



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

Regular Meeting

Monday, November 22, 2021, 2:00 p.m.

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

Meeting held pursuant to AB 361

Conference Call Number: 805-324-7279

Conference ID Number: 407 163 694#

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

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

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCMMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda. Persons wishing to address VCMMCC should complete and submit a Speaker Card.

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

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

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of October 25, 2021.

Staff: Deborah Munday, CMC, Assistant Clerk to the Commission

RECOMMENDATION: Approve the minutes of October 25, 2021.

2. AB 361, Brown Act Virtual Meetings

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the following findings be made: That the Commission has reconsidered the circumstances of the state of the emergency and finds that the state of emergency continues to directly impact the ability of Commission members to meet safely in person and that State and local officials continue to impose or recommend measures to promote social distancing.

3. Adoption of Schedule for 2022

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Approve calendar for 2022 to allow the Commission to continue virtual meetings pursuant to AB 361.

UPDATES

4. HSP MediTrac Update

Staff: Anna Sproule, Sr. Director of Operations

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

5. Contracting and Funding for Vaccine Outreach Initiative

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

RECOMMENDATION: GCHP recommends that the Commission give GCHP the authority to negotiate contracts with vendors in order to execute its plan to increase vaccination rates.

6. October 2021 Financials

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the October 2021 financial package.

REPORTS

7. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report.

8. Chief Operating Officer (COO) Report

Staff: Nick Liguori, Chief Operating Officer

RECOMMENDATION: Receive and file the report.

9. Chief Information Officer (CIO) Report

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: Receive and file the report.

10. Executive Director of Human Resources (H.R.) Report

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

11. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

12. Chief Executive Officer (CEO) Report

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

CLOSED SESSION

- 13. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.
- 14. PUBLIC EMPLOYEE APPOINTMENT**
Title: Chief Executive Officer
- 15. CONFERENCE WITH LABOR NEGOTIATORS**
Agency Designated Representative: Michael Murguia
Unrepresented Employee: Chief Executive Officer

ADJOURNMENT

Date and location of the next meeting to be determined at the November 22, 2021 meeting.

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 Commission 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 3 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: Deborah Munday, CMC, Assistant Clerk of the Board
DATE: November 22, 2021
SUBJECT: Meeting Minutes of October 25, 2021 Regular Commission Meeting

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Minutes for the October 25, 2021 Regular Commission Meeting.

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
October 25, 2021 Regular Meeting Minutes**

CALL TO ORDER

Commission Chair Dee Pupa called the meeting to order via teleconference at 2:04 p.m. The Clerks were in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

ROLL CALL

Present: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and Scott Underwood, M.D.

Absent: Commissioners Laura Espinosa, Andrew Lane and Supervisor Carmen Ramirez

Attending the meeting for GCHP were Nancy Wharfield, MD., Chief Medical Officer, Kashina Bishop, Chief Financial Officer, Michael Murguia Executive Director of Human Resources, Scott Campbell, General Counsel, Cathy Salenko, Health Care General Counsel, Marlen Torres, Executive Director of Strategy and External Affairs, Robert Franco, Chief Compliance Officer, Ted Bagley, Chief Diversity Officer, Alan Torres, Chief Information Officer, Nick Ligouri, Chief Operations Officer, and Eileen Moscaritolo, HMA Consultant.

Additional staff participating on the call: Anna Sproule, Dr. Anne Freese, Pauline Preciado, Kim Timmerman, Jamie Louwerens, Carolyn Harris, Kim Timmerman, Nicole Kanter, David Tovar, Luis Aguilar, Jamie Louwrens, Paula Bossoletti, Susana Enriquez, Kris Schmidt, Paula Cabral, Sandi Walker, Victoria Warner, and Lucy Marrero.

Moss Adams

Stelian Damu, Assurance Partner and Kimberly Sokoloff, Assurance Senior Manager

PUBLIC COMMENT

Dr. Sandra Aldana with the University Center of Excellence in Developmental Disabilities Consumer Advisory Committee at Children’s Hospital, Los Angeles stated she noticed from the minutes of the last meeting that there is a new program assisting Gold Coast Health Plan (GCHP) recipients with vaccinations. Dr. Aldana applauded GCHP’s efforts because there is still vaccine hesitancy and recommended that if it is not already a part of GCHP’s vaccine plan to consider implementing in-home vaccinations for members with significant developmental or acquired disabilities. Dr. Aldana said she would be happy to coordinate with some of the individuals at the University of Center for Excellence of Developmental Disabilities to assist GCHP in developing a plan.

Dr. Nancy Wharfield, Chief Medical Officer, thanked Dr. Aldana for her input and stated that Gold Coast Health Plan is targeting in-home vaccinations.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of September 27, 2021.

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the minutes of September 27, 2021.

2. Adopt a Resolution to Renew Resolution No. 2021-012, to Extend the Duration of Authority Empowered in the CEO to issue Emergency Regulations and Take Action Related to the Outbreak of Coronavirus (“COVID-19”)

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Adopt Resolution No. 2021-013 to extend the duration of authority empowered in the CEO through December 16, 2021.

3. Approval of Quality Improvement Committee Member

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

RECOMMENDATION: Approve Rachel Stern, M.D., as an active member of the Quality Improvement Committee.

Commission Chair, Dee Pupa asked for a motion on Consent items 1, 2 and 3.

Commissioner Alatorre motioned to approve Consent items 1, 2 and 3. Commissioner Johnson seconded.

AYES: Commissioners Theresa Cho, M.D., Dr. Sevet Johnson, Dee Pupa, Antonio Alatorre, Jennifer Swenson, Shawn Atin, Scott Underwood and Gagan Pawar, M.D.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Andrew Lane, and Supervisor Carmen Ramirez

Commissioner Chair Pupa declared the motion carried.

INTRODUCTION

Introduction of new Chief Information Officer, Mr. Alan Torres

Nick Liguori, Chief Operations Officer, introduced Alan Torres, Chief Information Officer. COO Liguori stated CIO Torres brings 25 years of experience from the forefront of data and technology advances in leading regional and national health plans, Anthem, Health Net and Centene. CIO Torres stated he is looking forward to assisting with some modernized capabilities, focusing on data and technology as a whole, and looks forward to partnering with everyone.

UPDATES

4. HSP MediTrac Update

Staff: Anna Sproule, Senior Director of Operations

RECOMMENDATION: Receive and file the update.

Anna Sproule, Senior Director of Operations, discussed the current claims inventory. It has been reduced from 164,000 in mid-July, 2021 to 33,000 as of today. The downward trend is expected to continue with the support of GCHP resources and temporary staff. It is hoped to be compliant with Department of Health Care Services (DHCS) claims processing requirements and contractual service level agreements by early November 2021.

The GCHP teams have continued testing of authorization related channel changes to the portal. The updates will allow providers to submit and check the status of authorizations directly on the portal. The current provider portal update is expected to be released at the

beginning of November 2021. The delay is due to the defects that have been identified in testing.

GCHP leadership is continuing to meet with Conduent daily to review inventory call center statistics, adherence to other Service Level Agreements and plans for improvements in all categories. These meetings will continue until all contractual obligations of Conduent are met and sustainability has been proven. The call center has improved the average speed to answer to under one minute in the months of September and October 2021. This is attributed to additional resources having been added to the Conduent call center.

Commission Chair Pupa commended the GCHP team for onboarding nearly 45 processors, which has had a significant impact on reducing the claims volume.

Commission Chair Dee Pupa asked for a motion to receive and file the update.

Commissioner Atin motioned to approve Consent item 4. Commissioner Cho seconded.

AYES: Commissioners Antontio Alatorre, Shawn Atin, Theresa Cho, M.D., Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson, and Scott Underwood

NOES: None.

ABSENT: Commissioners Laura Espinosa, Andrew Lane, and Supervisor Carmen Ramirez

Commission Chair Pupa declared the motion carried.

FORMAL ACTION

5. AB 361, Brown Act Virtual Meetings

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the following findings be made: That the Commission has reconsidered the circumstances of the state of the emergency and finds that the state of emergency continues to directly impact the ability of Commission members to meet safely in person and that State and local officials continue to impose or recommend measures to promote social distancing.

General Counsel Scott Campbell informed the commission of updated guidelines for continuing to hold virtual meetings via AB 361 requirements. Mr. Campbell explained there needs to be a vote every 30 days to continue the virtual meetings. There will be call-in

numbers for both the public and commission/committee members to participate. If meetings will continue virtually via AB 361, with only posting to the website and the Gold Coast Health Plan's office building, a meeting must be held every 30 days to approve continuation.

Commissioner Atin motioned to approve Consent item 5. Commission Chair Pupa seconded.

AYES: Commissioners Antontio Alatorre, Shawn Atin, Theresa Cho, M.D., Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson, and Scott Underwood

NOES: None.

ABSENT: Commissioners Laura Espinosa, Andrew Lane, and Supervisor Carmen Ramirez

Commission Chair Pupa declared the motion carried.

Supervisor Carmen Ramirez joined the meeting at 2:26 p.m.

6. Quality Improvement Committee 2021 Third Quarter Report

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

RECOMMENDATION: Approve the 2020 QI Program Evaluation. Receive and file the complete report as presented.

Kim Timmerman, Director of Quality Improvement, presented a summary of current Quality Improvement (QI) activities and requested approval of the 2020 Quality Improvement Evaluation.

Ms. Timmerman stated that after refined Telephone Consumer Protection Act (TCPA) ruling and legal guidance the plan will relaunch gaps in care campaigns utilizing text outreach at the end of this year. The scripts are with DHCS for approval. There has been a GCHP website revamp with a focus on return to care which includes routine check-ups, chronic conditions, mental and behavioral health services, maintaining a healthy lifestyle, and reminders regarding transportation and language assistance. There will also be a COVID-19 vaccine outreach and incentive program.

There was a QI Collaboration meeting on October 20, 2021. The plan is to continue this forum next year to promote information exchange between GCHP and the clinic systems. Additional clinic system collaborations include monthly meetings, joint operations meetings, and data deep dives.

A review of Performance Improvement Projects was given including the COVID-19 quality improvement plan, Women's Health strengths, weaknesses, opportunities, and threats (SWOT), which includes cervical, breast and chlamydia screening.

The Annual Quality Improvement Evaluation was presented. This is a comprehensive assessment of key activities undertaken in 2020. It looks to evaluate the barriers, achievements and continued focus areas for improvement and also allows us to identify new priorities.

The 2020 QI Work Plan Evaluation Summary was reviewed. Twelve objectives met their goals and three partially met goals. Five objectives did not meet the goals or objectives, four are still in process, and three objectives were on hold due to the COVID-19 pandemic.

Commissioner Alatorre asked about performance improvement projects and how the CMH Centers for Family Health Airport Marina and the Magnolia Clinic were chosen. Why were those two particular clinics selected; was it because there were low numbers? Ms. Timmerman replied that each year, when Managed Care Accountability Set (MCAS) outcomes are available, a review of system performance is conducted, and data is assessed for low performing, high-volume clinics. Performance improvement projects are also based on clinics who have resources to participate and an interest in partnering with GCHP.

Commission Chair Pupa thanked Dr. Wharfield and Ms. Timmerman and stated all of the measures are difficult to incrementally move and along with COVID-19 increases the challenges. She wanted to thank the team for their efforts during these difficult times while trying to improve on measurements.

Commissioner Swenson motioned to approve the Quality Improvement Committee 2021 Third Quarter Report. Commissioner Pawar seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

ABSENT: Commissioners Laura Espinosa and Andrew Lane

Commission Chair Pupa declared the motion carried.

7. Moss Adams FY 20-21 Audited Financial Statements

Staff: Kashina Bishop, Chief Financial Officer

Moss Adams Representatives: Stelian Damu & Kimberly Sokoloff

RECOMMENDATION: Staff requests that the Commission approve the FY 20-21 audited financial statements.

CFO Bishop introduced Stelian Damu, partner of Moss Adams LLP and Kimberly Sokoloff, Senior Manager.

Mr. Damu explained that it had been an unusual year because of the pandemic and the HSP transition created additional challenges and management had to put a lot of new controls in place and additional processes to implement the transition and to support the audit. We appreciated the help and support we received.

The Scope of Services was reviewed. We were engaged to audit the financial statements of the plan for the year ended June 30, 2021. We also performed the non-attest services with a draft of the financial statements.

We are required to communicate if assistance is provided. The most important part of the communication is that the financial statements are going to get an unmodified opinion report from the external auditors, which means they are presented fairly and in accordance with generally accepted accounting principles. The fact we are opining on the financial statements does not relieve management and the Commission of their fiduciary and oversight responsibility and on our side as external audits we are required to perform the audit in accordance with our professional and auditing standards to obtain reasonable assurance that financial statements are free of material misstatements. We are also required to communicate if we come across any internal controls to the Commission.

Ms. Kimberly Sokoloff stated they have substantially completed the audit of the 2021 financial statements and plan to issue the audited financial statements on October 26, 2021, and that is in accordance with the plan that was presented to the Executive Finance Committee earlier this year.

Significant Accounting Policies and Unusual Transactions was reviewed. The Finance team have consistently applied accounting principles year after year and this is true for 2021. Key financial statements are estimates and by their nature an estimate requires management to make informed judgements and assumptions in order to determine appropriate balances on the financial statements. Key significant management estimates have been outlined and they are in the area of medical claims, liabilities payable to the State of California as well as capitation payables. Procedures in these areas have been completed and have concluded that the estimates are reasonable.

Areas of Audit Emphasis was reviewed. These are not the only areas of the financial statements that audit procedures have been applied; however, given their nature, these tend to be the large material items on the financial statements as well as the areas which contain significant judgements and assumptions required by management. When there is a

significant non-routine transaction, there tends to carry a higher audit risk because by their nature these are not transactions that the Finance team is accustomed to processing and recording each month.

Ms. Sokoloff added they appreciated the support of the Finance team as there was a lot of extra effort on their part as well as with the Claims group who were very busy but did provide extra support and we received what was needed.

A review of audit results was reviewed. There have been very thorough discussions with management during the audit process. There were no adjustments that were required to the financial statements.

We do not perform procedures to issue an audit opinion on the effectiveness of your internal controls and evaluate the results of the audit procedures and identify if we have control recommendations.

If we became aware that management did not appreciate a certain audit conclusion and chose to check with other CPA firms to determine if an additional answer would be acceptable, we would communicate to this group as that would be a required communication. We are not aware of any of those consultations.

Supervisor Carmen Ramirez asked if Moss Adams has been performing audits for GCHP for quite some time. Mr. Damu replied audits have been performed for GCHP for about four to five years. Supervisor Ramirez asked if Moss Adams was performing audits for similar entities. Mr. Damu replied Moss Adams performs audits for a lot of county organized health plans, more than half (or the majority) of the plans in California.

Supervisor Ramirez asked if any material deficiencies had been found or anything of concern in past audits. Mr. Damu replied historically one of the main items that has been brought up as a control matter was the Conduent system and claims processing. In the past we have highlighted the fact that their audit of the system has not been performed on time and additional procedures had to be performed to compensate for that. Supervisor Ramirez stated she felt the organization is attempting to deal with this in a very responsible manner.

Commissioner Alatorre stated at the recent Executive Finance Committee meeting he mentioned the significant liability that is coming to GCHP based on the recent OAG investigation and that Moss Adams mentioned there was a note on the audited financials and where it could be found. General Counsel Campbell stated it could be located on page 124 under litigation. It was prepared by the auditors. Mr. Damu replied that management prepares all of the footnotes in the disclosures we are auditing, but we have reviewed the disclosure and believe it is appropriate. The management's estimate has been recorded on the financial statements and this matter is still in the process of being settled. It is the best estimate available from management with input from the legal team.

Commissioner Swenson stated it's always great when you do not receive any management comments. This is a reflection on the work being performed by CFO Bishop and the Finance team through this difficult situation.

Commission Chair Pupa and Commissioner Alatorre congratulated CFO Bishop.

Supervisor Ramirez motioned to approve the Moss Adams FY 20-21 Audited Financial Statements. Commissioner Swenson seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

ABSENT: Commissioners Laura Espinosa and Andrew Lane

Commission Chair Pupa declared the motion carried.

8. September 2021 Financials

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the September 2021 financial package.

Commission Chair Pupa acknowledged CFO Bishop and her team for trying to estimate Incurred but Not Reported (IBNR) when there are claims in migration that have not been processed or adjudicated. They did a tremendous job challenging the claims and booking the appropriate levels of IBNR.

CFO Bishop presented a financial overview. There was a gain in September 2021 of \$6.3 million and that brings us to a fiscal year to date net gain of \$16.4 million. Our TNE is at \$122.2 million which is 333% of the required by the state. Medical Loss Ratio which is medical expenses as a percent of revenue is running at 88% and our administrative expense as a percent of our revenue is running at 5.4%.

Progress is being made for our Solvency Action Plan (SAP) to meet the Commission approved policy of our TNE as a percent required to be between 400 and 500%. We were at a low of 192% in August 2020 and we are now at 333%. We should hit our target by the end of the fiscal year.

There was a change from the time the preliminary June 30, 2021 financial statements were issued up until the audited financial statements were reviewed. An adjustment was made,

and it was not an audit adjustment because management received updated information. Revised capitation rates from the state were received that were retroactive. Therefore, it was booked as of June 30, 2021, and it was a positive adjustment. A net additional revenue was reported of \$4.7 million. It was noted in adjustments that healthcare costs were reduced and then had an adjustment to revenue but that wasn't what caused the net impact with the receipt of draft capitation rates and it had to reclass a liability from expense to a reduction of revenue which is why there is a difference.

Revenue is running at \$249.9 million just slightly over budget because favorable calendar year 20/21 rates were received. Draft capitation rates were received which will go into effect on January 1, 2022 and a 5.7% increase which is about 1.3% higher than budget so the budget variance is about \$5 million in this fiscal year.

The rates that were just received will go into effect in January 2022 and were based on our medical expenses in calendar year 2019. The Rate Development Template (RDT) is submitted to the state every year. Last year calendar year 2019 was submitted and the state takes the information and trends it forward and efficiency adjustments are applied. They come up with a capitation rate on a per member per month basis.

CFO Bishop reviewed the CY 2022 Rates. Based medical expenditures in RDT of about \$634.7 million was submitted. The state trended forward and that was about \$72.6 million. A positive COVID adjustment for testing was applied and various expenses with COVID which was about \$9.7 million. A supplemental payment was received for behavioral health and it is based on utilization. A supplemental payment has also been received for deliveries. Total base funding for this fiscal year is \$764.9 million.

Revenue was reviewed. Net premium revenue was \$249.9 million over budget by \$233,600. The draft CY 2022 rates which represented a 5.7% increase effective January 1, 2022, 1.3% higher than budget. The budget variance is around \$5 million in this fiscal year.

Membership Trends were reviewed. Membership is currently at about 224,000 members. At this time in the fiscal year, we had budgeted that we would be about 234,000 members below our projections within the budget.

Medical expenses are running at \$220 million and \$9.8 million and 4% under budget. We took the calendar year 2019 and trended that forward to be conservative; it's not surprising we are under budget. Medical loss ratio is at 88% a 4% budget variance.

The Financial Statement Summary was reviewed. There was a gain in September 2021 of \$6.3 million, fiscal year to date gain of \$16.4 million. That is a positive budget variance of \$13 million.

Commissioners Swenson stated she appreciates the great work that has been done. Commission Chair Pupa stated we are in a much different place than we were 18 months ago.

Commissioner Swenson motioned to accept the September 2021 Financials. Supervisor Ramirez seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson

NOES: None.

ABSENT: Commissioners Laura Espinosa, Andrew Lane and Scott Underwood, M.D.

Commission Chair Pupa declared the motion carried.

REPORTS

9. Chief Executive Officer (CEO) Report

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

Executive Director, Strategy and External Affairs, Marlen Torres reviewed the External Affairs section of the report and Chief Operating Officer, Nick Ligouri, will review the plan's Operations section.

Ms. Torres stated she wanted to highlight the continued outreach efforts in the community around the COVID-19 outreach plan. As requested by the Commission Chair, the report includes data on the number of GCHP members and community members, that have been reached out to as well as the number of gift cards distributed to GCHP members at the community outreach events.

Data captured is reflective of the first two weeks of the month before the next Commission meeting. Ms. Torres thanked the Ventura County Public Health (VCPH) Department for their partnership. GCHP has been out in the community co-locating at a number of events VCPH has hosted. We hosted our first GCHP member outreach event in the Lemonwood neighborhood in Oxnard and Public Health brought out one of their mobile clinics. We also had several radio ads in Spanish promoting the event and two of the radio stations came out to the event to promote. We are targeting the most difficult to reach in our population who have not been vaccinated. We welcome any feedback or partnership that you may have.

I want to extend a special thank you to my teammate, Adriana Sandoval Jimenez, for putting this event together. Chief Operating Officer, Nick Ligouri, thanked Ms. Torres for organizing and leading the event. Ms. Torres added that our members are now eligible to receive the \$50 gift card (Walmart or Target) once they have received their vaccine at an event.

Chief Operating Officer Ligouri stated that on behalf of Margaret Tatar he has no doubt that she would appreciate the strength of the team after hearing CFO Bishop and the Finance team ensuring a successful audit in challenging times. The continued success of GCHP's quality efforts which are flexed company-wide through collaboration organized by Kim Timmerman and CMO Nancy Wharfield's team and the tremendous efforts of the operational team driving Conduent's performance in claims and beyond.

COO Ligouri stated on October 5, 2021 had an exist conference with DHCS for the medical audit that was performed in August of this year. Mr. Liguori stated It was remarkable there was only one finding that will require some form of corrective action, yet to be determined, in a very wide-ranging comprehensive audit. COO Ligouri added this was a very remarkable performance. The audit evaluated GCHP's compliance with our contract and other state directives in five major areas for the period of April 2019 through May 2021, Utilization Management, Case Management and coordination of care, access, and availability. This remarkable achievement of a nearly perfect audit reflects the great work of all these area in GCHP and beyond.

An update was given on America's Health Plan (AHP) and the plan-to-plan partnership with GCHP on September 24, 2021. Mr. Liguori gave an update on enrollment on the pilot program, about 71,000 notices were sent to heads of GCHP member households, excluding administrative members, to provide information on the pilot program and provide voluntary enrollment consent. The program will be effective on November 1, 2021, after two years of collaborative work between AHP and GCHP and the approval of the program from the Department of Health Services and for AHP Department of Managed Health Care. As of the week of October 18, 2021 GCHP had received member's selection forms for 1,078 members intending to enroll. Half of the members enrolled in this pilot program come from the Clinical del Camino Real (CDCR), our system and the rest from other systems.

10. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report.

CMO Nancy Wharfield stated that GCHP has an opportunity to participate in Birth-Centered Outcomes Research Engagement in Medi-Cal (B-Core), which is a year-long endeavor led by Dr. Priya Batra, Senior Medical Director for Inland Empire Health Plan.

Maternal mortality rates have declined over the past couple of decades, but is not true in the Medi-Cal population. We have less than half of the births in the state, but we are about two-thirds of pregnancy related deaths, so that is the focus of this collaborative to engage Medi-Cal members who have experienced pregnancy or birth. We have a couple of care management nurses, Kathy Touake, RN Case Manager and Holly Dickson, with interest and expertise in high-risk OB. We will report on what we find out from being involved in this important collaborative and we are happy to participate.

Each year the Quality Department of DHCS has a convening in October with valuable opportunity where the plans share. You are not only awarded for efforts and achievements but the plan shared best quality practices. It's valuable for us to learn what other plans are doing. This year we submitted our own program regarding asthma medication ratio which was a combined effort of the plan and we collaborated with providers and there was a member incentive. We had some change in our rates more than 3 1/2 percent up to near 5 percent in our rates; very successful effort. This was led by the Quality Department. We will see if we receive recognition at the conference. We are looking forward to participating and learning about best practices.

CMO Wharfield presented a Behavioral Health update. There has been a lot of activity around Behavioral Health at GCHP and at the state. Current things we are involved in is to include Proposition 56 Behavioral Health Integration Program. Several provider systems will be involved in this during pilots coming up at the beginning of next year.

The Student Behavioral Health Initiative. GCHP is working closely with Ventura County Behavioral Health, which has already received well established accomplishments in this area and with the school systems to work on those initiatives for DHCS.

COVID-19 Update was reviewed. Transmission in our county is still rated as substantial, which is one down from the highest level of transmission. We did have a peak most recently in August 2021, beginning of September 2021 and all of those metrics are now normalizing and coming down.

Admin days were significantly up during the COVID-19 year and nursing homes were filled because they weren't accepting people. People were stuck in the hospital, so we had an increase in admin days. We are down now compared to the first nine months of the prior year by about 14 percent, which is normalizing to a pre-COVID-19 year.

Pharmacy Hot Topics were reviewed by Pharmacy Director, Anne Freese, Pharm.D. The big item for pharmacy as we near the end of the year is the upcoming implementation for Medi-Cal Rx scheduled for January 1, 2022. The next notice coming from the state where they will be issuing the 60-day notice letter to members on or about November 1, 2021. Members should receive the notice letter and ID cards will be going out in December 2021. We will work with providers to ensure they are prepared and ready for the upcoming change.

We are not seeing any big peaks or shifts since the pandemic started with the shift of the day supply from 30 days to 90 days.

Dr. Freese presented a review of the Pharmacy Opioid Utilization section. We are expecting to see some shifts as we look at the third quarter. In late May 2021 GCHP was informed of a pain management system that had offices throughout California that were closed abruptly. Several were located in Ventura County and were utilized by many GCHP members.

This closure did leave members without referrals to new pain management specialists. Some members received a final 30-day supply of medication. We expect to see shifts and change as we monitor the opioid utilization. A list of referral options to other specialists or tertiary centers were sent out. We were also contacted by DHCS and asked to do an outreach campaign for members who are utilizing buprenorphine, which is one of the substance use disorder medications that is paid for by the state and not GCHP. We are continuing to monitor the status of our members and the need for pain management specialists.

There was an all-provider notice sent out by the California Department of Public Health which we are sending to our providers. We are continuing to explore options for network expansion in the pain management specialty area.

Supervisor Ramirez asked about the name of the provider that was closed. The name of the group was Lags Spine and Sportscare Medical Centers, Inc. Supervisor Ramirez asked if it was public knowledge why the facility closed. CMO Wharfield stated it was not public knowledge, we received a notice that they were no longer in business.

11. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

CDO Bagley stated he has spent a lot of time in the community working with Marlen Torres and her team. I have been staying close to League of United Latin American Citizens (LULAC), National Association for the Advancement of Colored People (NAACP) and the veterans trying to find out what's going on and how the pandemic is affecting those groups.

Mr. Bagley stated he is working closely with the county and the Health Equity Advisory Committee. We meet quite often trying to get an infrastructure in place because the frustration still continues with us in finding the clearinghouse for where the grievances are coming from in the community. We do receive the grievances that go to Dr. Wharfield's group. Once the infrastructure is in place at the county I believe we will get to the bottom.

No new case investigations were reported. The senior team and our team as a whole are doing a great job on addressing issues as they come up. The Diversity Council is doing a

great job. We are looking at our values for the organization. If we are going to change any of our values or add to them, I will report to the Commission at the appropriate time.

CDO Bagley stated he is continuing to write articles on the different events happening in the county and give employees an opportunity to respond if there are stressful situations. The last article was on Henry (Hank) Lacayo and that was during Hispanic Heritage month. I would like to extend appreciation to Commissioner Espinosa and Supervisor Ramirez for their presentation and Q&A with our employees during Hispanic Heritage month. It was very successful, and I have been pleased with our employee participation at the lunch 'n learns.

12. Executive Director of Human Resources (H.R.) Report

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

Mr. Murguia discussed the hiring of Alan Torres, Chief Information Officer, effective October 18, 2021. He had a meeting with all of his direct reports on his first day.

The Benefits Fair will be held virtually this year on November 3 and 4, 2021. We will have breakout sessions and vendors represented. It was discussed with the senior team and decided to replicate our holiday luncheon that we used for our 10-year anniversary. We are organizing a holiday drive-through event.

We had one voluntary resignation and our facilities team continues to do a stellar job with all of our buildings keeping them safe and available for all employees as they need to come in.

Commission Chair Pupa stated that she liked the idea of the holiday drive-through event. Commissioner Atin thanked staff and in particular, Ted Bagley, for all of their efforts.

Commissioner Atin motioned to approve Consent items 9-13. Supervisor Ramirez seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Andrew Lane, and Theresa Cho, M.D.

Commission Chair Pupa declared the motion carried.

The Commission moved to Closed Session at 3:48 p.m.

CLOSED SESSION

13. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.

ADJOURNMENT

General Counsel, Scott Campbell stated there was no reportable action in Closed Session. The meeting was adjourned at 4:22 p.m.

Approved:

Deborah Munday, CMC
Assistant to the Clerk of the Board

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: November 22, 2021

SUBJECT: Findings to Continue to Hold Remote Teleconference/Virtual Commission Meetings Pursuant to Assembly Bill 361

SUMMARY/RECOMMENDATION:

At its October 25, 2021, the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) made findings pursuant to Assembly Bill 361 to continue to meet remotely. To continue this practice, it is required, that the Commission determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Commission in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, the Commission will have to make these findings at its upcoming December 16, 2021, Strategic Planning Meeting and thirty (30) days thereafter.

BACKGROUND/DISCUSSION:

Traditionally, the Brown Act allows for teleconference or virtual meetings, provided that the physical locations of the legislative body’s members joining by teleconference are posted on the agenda, that those locations are open to the public and that a quorum of the members is located within its jurisdiction. Newly enacted AB 361 provides an exception to these procedures in order to allow for fully virtual meetings during proclaimed emergencies, including the COVID-19 pandemic.

Since March of 2020 and the issuance of Governor Newsom’s Executive Order N-29-20, which suspended portions of the Brown Act relating to teleconferencing, the Commission and the Plan’s Committees have had virtual meetings without having to post the location of the legislative body members attending virtually. Most public agencies have been holding public meetings using virtual platforms since this time. In June of 2021, Governor Newsom issued Executive Order N-08-21, which provided that the exceptions contained in EO N-29-20 would sunset on September 30, 2021.

On September 10, 2021, the Legislature adopted AB 361, which allows public agencies to hold fully virtual meetings under certain circumstances without the posting of the agenda from each location a legislative body member is attending. Governor Newsom signed the

bill into law on September 16, 2021. Because it contained an urgency provision, it took immediate effect.

Specific Findings Required under AB 361

Under AB 361, the Commission, can hold virtual meetings without providing notice of the Commissioner's 's teleconference location if the Commission makes the determination that there is a Governor-proclaimed state of emergency which the Commission will consider in their determination, and one of two secondary criteria listed below exists:

1. State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or
2. The Commission determines that requiring a meeting in person would present an imminent risk to the health or safety of attendees.

COVID-19 continues to present an imminent threat to the health and safety of Commission members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. The disease can still spread rapidly through person-to-person contact and those in close proximity. Further, more contagious variants of the disease are now present in the State and County, the most predominant of which is the Delta variant. Additionally, several Commissioners attend meetings in medical facilities or offices, and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated would pose a threat to the health or safety of attendees.

Re-Authorization is Required Within 30 Days

The Commission made the findings listed above at its October 25, 2021 Commission meeting. Consistent with the provisions of Government Code Section 54953(e), the findings must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Commission desires to continue to meet remotely without having to post the location of each teleconference location, the Commission must again find that the COVID-19 emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Commission make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

The Commission will have to follow the Brown Act provisions that existed prior to the COVID-19 pandemic.

FOLLOW UP ACTION:

That the Commission make the findings under AB 361 at its December 16, 2021 Strategic Planning Meeting.

ATTACHMENT:

None.

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Scott Campbell, General Counsel
DATE: November 22, 2021
SUBJECT: Adoption of Schedule for 2022, including special meetings to comply with AB 361

SUMMARY:

This item will establish dates for the Ventura County Medi-Cal Managed Care Commission (Commission) meetings for 2022. In order to comply with AB 361, the Commission has to meet every thirty days to continue to have virtual meetings without posting at each location a Commissioner will be present. This was the direction of the Commission at the October 25, 2021 meeting. The following schedule has monthly regular meetings. The other meetings will be special meetings which are expected to last 5 minutes and will consist of making the findings required by AB 361.

Regular Commission Meetings

Time: 2:00 – 5:00 pm

Dates: Monday, January 31, 2022
Monday, February 28, 2022
Monday, March 28, 2022
Monday, April 25, 2022
Monday, May 23, 2022
Monday, June 27, 2022
Monday, July 25, 2022
Monday, August 22, 2022
Monday, September 26, 2022
Monday, October 24, 2022
Monday, November 21, 2022
Thursday, December 15, 2022 (Strategic Planning Retreat)

Special Commission Meetings

Time: 2:00 – 2:30 pm

Dates: Monday, January 10, 2022
Monday, June 13, 2022
Monday, September 12, 2022

RECOMMENDATION:

Approve the 2022 Commission meeting calendar as presented.

ATTACHMENT:

Copy of 2022 Commission Meeting Calendar.

**2022
Ventura County Medi-Cal Managed Care
Commission Meetings**

Commission Mtg (Regular)
 Commission Mtg (Special)
 Strategic Planning Retreat

January						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March						
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		1	2	3	4	5
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April						
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					1	2
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September						
Su	M	Tu	W	Th	F	Sa
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

November						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

★ These meetings will begin at 6PM



AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Anna Sproule, Sr. Director of Operations
DATE: November 22, 2021
SUBJECT: HSP / MediTrac Go-Live Update

VERBAL PRESENTATION

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission
 FROM: Nancy Wharfield, M.D., Chief Medical Officer
 DATE: November 22, 2021
 SUBJECT: Contracting and Funding for Vaccine Outreach Initiative

SUMMARY:

On Sept. 1, 2021, the state Department of Health Care Services (DHCS) released [APL 21-010: Medi-Cal COVID-19 Vaccination Incentive Program](#), which incentivizes managed care plans for increasing vaccination rates among their members between Sept. 1, 2021 and Feb. 28, 2022. Gold Coast Health Plan (GCHP) received funding from DHCS for submitting a response plan that detailed how it would increase vaccinations among its members. Those funds, which total \$945,044.74, are to be used for expenses GCHP incurs as it executes its outreach plan. DHCS also will reimburse GCHP up to \$1.9 million for member incentives (up to \$50 for each eligible member).

GCHP’s response plan includes reaching out to members via phone calls and text messages (IVR/SMS), targeted mailings, and digital, print and radio advertising. It also includes partnering with the Ventura County Public Health Department and other providers to hold pop-up vaccination events in communities with low vaccination rates among GCHP members.

GCHP is leveraging existing relationships with vendors to implement the incentive program and for communications efforts. GCHP is also preparing to contract with vendors with experience in the health care industry that demonstrate compliance with member privacy laws to execute this time-limited initiative.

GCHP expects to spend the funding from DHCS as follows:

Vendor services	Approximate cost (as a % of DHCS funds)	Category of funding
\$50 gift cards	Up to 100%	Member incentive funding
Gift card fulfillment fees	3%	Response plan funding
Phone calls/text messages	22%	Response plan funding
Targeted mailings	6%	Response plan funding
Ads/messaging	11%	Response plan funding
Outreach efforts	7%	Response plan funding

The remainder of the funds GCHP received for submitting the response plan will be used for provider incentives. That program is currently being developed.

GCHP's staff will communicate contracting updates related to this initiative via Commission memos.

RECOMMENDATION:

GCHP recommends that the Commission give GCHP the authority to negotiate contracts with vendors in order to execute its plan to increase vaccination rates.

FINANCIAL IMPACT:

There is no impact to GCHP's FY 2021-22 budget, as the member and provider incentives and vendor fees will be paid using the funding from DHCS for this initiative.

ATTACHMENTS:

If the Commission would like to review any contracts related to this initiative, they are available through GCHP's Finance Department.

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: November 22, 2021

SUBJECT: October 2021 Fiscal Year to Date Financials

SUMMARY:

Staff is presenting the attached October 2021 fiscal year-to-date (“FYTD”) financial statements of Gold Coast Health Plan (“GCHP”) for review and approval.

BACKGROUND/DISCUSSION:

The staff has prepared the unaudited 2022 FYTD financial packages, including statements of financial position, statement of revenues and expenses, changes in net assets, statement of cash flows and schedule of investments and cash balances.

Financial Overview:

GCHP experienced a gain of \$6.7 million for the month of October 2021 and is favorable to the budget for October 2021 by \$6.0M. The favorability is due to timing of administrative and project expenses, and medical expense estimates that are currently less than budget.

Solvency Action Plan (SAP):

GCHP is on the right trajectory to ensure its long-term viability. That said, GCHP remains in a vulnerable position and must continue to build reserves to levels that are, at minimum, consistent with the Commission policy. To that end, your management team remains focused on the next phases of the SAP and that solvency-related actions are implemented in a manner that respects the provider community and mitigates any adverse impact on our providers or members.

The SAP is comprised of three main categories: cost of healthcare, internal control improvements and contract strategies. The primary objectives within each of these categories is as follows:

1. Cost of healthcare – to ensure care is being provided at the optimal place of service which both reduces costs and improves member experience.

2. Internal control improvements – to ensure GCHP is operating effectively and efficiently which will result in administrative savings and safeguard against improper claim payments.
3. Contracting strategies – to ensure that GCHP is reimbursing providers within industry standard for a Medi-Cal managed care plan and moving toward value-based methodologies.

The management team concluded several months ago that it is imperative that GCHP have a keen focus on fundamental activities that are essential to its providers and members, most notably the system conversion and implementation of CalAIM. This has and will continue to cause some delay in implementing some of the below initiatives, but the focus and hard work remains particularly on the efforts to tighten internal controls. During the system conversion, staff was able to complete two significant internal control improvements:

1. Appropriate diversion of ED claims to California Children’s Services; these services are carved out of GCHP.
2. Implementation of additional claims edit system checks which will minimize payment errors.

Category	Current Focus	Annualized impact in savings
Cost of Healthcare	LANE – avoidable ER analysis	TBD
	Pro-active transplant management approach	TBD
	Analysis of leakage to out of area providers	TBD
Internal Control Improvements*	Review of provider contracts for language interpretation and validation	N/A
	Develop revised provider contract templates and a standard codified DOFR template	N/A
	Improve quality and completeness of encounter data	Revenue implications
	Capitation reconciliation at member level	Revenue
	RDT data improvement	Revenue
Contracting Strategies	Expansion of capitation arrangements	Required TNE and risk reductions
	LANE/HCPSC analysis	TBD
	Outlier rate analysis	TBD

* this is a sub-set of the internal control improvements with direct impacts to the SAP and providers. Staff will periodically update the Commission on the comprehensive list.

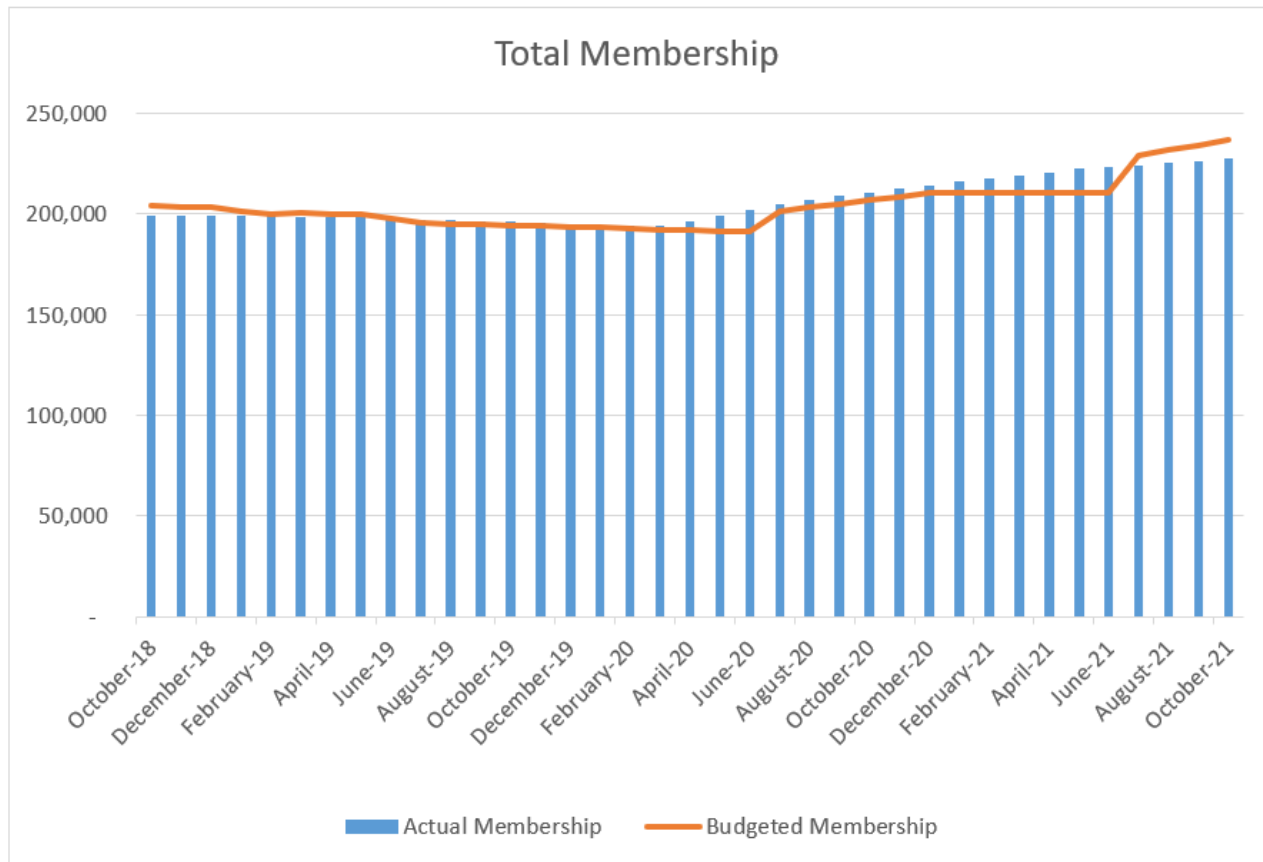
Financial Report:

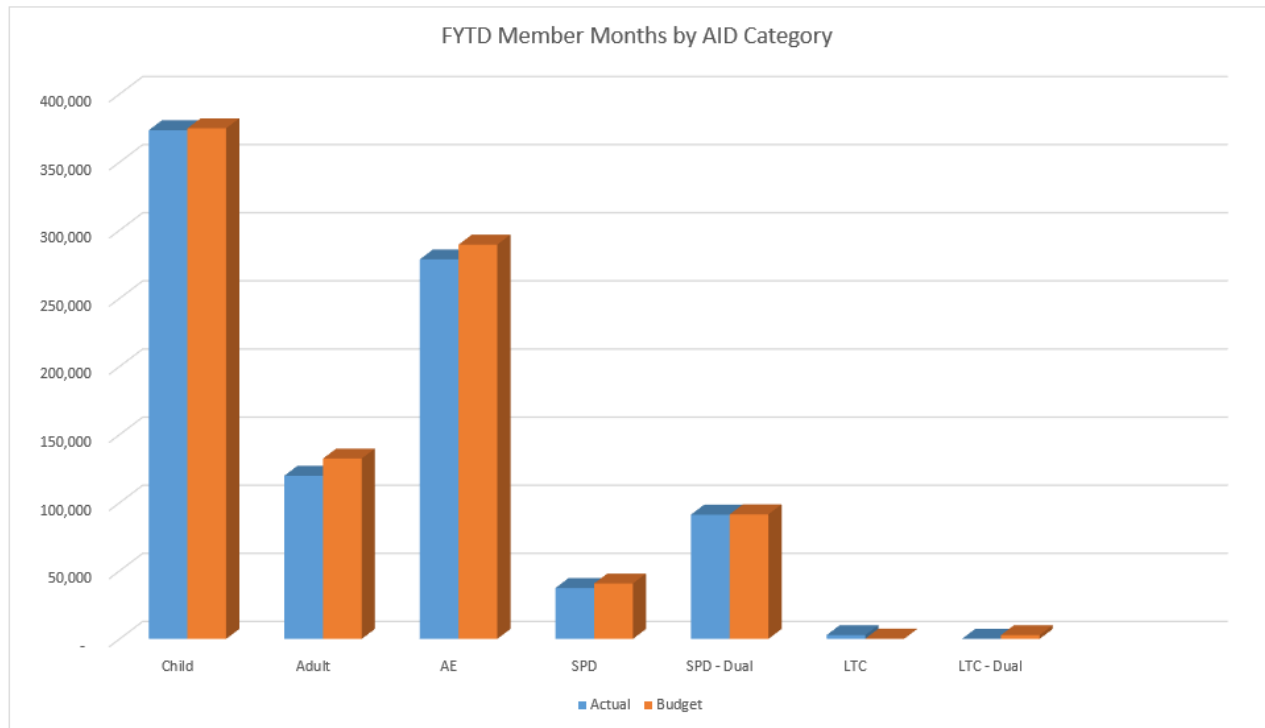
GCHP is reporting net gains of \$6.7 million for the month of October 2021.

October 2021 FYTD Highlights:

1. Net gain of \$23.1 million, a \$19.2 million favorable budget variance.
2. FYTD net revenue is \$333.9 million, \$594,532 over budget.
3. FYTD Cost of health care is \$293.1 million, \$14.2 million under budget.
4. The medical loss ratio is 87.8% of revenue, 4.4% less than the budget.
5. FYTD administrative expenses are \$17.7 million, \$4.5 million under budget.
6. The administrative cost ratio is 5.3%, 1.4% under budget.
7. Current membership for October is 225,568.
8. Tangible Net Equity is \$128.9 million which represents approximately 51 days of operating expenses in reserve and 346% of the required amount by the State.

Note: To improve comparative analysis, GCHP is reporting the budget on a flexible basis which allows for updated revenue and medical expense budget figures consistent with membership trends.





Revenue

Net Premium revenue is \$333.9 million; a \$594,007 and .2% favorable budget variance.

Health Care Costs

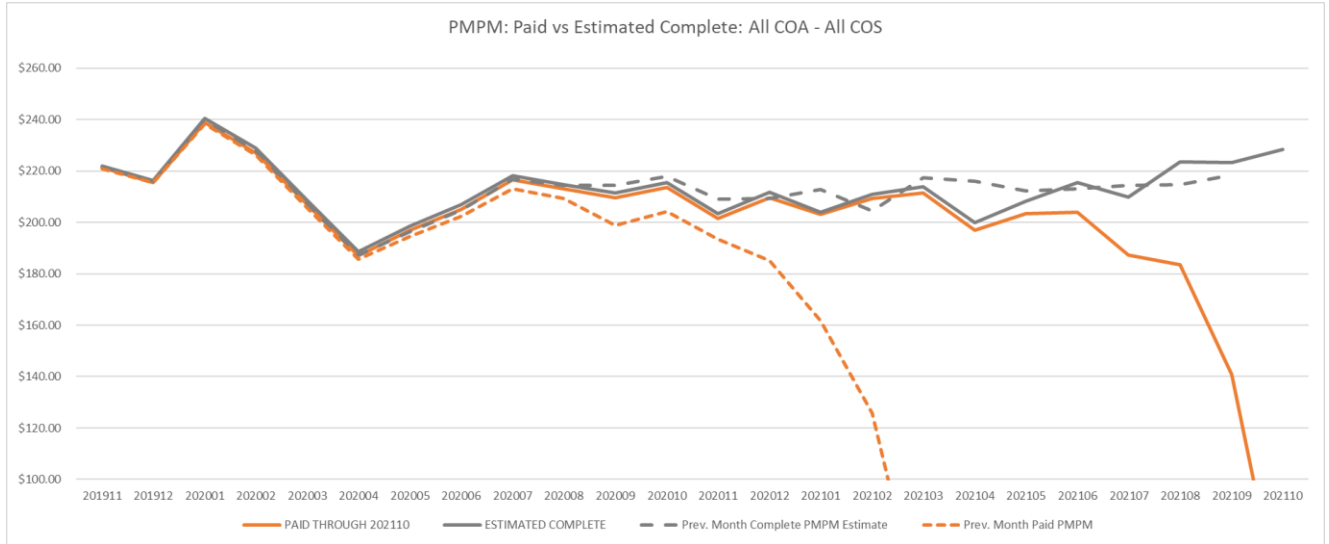
FYTD Health care costs are \$293.1 million; a \$14.2 million and 4.6% favorable budget variance.

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

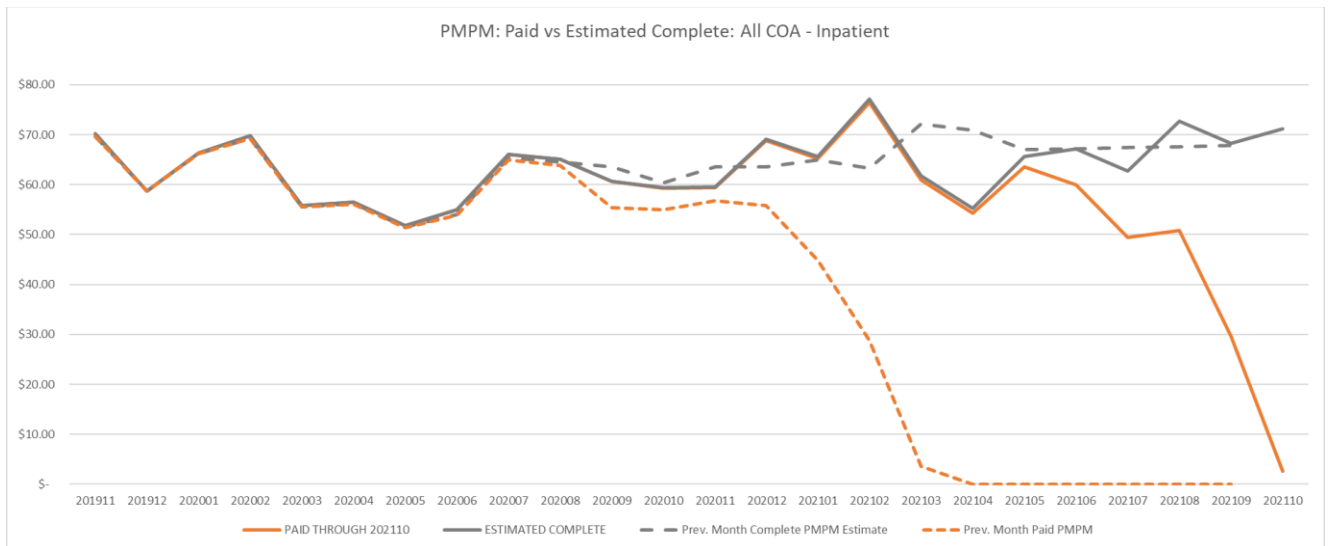
One of the issues being addressed from the system conversion is discrepancies in the mapping of data to the correct category of service. This impacts staff’s ability to research actual and budget variances at the category of service level. At a high level, medical expenses have remained consistent with prior months and are running below budget expectations which were conservative.

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

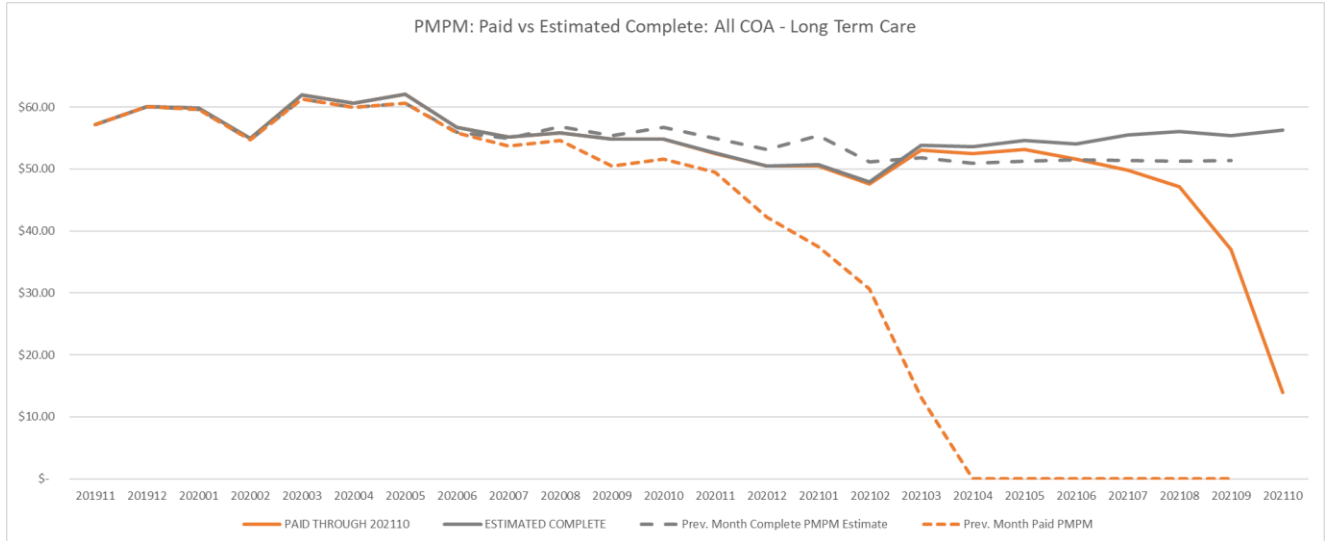
1. All categories of service



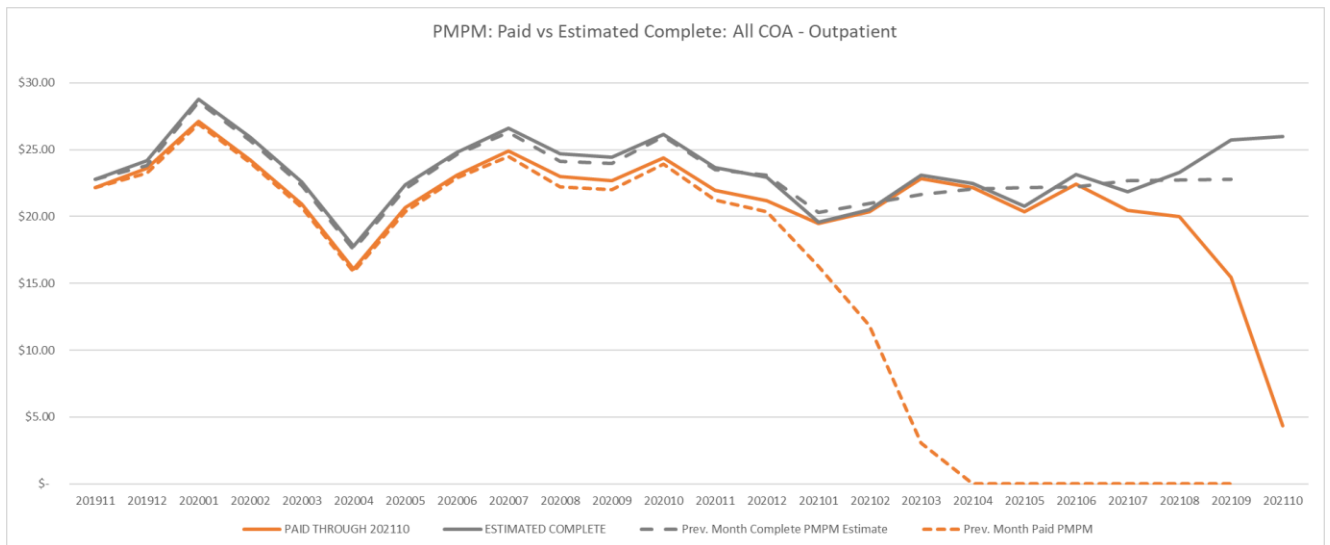
2. Inpatient hospital costs



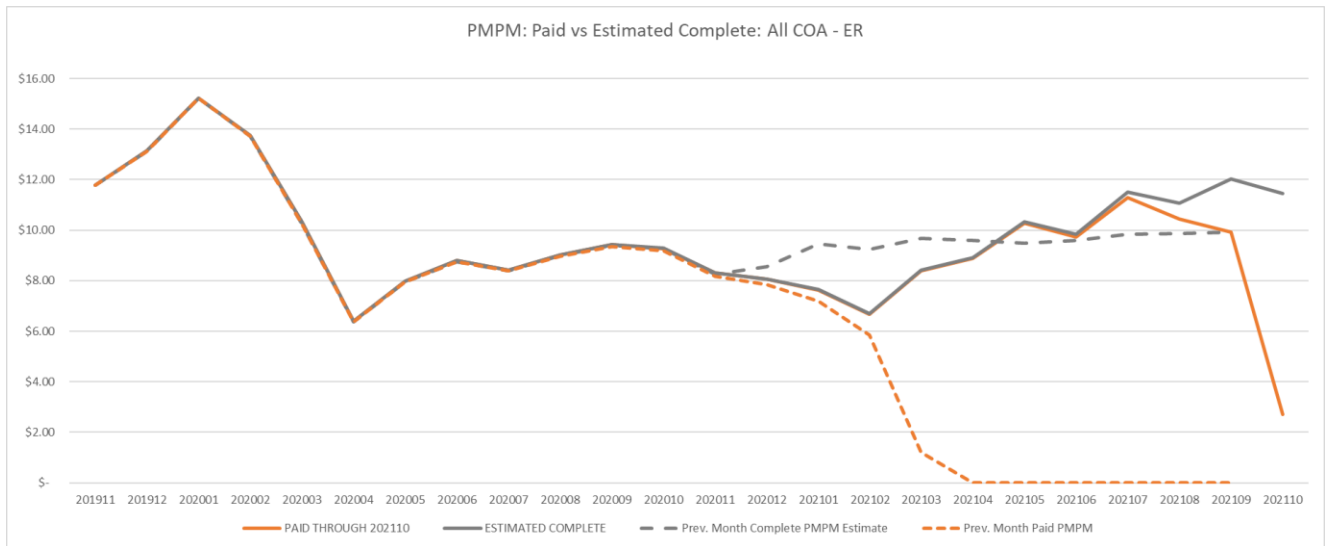
3. Long term care (LTC) expenses



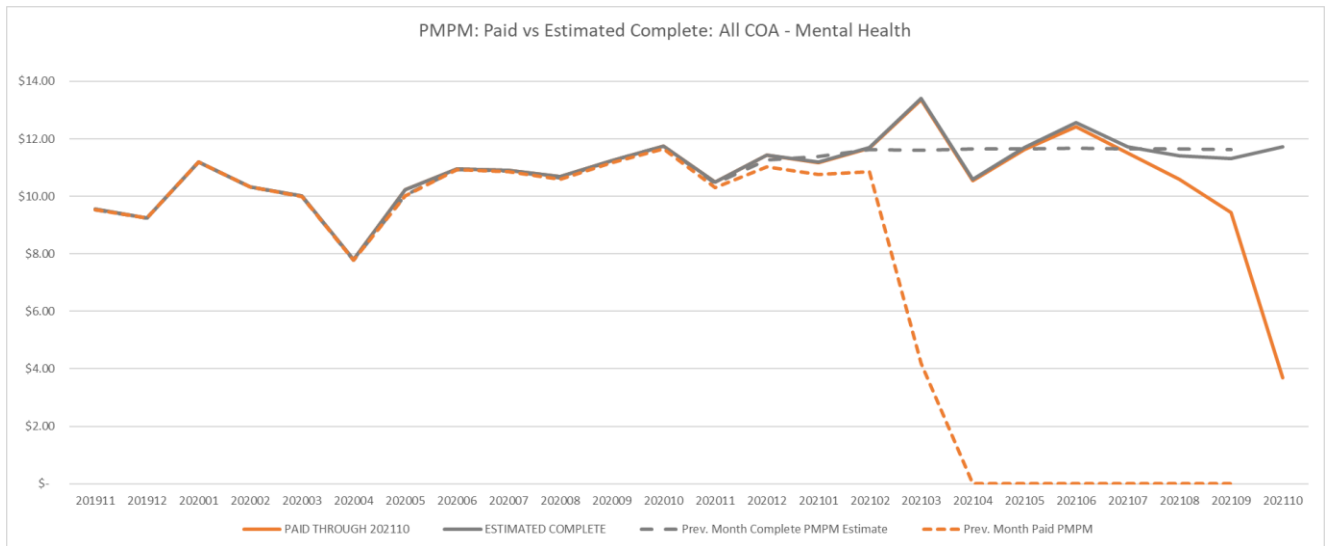
4. Outpatient expenses



5. Emergency Room expenses



6. Mental and behavioral health services



Administrative Expenses

The administrative expenses are currently running within amounts allocated to administration in the capitation revenue from the State. In addition, the ratio is comparable to other public health plans in California.

For the fiscal year to date through October 2021, administrative costs were \$17.7 million and \$4.5 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 5.3% versus 6.6% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~\$1.9M)
- *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions (~\$693K)
- *Outside Services*: favorability of Conduent expenses due to membership lower than projected and lower fulfillment related charges (~\$986K)
- *Professional Services*: timing of employee recruitment in budget (~\$219K), favorable consulting expenses related to timing (\$469K)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation (~\$383K)

Cash and Short-Term Investment Portfolio

At October 31 the Plan had \$202.4 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool \$18.4 million; LAIF CA State \$25.2 million; the portfolio yielded a rate of 2.5%.

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value*	
	October 31, 2021	Account Type
Local Agency Investment Fund (LAIF) ¹	\$ 25,220,179	investment
Ventura County Investment Pool ²	\$ 18,351,494	investment
CalTrust	\$ 3,770	short-term investment
Bank of West	\$ 135,119,919	money market account
Pacific Premier	\$ 22,133,406	operating accounts
Mechanics Bank ³	\$ 1,540,155	operating accounts
Petty Cash	\$ 500	cash
Investments and monies held by GCHP	\$ 202,369,423	

	Oct-21	FYTD 21-22
Local Agency Investment Fund (LAIF)		
Beginning Balance	\$ 25,207,145	\$ 206,976
Transfer of Funds from Ventura County Investment Pool	-	25,000,000
Quarterly Interest Received	13,034	13,448
Quarterly Interest Adjustment	-	(245)
Current Market Value	\$ 25,220,179	\$ 25,220,179
	-	-
Ventura County Investment Pool		
Beginning Balance	\$ 18,338,883	\$ 43,304,353
Transfer of funds to LAIF	-	(25,000,000)
Interest Received	12,611	47,141
Current Market Value	\$ 18,351,494	\$ 18,351,494
	-	-

Medi-Cal Receivable

At October 31 the Plan had \$106.5 million in Medi-Cal Receivables due from the DHCS.

RECOMMENDATION:

Staff requests that the Commission approve the October 2021 financial package.

CONCURRENCE:

N/A

ATTACHMENT:

October 2021 Financial Package



FINANCIAL PACKAGE
For the month ended October 31, 2021

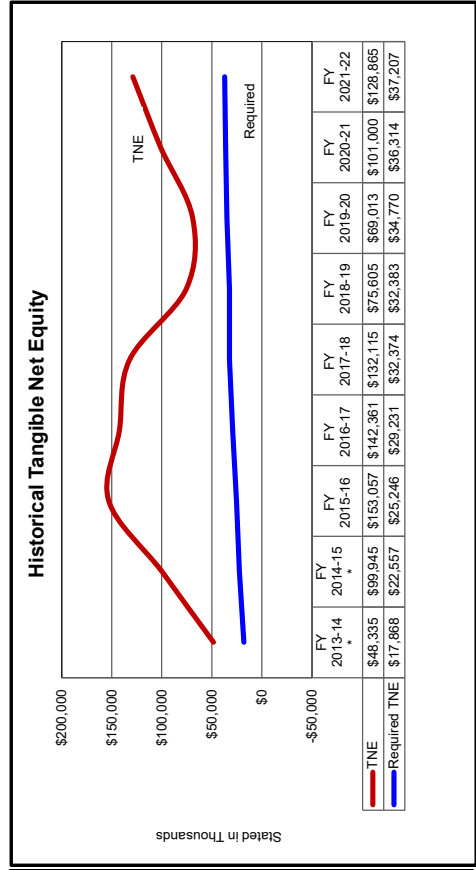
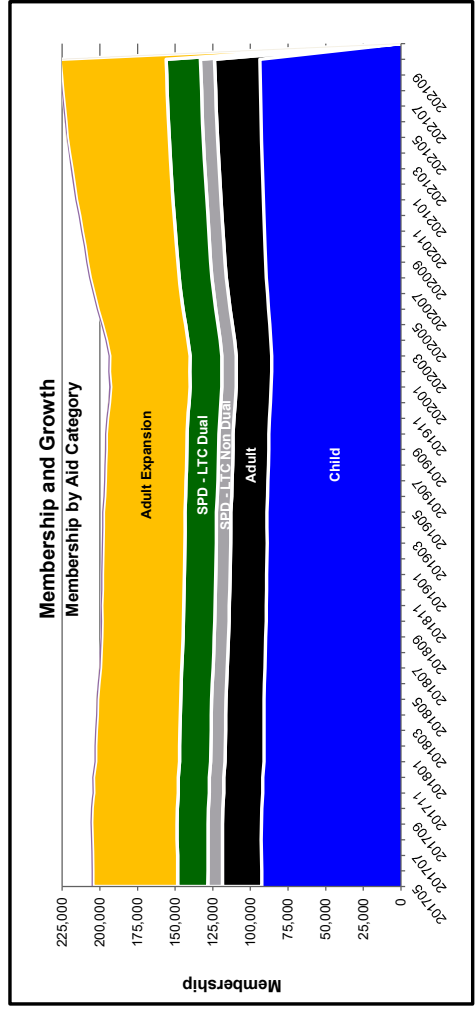
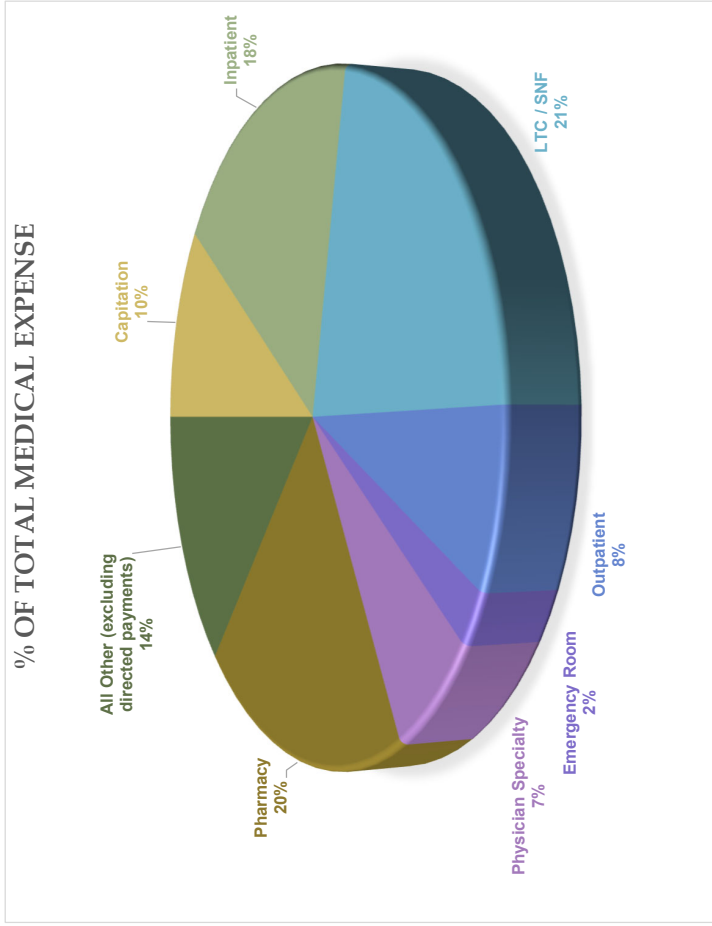
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- Executive Dashboard
- Statement of Financial Position
- Statement of Revenues, Expenses and Changes in Net Assets
- Statement of Cash Flows
- Schedule of Investments & Cash Balances

Gold Coast Health Plan
Executive Dashboard as of October 31, 2021

	FYTD 21/22 Budget*	FYTD 21/22 Actual	FY 20/21 Actual	FY 19/20 Actual
Average Enrollment	232,940	224,471	213,547	196,012
PMPM Revenue	\$ 371.19	\$ 371.85	\$ 358.22	\$ 348.73
Medical Expenses				
Capitation	\$ 36.12	\$ 31.61	\$ 34.03	\$ 24.93
Inpatient	\$ 65.50	\$ 57.31	\$ 66.52	\$ 65.19
LTC / SNF	\$ 56.72	\$ 67.60	\$ 55.42	\$ 59.20
Outpatient	\$ 25.97	\$ 24.35	\$ 23.16	\$ 25.81
Emergency Room	\$ 13.06	\$ 8.14	\$ 9.25	\$ 11.97
Physician Specialty	\$ 26.84	\$ 21.77	\$ 25.71	\$ 27.63
Pharmacy	\$ 64.50	\$ 62.32	\$ 62.07	\$ 61.05
All Other (excluding directed payments)	\$ 38.01	\$ 42.96	\$ 43.20	\$ 41.07
Total Per Member Per Month	\$ 326.72	\$ 316.05	\$ 319.36	\$ 316.86
Medical Loss Ratio	92.2%	87.8%	92.1%	94.6%
Total Administrative Expenses	\$ 22,155,918	\$ 17,668,103	\$ 49,637,603	\$ 50,821,685
% of Revenue	6.6%	5.3%	5.4%	6.2%
TNE	\$ 102,670,560	\$ 128,864,673	\$ 100,999,994	\$ 71,272,142
Required TNE	\$ 38,676,020	\$ 37,207,491	\$ 36,313,908	\$ 34,685,521
% of Required	265%	346%	278%	205%

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



STATEMENT OF FINANCIAL POSITION

	<u>10/31/21</u>	<u>09/30/21</u>	<u>08/31/21</u>
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	158,793,981	200,935,258	189,665,301
Total Short-Term Investments	43,575,443	43,549,801	43,549,800
Medi-Cal Receivable	106,511,000	103,846,657	109,348,556
Interest Receivable	83,910	91,238	86,401
Provider Receivable	1,298,494	1,456,069	1,025,836
Other Receivables	6,551,713	6,551,713	6,551,713
Total Accounts Receivable	114,445,117	111,945,677	117,012,506
Total Prepaid Accounts	2,827,817	3,112,850	3,160,044
Total Other Current Assets	156,289	156,289	153,789
Total Current Assets	319,798,647	359,699,874	353,541,441
Total Fixed Assets	1,322,364	1,346,277	1,389,413
Total Assets	<u>\$ 321,121,011</u>	<u>\$ 361,046,151</u>	<u>\$ 354,930,854</u>
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurring But Not Reported	\$ 90,725,590	\$ 113,127,383	\$ 125,246,814
Claims Payable	8,541,595	10,081,989	7,380,747
Capitation Payable	24,261,004	24,190,667	25,377,384
Physician Payable	22,170,448	19,916,310	18,406,909
DHCS - Reserve for Capitation Recoup	14,916,507	14,922,016	14,936,921
Accounts Payable	63,027	2,255,970	759,926
Accrued ACS	3,405,002	3,478,638	3,498,567
Accrued Provider Reserve	1,703,890	1,631,919	1,560,330
Accrued Pharmacy	14,365,100	22,669,416	21,839,389
Accrued Expenses	1,971,952	2,103,839	2,180,746
Accrued Premium Tax	7,188,600	21,565,800	14,377,200
Accrued Payroll Expense	1,989,940	1,974,868	2,544,532
Total Current Liabilities	191,302,654	237,918,815	238,109,464
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	953,684	963,279	972,873
Deferred Revenue - Long Term Portion	-	-	-
Notes Payable	-	-	-
Total Long-Term Liabilities	953,684	963,279	972,873
Total Liabilities	192,256,338	238,882,094	239,082,337
Net Assets:			
Beginning Net Assets	105,714,877	105,714,877	105,714,877
Total Increase / (Decrease in Unrestricted Net Assets)	23,149,796	16,449,181	10,133,640
Total Net Assets	128,864,673	122,164,057	115,848,517
Total Liabilities & Net Assets	<u>\$ 321,121,011</u>	<u>\$ 361,046,151</u>	<u>\$ 354,930,854</u>

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR MONTH ENDED October 31, 2021**

	October 2021		October 2021 Year-To-Date		Variance		Variance	
	Actual	Budget	Actual	Budget	Fav / (Unfav)	%	Actual	Budget
Membership (includes retro members)	225,568	931,762	897,884	931,762	(33,878)	-4%		
Revenue	\$ 91,180,079	\$ 333,281,205	\$ 362,629,611	\$ 333,281,205	\$ 29,348,407	9%	\$ 403.87	\$ 357.69
Premium	-	-	-	-	-	0%	-	-
Reserve for Cap Requirements	(7,188,600)	-	(28,754,400)	-	(28,754,400)	0%	(32.02)	-
MCO Premium Tax	83,991,479	333,281,205	333,875,211	333,281,205	594,007	0.2%	371.85	357.69
Total Net Premium	75	-	525	-	525	0%	0.00	-
Other Revenue:	75	-	525	-	525	0%	0.00	-
Miscellaneous Income	83,991,554	333,281,205	333,875,736	333,281,205	594,532	0%	371.85	357.69
Total Other Revenue	6,565,144	32,435,655	28,380,074	32,435,655	4,055,581	13%	31.61	34.81
Medical Expenses:								
Capitation (PCP, Specialty, Kaiser, NEMT & Vision)	4,061,591	58,814,827	51,455,817	58,814,827	7,359,010	13%	57.31	63.12
FFS Claims Expenses:	34,717,179	50,928,497	60,693,451	50,928,497	(9,764,953)	-19%	67.60	54.66
Inpatient	2,360,192	23,314,330	21,866,452	23,314,330	1,447,878	6%	24.35	25.02
LTC / SNF	957,811	2,175,648	2,509,171	2,175,648	(333,523)	-15%	2.79	2.33
Outpatient	2,345,985	8,854,010	9,343,805	8,854,010	(489,795)	-6%	10.41	9.50
Laboratory and Radiology	(3,035,694)	11,725,960	7,304,432	11,725,960	4,421,528	38%	8.14	12.58
Directed Payments - Provider	(1,114,170)	19,547,096	19,547,096	24,096,854	4,549,758	19%	21.77	25.86
Emergency Room	3,474,241	6,717,566	6,286,645	6,717,566	430,921	6%	7.00	7.21
Physician Specialty	2,521,462	7,662,939	7,662,939	9,087,371	1,424,433	16%	8.53	9.75
Home & Community Based Services	2,702,803	10,622,747	10,622,747	10,181,809	(440,938)	-4%	11.83	10.93
Primary Care Physician	14,001,988	57,910,400	55,958,016	57,910,400	1,952,384	3%	62.32	62.15
Home & Community Based Services	71,970	54,772	54,772	-	(54,772)	0%	0.06	-
Applied Behavioral Analysis/Mental Health Service	444,301	1,583,113	1,099,685	1,583,113	483,428	31%	1.22	1.70
Pharmacy	1,035,854	260	3,675,765	3,659,872	(15,892)	0%	0.00	-
Provider Reserve	573,745	2,548,666	2,548,666	722,646	(1,826,020)	-253%	2.84	0.78
Other Medical Professional	65,119,259	260,629,718	260,629,718	269,772,903	9,143,185	3%	290.27	289.53
Other Medical Care	1,238,765	4,987,605	4,987,605	5,247,963	260,358	5%	5.55	5.63
Other Fee For Service	297,104	330,870	330,870	1,257,878	927,008	74%	0.37	1.35
Transportation	(99,577)	(1,207,563)	(1,207,563)	(1,418,757)	(211,194)	15%	(1.34)	(1.52)
Total Claims	1,436,291	4,110,911	4,110,911	5,087,084	976,173	19%	4.58	5.46
Medical & Care Management Expense	73,120,694	293,120,703	307,295,642	14,174,938	5%	326.46	329.80	
Reinsurance	10,870,860	40,755,033	25,985,563	14,769,470	57%	45.39	27.89	
Claims Recoveries	2,189,110	8,667,594	9,360,138	692,544	7%	9.65	10.05	
Sub-total	3,739	15,572	68,040	52,468	77%	0.02	0.07	
Total Cost of Health Care	2,167,662	8,817,674	9,806,197	988,523	10%	9.82	10.52	
Contribution Margin	139,040	1,127,107	1,815,582	688,475	38%	1.26	1.95	
General & Administrative Expenses:	750,056	3,104,337	3,487,229	382,892	11%	3.46	3.74	
Salaries, Wages & Employee Benefits	(1,238,765)	(4,987,605)	(5,247,963)	(260,358)	5%	(5.55)	(5.63)	
Training, Conference & Travel	4,010,842	16,744,679	19,289,223	2,544,544	13%	18.65	20.70	
Outside Services	186,585	923,424	2,866,695	1,943,271	68%	1.03	3.08	
Professional Services	4,197,427	17,668,103	22,155,918	4,487,815	20%	19.68	23.78	
Occupancy, Supplies, Insurance & Others	6,673,433	23,086,931	3,829,645	19,257,285	503%	25.71	4.11	
Care Management/Reclass to Medical	27,183	64,112	120,000	(55,888)	-47%	0.07	0.13	
G&A Expenses	-	(1,247)	-	(1,247)	0%	(0.00)	-	
Project Portfolio	27,183	62,866	120,000	(57,134)	-48%	0.07	0.13	
Total G&A Expenses	\$ 6,700,616	\$ 23,149,796	\$ 3,949,645	\$ 19,200,151	486%	\$ 25.78	\$ 4.24	
Total Operating Gain / (Loss)								
Non Operating								
Revenues - Interest								
Gain/(Loss) on Sale of Asset								
Total Non-Operating								
Total increase / (Decrease) in Unrestricted Net Assets								

STATEMENT OF CASH FLOWS	October 2021	FYTD 20-21
Cash Flows Provided By Operating Activities		
Net Income (Loss)	\$ 6,700,616	\$ 23,149,796
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	42,403	149,099
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilities		
Accounts Receivable	(2,499,440)	(3,075,994)
Prepaid Expenses	285,033	(879,155)
Accrued Expense and Accounts Payable	(10,630,843)	(10,218,000)
Claims Payable	784,080	4,510,238
MCO Tax liability	(14,377,200)	(12,220,620)
IBNR	(22,401,793)	(36,235,053)
Net Cash Provided by (Used in) Operating Activities	<u>(42,097,145)</u>	<u>(34,819,690)</u>
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(25,642)	(60,343)
Purchase of Property and Equipment	(18,490)	(272,991)
Net Cash (Used In) Provided by Investing Activities	<u>(44,132)</u>	<u>(333,334)</u>
Increase/(Decrease) in Cash and Cash Equivalents	(42,141,277)	(35,153,024)
Cash and Cash Equivalents, Beginning of Period	<u>200,935,258</u>	<u>193,947,005</u>
Cash and Cash Equivalents, End of Period	<u><u>158,793,981</u></u>	<u><u>158,793,981</u></u>

October 2021 Financial Statements

November 22, 2021

Kashina Bishop
Chief Financial Officer

Financial Overview:



OCTOBER NET GAIN \$ 6.7 M



FYTD NET GAIN \$23.1 M



TNE is \$128.9 M and 346% of the
minimum required



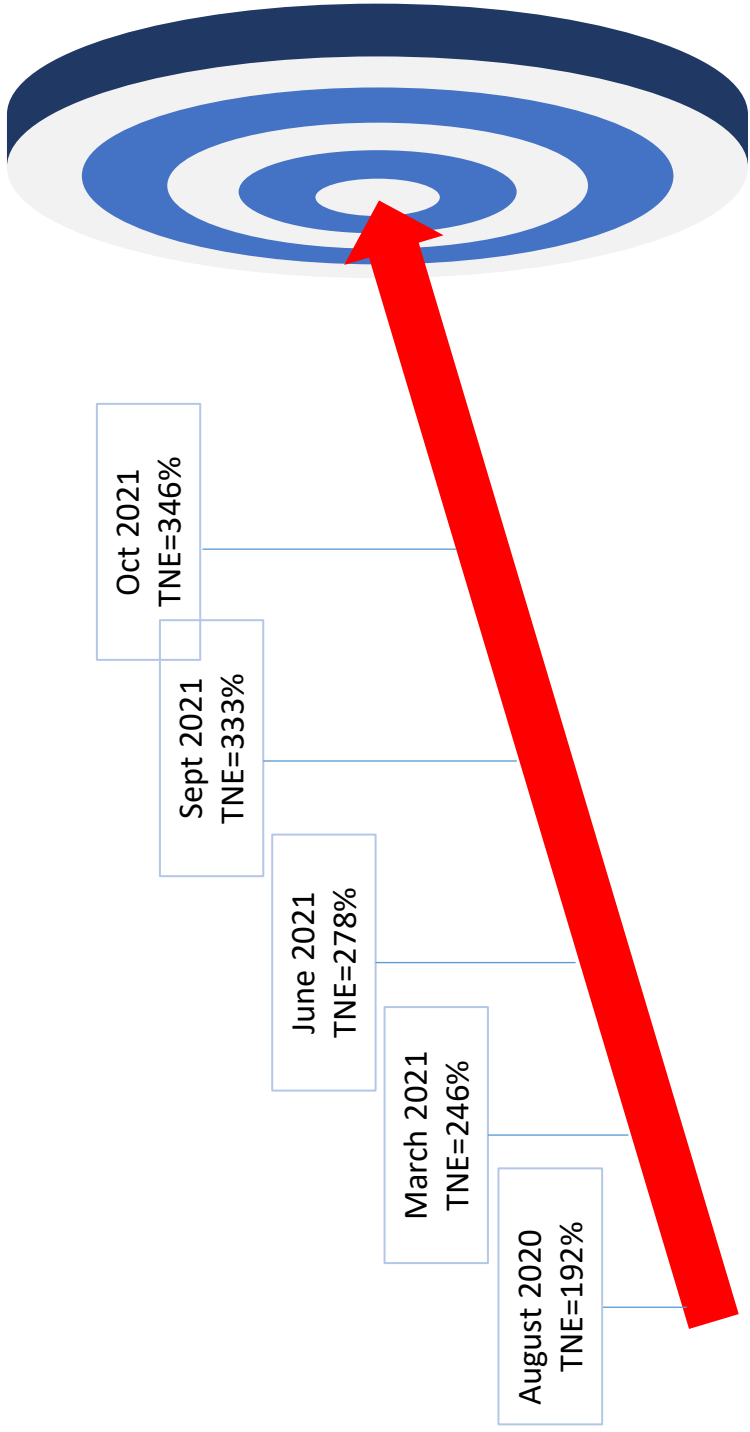
MEDICAL LOSS RATIO 87.8%



ADMINISTRATIVE RATIO 5.3%

Solvency Action Plan

Target: TNE % = 400-500% of Required

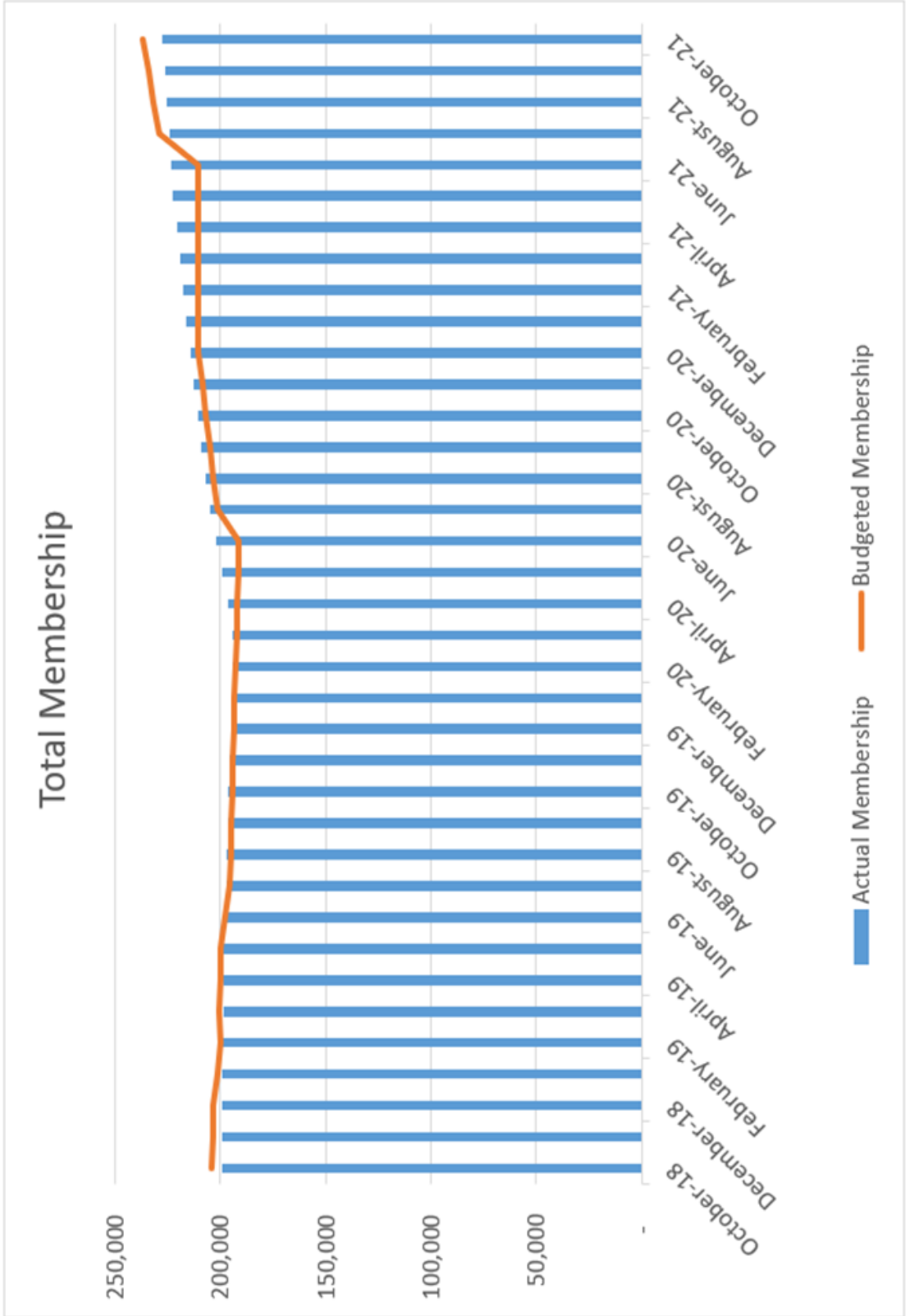


Revenue

Net Premium revenue is \$333.9 million, over budget by \$594,007.

- Favorable CY 2021 rates.

Membership trends



Medical Expense

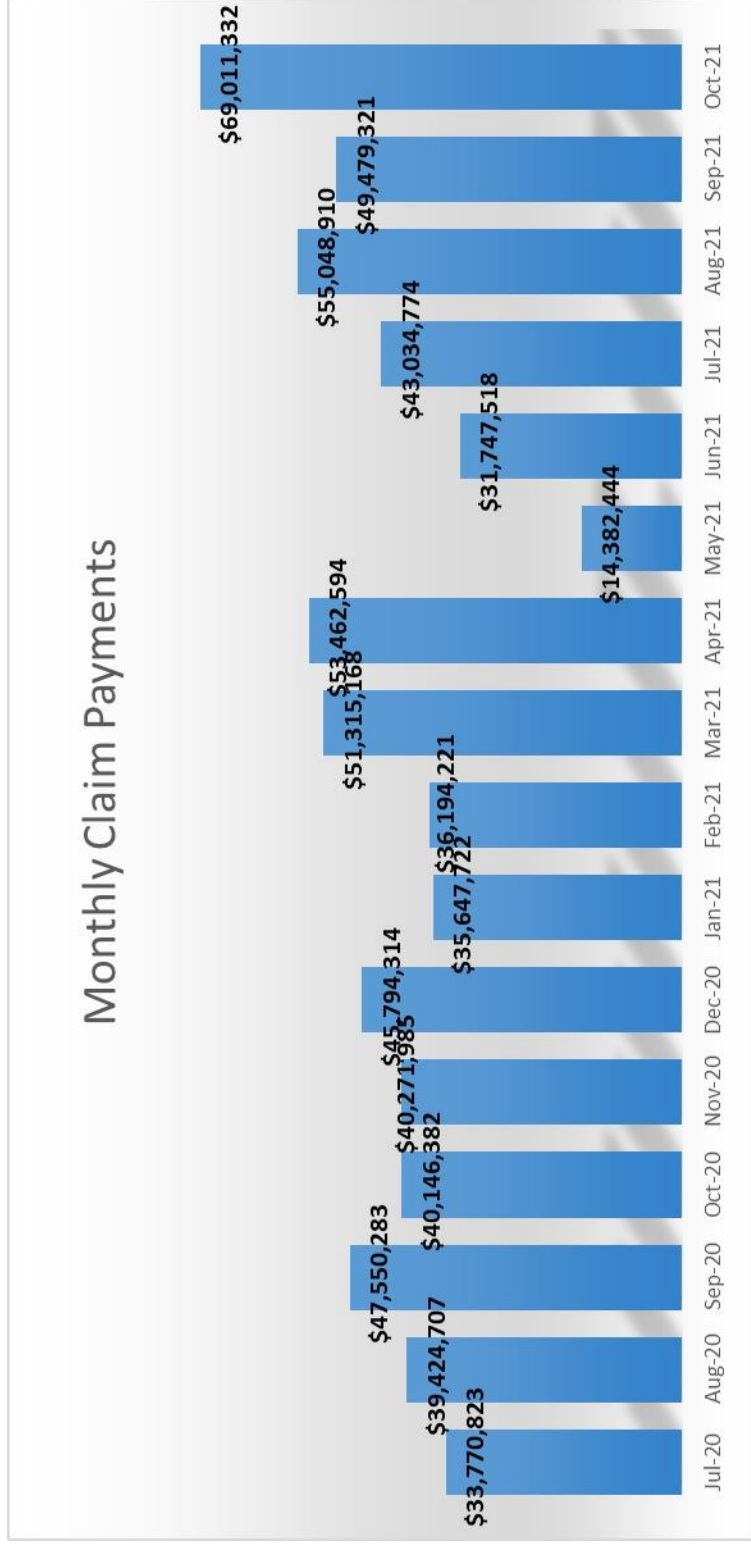
FYTD Health care costs are \$293.1 million and \$14.8 million and 5% under budget. Medical loss ratio is 87.8%, a 4.4% budget variance.

The budget for medical expenses was based on CY 2019 pmpm costs and trended forward. FYTD, actual pmpm costs are have not escalated to that level.

Incurring But Not Paid (IBNP) Medical Expense Reserve – post system conversion

Accurately calculating the reserve becomes more challenging:

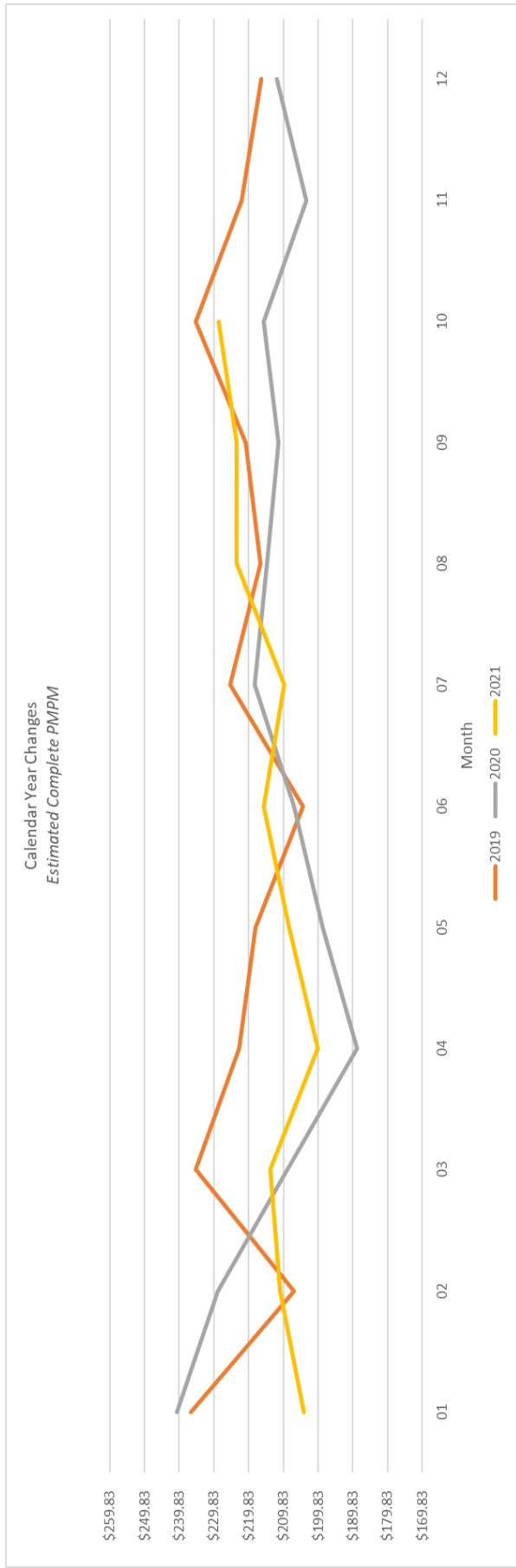
1. Historical lag between when a service is performed and when the claims is paid is disrupted
2. Still need to correct category of service on the financial statements.



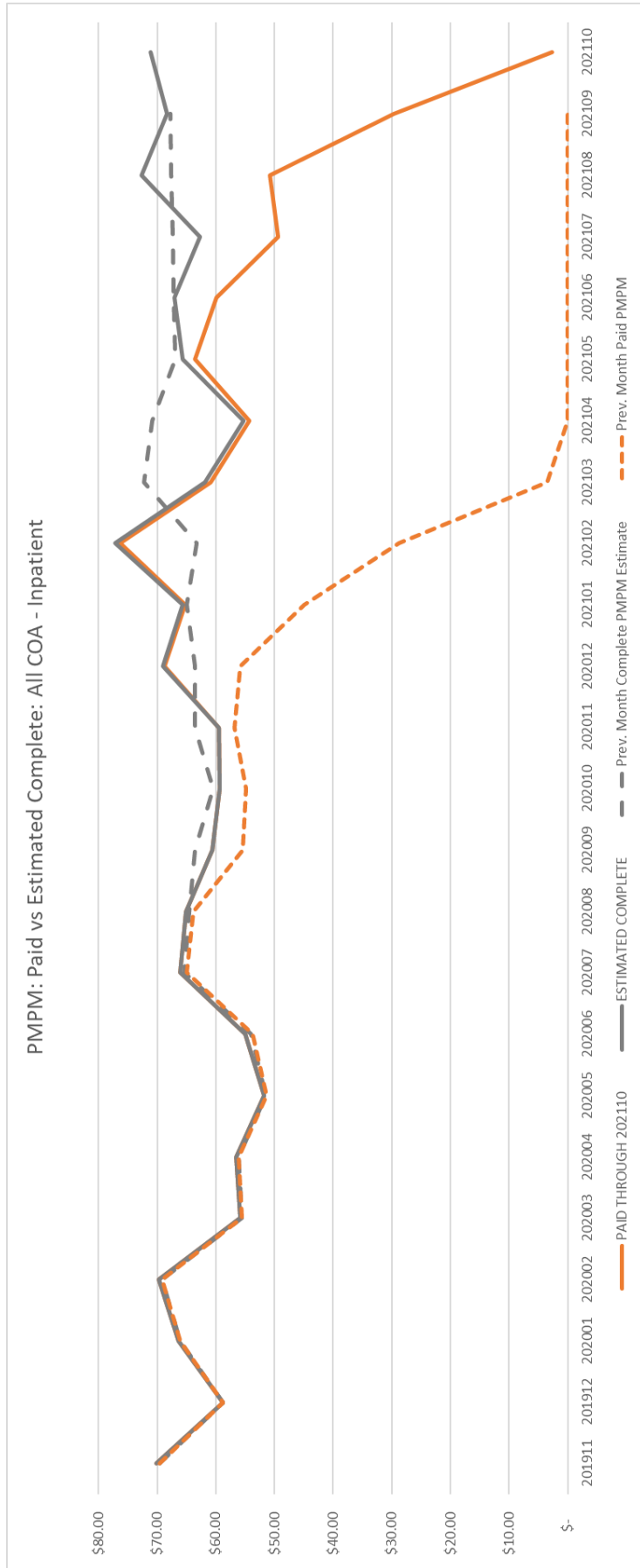
Incurring But Not Paid (IBNP) Medical Expense Reserve



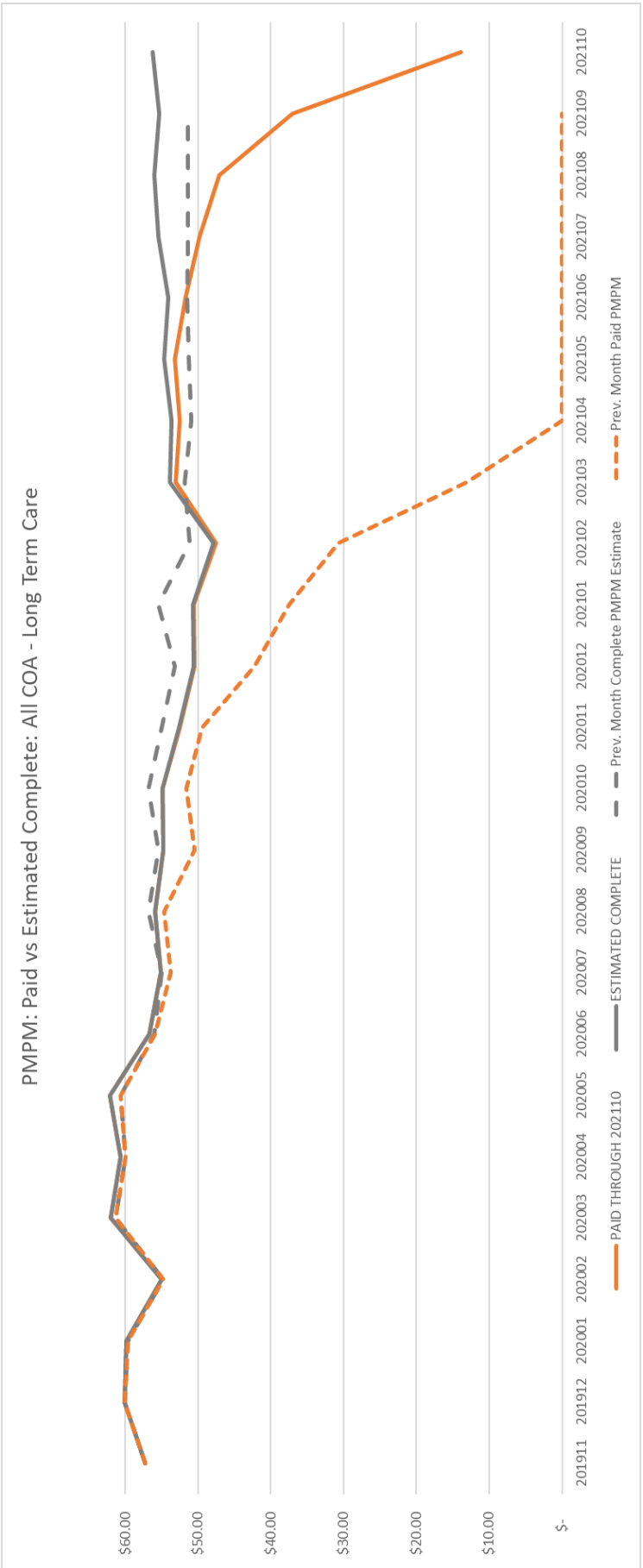
Incurring But Not Paid (IBNP) Medical Expense Reserve



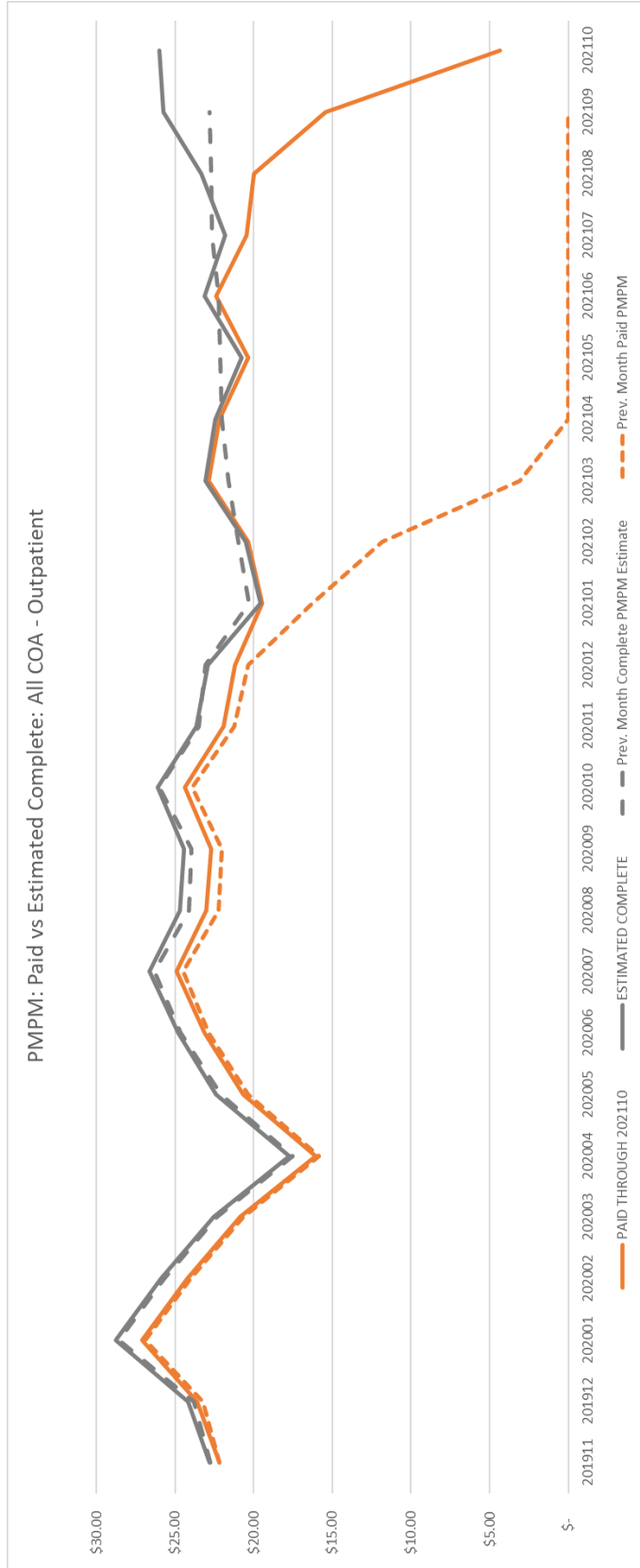
Inpatient



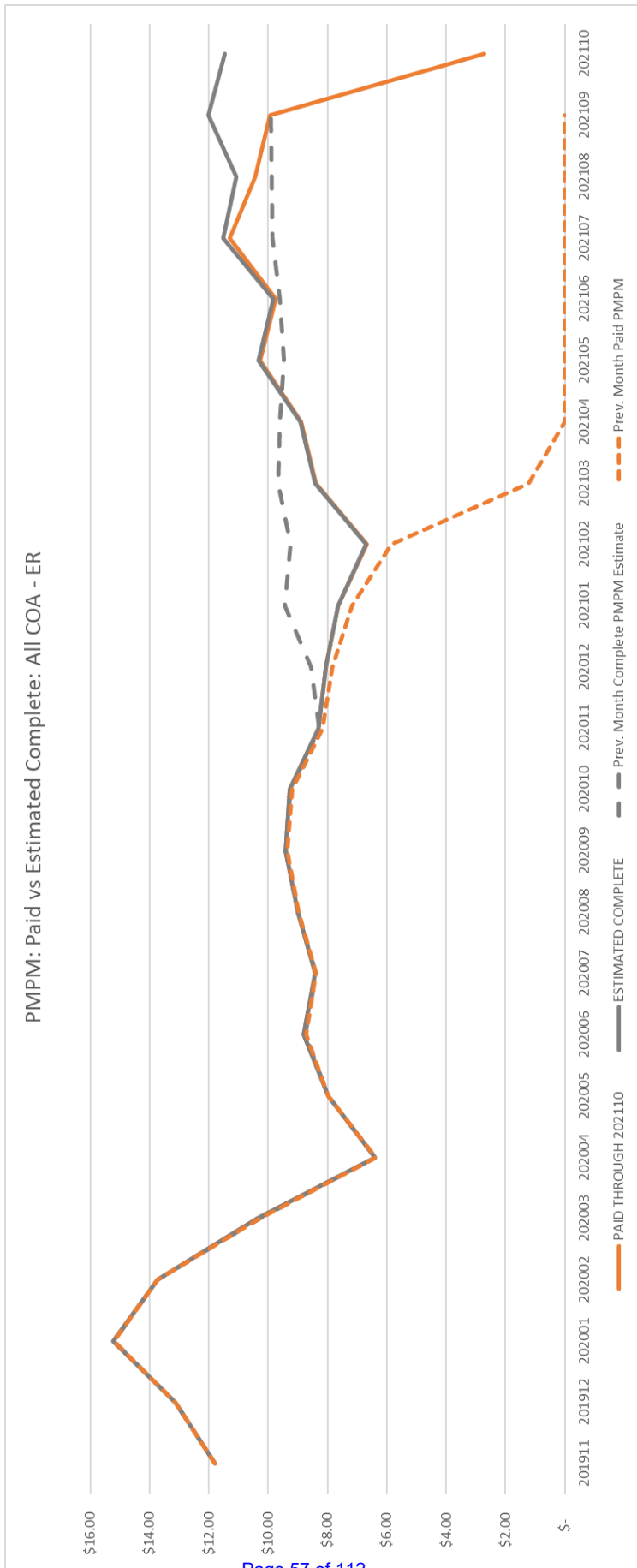
Long Term Care



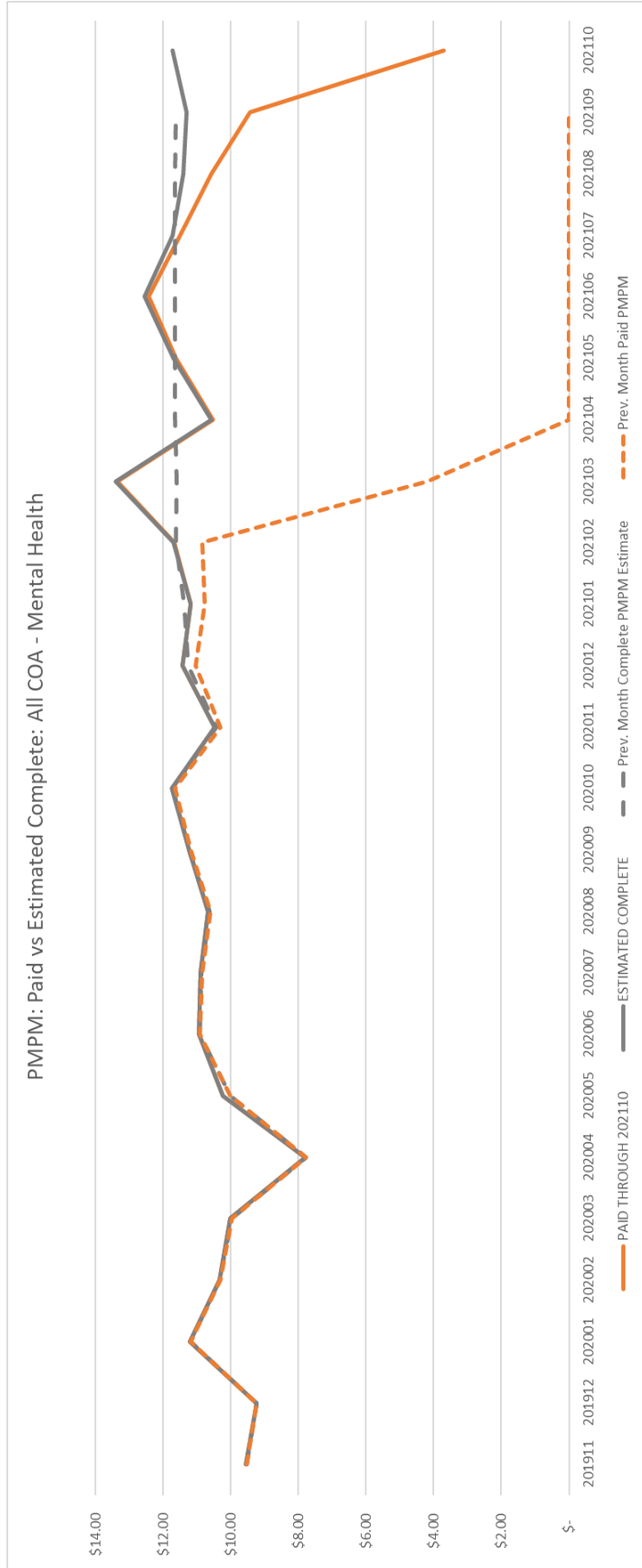
Outpatient



Emergency Room



Mental and Behavioral Health



Administrative Expenses

FYTD administrative costs are \$17.7 million and \$4.5 million and 20% under budget. Administrative cost ratio is 5.3%, a 1.3% budget variance.

The following are the most significant drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~\$1.9M)
- *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions (~\$693K)
- *Outside Services*: favorability of Conduent expenses due to membership lower than projected and lower fulfillment related charges (~\$986K)

Financial Statement Summary

	October 2021	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	\$ 83,991,479	\$ 333,875,211	\$ 333,281,205	\$ 594,007
Health Care Costs	73,120,694	293,120,703	307,295,642	(14,174,938)
Medical Loss Ratio		87.8%	92.2%	
Administrative Expenses	4,197,427	17,668,103	22,155,918	(4,487,815)
Administrative Ratio		5.3%	7.3%	
Non-Operating Revenue/(Expense)	27,183	62,866	120,000	(57,133)
Total Increase/(Decrease) in Net Assets	\$ 6,700,542	\$ 23,149,271	\$ 3,949,645	\$ 19,199,627
Cash and Investments	\$ 202,369,424			
GCHP TNE	\$ 128,864,673			
Required TNE	\$ 37,207,491			
% of Required	346%			

Questions?

Staff requests the Commission approve the unaudited financial statements for October 2021.



AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Nancy Wharfield, M.D., Chief Medical Officer
DATE: November 22, 2021
SUBJECT: Chief Medical Officer Report

Community Information Exchange (“CIE”)

The VC Community Health Improvement Collaborative (“VC CHIC”) will be launching a new CIE platform to support care coordination and management across systems. A CIE is a network of multiple, diverse partners that use a shared language, databases, and an integrated technology platform to deliver enhanced community care, coordinate services, and collect data. CIEs reduce duplicated efforts community-wide to improve the enrollment/information sharing experience of clients and network providers. The Ventura County CIE will improve real-time care coordination, reduce the use of costly public services, and support an individual's and family's progress in achieving health, social connectedness, housing stability, and other quality of life indicators. A CIE also responds to CalAim mandates to share information and avoid duplication of effort.

Gold Coast Health Plan (“GCHP”) staff recognize CIEs can strengthen the technological infrastructure that connects network partners and clients to needed services. The Ventura County CIE will improve the overall well-being of our most vulnerable members as we launch CalAim and Health Equity initiatives for GCHP members. As one of the founding members of VC CHIC, GCHP staff serve on the Ventura County CIE Governing Board, a cross sector body that provides oversight to the CIE development and operations. Currently, leadership is working to finalize participants and begin gathering technical requirements for system development. In addition, the board is engaging Community Based Organizations (“CBOs”) and other social service agencies to participate in CIE development and contribute as subject matter experts. VC CHIC anticipates the launch of a CIE in 2022.

Student Behavioral Health Incentive Program (“SBHIP”) Program

GCHP intends to participate in the voluntary DHCS Student Behavioral Health Incentive Program (“SBHIP”). The program, intended to support infrastructure development to increase access to behavioral health services on and close to K-12 schools, runs from January 2022 to December 2024. The program is intended to ensure a robust system of school-linked behavioral health prevention and services available to all students and families. This proposal seeks to build infrastructure supporting ongoing behavioral health prevention and treatment services on or near school campuses by expanding access to behavioral health school counselors, peer supports, and coaches, as well as building a

statewide community-based organization network to connect health plans, counties, CBOs, and schools via data sharing systems. GCHP staff are participating in stakeholder workgroup meetings while DHCS is finalizing program design by the end of 2021. GCHP has initiated collaborative discussions and engaged the Ventura County Office of Education (“VCOE”) and Ventura County Behavioral Health Department in partnership to design a program that builds on the successes of existing programs that align with the goals of SBHIP.

Regen-COV Administration Contract

Regen-COV is a monoclonal antibody with Emergency Use Authorization approval for the treatment of patients who are at high risk of progression of severe COVID-19, including hospitalization and death. It is indicated for patients with current mild to moderate COVID-19 or post-exposure prophylaxis of COVID-19.

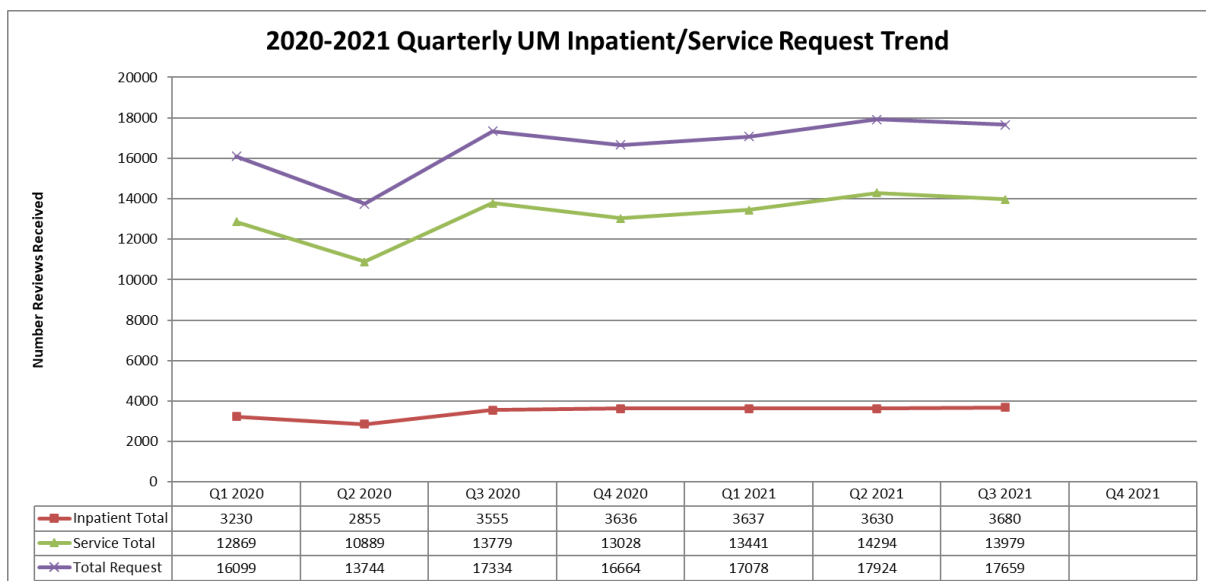
Since Regen-COV is only administered as an intravenous infusion or a subcutaneous injection, it has been difficult for clinics to provide the medication when they recognize an eligible patient.

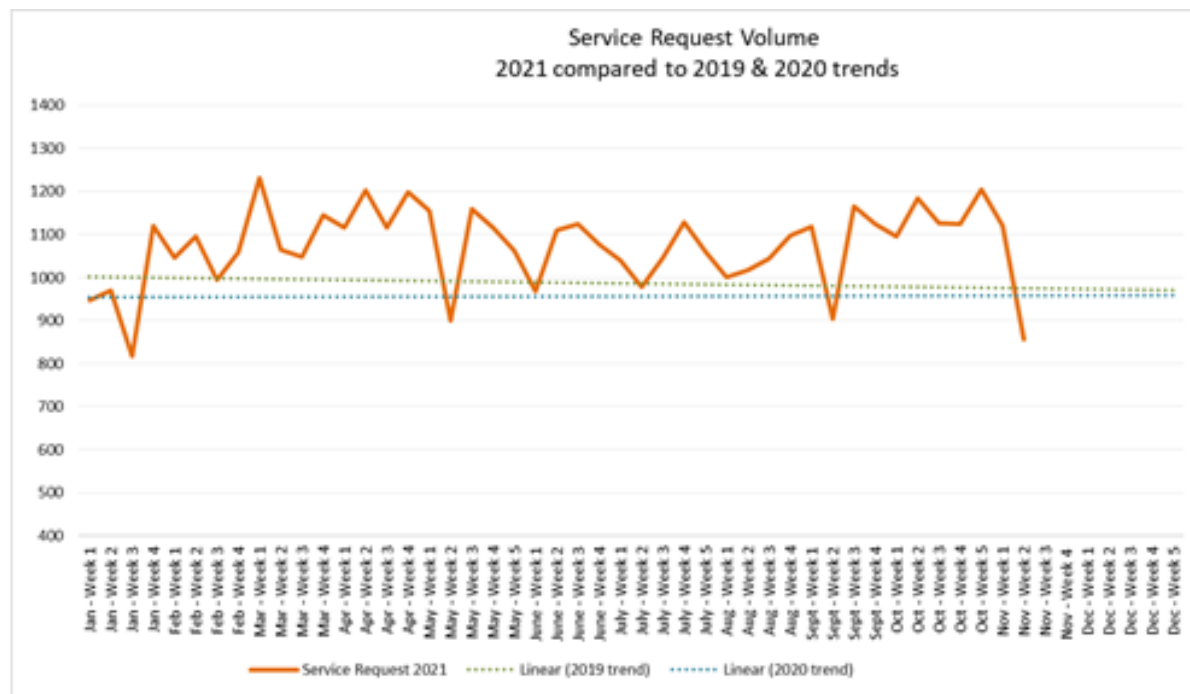
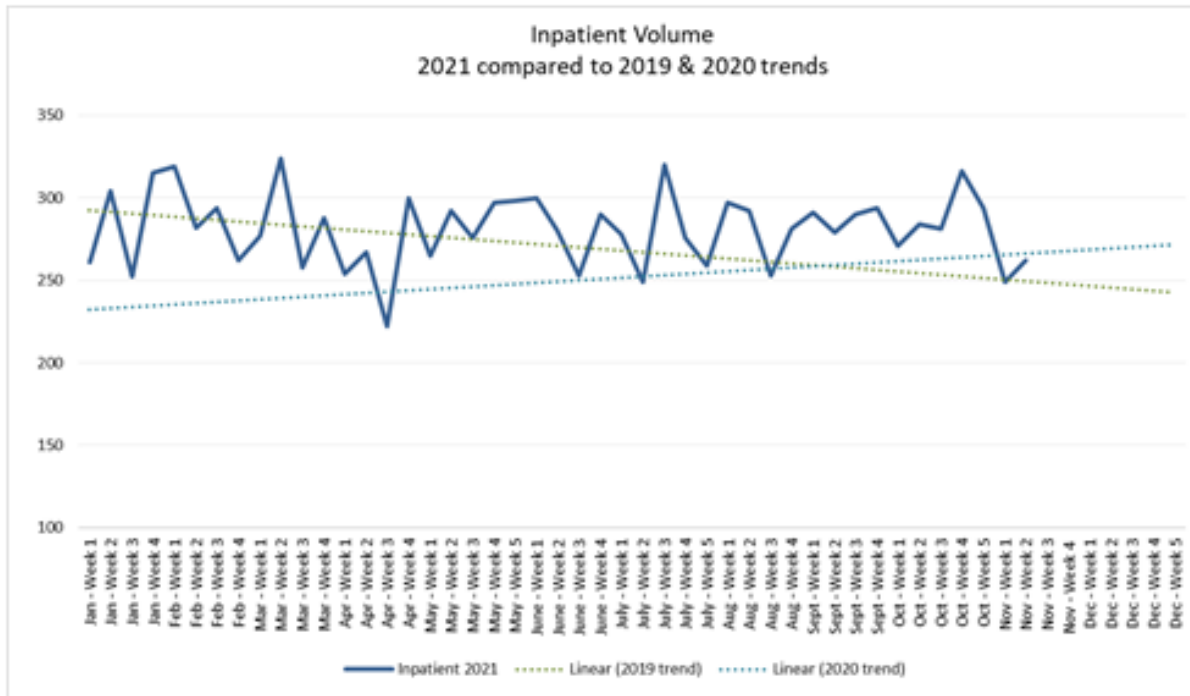
In response to this, GCHP staff have contracted with Primary Medical Group in Oxnard for the administration of Regen-COV. Providers from any GCHP provider system may refer eligible patients to Primary Medical Group for administration of Regen-COV.

Utilization Update

Inpatient and Service Request Trends

Despite an increase in membership, the volume of inpatient service requests has only risen by approximately 2% from Q3 CY2020 to Q3 CY2021. Similarly, the volume of outpatient service requests has risen by slightly less than 1.5% for Q3 comparing CY2020 to CY 2021.

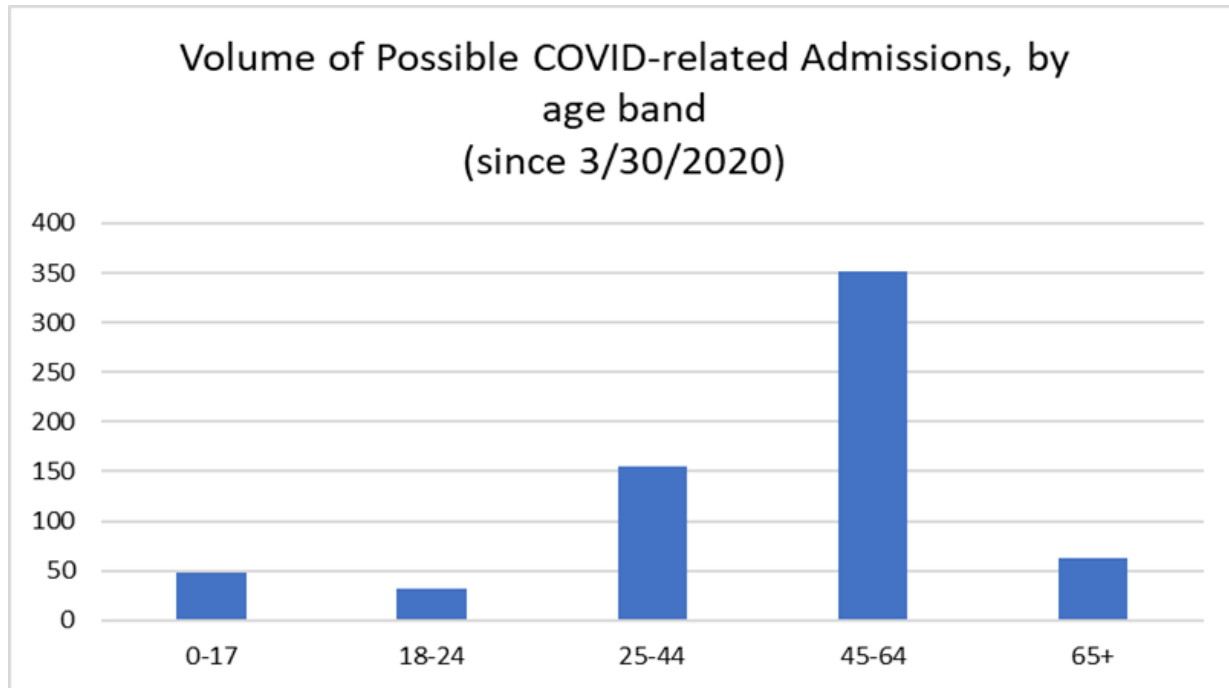




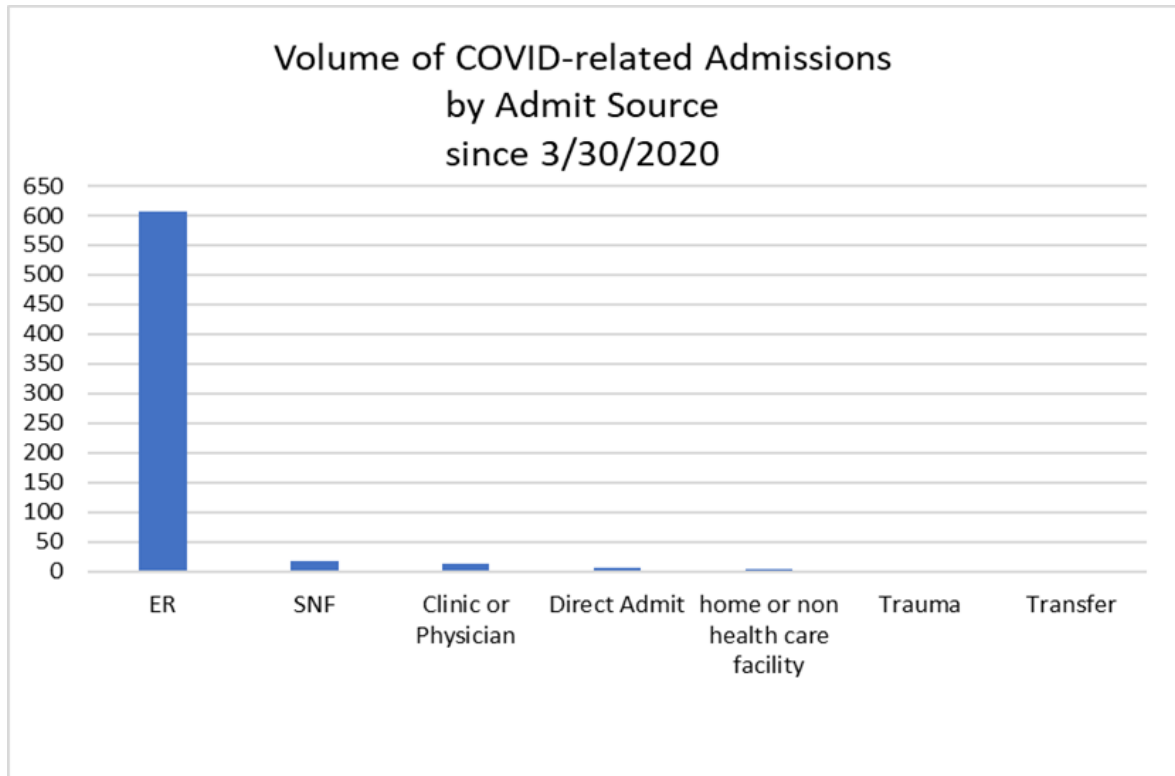
COVID-19 Related Admission

As of November 16, 2021, GCHP staff have reported 649 COVID-19 related admissions to DHCS. Most admissions are in the 45-64 year old age group followed by the 25-44 year old age group. Most admissions continue to come through emergency departments.

The Centers for Disease Control and Prevention continues to describe transmission in Ventura County as substantial. As of November 14, 2021, new COVID-19 admissions increased by 20% from prior week. Use of ICU beds decreased by 0.85%.



Continued on next page



Pharmacy Hot Topics

Medi-Cal Rx

Department of Health Care Services (“DHCS”) informed plans in late July 2021 that the new implementation date for Medi-Cal Rx will be January 1, 2022. Upon implementation, all retail prescription claims will be submitted directly to the state via its pharmacy benefits manager (“PBM”), Magellan. GCHP will continue to work with advocacy groups, other managed care plans (“MCPs”), DHCS and its PBM in order to facilitate the implementation of the carve out and will continue to bring information as it becomes available to this group.

The DHCS dedicated website for Medi-Cal Rx is live and contains announcements, news, and secure portal training/registration. GCHP encourages all of its providers to:

1. Visit the portal
2. Sign up for the email subscription service
3. Register for the secure portal and training

The following table lists the planned member communication from both DHCS and GCHP for the upcoming transition:

Date	Topic	Responsibility
November 2021 <i>completed</i>	60-Day Notice Letter	DHCS
November-December 2021 <i>started 11/1</i>	Outreach Campaign in Radio and Print Media	GCHP
December 2021	30-Day Notice Letter	GCHP
By January 1, 2022	New ID Cards	GCHP

Helpful Links:

DHCS’s Dedicated Medi-Cal RX Website:

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

Medi-Cal Rx Pharmacy Locator:

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

Online Searchable Contract Drug List (CDL)

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

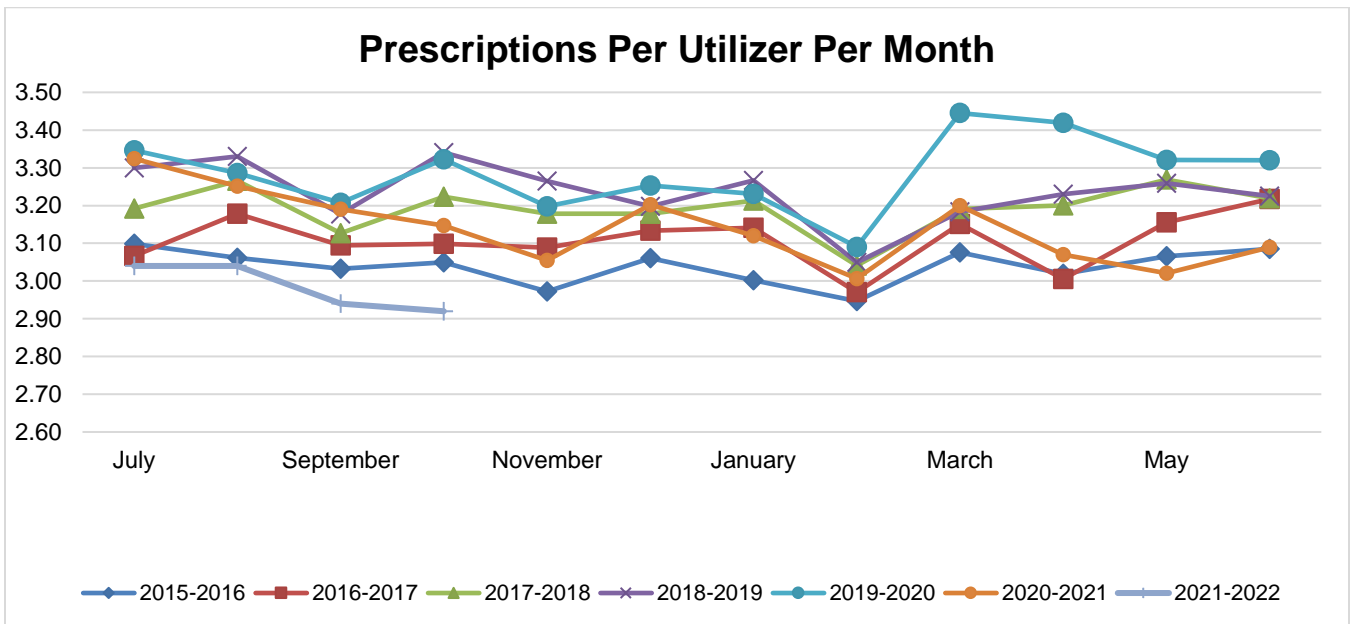
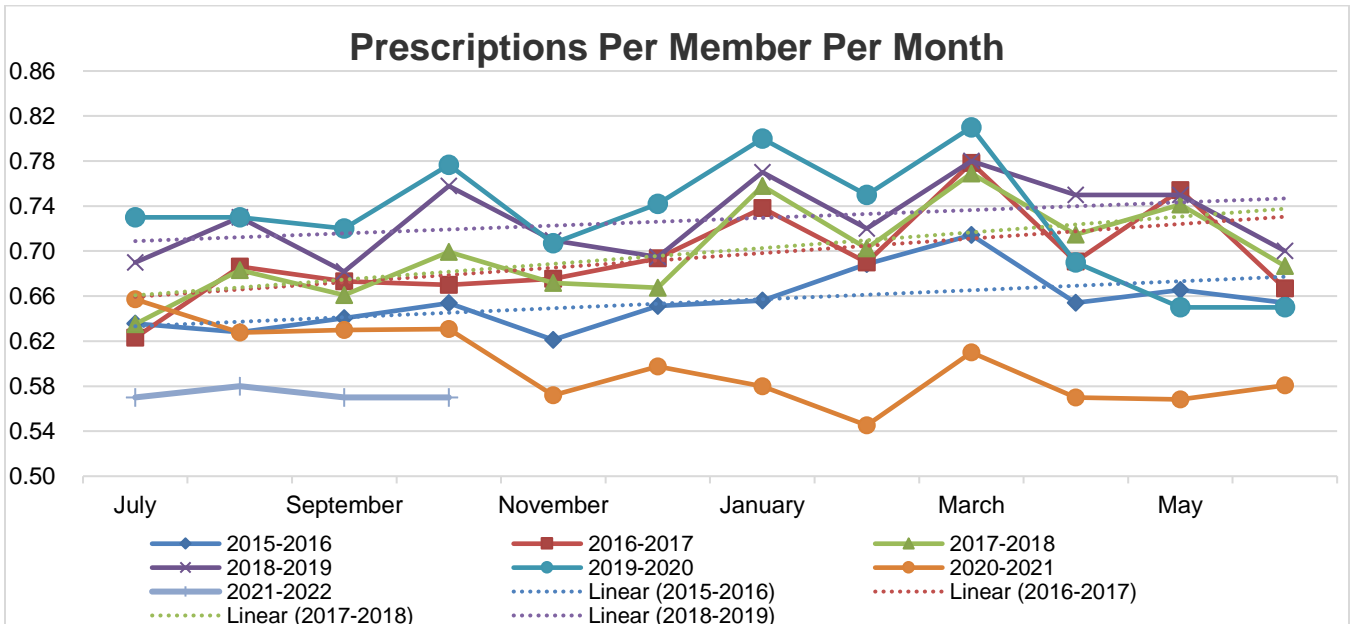
Pharmacy Benefit Cost Trends

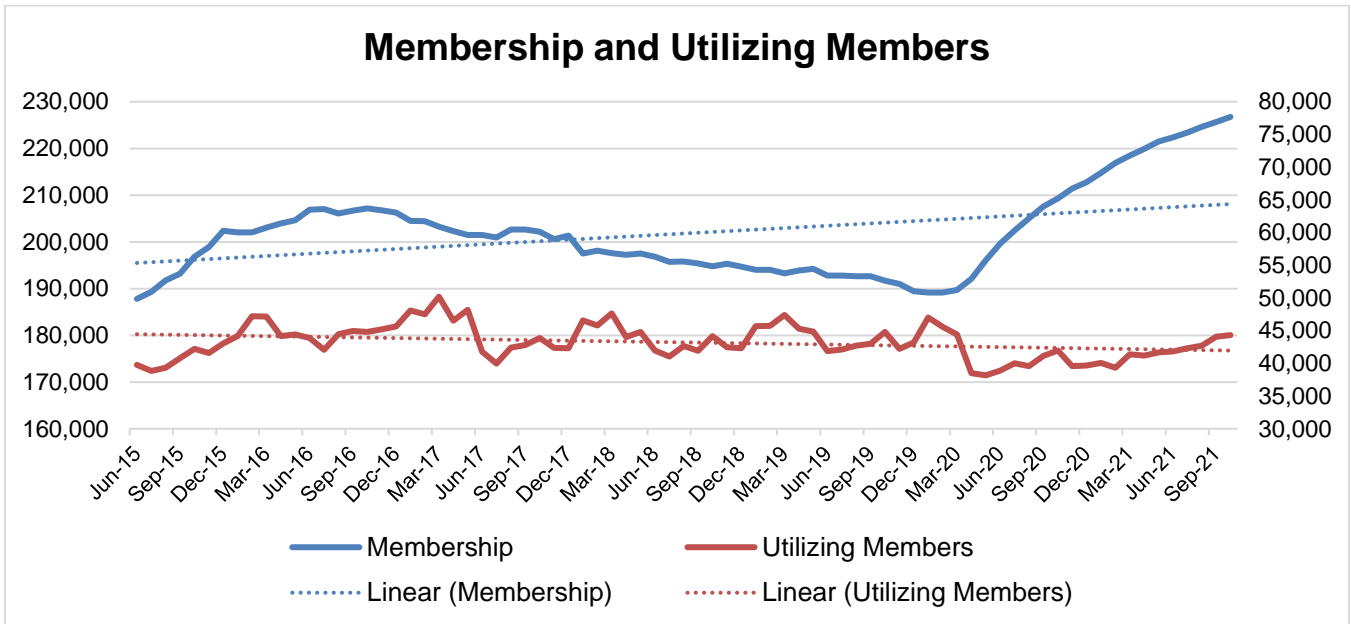
Gold Coast Health Plan’s pharmacy trend shows less than a 3% increase year over year for October 2021. When looking at the per member per month costs (“PMPM”), the PMPM has decreased approximately 15.7% since its peak in March 2020. Pharmacy trend is impacted by unit cost increases, utilization, and the drug mix. Pharmacy costs were predicted to experience double digit increases (>10%) each year from now until 2025. The impact of COVID-19 and the benefit changes to allow up to a 90-day supply of maintenance medications have created a general cyclic trend of higher expenditures in one month and lower in the following two months. This cyclic trend is expected to continue as long as there are significant fills of 90-day supply medications which currently account for about 10% of all fills in any given month.

GCHP Annual Trend Data

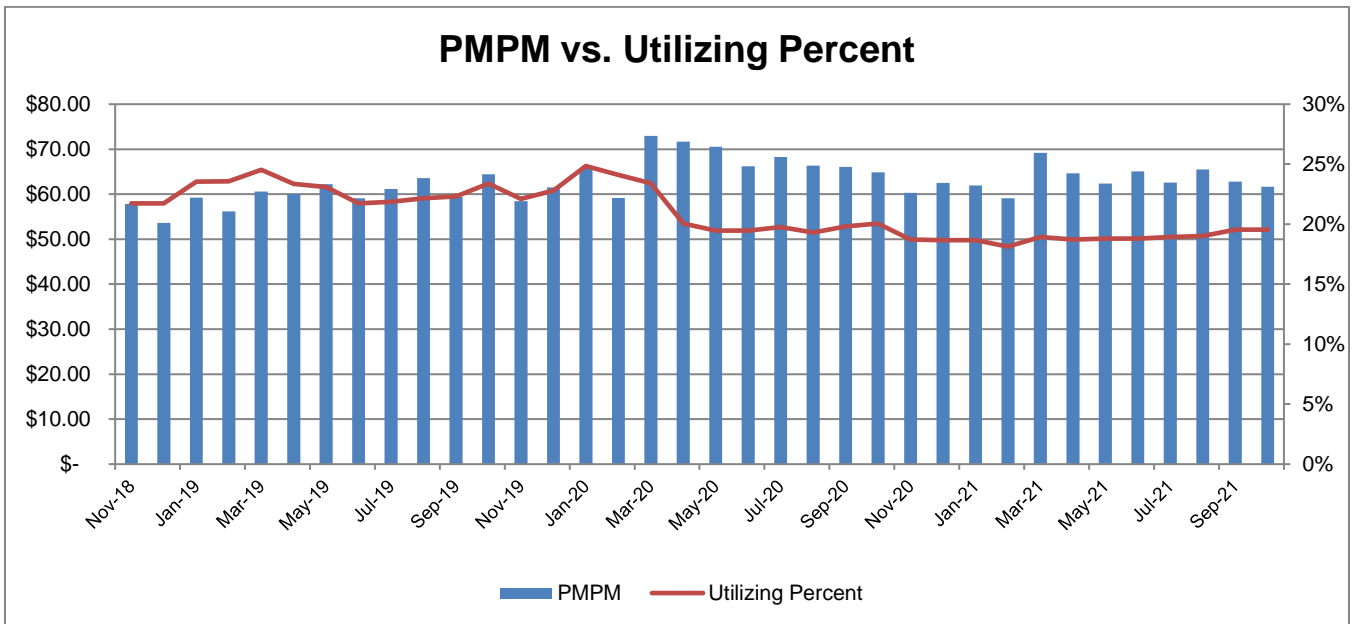
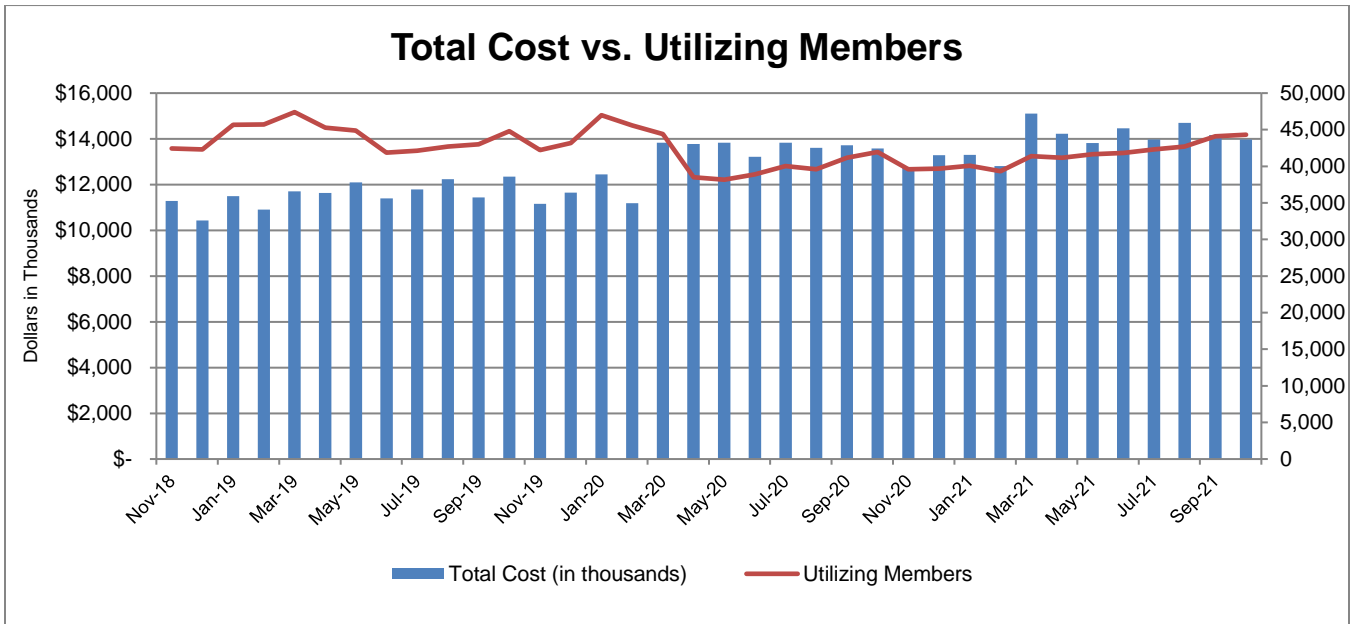
Utilization Trends:

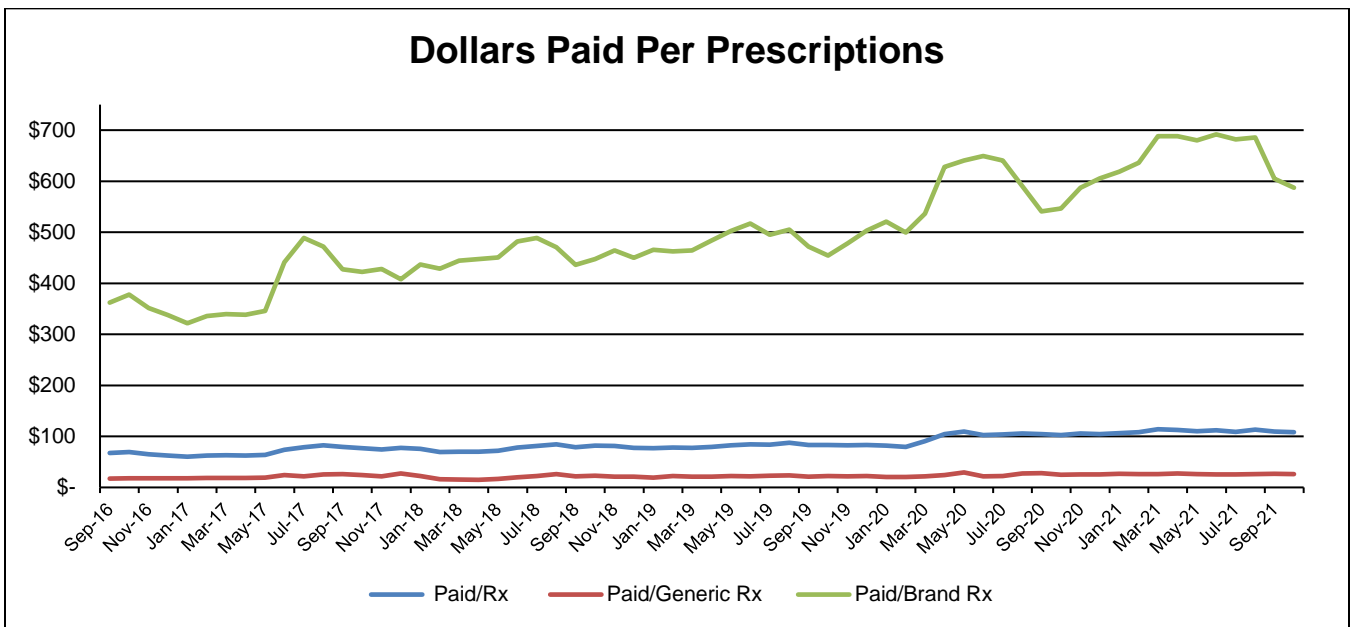
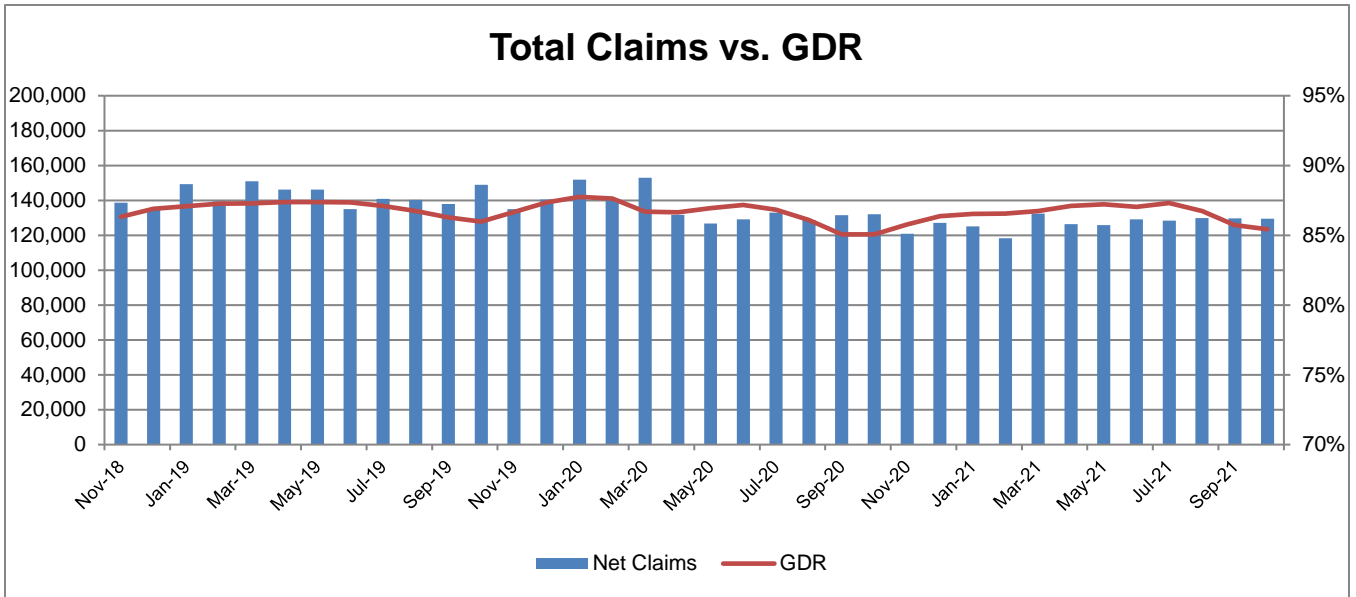
Through March 2020, GCHP’s utilization was increasing as demonstrated by the number of members using prescriptions and the number of prescriptions each member is using while GCHP’s total membership continued to decline. However, the impact of COVID-19 has caused an increase in membership and the utilization of extended day supplies which suppress the view of increased utilization. The graph showing prescriptions per utilizer gives a new view of the increased utilization. GCHP will be continuously monitor the impact of COVID-19 and the increased membership.





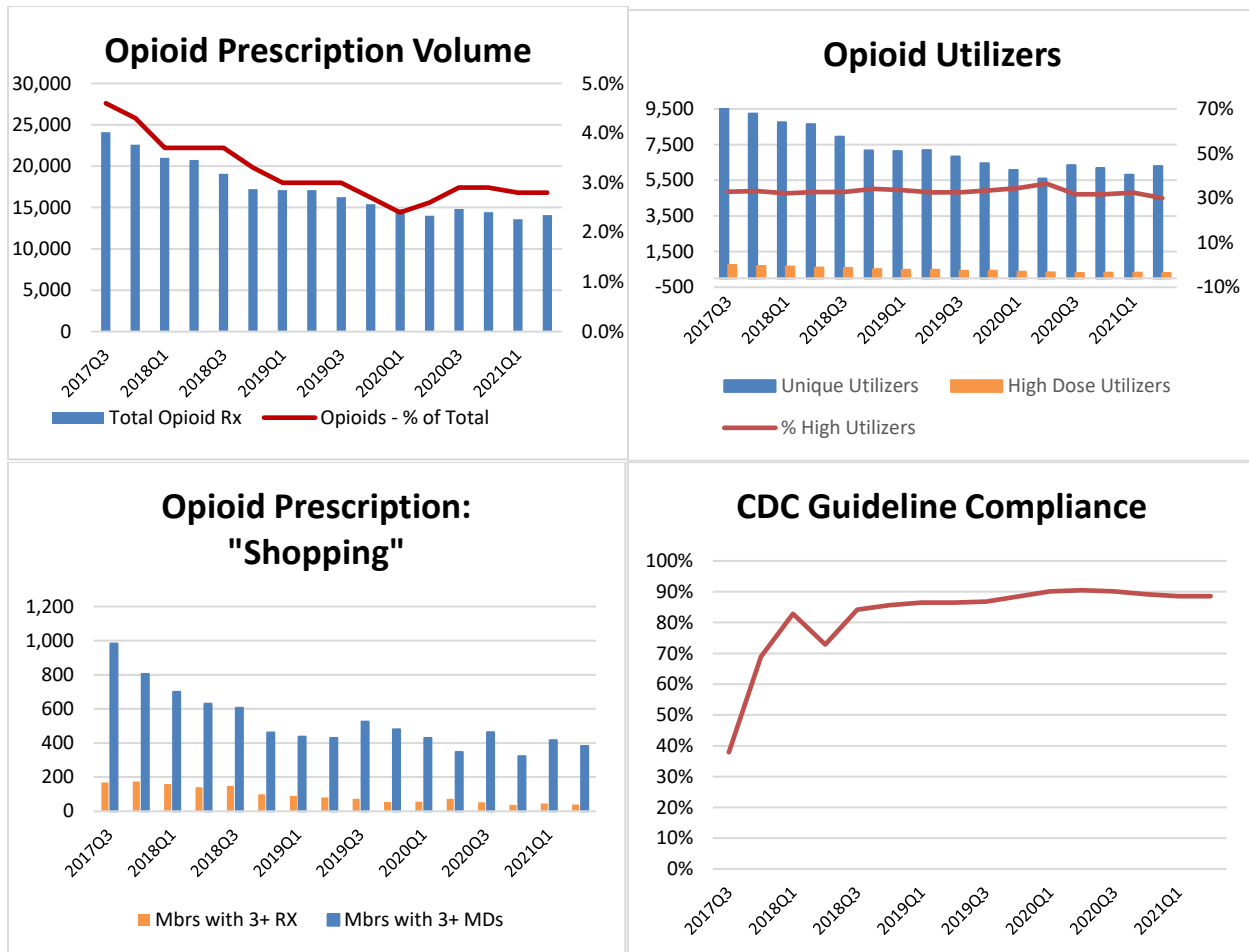
Pharmacy Monthly Cost Trends:





Pharmacy Opioid Utilization

GCHP continues to monitor the opioid utilization of its members and below are graphs showing some general stats that are often used to track and compare utilization. In general, GCHP continues to see a positive trend toward less prescriptions and lower doses of opioids for the membership.



Definitions and Notes:

High Dose Utilizers: utilizers using greater than 90 mg MEDD
 High Utilizers: utilizers filling greater than 3 prescriptions in 120 days
 Prescribers are identified by unique NPIs and not office locations.

Abbreviation Key:

PMPM: Per member per month

PUPM: Per utilizer per month

GDR: Generic dispensing rate

COHS: County Organized Health System

KPI: Key Performance indicators

RxPMPM: Prescriptions per member per month

Pharmacy utilization data is compiled from multiple sources including the PBM monthly reports, GCHP's ASO operational membership counts, and invoice data. The data shown is through the end of October 2021. The data has been pulled during the first two weeks of November 2021 which increases the likelihood of adjustments. Minor changes, of up to 10% of the script counts, may occur to the data going forward due to the potential of claim reversals, claim adjustments from audits, and/or member reimbursement requests.

AGENDA ITEM NO. 8

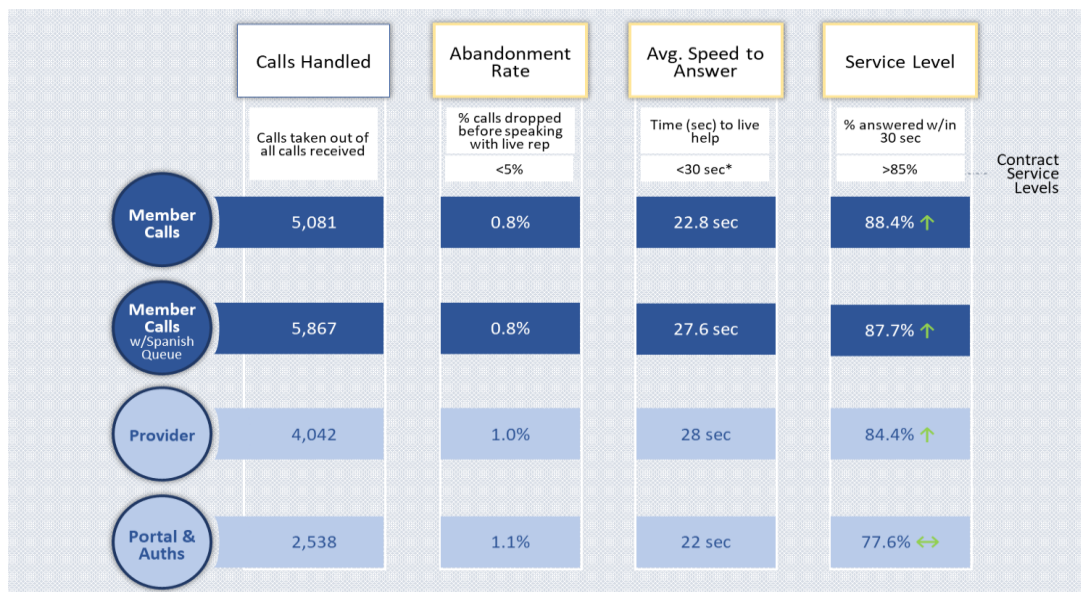
TO: Ventura County Medi-Cal Managed Care Commission
 FROM: Nick Liguori, Chief Operating Officer
 DATE: November 22, 2021
 Subject: Chief Operating Officer Report

COO Onboarding

The immediate focus of onboard efforts has been on three major initiatives: (1) advancing the contracting and readiness for the transformative CalAIM program, specifically the January 1, 2021 requirements for Enhanced Care Management and Community Supports; (2) the operational component of the five-year Strategic Planning that aligns with the opportunities and requirements of CalAIM; and (3) Conduent performance improvement.

Key Call Center Metrics

GCHP’s member and provider call centers are operated by Conduent under GCHP oversight. Primary call center performance metrics – abandonment rate (the percentage of callers hanging up before reaching a live representative) and average speed of answer (ASA) – have been improving with relatively low abandonment rate and quick average speed of answer. Key to the effective management of any call center is the monitoring and calibration of the quality of calls – this is a part of GCHP’s oversight of Conduent that is expanding. Future COO reports will focus on quality as well as the basic operational standards.



Yellow highlighted metrics are contracted with service level agreements.
 *Related service level of no call answer time exceeding 10 minutes.

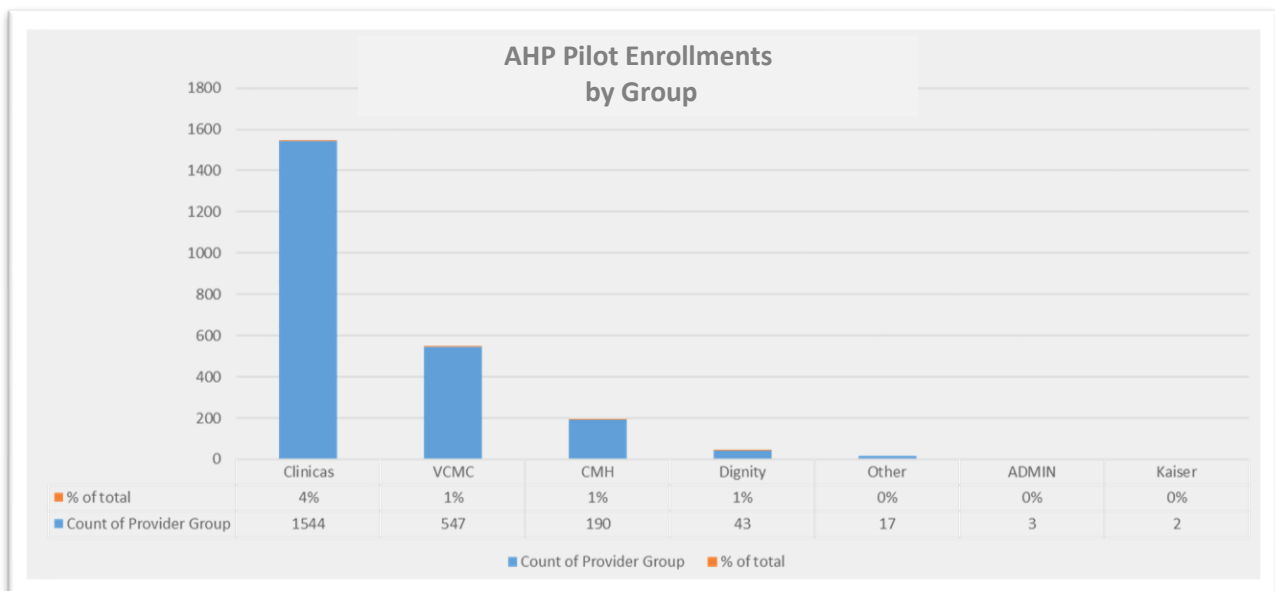
AHP Plan-to-Plan Enrollment

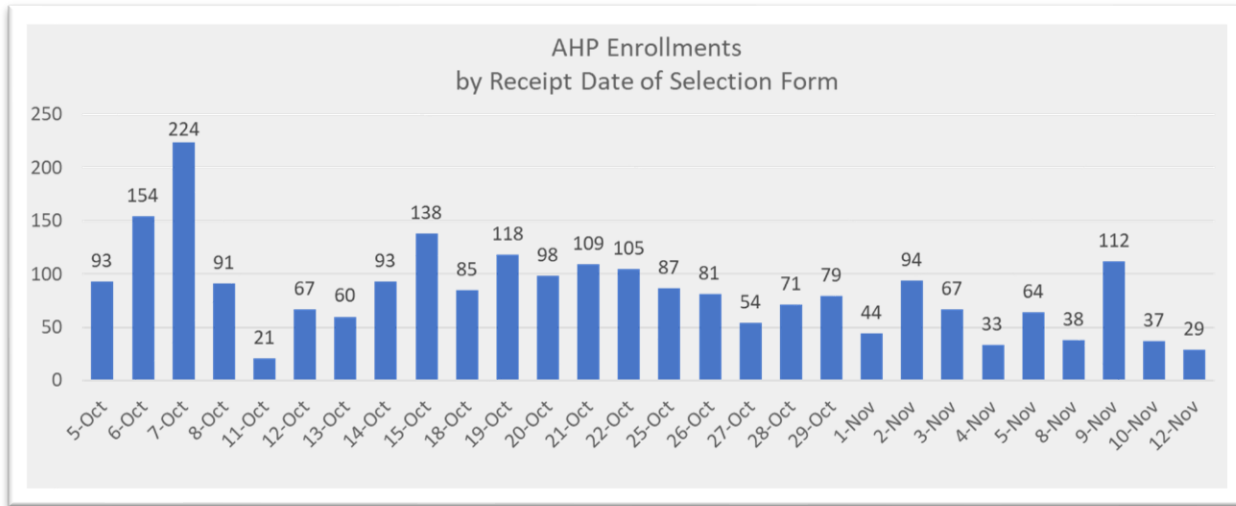
On September 24, 2021, notices were sent to 70,892 heads of GCHP member households, excluding Administrative members, to inform of the AHP-GCHP pilot program and provide voluntary enrollment consent forms. The AHP-GCHP pilot program collaboration went live with active enrollment in November and enrollment stands at 2,346. Enrollment continues – though with some slowing of average daily enrollment since the initial post-mailing activity.

There are three key oversight metrics that the GCHP team is monitoring as the AHP pilot enrollment develops early on: enrollment trends by provider, the method of transmission of the enrollment form, and the completeness and timeliness of AHP member materials sent to enrollees.

- Through November 15, 2021, 70% of enrollments in the pilot program were requested by members currently associated with the Clinicas del Camino Real system. The chart below details enrollment by GCHP’s large providers.
- To date, 75% of enrollment forms were received by mail and 25% were received by fax. During the weekly AHP we will be confirming the process for securing faxed forms from members.
- GCHP continues to track timeliness of member materials for AHP enrollees.

Though there are no additional benefits available to enrollees in this Plan-to-Plan pilot program, it was designed by AHP and GCHP – and approved by the Commission, the Department of Health Care Services and the Department of Managed Health Care – as an opportunity to demonstrate improved outcomes of coordination, integration and satisfaction with care. A priority for AHP and GCHP will be to track and report on these outcomes.





Provider Portal

On November 15, 2021, the new GCHP provider portal went live. The new service delivers most of the standard portal functionality for GCHP network providers, including access and entry for authorizations, eligibility, member panels, claims and payments. The system does have some limitations currently, including a partial history of processing and payment activity on claims and a single sign-on per provider that limits convenient access in large organizations. A fully featured portal remains a top operational priority and our efforts continue to address these limitations with improvements.

The effective roll out and training of the new portal has been a critical priority for the GCHP provider team. The reach and impact of our efforts are clear, with about 400 provider staff registered for the training that occurred in November and very active participation during, and since, the training sessions. Portal training included four training session webinars, a new portal user guide and other “how to use” training materials that are now available on the provider portal page of the GCHP website. Provider feedback has been positive as well as instructive, with improvement needs captured and brought back to the ongoing GCHP-Conduent portal improvement efforts.

Provider Network Contracting Initiatives

The Provider Team is supporting major initiatives associated with GCHP’s leadership for CalAIM delivery system transformation in Ventura County. This includes contracting and readiness for Enhanced Care Management capabilities at GCHP’s lead partner, the Ventura County Health Care Agency (“VCHCA”). Another focus is the development of a ready network of Community Supports providers, including VCHCA (for medically tailored meals, housing deposits, transition and tenancy services) and the National Health Foundation (recuperative care and post-hospitalization housing).

Provider Network – October 2021 Snapshot

Network developments for October 2021:

- Additions
 - 2 Primary Care Physicians
 - 3 Home Health Agencies
- Terminations
 - 3 Primary Care Physicians
 - 1 Home Health Agency

Network developments for the 3rd Quarter 2021 (July-September):

- Additions
 - 280 total including Tertiary
 - 184 Cedars Sinai (111 Anesthesia, which is not uncommon for large academic-affiliated groups)
 - Addressed access gap in East County: 2 Urologists, 1 Congregate Living Facility
- Terminations
 - 99 (42 Tertiary): no significant impact due to additions and transitional LOAs.

GCHP Provider Network Additions and Total Counts by Provider Type

Provider Type	Network Additions		Counts
	Oct-21	July 2021 - Sept 2021	
Hospital	0	0	25
Acute Care	0	0	19
LTAC	0	0	1
Tertiary	0	0	5
Physicians/Providers	2	237	4,176
PCP's & Mid-Level	2	13	437
Specialists	0	214	3,395
Hospitalists	0	10	344
Ancillary	3	23	520
ASC	0	0	8
CBAS	0	0	15
DME	0	0	109
Home Health	3	0	35
Hospice	0	0	24
Laboratory	0	0	49
Optometry	0	0	34
OT/PT/ST	0	21	68
Radiology/Imaging	0	2	178
Pharmacy	3	3	518
SNF/LTC/CLF	0	1	85
Behavioral Health	0	4	528

ATTACHMENTS:

COO Report - November 2021 VCOMMCC Meeting



Gold Coast Health Plan COO Report

Monday, November 22, 2021

Nick Liguori, COO

Integrity

Accountability

Collaboration

Trust

Respect

COO Onboarding

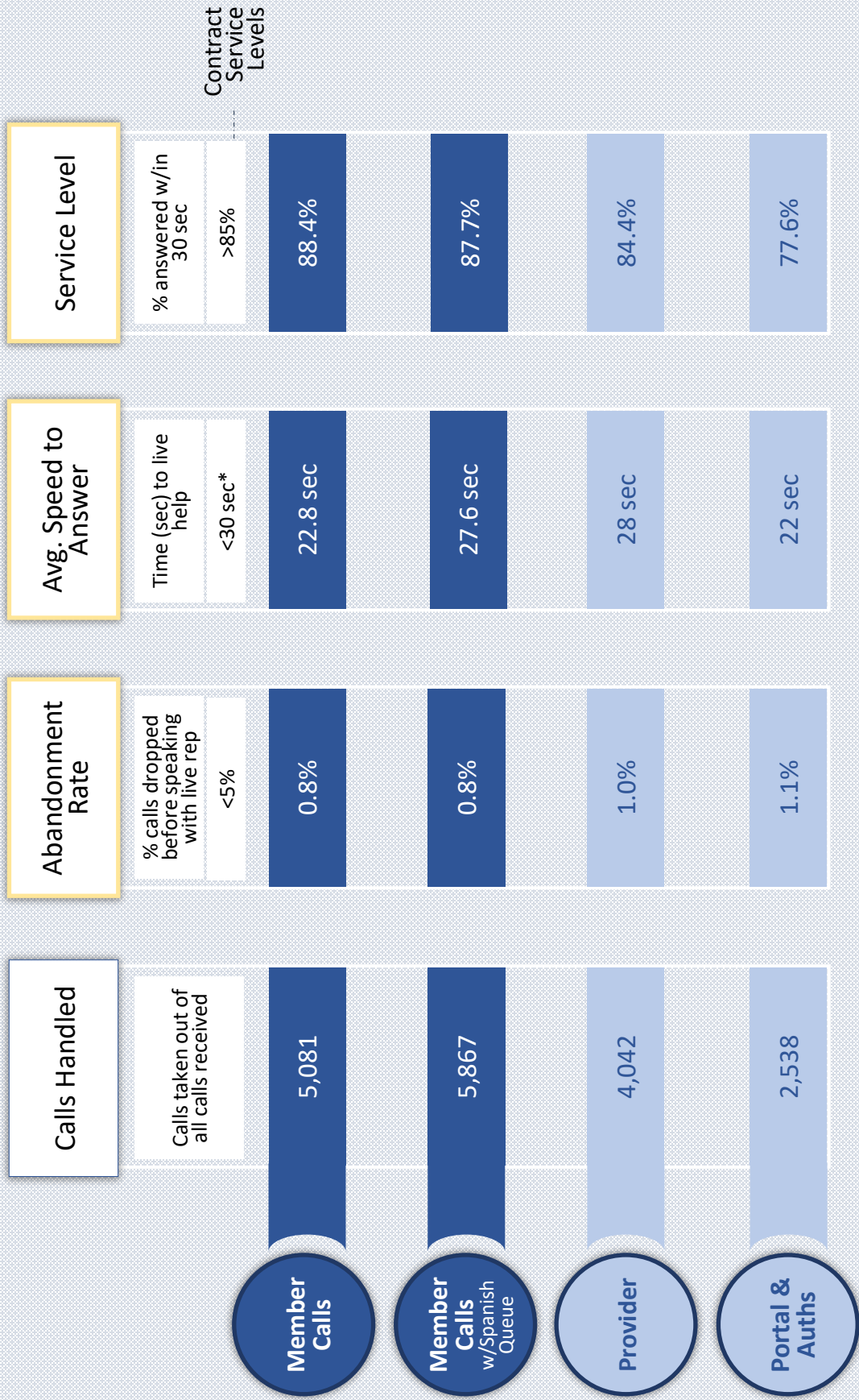
Immediate Focus

- Advance collaboration and integration between operations and all functions
- Develop the operations component of 5-Year Strategic Planning (Cal-AIM)
- Vendor and internal operations performance and future operations planning
- Build community and provider partnerships

Early Observations

- Exceptional people – dedicated and with deep knowledge
- Investments in CalAIM expertise, analytical capabilities, vendor oversight and management, and project management can greatly enhance the team's ability to advance the many large, complex and mission-critical initiatives

Call Center Dashboard – October 2021



Yellow highlighted metrics are contracted with service level agreements.
 * Related service level of no call answer time exceeding 10 minutes.

G&A Dashboard – October 2021

Grievances are member complaints

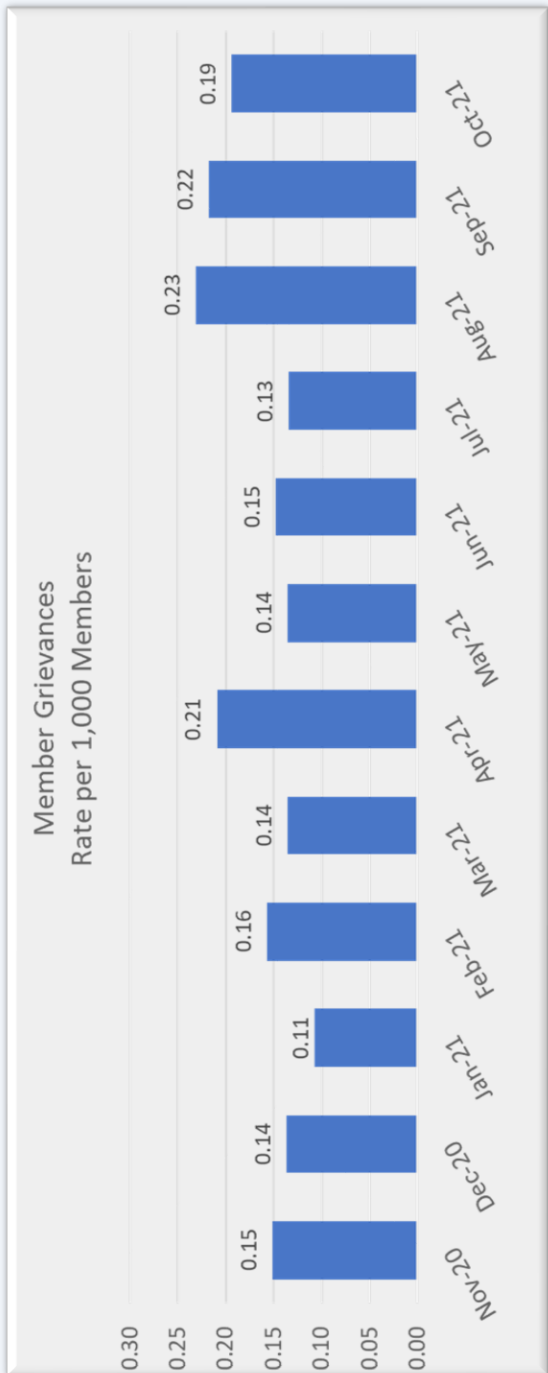
Member Grievances

Grievances Count: 44 in October

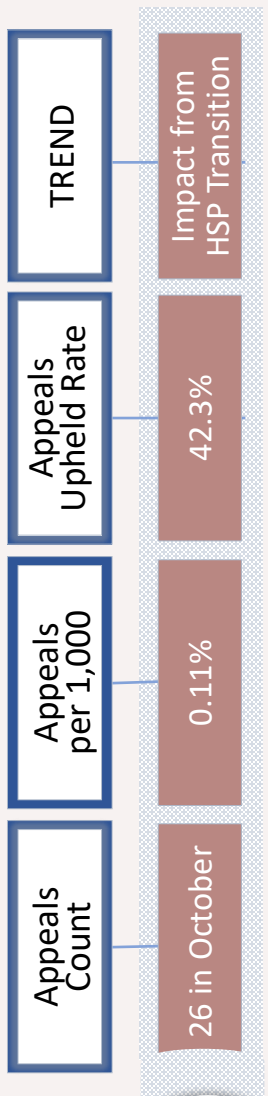
Grievances per 1,000: 0.19%

TREND: Up in Q3

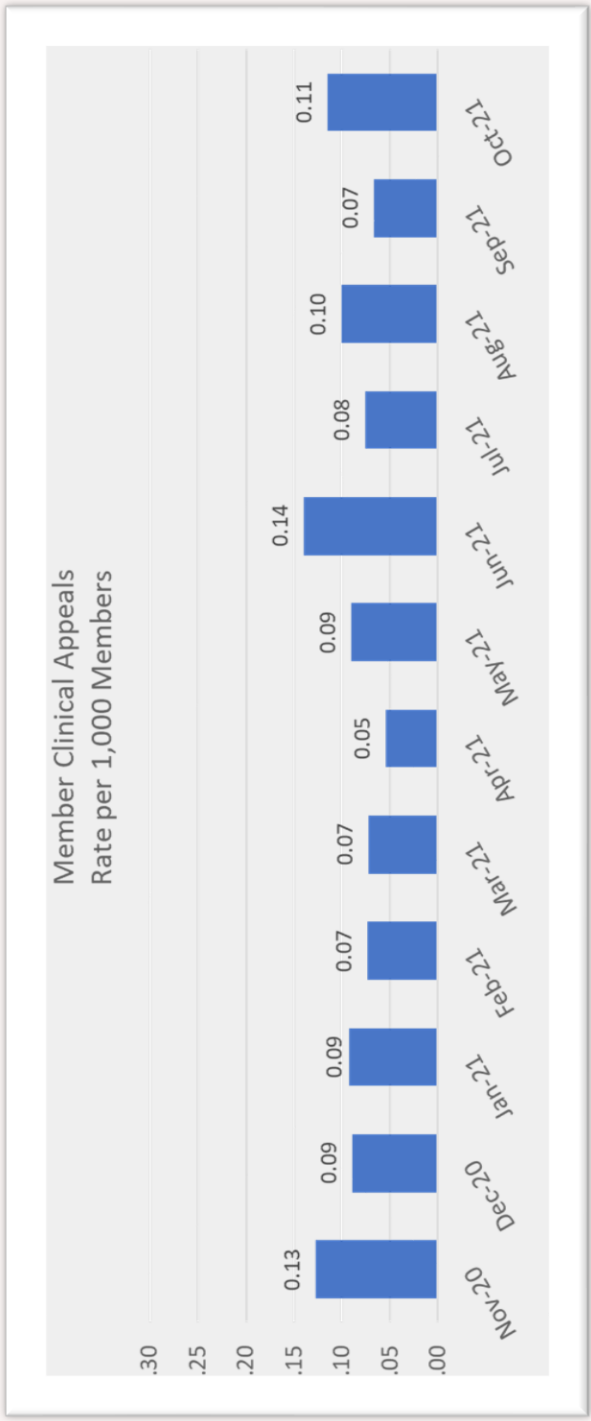
- 12-month avg: 0.16 per 1,000 members (0.30 COHS avg)
- 18 of 44 grievances were substantiated
- “Inappropriate Care” the top reason (new DHCS category)



G&A Dashboard – October 2021



- 12-month average: 0.09 per 1,000 members
- October appeals:
 - 10 were overturned
 - 11 were upheld
 - 4 are still in review
 - 1 withdrawn



Member Satisfaction Initiatives

Best practices from the GCHP team's experience and high-quality, community-based health plans across the country that achieved sustained best-in-market performance (in Medicaid and Medicare)



Build from Voice of the Member insights (calls, grievances, surveys) that can help target true satisfaction drivers



Expand quality assurance and continuous call calibration



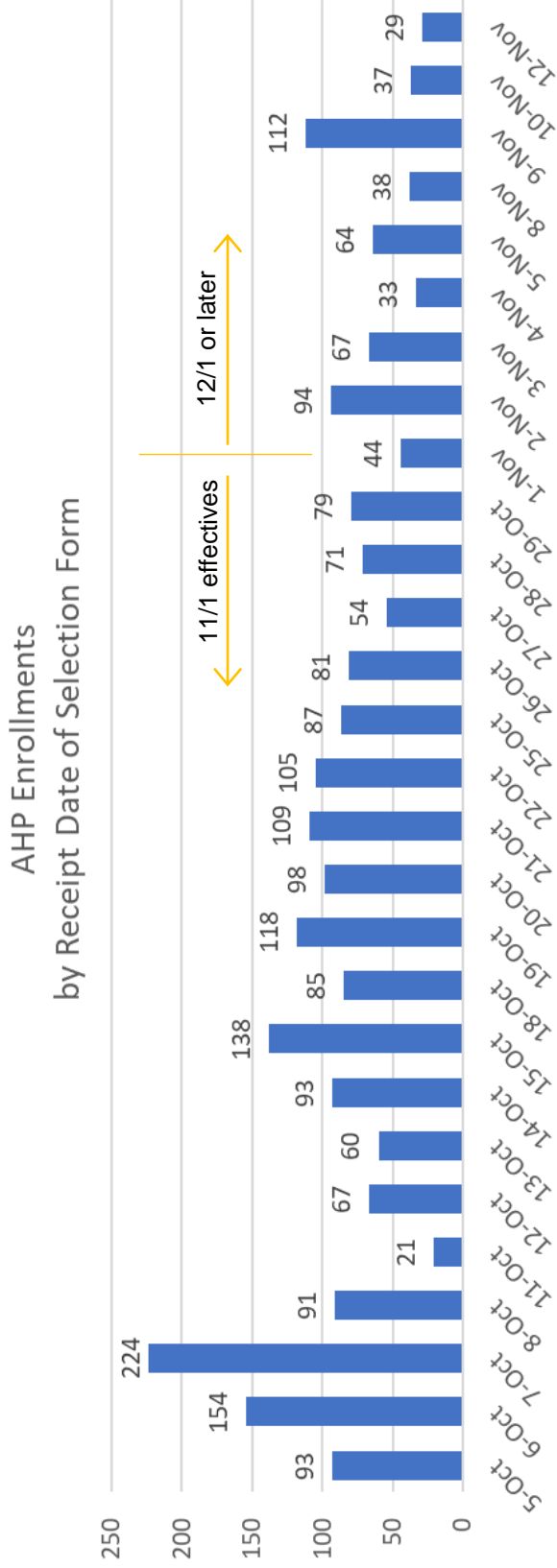
Expand capacity for vendor oversight and performance management



Unite around a comprehensive service strategy (company-wide imperative aligned with CalAIM)

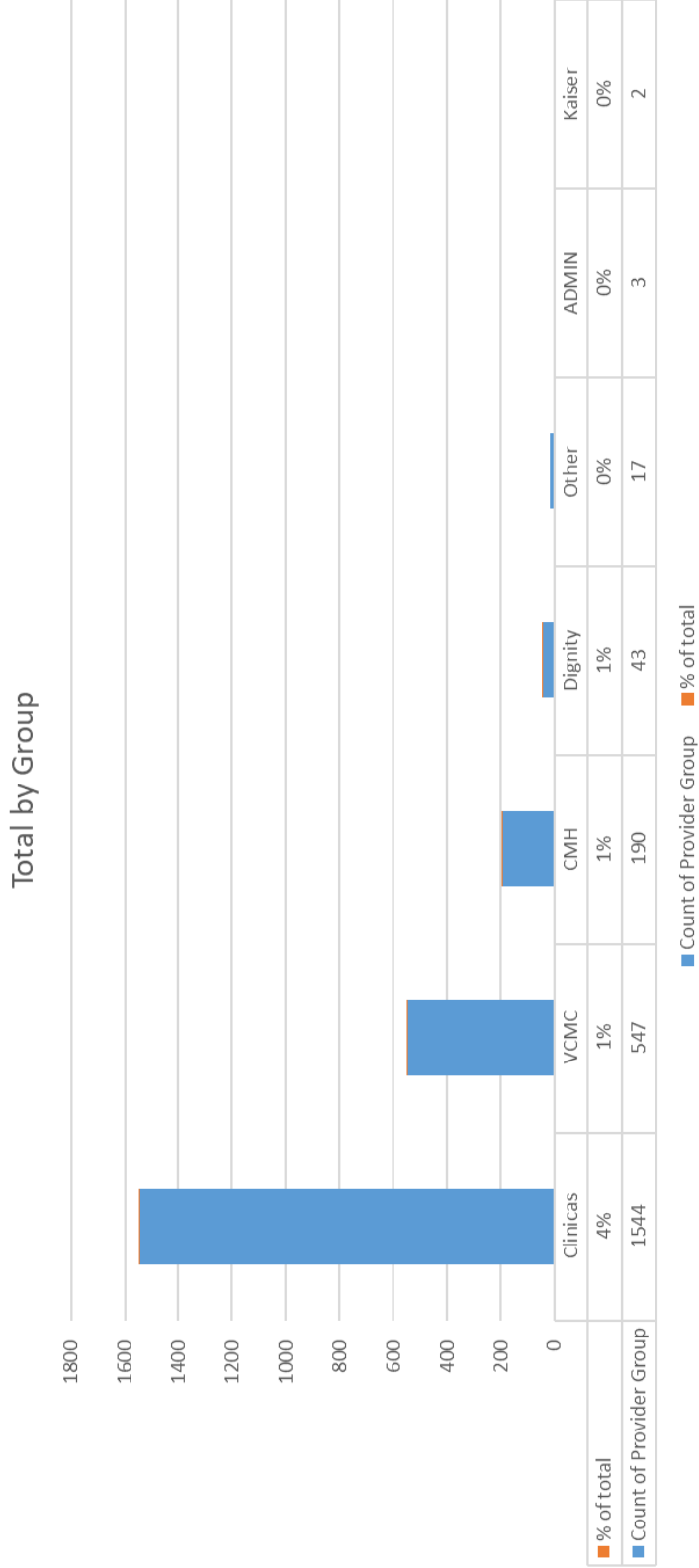
AHP Plan-to-Plan Enrollment

- AHP-GCHP collaboration went live with active enrollment in November.
- On September 24th, notices sent to 70,892 heads of households, excluding Admin members, to inform of the AHP-GCHP pilot program and provide voluntary enrollment consent (“Selection Forms”).
- Enrollment continues – though with some slowing of average daily enrollment since the initial post-mailing activity.



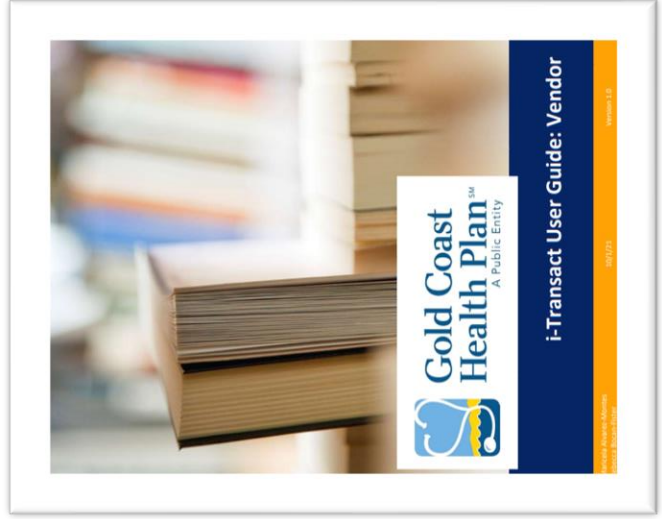
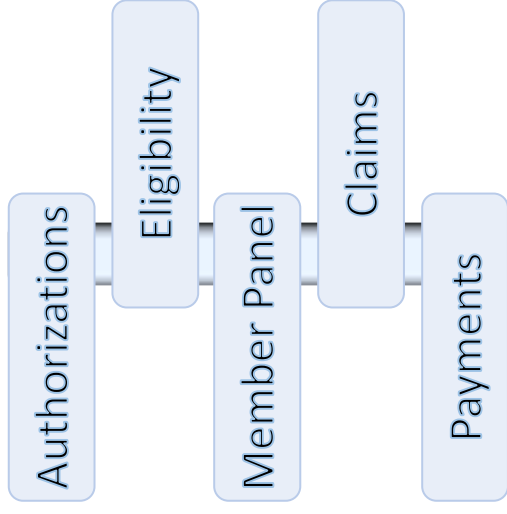
AHP Plan-to-Plan Enrollment (continued)

- Pilot enrollment is over 2,400 members.
- Enrollment has occurred from across the GCHP network with nearly 70% coming from the Clinicas system



Provider Portal

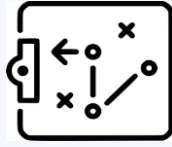
- New portal went Live November 15th
- Basic features with limitations; not a leading-edge system (vs. market options)
- Issues: history of claims, single sign-on per provider
- GCHP Team has lead development of new automated and streamlined operations



- Effective roll out, training of new portal a critical priority (reach and impact: ~400 registered for training)
- Cross-functional team has led: webinars, user guide and training materials
- Webinars and training materials available on GCHP provider website
- Provider feedback: positive and instructive

Provider Network Initiatives

Strategic



- GCHP leadership for CalAIM delivery system transformation in Ventura County
- Enhanced Care Management (ECM): Partnering with VCHCA as lead
- Community Supports (CS): Partnering with VCHCA, community-based providers

Contracting



- VCHCA ECM and CS services (housing deposits, transition and tenancy)
- National Health Foundation (recuperative care, post-hospitalization housing)

Operations



- Portal during HSP transition – intensive cross-functional team support needed to fill gaps (e.g., meetings with providers on claims, manual auth entries)
- New Portal priorities now – roll out and training, valuable provider feedback
- Upgrades to provider file system (eVIPs) and operations (eVIPs)

Provider Network – October 2021 Snapshot

October 2021

Adds

- 2 Primary Care Physicians
- 3 Home Health Agencies

Terms

- 3 Primary Care Physicians
- 1 Home Health Agency

3rd Quarter 2021

Adds

- 280 total including Tertiary
- 184 Cedars Sinai (111 Anesthesia, not uncommon for large affiliated groups)
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Radiology/Imaging	0	2	178
Pharmacy	3	3	518
SNF/LTC/CLF	0	1	85
Behavioral Health	0	4	528

Information in Future COO Reports

- Trend charts for key operational measures
- Fulfillment – member and provider
- Encounters – accuracy, completeness and timeliness
- Quality of member and provider call center experience

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Alan Torres, Chief Information Officer
DATE: November 22, 2021
SUBJECT: CIO Report – Information Technology

CIO On-Boarding

Listed below are the on-boarding activities that have been completed or underway by the CIO during the first 30 days:

People:

1. Started Eileen Moscaritolo's (HMA Consultant) transition
2. Conducted 1-on-1's with all IT (Information Technology) associates
3. Completed required onboarding training
4. Established regularly scheduled 1-on-1 with business stakeholders
5. Completed team overviews with leaders
6. Holding weekly staff meetings
7. Identified candidates to hire
 - a. Hired new associate (Kathleen Phillips – start date of November 8, 2021)

Process:

1. Immersed in key initiatives:
 - a. CalAIM
 - b. Reviewed the Health Information Exchange (HIE) roadmap
 - c. Reviewed the Interoperability roadmap
 - d. Reviewed the Encounters roadmap

Technology:

1. Completed first draft of Five-Year IT (Information Technology) strategic plan
2. Infrastructure
 - a. Reviewed contracts coming up for renewal
 - b. Reviewed Infrastructure 2.0 work effort
3. Security
 - a. Received first security briefing
 - b. Approved Multi-Factor Authentication (MFA) approach & adoption – Next step is to get buy-in from the Executive Team on approach and implementation timeline

4. Conduent
 - a. Supporting Claims In-Sourcing
5. Data
 - a. Reviewed current state architecture

90 Day Action Plan

Introduction

Gold Coast has a clear vision but a complex technology landscape and with CalAIM, Proposition 56, Dual Eligible Special Needs Plans (D-SNP), Gold Coast's technology landscape will become more diverse and intricate over time.

Observations are, Gold Coast platforms are fragile. This means data are not well understood across the enterprise, which leads to quality issues impacting GCHP's ability to meet project deliverables. The platforms are not sufficiently monitored and there is lack of sufficient internal controls which lead to highly manual processes. The result of all of this is leading to abrasions, operational inefficiencies, and challenges meeting regulatory demands.

Focus for Strategic Planning

Over the first 90 days, Guiding Principles will be defined, mapping of Technology Enablers to Business Strategies will be completed that will inform the IT (Information Technology) Five Year Strategic Plan as well as build a strong technical foundation and being '**Brilliant at the Basics**'!

Areas of focus are centered around three dimensions: People, Process, and Technology.

First area of focus is **People**:

1. Identify Staffing needs and create a new Operating Model to support transformation.
2. Align the organization to support Future State Operating Model.
3. Conduct a skills assessment of all staff within IT (Information Technology). We want to identify staffing & training needs to support the work demand. We will partner with HR to put plans together to hire and retain top talent and create succession plans for our associates. Our goals will be to continue to aim to make this **a great place to work!**

The second area of focus is **Process**:

1. Focus on Processes that drive operational efficiencies and drive excellence.
2. Evaluate & get buy-in on Agile adoption. Agile software development refers to **a group of software development methodologies based on iterative development**, where requirements and solutions evolve through collaboration between cross-functional teams. Agile will fundamentally change the way we do work – moving away from the traditional Waterfall Methodology.
3. Partnering with the COO & CFO, implement a robust work intake process. Which will allow GCHP to track and monitor all work items. We will collaborate on a new Portfolio Governance process and implement enhanced financial tracking enabling us to charge and track capitalized labor expenses.

4. Enhanced production support metrics to proactively monitor and report on the health of our platforms and capabilities. Creation of a CIO Scorecard will allow us to effectively report, on a weekly & monthly basis, the health of Gold Coast Technologies.

The third area of focus is **Technology**:

1. Move towards modernized technologies that transform operations by delivering operational efficiencies and reduce costs. IT (Information Technology) will document the current state technology Landscape which will include the following artifacts:
 - a. Architecture, Data Flow, Inbound & Outbound extracts
2. IT (Information Technology) will perform an evaluation of core administrative capabilities supported by Conduent/HSP and make recommendations for modernization capabilities as well as starting roadmaps in the following areas:
 - b. Enterprise Data Warehouse
 - c. 'Data as an Asset'
 - d. Population Health

Finally, IT (Information Technology) will define guiding principles and focus on organization change management that will support this transformation journey.

ATTACHMENTS:

1. **CIO UPDATE POWERPOINT**

Gold Coast Health Plan CIO Update

November 22, 2021

Alan Torres, CIO

Integrity

Accountability

Collaboration

Trust

Respect

Topics

1

CIO On-Boarding

2

90 Day Action Plan

● Introduction

● Focus for Strategic Planning

○ People

○ Process

○ Technology

Overview of Activities and Outcomes | As of 11/17

Accomplished the following activities across people, process, and technology analysis

Information Technology



People



- ✓ Started Eileen Moscaritolo's transition
- ✓ Conducted 1-on-1's with all IT associates
- ✓ Completed required training
- ✓ Established regularly scheduled 1-on-1 with Business Stakeholders
- ✓ Completed team overviews with leaders
- ✓ Holding weekly staff meetings
- ✓ Identified candidates to hire
 - ✓ New associate – 11/8



Process



- ✓ Immersed in key initiatives:
 - ✓ CaIAIM
 - ✓ Conduent
 - ✓ HIE – reviewed roadmap
 - ✓ Interoperability – reviewed roadmap
 - ✓ Encounters - reviewed roadmap



Technology

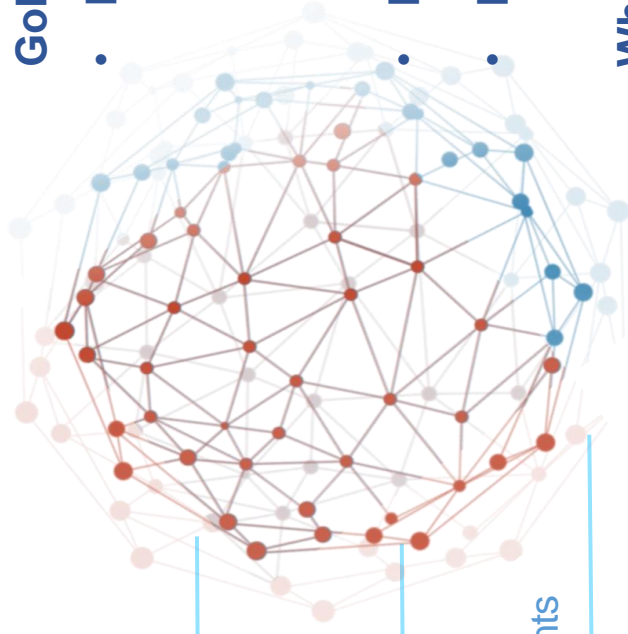


- ✓ Completed first draft of 5 Year IT strategic plan
- ✓ Infrastructure
 - ✓ Reviewed contracts coming up for renewal
 - ✓ Reviewed Infrastructure 2.0 work effort
- ✓ Security
 - ✓ Received first security briefing
 - ✓ Approved Multi-Factor Authentication (MFA) approach & adoption – review with Leaders
- ✓ Conduent – review of their IT eco-system
- ✓ Data
 - ✓ Reviewed current state architecture

INTRODUCTION

Gold Coast has a clear vision but a complex technology landscape

With CalAIM, Proposition 56, D-SNP, Gold Coast's technology landscape will become more diverse and intricate



Gold Coast platforms are...

- Fragile
 - Data is not well understood across the enterprise
 - Data quality issues impacting our ability to meet deliverables
- Not sufficiently monitored – lack of controls
- Leverage highly manual processes

Which has driven...

- Abrasions
- Inefficiencies
- Challenges meeting regulatory demands

Data Needs

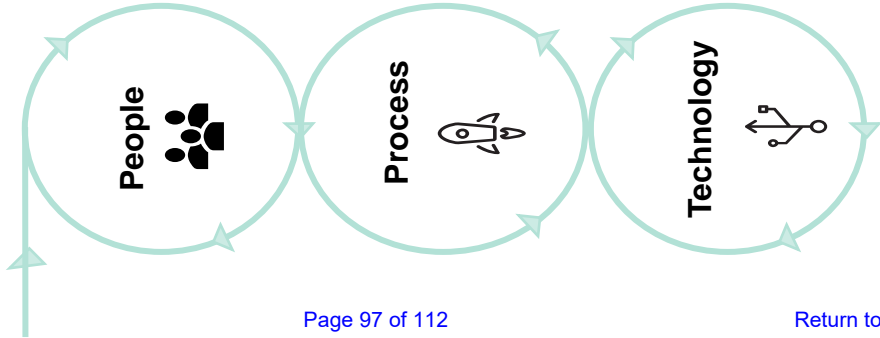
Conduent

Regulatory Requirements

FOCUS FOR STRATEGIC PLANNING

Over the first 90 days, Guiding Principles will be defined, mapping of Technology Enablers to Business Strategies will be completed that will inform the IT 5 Year Strategic Plan as well as build a strong technical foundation and being 'Brilliant at the Basics'!...

Drivers



Inform 5 Year IT Strategic Plan

Identify Staffing needs & Operating Model to support transformation:

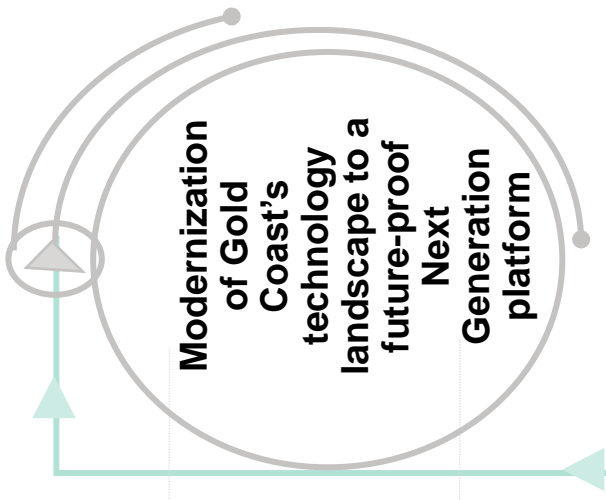
- Organization Alignment – Future State Operating Model
- Conduct skills assessment
- Identify staffing & training needs
- Hire and retain top talent
- Create succession plans

Processes that drive Efficiencies & Excellence:

- Evaluate / Get Buy-in on Agile adoption
 - Implement work intake process
 - Collaborate on a new Portfolio Governance process
 - Enhanced financial tracking – Capital vs. Expense
- Enhance Production Support metrics
- Creation of a CIO Scorecard – Weekly/Monthly
- Align Technology enablers to Business Strategies

Modernized technologies that transform operations:

- Document Current State Technology Landscape
 - Architecture, Data Flow, Inbound & Outbound extracts
- Evaluation of Core Admin capabilities – Conduent/HSP
- Identify Modernization capabilities & start roadmaps
 - Enterprise Data Warehouse – Cloud
 - 'Data as an Asset' – strategy
 - Population Health
- Innovation & Re-Branding campaign
- Define Guiding Principles



AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Michael Murguia, Executive Director of Human Resources

DATE: November 22, 2021

SUBJECT: Human Resources Report

Human Resources Activities

We held a very successful virtual Benefits Fair on November 3rd and 4th. Our event was well attended, and included an overview of our new approach to managing our benefits at the Plan. As part of the Human Resources strategic plan initiatives to become a “Best Place to Work,” we completed a benefits analysis with a focus on managing costs while improving services. This analysis included an evaluation of benefits brokers. As we considered our benefits costs, we began evaluating a self-funding concept to control costs and provide additional benefits. We received strong support from our CEO and CFO.

As we began our 2022 benefits planning, our carriers began providing updated forecasted costs for their services for the new year. This year, we were shocked by the increases presented by our carriers. One carrier specifically increased costs 40%, which meant over an \$850k increase for their services. We were fortunate that we had already done our strategic pre-work and evaluated our calculations through the self-funding concept. Because we had already completed our pre-work and received strong support from our CEO and CFO for a self-funding approach, we were totally prepared to make our decision to change our medical benefit model. Thanks to this strategy, for the fourth year in a row we did not increase our employee medical premiums. In addition, we were able to decrease deductibles and retain the majority of our employees’ physician networks.

In addition to cost savings, we were able to add additional services like Clever RX for prescription savings, enhanced Employee Assistance Programs available 24/7, a Travel Assistance Program, a telemedicine mobile app with 24/7 service, increased disability benefits, and increased dental coverage.

During our Virtual Benefits Fair, we stressed to our employees that these cost savings and advantages came with process changes in the management of their medical plans, and that these changes would be driven by their medical plan choices. Our employees were very happy with the cost savings news and are prepared to accept and manage these changes.

We achieved our objectives to add value to our benefits portfolio and manage lower costs for our employees. Our new benefits strategy compliments our overall Human Resources strategy and our continued efforts to become a “Best Place to Work.”

Attrition and Case Update

We had one voluntary resignation in the last 30 days and no new cases.

Facilities / Office Updates

GCHP Facilities team is dedicated to planning a return to the office when conditions allow. The team continues to meet and evaluate:

- Protocols for the flow of employees who visit the office for supplies, printing, and other business-related activities
- Protocols for our new entrance and exit process requiring temperature checks and registration in our Proxy click system is working very well
- Protocols for a return to the office, including a temperature check
- Making any necessary modifications to improve air quality inside the buildings



AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Ted Bagley, Chief Diversity Officer
DATE: November 22, 2021
SUBJECT: Chief Diversity Officer Report

Actions:

1. Community Relations

Attended the County Health Equity Advisory selection committee meeting. Commissioner Laura Espinosa and I were selected to serve on the review committee to screen applications for seats on the HEAC. There was a news release detailing the responsibilities of the council and its efforts to address health issues in underserved communities.

Attended Zoom on why Critical Race Theory is such a hot button in the media.

Advised and wrote job description for a diversity position in support of the Ventura Community College District.

Attended City Council Meeting in Simi Valley where police reform, community action, open positions and the budget were agenda items.

2. Case Investigations District

No new cases submitted during the month of October/ November.

3. Diversity Activities

The Diversity, Equity and Inclusion team has been challenged to look at our plan's Values, Mission and Vision statements. It was determined by the group that because of the changing landscape, the pandemic and new cultural norms, change may be needed. Recommendations of any proposed changes will be made to the executive team during the fourth quarter.

Having some difficulty in identifying key players who will be significant contributors to a proposed summit on Health Equity within our membership. The proposed summit, because of the pandemic, identifying appropriate participants, and the holiday season, will be pushed to first quarter 2022.

Received nine (9) calls from employees with the following subject matter:

- Lunch -N- Learn feedback (2)
- Health Equity (2)
- Career counselling (2)
- Diversity discussions (2)
- Opportunities (1)

Continue to work with HR in structuring a strategy on return-to-work process.

Article written and placed in our Compass newsletter by our communications group in support of Pilipino heritage month.

AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Margaret Tatar, Chief Executive Officer

DATE: November 22, 2021

SUBJECT: Chief Executive Officer (CEO) Report

I. California's 2022-23 Budget

The Legislative Analyst released its fiscal outlook today and is projecting a \$31B surplus for the 2022-23 budget. The Governor will introduce his 2022-23 budget on or before January 10, 2022. Please see the report: <https://lao.ca.gov/reports/2021/4472/fiscal-outlook-111721.pdf>

II. GCHP and Cal AIM

- A. The Newsom Administration continues to anticipate the approval of its Section 1115 Waiver for the Medi-Cal Program, Cal AIM by the federal government's Centers for Medicare & Medicaid Services (CMS) by the end of 2021.
- B. Cal AIM reflects an ambitious and transformational period in the history of Medi-Cal for the 14 million Californians who are covered by this, the largest public health insurance program in the country. Your GCHP management team looks forward to its December 2021 Strategic Planning retreat with the Commission to set forth our proposed five-year plan to meet the obligations, opportunities and challenges we face as a result of Cal AIM. In particular, GCHP will be focused on the unique role that the plan --- as a COHS --- plays in Ventura County to drive transformation, to maximize the benefits of incentive funding to build capacity for new services, to promote health equity, and to address the adverse impacts of housing insecurities.
- C. Cal AIM requires managed care plans to engage with our county delivery systems, our providers, our community-based organizations, our homeless service providers, our diversity officers throughout the county, our advocacy organizations that promote health equity, and – of course – our governing body to realize the potential that Cal AIM represents in transforming Medi-Cal. We are eager to fulfill this promise.

III. GCHP Enrollment:

A. Membership

	VCMC	CLINICAS	CMH	PCP-OTHER	DIGNITY	ADMIN MEMBERS	NOT ASSIGNED	KAISER	AHP
Sep-21	85,982	43,202	32,568	5,132	6,357	43,262	2,502	6,747	
Aug-21	86,143	43,141	32,430	5,138	6,324	42,535	2,369	6,676	
Jul-21	85,488	42,747	32,130	5,114	6,298	16,880	3,714	6,584	

Notes:

1. Enrollment in the AHP plan-to-plan pilot began on Nov. 1, 2021. The membership chart will be updated to track this enrollment going forward. Enrollment for Nov. 2021 is 1,951.
2. The 2021 Admin Member numbers will differ from the member numbers below, as both reports represent different snapshots of eligibility.
3. Unassigned members are those who have not been assigned to a 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	September 2021
Total Administrative Members	43,262
Share of Cost	2,198
Long Term Care	723
BCCTP	80
Hospice (REST-SVS)	19
Out of Area (Not in Ventura)	416
Other Health Care	
DUALS (A, AB, ABD, AD, B, BD)	25,794
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	16,927

NOTE:

The total number of members will not add up to the total admin members, as members can be represented in multiple boxes. For example, a member can be both Share of Cost and Out of Area. They are counted in both boxes.

METHODOLOGY

Administrative members for this report were identified as anyone with active coverage with the benefit code ADM01. Additional criteria follow:

1. Share of Cost (SOC-AMT) > zeros



- a. AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
2. 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.

IV. EXTERNAL AFFAIRS

A. Federal
Congressional Action (as of Nov. 8, 2021)
<p>Congress has stalled on H.R. 5376, the “Build Back Better Act.” Differences between the House and Senate are currently being negotiated.</p> <p>The key areas of Build Back Better’s health initiatives are:</p> <ol style="list-style-type: none"> 1. Prescription Drug Pricing 2. Medicare Dental, Vision, and Hearing Coverage 3. Medicaid Coverage Gap 4. Affordable Care Act Reinsurance Program 5. Home- and Community-Based Services 6. Children’s Health Insurance Program (CHIP) and Medicaid 7. Maternal Health 8. Justice-Involved Populations 9. Public Health Infrastructure, Workforce, and Preparedness <p>Other notable health-related bipartisan bills that passed the House include:</p> <ol style="list-style-type: none"> 1. H.R. 4369, the “National Centers of Excellence in Advanced and Continuous Pharmaceutical Manufacturing Act” The bill would amend the 21st Century Cures Act to provide the Food and Drug Administration (FDA) with the authority to designate institutions of higher education that provide research, data, and leadership on advanced and continuous manufacturing for pharmaceuticals as National Centers of Excellence in Advanced and Continuous Pharmaceutical Manufacturing. Such centers would work with the FDA to craft a national framework for advanced and continuous pharmaceutical manufacturing, including workforce development, standardization, and collaboration with manufacturers. The bill passed on the House Floor by a vote of 368-56.



Congressional Action (as of Nov. 8, 2021)

2. H.R. 654, the “Drug-Free Communities Pandemic Relief Act”
The bill would waive a federal grantee’s matching requirements during the COVID-19 pandemic if they are unable to meet the match for the Drug-Free Communities Support Program, which is a program that supports community-based drug prevention coalitions in the U.S. The bill also would increase the resources made available for evaluation and administrative expenses of the Drug-Free Communities Support Program by raising the program’s administrative cap from 8% to 12%. The bill passed on the House Floor by a vote of 395-30.
3. H.R. 2379, the “State Opioid Response Grant Authorization Act of 2021”
The bill would amend the 21st Century Cures Act to authorize the State Opioid Response (SOR) Program and harmonize the uses of these grants with funding provided by the Substance Abuse and Mental Health Services Administration. The bill would also require the U.S. Government Accountability Office (GAO) to assess how grant funding is allocated to states, evaluate state perspectives on funding levels, and how grant funding is awarded under similar programs. The bill passed on the House Floor by a vote of 380-46.

B. State

Executive and DHCS Actions (as of Nov. 8, 2021)

APL 21-017 Community Supports Requirements (Nov. 5, 2021)

Oversees the provision of Community Supports, previously referred to as In Lieu of Services (ILOS), and the development and operation of these services by Managed Care Plans implementing Community Supports.

APL 21-016 California Advancing and Innovating Medi-Cal (CalAIM) Incentive Payment Program (Oct. 27, 2021)

Provide Managed Care Plans with guidance on the incentive payments linked to the Enhanced Care Management (ECM) and Community Supports (CS) programs implemented by the CalAIM initiative.

APL 21-015 Benefit Standardization and Mandatory Managed Care Enrollment Provisions of CalAIM (Oct. 18, 2021)

Guidance to all MCPs on the Benefit Standardization and Mandatory Managed Care Enrollment (MMCE) provisions of the CalAIM initiative.

Effective no sooner than Jan. 1, 2022, DHCS will:

- Require the non-dual population in voluntary or excluded aid code groups (detailed in Attachment 1 of this APL) to enroll in a Managed Care Plan.
- Transition the populations outlined in Attachment 1 of this APL from the Medi-Cal managed care delivery system into the Medi-Cal FFS delivery system.



CONT'D

APL 21-015 Benefit Standardization and Mandatory Managed Care Enrollment Provisions of CalAIM (Oct. 18, 2021)

Effective no sooner than Jan. 1, 2023, DHCS will:

- Require the dual populations outlined in Attachment 1 of this APL in non-County Organized Health Systems and non-Coordinated Care Initiative (CCI) counties (except those with a Share of Cost (SOC) or restricted scope Medi-Cal) to enroll in a Managed Care Plan.

Require all non-dual and dual Long-Term Care (LTC) beneficiaries (including SOC LTC) to enroll in a Managed Care Plan.

Benefit Standardization includes:

- Major Organ Transplants Carve-in
- Specialty Mental Health Services Carve-Out (Sacramento)
- Institutional Long-Term Care Services, Effective Jan. 1, 2023

APL 21-014 Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (Oct. 11, 2021)

Clarifies Managed Care Plan requirements for primary care providers to offer Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women. This APL aligns with the Nov. 2018 and June 2020 updates to the United States Preventive Services Task Force (USPSTF) recommendations and supersedes APL18-014.

Draft APL 21-XXX Alternative Format Selection for The Visually Impaired

Ensure effective communication with members with visual impairments by tracking members' alternative format selections (AFS). Tracks with DHCS' policy regarding the provision of member information in alternative formats in APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services.

State Legislature Bills (as of Nov. 8, 2021)

Oct. 10, 2021, was the last day for bills to be signed, approved without signing, or vetoed by the Governor.

In 2021, the Legislature sent 836 bills – 313 Senate bills and 523 Assembly bills – to the Governor for consideration, nearly twice as many as last year during the state's initial response to the COVID-19 pandemic. He signed 770 bills into law and vetoed 66.

The Legislature can override a Governor's veto by a two-thirds vote in both houses. However, a veto override has not occurred since 1980.

C. Community Relations: Sponsorships

Gold Coast Health Plan (GCHP) continues its support of organizations in Ventura County through its sponsorship program. Sponsorships are awarded to community-based organizations in support of their efforts to help Medi-Cal members and other vulnerable populations. The following organizations were awarded sponsorships in October:

Organization	Description	Amount
Santa Paula Latino Town Hall	Santa Paula Latino Town Hall is a nonprofit organization dedicated to working to enhance, promote, mobilize, cultivate, and raise the level of social awareness in Ventura County. The sponsorship will support the “25 th Annual Community Awards” fundraising event to provide youth with scholarships, career educational seminars, and youth leadership conferences.	\$1,000
Santa to the Sea	Santa to the Sea is a nonprofit event that seeks to provide 80 college sponsorships and to continue funding their weekly pantry. In addition, the sponsorship will go toward the “14 th Annual Santa to the Sea” fundraising race to provide children in the Nyland Acres neighborhood with Christmas gifts.	\$1,500
TOTAL		\$2,500

D. Community Relations: Community Meetings and Events

In late October and early November, the Community Relations team participated in various collaborative meetings, community events, vaccine outreach events, and council meetings. The purpose of these events is to connect with our community partners and members to engage in dialogue to bring awareness and services to the most vulnerable Medi-Cal beneficiaries.

Organization	Description	Date
Ventura County Public Health	Ventura County Public Health, UFW, and MICOP hosted a canvassing event to inform residents of the COVID-19 Vaccine mobile clinic in Durley Park in Oxnard.	Oct. 26, 2021

Organization	Description	Date
City of Oxnard Parks, Recreation, and Community Services Commission	The commission serves as a liaison between the city council and the community in matters related to parks and recreation and community services activities.	Oct. 27, 2021
Ventura County Public Health	The City of Oxnard and Ventura County Public Health partnered to host a COVID-19 vaccine mobile clinic at Durley Park in Oxnard.	Oct. 28, 2021
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and bring presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.	Nov. 3, 2021
Partnership for Safe Families Strengthening Families Collaborative Meeting	The Partnership for Safe Families & Communities of Ventura County is a non-profit organization providing inter-agency coordination, networking, advocacy, and public awareness. The collaborative meeting engages parents and community representatives to share resources, announcements, and community events.	Nov. 3, 2021
Circle of Care One Step A la Vez	One Step A La Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13- to 19-year-olds and bridging the gaps of inequality while cultivating healthy individuals and community. Circle of Care is a monthly meeting with community leaders to share resources, network, and promote community events.	Nov. 4, 2021
Total community meetings and events		6

In October, GCHP launched its member vaccine incentive. GCHP continues to partner with Ventura County Public Health at its COVID-19 mobile vaccine clinics. On Oct. 22, 2021, GCHP hosted its first COVID-19 vaccine event in Oxnard's Lemonwood neighborhood. Full-scope members 12 years of age and older who receive their first COVID-19 vaccine can now get a \$50 gift card.

Below you will find information about our outreach efforts and results from Oct. 13-28, 2021.

Outreach Efforts			
	Spanish	English	Total
Adult Member	9	8	17
Child Member	9	7	16
Senior Member	3	2	5
Non-Member Adult	44	17	61
Non-Member Child	3	3	6
Non-Member Senior	5	5	10
Total			115

Member Gift Card Distribution			
	Spanish	English	Total
Adult Member	7	3	10
Child Member (over the age of 12)	5	9	14
Senior Member	0	0	0
Total			24



E. Community Insight Coalition

On Nov. 4, 2021, GCHP held its first Community Insight Coalition meeting. We were joined by our partners from 15 community-based organizations who all came together virtually to work on identifying and addressing any barriers members may have when

accessing care and community resources. The goal of the coalition is to work together to address shared challenges to strengthen our community.

During our inaugural meeting, we discussed vaccine outreach efforts, upcoming Medical initiatives, and received feedback from one of the members of our Community Advisory Committee about some of the unique transportation challenges some of our members face. The next meeting is scheduled for Dec. 6, 2021.

V. COMPLIANCE

A. Delegation Oversight

GCHP is contractually required to perform oversight of all functions delegated through subcontracting arrangements. Oversight includes, but is not limited to:

- Monitoring / reviewing routine submissions from subcontractor
- Conducting onsite audits
- Issuing a Corrective Action Plan (CAP) when deficiencies are identified

**Ongoing monitoring denotes the delegate is not making progress on a CAP issued and/or audit results were unsatisfactory and GCHP is required to monitor the delegate closely as it is a risk to GCHP when delegates are unable to comply.*

Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a DHCS requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, 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 oversight of 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 from Oct. 5-31, 2021.

Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	2017 Annual Claims Audit	Open	12/28/2017	Under CAP	Issue will not be resolved until new claims platform conversion



Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	2021 Annual Claims Audit	Open	07/21/2021	Under CAP	
Beacon	2020 Annual Claims Audit	Open	4/21/2020	Under CAP	
Beacon	2021 Annual Claims Audit	Open	5/6/2021	Under CAP	
Beacon	2021 Quarterly UM Audit	Open	10/27/2021	Under CAP	
CDCR	2021 Quarterly UM Audit	Closed	10/22/2021	11/2/2021	
Kaiser	2021 Annual Claims Audit	Closed	N/A	08/25/021	
VSP	2021 Annual Claims Audit	Open	11/5/2021	Under Cap	
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	
VTS	2021 Call Center Audit	Open	5/21/2021	Under CAP	
Beacon	2021 Call Center Audit	Open	10/4/2021	Under CAP	
Privacy & Security CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	Annual Vendor Security Risk Assessment 2020	Closed	9/22/2020	7/09/2021	
Conduent	Call Center Recordings Website	Open	1/06/2021	N/A	
Operational CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	February 2021 Service Level Agreements	Open	4/15/2021	N/A	



Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	IKA Inventory, KWIK Queue, APL 21-002	Open	4/28/2021	N/A	IKA Inventory and KWIK Queue Findings Closed
Conduent	HSP Provider Portal	Open	4/29/2021	N/A	
Conduent	Call Center Stats & System Edits	Open	5/25/2021	N/A	
Conduent	IVR System Dropped Calls	Open	5/27/2021	N/A	
Conduent	May 2021 Service Level Agreements	Open	7/07/2021	N/A	
Conduent	August 2021 Service Level Agreements 1. Authorization Files 2. Check Issuance Errors 3. Member Handbook 4. Dropped Calls by Call Center	Open	9/10/2021	N/A	

RECOMMENDATION:

Accept and File