claims arising from such matters. No claims have exceeded commercial coverage.

Recent accounting pronouncements – In June 2022, the GASB issued Statement No. 101, *Compensated Absences* (GASB 101). GASB 101 requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This Statement requires that a liability for certain types of compensated absences—including parental leave, military leave, and jury duty leave—not be recognized until the leave commences. This Statement also requires that a liability for specific types of compensated absences not be recognized until the leave is used. The requirements of GASB 101 are effective for fiscal years beginning after December 15, 2023, and all reporting periods thereafter. GCHP is reviewing the impact of the adoption of GASB 101 for the fiscal year ending June 30, 2025.

In December 2023, the GASB issued Statement No. 102, *Certain Risk Disclosures* (GASB 102). GASB 102 requires a government to assess whether a concentration or constraint makes it vulnerable to the risk of a substantial impact. Additionally, GASB 102 requires a government to assess whether an event or events associated with a concentration or constraint that could cause the substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur, within 12 months of the date the financial statements are issued. Additional disclosures may be required as a result of these assessments. The requirements of GASB 102 are effective for fiscal years beginning after June 15, 2024. GCHP is reviewing the impact of the adoption of GASB 102 for the fiscal year ending June 30, 2025.

In April 2024, the GASB issued Statement No. 103, *Financial Reporting Model Improvements* (GASB 103). GASB 103 requires additional presentation and disclosure changes in the areas of management discussion & analysis, unusual or infrequent items, proprietary fund statement of revenues, expenses, and changes in fund net position, major component units, and budgetary comparison information. The requirements of GASB 103 are effective for fiscal years beginning after June 15, 2025. GCHP is reviewing the impact of the adoption of GASB 102 for the fiscal year ending June 30, 2026.

Note 4 – Cash and Investments

Investments – The Plan invests in obligations of the U.S. Treasury, other U.S. government agencies and instrumentalities, state obligations, corporate securities, and money market funds.

Interest rate risk – In accordance with its Annual Investment Policy (investment policy), GCHP manages its exposure to decline in fair value from increasing interest rates by matching maturity dates to the extent possible with the Plan's expected cash flow draws. Its investment policy limits maturities to five years, while also staggering maturities. The Plan maintains a low-weighted average maturity strategy, targeting a portfolio with maturities of three years or less, with the intent of reducing interest rate risk. Portfolios with low weighted average maturities are less volatile because they are less sensitive to interest rate changes. As of June 30, 2024, the weighted average maturity of GCHP's investments, including cash equivalents was approximately 1 day.

The Plan's investments as of June 30, 2024, are summarized as follows:

Investment Type	Fair Value	Maximum Maturity*	Weighted Average Maturity (Years)	Weighted Average Maturity (Days)
CalTrust Investment Fund	$ 37,837,945	N/A	-	1
Local Agency Investment Fund	42,530,370	N/A	-	1
Ventura County Investment Pool	19,349,930	N/A	-	1
	$ 99,718,245		-	1

* Per investment policy (Gov't code section 53601)

Credit risk – GCHP's investment policy conforms to the California Government Code as well as to customary standards of prudent investment management. Credit risk is mitigated by investing in only permitted investments. The investment policy sets minimum acceptable credit ratings for investments from two nationally recognized rating services: Standard and Poor's Corporation (S&P) and Moody's Investor Service (Moody's). For an issuer of short-term debt, the rating must be no less than "A-1" (S&P) or "P-1" (Moody's), while an issuer of long-term debt shall be rated no less than an "A."

Credit ratings of investments and cash equivalents as of June 30, 2024, are summarized below:

			Ratings as of Year-End (S&P / Moody's)				
Investment Type	Fair Value	Minimum Legal Rating*	Exempt From Rating	A-1 / P-1	A1 / AA+	A1 / A+	A2 / A
CalTrust Investment Fund	$ 37,837,945	None	$ 37,837,945	$ -	$ -	$ -	$ -
Local Agency Investment Fund	42,530,370	None	42,530,370	-	-	-	-
Ventura County Investment Pool	19,349,930	None	19,349,930	-	-	-	-
	$ 99,718,245		$ 99,718,245	$ -	$ -	$ -	$ -

* Per investment policy (Gov't code section 53601)

Credit ratings of investment and cash equivalents as of June 30, 2023, are summarized below:

Investment Type	Fair Value	Minimum Legal Rating*	Ratings as of Year-End (S&P / Moody's)				
			Exempt from rating	A-1 / P-1	A1 / AA+	A1 / A+	A2 / A
CalTrust Investment Fund	$ 35,924,706	None	$ 35,924,706	$ -	$ -	$ -	$ -
Local Agency Investment Fund	40,693,940	None	40,693,940	-	-	-	-
Ventura County Investment Pool	18,651,150	None	18,651,150	-	-	-	-
	$ 95,269,796		$ 95,269,796	$ -	$ -	$ -	$ -

* Per investment policy (Gov't code section 53601)

Concentration of credit risk – Concentration of credit risk is the risk of loss attributed to the magnitude of the Plan's investment in a single issuer. GCHP's Policy does not contain any specific provisions to limit exposure to concentration of credit risk, but conforms to the California Government Code section 53601 to meet the percentage limits of investment holdings.

The Plan's percentage of portfolio as of June 30, 2024, is summarized below:

Investment Type	Issuer	Fair Value	Percentage of Portfolio
CalTrust Investment Fund	Wells Fargo	$ 37,837,945	37.9%
Local Agency Investment Fund	State of California Treasurer	42,530,370	42.7%
Ventura County Investment Pool	County of Ventura Treasurer	19,349,930	19.4%
Total Funds Available for Investments		$ 99,718,245	100.0%

The Plan's percentage of portfolio as of June 30, 2023, is summarized below:

Investment Type	Issuer	Fair Value	Percentage of Portfolio
CalTrust Investment Fund	Wells Fargo	$ 35,924,706	37.7%
Local Agency Investment Fund	State of California Treasurer	40,693,940	42.7%
Ventura County Investment Pool	County of Ventura Treasurer	18,651,150	19.6%
Total Funds Available for Investments		$ 95,269,796	100.0%

Investments – GCHP categorizes its fair value investments within the fair value hierarchy established by U.S. GAAP. The hierarchy for fair value measurements is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for an asset or liability, either directly or indirectly.

Level 3 – Significant unobservable inputs.

The following is a description of the valuation methodologies used for instruments at fair value on a recurring basis and recognized in the accompanying statements of net position, as well as the general classification of such instruments pursuant to the valuation hierarchy.

External investment pools – CalTrust is organized as a Joint Powers Authority established by public agencies in California for the purpose of pooling and investing local agency funds. A board of trustees supervises and administers the investment program of the trust. CalTrust has four pools: money market account, short-term, medium-term, and long-term. The Plan has deposits in the Short-Term Fund. Investments in CalTrust Short-Term Fund are highly liquid, as deposits can be converted to cash within 24 hours without loss of interest.

The Plan is a voluntary participant in CalTrust. The Plan's investment in this pool is reported in the accompanying financial statements at fair value based on the Plan's pro rata share of the respective pool as reported by CalTrust. As of June 30, 2024 and 2023, the Plan held approximately $37,838,000 and $35,925,000 in CalTrust, respectively.

The California State Treasurer's Office makes available the Local Agency Investment Fund (LAIF) through which local governments may pool investments. Each governmental entity may invest up to $65 million in the fund. Investments in the LAIF are highly liquid, as deposits can be converted to cash within 24 hours without loss of interest. The Plan is a voluntary participant in the LAIF. The fair value of the GCHP's investments in the LAIF is reported in the accompanying financial statements based on the GCHP's pro rata share of the fair value provided by the LAIF for the entire LAIF portfolio. As of June 30, 2024 and 2023, the Plan held approximately $42,530,000 and $40,694,000 in LAIF, respectively.

The Ventura County Investment Pool (VCIP) is available to local public governments, agencies, and school districts within Ventura County (the County). Wells Fargo Bank NA serves as custodian for the pool's investments. The portfolio is typically comprised of U.S. agency securities and high-quality, short-term instruments, resulting in a relatively short-weighted average maturity. Fair value calculations are based on market values provided by the County's investment custodian. Investments in the VCIP are highly liquid, as deposits can be converted to cash within 24 hours without loss of interest. The Plan is a voluntary participant in the VCIP. The fair value of the GCHP's investments in the VCIP is reported in the accompanying financial statements based on the GCHP's pro rata share of the fair value provided by the VCIP for the entire VCIP portfolio. As of June 30, 2024 and 2023, the Plan held approximately $19,350,000 and $18,651,000, respectively, in VCIP.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net position measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall.

The Plan had the following recurring fair value measurements as of June 30, 2024:

	Total	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments not subject to fair value hierarchy				
CalTrust Investment Fund	$ 37,837,945			
Local Agency Investment Fund	42,530,370			
Ventura County Investment Pool	19,349,930			
	$ 99,718,245			

The Plan had the following recurring fair value measurements as of June 30, 2023:

	Total	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments not subject to fair value hierarchy				
CalTrust Investment Fund	$ 35,924,706			
Local Agency Investment Fund	40,693,940			
Ventura County Investment Pool	18,651,150			
	$ 95,269,796			

Note 5 – Administrative Services Agreements

Conduent, Inc. (Conduent), formerly Affiliated Computer Services – GCHP entered into an agreement with Conduent on June 28, 2017, to provide certain operational services, for a two-year term with 4- to 6-month extensions beginning July 1, 2017. On May 1, 2019, GCHP and Conduent entered into a new agreement extending service through June 30, 2024. Included in the extension is a project to replace the existing technology platform with a new system and realign business processes. Compensation for these services is based on a per-member, per-month cost at varying membership levels. These costs are recorded as expenses in the period incurred. Total expenses for services provided for the years ended June 30, 2024 and 2023, were approximately $22,255,000 and $21,888,000, respectively, and are reported in professional fees on the accompanying statements of revenues, expenses, and changes in net position.

Carelon Behavioral Health, LLC (Carelon) – On April 14, 2014, GCHP entered into a two-year agreement with Carelon, previously known as Beacon Health Strategies, to provide administrative services to arrange for and support the administration of behavioral health services for GCHP. The agreement with Carelon has been extended through December 31, 2025. Total expenses for Carelon were approximately $518,000 and $2,641,000 for the years ended June 30, 2024 and 2023, respectively, and are included in professional fees on the accompanying statements of revenues, expenses, and changes in net position.

Note 6 – Capital Assets

Capital asset activity during the year ended June 30, 2024 consisted of the following:

	Balance June 30, 2023	Increases	Transfers	Decreases	Balance June 30, 2024
Capital assets					
Leasehold improvements	$ 1,804,976	$ -	$ -	$ -	$ 1,804,976
Software and equipment	2,709,578	36,243	-	-	2,745,821
Furniture and fixtures	1,197,450	-	-	-	1,197,450
Total capital assets	5,712,004	36,243	-	-	5,748,247
Less accumulated depreciation and amortization for					
Leasehold improvements	1,401,200	185,691	-	-	1,586,891
Software and equipment	2,129,965	272,908	-	-	2,402,873
Furniture and fixtures	1,198,472	7,352	-	-	1,205,824
Total accumulated depreciation	4,729,637	465,951	-	-	5,195,588
Total capital assets, net	$ 982,367	$ (429,708)	$ -	$ -	$ 552,659

Capital asset activity during the year ended June 30, 2023 consisted of the following:

	Balance June 30, 2022	Increases	Transfers	Decreases	Balance June 30, 2023
Capital assets					
Leasehold improvements	$ 1,804,976	$ -	$ -	$ -	$ 1,804,976
Software and equipment	2,433,862	275,716	-	-	2,709,578
Furniture and fixtures	1,197,450	-	-	-	1,197,450
Total capital assets	5,436,288	275,716	-	-	5,712,004
Less accumulated depreciation and amortization for					
Leasehold improvements	1,209,872	191,328	-	-	1,401,200
Software and equipment	1,832,059	297,906	-	-	2,129,965
Furniture and fixtures	1,170,262	28,210	-	-	1,198,472
Total accumulated depreciation	4,212,193	517,444	-	-	4,729,637
Total capital assets, net	$ 1,224,095	$ (241,728)	$ -	$ -	$ 982,367

Note 7 – Medical Claims Liability

Medical claims liability and capitation payable consists of the following:

	June 30, 2024	June 30, 2023
Claims payable or pending approval	$ 18,370,448	$ 12,923,764
Capitation payable	11,012,947	11,256,966
Provisions for claims incurred but not yet reported and other	103,483,161	84,436,777
Directed payments to providers payable	35,892,486	47,034,506
	$ 168,759,042	$ 155,652,013

The cost of health care services is recognized in the period in which care is provided and includes an estimate of the cost of services that has been incurred but not yet reported. GCHP estimates accrued claims payable based on historical claims payments and other relevant information. Estimates are continually monitored and reviewed, and as settlements are made or estimates adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid is dependent on future developments, management is of the opinion that the accrued medical claims payable is adequate.

The following is reconciliation of the medical claims liability and capitation payable activity for the years ended June 30:

	2024	2023
Medical claims liability and capitation payable at beginning of year	$ 155,652,013	$ 172,356,882
Incurred		
Current	931,839,404	781,200,206
Prior	(2,104,420)	(29,527,231)
Total incurred	929,734,984	751,672,975
Paid		
Current	814,943,828	678,008,464
Prior	101,694,822	94,631,221
Total paid	916,638,650	772,639,685
Net balance at end of year	168,748,347	151,390,172
Provider and reinsurance receivable of paid claims, beginning	2,553,682	6,815,523
Provider and reinsurance receivable of paid claims, ending	(2,542,987)	(2,553,682)
Medical claims liability and capitation payable at end of year	$ 168,759,042	$ 155,652,013

Amounts incurred related to prior years vary from previously estimated liabilities as the claims are ultimately adjudicated and paid. Liabilities at any year end are continually reviewed and re-estimated as information regarding actual claim payments becomes known. This information is compared to the originally established prior reporting period liability. Negative amounts reported for incurred, related to prior years, result from claims being adjudicated and paid for amounts less than originally estimated. Results for the years ended June 30, 2024 and 2023, included decreases of prior year incurred of approximately $2,104,000 and $29,527,000, respectively. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

Note 8 – Commitments and Contingencies

Lease commitments – GCHP leases office space and equipment under long-term operating lease agreements. A summary of the principal and interest amounts for the remaining leases is as follows as of June 30, 2024:

Years Ending June 30,	Minimum Lease Principal	Interest
2025	$ 1,423,797	$ 209,806
2026	1,387,326	132,814
2027	1,013,209	71,943
2028	814,128	17,913
2029	-	-
	$ 4,638,460	$ 432,476

Intangible right to use lease – The Plan reported approximately $1,164,000 and $1,194,000 as amortization expense on the statements of revenues, expenses, and changes in net position in the years ended June 30, 2024 and 2023, respectively. Accumulated amortization was approximately $4,789,000 and $3,620,000 as of June 30, 2024 and 2023, respectively.

Subscription-based information technology arrangements – The Plan has several subscription contracts that expire at various dates through 2027, some of which have renewal options. For those contracts where renewal options are reasonably certain to be exercised, the Plan recognizes renewal option periods in the determination of its intangible right to use subscription asset and liability balances. The Plan uses an average rate of 2.4% to determine the present value of its subscription liabilities. The Plan reported approximately $2,484,000 and $2,325,000 as amortization expense on the statements of revenues, expenses and changes in net position in the years ended June 30, 2024 and 2023, respectively. Accumulated amortization was approximately $5,715,000 and $4,130,000 as of June 30, 2024 and 2023, respectively.

A summary of the principal and interest amounts for the subscription payments is as follows as of June 30, 2024:

Years Ending June 30,	Minimum Subscription Principal	Interest
2025	$ 987,414	$ 35,188
2026	321,390	10,795
2027	141,307	3,429
2028	-	-
2029	-	-
	$ 1,450,111	$ 49,412

Litigation – Through the course of ordinary business, the Plan became party to various administrative proceedings, mediations, and was party to various legal actions and subject to various claims arising as a result. During the year ended June 30, 2024, the Plan has successfully resolved some matters, and other administrative and legal matters are still proceeding. As a result of pending administrative and legal matters, the Plan has recorded a liability for these contingencies. It is the opinion of management that the ultimate resolution of such claims will not have a material adverse effect on the financial statements.

Regulatory matters – The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties. Management believes that GCHP is in compliance with fraud and abuse, as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

Patient Protection and Affordable Care Act (PPACA) – The ACA allowed for the expansion of Medicaid members in the State of California. Any future federal or state changes in eligibility requirements or federal and state funding could have an impact on the Plan. With the changes in the executive branch, the future of PPACA and impact of future changes in Medicaid to the Plan are uncertain at this time.

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eve Gelb Chief Innovation Officer
James Cruz, MD, Acting Chief Medical Officer
Sara Dersch, Chief Financial Officer

DATE: October 28, 2024

SUBJECT: Contract Approval – Duals Special Needs Plan (D-SNP) Pharmacy Benefit Manager (PBM)

BACKGROUND/DISCUSSION:

Executive Summary

GCHP staff is seeking approval from the Ventura County Medi-Cal Managed Care Commission to enter a contract with Prime Therapeutics, ("Prime"), a Medicare Part D PBM.

Project Background:

The Department of Health Care Services ("DHCS") requires that GCHP launch a Medicare Advantage Duals Special Needs Plan on January 1, 2026. To satisfy this requirement, GHCP requires a PBM to administer the Medicare drug benefit (Medicare Part D) for members of the plan. The selected PBM will provide implementation services from November 2024 through December 2025 with a go-live date of January 1, 2026, for the product offering and ongoing operations).

Procurement Background

Led by GCHP's Executive team, on March 19, 2024, staff issued a Request For Proposal, (RFP) for a PBM, directly to the nine (9) vendors listed:

CVS Health – Caremark	Prime Therapeutics
EverNorth - Express Scripts	Navitus Health Solutions
OptumRx	Perform Rx
Carelon Rx	CenterWell
MedImpact	

Set forth below is the schedule utilized for the RFP.

Event	Date	Time (If applicable)
RFP Released	March 19, 2024	
Intent to Propose Notification Due By	April 1, 2024	5pm, PT
Questions Due	April 8, 2024	5pm, PT
Questions Answered	April 22, 2024	
Proposal Due Date	May 6, 2024	5pm, PT
Short List Established and Contractual Discussions Begin	June 7, 2024	

GCHP received two responsive proposals. A cross functional evaluation team was formed with representation from D-SNP Operations, (1 team member), Pharmacy, (1 team member) Operations, (1 team member), Medical Management, (1 team member), IT, (1 team member), Compliance, (1 team member), the Chief Innovation Officer, Legal, and Procurement team, to evaluate the proposals. Using predetermined evaluation criteria and weights, the team scored each proposal from the RFP's qualitative and quantitative requirements.

The scoring results from the evaluation team are as follows:

Overall Scores (High to Low):

Vendor	Qualitative Score	Quantitative Score	Overall Score
Prime Therapeutics	41.47	19.70	61.17
MedImpact	39.99	14.98	54.97

Pricing was estimated in two ways: (1) Using data from GCHP and (2) Using a proxy data set generated by our PBM consultant to approximate utilization.

Overall Pricing Estimates (Low to High):

	Scenario 1: Gold Coast Data			Scenario 2: Proxy Data		
Vendor	**Projected Cost**	**Dollar Savings**	**Percent Savings**	**Projected Cost**	**Dollar Savings**	**Percent Savings**
Prime Therapeutics	$43,723,672			$25,150,217		
MedImpact	$48,651,455	$4,927,784	11.3%	$33,334,811	$8,184,594	32.5%

Contracting Discussions

The GCHP team determined that both responsive vendors warranted moving to the next phase of discussions.

Key takeaways during the contracting discussions:

- Both vendors were very professional and responsive
- Prime was always more favorable on contractual terms and lower in overall cost
- Prime was able to reach agreement with GCHP on contract terms with more favorable pricing and lower contractual risk faster than MedImpact

Selection and Justification

Prime Therapeutics scored higher on both quantitative and qualitative scores, and both before and after negotiations, the proposal for Prime Therapeutics was lower cost. Additionally, Prime Therapeutics proved to be a good partner in defining general business terms around transparency, term/termination rights, and pricing change conditions, as well as implementation and operational considerations. The vendor was responsive, and their presentations instilled confidence in their ability to understand and support Gold Coast quality measures (5 Star measures) and demonstrated a high level of Medicare expertise and a cohesive ongoing support model.

The vendor reference check demonstrated the PBM's responsiveness to businesses of our size and overall strong partnership and performance.

FISCAL IMPACT:

The PBM will perform administrative and program functions as well as pay claims for Medicare Part D. Below are the projected costs year by year. These projections are based on membership, utilization, and other factors. Actual costs will depend on D-SNP enrollment and will begin 1/1/2026 along with the start of Medicare revenue.

Expense Type	1/1/26 to 12/31/26	1/1/27 to 12/31/27	1/1/28 to 12/31/28
Claims Costs	$7.0 M	$14.3 M	$22.8 M
Administrative Fee	$51k	$98k	$146k
Ancillary Fee*	$75k	$145k	$235k
Projected Total	$7.1 M	$14.5 M	$23.2 M

*Ancillary fees are fees not directly tied to claim administration but associated with the pharmacy program and include items like coverage determination/redeterminations, Medication Therapy Management Program, transition lettering, member services, clinical programs.

RECOMMENDATION:

It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a 50-month agreement with Prime Therapeutics.

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

Gold Coast Health Plan℠
A Public Entity

Duals Special Needs Plan (D-SNP) Pharmacy Benefit Manager (PBM) Contract Approval

October 28, 2024

Eve Gelb, Chief Innovation Officer
James Cruz, MD, Acting Chief Medical Officer
Sara Dersch, Chief Financial Officer

Integrity
Accountability
Collaboration
Trust
Respect

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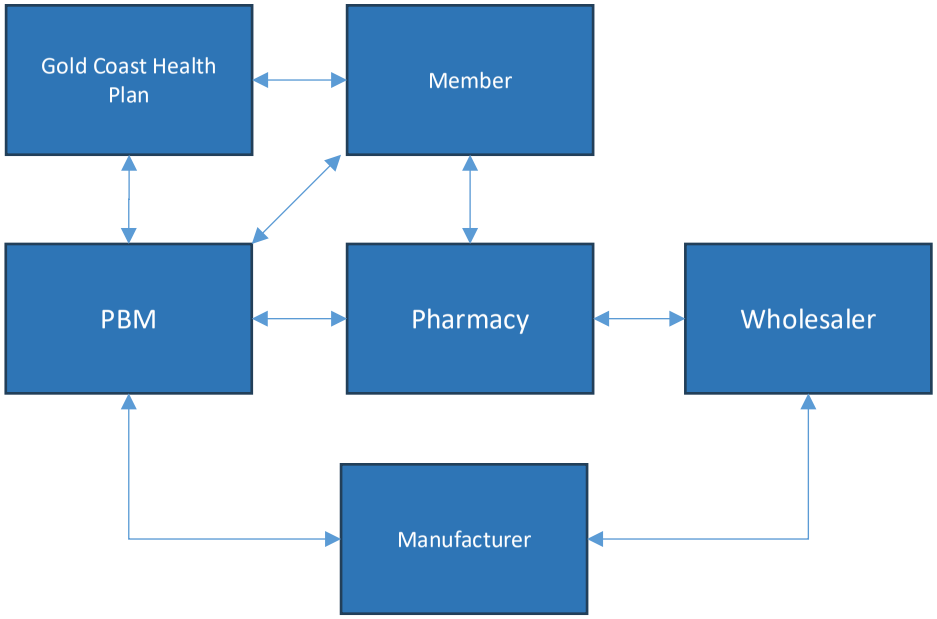
Pharmacy Benefit Managers (PBM) Support the Member and the Plan through the Complexities of the Pharmaceutical Industry

GCHP Medi-Cal members get their drugs through Medi-Cal RX. GCHP D-SNP Members will get their drugs through Medicare Part D. GCHP must contract with a PBM to administer the Medicare Part D benefit.

Complexity of the Pharmaceutical Industry



PBM Role:

- Pharmacy network (contracting with large chains and independent pharmacies)
- Formulary design
- Drug cost negotiation and rebate
- Claims payment
- Utilization management
- Member services
- Quality programs
- Compliance

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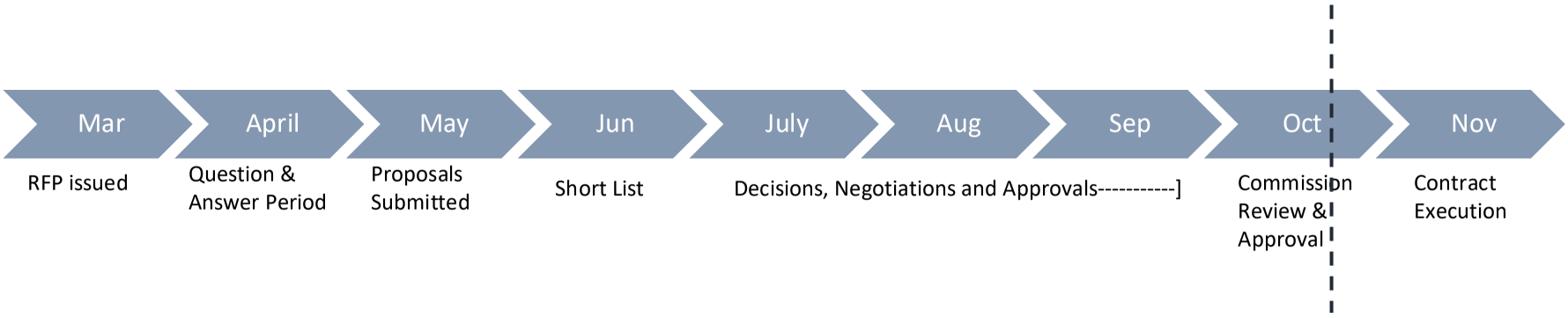
PBM Procurement Process for Part D Medicare

- A cross-functional team approach with Procurement leading the team: Pharmacy, Legal, Compliance, Finance, Operations, IT, D-SNP, Pharmacy Consultant group (PSG)
- Team developed Request for Proposal (RFP) questions and Legal developed the contract which comprised the official Request for Proposal packet



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Process and Bidder Details

- GCHP received two proposals.
- A cross functional evaluation team with D-SNP Operations, Pharmacy, Operations, Medical Management, IT, Compliance, the Chief Innovation Officer, Legal, and Procurement, to evaluate the proposals.
- Using predetermined evaluation criteria and weights, the team scored each proposal from the RFP's qualitative and quantitative requirements.
- Pricing was estimated in 2 ways: (1) Using data from current GCHP members and (2) Using a proxy data set generated by our PBM consultant to approximate utilization.

Vendor	Qualitative Score	Quantitative Score	Overall Score
Prime Therapeutics	41.47	19.70	61.17
MedImpact	39.99	14.98	54.97

	Scenario 1: Gold Coast Data			Scenario 2: Proxy Data		
Vendor	Projected Cost	Dollar Savings	Percent Savings	Projected Cost	Dollar Savings	Percent Savings
Prime	$43,723,672			$25,150,217		
MedImpact	$48,651,455	$4,927,784	11.3%	$33,334,811	$8,184,594	32.5%

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Justification for Vendor Selection

While both vendors were very professional and responsive, the justification for selecting Prime Therapeutics:

- Prime scored higher on both quantitative and qualitative score.
- Prime was more favorable on contractual terms and lower in overall cost and able to reach agreement on terms faster.
- Prime presentations instilled confidence in their ability to understand and support Gold Coast quality measures (5 Star measures).
- Demonstrated a high level of Medicare expertise and cohesive ongoing support model.
- Vendor reference check demonstrated the PBM's responsiveness to businesses of our size and overall strong partnership.

Specifics of the agreement:

- Term of the agreement is 14 months for implementation plus 50 months operations, 11/1/2024-12/31/2028.
- Projected costs below are based on membership and utilization assumptions and will vary based on these and a variety of other factors.

Expense Type	1/1/26 to 12/31/26	1/1/27 to 12/31/27	1/1/28 to 12/31/28
Claims Costs	$7.0 M	$14.3 M	$22.8 M
Administrative Fee	$51k	$98k	$146k
Ancillary Fee*	$75k	$145k	$235k
Projected Total	$7.1 M	$14.5 M	$23.2 M

*Ancillary fees are fees not directly tied to claim administration but associated with the pharmacy program and include items like coverage determination/redeterminations, Medication Therapy Management Program, transition lettering, member services, clinical programs.

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Prime Therapeutics Background

- Founded in 1998 specifically to provide transparent, responsive support to health plan clients and to ensure that our client's needs and goals determine how we will support each account.
- Serves 92M members and manages $60B in drug spend.
- Medicare Center of Excellence (COE), with quality efforts in place to deliver a comprehensive strategy that helps maintain or improve Star Ratings to support ongoing achievement of CMS quality bonus payments and tailor the formulary to members' needs.

3 MILLION
MEDICARE LIVES

25 PLANS

25 of our plans earned a quality bonus payment this year.

5 STARS **6** CONSECUTIVE YEARS

We have earned a 5-Star member satisfaction rating for 6 consecutive years, with 89% of our members saying they were "satisfied" or "very satisfied."

56% OF MAPD CONTRACTS

We outpace the industry, with 56% of our contracts at 4+ Stars.

PERFECT SCORES
FOR NEARLY 30 CMS AUDITS

Over the past 5+ years, Prime/Magellan Rx has received superior results with regulatory initiated audits, including CMS program audits, data validations and financial audits. This experience also includes perfect scores for nearly 30 CMS program audits in recent years.

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Recommendation

It is the Plan's recommendation that the Executive Finance Committee recommend the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a 50-month agreement with Prime Therapeutics.

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AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Erik Cho Chief Policy & Programs Officer
David Tovar, Incentive Strategy Manager

DATE: October 28, 2024

SUBJECT: Contract Approval – Grant Administrator

BACKGROUND/DISCUSSION:

Executive Summary

GCHP staff is seeking approval from the Ventura County Medi-Cal Managed Care Commission to enter a contract with the Institute for Healthcare Improvement ("IHI"), in the amount not to exceed $1.2M.

Project Background:

The Commission has authorized GCHP to undertake a monumental quality funding program authorized in the Fiscal Year 2024/2025 budget. The authorization of $246.5 million towards quality funding initiatives over the next three fiscal years underscores GCHP's commitment to improving our members' lives while supporting our provider network and community to increase the quality of care and access to critically important health care services. The three-year plan includes $37.5 million for grants.

GCHP, through a competitive RFP process has decided to recommend IHI, a leading, globally recognized not-for-profit health care improvement organization, to act as GCHP's grant administrator. GCHP will work closely with IHI over the next three years to develop, launch, and administer grants to Ventura County's health care system to support the Commission's mandate to improve the health of our members and support the expansion of health care services for our provider network.

In Q1 of 2025, GCHP intends to launch the Resilience, Innovation, Sustainability, & Equity (RISE) Grant Program to advance initiatives and activities aimed at expanding access to care to better meet the health and behavioral health needs in Ventura County. The RISE Grant Program will provide grant funds to applicants who can demonstrably further GCHP's goals to improve access and connection to health care services for GCHP's membership in Ventura County. Specifically, the Program is intended to support initiatives and activities aimed at expanding access to care to better meet the physical and behavioral health needs of the Medi-Cal population in Ventura County.

Procurement Background

Led by GCHP's Executive team, on June 14, 2024, staff issued a Request For Proposal, (RFP) for a grant administrator service directly to the six, (6) vendors listed:

Vendor Name
Community Partners
Ventura County Community Foundation
AArete
Moss Adams
Institute for Healthcare Improvement
Public Health Institute

Set forth below is the schedule utilized for the RFP.

Event	Date	Time (If applicable)
RFP Released	6/14/24	
Intent to Propose Notification Due By	6/24/24	5pm, PT
Questions Due	6/28/24	5pm, PT
Questions Answered	7/12/24	5pm, PT
Proposal Due Date	7/22/24	5pm, PT
Short List Established and Contractual Discussions Begin	8/9/24	

GCHP received three (3) responsive proposals. A cross functional evaluation team was formed with representation from Policy and Programs, (2 team members), the Chief Medical Officer, the Chief Innovation Officer, Legal, and Procurement, to evaluate the proposals. Using predetermined evaluation criteria and weights, the team scored each proposal from the RFP's qualitative and quantitative requirements.

The scoring results from the evaluation team are as follows:

Overall Scores (High to Low):

Vendor	Qualitative Score	Quantitative Score	Overall Score
Moss Adams	40.51	17.85	58.36
Community Partners	48.86	4.62	53.48
Institute for Healthcare Improvement	40.59	4.62	45.21

Contracting Discussions

The GCHP team determined that all three responsive vendors warranted moving to the next phase of discussions.

Key takeaways during the contracting discussions:

- Moss Adams was unable to receive and disburse the grant money through a donor agreement, a key requirement of the services.
- Community Partners and Institute for Healthcare Improvement fees were both well above expectations.
    - Scoping discussions and clarity of the RFP requirements and expectations resulted in Institute for Healthcare Improvement reducing their proposed fees.

The projected cost for the remaining two responsive bidders was:

Vendor	Proposed Costs
Community Partners	$6,750,000
Institute for Healthcare Improvement	$1,163,400

Due to lower cost, the team prioritized time with IHI and finalized contractual negotiations.

FISCAL IMPACT:

As noted above the total projected cost over the 44-month agreement (11/1/2024- 6/30/2028) is projected to not exceed $1.2M.

The cost for this agreement will be part of the $37.5 million approved overall amount for the grant program.

RECOMMENDATION:

It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a 44-month agreement with Institute for Healthcare Improvement, a non-profit organization for an amount not to exceed $1.2M.

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

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Contract Approval Grant Administrator

October 28, 2024

Erik Cho Chief Policy and Program Officer
David Tovar, Incentive Strategy Manager

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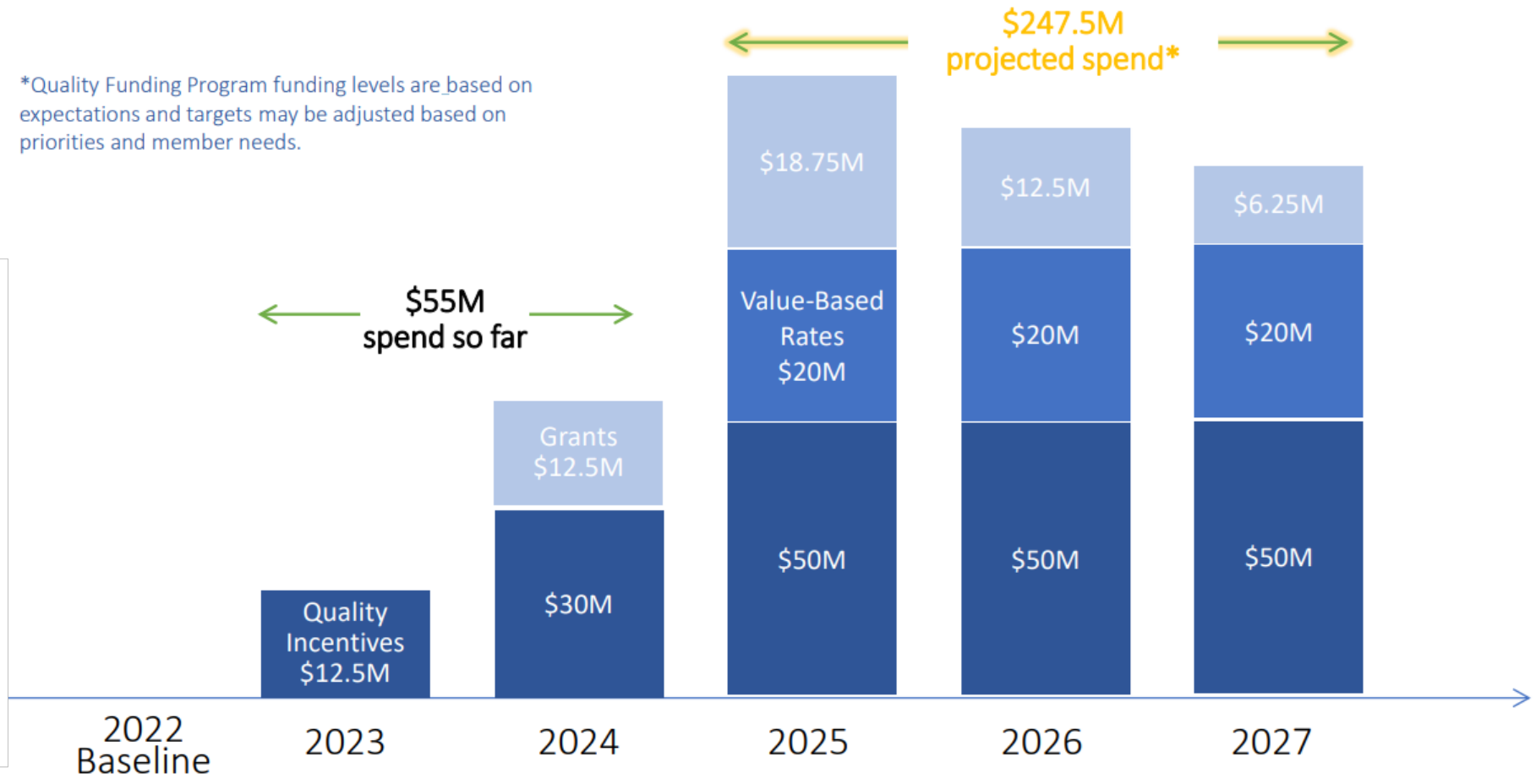
Budget FY2024-25 | Quality Funding Program

[No Title]

*Quality Funding Program funding levels are based on expectations and targets may be adjusted based on priorities and member needs.



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RFP Selection Process

Vendor	Qualitative Score	Quantitative Score	Overall Score
Moss Adams	40.51	17.85	58.36
Community Partners	48.86	4.62	53.48
Institute for Healthcare Improvement	40.59	4.62	45.21

Key Issues within GCHP's Selection Process:

Moss Adams was unable to receive and disburse the grant money through a donor agreement, a key requirement of the services

Community Partners and Institute for Healthcare Improvement fees were both well above expectations.

Discussions and clarity of the RFP requirements and expectations resulted in Institute for Healthcare Improvement reducing their proposed fees.

Vendor	Proposed Costs
Community Partners	$6,750,000
Institute for Healthcare Improvement	$1,163,400

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GCHP's Partnership with IHI

GCHP, through a competitive RFP process has selected the IHI, a leading, globally recognized not-for-profit health care improvement organization, to act as GCHP's grant administrator.

GCHP will work closely with IHI over the next three years to develop, launch, and administer grants to Ventura County's health care system and community to support the Commission's mandate to improve the health of our members and support the expansion of health care services for our provider network.

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Who is IHI

IHI is an independent, not-for-profit organization based in Boston, MA. For 30 years, IHI has used improvement science to advance and sustain better outcomes in health and health systems across the world.

IHI supports all components of an effective grantmaking program: from the development of grant objectives to application templates, scoring rubrics and grant committee stewardship, award disbursement, grant project and outcomes monitoring, and technical assistance for grantees.

With decades of experience building quality improvement capability in health care organizations, IHI integrates capability building into our grant making processes to assist grantees to improve quality, system performance, and patient access to care.

IHI is intentional to structure grant awards with a strong focus on data and measurement for improvement and supports grantees beyond traditional grant stewardship responsibilities with an aim towards improving population health or reducing health inequities.

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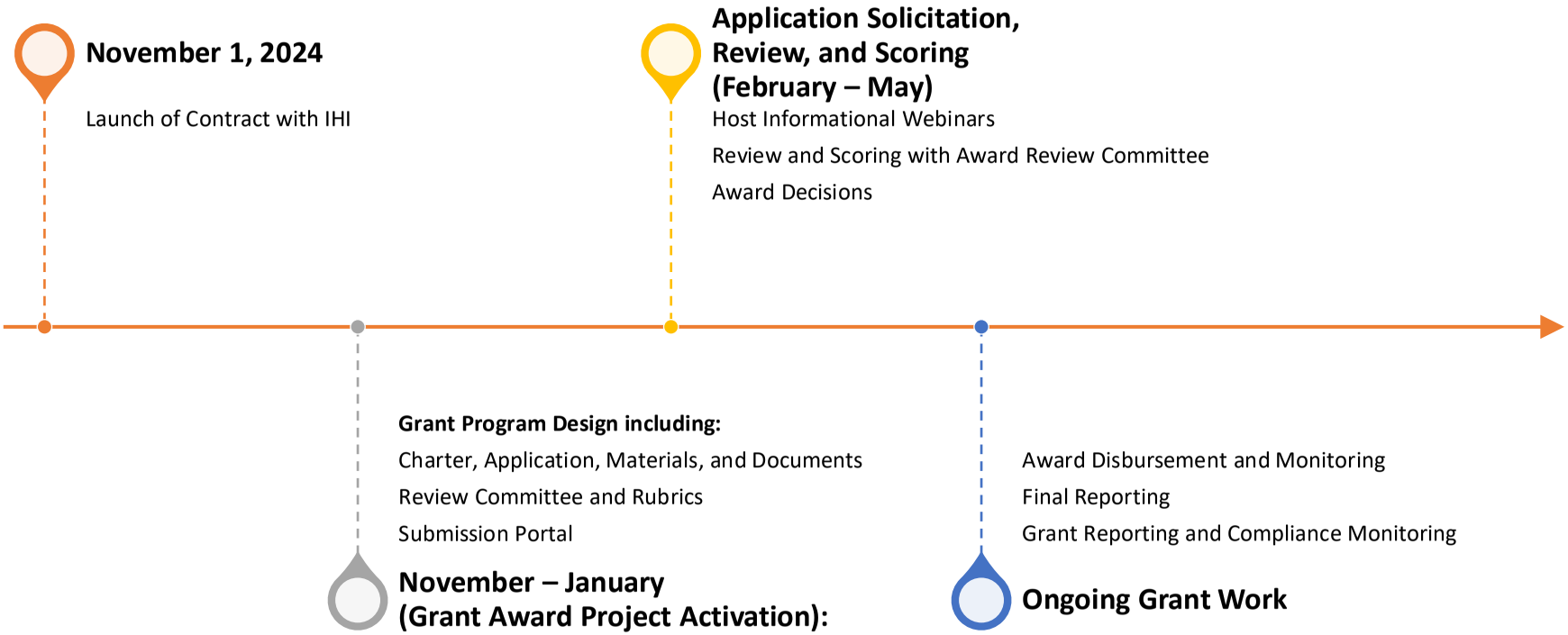
Grant Administration Timeline



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AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information and System Modernization Officer
Anna Sproule, Executive Director of Operations
Sara Dersch, Chief Financial Officer

DATE: October 28, 2024

SUBJECT: Operations of the Future Change Orders and Cost Projections

SUMMARY:

GCHP staff is seeking approval from the Ventura County Medi-Cal Managed Care Commission to approve execution of additional contract authorizations with the vendors listed in Table 2 for additional necessary work supporting multiple business functions and approve the revised amount of $21.5M (adding $11.5M) to the Operations of the Future budget.

BACKGROUND/DISCUSSION:

GCHP has been implementing the multiple system conversions needed to realize its plans for its Operations of the Future (OOTF). We are requesting a revised budget for these projects based on a detailed current assessment of how best to achieve timely stabilization and sustainable success. These investments focus on steadying critical systems and expanding operational capabilities to better serve our members and providers. The need for a revised budget stems from a current OOTF budget that is now understood to be overly optimistic. We will conduct a fuller examination of issues leading to this after stabilization is achieved.

The GCHP Executive Team is committed to maintain transparency and alignment on the adjusted OOTF budget and will continue to prioritize the necessary work across the organization. We will provide the Executive Finance Committee and the Commission with consistent and detailed monthly updates on budget utilization and project milestones. We will also keep the commission fully informed about significant developments and insights.

Key Factors Contributing to Cost Increase

1. Operational Continuity and Vendor Extensions (Stabilization)
    a) Conduent Extension Costs increased by $3,265,354 to ensure uninterrupted services during the transition period.
    b) MedHOK Extension Costs increased by $460,000 to extend critical licensing for system operations.

2. Investment in Labor (Stabilization)
    a) GCHP IT Labor increased by $1,573,000 for Hypercare (A specialized team will be available around the clock to provide support and resolve any incidents or defects) and data support through 3/31/2025.
    b) Operations (Labor) and Provider Call Center Operations (Labor) added a total of $1,250,000 to meet operational needs and improve service delivery, referenced below in Table 1.
3. Vendor Change Orders (Stabilization)
    a) New allocation of $2,465,000 for necessary vendor change orders to stabilize systems and implement enhancements.
4. New Initiatives
    a) EMIDS/Deloitte Support added with $275,000 for additional consulting services.
5. Current Membership Adjustment
    a) Additional Costs of $2,000,000 to support an expanded member base across all vendors**.**

Inclusion of 10% Contingency for Program Overrun:

- Standard Practice in Project Management: Including a contingency budget is customary to account for unforeseen expenses and risks that may arise during project execution.
- Risk Mitigation: The 10% contingency allows us to address unexpected challenges without compromising project scope, quality, or timelines.
- Financial Stability: It ensures financial stability throughout the project, preventing delays and additional costs associated with funding shortfalls.
- Commitment to Fiscal Responsibility: By planning for potential overruns, we demonstrate prudent financial management and a proactive approach to project delivery.

Revised budget allocations are in Table 2 and summary of budget adjustments are referenced in Table 3.

Table 1 - Provider Call Center & Mail Room Staffing

Fiscal Year 2024-2025 Budgeted Headcount	**399**
Provider Call Center • Local Provider Call Center Rep Roles (25) • Provider Call Center Managers (2)	27
Mail Room • Supervisor / Manager (1) • Mail Clerk (5) • Scanning / Indexing Roles (7)	13
Total New Resources	40
Revised Fiscal Year 2024-2025 Headcount	**439**

Table 2 – Revised Budget Allocation

Vendor or Initiative	New to Budget	Change Order	Contract Extension
EMIDS	$100,000	$0	$0
Deloitte	$175,000	$0	$0
TTEC	$0	$185,000	$0
Netmark	$0	$1,600,000	$0
KP	$0	$250,000	$0
NTT	$0	$200,000	$0
Zyter	$0	$50,000	$0
Salesforce	$0	$180,000	$0
Conduent	$0	$0	$8,015,354
MedHOK	$0	$0	$960,000
Akkodis	$0	$0	$2,550,000
Divurgent/Ellit	$0	$0	$1,500,000
Current Membership Adjustment	$2,000,000	$0	$0
Call Center and Mailroom FTE's	$1,250,000	$0	$0
Mailroom Equipment and Software	$550,000	$0	$0
TOTAL	$4,075,000	$2,465,000	$13,025,354

Table 3 - Summary of Budget Changes

Workstream Category	Original Budget	Revised Budget	Difference
OOTF Go Live Support	$1,200,000	$0	($1,200,000)
Mailroom	$1,300,000	$800,000	($500,000)
Member Portal	$1,100,000		($1,100,000)
CRM Day 2 / Voice of Member	$170,000		($170,000)
MedHOK Extension Costs	$500,000	$960,000	$460,000
Conduent Extension Costs	$4,750,000	$8,015,354	$3,265,354
GCHP IT Labor: Hypercare & Day 1 Extracts & Reports	$977,000	$2,550,000	$1,573,000
OPS (Labor)		$1,500,000	$1,500,000
Provider Call Center OPS (Labor)		$1,000,000	$1,000,000
Vendor Change Orders		$2,465,000	$2,465,000
EMIDS/Deloitte Support		$275,000	$275,000
Scaling for membership		$2,000,000	$2,000,000
Subtotal	$9,997,000	$19,565,354	$9,568,354
10% Contingency		$1,956,535	$1,956,535
Total Cost	**$9,997,000**	**$21,521,889**	**$11,524,889**

FISCAL IMPACT:

The revised FY2024/25 costs for OOTF reflect an increase of $11.5M. We will be reevaluating and reprioritizing spend across the organization to offset a portion of this incremental cost. The initial fiscal impact will be presented as part of the Revised Budget Overview presentation at the Strategic Planning Session to be held in December 2024. The final fiscal impact will be detailed as part of the Revised Budget to be presented in January 2025.

RECOMMENDATION:

GCHP staff is seeking approval from the Ventura County Medi-Cal Managed Care Commission to approve the execution of additional contract authorizations with the vendors listed above and approve the revised amount of $21.5M (adding $11.5M which includes contingency of 10%) to the Operations of the Future budget.

Change order documents are available upon request.

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Operations of the Future Remediation Timeline

Alan Torres, Chief Information and System Modernization Officer
Anna Sproule, Executive Director, Operations
Sara Dersch, Chief Financial Officer

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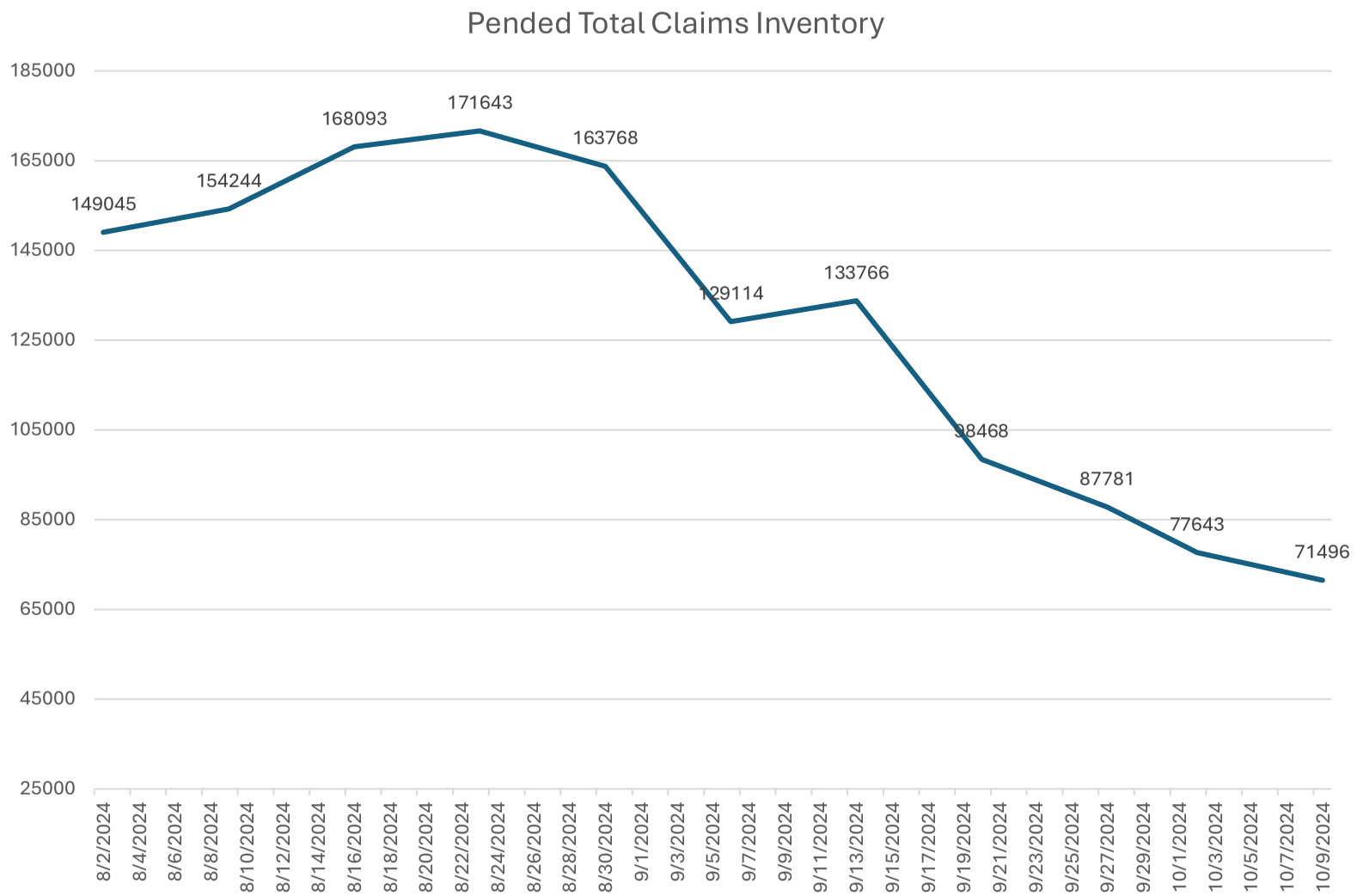
Inventory Trending



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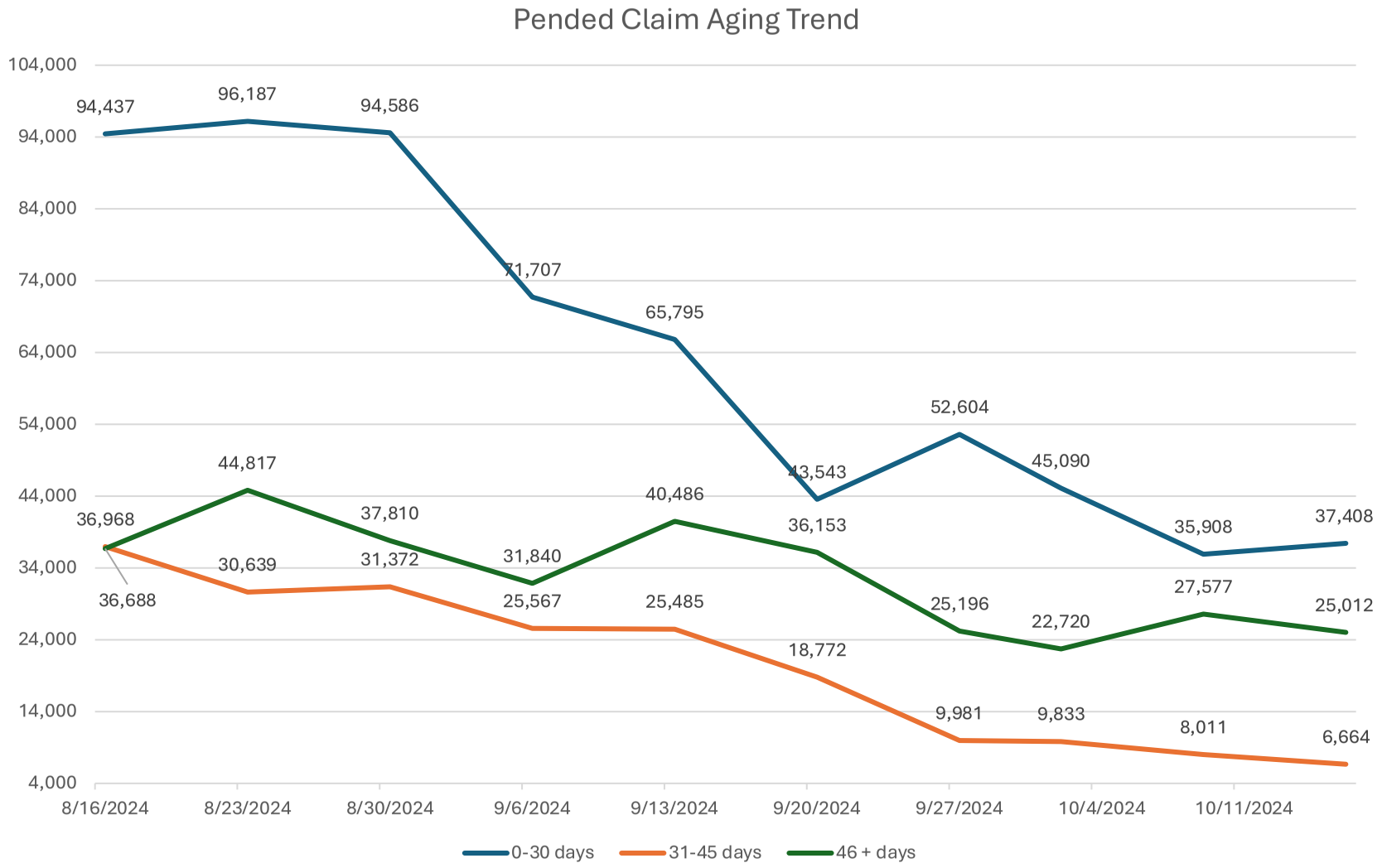
Inventory Trending - Aging



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Stabilization Roadmap

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Functional Area Roadmap

Stabilization Activity	WE 10/4	WE 10/11	WE 10/18	WE 10/25	WE 11/1
Supplemental Staffing	*Analysis of Cost*	*Onboarding*			
Claims stabilization (50% auto under 30 days)	*Continued Claims Stabilization*				
Contract Configuration	*Contract config for high submitters (Top 25)*				
835-ERA	*CARC 16/96 Fixes Execute EMIDS SOW*	*MIgrate CMH to Edifecs*	*MIgrate VCMC to Edifecs*	*Issue Group 3 (See Slide 8)*	
834-Enrollment	*Approval of CRs/COs & Finalize history file - ENR*		*Functional Testing/Edifecs Coding*		
Capitation	*Identify Current Process*		*Develop HRP Process*	*Test CAP Files*	

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Go to Dashboard

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Operations of the Future Change Orders and Cost Projections

Alan Torres, Chief Information & System Modernization Officer
Anna Sproule, Executive Director of Operations
Sara Dersch, Chief Financial Officer

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

Purpose of Presentation

To present the updated financial impact to the Operations of the Future (OOTF) budget resulting from a detailed current assessment to achieve timely stabilization and sustainable success.

To detail the associated cost increases and seek approval for the revised budget.

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Overview of Budget Changes

Key Factors Contributing to Cost Increases

1. Operational Continuity and Vendor Extensions (Stabilization)
   - Conduent Extension Costs increased by $3,265,354 to ensure uninterrupted services needed through 3/31/25.
   - MedHOK Extension Costs increased by $460,000 to extend critical licensing for system operations through 6/30/25, as needed.

2. Investment in Labor (Stabilization)
   - GCHP IT Labor increased by $1,573,000 for Hypercare support through 3/31/2025.
   - OPS (Labor) and Provider Call Center OPS (Labor) added a total of $2,500,000 to expand operational capacity and improve service delivery.

3. Vendor Change Orders (Stabilization)
   - New allocation of $2,465,000 for necessary vendor change orders to stabilize systems and implement enhancements.

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Overview of Budget Changes (continued)

Key Factors Contributing to Cost Increases

1. New Initiatives
   - EMIDS & Deloitte Support added with $275,000 for additional consulting services to rapidly advance data stabilization and validation.

2. Current Membership Adjustment
   - Additional Costs of $2,000,000 to accommodate current membership for all Per Member/Per Month vendor agreements.

3. Day 2
   - Future optimization related costs are not included in these budget changes associated with stabilization and will be brought to the Commission's attention when needed.

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Overview of Budget Changes (continued)

Key Factors Contributing to Cost Increases

1. New Initiatives
   - EMIDS & Deloitte Support added with $275,000 for additional consulting services to rapidly advance data stabilization and validation.

2. Current Membership Adjustment
   - Additional Costs of $2,000,000 to accommodate current membership for all Per Member/Per Month vendor agreements.

3. Day 2
   - Future optimization related costs are not included in these budget changes associated with stabilization and will be brought to the Commission's attention when needed.

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Contingency

Inclusion of 10% Contingency for Program Overrun:

- Standard Practice in Project Management: Including a contingency budget is customary to account for unforeseen expenses and risks that may arise during project execution.
- Risk Mitigation: The 10% contingency allows us to address unexpected challenges without compromising project scope, quality, or timelines.
- Financial Stability: It ensures financial stability throughout the project, preventing delays and additional costs associated with funding shortfalls.
- Commitment to Fiscal Responsibility: By planning for potential overruns, we demonstrate prudent financial management and a proactive approach to project delivery.

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Summary of Budget Adjustments

Workstream Category	Original Budget	Revised Budget	Difference
OOTF Go Live Support	$1,200,000	$0	($1,200,000)
Mailroom	$1,300,000	$800,000	($500,000)
Member Portal	$1,100,000	$0	($1,100,000)
CRM Day 2 / Voice of Member	$170,000	$0	($170,000)
MedHOK Extension Costs	$500,000	$960,000	$460,000
Conduent Extension Costs	$4,750,000	$8,015,354	$3,265,354
GCHP IT Labor: Hypercare & Day 1 Extracts & Reports	$977,000	$2,550,000	$1,573,000
OPS (Labor)	$0	$1,500,000	$1,500,000
Provider Call Center OPS (Labor)	$0	$1,000,000	$1,000,000
Vendor Change Orders	$0	$2,465,000	$2,465,000
EMIDS/Deloitte Support	$0	$275,000	$275,000
Scaling for membership	$0	$2,000,000	$2,000,000
Subtotal	$9,997,000	$19,565,354	$9,568,354
10% Contingency		$1,956,535	$1,956,535
Total Cost	**$9,997,000**	**$21,521,889**	**$11,524,889**

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Overview of Staff for Mailroom and Provider Call Center

Provider Call Center (27)

- Local Provider Call Center Rep Roles (25)
- Provider Call Center Managers (2)

Mailroom (13)

- Supervisor / Manager (1)
- Mail Clerk (5)
- Scanning / Indexing Roles (7)

439
Employees

Fiscal Year 2024-25 Budgeted Headcount	399
Provider Call Center	27
Mail Room	13
Total New Resources	40
Revised Fiscal Year 2024-25 Headcount	439

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Request for Approval

Our Commitment Going Forward - Transparency and Accountability

- We will provide consistent and detailed monthly updates on budget utilization and project milestones.
- We will keep the commission fully informed about significant developments and insights.

Conclusion

- After a thorough and realistic assessment, the GCHP management team believes the proposed investments are essential to stabilize our systems and elevate our ability to serve members and providers effectively.

Request for Approval: Revised Budget of $21.6M (additional $11.6M, including 10% Contingency)

It is GCHP's recommendation that the Executive Finance Committee recommend the Ventura County Medi-Cal Managed Care Commission to approve the execution of additional contract authorizations with the vendors listed in the staff report and approve the revised amount of $21.6M to the Operations of the Future budget.

Change order documents are available upon request.

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AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix L. Nunez, MD, MPH, Acting Chief Executive Officer

DATE: October 28, 2024

SUBJECT: Chief Executive Officer (CEO) Report

Chief Executive Officer (CEO) Report

It is a pleasure to share this update as Acting Chief Executive Officer (CEO) and report on ongoing activities related the advancement of initiatives, programs, and projects that support our work of connecting and coordinating care for our members.

I have continued my work of developing greater collaboration among our all our teams, seeking input and insights from both our Executive and Leadership teams on opportunities to improve channels of communication, and give organizational leaders space to develop and guide their departments. To this end, we have continued our monthly cadence of holding in-person Operating Steering Team meetings to reinforce alignment on strategic initiatives and offer leaders across the organization an opportunity to provide meaningful insights and perspectives on that work. These meetings, which are led by Chief Human Resource and Organizational Performance Officer Paul Aguilar, Chief Innovation Officer Eve Gelb, Director of Portfolio and Project Management Josephine Gallella, and HR consultant Don Harbart, are vital channels for candid and open discussion among all levels of organizational leadership. As previously noted, the Executive Team continues its cadence of semi-weekly Executive Strategy meetings, which are vital to maintaining a collaborative and cross functional perspective on our strategic work.

Along with Paul, we have continued to join departmental meetings to provide updates, answer questions, and obtain insights from staff at all levels. These meetings will continue on a regular cadence in lieu of the previous CEO Office Hours. I have advised staff that I have both a literal and figurative open door policy regarding engagement and collaboration.

I have continued my external engagement with our sister plans via involvement in weekly Local Health Plans of California (LHPC) CEO collaboration calls. LHPC is our state advocacy organization which represents County Organized Health Systems and other not-for-profit Medi-Cal plans. Advocacy efforts are presently focused on issues related to the state Department of Health Care Services (DHCS) transitional rent proposal, plan rate adjustment calculations, MCO tax, auto-assignment formula, quality withholds, and greater collaboration with DHCS leadership. I will be attending the LHPC board meeting on Oct. 21, 2024 in Palm Desert. In

addition, we are looking forward to welcoming LHPC CEO Linnea Koopmans to our GCHP offices in mid-November.

I will be attending the annual California Association of Health Plans (CAHP) Conference in Palm Desert Oct. 21-23, 2024, along with other GCHP Executive Staff and Leadership. The conference program will include updates on advocacy and the changes to state Medi-Cal investments and programs due to the budget crisis. Additionally, this conference will offer an opportunity to strengthen collaboration between GCHP and our sister plans.

I am happy to have recently participated in the *Local Health Plan and Public Health Care System Collaborative* meeting in Burbank on Oct. 9, 2024. The meeting is sponsored by the LHPC Institute and the California Health Care Safety Net Institute (SNI). This collaborative meets on a regular basis and focuses on advancing engagement between regional Medi-Cal health plans and public health systems with the objective of improving collaboration related to advancing quality of care. This collaborative session topic of discussion was concerning opportunities to improve data exchange between the health plans and local / regional health departments. GCHP's Quality Program Manager Shasta Gereau and I presented on our work along with our partners at the Ventura County Health Care Agency (VCHCA), Dr. Rachel Stern, Chief Medical Quality Officer, and Michelle Meissner, Director of Quality & Population Health, in building greater data exchange capabilities between our organizations.

I was also privileged to have been invited to attend the Inland Empire Health Plan (IEHP) "2024 Future of Health Summit" held at their main campus in Rancho Cucamonga on Oct. 11, 2024. The event featured presentations by IHEP CEO Jarrod McNaughton, California Department of Health Care Access and Information Director Elizabeth Landsberg, Manifest MedEx CEO Erica Galvez, and IEHP VP of Quality Genia Fick. The meeting touched on advances in quality data access at the state and regional levels and IEHP's quality strategy, which helped them achieve 4-star status. I was able to speak with Ms. Fick about her work and connect her with GCHP's Senior Director of Quality Improvement, Kim Timmerman.

Chief Diversity Officer (CDO) Report

Given Gold Coast Health Plan's recent leadership transitions, I am providing an update focusing on the increased diversification of the Executive Team. As of Aug. 28, 2024, the following changes have taken place:

1. Dr. Felix Nuñez is serving as Acting Chief Executive Officer (CEO).
2. Dr. James Cruz joined the Executive Team following his appointment as Acting Chief Medical Officer (CMO).
3. Marlen Torres was promoted to Chief Member Experience and External Affairs Officer.
4. Anna Sproule, Executive Director of Operations, joined the Executive Team.

In comparison to the 2018 Executive Team, the current team is more diverse, as illustrated below:

Year	Executive Team Size	Ethnic Diversity	Ethnic Diversity by Gender (male)	Ethnic Diversity by Gender (female)
2024	10	70% diverse (7 of 10)	6 Males (60%) 5 Hispanic 1 Asian	4 Females (40%) 3 White 1 Hispanic
2018	7	None	1 Male (14%) 1 White	6 Females (86%) 6 White

Numbers do not include those who report directly to the Commission, such as the Chief Diversity Officer and legal counsel.

September / October Summary:

GCHP has not had any major diversity issues or cases to date in 2024. I address day-to-day issues as they come up and dedicate the rest of my time to developing a Desk Guide for Cultural Competencies and Cultural Norms for the different cultures within GCHP.

I am currently working to meet requirements from the state Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA) related to health equity.

I. External Affairs

A. State Updates

New California Health and Human Services Secretary Assumes Role

On Sept. 6, 2024, California Health and Human Services (HHS) Secretary Mark Ghaly announced he was stepping down from his position at the end of the month. Secretary Ghaly, appointed by Gov. Gavin Newsom in 2019, led the state through the COVID-19 pandemic, rolled out new Medi-Cal benefits, and expanded coverage to undocumented individuals. GCHP signed onto a letter sent by its trade association, Local Health Plans of California (LHPC), expressing thanks to Secretary Ghaly for his leadership during the COVID-19 response and for transforming the Medi-Cal program.

On Oct. 1, 2024, Kim Johnson assumed the role of HHS Secretary under the appointment of Gov. Newsom. Prior to this role, Secretary Johnson served as the Director of the Department of Social Services after being appointed by Gov. Newsom in 2019. Secretary Johnson had previously been appointed by Gov. Jerry Brown to serve as the Deputy Director of the Family Engagement and Empowerment Division, CalWORKs, and Child Care Branch Chief, and Child and Refugee Programs Branch Chief.

GCHP Contributes to Trade Association Comments on Transitional Rent Comment Letter

As a follow up to last month's report on the release of the Transitional Rent Concept Paper, LHPC submitted comments expressing concerns and recommendations on the proposal. The 18-page comment letter urges the state Department of Health Care Services (DHCS) to roll out Transitional Rent in a phased approach and only in counties where the plan and community are truly ready to go-live.

Key points include:

- LHPC recommends that DHCS align Transitional Rent with the other Community Supports authorized through the CalAIM 1115 Waiver and allow the service to be optional through the end of 2026.
- Clear and detailed requirements for a housing plan will be critical to ensuring that transitional rent leads to permanent housing.
- DHCS' proposals regarding the right of first refusal and presumptive authorization pose potential challenges and concerns. Allowing right of first refusal may cause delays in building networks; presumptive authorization for the first 30 days places members in a precarious position should they ultimately not qualify for Transitional Rent after the initial 30 days.
- Authorizations for Transitional Rent necessitate further discussion to ensure both short-term eligibility and long-term sustainability or plan for permanency.
- Oversight and monitoring requirements will require additional detail to ensure service is administered within DHCS defined parameters.
- The Flex Pool model will require significant resources to develop or adapt to include Transitional Rent, and more information is needed to determine feasibility.
- There are many dimensions of financing Transitional Rent that need to be considered beyond just the established rent maximums (administrative and care coordination costs, payment rates, community supports housing deposits and housing trio services, and acquisition costs).

LHPC held several calls to develop these comments, including meeting with counties, housing stakeholders, and health plans' finance and leadership teams. During the discussions, there was significant alignment among counties, housing stakeholders, and plans to recommend that this be a voluntary benefit that begins in 2026 in alignment with the voluntary nature of the other CalAIM Community Support Services. GCHP's Government Relations Team will continue to provide updates as they become available.

DHCS Proposes Several Changes to Community Support Service Definitions

DHCS released for comment proposed refinements to seven of the 14 Community Supports Service definitions. The proposed changes impact the following services:

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Nursing Facility Transition / Diversion to Assisted Living Services
5. Community Transition Services / Nursing Facility Transition to a Home
6. Medically Tailored Meals / Medically Supportive Food
7. Asthma Remediation

GCHP submitted comments to LHPC to provide feedback on the many proposed changes. Comments include support of some proposals, such as a transition period to allow providers to be reimbursed for the overlapping components under Asthma Prevention Services and Asthma Remediation services, as this will reduce confusion among providers who are often submitting these codes with Community Supports service claims.

GCHP and LHPC also provided recommendations and/or concerns with other proposals. For example, DHCS proposes to limit the housing trio benefit to once in a demonstration period in alignment with the Transitional Rent proposal (currently limited to once in a lifetime). GCHP notes the challenges with tracking "demonstration periods" and recommends that if DHCS were to move forward with removing the lifetime limit, that the limit period be specific to number of years (e.g., five years). Other feedback included considerations for Medically Tailored Meals (MTMs) documentation requirements and ensuring the examples of "necessary services" for the individual's health and safety only include things within the plan's responsibility and control (e.g., pest control and eradication is a landlord's responsibility, not that of the health plan).

Government Relations will continue to provide updates on the revised services definitions as they become available.

DHCS Releases Final Non-Specialty Mental Health Services Outreach and Education Guidance

DHCS released APL 24-012 Non-Specialty Mental Health Services (NSMHS): Outreach, Education, and Experience Requirements as required by Senate Bill 1019 passed by the Legislature in 2022. The final APL details the requirements for the development and submission of outreach and education plans for members and primary care providers (PCPs). Additionally, the APL requires plans to conduct a utilization assessment of covered NSMHS and post the outreach and education plans, most recent Population Needs Assessment, and utilization assessment to the plan's website by Jan. 1, 2025.

GCHP is in the process of developing the outreach and education plans. Plan development includes seeking input from our Community Advisory Committee (CAC), Quality Improvement and Health Equity Committee (QIHEC), tribal liaisons and other stakeholders on how to best educate members and providers on the availability and coverage of NSMHS. Upon completion

of the plans, this information will be available on the GCHP website, www.goldcoasthealthplan.org.

B. State Legislative Updates

The Legislature adjourned on Aug. 31, 2024. Gov. Gavin Newsom had until Sept. 30, 2024, to sign or veto bills that were passed during the legislative session. This year, more than 2,100 bills were proposed that encompassed a variety of topics, including health care, climate change, infrastructure development, election security, and artificial intelligence. Due to California's existing budget deficit ($46 billion), legislative bills that attempted to create new state programs or Medi-Cal benefits did not pass in the state Legislature or were consequently vetoed by Gov. Newsom.

Below is a list of priority bills that GCHP's Government Relations Team has been tracking through this past legislative cycle and their outcomes. The bills are divided into three groups: signed into law by the Governor, vetoed by the Governor, and failed to pass the state Legislature.

Signed by the Governor		
Bill Title	**Summary**	**GCHP Potential Impact(s)**
***AB 3275*: Health Care Coverage: Claim Reimbursement**	AB 3275 requires a health plan to reimburse a clean claim no later than 30 workdays after receipt of the claim and to notify the claimant within 30 days if the claim is contested or denied. This bill authorizes the Department of Managed Health Care (DMHC) and California Department of Insurance (CDI) to determine guidance and regulation for timely implementation.	GCHP is currently required to pay all clean claims within a 40-day timeframe. This bill will require significant internal programming to satisfy this requirement and may impact the standard claims processing timelines that are associated with the medical record reviews and fraud, waste, and abuse (FWA) prepayment processes. GCHP continues to support distressed, critical access, and rural providers with prepayments, expedited processing in critical situations, loans against future claims, and other quality-based support.
***AB 2703*: Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs): Psychological Associates**	Existing law limits the ability of FQHCs and RHCs to receive reimbursement for services that are provided by psychological associates. AB 2703 adds encounters with licensed professional clinical counselors as a billable visit and also requires the state Department of	Health plans are ardent supporters of expanding the behavioral health continuum of care and protecting the most vulnerable members. Currently, managed care plans (MCPs), including GCHP, provide free mental health assessments for members and cover outpatient mental health services for

	Health Care Services (DHCS) to attain any necessary federal approval.	mild-to-moderate mental health conditions. As outlined in LHPC's letter of support, allowing FQHCs and RHCs to bill for psychological associates will improve timely access for members to mental and behavioral health providers and services.
AB 2860: Licensed Physicians and Dentists from Mexico Programs	AB 2860 expands the Licensed Physicians and Dentists from Mexico pilot program. This bill updates the required curriculum for the physician program, ensures fees charged to the participants are in accordance with fees charged to other licensed California physicians, requires individuals to verify a certain pass rate on the Occupational English Test or a similar evaluation, amends the fee schedule for participants, and increases the number of eligible physicians every four years.	Throughout the country as well as in California, there is a current provider shortage. MCPs are acutely aware of this concern as providers are central for member access to equitable and timely care. LHPC submitted a letter in support and noted how expansion of this pilot program will increase the number of culturally and linguistically competent providers in the state and help mitigate the physician shortage especially in underserved communities.
SB 1120: Health Care Coverage: Utilization Review	SB 1120 requires that health plans follow certain requirements when using artificial intelligence (AI) and other types of software tools for utilization management. The bill mandates that all AI and software tools be equitably applied, openly inspected, based upon individual clinical circumstances and enrollee medical history, not engage in discriminatory practices, and be governed by accountability and reliability policies.	AI is a growing concern in the health care industry; discussions have been ongoing on the state and federal levels on how to utilize AI and reduce administrative workloads for providers, enrollees, and plans. LHPC did express initial concerns surrounding claims that are denied for medical necessity solely using AI systems. The bill language was amended and now requires the denial, delay, or modification of health care services as related to medical necessity to be conducted by a health care provider or physician to ensure equity and transparency for patients.

Vetoed by the Governor		
***AB 1895*: Public Health: Maternity Ward Closures**	AB 1895 would require a hospital with an operating perinatal unit that is facing financial duress and concerns of future perinatal service reduction or closure to report on the number of deliveries, patient services, prior performance, and medical staff in the perinatal unit. Hospitals must submit this information to the Department of Health Care Access and Information (HCAI). HCAI, alongside DHCS and the California Department of Public Health (CDPH), will determine impacts to the community within 90 days of information receipt.	MCPs, including GCHP, recognize how maternity ward closures can worsen maternal and infant health outcomes for the most vulnerable Californians. On July 29, 2024, LHPC submitted a comment letter in support of AB 1895 and noted how there continues to be a statewide lack of access to obstetric care and services. Further, LHPC recognized how passage of this bill will allow for potential state intervention before a hospital fully closes its perinatal unit. In the veto letter, Gov. Newsom noted how this bill would increase state costs for implementation and duplicate the existing efforts of hospitals to publish supplemental service elimination information.
***AB 2250*: Social Determinants of Health: Screening and Outreach**	AB 2250 would mandate social determinant of health (SDOH) screenings as a Medi-Cal covered benefit, instruct DHCS to reimburse for SDOH screenings, and ensure primary care physicians (PCPs) access to necessary community health workers (CHWs), social workers, and other SDOH care providers. Implementation of this bill is dependent on legislative appropriation.	This bill aligns with other California Advancing and Innovating Medi-Cal (CalAIM) measures, including Population Health Management, Community Support services, and Enhanced Care Management (ECM). MCPs have been highly supportive of these programs to address SDOH outcomes and most plans, including GCHP, offer the majority of CS benefits. LHPC submitted a letter in support and emphasized how making SDOH a covered benefit will better connect vulnerable members to the right care providers. AB 2250 was vetoed because it replicates current CalAIM work. Gov. Newsom also asserted how the bill language mandating “adequate access” to community health workers was challenging to implement.

***AB 1975*: Medi-Cal: Medically Supportive Food and Nutrition Interventions**	Subject to federal approval and final guidance from DHCS, AB 1975 would make medically supportive food and nutrition interventions a covered Medi-Cal benefit through both the fee-for-service and managed care delivery systems beginning July 1, 2026. DHCS must determine the definitions of medically supportive food and nutrition interventions and ensure they are aligned with federal dietary guidelines.	Although GCHP currently offers medically supportive food for individuals that have recently been hospitalized for diabetes or congestive heart failure-related reasons within the past 30 days, this bill would require GCHP to provide medically supportive food and nutrition interventions for up to 12 weeks if found medically necessary for a member. On July 29, 2024, LHPC submitted a letter in support and highlighted how nutrition interventions will improve health outcomes especially for those with chronic illnesses, reduce long-term health care spending, and decrease health disparities for members. In his veto letter, Gov. Newsom outlined how implementation would necessitate significant General Fund expenditures that are unfeasible at this time due to California's existing budget crisis.
Failed to Pass State Legislature		
***AB 236*: Provider Directories**	AB 236 mandates health care plans to ensure provider directories are up-to-date and accurate on an annual basis. Plans will be mandated to delete erroneous information and ensure their directory is 60% accurate by July 1, 2025, and 95% accurate by July 1, 2028. Beginning July 1, 2025, plans are required to remove providers from the directory if plans have not financially compensated that provider in the prior year, with some limited exceptions. This bill will also require the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) to establish set processes for monitoring provider directory accuracy. Failure to meet deadlines and inaccurate provider	GCHP is compliant with existing provider directory requirements, including providing a current and continuously updated directory of Network Providers. Upon becoming Knox-Keene licensed, GCHP would need to build additional processes to routinely pull data on providers who have not been financially compensated in the prior year and remove those providers from the provider directory. On July 29, 2024, GCHP's trade association, LHPC, submitted a comment letter opposing AB 236. LHPC highlighted how plans are committed to accurate provider information but placing a disproportionate responsibility on plans with the threat of financial penalty is unfair as plans and providers are equally

	listings will result in monetary penalties for the plan.	accountable for accurate provider directories. *Status:* AB 236 is held under submission in the Senate Committee on Appropriations.
***AB 2466*: Medi-Cal Managed Care: Network Adequacy Standards**	Under federal and state network adequacy requirements, there are time and distance standards for certain Medi-Cal covered services, and this includes appointment time thresholds. This bill notes that a Medi-Cal managed care plan would be considered not compliant with regulatory requirements if less than 85% of network providers had an appointment available within the appointment time standards and if the state is provided information that the plan did not deliver timely or accessible health care to members. If a plan is found noncompliant, plans can face contract termination or the consequences of sanctions.	This bill increases the penalties for network inadequacy and highlights how accountability continues to be a priority for the Legislature, as failure to comply with appointment time standards may lead to contract termination or the imposition of sanctions on managed care plans. GCHP will have to ensure that contract requirements surrounding network adequacy are consistently met and continue to provide timely, efficient, and accessible care to members. LHPC has taken a position of oppose-unless-amended and noted how the 85% threshold conflicts with DMHC appointment time standards, as outlined in APL 23-018 and also limits the ability of DHCS to implement recommendations from the *Children Enrolled in Medi-Cal Face Challenges in Accessing Behavioral Health Care* audit report. *Status*: AB 2466 is held under submission in the Assembly Committee on Appropriations.
***AB 3260*: Health Care Coverage: Reviews and Grievances**	AB 3260 mandates health plans to process prior authorization (PA) requests and communicate the outcome to the member and provider within a 72-hour timeframe if the member's condition is considered urgent. If additional information is needed for a PA decision, the health plan must notify the provider and member within 24 hours after the receipt of the PA request. If health plans are unable to comply with the timeline requirements, the health plan must resolve the	PA is a contentious topic and there have been multiple legislative attempts in California and the country to restrict the use of PA for utilization review and plan oversight. LHPC has taken an opposed position on AB 3260 and argues how this bill mandates challenging time constraints for PA decisions and will significantly increase the administrative burden and costs of MCPs. LHPC is concerned that implementation of this bill will have unintended consequences, such as the preemptive denial of many PA requests

	grievance in favor of the member, with limited exceptions.	for plans to reach the defined timelines and avoid penalties. *Status*: AB 3260 is held under submission in the Senate Committee on Appropriations.
***AB 1943*: Medi-Cal: Telehealth**	AB 1943 would require DHCS to track telehealth outcomes associated with patient and population health, access, quality of care, morbidity rates, and other clinical outcomes. DHCS would have to utilize the Medi-Cal data and other data sources to develop and publicize a report on telehealth.	Although AB 1943 will not directly impact MCPs, as the majority of the administrative and research burden falls on DHCS, implementation of this bill will help foster a greater understanding surrounding telehealth, determine policy recommendations to mitigate telehealth disparities, and increase access to necessary services and care for Californians. *Status*: AB 1943 is currently held under submission in the Senate Committee on Appropriations.
***AB 815*: Health Care Coverage: Provider Credentials**	Beginning Jan. 1, 2026, AB 815 directs health plans and insurers to verify health care provider qualifications within 90 days of a completed application submission. Plans must notify providers within 10 days to verify receipt of a completed application. This bill requires the California Health and Human Services Agency (CHHS) to develop and maintain a provider credentialing board and establish provider credentialing policies and procedures.	The rationale of this bill is to streamline the health care credentialing process for providers and plans. LHPC has taken an oppose position and argues that the credentialing process should remain as a responsibility of health plans. LHPC asserts that if plans rely on information provided by credentialing entities, there must be bill language that protects the plans from legal or financial penalty for non-compliance. *Status*: AB 815 is held under submission in the Senate Committee on Appropriations.
***SB 516*: Health Care Coverage: Prior Authorization**	SB 516 mandates DMHC and CDI to instruct and create a standard reporting template for health plans and insurers to report specific information surrounding covered services, supplies, and other health care items	There have been extensive changes to this bill. Originally, SB 516 instituted an iteration of “gold carding” and removed the authority of a health care plan or insurer from requiring a contracted provider to acquire PA for covered

	that are subject to prior authorization by July 1, 2025. Health plans are required to report this information to CDI and/or DMHC by Dec. 31, 2025, and the state must publicize covered health care services, items, and supplies that require PA, the approval percentage rate, and all other relevant data surrounding PA determinations and processes.	services if the plan or insurer approved or would have approved a minimum of 90% of all PA requests in the last one-year contract period. If enacted, the bill aims to improve the PA process and timely access to care by increasing transparency. The California Association of Health Plans (CAHP) has an oppose-unless-amended position and asserts how SB 516 should be limited to in-network providers and delineate the plan process to appeal the decision to remove certain services, items, and/or supplies. *Status*: SB 516 is currently in the Assembly Committee on Health.
***SB 953*: Medi-Cal: Menstrual Products**	SB 953 would add the coverage of menstrual products as a Medi-Cal benefit and requires DHCS to seek and garner federal approvals and utilize federal funds to implement this new benefit.	There are a variety of Medi-Cal services that are covered for Medi-Cal enrollees and GCHP members including violence prevention services, diabetic testing supplies, certain nutrition products, and in-home medical care services. This bill will expand the list of Medi-Cal covered services and help low-income, vulnerable populations have access to necessary medical supplies. *Status*: SB 953 is held under submission in the Senate Committee on Appropriations

E. Community Relations: Sponsorships

Through its sponsorship program, GCHP continues to support the efforts of community-based organizations in Ventura County to help Medi-Cal members and other vulnerable populations. The following organizations were awarded in Sept. 2024:

Organization	Description	Amount
Oxnard Performing Arts Center (OPAC) Corporation	OPAC's mission is to foster and serve the community through inclusive programming, cultural and artistic exchange, and developing people-centered spaces. The sponsorship will go toward the "Dia de los Muertos" event, a blend of Mesoamerican ritual, European religion, and Spanish culture celebration.	$1,000
TOTAL		**$1,000**

F. Community Relations: Community Meetings and Events

From Sept. 1 to Oct. 7, the Community Relations Team provided information on GCHP benefits and services at 18 community events and three health fairs. The purpose of these events is to connect with members and community partners to raise awareness about benefits and services and connect members with care.

Food Distributions	
GCHP's Community Relations Team was onsite at these food distributions to provide resources, answer questions, and promote health care initiatives.	
Organization	**Date**
Dignity Health Ministries at Cristo Rey Church	Sept. 12, 2024
New Creations Church	Sept. 18, 2024
Salvation Army	Sept. 24, 2024
Help of Ojai	Sept. 25, 2024
Many Mansions	Sept. 25, 2024
Collaborative Meetings	
These collaborative meetings engage community-based organizations in the sharing of resources, announcements, and upcoming community events.	
Partnership for Safe Families	Oct. 2, 2024
Virtual Outreach Coordinators Meeting	Oct. 2, 2024

Community Events	
Community events offer an opportunity to engage with GCHP members and the community. Participants learned about community resources and GCHP benefits and services.	
Friends of Farmworkers: Laundry of Love	Sept. 10, 2024
Rose Avenue Elementary School: Back-to- school night	Sept. 12, 2024
Cesar Chavez Elementary School: Back-to-school night	Sept. 12, 2024
Ramona Elementary School: Back-to-school night	Sept. 12, 2024
Harrington Elementary School: Back-to-school night	Sept. 19, 2024
Oxnard High School District Resource Fair	Sept. 21, 2024
Pacifica High School: Open house	Sept. 26, 2024
Banana Festival	Sept. 28, 2024
Swap Meet Justice at Oxnard College	Sept. 29, 2024
City of Oxnard Multicultural Festival	Oct. 5, 2024
SELPA TNT mini resource fair	Oct. 7, 2024
Health Fairs	
Ventura County Ambulatory Care Moorpark Family Clinic	Oct. 5, 2024
Pediatric Diagnostic Center In collaboration with Ventura County Ambulatory Care, GCHP members completed their annual well-child visits, immunizations, and mammogram screenings. GCHP staff provided information on benefits and services.	Oct. 12, 2024
Community Memorial Health Center-Saviers In collaboration with Community Memorial Health Center, GCHP members completed mammogram screenings. GCHP staff provided information on benefits and services	Oct. 6, 2024

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	ADMIN MEMBERS	NOT ASSIGNED
Sep-24	95,612	53,160	33,636	6,756	5,936	47,128	3,497
Aug-24	95,846	53,150	33,816	6,894	4,890	47,863	3,241
Jul-24	95,090	52,679	33,841	6,999	5,991	47,682	4,710

NOTE:

Unassigned members are those who have not been assigned to a Primary Care Provider (PCP) and have 30 days to choose one. If a member does not choose a PCP, GCHP will assign one to them.

Administrative Member Details

Category	Sept. 2024
Total Administrative Members	47,128
Share of Cost (SOC)	623
Long-Term Care (LTC)	727
Breast and Cervical Cancer Treatment Program (BCCTP)	22
Hospice (REST-SVS)	30
Out of Area (Not in Ventura County)	417
DUALS (A, AB, ABD, AD, B, BD)	27,321
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	21,729

NOTE:

The total number of members will not add up to the total number of Administrative Members, as members can be represented in multiple boxes. For example, a member can be both Share of Cost and Out of Area. They would be counted in both boxes.

METHODOLOGY

Administrative members for this report were identified as anyone with active coverage with the benefit code ADM01. Additional criteria follows:

1. Share of Cost (SOC-AMT) > zeros
    a. AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
2. LTC members identified by AID codes 13, 23, and 63.
3. BCCTP members identified by AID codes 0M, 0N,0P, and 0W.
4. Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.
5. Out of Area members were identified by the following zip codes:
    a. Ventura Zip Codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
    b. If no residential address, the mailing address is used for this determination.
6. Other commercial insurance was identified by a current record of commercial insurance for the member.

B. Provider Contracting Update

Regulatory / Audit Updates

The Provider Network Operations (PNO) Team participated in the final phase of the state Department of Health Care Services (DHCS) Annual Medical Audit. Virtual interviews took place in late Sept.2024 and PNO submitted additional documentation as requested. PNO anticipates that DHCS will communicate any audit results in Q4 2024.

DHCS implemented provider network readiness assessments, which are used to monitor a Managed Care Plan's (MCP's) network for newly launched covered services, initiatives, or programs. DHCS reported that GCHP was compliant with Phase I and II of the Long-Term Care (LTC) Intermediate Care Facility / Developmentally Disabled Facility (ICF/DD) Network Readiness and approved our network.

Other notable regulatory deliverables include:

- DHCS Timely Access Report
- Doula Survey

Targeted Rate Increase (TRI)

To comply with *All-Plan Letter (APL) 24-007, Targeted Provider Rate Increases*, we completed an analysis to identify network providers that may be in scope for the TRI. The analysis is ongoing as we narrow down the potential in-scope providers to determine if their rates / reimbursement calculation is below the required 87.5% of Medicare. We are working with our Communications Team to draft provider communications and notices in anticipation of the launch. GCHP is on schedule for timely implementation of TRI in accordance with APL 24-007.

Operations of the Future

PNO continues to outreach to and train providers on the new Provider Portal and to address any escalated issues. The portal currently has more than 3,390 registered users.

Provider Network Developments: Sept. 1-30, 2024

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	**Count**
Neurology Group	1

Note: The numbers above represent contract completion in targeted specialties to close GCHP provider network gaps. PNO continues its outreach to targeted specialties and areas, such as eastern Ventura County, where provider network gaps exist.

GCHP Provider Changes	
Provider Additions and Terminations	**Count**
Additions	235
Terminations	63
Midwife	0

Note: The additions and terminations above are for GCHP tertiary providers and do not have a significant impact on member access for services.

C. Delegation Oversight

Gold Coast Health Plan (GCHP) is contractually required to perform oversight of all functions delegated through subcontracting arrangements. Oversight includes, but is not limited to:

- Monitoring / reviewing routine submissions from subcontractors
- Conducting onsite audits
- Issuing a Corrective Action Plan (CAP) when deficiencies are identified

**Ongoing monitoring denotes the delegate is not making progress on a CAP issued and/or audit results were unsatisfactory. GCHP is required to monitor the delegate closely, as it is a risk to GCHP when delegates are unable to comply.*

Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a state Department of Health Care Services (DHCS) requirement for GCHP to hold all delegates accountable. The oversight activities conducted by

GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and audits conducted and corrective action plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility plans have in the oversight of their delegates.

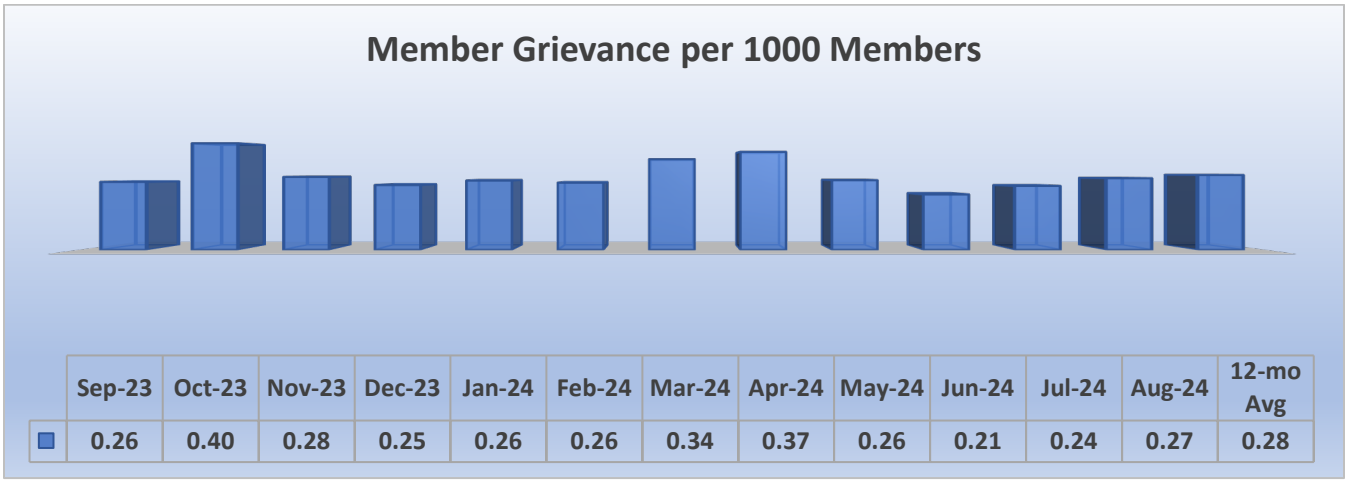
The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through Sept. 30, 2024.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon Behavioral Health (Carelon)	Annual Member Experience (ME), Network Management (NET), Quality Improvement (QI), Utilization Management (UM), and Cultural & Linguistic (C&L) Services Audit	Open	9/12/2024	Under CAP	N/A
Carelon	2024 Annual Claims Audit	Open	7/12/2024	Under CAP	N/A
Carelon	2024 Annual Call Center Audit	Open	9/9/2024	Under CAP	N/A
Clinicas del Camino Real (CDCR)	2023 Q4 Focused Claim Audit	Closed	3/8/2024	9/25/2024	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
CDCR	2023 Annual Claims Audit	Closed	2/8/2024	9/13/2024	N/A
CDCR	2023 Quarterly Focused Claims Audit (July)	Open	9/7/2023	Under CAP	N/A
CDCR	2024 Q3 Focused Claims Audit	Open	10/1/2024	Under CAP	N/A
Kaiser	2024 Annual Claims Audit	Closed	9/5/2024	10/8/2024	N/A
Ventura County Medical Center (VCMC)	2024 Annual Credentialing & Recredentialing	Closed	8/27/2024	9/9/2024	N/A
Ventura Transit System (VTS)	2024 Annual Call Center Audit	Open	4/19/2024	Under CAP	N/A
VTS	2024 Downstream Subcontractor Audit	Open	8/30/2024	Under CAP	N/A

Privacy & Security CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
N/A	N/A	N/A	N/A	N/A	N/A
Operational CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
N/A	N/A	N/A	N/A	N/A	N/A

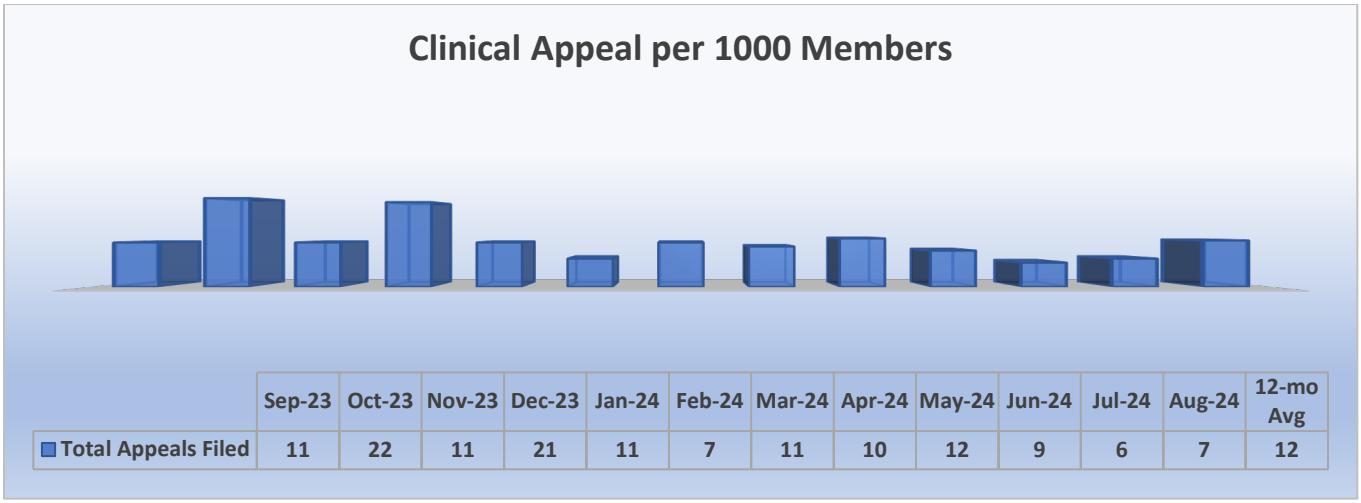
D. Grievance and Appeals



Member Grievances per 1,000 Members

The data show GCHP's volume of grievances increased in August. In August, GCHP received 67 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 248,294, with an average annual grievance rate of .28 grievances per 1,000 members.

In Aug. 2024, the top reason reported was "Quality of Care," which is related to member concerns about the care they received from their providers.



	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	12-mo Avg
Total Appeals Filed	11	22	11	21	11	7	11	10	12	9	6	7	12

Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .03 appeals per 1,000 members.

In Aug. 2024, GCHP received seven clinical appeals.*

*Grievance and Appeals case file data can be provided upon request.

RECOMMENDATION:

Receive and file.