



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

Community Advisory Committee (CAC) Meeting

Regular Meeting

Wednesday, April 17, 2024, 4:00 p.m. – 6:00 p.m.

**Gold Coast Health Plan,
Community Room**

711 E. Daily Drive, Suite 110, Camarillo, CA 93010

Conference Call Number: 1-805-324-7279

Conference ID Number: 718 908 916#

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

4900 California St. Suite 200 office #5
Bakersfield, CA 93309

AGENDA

INTERPRETER ANNOUNCEMENT

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the Community Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

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

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.

Welcoming Remarks

Marlen Torres, Executive Director of Strategy & External Affairs

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of January 17, 2024.

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

PRESENTATIONS

2. Community Care

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Eve Gelb, Chief Innovation Officer

RECOMMENDATION: Receive and file the presentation

3. Expansion Population: 26 – 49 years old / Outreach Strategies

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Eve Gelb, Chief Innovation Officer
Anna Sproule, Executive Director of Operations

RECOMMENDATION: Receive and file the presentation

UPDATES

4. Member Services Everywhere / Contact Center Update

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

RECOMMENDATION: Receive and file the presentation

5. Implementation Update: Justice Services

Staff: Pauline Preciado, Exec. Director of Population Health
David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update.

COMMENTS FROM COMMITTEE MEMBERS

CAC Feedback / Roundtable Discussion

PUBLIC COMMENT

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular CAC meeting will be held on July 17, 2024, from 4PM – 6PM in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, Camarillo CA 93010.

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

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

AGENDA ITEM NO. 1

TO: Community Advisory Committee (CAC)
FROM: Maddie Gutierrez, MMC - Clerk to the Commission
DATE: April 17, 2024
SUBJECT: Approval of the Community Advisory Committee regular meeting minutes of January 17, 2024 .

RECOMMENDATION:

Approve the minutes as presented.

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

**Community Advisory Committee (CAC) Minutes
Regular Meeting
January 17, 2024**

CALL TO ORDER

Committee Chair, Ruben Juarez, called the meeting to order at 4:04 p.m. in the Bell Canyon Conference Room located at Gold Coast Health Plan, 770 Paseo Camarillo, 2nd floor, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Committee members Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Elaine Martinez, Juana Quintal, and Pablo Velez.

Absent: Committee members Laurie Jordan, Rose MacKay, and Rafael Stoneman.

Attending the meeting for GCHP Executive Team were CEO Nick Liguori, CPPO Erik Cho, CIO Alan Torres, Eve Gelb, Chief Innovation Officer, CMO Felix Nunez, M.D., CDO Ted Bagley, Marlen Torres, Exec. Director of Strategy & External Affairs, Adriana Sandoval, Luis Aguilar, Susana Enriquez-Euyoque, James Cruz, M.D., David Tovar, April Whetsell, Rachel Lambert, Kim Timmerman, Lupe Gonzalez, and General Counsel, Scott Campbell.

PUBLIC COMMENT

None.

WELCOMING REMARKS

Marlen Torres, Exec. Director of Strategy & External Affairs welcomed all who were attending in person, as well as those who have joined via Teams. Ms. Torres stated that staff is developing programs and is seeking feedback from the committee.

Ms. Torres stated that the committee will be receiving meeting materials one week in advance of the meeting date in order for the committee to have time to review the materials and have an opportunity to prepare questions and/or feedback in advance.

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of October 18, 2023.

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

Committee member Rose MacKay arrived at the meeting at 4:10 p.m.

Committee member Paula Johnson motioned to approve consent item 1. Committee member Elaine Martinez seconded.

Roll Call vote as follows:

AYES: Committee members Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose MacKay, Elaine Martinez Juana Quintal, and Dr. Pablo Velez

NOES: None.

ABSENT: Committee members. Laurie Jordan, and Rafael Stoneman

The motion carries.

PRESENTATIONS

2. Brown Act Update

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Receive and file the presentation.

General Counsel, Scott Campbell, gave an update on the Brown Act. He stated that the law has changed. AB361, which is what the state enacted during the Covid emergency. This law allowed meetings to occur at remote locations where members of the public were not given the address from where committee members were calling from or were attending. There is no longer a public health emergency, and we now will go back to the old rules prior to the PHE. Meeting will be held in person.

3. 2024 Member Incentive Programs

Staff: Felix L. Nuñez, MD, MPH, Chief Medical Officer
Kim Timmerman, Sr. Director of Quality Improvement
April Whetsell, QI Program Manager I

RECOMMENDATION: Receive and file the presentation.

4. Interdisciplinary Teams

Staff: Felix L. Nuñez, MD, MPH, Chief Medical Officer
Rachel Lambert, Sr. Director, Clinical Care Management

RECOMMENDATION: Receive and file the presentation.

UPDATES

5. Breast Cancer Screening Quality Measure Update

Staff: James Cruz, MD, Sr. Medical Director
Eve Gelb, Chief Innovation Officer

RECOMMENDATION: Receive and file the update.

Committee member Dr. Pablo Velez left the meeting at 5:32 p.m.

6. Implementation Update: Justice Service

Staff: Pauline Preciado, Exec. Director of Population Health
David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update.

7. Redetermination Update

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

RECOMMENDATION: Receive and file the update.

Committee member Martha Johnson motioned to approve consent items 2 through 7. Committee member Paula Johnson seconded.

Roll Call vote as follows:

AYES: Committee members Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose MacKay, Elaine Martinez, and Juana Quintal

NOES: None.

ABSENT: Committee members. Laurie Jordan, Rafael Stoneman, and Dr. Pablo Velez.

The motion carries.

COMMENTS FROM COMMITTEE MEMBERS

PUBLIC COMMENT

None

ADJOURNMENT

With no further business to discuss the meeting was adjourned at

Approved:

Maddie Gutierrez, MMC Clerk to the Commission

AGENDA ITEM NO. 2

TO: Community Advisory Committee (CAC)
FROM: Eve Gelb, Chief Innovation Officer
Marlen Torres, Executive Director or Strategy & External Affairs
DATE: April 17, 2024
SUBJECT: Community Care

PowerPoint with Verbal Presentation

ATTACHMENTS:

Community Care

Community Care

April 17, 2024

Eve Gelb, Chief Innovation Officer
Marlen Torres, Executive Director of Strategy &
External Affairs

Integrity

Accountability

Collaboration

Trust

Respect

Community Care Goal

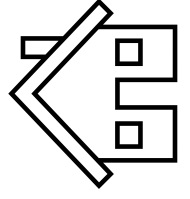
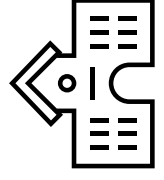
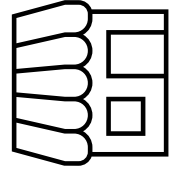
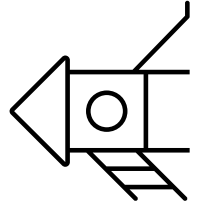
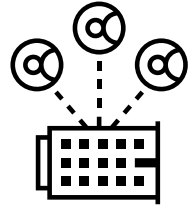
GCHP will build a sustainable community care infrastructure, tools, and process for on-going care to improve health outcomes by closing MCAS gaps in care.

We will build end-to-end workflow that ensures:

1. Members know about and can attend events
2. Services are available at events to make it possible to close gaps in care
3. Data flow to ensure right clinical care follow-up and right documentation

We will test different ways to make care easier for members including:

- Home Health visits that close MCAS Care Gaps
- School events (Early Childhood, K-8, Highschool, Community College)
- Work events
- Community events with partners and providers
- At least 1 that is hosted by GCHP
- Piloting self-test kits for certain MCAS measures.



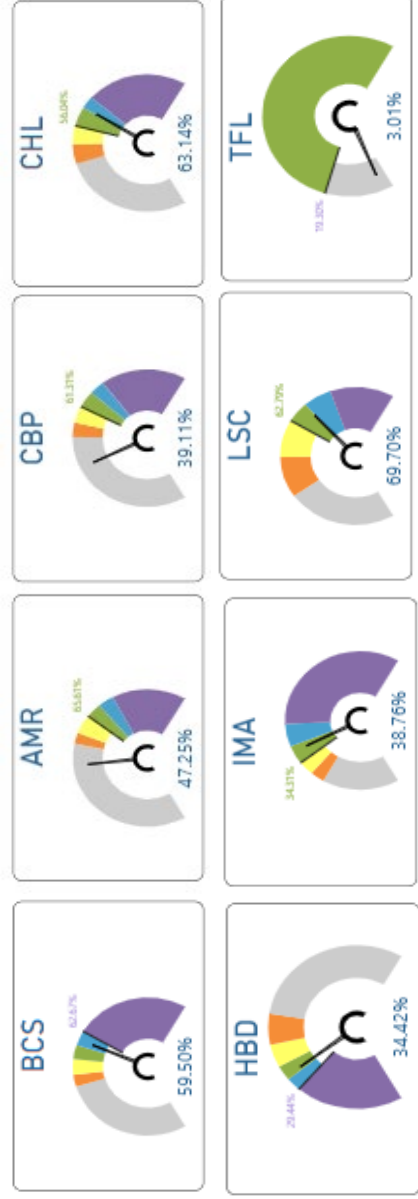
Community Care... Why it Matters

Transforming for Care:

1. By bringing care to our members where they live, work, and go to school, we make it easier for our members to connect with care.
2. By building the processes, systems, and tools for GCHP to bring care to our members where they want and need it.

Connecting *with* Care and Closing MCAS gaps in Care

1. Every type of event is designed to close an MCAS gap in care or connect members with care that will close a gap in care.
2. Events will impact the following MCAS Measures:



GCHP Health Fair-Sunday, June 2, 2024

Location: Oxnard College, 400S. Rose Ave, Oxnard, CA 93033

Time: 10:00am-3:00pm

Community Partners:

- Various Community Based Organizations (CBOs) will be in attendance to share information with our members about the services they offer.

Providers:

- Providers and vendors will deliver services for members.
- Behavioral Health, Transportation and Vision providers present to educate on benefits and connect with members.

GCHP Employees:

- GCHP employees will volunteer and meet our members face to face
- Specific GCHP departments will have a booth at the Health Fair to share information with our members.

Feedback Needed

- What suggestions do you have for how to make members aware of events and encourage attendance?
- Some events are for members only, other events are for members and the community. There are rules we must follow that prevent GCHP from delivering care to non-members. What guidance do you have regarding how to manage our commitment to our community when we cannot provide equal services to members and non-members?
- In addition to improving MCAS, how else should we measure success for Community Care?
- What barriers should we consider for self-test kits?

AGENDA ITEM NO. 3

TO: Community Advisory Committee (CAC)

FROM: Eve Gelb, Chief Innovation Officer
Marlen Torres, Executive Director or Strategy & External Affairs
Anna Sproule, Executive Director of Operations

DATE: April 17, 2024

SUBJECT: Expansion Population: 26 to 49 years old - Outreach Strategies

PowerPoint with Verbal Presentation

ATTACHMENTS:

Expansion Population: 26 – 49 years old / Outreach Strategies

Expansion Population: 26 – 49 years old Outreach Strategies

April 17, 2024

Eve Gelb, Chief Information Officer
Marlen Torres, Executive Director, Strategy
and External Affairs
Anna Sproule, Executive Director, Operations

Integrity

Accountability

Collaboration

Trust

Respect

Agenda

1. Governor Newsom State Budgetary Action
2. Adult Expansion Primary Care Assignment
3. Outreach Strategies
4. Feedback and Suggestions

Governor Newsom Budgetary Action

Jan. 1, 2024 = California became the first state in the nation to provide full-scope Medicaid coverage to undocumented individuals of all ages.

The Medi-Cal Adult Expansion for Ages 26-49 consists of individuals transitioning from restricted-scope Medi-Cal (due to lack of Satisfactory Immigration Status (SIS)) and new enrollees.

Those in County Organized Health Systems (COHS) counties were automatically enrolled in the county MCP on Jan. 1, 2024; for those in non-COHS counties, a choice packet was sent requesting individuals to select from available plans.

~707,000 = Governor's budget estimate of the adult expansion population; proposed FY 2024-25 CA budget maintains adult expansion funding with \$1.4B 2023-24, \$3.4B in 2024-24, and \$3.7B ongoing

14,827 = Individuals transitioned to GCHP from restricted scope Medi-Cal to GCHP in January

Primary Care Physician (PCP) Assignment

To prepare for the Adult Expansion population, DHCS issued [APL 23-031](#) to address Primary Care Physician (PCP) assignment for the Adult Expansion Transition population.

Applies to New Enrollee Population and Transition Population eligible under the Adult Expansion

MCPs must maintain PCP assignment to the maximum extent possible

Data sharing requirements effective immediately and continue through 6/30/2024 – Member PCP Assignment file from county/PCP Assignment Return File from MCP

MCPs to designate a point of contact for the county to engage with all organizations able to share data

Continuity of Care Requirements – must prioritize member choice of auto-assignment; adhere to APL 23-022 requirements for out-of-network PCPs

Outreach Strategies



Welcome Calls
Conducted by the Contact
Center Agents



Health Risk Assessments



New Member Orientations

Feedback and Suggestions

1. What have you heard in the Community regarding this new expansion coverage?
2. What else can we do to ensure this new membership is connected to Care?
3. What are some challenges or barriers we need to be aware of when engaging with this new membership?

AGENDA ITEM NO. 4

TO: Community Advisory Committee (CAC)
FROM: Marlen Torres, Executive Director or Strategy & External Affairs
Anna Sproule, Executive Director of Operations
DATE: April 17, 2024
SUBJECT: Member Services Everywhere / Contact Center Update

PowerPoint with Verbal Presentation

ATTACHMENTS:

Contact Center Update

Community Advisory Committee

April 17, 2024

Anna Sproule Executive Director, Operations
Marlen Torres, Executive Director, Strategy and
External Affairs

Integrity

Accountability

Collaboration

Trust

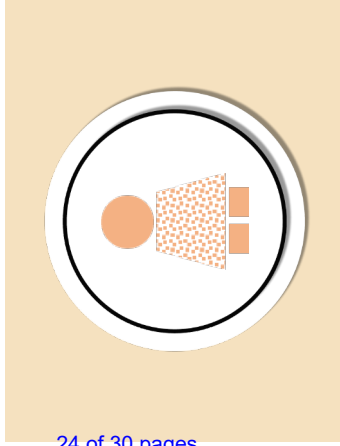
Respect

Background

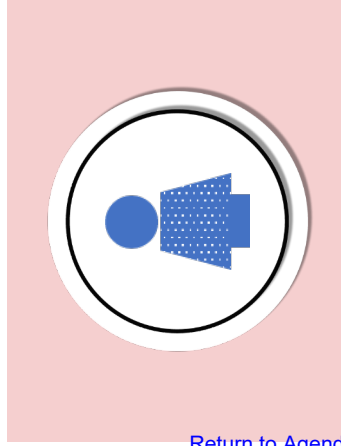
To begin, **Gold Coast is embarking on a new campaign** to enhance the care delivered to its members.



- ❑ Build an in-house and community-based service program in FY 2023-24 to replace Conduent (contracted service ends June 2024). GCHP's service program will go live in the 2nd half of the FY 2023-24 fiscal year to optimize service capability ahead of switch-over.

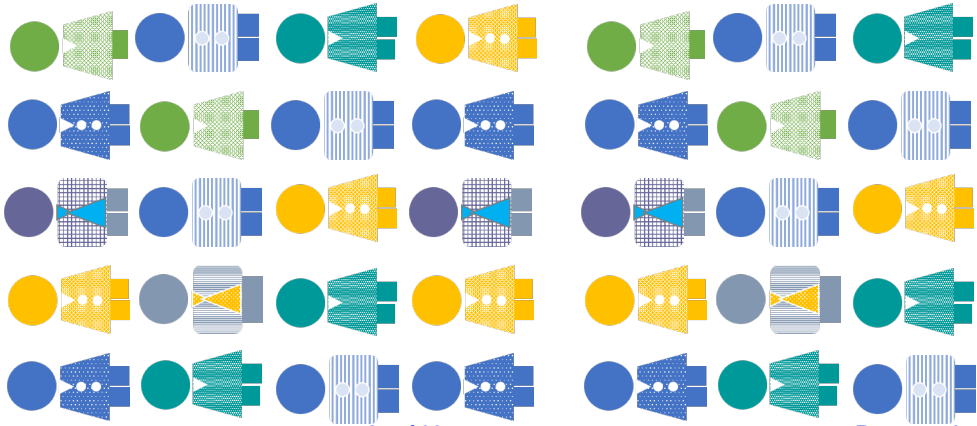


- ❑ Develop and successfully operate (1) a contact center; (2) a community-deployed service team that will be embedded in provider offices and community events; and (3) satellite office(s).



- ❑ Deliver high quality service and member satisfaction at a lower cost than today. The primary measures of member satisfaction will be the Consumer Assessment of Healthcare Providers and Systems (CAHPS)* survey administered biennially by DHCS and interim GCHP-administered Voice of the Member surveys.

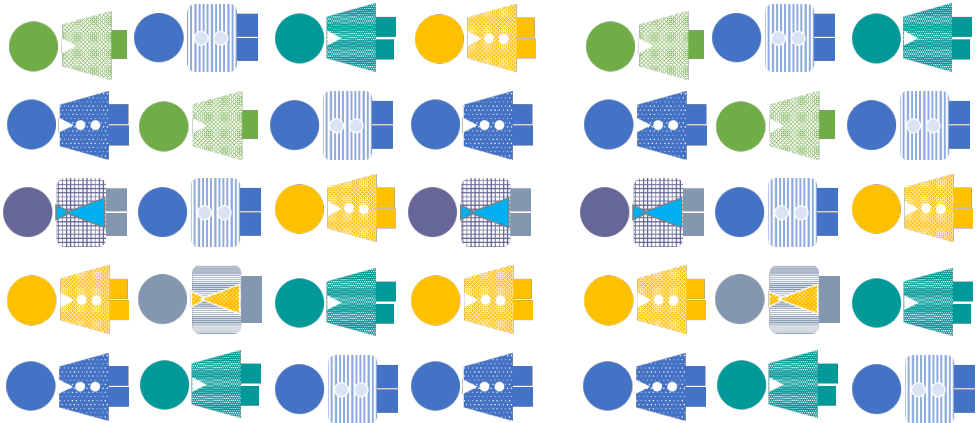
Internal Member/Provider Service Program



- Conduent contract ends June 2024. GCHP will build a high-performing onsite call center at a lower cost than the Conduent contract.
- Initially, GCHP will bring in 20 locally sourced call center personnel, including call center representatives, team leads, and a manager. These will report to current GCHP leadership with some re-organization planned.
- Hiring, onboarding, training, and deployment is slated for the 2nd half of FY 2023-24 (January-June), with “go-live” of outbound calls in Apr-May timeframe.
- Staffing is based on capacity vs demand analysis, using Conduent reports.
- Pods will exist with specialization in member and provider issues.
- Consulting support may be needed to develop training materials, job aides, metrics.
- “Operations of the Future” RFP schedule includes CRM/telephony in Summer-Fall 2023

Community-based Service Team

- ❑ GCHP’s service model will include service representatives deployed at provider offices and other community settings to provider service where our members need it.
- ❑ This Team will merge with existing GCHP community resources.
- ❑ GCHP is re-evaluating a satellite “walk-in” location model (e.g., Oxnard, Santa Paula).



Creating a Member-Centered Health Plan



Why does the Member Engagement matter?

1. Decades of industry research and results show that more engaged members = more appropriate care, less skipped care and tests = better health outcomes (and higher Quality) = better experience with health and healthcare = more motivation to remain in care and adhere to Rx/Tx, and more.
2. Nationwide, 60% of health plan members have sought support or guidance from their health plan and been “frustrated” by the experience (Wellframe 2020 Health Plan Member Engagement Survey).
3. Multiple nationwide industry reports point to 80% of members with chronic conditions are dissatisfied with the services/supports for managing conditions from their Medicaid managed care plan.
4. Nationwide, 60% of health plan members surveyed think a lot of the information and care they receive from their health plans is “too generic and not personalized to me.” (JD Powers, 2021)
5. More engaged members: 5-10x less likely to have an unnecessary inpatient admission. (CareSource multi-state analysis and report on members with multiple chronic conditions, 2018)
6. More engaged members: 4x more likely to adhere to Rx treatment.

Why does member engagement matter?



✦ Engage the member in their health and healthcare → unnecessary Care and Cost goes down, Quality goes up

✦ Engage the member in their health and healthcare → unnecessary Care and Cost goes down, Quality goes up

- ✦ Level 4 is a truly member-centered, culturally-adapted healthcare organization that has fully developed capabilities to deliver member engagement in – and improve experience with – health and health care.
- ✦ High performing health plans play a vital role in member outreach and linkage/retention in care. External community-based outreach and services workers and outbound member services are essential.

✦ Health plans must invest in providers and achieve significant changes in the culture and operations of provider systems aimed at improved patient engagement.

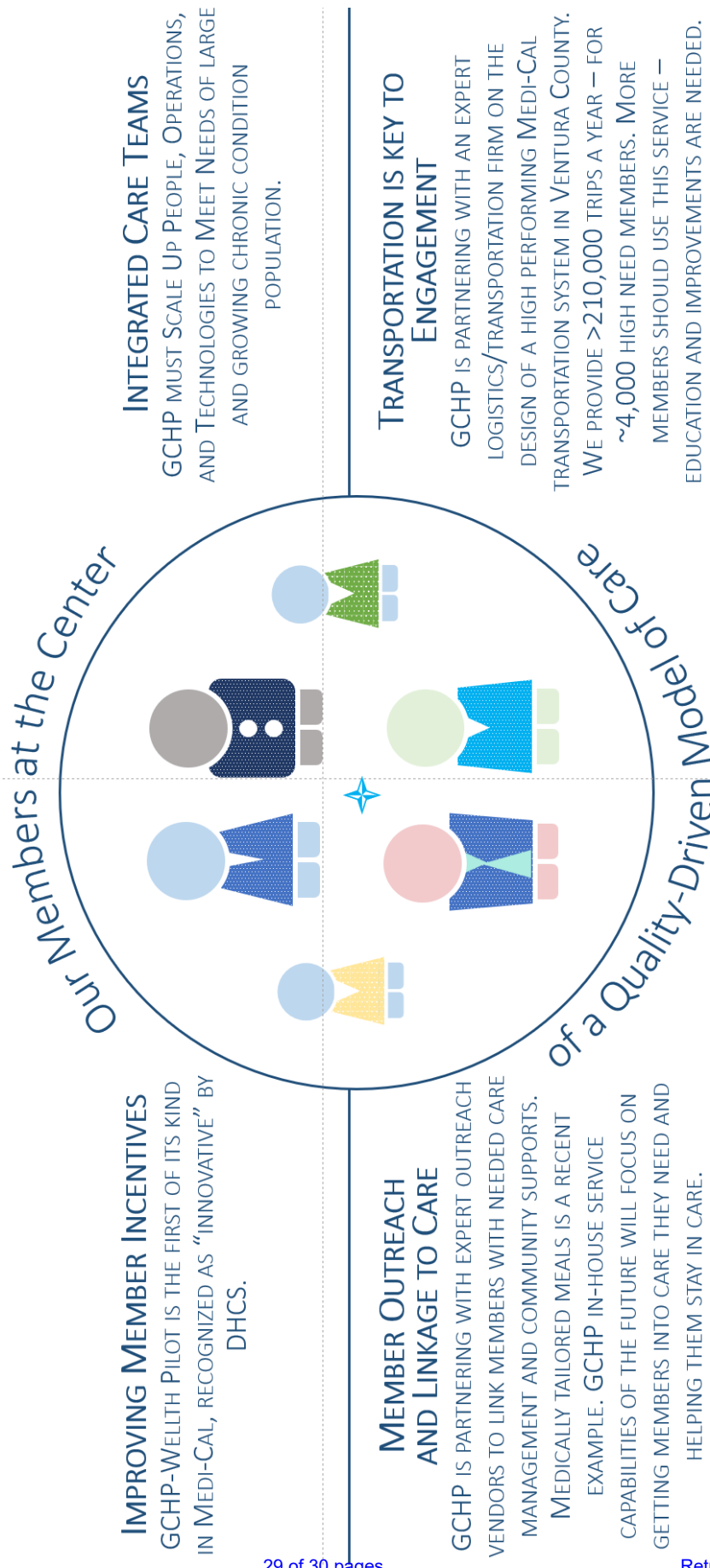
EXHIBIT 2

Predicted Per Capita Costs of Patients by Patient Activation Level

2010 patient activation level	Predicted per capita billed costs (\$)	Ratio of predicted costs relative to level 4 PAM
Level 1 (lowest)	966**	1.21**
Level 2	840	1.05
Level 3	783	0.97
Level 4 (highest)	799	17% less unnecessary care and lower cost

SOURCE Judith H. Hibbard, Jessica Greene, and Valerie Overton, "Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' Scores," *Health Affairs* 32, no. 2 (2013): 216–22. **NOTES** Authors' analysis of Fairview Health Services billing and electronic health record data, January–June 2011. Inpatient and pharmacy costs were not included. PAM is Patient Activation Measure. **p < 0.05

Bringing a member-centered health plan to life





AGENDA ITEM NO. 5

TO: Community Advisory Committee

FROM: Pauline Preciado, Exec. Director of Population Health
David Tovar, Incentive Strategy Manager

DATE: April 17, 2024

SUBJECT: Implementation Update: Justice Services

VERBAL PRESENTATION