

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

Regular Meeting

Monday, August 23, 2021, 6:00 p.m.

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

Governor's Executive Order

Conference Call Number: 805-324-7279

Conference ID Number: 982 640 120#

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

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.

INTRODUCTION

Introduction of new Chief Operations Officer, Mr. Nick Ligouri

Staff: Margaret Tatar, Chief Executive Officer

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of July 26, 2021

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the regular meeting minutes of July 26, 2021.

2. Adopt a Resolution to Renew Resolution No. 2021-010, 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. 2021-011 to extend the duration of authority empowered in the CEO through September 27, 2021.

3. Introduction of New CAC Members

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Luis Aguilar, Member Services Manager
Ruben Juarez, Community Advisory Committee (CAC) Chair

RECOMMENDATION: The CAC Member Application Ad-Hoc Committee recommends that the three (3) individuals be approved by the Commission as new CAC members. They were approved at the Special CAC meeting on August 16, 2021 by the current Community Advisory Committee. Once approved by the Commission, they will be contacted of their official appointment.

UPDATES

4. GCHP Strategic Plan 2021 Quarter II Update

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

RECOMMENDATION: Receive and file the update.

5. Conduent Update

Staff: Anna Sproule, Sr. Director of Operations
Guest Speakers: Sheila Curr, President, Commercial Healthcare/Conduent
Mark Forsberg, VP, Portfolio Leader/Conduent

RECOMMENDATION: Receive and file the update.

6. HSP MediTrac Go-Live Update

Staff: Anna Sproule, Sr. Director of Operations

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

7. Strategic Planning Ad-Hoc Committee

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

RECOMMENDATION: Staff recommends that the Commission reconstitute the Strategic Planning Ad Hoc Committee and select up to five Commissioners who will serve in the ad hoc committee.

8. Amendment of Chief Diversity Officer Contract with Theodore Bagley dba TBJ Consulting

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Staff recommends that the Commission approve the proposed Fourth Amendment to the Consulting Services Agreement.

9. July Financials

Staff: Kashina Bishop, Chief Financial Officer

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

REPORTS

10. Chief Executive Officer (CEO) Report

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

11. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report.

12. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

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

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

CLOSED SESSION

14. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

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

ADJOURNMENT

Unless otherwise determined by the Commission, the next meeting will be held at 2:00 P.M. on September 27, 2021 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the 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: Maddie Gutierrez, MMC, Clerk of the Board
DATE: August 23, 2021
SUBJECT: Meeting Minutes of July 28, 2021 Regular Commission Meeting

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Minutes for the July 28, 2021 Regular Commission Meeting.

**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC)
dba Gold Coast Health Plan (GCHP)
July 28, 2021 Regular Meeting Minutes**

CALL TO ORDER

Commission Chair Dee Pupa called the meeting to order via teleconference at 2:03 pm. 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, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, and Supervisor Carmen Ramirez

Absent: Commissioners Laura Espinosa, Jennifer Swenson and Scott Underwood, M.D.

Attending the meeting for GCHP were Margaret Tatar, Chief Executive Officer, 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, Ted Bagley, Chief Diversity Officer and Eileen Moscaritolo, HMA Consultant.

Additional staff participating on the call: Anna Sproule, Vicki Wrighster, Dr. Anne Freese, Helen Miller, Dr. Lupe Gonzalez, Pauline Preciado, Bob Bushey, Nicole Kanter, Thomas Cooper, Kris Schmidt, Paula Bossoletti, Paula Cabral, Sandi Walker, Susana Enriquez, Sandi Walker, Lucy Marrero, and Calley Cederlof.

PUBLIC COMMENT

None.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of July 28, 2021.

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

RECOMMENDATION: Approve the regular meeting minutes of July 28, 2021.

2. Resolution Extension through August 23, 2021.

Staff: Scott Campbell General Counsel

RECOMMENDATION: Adopt Resolution 2021-010 to extend the duration of authority empowered in the CEO through August 23, 2021.

3. Edrington Health Consulting, LLC. Agreement Assignment to Health Management Associates

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: It is GCHP's recommendation to formally acknowledge and approve Edrington Health Consulting assignment of its duties and obligations under the Agreement to Health Management Associates.

Supervisor Ramirez motioned to approve Consent Items 1, 2 and 3. Commissioner Johnson seconded.

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

NOES: None.

ABSENT: Commissioners Laura Espinosa, Jennifer Swenson and Scott Underwood, M.D.

Commissioner Pupa declared the motion carried.

UPDATES

4. HSP MediTrac Go-Live Update

Staff: Anna Sproule, Sr. Director of Operations

RECOMMENDATION: Receive and file the update.

Anna Sproule, Sr. Director of Operations, gave a verbal update. Ms. Sproule stated there are three (3) topics she will review: 1) Current claims inventory reduction plans, 2) Provider portal testing update and 3) Conduent oversight.

Ms. Sproule stated regarding the reduction plans – GCHP current outstanding claims inventory is beginning to trend downward, which just began late last week. A plan has been presented by Conduent to GCHP to be compliant with DHCS processing requirements, and contractual service level agreements by mid-September. Conduent will be on sight tomorrow (July 29, 2021) to review the plan and further detail.

Provider portal testing began early in July. This testing should allow for a functioning provider portal to be release by September 1, 2021. GCHP meets daily with Conduent to review inventory, call center statistics, and adherence to plans for improvements to both categories. The meetings will continue until contractual obligations of Conduent are met and sustainability has been proven by Conduent.

Supervisor Ramirez motioned to approve the HSP MediTrac Update. Commissioner Alatorre seconded.

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

NOES: None.

ABSENT: Commissioners Laura Espinosa, Jennifer Swenson and Scott Underwood, M.D.

Commissioner Pupa declared the motion carried.

FORMAL ACTION

5. Gold Coast Health Plan, 10-87128, A34, Final Rule II Amendment - DHCS

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the amendment.

Robert Franco, Chief Compliance Officer, stated DCHS has issued a contract amendment to revise language for the Final Rule and Behavioral Health Treatment (BHT). CCO Franco noted there was no impact to GCHP. He will review policies and procedures to ensure that everything is up to date.

Supervisor Ramirez asked if a copy for review was available. She asked if in the future it could be added to the agenda. General Counsel, Scott Campbell, stated that historically it has not been included in the packet due to content sometimes being hundreds of pages. Supervisor Ramirez asked if it was available electronically. Mr. Campbell replied yes, and he will work with staff to have it easily available for future discussions.

Supervisor Ramirez motioned to approve the Gold Coast Health Plan, 10-87128, A34, Final Rule II Amendment. Commissioner Johnson seconded.

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

NOES: None.

ABSENT: Commissioners Laura Espinosa, Jennifer Swenson and Scott Underwood, M.D.

Commissioner Pupa declared the motion carried.

6. Johnson Controls Contract Extension

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: It is GCHP's recommendation to authorize the CEO to renew the Enrollment Agreement to be co-terminus with Sourcewell contract award #031517-TIS with Johnson Controls, and to pre-authorize any individual transaction for these products or services through June 30, 2025 up to the cumulative amount of \$153,000.

Michael Murguia, Executive Director of Human Resources, stated staff is seeking financial approval to maintain security and surveillance system that is currently used. He stated GCHP is happy with the services. The five (5) year commitment is over \$100,000 and requires Commission approval for vendor services.

Supervisor Ramirez noted procurement is sometimes a source of controversy. This item appears to be sole source, she asked if GCHP is going through group purchasing. Bob Bushey, Procurement Officer, stated we go through Sourcewell, which leverages fair and open competition. Sourcewell publishes background information through their site, as well as contract information.

Commissioner Lane asked if anything over \$100,000 is a requirement to present to Commission. General Counsel, Scott Campbell, stated everything over that dollar amount is presented to be as transparent as possible. Chief Financial Officer, Kashina Bishop stated the cost is within the budget, and there is no fiscal impact this year.

Commissioner Atin motioned to approve the Johnson Controls Contract Extension. Commissioner Alatorre seconded.

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

NOES: None.

ABSENT: Commissioners Laura Espinosa, Jennifer Swenson and Scott Underwood, M.D.

Commissioner Pupa declared the motion carried.

7. June 2021 Financials

Staff: Kashina Bishop, Chief Financial Officer

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

Kashina Bishop, Chief Financial Officer, gave a financial overview. June net gain is \$4.3 million. FYTD net gain is \$23.7 million. TNE is at 278% of the minimum required. Medical Loss Ratio is 92.1% and administrative ration is 5.4%.

The Solvency Action Plan target goal is to have TNE between 400-500%. We are currently at 278%. Supervisor Ramirez asked what TNE means. CFO Bishop replied TNE is our reserves, we use that term to stay consistent with the State.

CFO Bishop reviewed our Net Premium revenue which is over budget by \$126.2 million. Revenue for Prop56 is \$27.6 million. Revenue for pharmacy add on is \$83.1million. CFO Bishop reviewed membership trends, medical expenses, IBNP medical expense reserve, fee for service medical expenses, Inpatient medical expenses which is under budget by \$7.6 million, and long-term care expenses, which is over budget by \$6.0 million. Outpatient expenses are under budget by \$7.8 million and emergency room expenses are also under budget by \$9.7 million. She noted mental and behavioral health is over budget by \$5.0 million. In conclusion, CFO Bishop reviewed the financial statement summary for June 2021. She stated the goal is to bring GCHP to the Commission approved level of reserves.

Supervisor Ramirez motioned to approve the June 2021 Financials. Commissioner Atin seconded.

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

NOES: None.

ABSENT: Commissioners Laura Espinosa, Jennifer Swenson and Scott Underwood, M.D.

Commissioner Pupa declared the motion carried.

8. Conduent Contract Amendment

Staff: Cathy Deubel Salenko, Health Counsel.

Agenda Item 8 was tabled.

REPORTS

9. Chief Executive Officer (CEO) Report

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

Margaret Tatar, Chief Executive Officer, reviewed information on the Delta variant and risk of the variant in the workplace. She noted all California state employees must be vaccinated or submit to regular testing. She also noted that undocumented individuals age 50+ are now eligible for Medi-Cal. CalAIM is pending federal approval by December 2021, and there will be a transition of Whole Person Care (WPC) to In

Lieu of Services (ILOS). There will be new Medi-Cal benefits: diatic benefit, Doula benefit and Post Pregnancy Care.

CEO Tatar reviewed community meetings and noted the Community Relations team is actively participating in collaborative meetings and informational sessions via virtual platforms. We are working with the community to promote vaccinations.

CEO Tatar stated all sub-reports; Provider Network Operations, Network Operations Projects, Compliance and Grievance and Appeals information could be found in her report and the Commission could review updates at their leisure.

10. Return to Work Report

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

Margaret Tatar, Chief Executive Officer, stated the return-to-work process is based on vaccination rates, the new Delta variant and increase in hospitalizations. There are new risks and many questions that remain unanswered. The current approach/planned return to work is set for January 2022, which is consistent with most MCP's in the state of California.

CEO Tatar noted that primarily due to COVID, life expectancy fell by 1.5 years in 2020. For Latinos and African Americans populations it fell by 3 years. She reviewed specific declined percentages by race. She also reviewed status of current variants, mask updates and vaccination updates. CEO Tatar also reviewed options to work from home, legal standards, and workplace protections.

Commissioner Johnson asked if staff will be working from home until January 2022. She hoped Commissioners could be more involved before December. She also asked if there was a way to return sooner. CEO Tatar stated she will keep this subject as a standing item on the agenda and will report all updates.

Human Resources Executive Director, Michael Murguia, stated the timeline intent is to communicate recommendations to the CEO in September, the Commission in October, and employees in November.

11. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report.

Chief Medical Officer, Nancy Wharfield, M.D., reviewed her monthly report. She noted Dr. Lupe Gonzalez is working on Chronic Disease Self-Management Education. CMO Wharfield also reviewed the pediatric return to care campaign. She also gave a utilization update which included updated numbers on COVID-19 related admissions, vaccination rates for Medi-Cal recipients. GCHP staff will continue to collaborate with providers and community organizations to promote vaccinations for our members.

Dr. Anne Freese, Director of Pharmacy, stated there was no update on Medi-CalRx, it is still on an indefinite hold. She did note an update is due later in the will and she will shar with the commission as soon as she receives information.

Dr. Freese reviewed the retail 90 claims – which is the 90-day supply of prescriptions. She noted opioid graphs remain unchanged, an update is expected in August.

Commissioner Cho stated support for 90-day supplies with extra staff to review refills has been very helpful.

12. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

Interim Chief Diversity Officer, Ted Bagley, reviewed community relations meetings and presentations he participated in for the month. He noted no new case investigations.

The Diversity, Equity & Inclusion team conducted a Lunch N Learn session to celebrate Juneteenth. There was a very good turn out for this event.

Commissioner Atin stated CDO Bagley has prevented several adverse actions at GCHP, and he thanked him for his diligence.

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

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

Michael Murguia, Executive Director of Human Resources, reviewed Human Resources activities. Through the Employee Survey Committee strategies continue to be developed to address issues identified in the survey. Focus areas are leadership & management credibility, communication, and recognition.

Commissioner Atin thanked Mr. Murguia for his update. Mr. Murguia stated it was a team effort.

Commissioner Alatorre motioned to approve all reports presented. Commissioner Pupa seconded.

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

NOES: None.

ABSENT: Commissioners Laura Espinosa, Jennifer Swenson and Scott Underwood, M.D.

Commissioner Pupa declared the motion carried.

The Commission moved to Closed Session at 3:41 p.m.

CLOSED SESSION

14. PUBLIC EMPLOYEE APPOINTMENT

Title: Chief Executive Officer

ADJOURNMENT

General Counsel, Scott Campbell stated there was no reportable action in Closed Session. The meeting was adjourned at 4:19 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Scott Campbell, General Counsel
DATE: August 23, 2021
SUBJECT: Adopt a Resolution to Renew Resolution No. 2021-010, 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”)

SUMMARY:

Adopt Resolution No. 2021-011-to:

1. Extend the duration of authority granted to the CEO to issue emergency regulations and take action related to the outbreak of COVID-19.

BACKGROUND/DISCUSSION:

COVID-19, which originated in Wuhan City, Hubei Province, China in December, 2019, has resulted in an outbreak of respiratory illness causing symptoms of fever, coughing, and shortness of breath. Reported cases of COVID-19 have ranged from very mild to severe, including illness resulting in death. To combat the spread of the disease Governor Newsom declared a State of Emergency on March 4, 2020. The State of Emergency adopted pursuant to the California Emergency Services Act, put into place additional resources and made directives meant to supplement local action in dealing with the crisis.

In the short period of time following the Governor’s proclamation, COVID-19 spread rapidly through California necessitating more stringent action. On March 19, 2020, Governor Newsom issued Executive Order N-33-20 (commonly known as “Safer at Home”) ordering all residents to stay at home to slow the spread of COVID-19, except as needed to maintain continuity of operation of the federal critical infrastructure sectors. The following day, the Ventura County Health Officer issued a County-wide “Stay Well at Home”, order, requiring all County residents to stay in their places of residence subject to certain exemptions set forth in the order.

Prompted by the increase of reported cases and deaths associated with COVID-19, the Commission adopted Resolution No. 2020-001 declaring a local emergency and empowering the Chief Executive Officer (“CEO”) with the authority to issue emergency rules and regulations to protect the health of Plan’s members, staff and providers. Specifically, section (2) of Resolution No. 2020-001 describes the emergency powers delegated to the CEO which include, but are not limited to: entering into agreements on behalf of the Plan, making and implementing personnel or other decisions, to take all actions necessary to

obtain Federal and State emergency assistance, and implement preventive measures to preserve Plan activities and protect the health of Plan's members, staff and providers.

Normally under Government Code Section 8630, the Commission must review the need for continuing the local emergency once every sixty (60) days until the local governing body terminates the local emergency. However, under Governor Newsom's March 4, 2020, State of Emergency proclamation, that 60 day time period in section 8630 is waived for the duration of the statewide emergency. Pursuant to Resolution No. 2020-001, the Plan's Local Emergency proclamation and emergency authority vested in the CEO expired on April 27, 2020.

On April 27, 2020, the Commission adopted Resolution No. 2020-002 to renew Resolution No. 2020-001 to: (1) reiterate and renew the Plan's declaration of a Local Emergency through the duration of the Governor's State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and (2) to extend the duration of authority empowered in the CEO to issue emergency regulations and take action. Resolution No. 2020-002 expired on May 18, 2020.

On May 18, 2020, the Commission adopted Resolution No. 2020-003 to renew and reiterate the enumerated powers granted to the CEO in Resolution No. 2020-002 above, and to: (1) authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and (2) extend the duration of authority empowered in the CEO to issue emergency regulations and take action. Resolution No. 2020-003 expired on June 22, 2020.

Since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th, October 26th, January 25th, February 22nd, March 22nd, April 26th, June 28th, and more recently by adopting Resolution No. 2021-010 on July 26, 2021. Resolution No. 2021-010 expires today, August 23, 2021.

Unfortunately, the State and County and currently experiencing a surge in confirmed COVID-19 cases and hospitalizations. As of August 12, 2021, the Los Angeles Times reported that there are now 121 patients admitted to County hospitals with a confirmed case of COVID-19, a change of 116.1% from two weeks ago. The Ventura County Public Health Department ("VCPH") reported that with its current metrics the County would be in the Purple Tier—the most restrictive tier, in the now retired framework.

COVID-19 continues to present an imminent threat to the health and safety of Plan personnel. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. As of August 12, 2021, only 66.2% the *eligible* population are *fully vaccinated*. 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. The first Delta case in the U.S. was diagnosed sometime in March 2021 and it is now the dominant strain in the U.S and is impacting those who have not been vaccinated. The World Health Organization (“WHO”) has called this version of the virus “the fastest and fittest.”

VCPH is strongly urging all County residents that are eligible but have not yet been fully vaccinated to get vaccinated as soon as possible. The County is aligned with the California Department of Public Health and the Center for Disease Control and Prevention guidance on mask wearing, which recommends that everyone regardless of vaccination status wear masks indoors, and that requires those that are not fully vaccinated to mask indoors.

Additionally, Cal/OSHA released revised rules for workplaces, which became effective immediately pursuant to Executive Order N-09-21 issued by Governor Newsom on June 17, 2021. Among other updates, Cal/OSHA’s revisions align with the latest guidance from CDPH based on guidelines issued by the CDC. The Plan’s CEO and Human Resources Director are evaluating how this will impact the Plan’s back to work plans and will provide an update to the Commission.

This resolution will continue to empower the CEO with the authority to issue orders and regulations necessary to prevent the further spread of the disease and protect the health and safety of Plan members and staff through September 27, 2021, the next regularly scheduled Commission meeting. The intent of this resolution is to balance the ability to continue the safe and efficient operations of the Plan during the global health pandemic. As State and County health orders evolve, the Plan’s response should also evolve. Measures adopted to reduce the spread of COVID-19 amongst Commission staff may be rescinded when they are no longer needed in response to the pandemic. Pursuant to Resolution No. 2020-002, the Plan’s Local Emergency proclamation shall remain effective through the duration of the Governor’s State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last.

FISCAL IMPACT:

None.

RECOMMENDATION:

1. Adopt Resolution No. 2021-011 to extend the duration of authority empowered in the CEO through September 27, 2021.

ATTACHMENT:

1. Resolution No. 2021-011.

RESOLUTION NO.2021-011

A RESOLUTION OF THE VENTURA COUNTY MEDICAL MANAGED CARE COMMISSION, DOING BUSINESS AS THE GOLD COAST HEALTH PLAN ("PLAN"), TO RENEW AND RESTATE RESOLUTION NO. 2021-010 TO EXTEND THE DURATION OF AUTHORITY EMPOWERED IN THE CHIEF EXECUTIVE OFFICER ("CEO") RELATED TO THE OUTBREAK OF CORONAVIRUS ("COVID-19")

WHEREAS, all recitals in the Commission's Resolution Nos. 2020-001, 2020-002 2020-03, 2020-004, 2020-005, 2020-006, 2020-007, 2021-001, 2021-002, 2021-003, 2021-004, 2021-005, 2021-009, and 2021-010 remain in effect and are incorporated herein by reference; and

WHEREAS, a severe acute respiratory illness caused by a novel (new) coronavirus, known as COVID-19, has spread globally and rapidly, resulting in severe illness and death around the world. The World Health Organization has described COVID-19 as a global pandemic; and

WHEREAS, on March 19, 2020, the Commission adopted Resolution No. 2020-001, proclaiming a local emergency pursuant to Government Code Sections 8630 and 8634, and empowered the CEO with the authority to issue rules and regulations to preserve Plan activities, protect the health and safety of its members staff and providers and prevent the further spread of COVID-19; and

WHEREAS, on April 27, 2020, the Commission adopted Resolution No. 2020-002 to: (1) renew and reiterate the declaration of a local emergency related to the outbreak of COVID-19 declared in Resolution No. 2020-001 to remain effective through the duration of the Governor's State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and (2) to extend the duration of authority empowered in the CEO through Resolution No. 2020-001 to May 18, 2020; and

WHEREAS, on May 18, 2020, the Commission adopted Resolution No. 2020-003 to renew the authority first granted to the CEO in Resolution No. 2020-001 to June 22, 2020 and to authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and

WHEREAS, since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th, October 26th, January 25th, February 22nd March 22nd, April 26th, May 24th June 28th and more recently on July 26, 2021, by adopting Resolution No. 2021-010. Resolution No. 2021-010 expires today, August 23, 2021; and

WHEREAS, on June 11, 2021, the Governor of the State of California issued Executive Order No. N-07-21 that rescinded the statewide safer at home order issued on March 19, 2020 and the state's Blueprint for a Safer Economy that set forth the tier based framework for reopening the economy. Also on June 11, 2021, the Governor issued Executive Order No. N-08-21 that identifies specified provisions adopted in pervious State executive orders that notwithstanding the rescission of the State's Stay at Home order and the Blueprint, will continue to remain in place for a specific period of time set forth in Order No. N-08-21; and Cal/OSHA released revised rules for workplaces which became effective immediately pursuant to Executive Order N-09-21 issued by Governor Newsom on June 17, 2021; and

WHEREAS, unless renewed by the Commission, the delegation of authority empowered in the CEO, pursuant to Resolution No. 2021-010 shall expire today, August 23, 2021; and

WHEREAS, this resolution will continue to empower the CEO with the authority to issue orders and regulations necessary to prevent the further spread of the disease and protect the health and safety of Plan members and staff through September 27, 2021, the next regularly scheduled Commission meeting; and

WHEREAS, unfortunately, the State and County are currently experiencing a surge in confirmed COVID-19 cases and hospitalizations. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. Further, more contagious variants of the disease are now present in the State and County, the most predominant of which is the Delta variant; and

WHEREAS, the imminent and proximate threat of introduction of COVID-19 in Commission staff workplaces continues to threaten the safety and health of Commission personnel; and

WHEREAS, under Article VIII of the Ventura County Medi-Cal Managed Care Commission aka Gold Coast Health Plan's (the "Plan's") bylaws, the CEO is responsible for coordinating day to day activities of the Ventura County Organized Health System, including implementing and enforcing all policies and procedures and assure compliance with all applicable federal and state laws, rules and regulations; and

WHEREAS, California Welfare and Institutions Code section 14087.53(b) provides that all rights, powers, duties, privileges, and immunities of the County of Ventura are vested in the Plan's Commission; and

WHEREAS, California Government Code section 8630 permits the Plan's Commissioners, acting with the County of Ventura's powers, to declare the existence of a local emergency to protect and preserve the public welfare of Plan's members, staff and providers when they are affected or likely to be affected by a public calamity; and

WHEREAS, the Plan is a public entity pursuant to Welfare and Institutions Code section 14087.54 and as such, the Plan may empower the CEO with the authority under sections 8630 and 8634 to issue rules and regulations to prevent the spread of COVID-19 and preserve Plan activities and protect the health and safety of its members, staff and providers; and

NOW, THEREFORE, BE IT RESOLVED, by the Ventura County Medi-Cal Managed Care Commission as follows:

Section 1. Pursuant to California Government Code sections 8630 and 8634, the Commission adopted Resolution No. 2020-001 finding a local emergency exists caused by conditions or threatened conditions of COVID-19, which constitutes extreme peril to the health and safety of Plan's members, staff and providers.

Section 2. Resolution No. 2020-001 also empowered the CEO with the authority to furnish information, to promulgate orders and regulations necessary to provide for the protection of life and property pursuant to California Government Code sections 8630 and 8634, to enter into agreements, make and implement personnel or other decisions and to take all actions necessary to obtain Federal and State emergency assistance and to implement preventive measures and other actions necessary to preserve Plan activities and protect the health of Plan's members, staff and providers, including but not limited to the following:

- A. Arrange alternate "telework" accommodations to allow Plan staff to work from home or remotely, as deemed necessary by the CEO, to limit the transfer of the disease.
- B. Help alleviate hardship suffered by Plan staff related to emergency conditions associated with the continued spread of the disease such as acting on near-term policies relating to sick leave for Plan staff most vulnerable to a severe case of COVID-19.
- C. Address and implement expectations issued by the California Department of Health Care Services ("DHCS") and the Centers for Medicare & Medicaid Services ("CMS") regarding new obligations to combat the pandemic.
- D. Coordinate with Plan staff to realign job duties, priorities, and new or revised obligations issued by DHCS and CMS.
- E. Take such action as reasonable and necessary under the circumstances to ensure the continued provision of services to members while prioritizing the Plan's obligations pursuant to the agreement between DHCS and the Plan ("Medi-Cal Agreement").
- F. Enter in to such agreements on behalf of the Plan as necessary or desirable, with advice of legal counsel, to carry out all actions authorized by the Commission in the Resolution.
- G. Authorize the CEO to implement and take such action on behalf of the Plan as the CEO may determine to be necessary or desirable, with advice of legal counsel, to carry out all actions authorized by the Commission in this Resolution.

Section 3. In Resolution 2020-001, the Commission further ordered that:

- A. The Commission approves and ratifies the actions of the CEO and the Plan's staff heretofore taken which are in conformity with the intent and purposes of these resolutions.
- B. Resolution No. 2020-001 expired on April 27, 2020.

Section 4. On April 27, 2020, the Commission adopted Resolution No. 2020-002 to:

- A. Renew and reiterate the declaration of a local emergency related to the outbreak of COVID-19 to remain effective through the duration of the Governors' State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and
- B. To extend the duration of authority empowered in the CEO to issue emergency regulations related to the COVID-19 outbreak to May 18, 2020.

Section 5. The Commission adopted Resolution No. 2020-003 on May 18, 2020, to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-002 and to adopt the following additional emergency measures:

- A. In addition to the authority granted to the CEO in Section 2, to authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and

B. Extend the authority granted to the CEO through June 22, 2020.

Section 6. Since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th, October 26th, January 25th, February 22nd, March 22nd, April 26th, May 24th June 28th, and more recently on July 26, 2021, by adopting Resolution No. 2021-010. Resolution No. 2021-010 expires today, August 23, 2021.

Section 7. The Commission now seeks to renew and reiterate the authority granted to the CEO approved in Resolution No. 2021-010 through September 27, 2021.

Section 8. Unless renewed by the Commission, the delegation of authority empowered in the CEO, pursuant to this Resolution shall expire on September 27, 2021.

PASSED, APPROVED AND ADOPTED by the Ventura County Medi-Cal Managed Care Commission at a regular meeting on the 23rd day of August 2021, by the following vote:

AYE:

NAY:

ABSTAIN:

ABSENT:

Chair:

Attest:

Clerk of the Commission



AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Executive Director, Strategy and External Affairs
Luis Aguilar, Member Services Manager
Ruben Juarez, Community Advisory Committee (CAC) Chair

DATE: August 23, 2021

SUBJECT: Addition of New Community Advisory Committee (CAC) Members

SUMMARY:

Several individuals applied to join the Community Advisory Committee. The CAC Member Application Ad Hoc Committee met last month to review the applications submitted and are recommending the following individuals to join the CAC:

1. Rosemary MacKay, CEO, Resource Children's Reserves: Ms. MacKay previously worked at Kids & Families Together a not-for-profit support, education and counseling resource center that provides services for individuals and families in foster care, kinship care and adoption. She is now the CEO for Resource Children's Reserves.
2. Martha Johnson, Community Outreach Manager, Ventura County Health Care Agency: Ms. Johnson has over eight years of experience working in community outreach in Ventura County. She current serves as a board member for Child Development Resources, a not-for-profit organization who administers Head Start, Early Head Start and state preschool, and subsidized childcare programs in Ventura County.
3. Rafael Stoneman, Gold Coast Veterans Foundation: Mr. Stoneman, an army veteran, has been working with homeless veterans to assist them in finding housing, food, and other needed resources in the community. Mr. Stoneman provides case management services for veterans that are staying at Project Room Key and ones who are staying at motels paid for by SSVF/Salvation Army.

RECOMMENDATION:

The CAC Member Application Ad Hoc Committee recommends that the three (3) individuals be approved by the Commission as new CAC members. They were approved at the Special CAC meeting on August 16, 2021 by the current Community Advisory Committee. Once approved by the Commission, they will be contacted of their official appointment.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Executive Director, Strategy and External Affairs

DATE: August 23, 2021

SUBJECT: Strategic Plan Quarter II Update

SUMMARY:

On January 26, 2021, the Commission approved the Strategic Plan FY 2021-22. Key objectives and tactics are listed below:

Strategic Plan Objectives

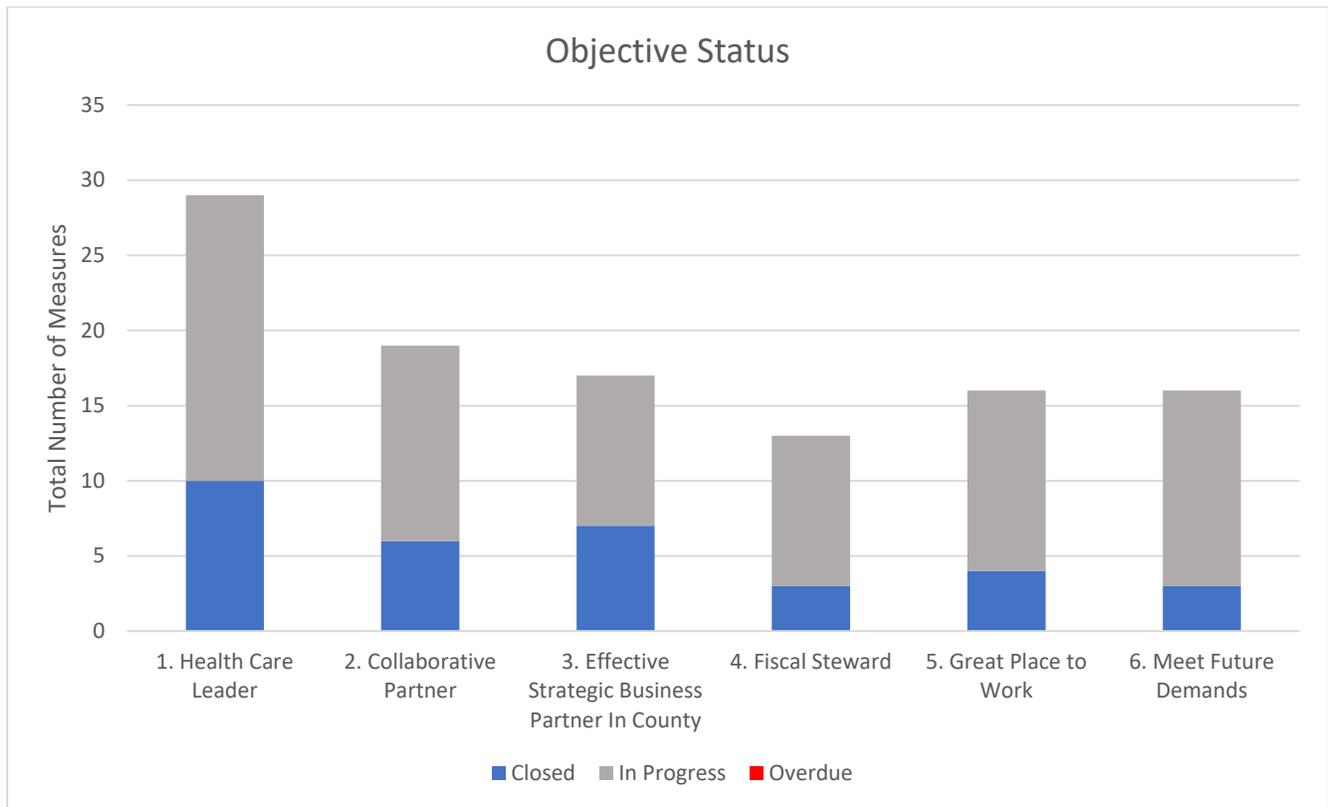
1. GCHP will be a health care leader delivering quality health outcomes to our members.
2. GCHP will be a collaborative community partner.
3. GCHP will be an effective strategic business partner in Ventura County.
4. GCHP will demonstrate responsible fiscal stewardship of public funds.
5. GCHP will be considered a great place to work.
6. GCHP will be positioned to best meet the future demands of providing quality health care and exceptional service for our members.

Strategic Plan Tactics

1. Clear outcomes, achievement of which GCHP reports regularly to the Commission, Community Advisory Committee (CAC), and Provider Advisory Committee (PAC).
2. Strong focus on GCHP mission and commitment as a County Organized Health System (COHS).
3. Continued focus on Equity and Diversity, building on the success of GCHP's appointment of a Chief Diversity Officer (CDO) and GCHP's commitment to addressing social determinants of health.
4. Continued focus and discipline relating to the Commission's expectation for GCHP's successful management of the Solvency Action Plan.
5. Continued focus on ongoing improvement to internal controls and efficacy of plan management.

6. Continued focus on quality as evidenced by GCHP’s successful work in this area in collaboration with our Ventura County providers.
7. Successful system conversion.
8. Successful collaboration with DHCS in connection with the transition of the pharmacy benefit from the plans to DHCS.
9. Successful implementation of the plan-to-plan agreement with AmericasHealth Plan

Progress Made by Objectives:



There is a total of 34 identified goals and 109 measures in the strategic plan that aim to achieve the six identified objectives and nine tactics. The graph above provides a progress update GCHP has made to complete the specified measures. A total of 55 measures have been completed, 55 measures are in progress, and zero measures are overdue.

Completed Goals and Measures:

The table below outlines the completed goals identified in the strategic plan through July 2021.

Objective	Tactic	Completed Goal	Completed Measures
Objective 1: GCHP will be a health care leader delivering quality health outcomes to our members.	Tactic 6: Continued focus on quality as evidenced by GCHP's successful work in this area in collaboration with our Ventura County providers.	Establish an Annual Provider Quality Awards Event	1. Host inaugural awards event.
Objective 1: GCHP will be a health care leader delivering quality health outcomes to our members	Tactic 6: Continued focus on quality as evidenced by GCHP's successful work in this area in collaboration with our Ventura County providers.	GCHP will achieve outcomes in the 50th percentile in all measures of MCAS	1. Implement gap closure program 2. Implement INDICES provider portal for providers 3. Leverage quality forum for clinic system best practices 4. Increase member incentive opportunities and budget accordingly
Objective 1: GCHP will be a health care leader delivering quality health outcomes to our members	Tactic 6: Continued focus on quality as evidenced by GCHP's successful work in this area in collaboration with our Ventura County providers.	Establish Annual Provider Quality Awards Event	1. Host inaugural awards event
Objective 1: GCHP will be a health care leader delivering	Tactic 6: Continued focus on quality as evidenced by	Advocate for and promote HIE for Ventura County	1. Engage, assist, and convene stakeholder groups in the HIE

Objective	Tactic	Completed Goal	Completed Measures
quality health outcomes to our members	GCHP's successful work in this area in collaboration with our Ventura County providers.		<ul style="list-style-type: none"> evaluation and decision-making process. 2. Select and Procure HIE Solution. 3. Implement HIE Solution.
Objective 1: GCHP will be a health care leader delivering quality health outcomes to our members	Tactic 6: Continued focus on quality as evidenced by GCHP's successful work in this area in collaboration with our Ventura County providers.	Optimize encounter data collection and quality	<ul style="list-style-type: none"> 1. Assess current state, identify gaps. Establish baseline, incremental performance goals, and workgroups. 2. Develop improvement action plans.
Objective 1: GCHP will be a health care leader delivering quality health outcomes to our members	Tactic 3: Continued focus on Equity and Diversity, building on the success of GCHP's appointment of a Chief Diversity Officer (CDO) and GCHP's commitment to addressing social determinants of health.	Demonstrate activities to improve health outcomes for vulnerable and high-risk populations	<ul style="list-style-type: none"> 1. Initiate a high-risk population focus that would include disparity analysis, outcome measurement, and community/member engagement. 2. Execute PNA (Population Needs Assessment) interventions to address member barriers. 3. Develop system to identify and monitor health outcomes of high-risk members.
Objective 2: GCHP will be a collaborative community partner	Tactic 3: Continued focus on Equity and Diversity, building on the success of	Oversight of Behavioral Health Incentive Programs	<ul style="list-style-type: none"> 1. Convene and engage with provider participants administering the BHI programs.

Objective	Tactic	Completed Goal	Completed Measures
	GCHP's appointment of a Chief Diversity Officer (CDO) and GCHP's commitment to addressing social determinants of health.		2. Develop infrastructure support, oversee, and assess success of BHI pilot programs.
Objective 2: GCHP will be a collaborative community partner	Tactic 3: Continued focus on Equity and Diversity, building on the success of GCHP's appointment of a Chief Diversity Officer (CDO) and GCHP's commitment to addressing social determinants of health.	Diversity and Inclusion	<ol style="list-style-type: none"> 1. Ensure that our Diversity and Inclusion Committee is diverse, representative of the population and has the courage of candor. 2. Continue to develop relationship with minority and community groups (, N.A.A.C.P., Veterans). 3. Cultural Lunch-n-Learn series. 4. Continue to review areas such as internal and external communications, promotions, compensation, career development. 5. Adopt-A-School process. 6. Diversity best practice sharing with other networks

Objective	Tactic	Completed Goal	Completed Measures
			across Ventura County.
Objective 2: GCHP will be a collaborative community partner	Tactic 2: Strong focus on GCHP mission and commitment as a County Organized Health System (COHS).	Analyze CalAIM proposal and work with key Ventura County stakeholders on next steps	<ol style="list-style-type: none"> 1. Analyze requirements for CalAIM initiatives 2. Identify key CalAIM collaboration stakeholders 3. Establish internal and external workgroup participants and schedules 4. Conduct meetings with county stakeholders in preparation for Cal-AIM implementation
Objective 3: GCHP will be an effective strategic business partner in Ventura County	Tactic 1: Clear outcomes, achievement of which GCHP reports regularly to the Commission, Community Advisory Committee (CAC), and Provider Advisory Committee (PAC).	Optimize communications with and responsiveness to GCHP Commission	<ol style="list-style-type: none"> 1. Packet updates 2. CAC and PAC annual presentation
Objective 4: GCHP will demonstrate responsible fiscal stewardship of public funds	Tactic 4: Continued focus and discipline relating to the Commission's expectation for GCHP's successful management of the Solvency Action Plan.	Reduce interest paid on claims by 10%	<ol style="list-style-type: none"> 1. Implement reporting and metrics in claims queues to reduce interest related to delays in payments 2. Identify pass through opportunities and reporting for errors and omissions 3. Identify reporting and agreement from external vendor to capture errors and omissions which

Objective	Tactic	Completed Goal	Completed Measures
			impact interest and overpayments
Objective 5: GCHP will be considered a great place to work	Tactic 2: Strong focus on GCHP mission and commitment as a COHS.	Conduct employee survey	<ol style="list-style-type: none"> 1. Employee survey completed 2. Shared results with Commission 3. Developed action plan(s) based on survey results to address culture improvement opportunities identified by the survey
Objective 6: GCHP will be positioned to best meet the future demands of providing quality health care to our members.	Tactic 7: Successful System Conversion	Implementation of GCHP enterprise portfolio initiative: <ul style="list-style-type: none"> • Implementation of HSP-MediTrac and iTransact 	<ol style="list-style-type: none"> 1. Go Live May 2021
Objective 6: GCHP will be positioned to best meet the future demands of providing quality health care to our members.	Tactic 5: Continued focus on ongoing improvement to internal controls and efficacy of plan management.	Hire a Chief Operating Officer	<ol style="list-style-type: none"> 1. Successful hire of a COO

NEXT STEPS:

Staff will present the Strategic Plan III Quarterly Update to Commission at the October 25, 2021 meeting.

RECOMMENDATION:

Receive and file

ATTACHMENTS:

Strategic Plan Quarterly Update

Strategic Plan Quarter II Update

August 23, 2021

Marlen Torres
Executive Director, Strategy and External Affairs

Integrity

Accountability

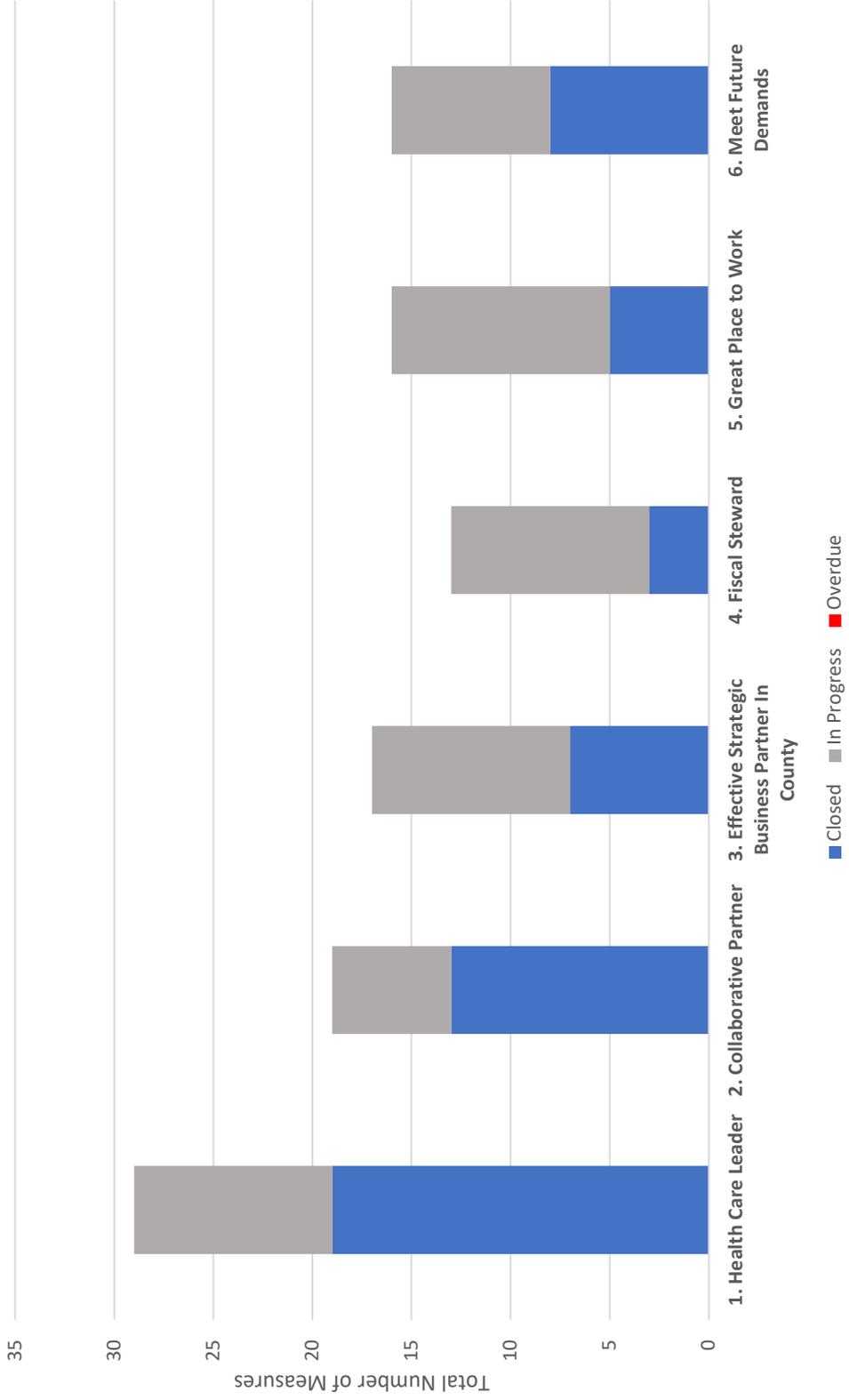
Collaboration

Trust

Respect

Overall Progress Made

Objective Status



Major Initiatives In Progress

I. Solvency Action Plan

- A. Total Annual Savings \$17.4-20.4 million
- B. Tangible Net Equity at 278 percent
- C. Phase 2 will be temporarily on hold due to the following fundamental initiatives
 - 1. HSP System Conversion
 - 2. Americas Health Plan
 - 3. Behavioral Health Integration
 - 4. CaAIM
 - 5. Major provider contract renewals
 - 6. Continuation of internal control improvement activities

II. CaAIM

- A. Enhanced Care Managed/In Lieu of Services Model of Care II due on September 1, 2021
- B. GCHP staff has begun planning for other CaAIM components

III. Pharmacy Rx

- A. New start date of January 1, 2022
- B. GCHP staff has begun preparing for implementation date

IV. Implement AHP Plan to Plan

- A. Ready to Go Live once the State approves



AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sheila Curr, President, Commercial Healthcare/Conduent
Mark Forsberg, VP, Portfolio Leader/Conduent

DATE: August 23, 2021

SUBJECT: Conduent Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Conduent Update



Conduent Update

Submitted August 11, 2021: for August 19th Executive Finance and August 23rd Full Commission meetings

GCHP Enterprise Transformation Project

Update

- In the face of ongoing difficulties, Conduent continues to make Gold Coast its **highest priority project**.
 - The Senior Leadership Team is engaged in daily oversight to assist the working teams.
- While the project has realized **challenges**; the Conduent team is actively working and resolving post conversion issues, daily, and targeting complete resolution of high priority issues in the coming weeks.
 - Conduent has closed 309 identified post conversion issues to date.
- Committed to **achieving compliance steady state** for all operational components.
- Conducted on-site meeting to review expectations and outline challenges at a leadership level

Implementation

- Tracking of post conversion issues and enhancements and progress towards completion provided daily
- Dedicated team inclusive of Project Management, Information Technology and Operations are engaged to provide guidance across all working teams
 - Leads are actively engaged in all workstreams to track progress, escalate issues and provide daily executive updates.
- Check point meetings and conference calls on a daily/weekly cadence to **monitor progress and address issues**

Inventory Reduction

- Despite ongoing labor market challenges, Conduent continues to recruit in the market and has added team members from across the company, skilled in automation, agile project management, and overall product/IT expertise – to focus on inventory reduction and issue resolution.
- **Multiple accelerators executed to address inventory reduction efforts:**
 - People:
 - Additional internal staff shifted to reduction efforts from all verticals within the organization along with active external recruiting and hiring.
 - Conduent continues to increase its focus on the California landscape to hire individuals with Medi-Cal/Medicaid experience.
 - Employee incentives in place for both claims processing and call center staff.
 - Process:
 - Recommendations for process review and updated Desk Level Procedures being provided and reviewed as identified.
 - Conduent has worked with Gold Coast to determine opportunities for streamlining procedures.

Inventory Reduction (cont.)

- **Multiple accelerators executed** to address inventory reduction efforts (cont.):
 - Technology:
 - Conduent's automation and IT/product experts are focused on automating inventory through the system and work with Gold Coast daily to bring ideas for review/approval.
 - Tracking of inventory metrics and progress towards completion provided daily. Conduent is driving towards having inventory within Service Level Agreement thresholds in the coming weeks
- Client inventory reviews to confirm priorities conducted daily

Contact Center

- **Continuous additions to staff** to manage additional call center volumes and wait times
- **Cross skilling of resources for all queues**
 - The remaining five resources have been moved to training to complete the upskilling process.
- **Fax line added to allow providers to fax Authorization Status Requests**
- **Changes in operating procedures are documented** and incorporated into processing manuals
- **Quality reviews will be increased** based on two additional resources for the QA team.

Provider Portal

- Finalizing the Provider Portal – Vendor Authorizations Enhancement
 - Priority CCDs will be addressed
 - Additional functionality will be prioritized for development and delivery between GCHP and CNDT
- The collaborative and integrated planning includes all stakeholders and a schedule that all parties are committing to meet.
 - Refinement of this schedule includes participation/planning from GCHP, CNDT, and MHK.
- The current scope of delivery focuses on immediate needs for vendor capabilities.
 - Conduent has scheduled a review of an alternative portal to meet future GCHP needs

Q&A



AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Anna Sproule, Sr. Director of Operations
DATE: August 23, 2021
SUBJECT: HSP / MediTrac Go-Live Update

VERBAL PRESENTATION

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Executive Director, Strategy and External Affairs

DATE: August 23, 2021

SUBJECT: Reconstitute the Strategic Planning Ad Hoc Committee

SUMMARY:

In preparation of last year's Strategic Planning Retreat the Commission convened a Strategic Planning Ad Hoc Committee to provide GCHP staff guidance on the strategic plan.

Prior members consisted of the following Commissioners:

1. Antonio Alatorre
2. Fred Ashworth
3. Laura Espinosa
4. Dee Pupa
5. Jennifer Swenson

Staff is presently preparing for the Strategic Planning Retreat, which will be on December 16, 2021. Staff believes the input of Commissioners would be very beneficial for a successful retreat and would like to reconvene the Ad Hoc Committee.

NEXT STEPS:

Once reconvened, the Strategic Planning Ad Hoc Committee will begin meeting monthly starting in September 2021.

RECOMMENDATION:

Staff recommends that the Commission reconstitute the Strategic Planning Ad Hoc Committee and select up to five Commissioners who will serve in the ad hoc committee.

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: August 23, 2021

SUBJECT: Amendment of Chief Diversity Officer Contract with Theodore Bagley dba TBJ Consulting

SUMMARY:

Theodore Bagley dba TBJ Consulting (“TBJ Consulting”) has provided Chief Diversity Officer (“CDO”) services to Gold Coast Health Plan (“Plan”) since 2017 pursuant to a Consulting Services Agreement (“Agreement”) entered into between TBJ Consulting and the Plan on November 9, 2017. Since then, the Agreement has been amended three times. Under the most recent amendment—Amendment Three, the Agreement will expire on December 31, 2021 and caps the total compensation amount for TBJ Consulting’s services to \$225,000.00.

For reasons explained in this report, TBJ Consulting has asked to amend and extend the duration of the Agreement to:

1. Increase the total compensation amount for services to be rendered through December 31, 2021 by \$75,000.00 from the amount in the current Agreement;
2. Extend the duration of services by one (1) year to December 31, 2022;
3. Increase the hourly compensation by \$25.00 an hour to \$275.00 from the current hourly rate of compensation for the proposed new term of January 1, 2022-December 31, 2022, a 10% increase; and
4. Allow TBJ Consulting, with prior approval from the Plan’s Chief Executive Officer and Chair, to bill up to an additional 100 hours of time for services under the Agreement.

During the four years TBJ Consulting has provided services, no increase in rates has been sought.

BACKGROUND/DISCUSSION:

On October 6, 2015, Ventura County Board of Supervisors adopted Ordinance No. 4481, which required the Plan to establish a Cultural Diversity Program. Section 1382 of the Ordinance also called for creation of the CDO to oversee the program. A copy of Ordinance No. 4481 is attached. The CDO prior to TBJ Consulting left the position as of September 8, 2017.

On November 9, 2017, the Plan entered into a Consulting Services agreement with TBJ Consulting to engage TBJ Consulting to render CDO services. Since then, the Agreement has been amended three times.

Under section 5.1 of the Agreement, the Plan may terminate at any time within fourteen (14) days' notice. The most recent amendment—Amendment Three, amended this section to continue the term of the Agreement through December 31, 2021, or until another CDO is hired or until the Agreement is terminated by the Plan or TBJ Consulting. Thus, the Agreement will expire on December 31, 2021.

In accordance with Section 2.1 of the Agreement, compensation to TBJ Consulting for services rendered pursuant to the Agreement is set forth in each Statement of Work. Under section 4.1.5 of the most recent Statement of Work—Statement of Work No. 3, the total compensation amount shall not exceed \$225,000.00 for payment of services through December 31, 2021.

TBJ Consulting's CDO services have proven to be a valuable conflict resolution tool that has significantly reduced the Plan's exposure to legal actions. This past year necessitated TBJ Consulting's services more often than originally anticipated. The unanticipated work included attendance at numerous meetings and responding to an increased volume of calls from employees and the creation of a new program aimed at addressing health equity issues. At its current pace, TBJ Consulting is on track to exceed its \$225,000.00 compensation limit under the Agreement within the next month, and reach \$300,000.00 by December 31, 2021 when the Agreement expires.

TBJ Consulting has asked that the compensation limit be increased by \$75,000.00 from the original amount to \$300,000.00, to account for this increased workload.

Additionally, TBJ Consulting is asking that the contract be extended an additional year, through December 31, 2022 and that the hourly rate be increased by 10%, or \$25.00, from \$250.00 an hour to \$275.00 an hour. During the years of service by TBJ Consulting, no increase in rates has been sought. The Plan's standard contracts include an automatic increase but this contract did not have such an increase provision. At an estimated 900 hours of work, the 10% increase would raise the total contract amount from \$225,000.00 to \$247,500.00

Lastly, TBJ Consulting is also requesting that, with prior approval from the Plan's CEO and Chair, it be allowed to bill up to an additional 100 hours for services rendered under the Agreement to accommodate for unanticipated circumstances that necessitate services over the Agreement's compensation limit and because the parameters of the Health Equity Program won't be complete after the Plan's Strategic Planning session in December 2021 and additional work may arise from that Program. The need for such additional services shall be evaluated on a case by case basis by the Plan's CEO and Chair, and approval of such additional time is in the sole discretion of the Plan's CEO and Chair.

Thus, the Plan desires to enter into a Fourth Amendment to the Agreement to:

1. Increase the total compensation amount for services to be rendered through December 31, 2021 by \$75,000.00 from the amount in the current Agreement;
2. Extend the duration of services by (1) one year to December 31, 2022;
3. Increase the hourly compensation by \$25.00 an hour to \$275.00 from the current hourly rate of compensation for the proposed new term of January 1, 2022-December 31, 2022, a 10% increase ; and

4. Allow TBJ Consulting, with prior approval from the Plan's Chief Executive Officer and Chair, to bill up to an additional 100 hours of time for services under the Agreement.

FISCAL IMPACT:

The proposed Fourth Amendment to the Consulting Services Agreement with TBJ Consulting will result in an increase of \$75,000 in fees for 2021, and in a new allocation of \$247,500.00 for next year—2022, an increase of \$22,500.00 from the current yearly rate of \$225,000.00 with a potential for additional compensation of up to \$25,000 for work approved by the Plan CEO and Chair.

RECOMMENDATION:

Staff recommends that the Commission approve the proposed Fourth Amendment to the Consulting Services Agreement.

ATTACHMENT:

1. Consulting Services Agreement between TBJ Consulting and the Plan (entered into on November 9, 2017).
2. Proposed Fourth Amendment to the Consulting Services Agreement between TBJ Consulting and the Plan with Attachment "A"-Statement of Work No. 4
3. Ordinance No. 4481.

**ATTACHMENT A
STATEMENT OF WORK NO. 4**

THIS STATEMENT OF WORK NO. 4 is made as of this __ day of August 2021 by Ventura County Medi-Cal Managed Care Commission doing business as Gold Coast Health Plan, a California public entity established under the laws of the State of California, (hereinafter “Plan”). The parties entered into Consulting Services Agreement dated November 9, 2017 (“Agreement”). The terms and conditions of the Agreement are incorporated into this Statement of Work No. 4 by this reference thereto and this Statement of Work No. 4 is subject to such terms and conditions. If there is a conflict between a specific term in this Statement of Work No. 4 and the terms of the Agreement, the specific term of the Agreement shall control.

1. SCOPE OF WORK

The Detailed Scope includes a list of the specific requirements that the project must satisfy. It also includes a listing of the deliverables that will be generated by the Project Team, as well as those deliverables that are specifically excluded from the scope.

1.1 Consultant Responsibilities

See CDO Job Description.

1.2 PLAN Responsibilities

See *Consulting Services Agreement dated as of November 9, 2017*.

1.3 Deliverables

List all deliverables referenced in the Project Schedule and provide a brief description of the related acceptance criteria for each. Provide a copy of the completed Log as an Appendix to this document.

2. PROJECT SCHEDULE

PROJECT SCHEDULE	
Milestone or Major Project Deliverable	Completion Date
Perform all duties of the Chief Diversity Officer	December 31, 2022
Investigate all Diversity related issues in a timely manner	December 31, 2022

The Plan acknowledges that Consultant is not required to engage in day-to-day human resources planning, process, and implementation, except so far as Diversity-related issues are

relevant. Where no such Diversity-related issues are relevant, Consultant will defer to Plan human resources staff.

2.1 **Assumptions**

If applicable, insert certain assumptions upon which the Statement of Work is based.

3. **TERM**

3.1 The term of this Statement of Work No. 4 shall be from November 1, 2020 until December 31, 2022 or until another Chief Diversity Officer is hired by the Plan or until otherwise terminated pursuant to the terms of the Services Agreement.

4. **COMPENSATION**

4.1 **Compensation.** For Services rendered as outlined herein, Consultant shall be compensated as follows:

Fixed Fee. The fixed fee to Plan for the delivery of the Services is, \$250.00 an hour for services rendered from November 1, 2020 to December 31, 2021 and \$275.00 an hour for services rendered from January 1, 2022 to December 31, 2022 up to 900 hours. Consultant may bill up to an additional 100 hours for services under the Agreement for work performed between January 1, 2022 and December 31, 2022 upon prior approval from the Plan’s CEO and Chair. The need for such additional services shall be evaluated on a case by case basis by the Plan’s CEO and Chair, and approval of such additional time is in the sole discretion of the Plan’s CEO and Chair.

4.1.1 Additional hours are at the discretion of the Plan and as needed for effective performance of the duties of this position.

4.1.2 Payment Terms. Plan shall pay Consultant for the services accordance with the following fixed fee payment schedule.

Project Task/Milestone	Payment to Consultant
Establish a successful diversity environment within the Plan.	As stated above
Development internal and external relationships for efficiency and effectiveness	As stated above
Conduct fair and equitable investigations	As stated above
Operate in conjunction with the officers of the Plan	As stated above

or

4.1.3 Time did Materials Fees. Except as otherwise agreed by the Parties, Consultant agrees to invoice Plan the labor hour fee's listed below.

Skill-Set	Estimated Number of Hours	Hourly Fee
Business and diversity experience	75 hrs monthly	\$250.00 for services rendered from 11/1/2020 to 12/31/21; and \$275.00 for services rendered from 01/01/22-12/31/22
-Investigation		
-Training		
Build a diversity culture with assistance from GCHP		

4.1.4 **Travel & Expenses:** (check if applicable) **as needed**

4.1.5 **Total Compensation.** The total compensation for the project under this Statement of Work No. 4 for services rendered from November 1, 2020 to December 31, 2021 shall not exceed \$300,000.00. The total compensation for the project under this Statement of Work No. 4 for services rendered from January 1, 2022 through December 31, 2022 shall not exceed \$247,500.00, unless additional hours are added as described above.

5. ACCEPTANCE

Invoicing will trigger reasonable responsibility to provide payment.

In witness whereof, the parties have caused this Statement of Work to be executed by their respective duly authorized representatives.

**Ventura County Medi-Cal Managed Care
Commission dba. Gold Coast Health Plan**

**TBJ Consulting
71 Golden Glen Drive
Simi Valley, CA 93065**

BY: _____
NAME: Margaret Tartar
TITLE: Chief Executive Officer
DATE: _____

BY: _____
NAME: Ted Bagley
TITLE: Chief Executive Officer
DATE: _____

CONSULTING SERVICES AGREEMENT

THIS CONSULTING SERVICES AGREEMENT ("Agreement"), entered into on the 9th day of November, 2017, between Ventura County Medi-Cal Managed Care Commission d.b.a. Gold Coast Health Plan, a public entity (hereinafter "PLAN"), and TBJ Consulting, an independent contractor (hereinafter "Consultant") to provide consulting services to the PLAN on matters related to the Chief Diversity Officer's position at GCHP.

WHEREAS, PLAN is a County Organized Health System (COHS) model of managed care organization under contract to the State of California, Department of Health Care Services, (DHCS) pursuant to which it has enrolled Medi-Cal beneficiaries into its Health Plan (hereinafter "Members"); and

WHEREAS, PLAN desires to engage consultant to provide PLAN with professional consulting services on matters related to audio

WHEREAS, Consultant has experience and expertise necessary to provide such services;

NOW, therefore, be it resolved that in consideration of the mutual promises set forth below, the Parties hereby agree as follows:

I. Services

1.1 During the term of this Agreement, Consultant shall furnish the services set forth in Attachment A (Statement of Work) of this Agreement, which is attached and incorporated herein (the "Services"). The Services shall be performed by Consultant as an independent contractor and not as an agent or employee of PLAN. Consultant and PLAN may enter into one or more Statements of Work, and each Statement of Work shall be governed by and made a part of this Agreement and shall be deemed attached to and incorporated into this Agreement upon execution.

1.2 Consultant shall perform all Services provided pursuant to this Agreement in compliance with: (i) all applicable standards set forth by law or ordinance or established by the rules and regulations of any federal, state or local agency, commission, association or other pertinent governing, or accrediting body, having authority to set standards for health plans and county organized health systems; and (ii) all PLAN rules, regulations, policies and procedures.

1.3 Consultant shall at all times maintain such licenses or certifications as may be necessary to perform the Services in the State of California (the "State").

1.4 Consultant represents and warrants to PLAN as follows: (i) Consultant's licenses or certifications required under this Agreement have never been denied, suspended, revoked, terminated, relinquished under threat of disciplinary action, or restricted in any way; (ii) Consultant's professional privileges granted by any other organization, if any, have never been denied, suspended, revoked, terminated, relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction; (iii) Consultant has not in the past conducted, and is not presently conducting business or professional practice in such a manner as to cause Consultant to be suspended, excluded, debarred or sanctioned under the Medicare or Medicaid Programs, or any government licensing agency, nor has Consultant ever been charged with or convicted of a criminal offense related to health care, or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation; and (iv) each of the representations and warranties set forth herein shall be continuing and in the event any such representation or warranty fails to remain true and accurate during the term of this Agreement,

Consultant shall immediately notify PLAN.

II. Compensation

2.1 PLAN will pay Consultant according to the fees and payment schedule for the Services outlined in each Statement of Work.

Consultant shall be responsible for payment of all expenses and costs related to the execution of these Services, such as consultation time with PLAN, mileage, and miscellaneous out-of-pocket expenses, unless otherwise approved by PLAN. Consultant shall keep PLAN reasonably apprised on the progress of his activities related to performance of the Services.

2.2 Payment for the Services rendered and reimbursement for expenses (to the extent approved by PLAN) shall be made by PLAN to Consultant upon timely submission of invoices. Invoices shall be submitted to the attention of the Chief Executive Officer at the address provided in Section IX, Notices. The invoices will include the dates in which the Services were performed and hours performing the Services. Payment shall be made within thirty (30) days of receipt of a properly submitted invoice.

2.3 Consultant is responsible for paying all income taxes, including estimated taxes, incurred as a result of the compensation paid by PLAN for Services rendered under this Agreement. Consultant shall indemnify PLAN for any claims, costs, losses, fees, penalties, interest, or damages suffered by PLAN resulting from Consultant's failure to comply with this tax payment provision.

III. Independent Contractor

Consultant shall perform the services set forth above as an independent contractor of PLAN. Consultant is not and will not become an employee, agent or principal of PLAN as a result of the performance of the Services. Consultant is not entitled to the rights or benefits afforded to PLAN employees, including disability or unemployment insurance, workers' compensation medical insurance, sick leave, or any other employment benefit. Consultant is responsible for providing, at his own expense, and to the extent required, workers' compensation insurance, training, permits and licenses in addition to the insurance indicated below.

IV. Indemnification and Insurance

4.1 Indemnification by PLAN. PLAN shall hold harmless, indemnify and defend Consultant for any and all claims resulting from any injury, disability or death arising out of or related to Consultant's performance of the Services or operating of PLAN, except to the extent such injury, disability or death arises out of or is related to Consultant's willful, reckless, fraudulent or criminal conduct.

4.2 Indemnification by Consultant. Consultant shall hold harmless, indemnify and defend PLAN for any and all claims resulting from any injury, disability or death arising out of or related to Consultant's performance of the Services or operating of PLAN, to the extent such injury, disability or death arises out of or is related to Consultant's willful, reckless, fraudulent or criminal conduct.

4.3 Consultant Insurance. Consultant shall procure and maintain for the duration of the Agreement, at Consultant's own expense, the following insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the Services: (a) automobile liability insurance with a minimum combined single limit for bodily injury

and property damage of \$1,000,000 per accident, and (b) workers compensation insurance as may be required by the laws of the State. Consultant's insurance coverage shall be primary insurance as respect to PLAN. Any insurance or self-insurance maintained by PLAN shall be excess of Consultant's insurance and shall not contribute with it. Upon request by PLAN, Consultant shall provide the PLAN with evidence of the insurance required herein.

4.4 PLAN Insurance. PLAN shall maintain, at PLAN's expense, comprehensive general liability, directors and officers, and professional liability insurance, or an equivalent program of self-insurance, against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the Services. Upon request by PLAN, Consultant shall provide the PLAN with evidence of the insurance required herein.

V. Term and Termination

5.1 Term. The term of this Agreement shall begin on the date set forth on the first page of the Agreement and continue until the Agreement is terminated by PLAN or Consultant as set forth below.

5.2 Termination for Convenience. Consultant may terminate this Agreement at any time for any reason or for no reason with at least fourteen (14) days prior written notice to PLAN. PLAN may terminate this Agreement at any time for any reason or for no reason with at least fourteen (14) days prior written notice to Consultant.

5.3 Termination for Cause. PLAN may terminate this Agreement immediately by written notice to Consultant upon Consultant's failure to satisfy the representations and warranties in Section 1.4, upon Consultant's material breach of the HIPAA Business Associate Agreement executed by the parties, or upon Consultant's material breach of the provisions of Articles VI or VII of this Agreement.

VI. Confidentiality of Member Information

6.1 Consultant shall preserve as confidential and shall use only in connection with Consultant's performance of the Services, all privileged information acquired from PLAN in the performance of this Agreement. The term "privileged information" shall include without limitation unpublished information and data related to operations of PLAN, any and all beneficiary information and plans, methods, processes, internal specifications and reports.

6.2 Notwithstanding any other provision of the Agreement, the names of persons receiving public social services are confidential and are to be protected from unauthorized disclosure in accordance with 42, CFR, §431.300 et. seq. and §14100.2, Welfare and Institutions Code (W&I Code) and regulations adopted thereunder. For the purpose of this Agreement, Consultant and his staff will protect from unauthorized disclosure all information, records, data and data elements collected and maintained for the operation of the Agreement and pertaining to Members.

6.3 With respect to any identifiable information concerning a Member under this Agreement that is obtained by the Consultant, the Consultant:

(a) will not use any such information for any purpose other than carrying out the express terms of the Agreement,

(b) will promptly transmit to PLAN all requests for disclosure of such information,

(c) will not disclose except as otherwise specifically permitted by the Agreement, any such information to any party other than PLAN, the U S Department of Health and Human Services, or the Department of Health Care Services (DHCS) without prior written authorization specifying that the information is releasable under 42 C.F.R. § 431.300 et. seq., W&I Code §14100.2, and regulations adopted thereunder, and

(d) will, at the expiration or termination of the Agreement, return all such information to PLAN or maintain such information according to written procedures sent to PLAN by DHCS for this purpose.

6.4 Consultant and PLAN shall make any and all efforts and take any and all actions necessary to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, and the regulations promulgated thereunder (collectively, "HIPAA Requirements"). Consultant shall take such actions and develop such capabilities as are required to support PLAN compliance with HIPAA Requirements, including, if applicable, acceptance and generation of appropriate electronic files in HIPAA compliant standards formats.

6.5 Consultant shall execute and comply with the PLAN Business Associate Agreement in addition to this Agreement and any other instruments as may be required by HIPAA Requirements.

VII. Non-Discrimination

During the performance of the Services under this Agreement, Consultant and his staff shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, sexual orientation, gender identity or expression, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, veteran status, and use of family care leave. Consultant and his staff shall ensure that the evaluation and treatment of Consultant's employees and applicants for employment are free of such discrimination and harassment.

VIII. Disputes

8.1 Judicial Reference. At the election of either party to this Agreement (which election shall be binding upon the other party), a dispute between Consultant and PLAN arising out of this Agreement shall be heard and decided by a referee appointed pursuant to California Code of Civil Procedure Section 638 (or any successor provision thereto, if applicable), who shall hear and determine any and all of the issues in any such action or proceeding, whether of fact or law, and to report a statement of decision, subject to judicial review and enforcement as provided by California law, and in accordance with Chapter 6 (References and Trials by Referees), of Title 8 of Part 2 of the California Code of Civil Procedure, or any successor chapter. The referee shall be a retired judge of the California superior or appellate courts determined by agreement between the parties, provided that in the absence of such agreement either party may bring a motion pursuant to the said Section 638 for appointment of a referee before the appropriate judge of the Ventura Superior Court. The parties acknowledge that they forego any right to trial by jury in any judicial reference proceeding. Any counterpart or copy of this Agreement, filed with such Court upon such motion, shall conclusively establish the agreement of the parties to such appointment. The parties agree that the only proper venue for the submission of claims to judicial reference shall be the courts of general jurisdiction of the State of California located in Ventura County. The parties reserve the right to contest the referee's decision and to appeal from any award or order of any court. The designated non- prevailing party in any dispute shall be required to fully compensate the referee

for his or his services hereunder at the referee's then respective prevailing rates of compensation.

8.2 Limitations. Consultant must comply with the claim procedures set forth in the Government Claims Act (Government Code Section 900, et. seq.) prior to filing any legal proceeding, including judicial reference, against PLAN. If no such Government Code claim is submitted, no action against PLAN may be filed. Notwithstanding anything to the contrary contained in this Agreement, any suit, judicial reference or other legal proceeding must be initiated within one (1) year after the date the facts giving rise to a dispute occurred or such dispute shall be deemed waived and forever barred; provided that, if a shorter time period is prescribed under the Government Claims Act, then, the shorter time period (if any) prescribed under the Government Claims Act shall apply.

8.3 Venue. Unless otherwise specified in this Section, all actions and proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the state courts located in the County of Ventura, State of California.

IX. Notices

Any notice or other communication required or permitted in this Agreement shall be in writing and shall be deemed to have been duly given on the day of service if served personally or by facsimile transmission with confirmation, or three (3) days after mailing if mailed by registered or certified mail, or two (2) days after delivery to a nationally recognized overnight courier, to the person and address noted below or to such other person or address as a party may designate in writing from time to time. The addresses for notice shall be changed in the manner provided for in this Section IX.

If served on PLAN, it should be addressed to:

Chief Executive Officer
Gold Coast Health Plan
711 E. Daily Drive, Suite 106
Camarillo, CA 93010

With copy to: Scott Campbell, Esq.
Best Best & Krieger LLP
300 South Grand Avenue
25th Floor
Los Angeles, CA 90071

If served on Consultant, it should be addressed to:

TBJ Consulting
71 Golden Glen Drive
Simi Valley, CA 93065

X. General Provisions

10.1 Amendment. All amendments must be agreed to in writing by PLAN and Consultant.

10.2 No Third-Party Beneficiaries. The obligations created by this Agreement shall be enforceable only by the parties hereto, and no provision of this Agreement is intended to, nor shall it be construed to, create any rights for the benefit of or be enforceable by any third party, including but not limited to any Member.

10.3 Waiver. To be effective, the waiver of any provision or the waiver of the breach of any provision of this Agreement must be set forth specifically in writing and signed by the giving party. Any such waiver shall not operate or be deemed to be a waiver of any prior or future breach of such provision or of any other provision. It is understood and agreed that no failure or delay by PLAN in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any right, power or privilege hereunder.

10.4 Severability. Should any provisions of this Agreement be declared or found to be illegal, unenforceable, ineffective, or void (by any federal or state courts in a final order or judgment that has not been appealed, or in a final determination by an appellate court), then each party shall be relieved of any obligation arising in that provision; the balance of this Agreement, if capable of performance, shall remain in full force and effect.

10.5 Entire Agreement. This Agreement and its attachments, and any Business Associate Agreement, constitutes the entire agreement between the parties with respect to its subject matter and constitutes and supersedes all prior agreements, representations and understandings of the parties, written or oral.

10.6 Governing Law. This Agreement shall be construed in accordance with and governed by the laws of the State of California.

XI. Special Terms and Conditions

Consultant agrees to comply with the special terms and conditions set for in Attachment B (Special Terms and Conditions).

IN WITNESS WHEREOF the parties hereto have signed this Agreement as of the date set forth below by their authorized representative.

**Ventura County Medi-Cal Managed Care
Commission d.b.a. Gold Coast Health Plan**

TBJ Consulting

Signature: _____
Dale Villani, CEO

Signature: _____

Date: _____

Date: _____

ATTACHMENT A
STATEMENT OF WORK

THIS STATEMENT OF WORK NO. ___ is made as of this 9th day of November, 2017 ("Statement of Work Effective Date") by and between Theodore Bagley ("Consultant") and Ventura County Medi-Cal Managed Care Commission doing business as Gold Coast Health Plan, a California public entity established under the laws of the State of California, (hereinafter "PLAN") The parties entered into Consulting Services Agreement dated as of 9 November, 2017 ("Agreement"). The terms and conditions of the Agreement are incorporated into this Statement of Work No. ___ by this reference thereto and this Statement of Work No. ___ is subject to such terms and conditions. If there is a conflict between a specific term in this Statement of Work No. ___ and the terms of the Agreement, the specific term of the Agreement shall control.

1. BACKGROUND

A short summary of the project's history and proposed approach, including:

- Short statement of the problem to be resolved;
- Time line or review of major dates in the project development process;
- Client organizational units and key individuals involved in advancing the project;
- Alternative solutions or implementation strategies evaluated proposed approach.

1.1. Objectives

The key end results that the project will achieve when successfully executed. Measurable performance indicators for anticipated benefits may also be listed here.

1.2. Reference Materials

Insert a list of all documents or portions of documents referenced in the Statement of Work

2. SCOPE OF WORK

The Detailed Scope includes a list of the specific requirements that the project must satisfy. It also includes a listing of the deliverables that will be generated by the Project Team, as well as those deliverables that are specifically excluded from the scope.

2.1. Consultant Responsibilities

Identify and list the Consultant's responsibilities

2.2. PLAN Responsibilities

Identify and list the PLAN's responsibilities

2.3. Deliverables

List all deliverables referenced in the Project Schedule and provide a brief description of the related acceptance criteria for each. Provide a copy of the completed Log as an Appendix to this document.

3. PROJECT SCHEDULE

PROJECT SCHEDULE	
Milestone or Major Project Deliverable	Completion Date
Perform all duties of the Chief Diversity Officer as required	TBD
Investigate all Diversity related issues in a timely manner	TBD

3.1. Assumptions

Insert certain assumptions upon which the Statement of Work is based

4. TERM

4.1. The Initial Term of this Statement of Work shall be from November 9th, 2017 until contract end. The current term shall be month-to-month until termination by either party.

Or

4.2. Start Date: November 9th, 2017

End Date: TBD

5. COMPENSATION

5.1. **Compensation.** For Services rendered as outlined herein, Consultant shall be compensated as follows:

5.1.1. Fixed Fee: The fixed hourly fee to PLAN for the delivery of the Services is, \$250.00 an hour as planned. Additional hours are at the discretion of the plan and as needed for effective performance of the duties of this position.

5.1.2. Payment Terms: PLAN shall pay Consultant for the Services in accordance with the following fixed fee payment schedule.

Project Task/Milestone	Payment to Consultant
Establish a successful diversity environment within the Plan.	As stated above
Development internal and external relationships for efficiency and effectiveness.	As stated above
Conduct fair and equitable investigations.	As stated above
Operate in conjunction with the officers of the Plan.	As stated above

or

5.1.3. Time and Materials Fees. Except as otherwise agreed by the Parties, Consultant agrees to invoice PLAN the labor hour fee's listed below.

Skill-Set	Estimated Number of Hours	Hourly Fee
Business and diversity experience	20 hrs monthly ¹	\$250.00

¹ Consultant requests authorization of up to 40 hours per month for the first two months of this Agreement's term. The additional time is intended for program ramp up and outreach. Such additional time shall be agreed to upon written authorization from the PLAN Commission or CEO.

-Investigation	Incl.	
-Training	Incl.	
Build a diversity culture with assistance from GCHP	Incl.	

5.1.4. Travel & Expenses: (check if applicable) \$ N/A

5.1.5. **Total Compensation.** The total compensation for the project under this Statement of Work No. ___ shall not exceed \$_____.

6. ACCEPTANCE

Consultant shall provide regular invoices for review and payment by the PLAN.

In witness whereof, the parties have caused this Statement of Work to be executed by their respective duly authorized representatives.

**Ventura County Medi-Cal Managed Care
Commission d.b.a. Gold Coast Health
Plan**

**TBJ Consulting
71 Golden Glen Drive
Simi Valley, CA 93065**

BY: _____

BY: TBJ Consulting

NAME: Dale Villani

NAME: Ted Bagley

TITLE: Chief Executive Officer

TITLE: CEO/President

DATE: _____

DATE: November 9th, 2017

ATTACHMENT B
SPECIAL TERMS AND CONDITIONS

1. EQUAL OPPORTUNITY REQUIREMENTS

- (a) The Consultant will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Consultant will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, gender identity and expression, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following; employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Consultant agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government California Department of Health Care Services setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 USC 4212). Such notices shall state the Consultant's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.
- (b) The Consultant will, in all solicitations or advancements for employees placed by or on behalf of the Consultant, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.
- (c) The Consultant will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State of California, advising the labor union or workers' representative of the Consultant's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (d) The Consultant will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 USC 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment

Opportunity,' and as supplemented by regulation at 41 CFR 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.

- (e) The Consultant will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (f) In the event of the Consultant's noncompliance with the requirements of the provisions herein or with any Federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Consultant may be declared ineligible for further Federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (g) Consultant shall comply with all applicable Federal requirements in Section 504 of the Rehabilitation Act of 1973 (29 USC §794) Nondiscrimination under Federal grants and programs; Title 45 CFR Part 84 Nondiscrimination on the basis of handicap in programs or activities receiving Federal financial assistance; Title 28 CFR Part 36 Nondiscrimination on the basis of disability by public accommodations and in commercial facilities; Title IX of the Education Amendments of 1973 (regarding education programs and activities); Title 45 CFR Part 91 the Age Discrimination Act of 1975; and all other laws regarding privacy and confidentiality.

2. HUMAN SUBJECTS USE REQUIREMENTS

By signing this Agreement, Consultant agrees that if any performance under this Agreement or any subcontract includes any tests or examination of materials derived from the human body for the purpose of providing information, diagnosis, prevention, treatment or assessment of disease, impairment, or health of a human being, all locations at which such examinations are performed shall meet the requirements of 41 USC 263a (CLIA) and the regulations thereto.

3.

DEBARMENT AND SUSPENSION CERTIFICATION

- (a) By signing this Agreement, the Consultant agrees to comply with applicable Federal suspension and debarment regulations including, but not limited to 7 CFR 3017, 45 CFR 76, 40 CFR 32, or 34 CFR 85.
- (b) By signing this Agreement, the Consultant certifies to the best of its knowledge and belief, that it and its principals:
- i. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - ii. Have not within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - iii. Are not presently indicted for or otherwise criminally or civilly charged by a governmental Entity (Federal, State or local) with commission of any of the offenses enumerated in Sub-provision B.(2) herein;
 - iv. Have not within a three-year period preceding this Agreement had one or more public transactions (Federal, State or local) terminated for cause or default;
 - v. Shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under Federal regulations (i.e., 48 CFR 9, subpart 9.4), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State; and
 - vi. Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions, and in all solicitations for lower tier covered transactions.
- (c) If the Consultant is unable to certify to any of the statements in this certification, the Consultant shall submit an explanation to PLAN.
- (d) The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.
- (e) If the Consultant knowingly violates this certification, in addition to other remedies available to the Federal Government, PLAN may immediately terminate this Agreement for cause.

4. SMOKE-FREE WORKPLACE CERTIFICATION

- (a) Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 19, if the services are funded by Federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.
- (b) Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.
- (c) By signing this Agreement, Consultant certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.
- (d) Consultant further agrees that it will insert this certification into any subcontracts entered into that provide for children's services as described in the Act.

5. COVENANT AGAINST CONTINGENT FEES

The Consultant warrants that no person or selling agency has been employed or retained to solicit/secure this Agreement upon an agreement of understanding for a commission, percentage, brokerage, or contingent fee, except *bona fide* employees or *bona fide* established commercial or selling agencies retained by the Consultant for the purpose of securing business. For breach or violation of this warranty, PLAN shall have the right to annul this Agreement without liability or in its discretion to deduct from the Agreement price or consideration, or otherwise recover, the full amount of, such commission, percentage, and brokerage or contingent fee.

6. OFFICIALS NOT TO BENEFIT

No members of or delegate of Congress or the State Legislature shall be admitted to any share or part of this Agreement, or to any benefit that may arise therefrom. This Provision shall not be construed to extend to this Agreement if made with a corporation for its general benefits.

7. PROHIBITED USE OF STATE FUNDS FOR SOFTWARE

Consultant certifies that it has appropriate systems and controls in place to ensure that PLAN funds will not be used in the performance of this Agreement for the acquisition,

operation or maintenance of computer software in violation of copyright laws.

8. ALIEN INELIGIBILITY CERTIFICATION

By signing this Agreement, the Consultant certifies that he/she is not an alien that is ineligible for State and local benefits, as defined in Subtitle B of the Personal Responsibility and Work Opportunity Act. (8 USC 1601, et seq.)

9. AUDITS AND INSPECTIONS

- (a) Consultant will maintain such books and records necessary to disclose how Consultant discharged its obligations under this Agreement. These books and records will disclose the quantity of Services provided under this Agreement, the quality of those Services, the manner and amount of payment made for those Services, the entities or individuals receiving the Services, the manner in which Consultant administered in daily business, and the cost thereof. These books and records shall be maintained for a minimum of five (5) years from the end of the year in which the applicable book or record was created or used, unless a longer period is required by law, or in the event Consultant has been notified that PLAN, the State, the federal government, or their authorized agencies or representatives have commenced an audit or investigation of the Agreement, until such time as the matter under audit or investigation has been resolved, whichever is later.
- (b) Consultant shall, through the end of the records retention period specified in subsection 9(a), at any time during normal business hours, allow PLAN, the State, the federal government, or their authorized agencies or representatives, to inspect Consultant's facilities, books and records with respect to the matters covered by this Agreement.
- (c) For the purpose of this Section 9, books and records include, but are not limited to, all physical records originated or prepared pursuant to the performance of the Services under this Agreement, including working papers, reports, financial records, books of account, medical records, prescription files, subcontracts, information systems and procedures, and any other documentation pertaining to medical and non-medical services rendered to Members.

**GOLD COAST HEALTH PLAN
FOURTH AMENDMENT TO CONSULTING SERVICES AGREEMENT**

This Fourth Amendment to CONSULTING SERVICES AGREEMENT (this "Fourth Amendment") between the Ventura County Medi-Cal Managed Care Commission dba Gold Coast-Health Plan, a public entity (hereinafter "Plan") and TBJ Consulting, an independent contractor (hereinafter "Consultant") is entered into this __ day of _____ 2021.

Except as modified in this Fourth Amendment, which supersedes the prior First, Second and Third amendments, and the Consulting Services Agreement originally dated November 9, 2017 ("Agreement") between the Plan and Consultant shall remain in full force and effect.

The parties to this Fourth Amendment agree to the following changes:

1. Article I of the Agreement, entitled "Services" references a Statement of Work, attached to Subsection 1.1 as "Attachment A." This Attachment A was most recently amended by the Third Amendment to the Agreement entered into on November 1, 2020. This Fourth Amendment to the Agreement hereby replaces the "Attachment A, Statement of Work No. 3" adopted under the Third Amendment with "Attachment A, Statement of Work No. 4" attached hereto.

2. Article V of the Agreement, entitled "Term and Termination" is hereby amended to read in full as follows:

"5.1 Term. The term of this Agreement shall begin on the date set forth on the first page of the Agreement and continue through December 31, 2022 or until another Chief Diversity Officer is hired or until the Agreement is terminated by the Plan or Consultant as set forth below."

The Plan and Consultant have duly executed this Fourth Amendment as of the date first written above.

**Ventura County Medi-Cal Management Care
Commission d.b.a. Gold Coast Health Plan**

TBJ Consulting

Signature: _____
Margaret Tartar, CEO

Signature: _____
Ted Bagley, CEO/Pres.

Date: _____

Date: _____

ORDINANCE NO. 4481

AN ORDINANCE OF THE VENTURA COUNTY BOARD OF SUPERVISORS, REPEALING AND REENACTING, AS AMENDED, ARTICLE 6, CHAPTER 3, DIVISION 1 OF THE VENTURA COUNTY ORDINANCE CODE (COUNTY ORGANIZED HEALTH SYSTEM)

The Board of Supervisors of the County of Ventura ordains as follows:

SECTION 1: Repeal of Existing Ventura County Organized Health System Ordinance

Ordinance No. 4409 of the County of Ventura, which enacted Article 6 of Chapter 3 of Division 1 of the Ventura County Ordinance Code, is hereby repealed.

SECTION 2: Enactment of Ventura County Organized Health System Ordinance

Article 6 of Chapter 3 of Division 1 of the Ventura County Ordinance Code is hereby amended and reenacted as follows:

Chapter 3.

Article 6. County Organized Health System

1380 General Provisions.

1380-1.

Pursuant to Welfare and Institutions Code section 14087.54, there is hereby formed a commission, referred to in this Article as the Ventura County Medi-Cal Managed Care Commission.

1380-2.

The Ventura County Medi-Cal Managed Care Commission is empowered to negotiate and enter into exclusive contracts with the State of California Department of Health Care Services pursuant to Welfare and Institutions Code section 14087.5, and to arrange for the provision of health care services under Division 9, Part 3, Chapter 7 of the Welfare and Institutions Code. The Ventura County Medi-Cal Managed Care Commission is also authorized to:

- (a) Enter into contracts for the provision of health care services to persons who are eligible to receive medical benefits, subject to the limitations of Welfare and Institutions

Code section 14087.54, subdivision (b)(2);

(b) Provide health care delivery systems for:

(1) persons who are eligible to receive medical benefits under both the Medicare program as defined in title 18 of the Federal Social Security Act (42 U.S.C. §1395 et seq.) and under the Medicaid program as defined in title 19 of the Federal Social Security Act (42 U.S.C. § 1396 et seq.), and or

(2) persons who are eligible to receive medical benefits under the Medicaid program as defined in title 19 of the Federal Social Security Act (42 U.S.C. §1396 et seq.);

(c) File the statement required by Government Code section 53051;

(d) Acquire, possess, and dispose of real or personal property, as may be necessary for the performance of its functions;

(e) Employ personnel and contract for services required to meet its obligations;

(f) Sue and be sued;

(g) Enter into agreements under Chapter 5 (commencing with section 6500) of Division 7 of Title 1 of the Government Code.

1380-3.

The Ventura County Medi-Cal Managed Care Commission shall for all purposes be an entity separate from the County of Ventura, and shall be deemed a public entity for purposes of Division 3.6 (commencing with section 810) of Title 1 of the Government Code. Any obligations of the Ventura County Medi-Cal Managed Care Commission (statutory, contractual, or otherwise) shall be the obligations solely of the Ventura County Medi-Cal Managed Care Commission and shall not be obligations of the County of Ventura or the State of California.

1380-4.

The Ventura County Medi-Cal Managed Care Commission shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the Ventura County Medi-Cal Managed Care Commission and shall not be the obligations of the County of Ventura or the State of California;

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

1381 Board of Directors (Commission)

1381-1.

The governing board of the Ventura County Medi-Cal Managed Care Commission shall consist of eleven (11) voting members who shall be legal residents of the County of Ventura. Members of the

Ventura County Medi-Cal Managed Care Commission shall possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system.

1381-2.

Members of the Ventura County Medi-Cal Managed Care Commission shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

- a. Three members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Association, one shall be selected from a list with a minimum of three (3) nominees submitted by Clinicas Del Camino Real and one shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center Executive Committee. (Physician Representatives)
- b. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be selected from a list with a minimum of three (3) nominees submitted by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system. (Private Hospital/Healthcare System Representatives)
- c. One member shall be a representative of the Ventura County Medical Center Health System and shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center administration. (Ventura County Medical Center Health System Representative)
- d. One member shall be a member of the Board of Supervisors, nominated and selected by the Board. (Public Representative)
- e. One member shall be the chief executive officer of Clinicas del Camino Real or designee nominated by the Clinicas del Camino Real chief executive officer and approved by the Ventura County Board of Supervisors. (Clinicas Del Camino Real Representative)

f. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director and approved by the Ventura County Board of Supervisors. (County Official)

g. One member shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position. (Consumer Representative)

h. One member shall be a representative of the County of Ventura nominated by the Ventura County Executive Officer and approved by the Board of Supervisors. (Ventura County Representative)

1381-3.

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: One of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the Ventura County Medi-Cal Managed Care Commission shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the Ventura County Medi-Cal Managed Care Commission.

A member may be removed from the Ventura County Medi-Cal Managed Care Commission by a 4/5 vote of the Board of Supervisors.

Nominations to the Ventura County Medi-Cal Managed Care Commission shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Ventura County Board of Supervisors. Appointments will be based on the individuals' knowledge of the

healthcare needs of women, children, seniors, and/or the disabled, and business, finance and/or political experience.

1381-4.

Procedures for the conduct of business not otherwise specified in this Article shall be contained in bylaws adopted by the Ventura County Medi-Cal Managed Care Commission.

1381-5.

The Ventura County Medi-Cal Managed Care Commission may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the Ventura County Medi-Cal Managed Care Commission. At a minimum, two (2) committees/advisory boards shall be established, one member/consumer based and one provider based.

1382 Cultural Diversity Program

The Ventura County Medi-Cal Managed Care Commission shall establish a Cultural Diversity Program to insure that employees, contractors and recipients of health care services are treated with respect and without discrimination. The governing board of the Ventura County Medi-Cal Managed Care Commission shall appoint a Chief Diversity Officer, who shall be responsible for implementation of the Cultural Diversity Program, and shall provide staff and resources for the Chief Diversity Officer as necessary and appropriate. The Chief Diversity Officer shall report directly to the governing board of the Ventura County Medi-Cal Managed Care Commission, and shall have the authority, independent of any other executive officer, to take disciplinary action against any employee, except the chief executive officer, for failure to comply with the Cultural Diversity Program. The Chief Diversity Officer shall also provide reports to the Ventura County Board of Supervisors, through the County's Chief Executive Officer, on a quarterly or more frequent basis.

SECTION 3: This ordinance shall take effect and be in full force and effect thirty (30) days after its passage. Before the expiration of fifteen (15) days after passage of this ordinance it shall be published once with the names of the members of the Board of Supervisors voting for and against the ordinance in the Ventura County Star, a newspaper of general circulation published in the State of California.

PASSED AND ADOPTED this 6th day of October, 2015, by the following vote:

AYES: *Bennett, Parks, Foy, Zaragoza, and Long*

NOES:

ABSENT:

Kathy Long

CHAIR, BOARD OF SUPERVISORS

ATTEST: MICHAEL POWERS,
Clerk of the Board of Supervisors,
County of Ventura, State of California.

By: *M. Pelliciano*
Deputy Clerk of the Board



AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: August 23, 2021

SUBJECT: July 2021 Fiscal Year to Date Financials

SUMMARY:

Staff is presenting the attached July 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, and statement of cash flows.

Financial Overview:

GCHP experienced a gain of \$6.3 million for the month of July 2021 and is favorable to the budget for July 2021 by \$5.3M. The favorability is due to CY 2021 rate adjustments received in July 2021, timing of administrative and project expenses, and medical expense estimates that are currently less than budget by a narrow margin.

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.

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
	California Children’s Services – ED Diversion	\$500,000
	Implementation of additional claims edit system (CES) checks to minimize payment errors	TBD
Contracting Strategies	Expansion of capitation arrangements	Required TNE and risk reductions
	LANE/HCPCS 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.

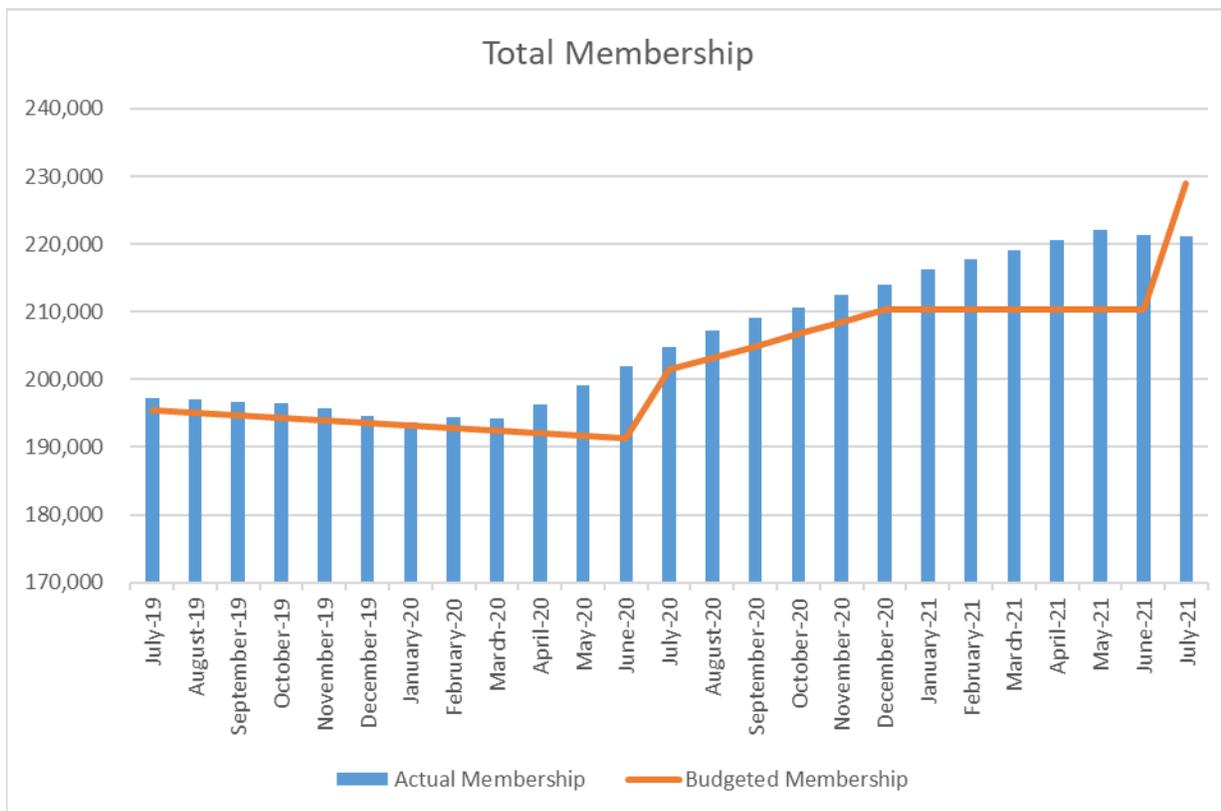
Financial Report:

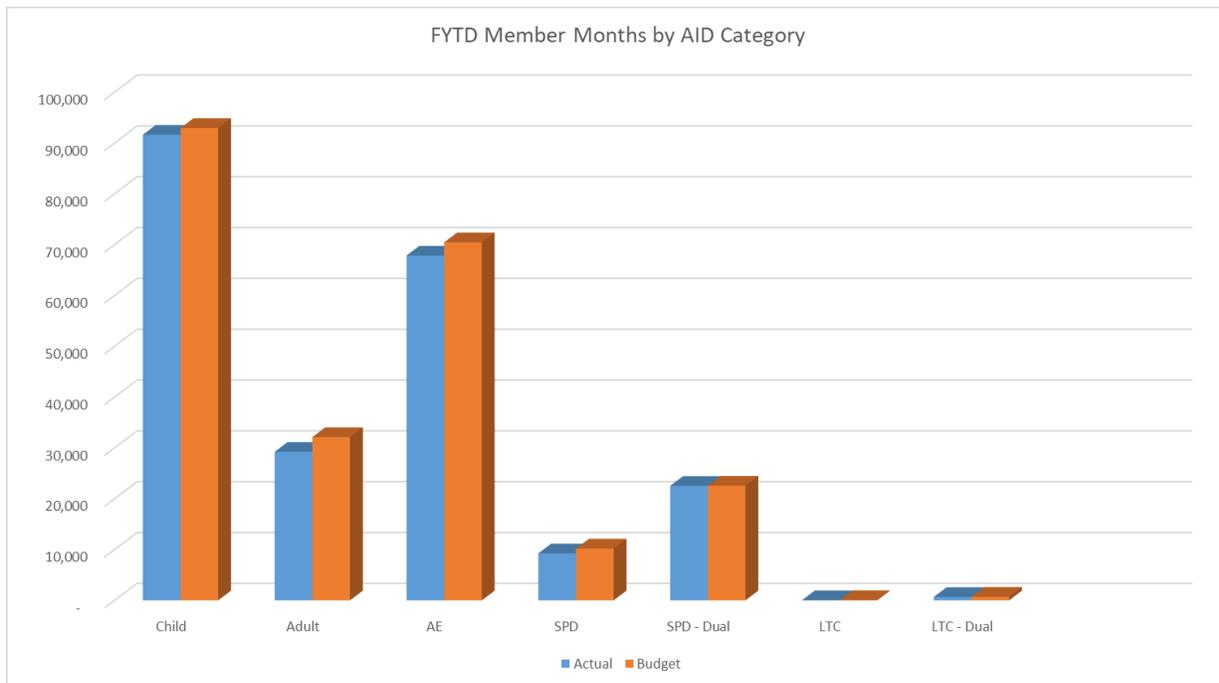
GCHP is reporting net gains of \$6.3 million for the month of July 2021.

July 2021 FYTD Highlights:

1. Net gain of \$6.3 million, a \$5.3 million favorable budget variance.
2. FYTD net revenue is \$83.3 million, \$881,586 over budget.
3. FYTD Cost of health care is \$73.0 million, \$2.7 million under budget.
4. The medical loss ratio is 87.6% of revenue, 4.5% less than the budget.
5. FYTD administrative expenses are \$4.0 million, \$1.8 million under budget.
6. The administrative cost ratio is 4.8%, 2.2% under budget.
7. Current membership for July is 222,328.
8. Tangible Net Equity is \$107.3 million which represents approximately 43 days of operating expenses in reserve and 293% 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 \$83.3 million; a \$881,496 and 1% favorable budget variance. The primary driver of the budget variance is additional revenue from CY2021 favorable rate adjustments received after budget was finalized of ~\$800K for Rx add-ons and COVID-19 adjustments.

Health Care Costs

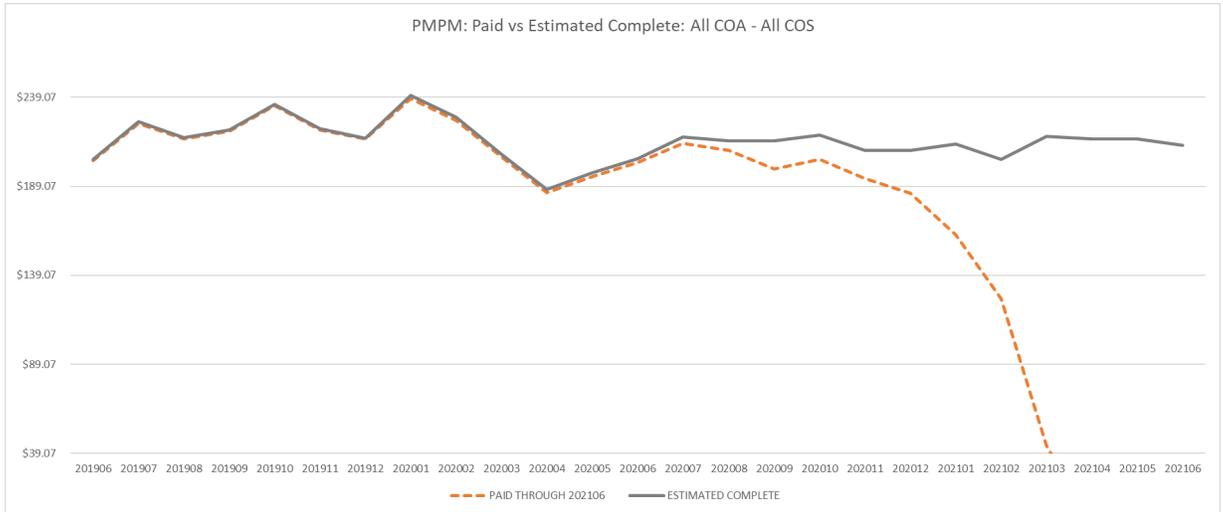
FYTD Health care costs are \$73.0 million; a \$2.7 million and 4% favorable budget variance.

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.

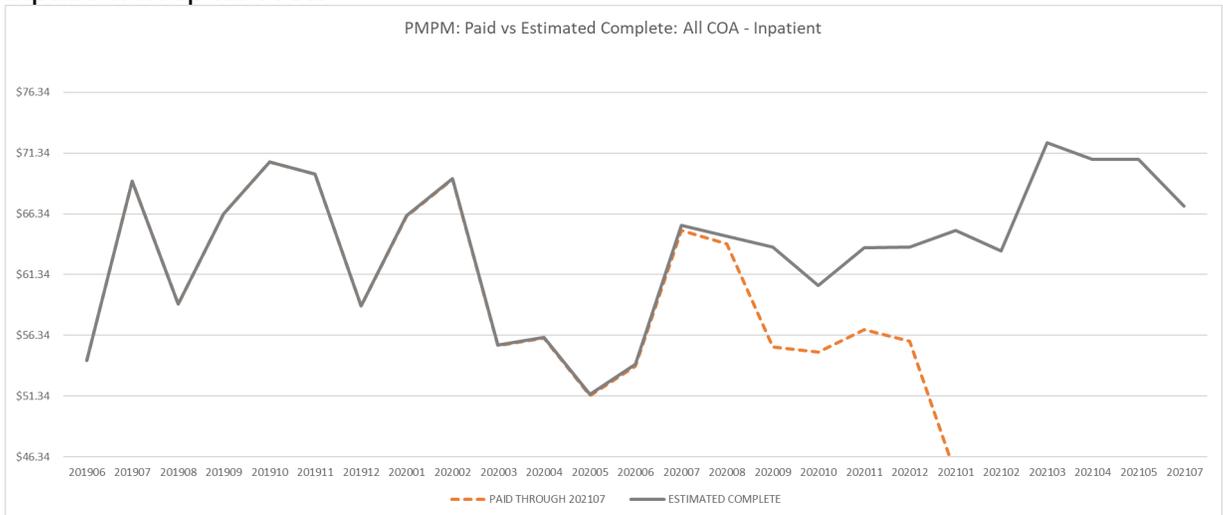
Due to the system conversion, staff does not yet have an accurate data file to complete the estimate with the same level of detail as has been the historical process. One of the issues being addressed is discrepancies in the mapping of data to the correct category of service. This impacts staff’s ability 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:

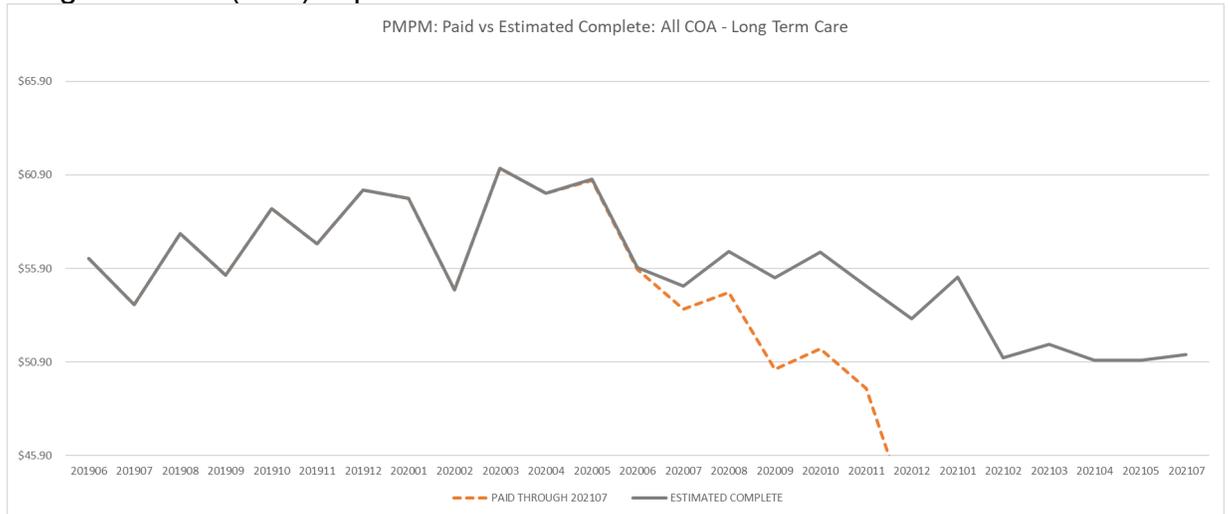
1. All categories of service



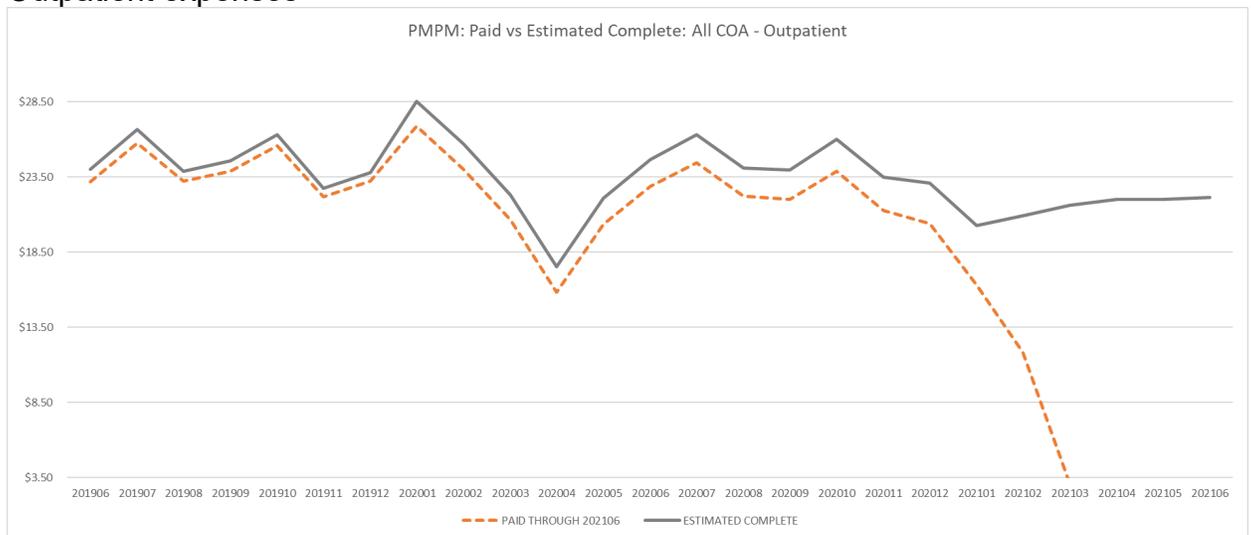
2. Inpatient hospital costs



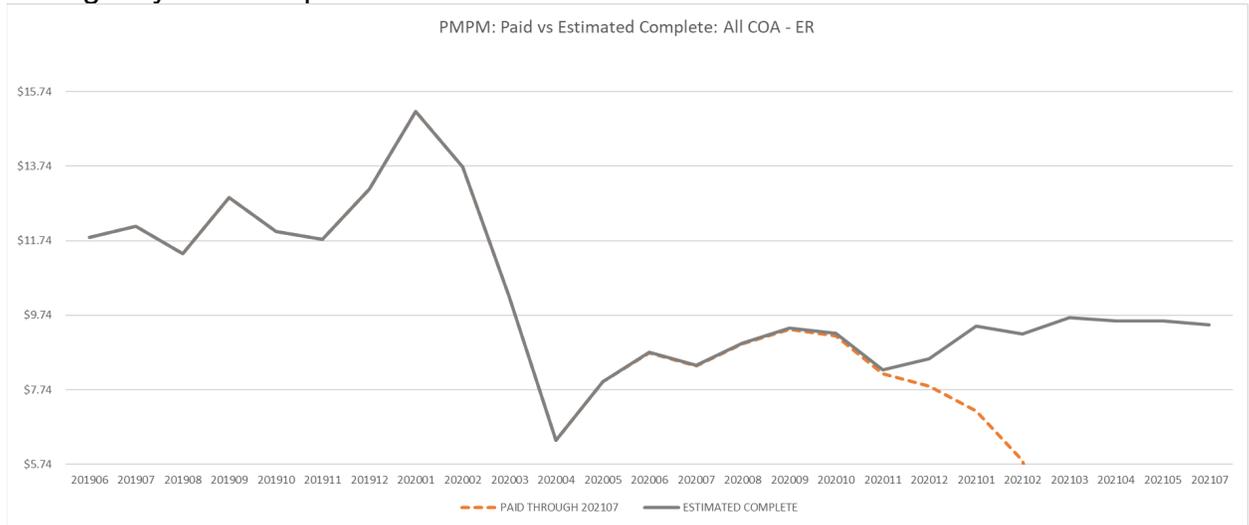
3. Long term care (LTC) expenses



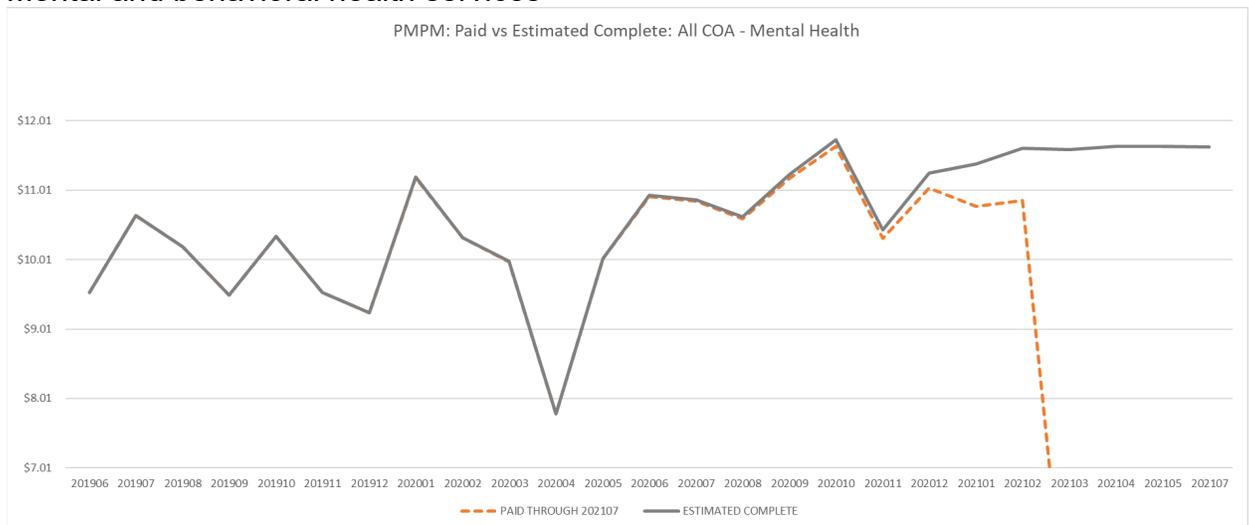
4. Outpatient expenses



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 July 2021, administrative costs were \$4.0 million and \$1.8 million below budget. The driver of the favorability at this point is timing. As a percentage of revenue, the administrative cost ratio (or ACR) was 4.8% versus 7.0% for budget.

Cash and Short-Term Investment Portfolio

At July 31, the Plan had \$225.1 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool \$18.3 million; LAIF CA State \$25.2 million; the portfolio yielded a rate of 2.5%.

Medi-Cal Receivable

At July 31, the Plan had \$101.3 million in Medi-Cal Receivables due from the DHCS.

RECOMMENDATION:

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

CONCURRENCE:

N/A

ATTACHMENT:

July 2021 Financial Package



FINANCIAL PACKAGE
For the month ended July 31, 2021

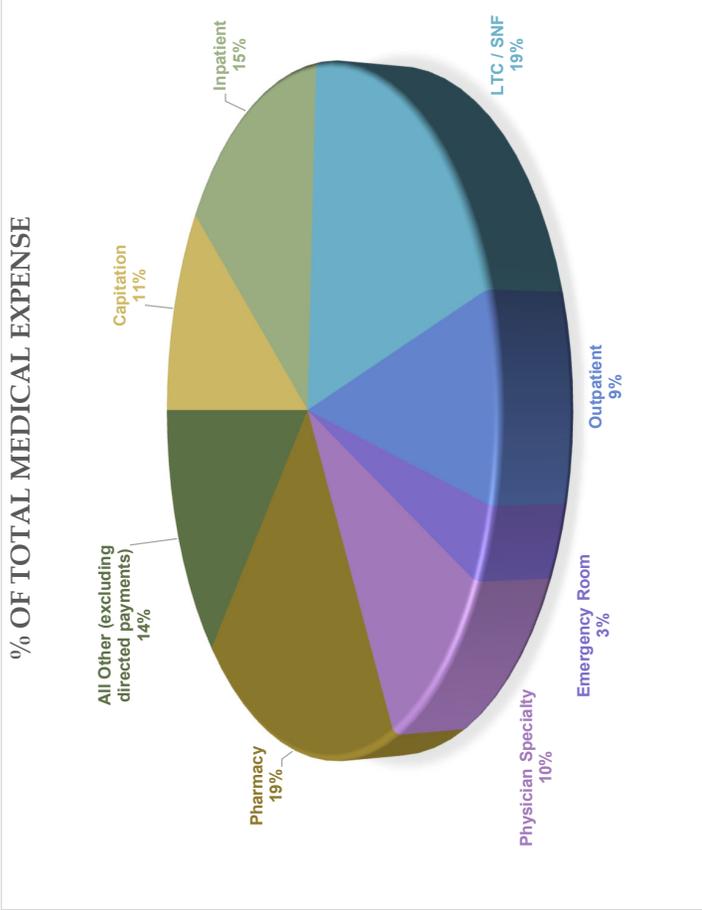
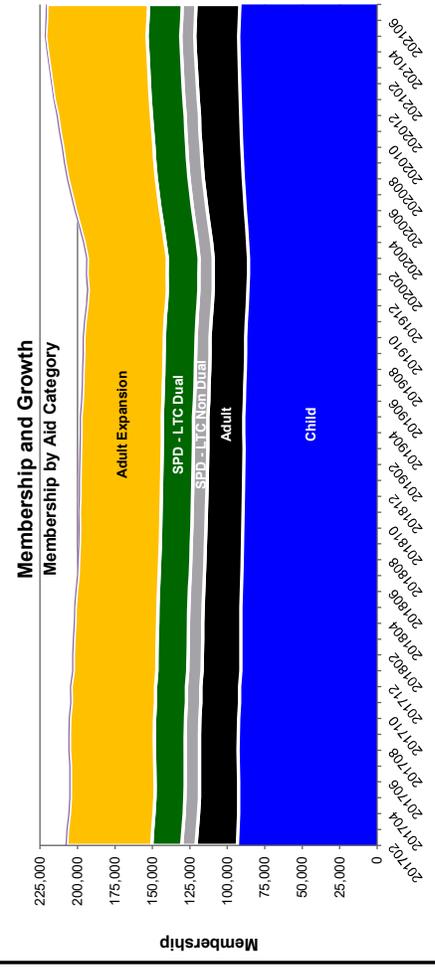
TABLE OF CONTENTS

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

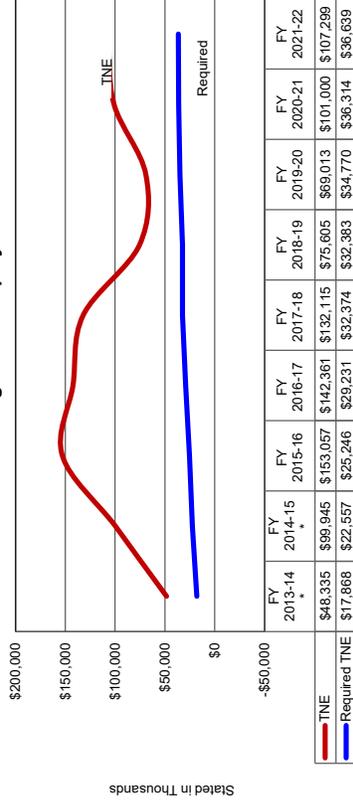
**Gold Coast Health Plan
Executive Dashboard as of July 31, 2021**

	FYTD 21/22 Budget*	FYTD 21/22 Actual	FY 20/21 Actual	FY 19/20 Actual
Average Enrollment	228,982	222,328	213,547	196,012
PMPM Revenue	\$ 370.92	\$ 374.88	\$ 358.22	\$ 348.73
Medical Expenses				
Capitation	\$ 36.04	\$ 34.50	\$ 34.03	\$ 24.93
Inpatient	\$ 65.06	\$ 47.62	\$ 66.52	\$ 65.19
LTC / SNF	\$ 57.03	\$ 61.44	\$ 55.42	\$ 59.20
Outpatient	\$ 25.78	\$ 27.58	\$ 23.16	\$ 25.81
Emergency Room	\$ 12.57	\$ 10.46	\$ 9.25	\$ 11.97
Physician Specialty	\$ 26.70	\$ 30.71	\$ 25.71	\$ 27.63
Pharmacy	\$ 63.94	\$ 62.24	\$ 62.07	\$ 61.05
All Other (excluding directed payments)	\$ 38.21	\$ 43.46	\$ 43.20	\$ 41.07
Total Per Member Per Month	\$ 325.33	\$ 318.01	\$ 319.36	\$ 316.86
Medical Loss Ratio	91.8%	87.6%	92.1%	94.6%
Total Administrative Expenses	\$ 5,792,327	\$ 4,037,818	\$ 49,637,603	\$ 50,821,685
% of Revenue	7.0%	4.8%	5.4%	6.2%
TNE	\$ 100,654,230	\$ 107,298,766	\$ 100,999,994	\$ 71,272,142
Required TNE	\$ 37,464,756	\$ 36,638,841	\$ 36,313,908	\$ 34,685,521
% of Required	269%	293%	278%	205%

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



Historical Tangible Net Equity



STATEMENT OF FINANCIAL POSITION

	<u>07/31/21</u>	<u>06/30/21</u>	<u>05/31/21</u>
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	181,564,813	193,947,005	157,873,353
Total Short-Term Investments	43,532,535	43,515,100	43,494,277
Medi-Cal Receivable	101,312,336	97,642,752	97,826,066
Interest Receivable	99,015	119,520	120,560
Provider Receivable	2,161,503	1,754,312	2,634,686
Other Receivables	6,320,713	6,320,713	6,320,713
Total Accounts Receivable	109,893,566	105,837,297	106,902,025
Total Prepaid Accounts	3,033,715	1,951,162	1,351,374
Total Other Current Assets	153,789	153,789	153,789
Total Current Assets	338,178,418	345,404,352	309,774,817
Total Fixed Assets	1,173,684	1,198,472	1,242,889
Total Assets	\$ 339,352,102	\$ 346,602,824	\$ 311,017,707
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	\$ 133,395,431	\$ 62,443,653	\$ 89,289,834
Claims Payable	9,818,017	72,815,453	29,138,366
Capitation Payable	25,368,834	25,281,330	23,573,393
Physician Payable	25,713,235	24,975,873	22,656,081
DHCS - Reserve for Capitation Recoup	6,027,119	6,027,119	6,027,119
Accounts Payable	190,618	1,683,582	322,178
Accrued ACS	3,355,584	4,874,494	3,206,598
Accrued Provider Reserve	1,489,014	1,418,117	1,347,563
Accrued Pharmacy	14,017,265	21,625,295	20,384,387
Accrued Expenses	2,166,098	1,860,807	2,372,156
Accrued Premium Tax	7,188,600	19,409,220	12,939,480
Accrued Payroll Expense	2,341,053	2,195,823	2,033,144
Total Current Liabilities	231,070,868	244,610,768	213,290,299
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	982,468	992,062	1,001,657
Total Long-Term Liabilities	982,468	992,062	1,001,657
Total Liabilities	232,053,336	245,602,830	214,291,955
Net Assets:			
Beginning Net Assets	100,999,994	77,323,271	77,323,271
Total Increase / (Decrease in Unrestricted Net Assets)	6,298,772	23,676,724	19,402,481
Total Net Assets	107,298,766	100,999,994	96,725,751
Total Liabilities & Net Assets	\$ 339,352,102	\$ 346,602,824	\$ 311,017,707

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

	July 2021		July 2021 Year-To-Date		Variance		July 2021 Year-To-Date		Variance	
	Actual	Budget	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)	%
Membership (includes retro members)	222,328	228,982	222,328	228,982	(6,654)	-3%				
Revenue	\$ 90,535,096	\$ 82,465,000	\$ 82,465,096	\$ 82,465,000	\$ 8,070,096	10%	\$ 407.21	\$ 380.14	\$ 47.08	
Premium	-	-	-	-	-	0%	-	-	-	
Reserve for Cap Requirements	(7,188,600)	-	(7,188,600)	-	(7,188,600)	0%	(32.33)	-	(32.33)	
MCO Premium Tax	83,346,496	82,465,000	83,346,496	82,465,000	881,496	1%	374.88	360.14	14.74	
Total Net Premium	90	-	90	-	90	0%	0.00	-	0.00	
Other Revenue:	90	-	90	-	90	0%	0.00	-	0.00	
Miscellaneous Income	90	-	90	-	90	0%	0.00	-	0.00	
Total Other Revenue	83,346,586	82,465,000	83,346,586	82,465,000	881,586	1%	374.88	360.14	14.74	
Medical Expenses:	7,669,879	8,012,353	7,669,879	8,012,353	342,474	4%	34.50	34.99	0.49	
Capitation (PCP, Specialty, Kaiser, NEMT & Vision)	10,587,511	14,464,372	10,587,511	14,464,372	3,876,860	27%	47.62	63.17	15.55	
FFS Claims Expenses:	13,660,251	12,678,980	13,660,251	12,678,980	(981,271)	-8%	61.44	55.37	(6.07)	
Inpatient	6,131,683	5,731,813	6,131,683	5,731,813	(399,870)	-7%	27.58	25.03	(2.55)	
LTC / SNF	787,022	572,689	787,022	572,689	(214,333)	-37%	3.54	2.50	(1.04)	
Outpatient	2,313,245	2,190,422	2,313,245	2,190,422	(122,823)	-6%	10.40	9.57	(0.84)	
Laboratory and Radiology	2,324,857	2,993,735	2,324,857	2,993,735	668,877	17%	10.46	12.20	1.74	
Directed Payments - Provider	6,827,227	5,936,711	6,827,227	5,936,711	(890,516)	-15%	30.71	25.93	(4.78)	
Emergency Room	1,108,938	1,667,266	1,108,938	1,667,266	558,328	33%	4.99	7.28	2.29	
Physician Specialty	2,046,970	2,241,630	2,046,970	2,241,630	194,630	9%	9.21	9.79	0.58	
Primary Care Physician	2,583,626	2,561,422	2,583,626	2,561,422	(22,204)	-1%	11.62	11.19	(0.43)	
Home & Community Based Services	13,838,750	14,215,393	13,838,750	14,215,393	376,644	3%	62.24	62.08	(0.16)	
Applied Behavioral Analysis/Mental Health Service	70,897	-	70,897	-	(70,897)	0%	0.32	-	(0.32)	
Pharmacy	265,785	383,342	265,785	383,342	117,557	31%	1.20	1.67	0.48	
Provider Reserve	(780)	780	(780)	780	780	0%	(0.00)	-	0.00	
Other Medical Professional	1,000,284	892,805	1,000,284	892,805	(107,479)	-12%	4.50	3.90	(0.60)	
Other Medical Care	1,029,306	176,400	1,029,306	176,400	(852,905)	-84%	4.63	0.77	(3.86)	
Other Fee For Service	64,575,572	66,506,950	64,575,572	66,506,950	1,931,378	3%	290.45	290.45	(0.01)	
Transportation	1,255,245	1,222,041	1,255,245	1,222,041	(33,204)	-3%	5.65	5.34	(0.31)	
Total Claims	292,746	309,126	292,746	309,126	16,380	5%	1.32	1.35	0.03	
Medical & Care Management Expense	(777,090)	(357,176)	(777,090)	(357,176)	419,913	-118%	(3.50)	(1.56)	1.94	
Reinsurance	770,902	1,173,991	770,902	1,173,991	403,090	34%	3.47	5.13	1.66	
Claims Recoveries	73,016,353	75,693,295	73,016,353	75,693,295	2,676,942	4%	328.42	330.56	2.15	
Sub-total	10,330,233	6,771,706	10,330,233	6,771,706	3,558,528	53%	46.46	29.57	16.89	
Total Cost of Health Care Contribution Margin	2,169,261	2,244,364	2,169,261	2,244,364	75,103	3%	9.76	9.80	0.04	
General & Administrative Expenses:	627	21,275	627	21,275	20,649	97%	0.00	0.09	0.09	
Salaries, Wages & Employee Benefits	2,175,153	2,396,929	2,175,153	2,396,929	221,776	9%	9.78	10.47	0.68	
Training, Conference & Travel	166,462	739,249	166,462	739,249	572,787	77%	0.75	3.23	2.48	
Outside Services	611,325	1,076,460	611,325	1,076,460	465,135	43%	2.75	4.70	1.95	
Professional Services	(1,255,245)	(1,222,041)	(1,255,245)	(1,222,041)	33,204	-3%	(5.65)	(5.34)	(0.31)	
Occupancy, Supplies, Insurance & Others	3,867,581	5,256,236	3,867,581	5,256,236	1,388,655	26%	17.40	22.95	5.56	
Care Management/Reclass to Medical G&A Expenses	170,237	536,091	170,237	536,091	365,854	68%	0.77	2.34	1.58	
Project Portfolio	4,037,818	5,792,327	4,037,818	5,792,327	1,754,509	30%	18.16	25.30	7.13	
Total G&A Expenses	6,292,415	979,379	6,292,415	979,379	5,313,036	542%	28.30	4.28	24.02	
Total Operating Gain / (Loss)	6,357	30,000	6,357	30,000	(23,643)	-79%	0.03	0.13	(0.10)	
Non Operating	6,357	-	6,357	-	(23,643)	-79%	0.03	0.13	(0.10)	
Revenues - Interest	-	-	-	-	-	0%	-	-	-	
Gain/(Loss) on Sale of Asset	6,357	-	6,357	-	(23,643)	-79%	0.03	0.13	(0.10)	
Total Non-Operating	6,357	30,000	6,357	30,000	(23,643)	-79%	0.03	0.13	(0.10)	
Total increase / (Decrease) in Unrestricted Net Assets	\$ 6,298,772	\$ 1,009,379	\$ 6,298,772	\$ 1,009,379	\$ 5,289,393	524%	\$ 28.33	\$ 4.41	\$ 23.92	

STATEMENT OF CASH FLOWS	July 2021	FYTD 20-21
Cash Flows Provided By Operating Activities		
Net Income (Loss)	\$ 6,298,772	\$ 6,298,772
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	24,787	24,787
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilities		
Accounts Receivable	(4,056,270)	(4,056,270)
Prepaid Expenses	(1,082,554)	(1,082,554)
Accrued Expense and Accounts Payable	(10,108,081)	(10,108,081)
Claims Payable	2,344,420	2,344,420
MCO Tax liability	(12,220,620)	(12,220,620)
IBNR	6,434,788	6,434,788
Net Cash Provided by (Used in) Operating Activities	<u>(12,364,758)</u>	<u>(12,364,758)</u>
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(17,435)	(17,435)
Purchase of Property and Equipment	-	-
Net Cash (Used In) Provided by Investing Activities	<u>(17,435)</u>	<u>(17,435)</u>
Increase/(Decrease) in Cash and Cash Equivalents	(12,382,193)	(12,382,193)
Cash and Cash Equivalents, Beginning of Period	193,947,005	193,947,005
Cash and Cash Equivalents, End of Period	<u>181,564,813</u>	<u>181,564,813</u>

July 2021 Financial Statements

August 23, 2021

Kashina Bishop
Chief Financial Officer

Financial Overview:



JULY NET GAIN \$ 6.3 M



FYTD NET GAIN \$6.3 M



TNE is \$107.3 M and 293% of the minimum required



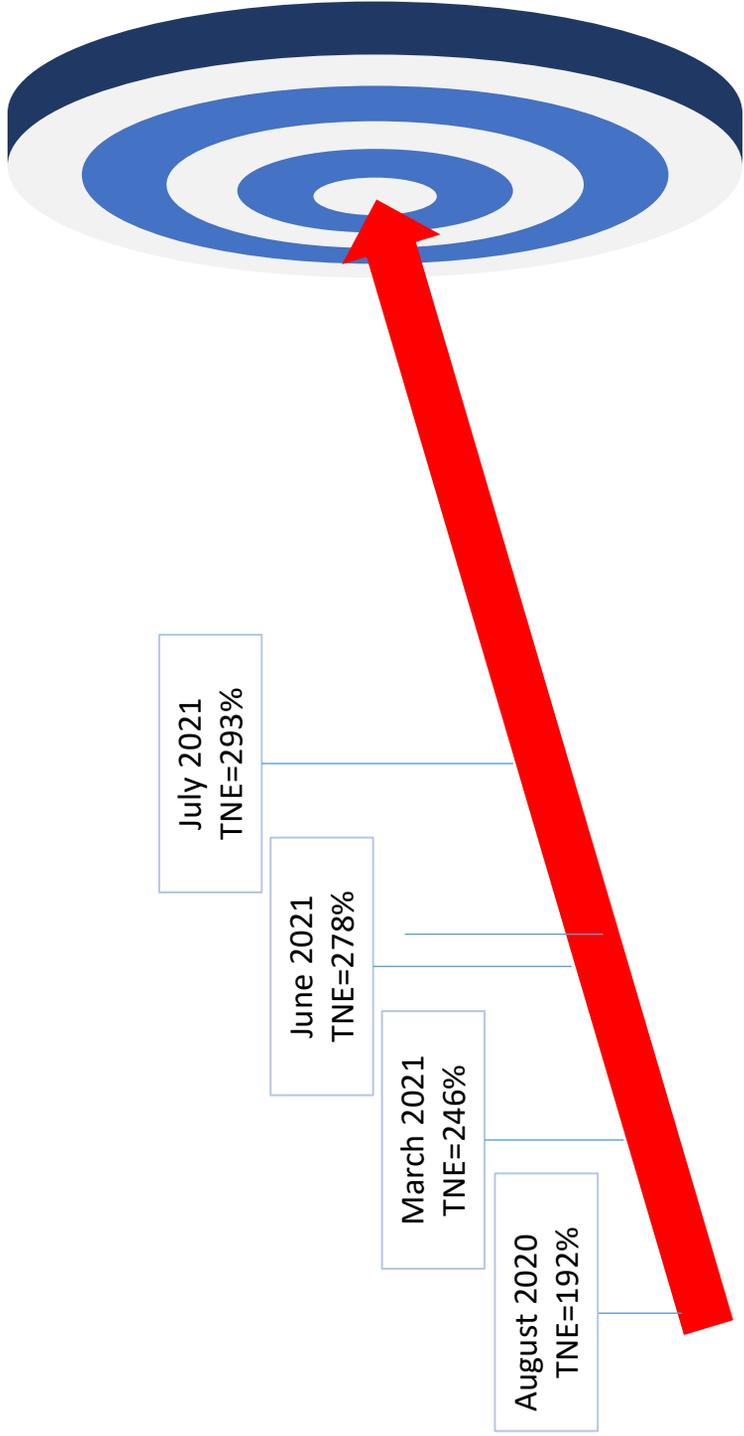
MEDICAL LOSS RATIO 87.6%



ADMINISTRATIVE RATIO 4.8%

Solvency Action Plan

Target: TNE % = 400-500% of Required



Solvency Action Plan – next steps

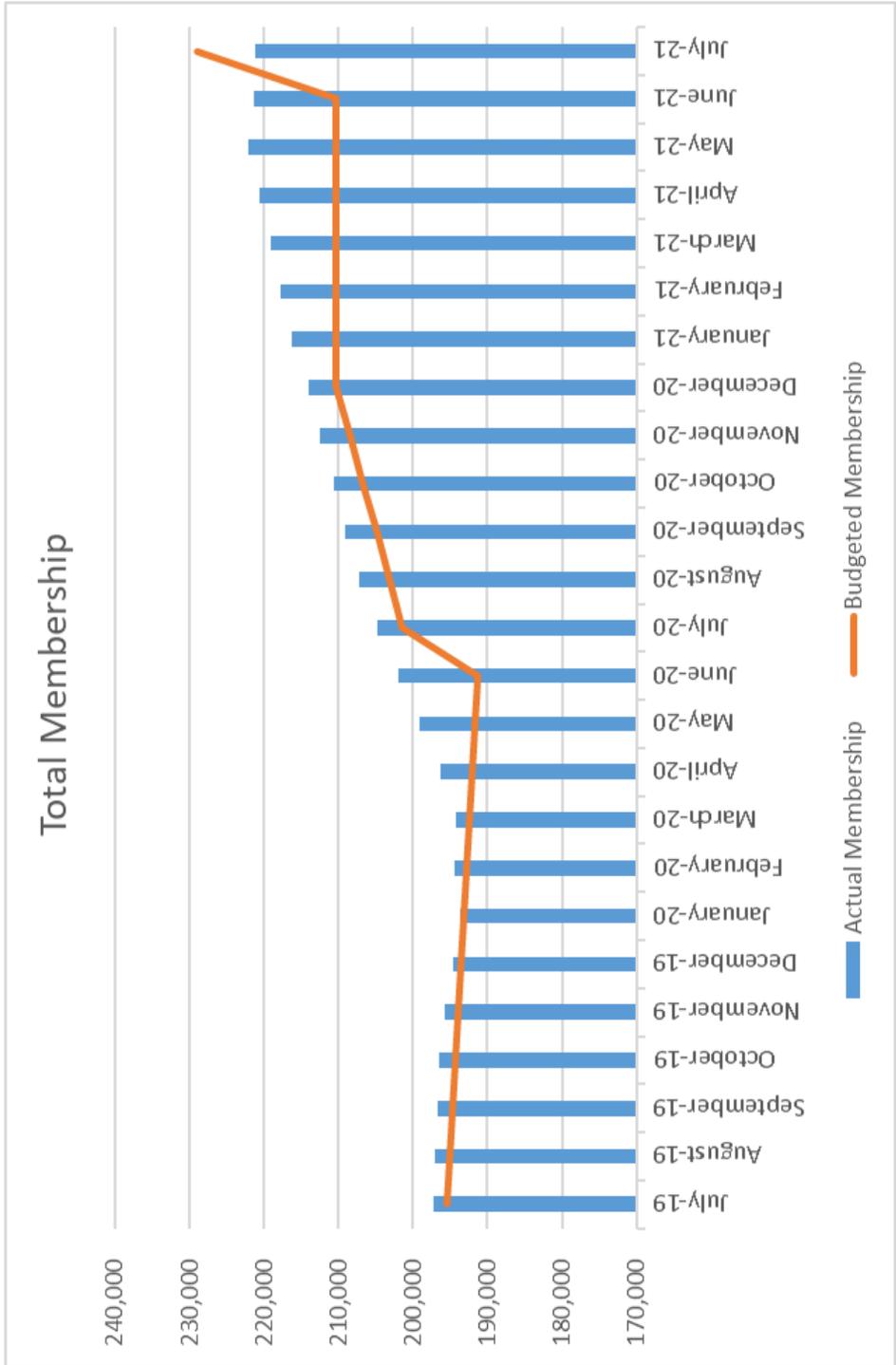
Category	Current Focus	Annualized impact in savings
Cost of Healthcare	LANE – avoidable ER analysis	TBD
	Pro-active transplant management approach	TBD
	Analysis of leakage to out of area providers	TBD
Internal Control Improvements*	Review of provider contracts for language interpretation and validation	N/A
	Develop revised provider contract templates and a standard codified DOFR template	N/A
	Improve quality and completeness of encounter data	Revenue implications
	California Children’s Services – ED Diversion	\$500,000
	Implementation of additional claims edit system (CES) checks to minimize payment errors	TBD
	Expansion of capitation arrangements	Required TNE and risk reductions
Contracting Strategies	LANE/HCPSC analysis	TBD
	Outlier rate analysis	TBD

Revenue

Net Premium revenue is \$83.3 million, over budget by \$881,496 and 1%.

- Favorable CY 2021 rates.

Membership trends



Medical Expense

FYTD Health care costs are \$73.0 million and \$2.7 million and 4% under budget. Medical loss ratio is 87.6%, a 4.5% budget variance.

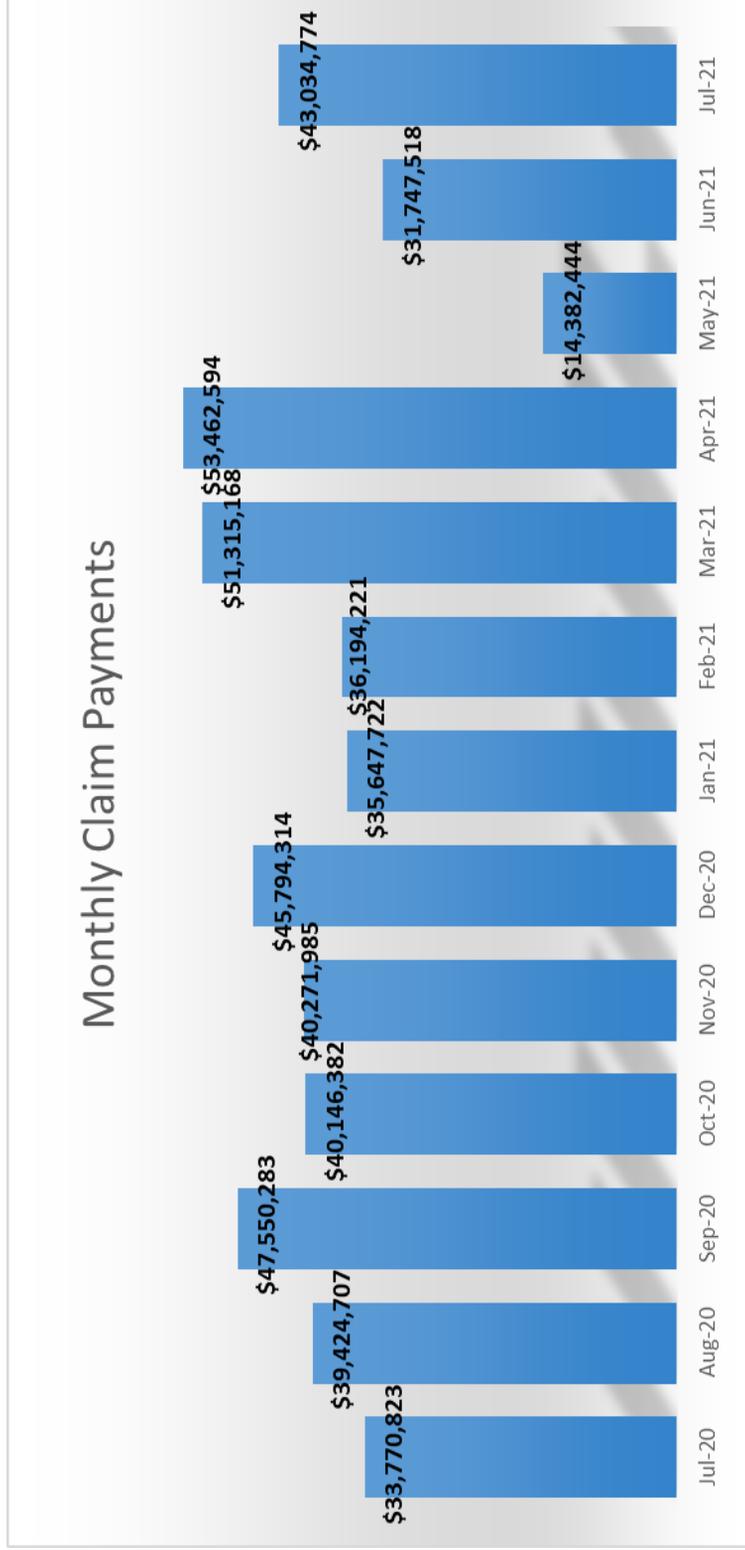
Incurred But Not Paid (IBNP) Medical Expense Reserve

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.

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. Do not have an accurate data file – impacting category of service on financials



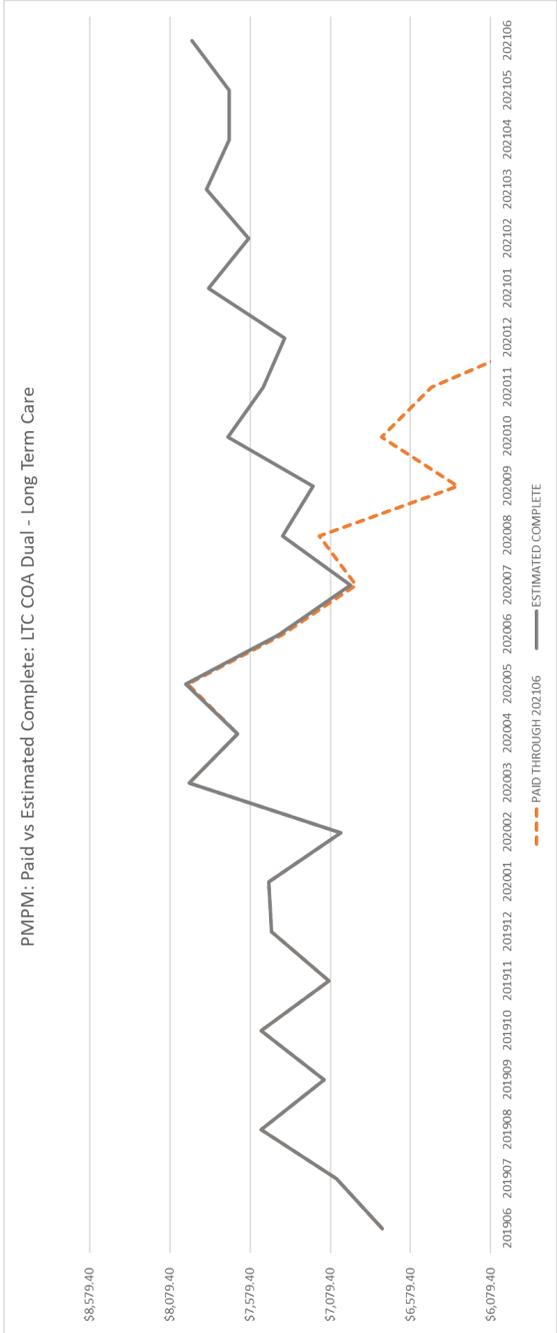
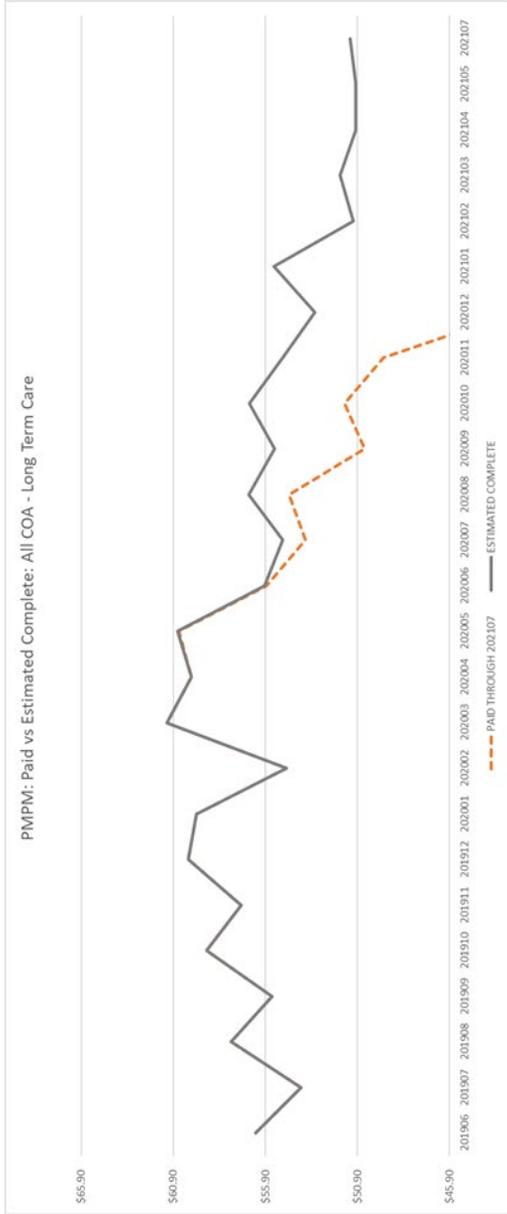
Incurred But Not Paid (IBNP) Medical Expense Reserve



Inpatient Medical Expenses



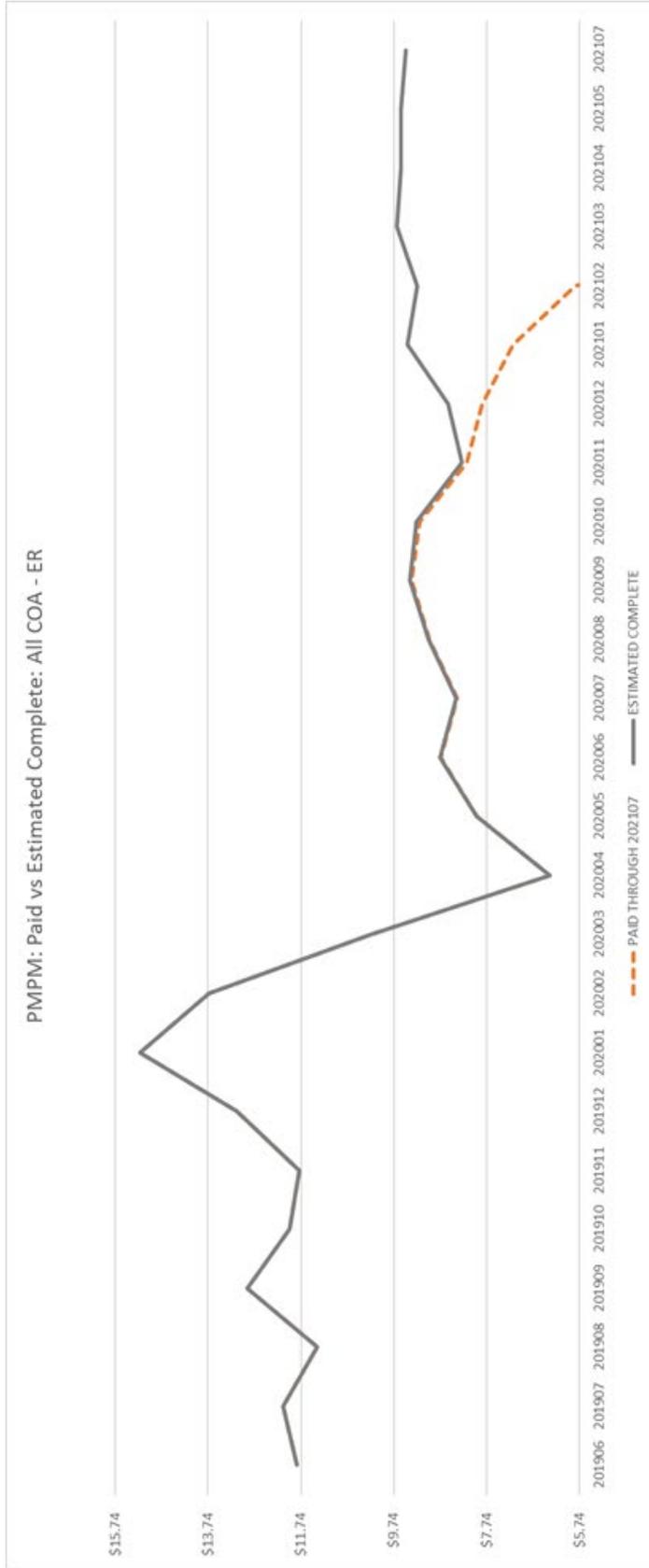
Long Term Care Expenses



Outpatient Expenses



Emergency Room Expenses



Mental and Behavioral Health



Financial Statement Summary

	July 2021	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	\$ 83,346,496	\$ 83,346,496	\$ 82,465,000	\$ 881,496
Health Care Costs	73,016,353	73,016,353	75,927,588	(2,911,234)
Medical Loss Ratio		87.6%	92.1%	
Administrative Expenses	4,037,818	4,037,818	5,792,327	(1,754,509)
Administrative Ratio		4.8%	7.3%	
Non-Operating Revenue/(Expense)	6,357	6,357	30,000	(23,642)
Total Increase/(Decrease) in Net Assets	\$ 6,298,683	\$ 6,298,683	\$ 775,086	\$ 5,523,597
Cash and Investments	\$ 225,097,347			
GCHP TNE	\$ 107,298,766			
Required TNE	\$ 36,638,841			
% of Required	293%			

Questions?

Staff requests the Commission
recommend approve the
unaudited financial statements
for July 2021

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Margaret Tatar, Chief Executive Officer

DATE: August 23, 2021

SUBJECT: Chief Executive Officer (CEO) Report

I. EXTERNAL AFFAIRS:

California's COVID-19 Incentive Funding for Medi-Cal Members

On Friday, August 6, 2021, the state Department of Health Care Services (DHCS) announced \$350 million – \$175 million in state General Funds and an additional \$175 million in federal funds – in incentive payments to encourage the state's 14 million Medi-Cal beneficiaries to get vaccinated and for expanded outreach to populations of focus within underserved communities.

As of July 18, more than 45% of Medi-Cal beneficiaries ages 12 and older had received at least one vaccine shot compared to more than 76% of Californians. The new vaccine program allows Medi-Cal managed care plans like Gold Coast Health Plan (GCHP) to earn and provide incentive payments for activities designed to narrow and close the gaps for their member population using lessons learned throughout the pandemic.

Of the funding, \$250 million will be allocated statewide to managed care plans and \$100 million will be issued as direct incentives to members. The funding will promote new specialized outreach programs and activities GCHP can utilize with network providers, particularly engagement with primary care providers, pharmacies, and trusted community organizations. The incentive program runs from Sept. 1, 2021 through Feb. 28, 2022.

A. Federal	Implications
Congressional Action (as of August 10, 2021)	
<p>H.R. 550, the “Immunization Infrastructure Modernization Act,” was introduced by Reps. Annie Kuster (D-NH) and Larry Bucshon, M.D. (R-IN). The bill would authorize \$400 million for grants to expand, enhance, and improve immunization information systems administered by health departments and used by health care providers. The bill would, among other things, direct Health and Human Services (HHS) to develop a strategy to improve immunization information systems, designate data and technology standards for the systems, and award grants to health departments and government organizations to improve their immunization systems based on the developed standards.</p> <p>H.R. 951, the “Maternal Vaccination Act,” was introduced by Rep. Terri Sewell (D-AL) and 44 original co-sponsors. The bill would require existing immunization programs to include outreach efforts to pregnant and postpartum individuals and obstetric care providers, as well update grant programs to include efforts to improve maternal vaccination rates as an allowable use of funds. The existing vaccine outreach authorization would also be increased each fiscal year by \$2 million, to \$17 million.</p>	
B. State	Implications
State Legislature Bills (as of August 10, 2021)	
Behavioral Health	
<p>SB 221 Health Care Coverage: Timely Access to Care Introduced: Jan. 13, 2021 Status: Passed Assembly Health, Ayes 15. Noes 0. July 6, 2021. Referred to Assembly Appropriations.</p> <p>Summary: Would codify current timely access standards, requiring by the Department of Managed Health Care (DMHC) and the Department of Insurance to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary’s request. Would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment.</p>	<p>Possible additional oversight of behavioral health appointments and payments for out-of-network care when timely access standards are not met. The 10-day follow-up appointment provision in the bill would close a loophole in state law and regulations and establish timely access standards for follow-up appointments for mental health and substance use disorder (SUD) treatment.</p>



Behavioral Health	
<p>SB 293 Medi-Cal Specialty Mental Health Services Introduced: Feb. 1, 2021 Status: Passed Assembly Health, Ayes 15. Noes 0. July 6, 2021. Referred to Assembly Appropriations.</p> <p>Summary: Would require the state Department of Health Care Services (DHCS) to develop standardized forms for specialty mental health services provided under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) after January 1, 2022. Consistent with the CalAIM proposal, the forms would address medical necessity criteria, screening tools and transition of care tools, which would impact coordination and referrals with Medi-Cal managed care plans.</p>	<p>Would require GCHP implementation of new forms and processes yet to be developed by DHCS for executing portions of the Youth Behavioral Health Initiative.</p>
CalAIM	
<p>SB 256 California Advancing and Innovating Medi-Cal. Introduced: Jan. 26, 2021 Status: Passed Senate Floor, Ayes 39. Noes 0. June 1, 2021. Referred to Assembly Health.</p> <p>Summary: Establishes the California Advancing and Innovating Medi-Cal (CalAIM) Act to require DHCS to seek federal approval and implement waivers for the CalAIM initiative according to the CalAIM Terms and Conditions and consistent with existing federal law. Requires DHCS to implement the Population Health Management, Enhanced Care Management, In Lieu of Services, and Incentive Payments components of the CalAIM initiative.</p>	<p>This bill allows for GCHP to implement CalAIM's core functions, including:</p> <ol style="list-style-type: none"> 1. Population Health Management 2. Enhanced Care Management 3. In Lieu of Service Options 4. Incentive and Payment Reforms



Health Equity	
<p>SB 17 Office of Racial Equity. Introduced: Dec. 7, 2020 Status: Passed Assembly Accountability and Administrative Review, Ayes 5. Noes 0. June 30, 2021. Referred to Assembly Appropriations.</p> <p>Summary: This bill establishes the Office of Racial Equity, which would develop statewide guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.</p>	<p>No direct implications for GCHP.</p>
Health Information Exchange (HIE)	
<p>SB 371 Health Information Technology Introduced: Feb. 10, 2021 Status: Passed Senate Floor, Ayes 38. Noes 0. May 28, 2021. Referred to Assembly Health.</p> <p>Summary: Requires DHCS to apply for federal funding from the American Rescue Plan Act of 2021 or the Medicaid Information Technology Architecture program to create a unified data exchange between the state government, health records systems, other data exchange networks and health care providers, including for the Medi-Cal program. Funds would also be used to provide grants and technical support to small provider practices, community health centers and safety net hospitals to expand the use of health information technology and connect to exchanges.</p>	<p>This bill could facilitate the creation of a statewide health information exchange (HIE) to enable data exchanges related to its members all health plan members. An HIE would support the electronic exchange of health information among, and aggregate and integrate data from, multiple sources within our service area.</p> <p>Language in this bill is supported in the Health Trailer Bill AB 133.</p>
Medi-Cal	
<p>AB 470 Medi-Cal: Eligibility. Introduced: Feb. 8, 2021 Status: Passed Senate Health, Ayes 10. Noes 0. May 30, 2021. Referred to Senate Appropriations.</p> <p>Summary: Would prohibit the consideration of any assets or property in determining Medi-Cal eligibility under any aid category, subject to federal approval.</p>	<p>Potential increase in GCHP membership.</p> <p>Language was adopted into the trailer bill (AB 133) mirrors AB 470 to eliminate the asset test for Medi-Cal eligibility. (See the HIE section above)</p>



Medi-Cal	
<p>SB 56 Medi-Cal: Eligibility. Introduced: Dec. 7, 2020 Status: Passed Assembly Health, Ayes 11. Noes 3. June 22, 2021. Referred to Assembly Appropriations.</p> <p>Language was adopted into the trailer bill for undocumented persons 50 years of age and older.</p> <p>Summary: Effective July 1, 2022, this bill would extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older and who are otherwise eligible for those benefits except for their immigration status.</p>	<p>Potential increase in GCHP membership.</p> <p>Language was adopted into the trailer bill that closely follows SB 56 to expand Medi-Cal for individual age 50 and older who would be eligible for Medi-Cal except for the immigration status.</p>
School-Based Services	
<p>AB 563 School-Based Health Programs Introduced: Feb. 11, 2020 Status: Passed Assembly Floor, Ayes 76. Noes 0. May 27, 2021. Referred to Senate Health and Education.</p> <p>Summary: Creates the Office of School-Based Health Programs within the California Department of Education (CDE), no later than July 1, 2022, to administer health programs, including the Local Education Agencies (LEA) Medi-Cal Billing Option Program, and Early and Periodic Screening, Diagnostic, and Treatment (ESPDT) services. Would also require the CDE to coordinate with DHCS and LEAs to increase access to and expand the scope of school-based Medi-Cal programs.</p>	<p>Potential increases to utilization for school-based early and preventative treatment programs especially utilization of dental, health, and mental health programs, and school-based health centers.</p>

School-Based Services	
<p>AB 586 Pupil Health: Health and Mental Health Services: School Health Demonstration Project. Introduced: Feb. 11, 2020 Status: Passed Assembly Floor, Ayes 78. Noes 0. May 27, 2021. Referred to Senate Health & Education.</p> <p>Summary: Establishes the School Health Demonstration Project as a two-year program to expand comprehensive physical and mental health access to students. The California Department of Education (CDE) would provide support, technical assistance and \$500,000 in annual grants to Local Education Agencies (LEA) to join in additional Medi-Cal funding opportunities and build partnerships with Medi-Cal managed care plans, county mental health plans, and private health plans.</p>	<p>No direct implications for GCHP.</p>
Telehealth	
<p>AB 32 Telehealth Introduced: Dec. 7, 2020 Status: Passed Assembly Floor, Ayes 78. Noes 0. June 1, 2021. Referred to Senate Health.</p> <p>This bill expands the definition of synchronous interaction for purposes of telehealth to include audio-video, audio-only, and other virtual communication. Requires health plans and insurers to reimburse for audio-video, audio-only, and other virtual communication on the same basis and to the same extent that the plan/insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.</p>	<p>Potential to increase access for members to all services that can be provided via telehealth. The bill could influence costs due to reimbursements being fixed at the same rate as in-person visits.</p> <p>Language was adopted into the trailer bill that mirrors AB 32 to provide parity for audio-only telehealth.</p>

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 July:

Name of Organization	Description	Amount
Alzheimer's Association California Central Coast Chapter	The mission of the Alzheimer's Association is to lead the way to end Alzheimer's and all other dementia by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. The sponsorship will fund the "West Ventura County Walk to End Alzheimer's" to raise funds for Alzheimer's research and support.	\$1,000
Westminster Free Clinic	Westminster Free Clinic is a community care center whose goal it is to provide low-income people with early access to health care, and health supporting programs and services. The sponsorship will fund the "Annual Back to School" event.	\$1,500
Name of Organization	Description	Amount
Ventura County Medical Resource Foundation	The mission of Ventura County Medical Resource Foundation is to improve, in partnership with others, access to needed health care for the most vulnerable and underserved residents of Ventura County. The sponsorship will fund the foundation's annual fundraising event, "2021 Fainer/Tauber, MD Community Health Care Awards".	\$2,000
TOTAL		\$4,500

D. Community Relations – Community Meetings and Events

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

Name of Organization	Description	Date
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.	August 4, 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 13-19-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.	August 4, 2021
Inter-Neighborhood Council Organization (INCO) meeting	The INCO serves as an advocacy group for each neighborhood in the City of Oxnard. INCO helps neighborhood councils communicate with the city council and helps address their concerns.	August 4, 2021
Westminster Free Clinic	The Annual Back to School events provide school essentials, food, and clothing to low-income families. In addition, in collaboration with Westminster Free Clinic, the county's mobile vaccine clinic provided free COVID-19 vaccines to participants.	August 11, 2021 August 17, 2021
Total community meetings and events		5



E. Speakers Bureau

GCHP participated in one presentation this month via the Speakers Bureau. The Community Relations Team presented on care management, health education, transportation benefit, member rewards, and how to locate GCHP resources on our website. The purpose of the Speakers Bureau is to educate and inform the public, partners and external groups about Gold Coast Health Plan and our mission in the community.

Name of Organization	Description	Date
The Partnership-Child Abuse Prevention Council	Provided an overview of GCHP's benefits and services. The presentation included an in-depth review of GCHP's website to demonstrate how to locate resources and find information about our health initiatives.	August 4, 2021

To request a speaker, complete the application located on our website on the "Community" page ([click here](#) to access the application directly). For more information, email CommunityRelations@goldchp.org.



II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	PCP-OTHER	DIGNITY	ADMIN MEMBERS	NOT ASSIGNED	KAISER
Jun-21	85,284	42,466	32,057	5,092	6,229	16,828	3,808	6,559
May-21	84,962	31,875	31,855	5,139	6,215	16,459	3,175	6,508
Apr-21	84,615	41,942	31,720	5,811	6,140	16,256	4,070	6,440

Notes:

1. The 2021 Admin Member numbers will differ from the member numbers below as both reports represent a snapshot of eligibility.
2. Unassigned members are those who have not been assigned a PCP and have 30 days to choose one. If a member does not choose a PCP, GCHP will assign a PCP to the member.

Administrative Member Details

Category	June 2021
Total Administrative Members	32,866
Share of Cost	1,601
Long Term Care	728
BCCTP	78
Hospice (REST-SVS)	93
Out of Area (Not in Ventura)	212
Other Health Care	
DUALS (A, AB, ABD, AD, B, BD)	25,544
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	xx

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 of those boxes.

METHODOLOGY

The criteria used to identify members for this report was vetted and confirmed in collaboration with the Member Services Department. Admin members for this report were identified as anyone with active coverage with the benefit code ADM01. Additional criteria are as follows:

1. Share of Cost (SOC-AMT) > zeros
 - a. AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L



2. LTC members identified by AID codes 13, 23, and 63.
3. BCCTP members identified by AID codes 0M, 0N,0P, and 0W.
4. Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.
5. Out of Area members were identified by the following zip codes:
 - a. Ventura Zip Codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
 - b. If no residential address, the mailing address is used for this determination
6. Other commercial insurance was identified by a current record of commercial insurance for the member.

B. Provider Contracting Update:

GCHP works with providers through:

1. **Agreements:** Newly negotiated contracts between GCHP and a provider.
2. **Amendments:** Updates to existing Agreements.
3. **Interim Letters of Agreement (LOA):** Agreements created for providers who have applied for Medi-Cal enrollment but have not been approved. Once Medi-Cal enrollment has been approved and the provider has been credentialed by GCHP, the provider will enter into an Agreement with GCHP. Also used for out-of-area providers who are Medi-Cal enrolled to meet DHCS out-of-network contracting requirements.
4. **Letters of Agreement (LOA):** Member-specific negotiated agreements with non-contracted GCHP providers.

From July 1-31, 2021, the following contracting actions were taken:

Agreements - Total: 1		
Provider	Specialty	Action Taken
Amigo Baby Therapy Services Inc.	Physical Therapy	Four therapists were credential approved and transferred from Interim LOA to fully executed agreement.



Contract Amendments - Total: 4		
Provider	Specialty	Action Taken
LA Laser Center of Bakersfield	Specialty Group	Addition of 1 specialist
Providence Health Systems	Hospital	Tax ID and legal name change
CMH Midtown Medical Brent Street	Specialty Location	Termination of Interim LOA
Planned Parenthood California Central Coast Interim LOA	Specialty Group	Termination of 10 specialists
Letters of Agreement – Total: 8		
Provider	Specialty	Action Taken
Lucille Salter Packard Children’s Hospital	Hospital	LOA for member diagnosed with stenosis of larynx. LOA is for facility charges related to laryngoscopy and bronchoscopy procedures - Facility Charges.
Lucille Salter Packard Children's Hospital Medical Group	Specialty Group	LOA for member diagnosed with stenosis of larynx. LOA is for facility charges related to laryngoscopy and bronchoscopy procedures - Physician Charges.
The Regents of the University of California dba UCSD Medical Center	Hospital	LOA for 38-year-old member diagnosed with COVID-19 and respiratory failure in need of ventilator.
Cottage Children's Medical Group	Specialty Group	LOA for pediatric member diagnosed with allergic rhinitis. There are no local pediatric rheumatologists available.
InfuSystems Inc.	Infusion Therapy	LOA for member diagnosed with Malignant Neoplasm of Rectum in need of ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment worn by patient.



Letters of Agreement – (cont'd)		
Provider	Specialty	Action Taken
Caremark Inc.	Pharmacy	LOA for member diagnosed with pulmonary hypertension in need of home infusion supplies and pump.
Accredo Health	Infusion Therapy	LOA for member diagnosed with Primary Pulmonary Hypertension. LOA is to extend home infusion supplies from previously expired LOA.
Chienying Liu, MD	Medical Doctor	LOA for member with malignant neoplasm or adrenal gland. Member is being referred for administration of Azedra.

Network Operations Department Projects

Project	Status
BetterDoctor: BetterDoctor is a product that performs outreach to providers to gather and update provider demographic information. This is an ongoing initiative.	<p>Network Operations continues to meet weekly with Quest Analytics. In July 2021, the team verified demographic information from BetterDoctor:</p> <ol style="list-style-type: none"> 1. 3,899 provider records were audited. 2. 78 providers were researched by Provider Contracting.
Provider Contracting and Credentialing Management System (PCCM): Referred to as eVIPs, this software will allow consolidation of contracting, credentialing, and provider information management activities. The project is scheduled to be implemented in the 3 rd Quarter of 2021.	<p>The Network Operations team is working on the following processes:</p> <ol style="list-style-type: none"> 1. Desk-level Procedures 2. Data Corrections / Maintenance 3. Reporting requirements review and revisions 4. Completing Reference Tables 5. Reviewing conversion from current Silverlight browser to new eVIPs HTML5 version 6. Practitioner Specialty Types Testing completed 7. Provider Directory Online Regression Testing completed 8. BetterDoctor Extract requirements reviewed



Provider Additions: August 2021 – Total 183

Provider Type	In-Area Providers	Out-of-Area Providers
Midlevel	2	2
PCP	1	0
Specialist	11	166
Specialist-Hospitalist	1	0
Total	15	168

Provider Terminations: August 2021 -Total 21

Provider Type	In-Area Providers	Out-of-Area Providers
Midlevel	0	0
PCP	1	0
Specialist	7	13
Specialist-Hospitalist	0	0
Total	8	13

The provider terminations have no impact on member access and availability. Of note, the specialist terminations are primarily associated with tertiary adult and pediatric academic medical centers where interns, residents, and fellows have finished with their clinical rotations.

C. Compliance

Delegation Oversight

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

1. Monitoring / reviewing routine submissions from subcontractor
2. Conducting onsite audits
3. 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, and audits conducted, and corrective action plans issued

by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility plans have in 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 July 10 – August 6, 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
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	5/06/2021	Under CAP	
Beacon	Annual QI, UM, RR and C&L	Closed	N/A	N/A	Audit conducted 7/12-7/23; no findings.
CDCR	Quarterly UM Audit	Closed	7/27/2021	8/2/2021	
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	CAP issued 1/20/2021
VTS	2021 Call Center Audit	Open	5/21/2021	Under CAP	
Beacon	2021 Call Center Audit	In Progress			
CHLA	2021 Annual Credentialing / Recredentialing Audit	Closed	08/03/2021	08/06/2021	CAP resolved and closed on 08/06/2021.



Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
COH	2021 Annual Credentialing / Recredentialing Audit	Closed	N/A	N/A	Audit completed on 7/29/2021; no findings.
Cedars Sinai	2021 Annual Credentialing Recredentialing Audit	Scheduled	N/A	N/A	Audit scheduled for August.
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	
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	

Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	May 2021 Service Level Agreements	Open	7/07/2021	N/A	

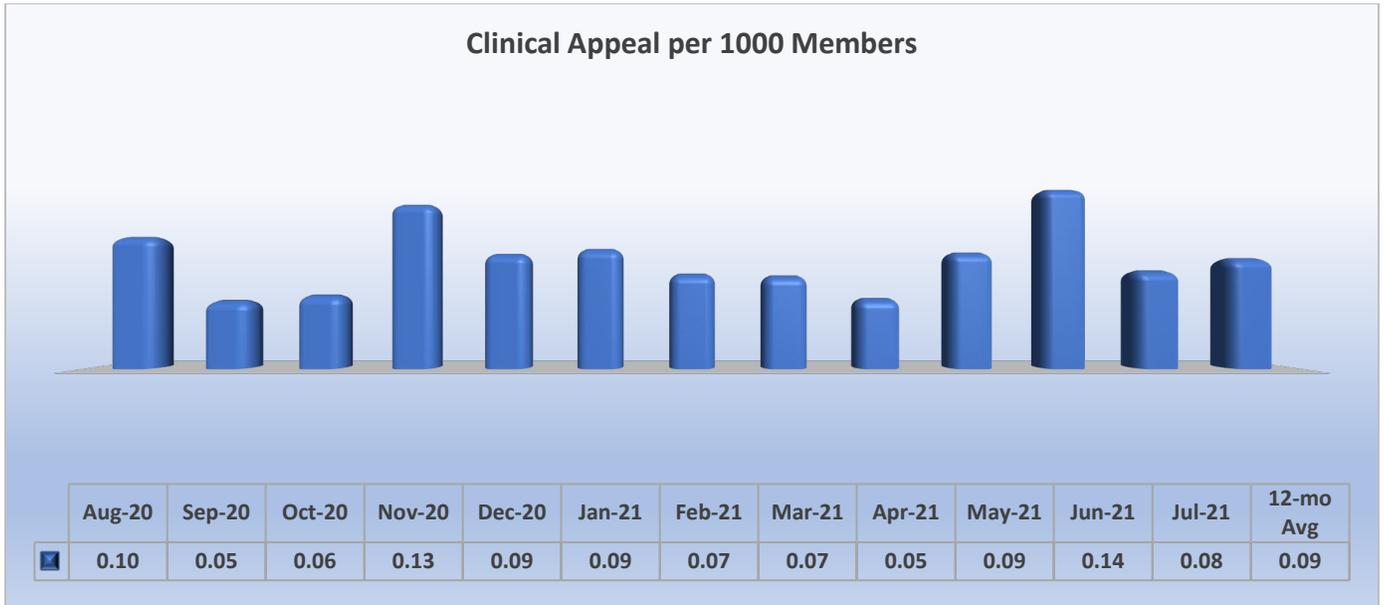
D. GRIEVANCE AND APPEALS



Member Grievances per 1,000 Members

The data show GCHP's volume of grievances is low in comparison to the number of enrolled members. The 12-month average of enrollees is 214,360, with an average annual grievance rate of .15 grievances per 1,000 members.

DHCS created new categories as of July 1, 2021 for grievance reason codes due to the ongoing MCPDIP (Managed Care Program Data Improvement Project) initiative. The top reason for member grievances in the month of July is specific to outpatient care and were previously categorized as "Quality of Care" due to inappropriate provider care.



Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .09 appeals per 1,000 members.

In July 2021, GCHP received 17 clinical appeals:

1. Eight were overturned
2. Six were upheld
3. One is still in review
4. Two were withdrawn

RECOMMENDATION:

Receive and file

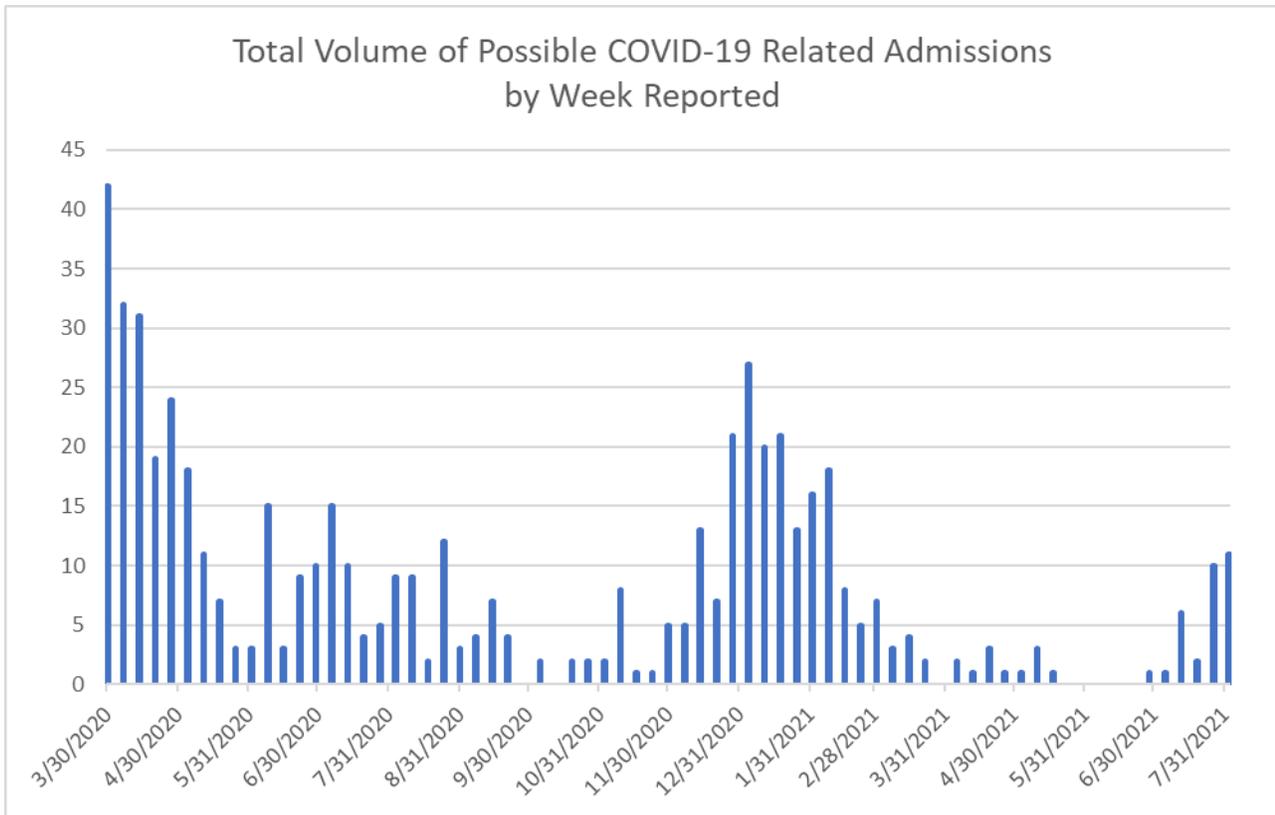


AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission
 FROM: Nancy Wharfield, M.D., Chief Medical Officer
 DATE: August 23, 2021
 SUBJECT: Chief Medical Officer (CMO) Report

COVID-19 Update

Gold Coast Health Plan (“GCHP”) staff are detecting increased COVID-19 activity in our membership through surveillance of COVID-19 related hospital admissions. Admissions for June and the first 3 weeks of July 2021 numbered 1 and 9 with a jump to 10 admissions for the last week of July. There were 11 COVID-19 related admissions the first week of August.



The Centers for Disease Control and Prevention (“CDC”) reports transmission in almost all California counties is high and as of August 8, 2021, cases in Ventura County have increased about 52% since the prior week. New hospital admissions and ICU bed use have increased by 31% and 8% in the same period.

COVID-19 Vaccine Promotion

As COVID vaccination rates within the Medi-Cal population continue to trail behind the general population, the Plan is working diligently to collaborate with community leaders to promote vaccination for our members. The GCHP team maintains up-to-date member resources on vaccine safety and access on our webpage and has published multiple articles with community partners and in Winning Health, our member newsletter. Our Care Management and Quality Departments have led multiple targeted efforts to promote the vaccine and support high risk populations of focus, including call campaigns to over 250 homebound members and mailing campaigns to promote preventive services and recommendations for vaccinations for members 16 years and older.

Currently, GCHP is partnering with Ventura County Public Health (“VCPH”) to ensure culturally appropriate promotion of and seamless access of COVID vaccines for underserved communities. Through GCHP data mining and information in the California Department of Public Health (“CDPH”) COVID-19 Outreach Rapid Deployment (“CORD”) database, VCPH and GCHP are working to target high-risk neighborhoods and develop strategies to address member needs and barriers for vaccine acceptance. Additionally, we are working to support our network providers through education about community resources and support for onboarding as registered vaccinators. We will continue to seek opportunities with VCPH and our provider partners as we all strive to improve vaccination rates for our members and community.

Enhanced Care Management/In Lieu of Services

On January 1, 2022, the Plan will launch the new Enhanced Care Management (“ECM”) benefit for eligible GCHP members. ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-utilizing and/or high-cost members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. This Department of Health Care Services (“DHCS”) CalAim initiative is designed to address social determinants of health and health disparities in the Medi-Cal population.

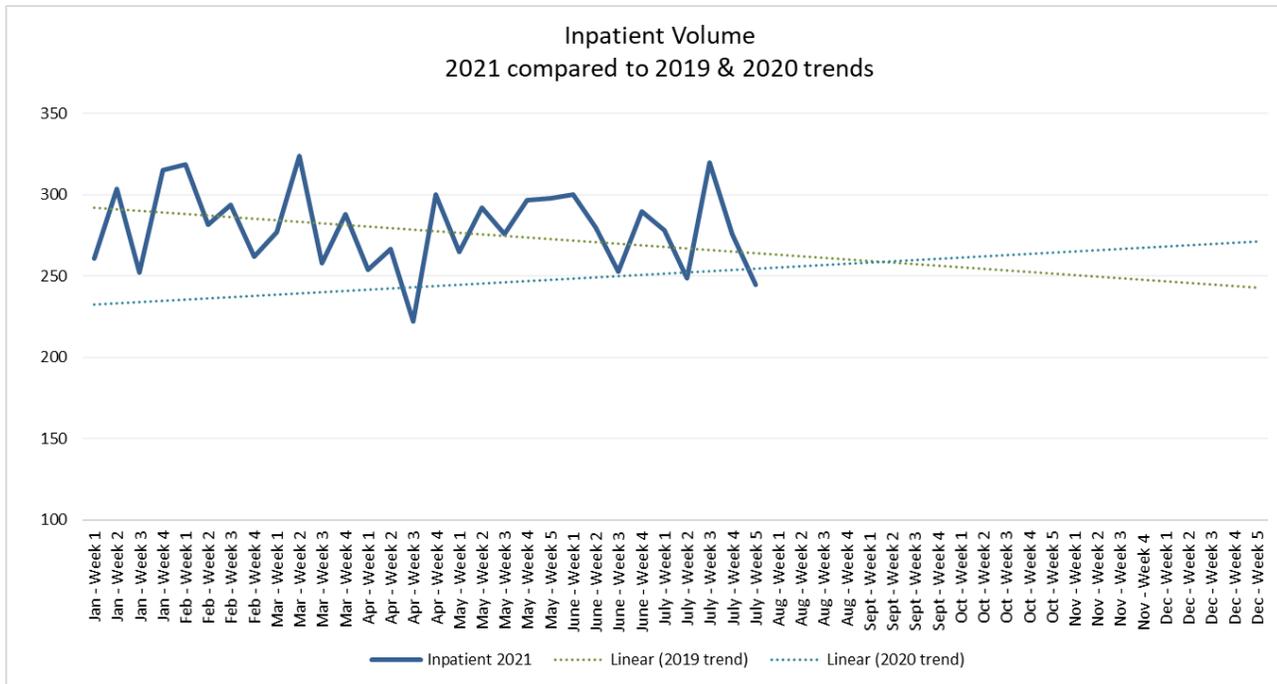
Last month, GCHP was one of six plans receiving DHCS approval for their ECM Model of Care (“MOC”) submission. Currently, GCHP staff are preparing the second MOC submission due September 1, 2021. GCHP continues to collaborate with County of Ventura leadership for the transition of Whole Person Care members currently served under the pilot program to seamlessly transition into ECM on January 1, 2022.

Additionally, GCHP will be launching In Lieu of Services (“ILOS”) options to members effective January 1, 2022. ILOS offerings are optional for Plans and are intended to be cost-effective alternatives to traditional medical care that can improve medical outcomes. GCHP will be offering the following ILOS services: Housing Suite (Housing Navigation, Housing Tenancy and Sustaining Services, Housing Deposits), Short Term Post-Hospitalization, and Recuperative Care for ECM participants.

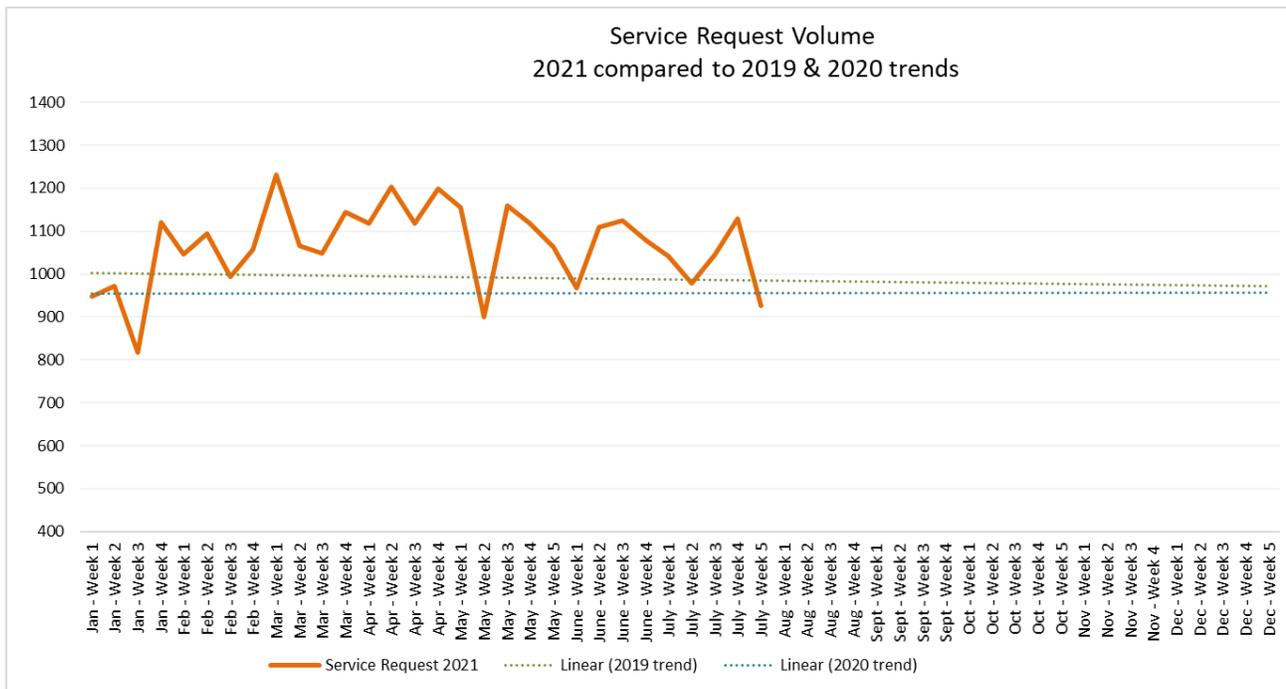
Utilization Update

Inpatient and Outpatient Service Requests

Inpatient volume for CY2021 is closely mirroring pre-COVID-19 CY2019 trends. Inpatient requests for Q2 CY2021 are up by 27% compared with Q2 CY2020.



Outpatient service request for Q2 CY2021 are up by 31% compared with Q2 CY2020. This reflects increased membership and pent up demand for services.



Pharmacy Hot Topics

Medi-Cal Rx

DHCS informed Plans in late July 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 staff will continue to work with advocacy groups, other managed care plans, DHCS and its PBM in order to facilitate the implementation of the carve out and will continue to share information with stakeholders as it becomes available.

GCHP is expecting to receive additional information from DHCS that further describes implementation activities expected over the next several months and any changes from prior communicated policies and/or procedures as it relates to the approved conflict avoidance plan with the PBM. Further information received after the production of this report will be shared verbally at the August commission.

A dedicated DHCS Medi-Cal Rx website is active 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 DHCS Medi-Cal Rx website is available at:
<https://medi-calrx.dhcs.ca.gov/home/>

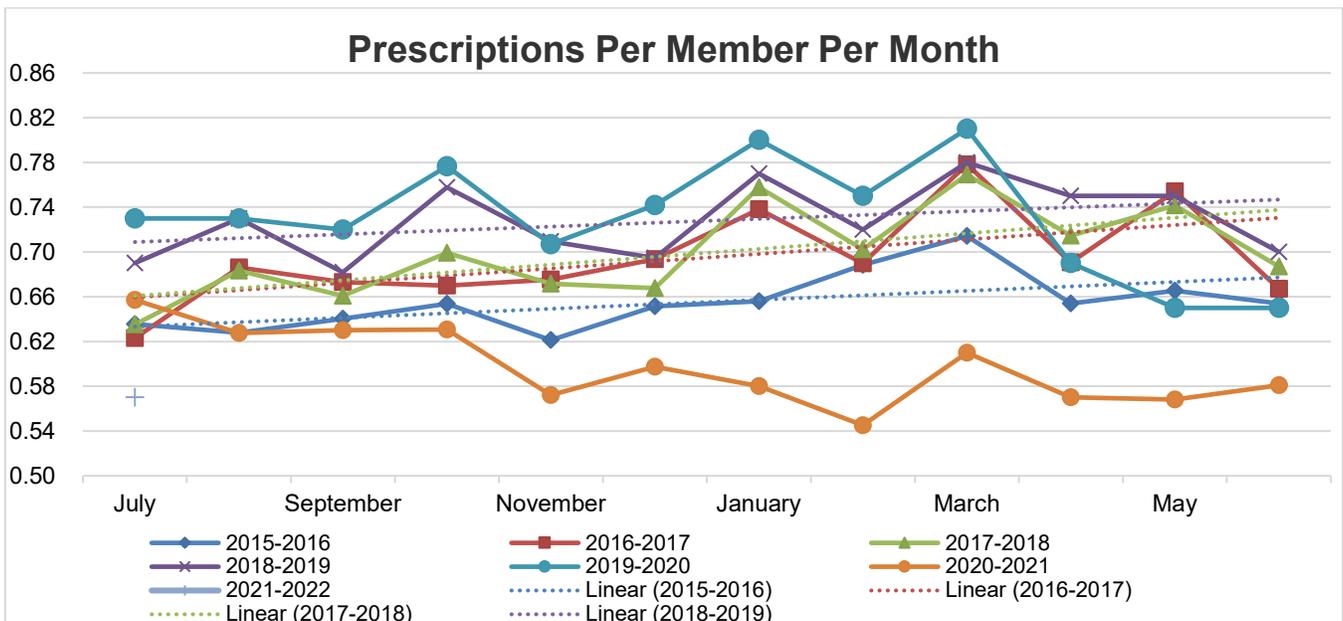
Pharmacy Benefit Cost Trends

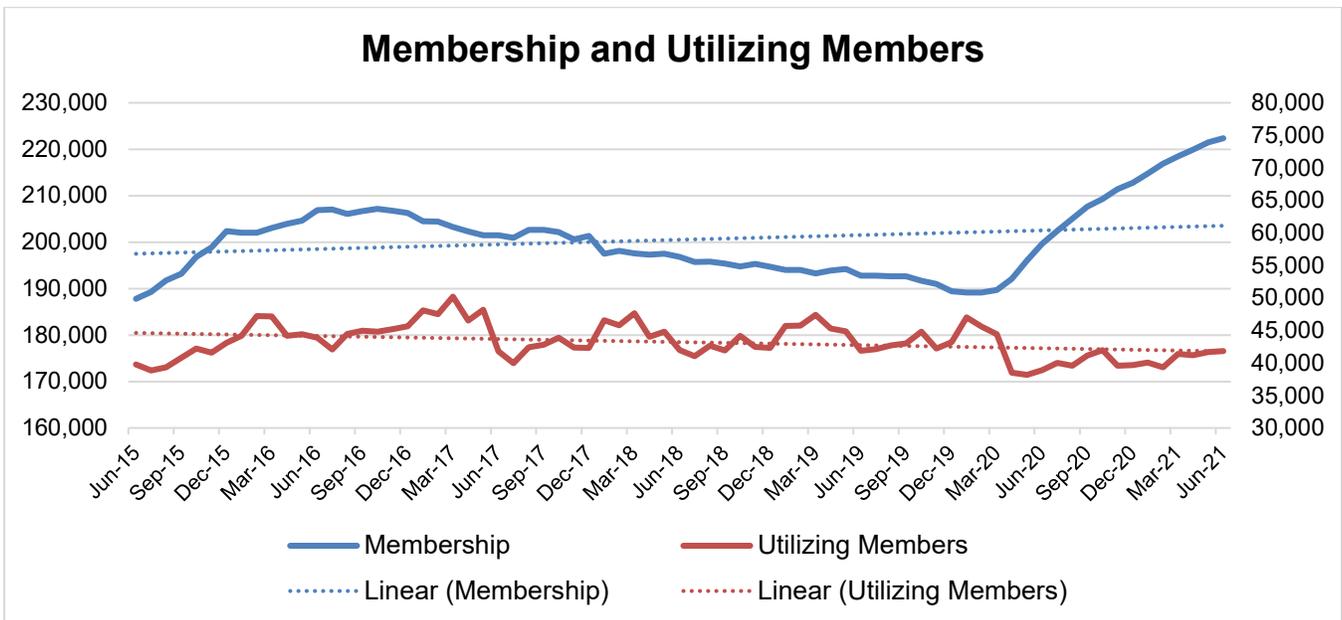
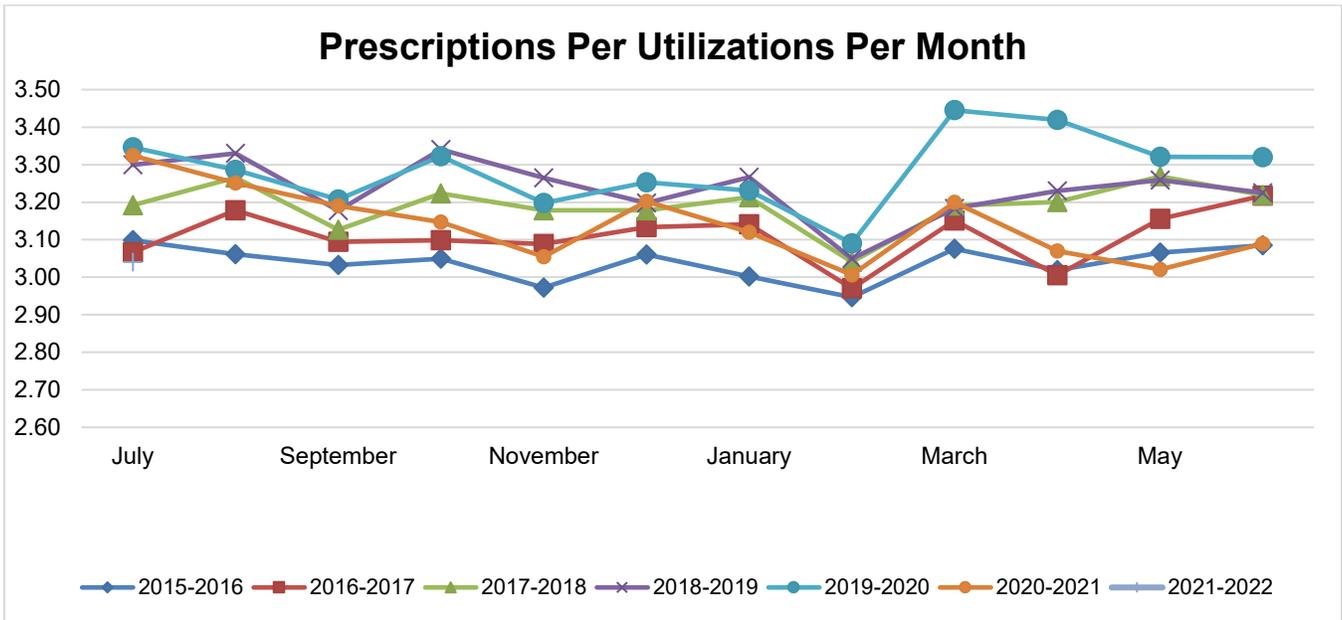
GCHP pharmacy trend is flat year over year for July 2021. When looking at the per member per month costs (“PMPM”), the PMPM has decreased approximately 14.2% since its peak in March 2020. Pharmacy trend is impacted by unit cost increases, utilization, and the drug mix. Pharmacy costs were predicted to experience double digit increases (>10%) each year from now until 2025. The impact of COVID-19 and the benefit extension allowing up to a 90-day supply of maintenance medications have created a 3-month cyclic trend of higher expenditures in one month and lower in the following two months as noticed from December 2020 through July with peaks in December, March and June. This cyclic trend is expected to continue as long as there are significant fills of 90-day supply medications.

GCHP Annual Trend Data

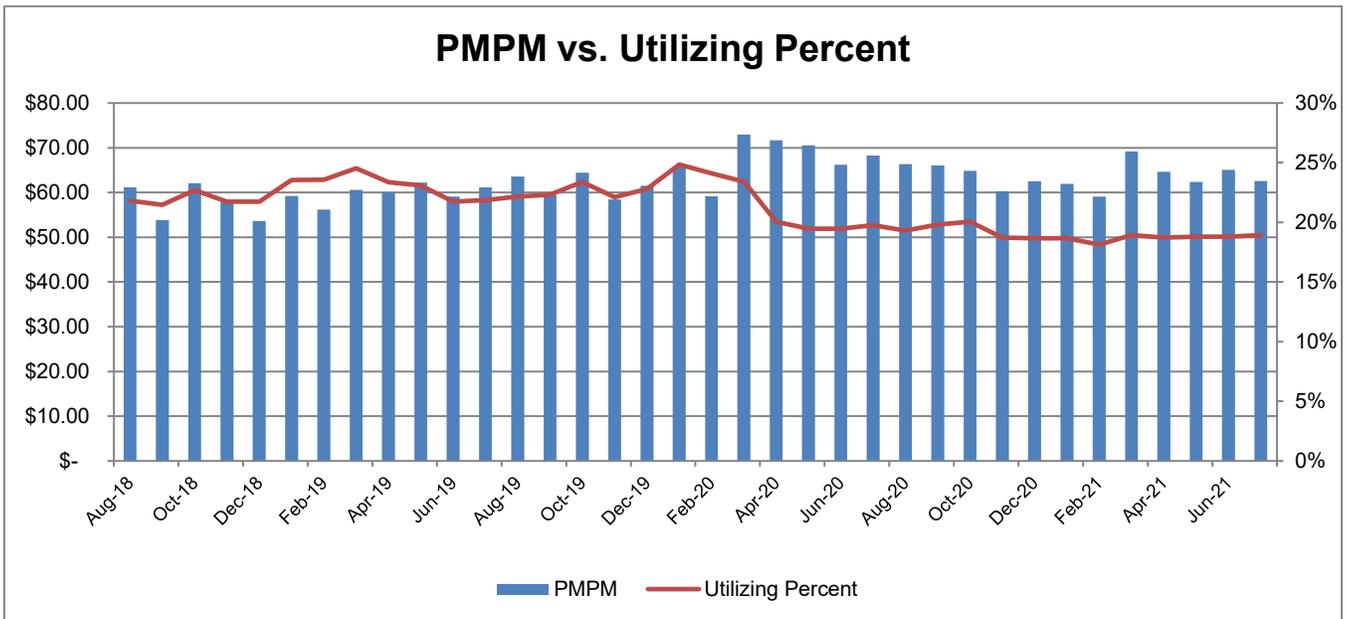
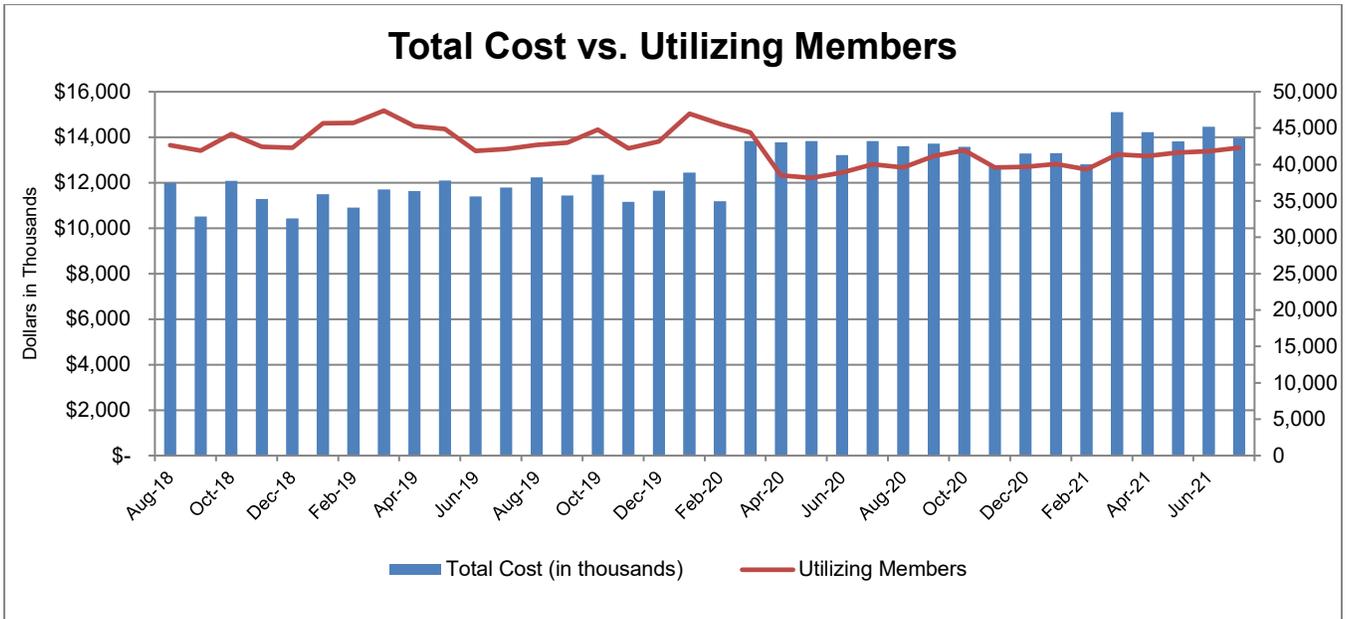
Utilization Trends:

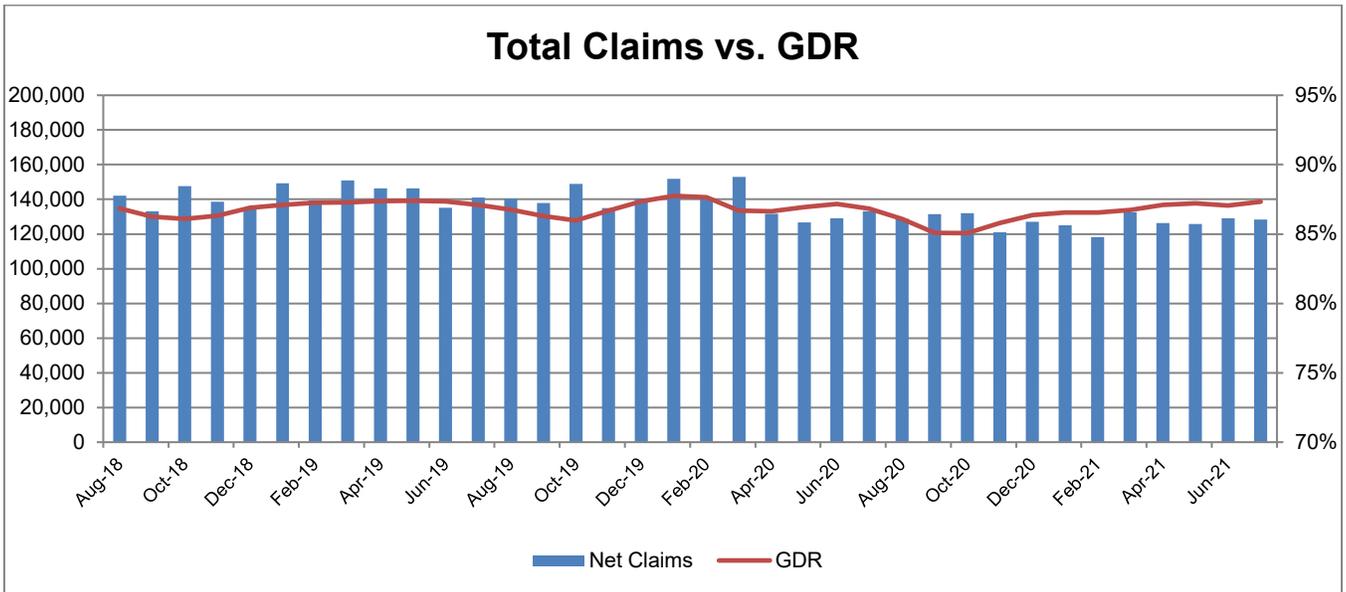
Through March 2020, GCHP’s utilization was increasing as demonstrated by the number of members using prescriptions and the number of prescriptions each member is using while GCHP’s total membership continued to decline. However, the impact of COVID-19 has caused an increase in membership and the utilization 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 monitoring the impact of COVID-19 and the increased membership.



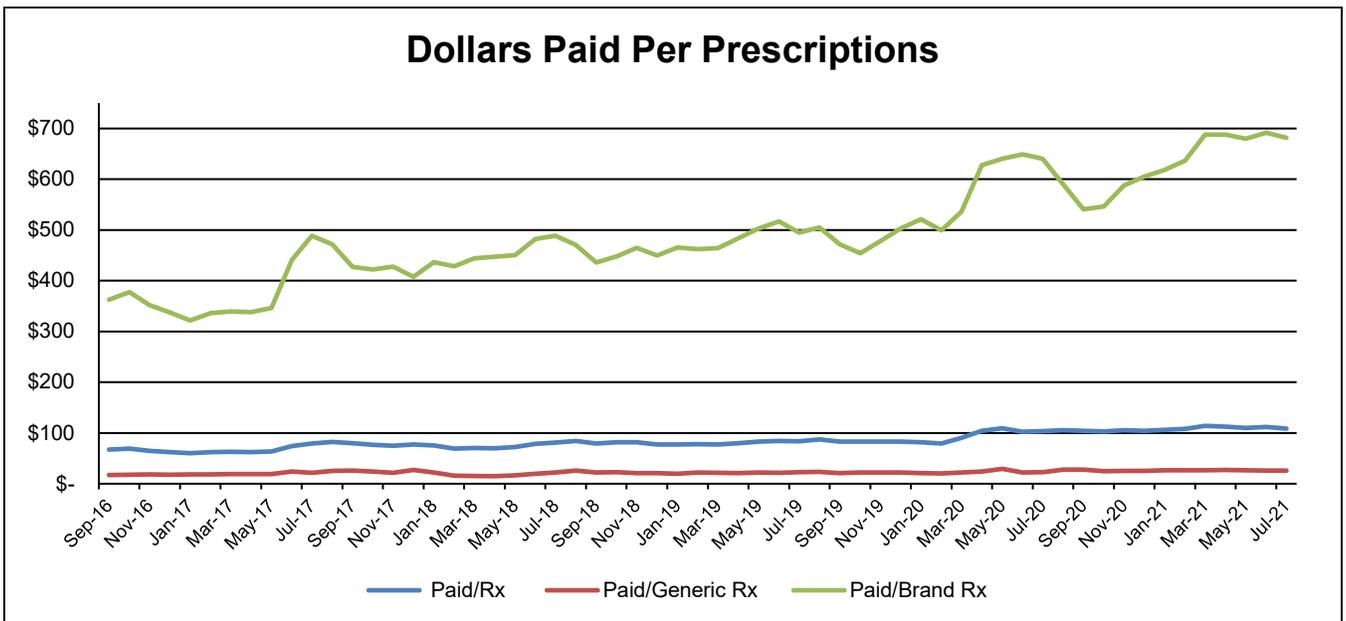


Pharmacy Monthly Cost Trends:



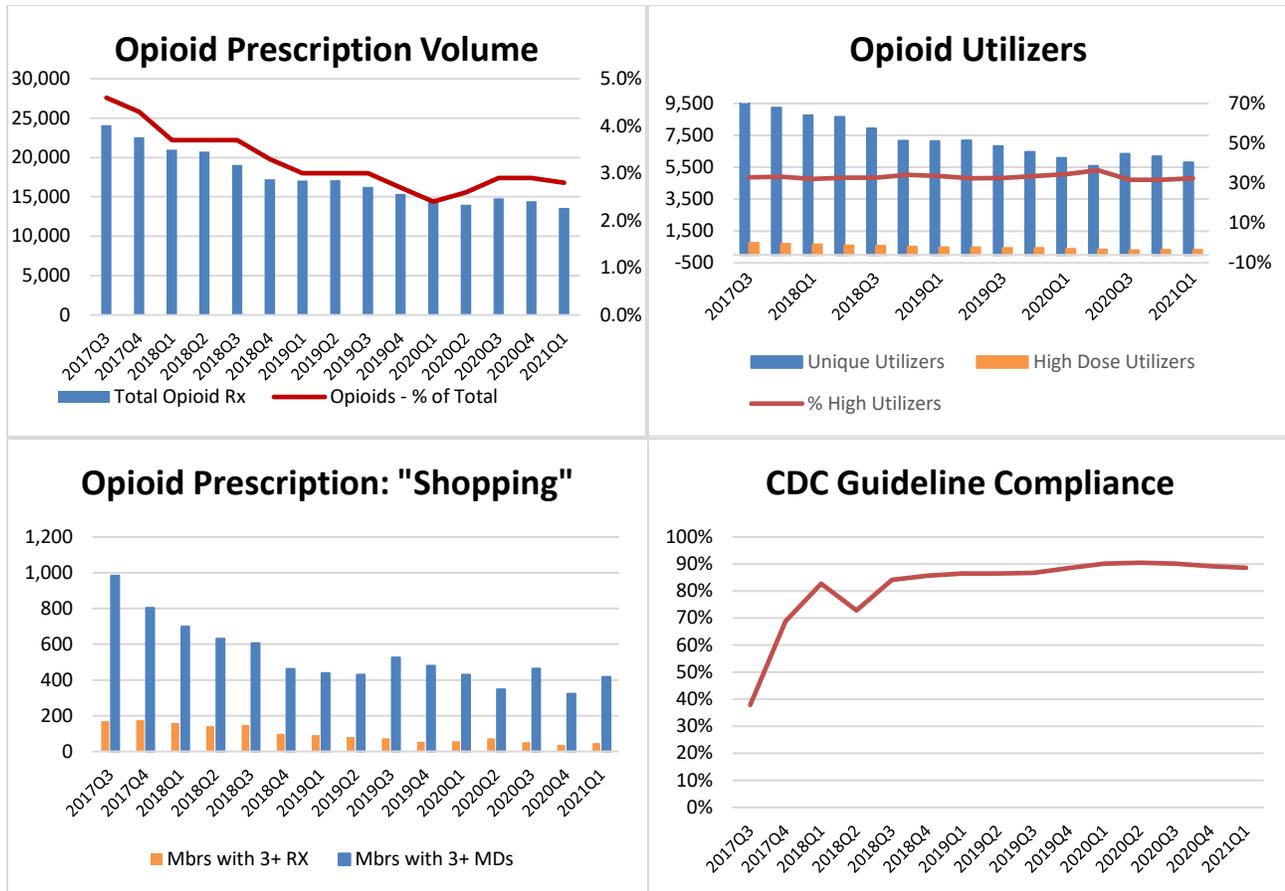


*Claim totals prior to June 2017 are adjusted to reflect net claims.



Pharmacy Opioid Utilization Statistics*

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.

*Statistics are unchanged from the last meeting and will be updated upon receipt of the next report showing data through June 2021.

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 pharmacy benefits manager (PBM) monthly reports, GCHP's ASO operational membership counts, and invoice data. The data shown is through the end of July 2021. The data has been pulled during the first two weeks of May 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. 12

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Ted Bagley, Interim Chief Diversity Officer
DATE: August 23, 2021
SUBJECT: Interim Chief Diversity Officer (CDO) Report

Actions

1. Community Relations

- Met with Ventura County School District concerning diversity within the executive ranks. Advising on diversity issues.
- As part of California Lutheran's Minority Community Scholars for the Black Lives Program, awarded four \$5K scholarships to worthy students based on their submittal of a community project. The scholarships were funded through a grant from the Amgen Foundation.

2. Case Investigations

- **No new cases submitted during the month of July/August.**

3. Diversity Activities

- The Diversity, Equity and Inclusion team has adopted a school to support from the Ventura communities. The school chosen was Cesar E. Chavez Elementary School at 301 N. Marquita Street, Oxnard, California 93030. We are in the process of meeting with the administration at the school to identify focal points where we can more effectively serve the needs of the school.
- Currently making calls to community groups to participate in a summer summit on Health Equity and Inclusion. Possible change in venue based on COVID-19 and the Delta Variant. Would like for the summit to be face-to-face but the medical/variant conditions may not allow.
- Attended an EEOC training related to changes in laws referencing in-house investigations.
- Met with the Health Equity team to determine how to coordinate the medical and diversity determinates in an organized manner to address a health equity strategy. Preparing presentation to the senior team as part of our strategic planning strategy.

- Continuing to develop the Health Equity Strategy to present as part of the strategic meeting to the Commission in December.
- Received seven calls from employees with the following subject matter:
 - Discussions around appraisal process.
 - Promotional opportunities
 - Job rights and levels
 - Serving on Diversity Council
 - Ted Talk discussions
 - Health Equity
 - Career counselling



AGENDA ITEM NO. 13

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Michael Murguia, Executive Director of Human Resources
DATE: August 23, 2021
SUBJECT: Human Resources Report

Human Resources Activities

We have just completed our modified Performance Review process. Employees were able to write a one paragraph self -assessment, managers wrote a one paragraph evaluation and used a whole number evaluation system on a 1-5 basis, 5 being excellent. We also completed a very comprehensive merit process as well with an August 1st payout. This better aligns us with our fiscal year which starts July 1st. In prior years we finished this process in mid-October.

We negotiated a part time new hire start strategy with our new COO, Nick Liguori. He started on August 9th and is working on a prorated salary of twelve hours a week. This enables Nick to join Margaret's weekly executive staff meeting, do meet and greets with his executive peers and direct reports. He is also able to have key weekly transition meetings with our acting COO Eileen Moscaritolo. In addition to having weekly one on ones with Margaret. In addition, Nick was able to join and introduce himself at our All Staff on August 12th and join our Commission meetings in August. Nick will transition to full time employment as of September 14, 2021.

We have had four voluntary resignations over 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 Proxyclick system is working very well
- Protocols for a return to the office, including taking temperatures
- Making any necessary modifications to improve air quality inside the buildings