

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

Regular Meeting

Monday, May 23, 2022, 2:00 p.m.

Due to the public health emergency, the Community Room at Gold Coast Health Plan is currently closed to the public.

The meeting is being held virtually pursuant to AB 361.

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

Conference Call Number: 805-324-7279

Conference ID Number: 347 461 123#

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

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

AGENDA

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

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

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

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of April 25, 2022.

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of April 25, 2022.

2. Findings to Continue to Hold Remote Teleconference/Virtual Commission Meetings Pursuant to Assembly Bill 361.

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Commission adopt the findings to continue to meet remotely.

UPDATES

3. Compliance Program Update

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

4. Appointment to the Executive Finance Committee

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Make any necessary appointments to the Executive/Finance Committee to fill the fifth seat.

5. Coffey Communications Contract – Additional Funding

Staff: Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing

RECOMMENDATION: GCHP recommends adding \$468,000 to the Coffey Communications Fulfillment Service Order for printing and postage through the period ending Dec. 31, 2023.

6. April 2022 Financials

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the April 2022 financial package.

REPORTS

7. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

8. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report.

9. Chief Information Officer (CIO) Report

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: Receive and file the report.

10. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

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

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

Commission Roundtable - Future Commission Agenda Presentations

12. Commissioner Requests

Staff: Nick Liguori, Chief Executive Officer

Roll Call will be done in order to get a list of requests for future Commission presentations.

CLOSED SESSION

13. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

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

14. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Chief Executive Officer

ADJOURNMENT

Unless otherwise determined by the Commission, the next special meeting will be held on June 13, 2022.

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 for the Commission
DATE: May 23, 2022
SUBJECT: Minutes of April 25 2022, Regular Commission Meeting

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Minutes for the April 25, 2022 Regular Commission Meeting.

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
April 25, 2022, Regular Meeting Minutes**

CALL TO ORDER

Commission Chair Dee Pupa called the meeting to order via teleconference at 2:03 p.m. The Clerks were in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

The interpreter made her announcement for non-English speakers. Translation is available.

Commission Chair, Dee Pupa asked that each new commissioner introduce themselves.

OATH OF OFFICE

Anwar Abbas, Allison Blaze, M.D., James Corwin, and Anna Monroy took their Oath of Office.

ROLL CALL

Present: Commissioners Shawn Atin, Allison Blaze, M.D., James Corwin, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

Absent: Commissioners Laura Espinosa and Jennifer Swenson.

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Nancy Wharfield, MD., Chief Medical Officer, Kashina Bishop, Chief Financial Officer, Robert Franco, Chief Compliance Officer, Ted Bagley, Chief Diversity Officer, Alan Torres, Chief Information Officer, Michael Murguia Executive Director of Human Resources, Marlen Torres, Executive Director of Strategy and External Affairs, and Scott Campbell, General Counsel.

Additional staff participating on the call: Anna Sproule, Dr. Anne Freese, Pauline Preciado, Kim Timmerman, Carolyn Harris, Nicole Kanter, David Tovar, Susana Enriquez, Kris

Schmidt, Paula Cabral, Sandi Walker, Lucy Marrero, David Kirkpatrick, Kevin Ortloff, Adriana Sandoval, Vicki Wrihster, Jamie Louwerens, Josephine Gallella, and Sky Favela.

Also, in attendance was Angel Garcia (outside guest).

PUBLIC COMMENT

- Sandra Aldana stated she is formerly with the State Council of Disabilities and a current member of the Consumer Advisory Committee at the University Center of Excellence in Developmental Disabilities which is run through Children’s Hospital at USC. Dr. Aldana expressed concern that all the members of CAC are not individuals receiving GCHP services, they are individuals representing agencies for people who receive Medi-Cal services. She stated there is a need to have informed conversations with members to find whether their needs are being addressed. She stated she has had difficulty finding applications for the CAC Committee and Commission.
- David S. Armstrong, President of Downtown Ventura Partners (DVP) wrote an email to be read under Public Comment stating his organization, DVP is a small nonprofit working to cooperatively address our homeless issues and fully supports the approve of HHIP. We desperately need to expand housing options for the most at-risk homeless and HHIP provides a unique opportunity if we work together for the best possible outcomes.

CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of February 28, 2022, and Special Meeting of March 28, 2022.**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of February 28, 2022, and Special Meeting Minutes of March 28, 2022.

2. **Findings to Continue to Hold Remote Teleconference/Virtual Commission Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Commission adopt the findings to continue to meet remotely.

3. Approval of Credentials/Peer Review Committee Members

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

RECOMMENDATION: Approve Rachel Stern, M.D. and Amy Gowan, M.D. as active members of the Credentials / Peer Review Committee.

4. DR Management – SOW #4 Contract Execution

Staff: Anna Sproule, Senior Director of Operations

RECOMMENDATION: GCHP staff recommends the Commission approve and delegate to the CEO the authority to execute SOW #4 with DR Management for continued support through April 30, 2022, for an amount not to exceed \$40,000.

5. Health Management Associates (HMA) Service Order #12 Contract Execution

Staff: Nick Liguori, Chief Executive Officer
Nancy Wharfield, MD, Chief Medical Officer

RECOMMENDATION: GCHP staff recommend the Commission approve and delegate to the CEO the authority to execute Service Order #12 with HMA for support through December 31, 2022, and for an amount not to exceed \$350,000.

6. Consideration of Amending the Commission's Bylaws and Delineation of Authority Documents Pursuant to Commission Direction

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Review and analyze the Subcommittee's proposed changes to the Commission's bylaws and governing documents and provide recommendations on such changes.

Commissioner Laura Espinosa joined the meeting at 2:13 p.m.

Commission Chair Pupa stated there was a correction to the dollar amount for the HMA Service Order #12 Contract Execution. The amount is not to exceed **\$150,000**.

Commission Chair, Dee Pupa asked for a motion on Consent items 1, through 6.

Commissioner Atin motioned to approve Consent items 1, through 6. Commissioner Corwin seconded. Commissioner Atin noted he would abstain on the vote for the minutes.

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: Commissioner Jennifer Swenson.

Commissioner Chair Pupa declared the motion carried.

FORMAL ACTION

7. Election of Chairperson and Vice-Chairperson to serve two-year terms and appointments to the Executive/Finance Committee

Staff: Scott Campbell, General Counsel

RECOMMENDATION:

1. Elect a commissioner to serve as Chairperson for a two-year term.
2. Elect a commissioner to serve as Vice Chairperson for a two-year term.
3. Make any necessary appointments to the Executive Finance Committee as follows:
 - a. Chairperson
 - b. Vice Chairperson
 - c. Private Hospital Healthcare Representative

 - d. Ventura County Medical Health System Representative
 - e. Clinicas Del Camino Real Representative.

Commission Chair, Dee Pupa stated she would like to continue as Chair of the Commission. She has worked collaboratively with the GCHP Team and continue to guide GCHP over the next two years.

General Counsel, Scott Campbell, reviewed the election of Chair and Vice Chair – with each being a 2-year term. Both seats will also serve on the Executive Finance Committee. Other seats will need to be filled on the Executive Finance Committee. Seats that the bylaws guarantee: 1 seat for Clinicas del Camino real, 1 for the private health system, and 1 for the County. The seats may be filled by the Chair and Vice Chair and if slots are still available, any Commissioner is eligible to serve on the Committee. Mr. Campbell also reviewed changes to the bylaws.

Commissioner Atin nominated Commissioner Dee Pupa for Chair and Commissioner Laura Espinosa as Vice-Chair. Supervisor Ramirez seconded the nomination.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: Commissioner Jennifer Swenson.

Commissioner Pupa stated the motion carries. Commissioner Pupa will continue as Chair and Commissioner Espinosa will be Vice-Chair.

General Counsel, Scott Campbell stated three seats need to be filled on the Executive Finance Committee. Two seats filled are the Chair and Vice-Chair.

Vice-Chair Espinosa asked if there were volunteers from the three entities. Commissioner Corwin asked if Community Memorial was one of the private health systems and was told it was. He stated he would volunteer to serve but would defer to the Commission. Commissioner Abbas stated he would represent Clinicas del Camino Real.

Mr. Campbell stated there assuming Commissioners Corwin and Abbs were elected, there was one open position that any Commissioner could occupy since Commission Chair Pupa would represent the County.

Commissioner Espinosa motioned to accept the two volunteers and defer to the next meeting to determine if Commissioner Swenson would like to fill the empty position. Commissioner Pupa seconded.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: Commissioner Jennifer Swenson.

Commissioner Pupa stated the motion carries.

8. Quality Improvement Committee 2022 First Quarter Report

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

RECOMMENDATION: Approve the 2022 QI Program Description and 2022 QI Work Plan as presented. Receive and file the complete report as presented.

Chief Medical Officer, Nancy Wharfield, M.D., introduced Kim Timmerman, Director of Quality Improvement. Ms. Timmerman reviewed the 2022 QI program Description which included review of the intent and annual review process as well as the work plan and evaluation of member incentives programs. 2022 Work plan updates along with objectives 1 through 5 were reviewed.

Ms. Timmerman also reviewed the 2021 Asthma member incentive program evaluation. The member incentive was a \$40 gift card to Target, Walmart, or Amazon. The 2021 Cervical Cancer screening incentive program evaluation, criteria and outcome were also reviewed. Member incentive was a \$25 gift card to Target, Walmart, or Amazon. There was also a 2021 Child & Adolescent Well-Care member incentive. The incentive was a \$15 gift card to Target, Walmart, or Amazon. Criteria and participation were reviewed.

Commissioner Pupa stated she was happy to see the launching of the Diabetes program and was interested to hear about incentive programs. Ms. Timmerman stated that QI works collaboratively with the Health Education Services department and will in the future provide updated information. Commissioner Blaze noted that patients appreciate the gift cards. She thanked them for all their hard work and coordination of the incentive programs.

Commissioner Corwin asked if this is unique to our system. CMO Wharfield stated there is nothing to prevent clinic system from running their own incentive program.

Ms. Timmerman noted a correction to page 178 the date should be 2022.

Supervisor Ramirez motioned to approve the QI 2022 first quarter report. Commissioner Espinosa seconded.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: Commissioner Jennifer Swenson.

Commissioner Pupa stated the motion carries.

9. Housing and Homelessness Incentive Program (HHIP)

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

RECOMMENDATION: GCHP staff recommends the Commission approve participation in the HHIP.

Chief Medical Officer, Nancy Wharfield, M.D., reviewed GCHP's HHIP participation and noted this is the first-time plans can address social determinants of health.

Commissioner Espinosa stated she was excited about this program. She noted the time frames are tight and asked if we have seen the plan yet. CMO Wharfield state she will continue to share information with the Commission. David Tovar, Sr. Policy Analyst, stated we are waiting for a response from DHCS.

Supervisor Ramirez stated we need housing. We need services for the homeless and housing for people.

Commissioner Pupa motioned to approve participation in the HHIP program. Supervisor Ramirez seconded.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: Commissioner Jennifer Swenson.

Commissioner Pupa stated the motion carries.

Commissioner Laura Espinosa left the meeting at 2:52 p.m.

10. February/March 2022 Financials

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the February and March 2022 financial package.

Chief Financial Officer, Kashina Bishop, stated TNE target range has been achieved. TNE in March is 414%. The February net gain was \$11.5 million and March net gain was \$7.4 million. Fiscal year to date net gain is \$46.9 million. Our medical loss ratio is 88.0% and administrative ratio is 5.5% Net premium revenue is \$730.5 million – which is over budget by \$5.4 million. We have received approximately \$945,000 for the vaccine incentive program.

Our membership is currently over 231,000 and still growing slightly. Major service categories were reviewed. ER costs have ramped up but are stable. Mental & Behavioral Health declined in December but has also been ramping up in the last couple of months. Administrative costs are under budget by 16%.

CFO Bishop reviewed the financial statement summary. Commissioner Pupa noted cost doesn't always equal trends. She stated it would be good to see clinical visits added to the report. It is hard to see trend through costs, and the Commission needs to see visits.

Commissioner Atin asked what the target TNE is. He noted other systems are older/more established than GCHP and have a more developed system. He asked when does the State start paying attention. CFO Bishop stated that as we work through the budget, we will have better answers and she will return with a recommendation.

Commissioner Atin motioned to approve the February/March 2022 financials. Commissioner Corwin seconded.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: Commissioners Laura Espinosa and Jennifer Swenson.

Commissioner Pupa stated the motion carries.

REPORTS

11. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

CEO Nick Liguori stated most of the month's updates are covered in other Chief's reports. CEO Liguori noted we need to fill positions with diversity as well as the right skill sets to do the best work for the organization. We are understaffed, and still must thrive due to high standards, new programs in Medi-Cal, several new projects as well as the Older Adult expansion coverage. We are amid transformation via new approaches. Filling vacancies will continue to be one of the priorities and CEO Liguori will continue to update the Commission.

Chief Compliance Officer, Robert Franco, stated the annual DHCS medical audit will be conducted at the beginning of August. This will be a full medical audit. DHCS will be focusing on member experience. We will be mindful of transportation issues, payment issues and GCHP has started an Audit Readiness, we are doing internal audits now to be prepared.

12. 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., gave a Medi-CalRx update. All retail prescriptions are now submitted directly to the state via PBA. Everything is going smoothly now. We are on standby to assist members if necessary.

Population Needs Assessment (PNA) is member focused and assesses the health status of members, health education, cultural and linguistic needs, identifying health disparities and gaps in care. The goal of the PNA is to improve health outcomes for members.

COVID transmission rate for the county is moderate. Total cases were reduced by more than 85%. Most COVID admissions are for members in the 45-64 age group, but admissions have declined.

CMO Wharfield reviewed the top 10 diagnosis (excluding pregnancy), as well as re-admission rates.

Supervisor Ramirez noted that in the top 10 diagnosis there is no substance abuse listed other than alcohol. CMO Wharfield stated alcohol related disorders are mostly complications from liver disease. Supervisor Ramirez noted that homeless deaths are often connected with overdose. CMO Wharfield noted that Fentanyl is a large part of that. Supervisor Ramirez stated the County does not have an inpatient detox – we need to work on that.

13. Chief Information Officer (CIO) Report

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: Receive and file the report.

Chief Information Officer, Alan Torres, presented a technology update. He reviewed budget performance portfolio – we are currently underspending. There are various reasons for this, one of which is CalAIM. CalAIM is a focus as well as several other areas. Systems and tools need to be current to be ready for future needs. Some projects have been deferred. We are also very focused on Encounters and other key initiatives. We are reviewing Interoperability. We have also implemented multi-factor authentication.

CIO Torres reviewed a few of the upcoming projects. He noted MHK is behind several versions, and we will do an upgrade at the end of 2022/beginning of 2023 to bring the platform to current version. He reviewed targets and Key Performance Indicators (KPI).

Commissioner Pupa asked if the manual process would continue to meet requirements. CIO Torres stated we have 6-12 months to support manually, which gives us time to evaluate.

Supervisor Ramirez stated she is concerned about security. Hacking is an issue. CIO Torres stated we are hyper-focused on security.

Kevin Ortloff, Manager of Information & Network Security, stating we are doing everything possible to keep data secure. He reviewed security improvements. Mr.

Ortloff stated there is a rise in ransom ware, but steps are being taken to avoid breaches.

Other types of threats were discussed.

Commissioner Abbas stated he would be happy to work collaborate with GCHP.

14. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

Chief Diversity Officer, Ted Bagley, stated the focus on diversity continues at the County. He has attended several sessions at the County and committees are being put together across the County. He noted he would still like to do an Equity Summit.

CDO Bagley stated there are no new case investigations. Diversity activities are going well. He continues to work with Human Resources in structuring a strategy on the return-to-work process.

CDO Bagley reviewed his Promotion and Attrition Report for 2021/2022. Commissioner Pupa stated she liked the graphs presented. CDO Bagley stated he will continue to present the graphs.

RECOMMENDATION: Receive and file the report.

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

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

Executive Director of Human Resources, Michael Murguia stated GCHP will staff 75 jobs before end of year. There have been adjustments made to keep up with the hiring process. Mr. Murguia stated GCHP has implemented an Employee Referral program which rewards staff monetarily if a referral is hired. There are 40 jobs that need to be filled between now and July. Commissioner Underwood asked if recruiters are being used to help fill positions. Mr. Murguia stated he has worked with recruiters. Commissioner Atin stated the H.R. department is doing good work.

Supervisor Ramirez motioned to receive and file Reports- Agenda items 11-15. Commissioner Monroy seconded.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: Commissioners Laura Espinosa and Jennifer Swenson.

Commissioner Pupa stated the motion carries.

Commission Roundtable - Future Commission Agenda Presentations

16. Commissioner Requests

Commissioner Abbas –	No requests
Commissioner Atin -	No requests
Commissioner Blaze –	Behavioral Health for all/ including children (Beacon Pediatric)
Commissioner Corwin –	No requests
Commissioner Monroy –	No requests
Commissioner Pupa –	Requests utilization reports based on visits Also requests an overall Behavioral Health Report
Supervisor Ramirez –	Teen Mental Health
Commissioner Underwood –	No requests
Commissioner Yanez –	No requests

Open session ended at 4:31 p.m.

General Counsel, Scott Campbell asked the Commissioners to dial into the Zoom call #1. The Zoom call #2 will immediately follow.

CLOSED SESSION

- 17. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.
- 18. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION**
(Paragraph (1) of subdivision (d) of Section 54956.9)
Name of Case: Gandhi v. Gold Coast Health Plan, et al., Ventura Superior Court
Case No. 56-2022-00563999-CU-WT-VTA
- 19. PUBLIC EMPLOYEE PERFORMANCE EVALUATION**
Title: Chief Executive Officer

ADJOURNMENT

General Counsel Campbell stated there was no reportable action in Closed Session. The meeting was adjourned at 6:02 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: May 23, 2022

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

SUMMARY/RECOMMENDATION:

At its April 25, 2022, regular meeting, the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) made findings pursuant to Assembly Bill 361 to continue to meet remotely. To continue this practice, it is required, that the Commission determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Commission in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, it is time to remake the findings.

BACKGROUND/DISCUSSION:

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

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

On September 10, 2021, the Legislature adopted AB 361, which allows public agencies to hold fully virtual meetings under certain circumstances without the posting of the agenda from each location a legislative body member is attending. Governor Newsom signed the bill into law on September 16, 2021. Because it contained an urgency provision, it took immediate effect.

Specific Findings Required under AB 361

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

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

COVID-19 continues to present an imminent threat to the health and safety of Commission members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. Additionally, several Commissioners attend meetings in medical facilities or offices, and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated would pose a threat to the health or safety of attendees. Further, a new variant is spreading through the county and world and social distancing requirements still exist.

Re-Authorization is Required Within 30 Days

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

It is recommended that the Commission make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

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

FOLLOW UP ACTION:

That the Commission make the findings under AB361 at its June 13, 2022, Special Commission meeting.

ATTACHMENT:

None.



AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Robert Franco, Chief Compliance Officer
DATE: May 23, 2022
SUBJECT: Compliance Overview

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Compliance Overview



**Gold Coast
Health Plan**SM
A Public Entity

Compliance Overview

Robert Franco, Chief Compliance Officer

Integrity

Accountability

Collaboration

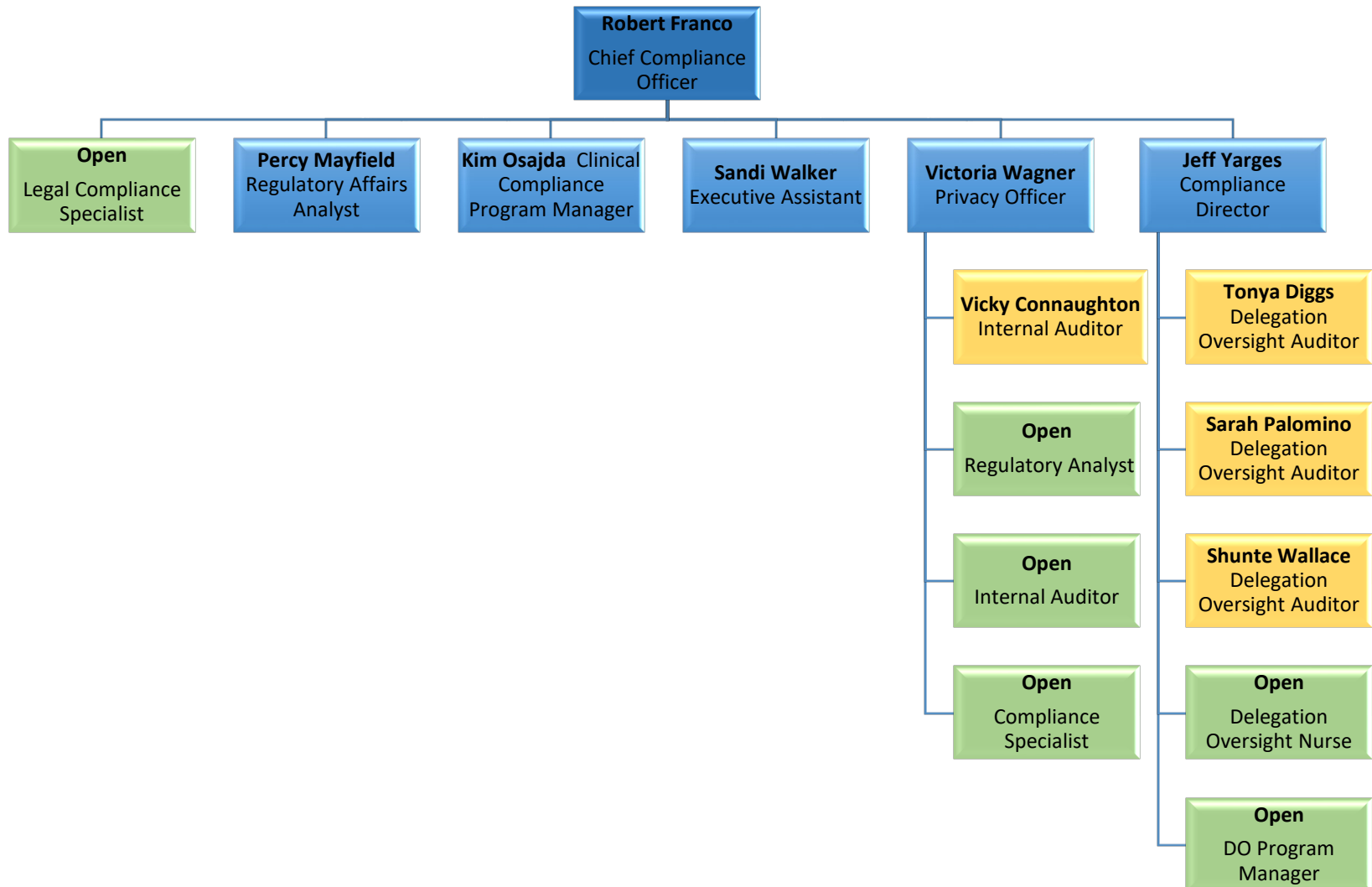
Trust

Respect

Overview

1. Compliance Organizational Updates
2. Compliance 2021 Review
3. 2022 DHCS Medical Audit
4. 2022 Medical Audit Risks
5. 2022 Audit Readiness Program

Compliance Organization



Compliance Organization Updates

1. All open positions are currently posted both internally and externally. Interviews are being scheduled with hopes to have all open positions filled by June 30, 2022
2. In support of the launch of the CalAIM initiatives Delegation Oversight will be conducting annual Delegation Oversight Audits in 2022
3. Medical Audit Readiness presentations are being conducted across the organization for this year's DHCS 2022 Annual Medical Audit

2021 Compliance Review

Core Compliance Functions	Accomplishments 2021
Fraud Waste & Abuse	<ul style="list-style-type: none">• 137 Cases (143, 2020)<ol style="list-style-type: none">1. Lost ID Cards2. EOB generated call3. DHCS referred cases4. Non-FWA cases
Privacy Incidents	<ul style="list-style-type: none">• 56 Privacy Incidents (44, 2020)<ol style="list-style-type: none">1. Claims2. UM3. Member Services4. Misdirected Email/Fax
Annual Compliance Training	<ul style="list-style-type: none">• 228 New Associates received required training<ul style="list-style-type: none">• Code of Conduct• FWA• Privacy & Security

2021 Compliance Review

Core Functions	Accomplishments 2021
Delegation Oversight Audits Clinical Audits Operational Audits – Claims, Call Center & NEMT/NMT Credentialing	25 Delegation Oversight Audits <ul style="list-style-type: none">• 7 Credentialing Audits• 3 Call Center• 5 Claims Audits• 8 Utilization Management Audits• 2 Member Rights Audit
DHCS Point of Contact 2021 DHCS Medical Audit Contractual Reporting	<ul style="list-style-type: none">• March 22, 2022, received closure of the 2021 Medical Audit CAP.• April 2022, assigned a new Contract Manager and Branch Chief and building a strong collaborative relationship
Audit Readiness Program	<ul style="list-style-type: none">• Monitoring for sustained Compliance with prior year findings• Focused Internal Audits based on DHCS' most recent completed audits

2022 DHCS Medical Audit

DHCS Medical Audit

Date: August 1 – 12, 2022 (Virtual?)

Audit Scope:

- a. Utilization Management
- b. Care Management and Continuity of Care
- c. Access and Availability of Care
- d. Member Rights
- e. Quality Improvement
- f. Administrative and Organizational Capacity

Audit Period: June 1, 2021 – May 31, 2022

Audit Risks

- New DHCS Audit Team
- Full Medical Audit – Covering all 6 Audit Scope areas
- Prior year Finding
- LA Care Sanctions
 1. Handling of enrollee grievances,
 2. Processing of requests for authorization,
 3. Inadequate oversight and supervision of its contracted entities regarding timely access.
- Transportation Warning Letter 3/25/2022

Audit Risks based on recent DHCS Medical Audits

- Fraud Waste and Abuse Reporting
- State Supported Services
 - Distribution of Timely Prop 56 Payments
 - Improper Denial of State Sponsored Service Claims
 - Interest not paid in accordance with APL 19-013
- Access to Care – No enforcement or monitoring of appointment times
- Transportation
 - Transportation vendor oversight of subcontractors
 - Access to care standards
- Grievance and Appeals

Audit Readiness Program

1. Internal Audit is conducting mini-focused audits based on prior plan's recent DHCS Audits.
2. Compliance is monitoring last year's finding to ensure sustained compliance.
3. Compliance is working internally with Departments to issue Letters of Non-Compliance, Corrective Action Plans and monitor for remediation of all identified deficiencies of GCHP Plan Partners.
4. Compliance is working with conducting "Audit Readiness Roadshows" internally and via Provider Communications.

Questions





AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: May 23, 2022

SUBJECT: Appointment to the Executive/Finance Committee

SUMMARY:

At the April 25, 2022, Commission meeting, the Commission appointed four Commissioners to the Executive/Finance Committee, leaving one vacancy. Because former Vice-Chairperson and Executive/Finance Committee member Jennifer Swenson was not at the meeting, the Commission decided to wait until this meeting to obtain Commissioner's input and gauge her interest into continuing to serve on the Executive/Finance Committee.

BACKGROUND/DISCUSSION:

The Commission's bylaws establish a five-person Executive/Finance Committee, which must consist of the Chairperson, Vice-Chairperson, and three other members. The bylaws also provide that the Executive/Finance Committee must consist of at least one member from the following represented groups: a private hospital/healthcare representative, a Ventura County Medical Health System representative, and a Clinicas Del Camino Real representative. (See Bylaws, Art. IV, section (b)(ii).) If the Chairperson and/or Vice-Chairperson is a representative from one of these agencies, then the Commission "may appoint any one of its members to fill" any open Committee positions. (See Bylaws, Art. IV, section (b)(ii).) At the April 25, 2022, Commission meeting, the Commission elected Dee Pupa (Ventura County Medical Health System Representative) as Chairperson of the Commission and Laura Espinosa, (the Consumer Representative), as Vice-Chairperson of the Commission. These two automatically serve on the Executive/Finance Committee. The Commission also appointed James Corwin (private hospital/healthcare representative) and Anwar Abbas (Clinicas del Camino Real Representative) to the Executive /Finance Committee. Given the current representation of the Executive/Finance Committee, any member of the Commission can serve as the fifth member of the Executive/Finance Committee.

Commissioner Swenson who currently has a seat on the Executive/Finance Committee, was absent from the April 25, 2022, meeting. As such, the Commission agreed to leave the fifth seat open to ascertain Commissioner Swenson's desire to serve on the term and/or obtain her input on filling the seat.

The Executive/Finance Committee is an advisory committee to the Commission.

FISCAL IMPACT:

None.

RECOMMENDATION:

Make any necessary appointments to the Executive/Finance Committee to fill the fifth seat.

ATTACHMENT:

1. Gold Coast Health Plan Bylaws.

**AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF
THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM**

**VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION
(dba Gold Coast Health Plan)**

**Approved: October 24, 2011
Amended: January 23, 2017**

Table of Contents

ARTICLE I	3
Name and Mission	3
ARTICLE II	4
Commissioners	4
Selection and Terms of Commissioners	5
ARTICLE III	5
Officers	5
Election	6
Duties	6
ARTICLE IV	6
Standing Committees	6
ARTICLE V	9
Special Committees	9
ARTICLE VI	9
Meetings	9
Conduct of Meetings	10
ARTICLE VII	12
Powers and Duties	12
ARTICLE VIII	12
STAFF	12
Chief Executive Officer	13
Clerk	13
Assistant Clerk	14
ARTICLE IX	14
Rules of Order	14
ARTICLE X	14
Amendments	14
ARTICLE XI	14
Nondiscrimination Clause	14
ARTICLE XII	14
Conflict of Interest and Ethics	14
ARTICLE XIII	15
Dissolution	15

AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM (dba Gold Coast Health Plan)

ARTICLE I

Name and Mission

The name of this Commission shall be the Ventura County Medi-Cal Managed Care Commission, hereafter referred to in these Bylaws as the VCMMCC. VCMMCC shall operate under the fictitious name, Gold Coast Health Plan.

The VCMMCC 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 VCMMCC and shall not be the obligations of the County of Ventura or the State of California; and
- (g) Implementing programs and procedures to ensure a high level of member satisfaction.

ARTICLE II

Commissioners

The governing board of the VCMCC shall consist of eleven (12~~1~~) voting members. ~~It is desirable that~~ (“members” or “Commissioners”) ~~who shall of the VCMCC be legal residents of Ventura County. Members shall possess the requisite skills and knowledge necessary in the to design and operation of a~~ publicly managed health care delivery system.

Members of the VCMCC shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

(a) Physician Representatives. ~~Three~~ Two 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 nominated~~ 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 nominated~~ by the Ventura County Medical Center Executive Committee.

(b) Private Hospital/Healthcare System Representatives. 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 nominated~~ 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.

(c) Ventura County Medical Center Health System Representative. 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 nominated~~ by the Ventura County Medical Center System Administration.

(d) Public Representative. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors.

(e) Clinicas Del Camino Real Representatives. ~~Representative. Two One~~ members shall be ~~the chief executive officer representatives~~ of Clinicas del Camino Real ~~or designee~~ nominated by the Clinicas del Camino Real Chief Executive Officer, chief executive officer and approved by the Ventura County Board of Supervisors.

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

(g) Consumer Representative. 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.

(h) ~~County of Ventura County Medical Center Health System Representative~~. One member shall be a representative of the the Ventura County of Ventura nominated by the Ventura County Medical Center Family Medicine Residency Program Director or Faculty Designee Executive Officer and approved by the Board of Supervisors.

Selection and Terms of Commissioners

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 VCMMCC 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 VCMMCC. The term of each subsequent appointment shall be deemed to commence on March 15 of the year of the appointment.

A member may resign effective on giving written notice to the Clerk of the VCMMCC, unless the notice specifies a later date for his/her resignation to become effective. Upon receipt of such notice, the Clerk shall notify the Chairperson and the Board of Supervisors. The Clerk of the VCMMC shall enter the notice in the proceedings of the Commission. The acceptance of a resignation shall not be necessary to make it effective.

A member may be removed from the VCMMCC by a 4/5 vote of the Board of Supervisors.

Nominations to the VCMMCC shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Board of Supervisors.

ARTICLE III

Officers

(a) Officers of the VCMMCC shall be a Chairperson and Vice-Chairperson.

(b) The Chairperson and the Vice-Chairperson shall be elected by majority vote of the members in attendance at the first meeting of the VCMMCC to serve for the remainder of the calendar year in which the first meeting occurs. Officers subsequently elected to these offices, pursuant to the procedures outlined under "Election" below, shall serve a term of two years or until their successor(s) has/have been duly elected.

(c) No individual shall serve more than two consecutive terms in any of the elected officer positions.

Election

(a) The VCMMCC shall elect officers by majority vote of the members present.

(b) The election of officers shall be held at the first regular meeting of the VCMMCC after March 15 (or after the date upon which the Board of Supervisors appoints Commissioners for the present term if later than March 15) in every even-numbered year. The two-year terms of office shall be deemed to commence on March 15 of the year of the election, regardless of when the election actually occurs. The officers of the prior term shall continue to preside over any meetings and perform all other functions of their offices until new officers are elected.

(b)(c) The Vice-Chair shall automatically become Chair when the position of Chair becomes available, if the Vice Chair is still one of the Commissioners.

(e)(d) Notwithstanding the normal election process detailed in paragraphs (a), ~~and~~ (b) ~~and~~ (c) above, when circumstances warrant it, an election may be held at any time during the year. Circumstances that would warrant a special election include: one or more of the officers wishes to resign as an officer, or one or more of the officers is terminated.

Duties

(a) The Chairperson shall:

1. Preside at all meetings;
2. Execute all documents approved by the VCMMCC;
3. Be responsible to see that all actions of the VCMMCC are implemented; and
4. Maintain consultation with the Chief Executive Officer (CEO).

(b) The Vice-Chairperson shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson; and
2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.
3. Amended Bylaws - GCHP

ARTICLE IV

Standing Committees

(a) At a minimum, the VCMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMMCC for membership on these boards. Each of the boards shall submit a charter to the VCMMCC for approval. All meetings of standing committees shall be subject to the provisions of the Brown Act.

(b) Executive/Finance Committee.

- i. Purpose. The role of the Executive/Finance Committee shall be to assist the CEO and VCMMCC accomplish its work in the most efficient and timely way. Meetings of this committee shall be at the request of the Chairperson or CEO to evaluate time sensitive matters. The Committee shall report on all of its activities to the governing board at the next regular meeting of the governing board.
- ii. Membership. The Executive/Finance Committee shall be comprised of the following five (5) Commissioners:
 1. Chairperson.
 2. Vice-Chairperson.
 3. Private hospital/healthcare system representative (to rotate between the two representatives following the representative's resignation from the committee). If the Chairperson and/or Vice-Chairperson is a private hospital/healthcare system representative, then the Commission may appoint any one of its members to fill this position.
 4. Ventura County Medical Center Health System representative. If the Chairperson and/or Vice-Chairperson is a Ventura County Medical Center Health System representative, then the Commission may appoint any one of its members to fill this position.
 5. Clinicas Del Camino Real representative. If the Chairperson and/or Vice-Chairperson is a Clinicas Del Camino Real representative, then the Commission may appoint any one of its members to fill this position.

The CEO and Finance Director will serve as Ex-Officio members to Co-Chair the committee.

Appointments to the Committee shall be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected or at the next regular meeting immediately thereafter. Appointments may also be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election of officers, or other event which results in the Committee lacking full membership.

iii. Duties of the Executive/Finance Committee.

1. Advise the governing board Chairperson on requested matters.
2. Assist the CEO in the planning or presentation of items for governing board consideration.
3. Assist the CEO or VCOMMCC staff in the initial review of draft policy statements requiring governing board approval.
4. Assist the CEO in the ongoing monitoring of economic performance by focusing on budgets for pre-operational and operational periods.
5. Review proposed State contracts and rates, once actuary has reviewed and made recommendations.
6. Review proposed contracts for services over the assigned dollar value/limit of the CEO.
7. Establish basic tenets for payment-provider class and levels as related to Medi-Cal rates:
 - PCP
 - Specialists
 - Hospitals ○ LTC
 - Ancillary Providers
8. Recommend auto-assignment policies for beneficiaries who do not select a Primary Care Provider.
9. Review and recommend provider incentive program structure.
10. Review investment strategy and make recommendations.
11. On an annual basis, develop the CEO review process and criteria.
12. Serve as Interview Committee for CEO/CMO/CFO.

13. Assist the governing board and/or the CEO in determining the appropriate committee, if any, to best deal with questions or issues that may arise from time-to-time.

14. Develop long-term and short-term business plans for review and approval by the governing board.

15. Undertake such other activities as may be delegated from time-to-time by the governing board.

iv. Limitations on Authority. The Executive/Finance Committee shall not have the power or authority in reference to any of the following matters:

1. Adopting, amending or repealing any bylaw.

2. Making final determinations of policy.

3. Approving changes to the budget or making major structural or contractual decisions (such as adding or eliminating programs).

4. Filling vacancies or removing any Commissioner.

5. Changing the membership of, or filling vacancies in, the Executive/Finance Committee.

6. Hiring or firing of senior executives, but may make recommendations to the governing board as to their appointment, dismissal or ongoing performance.

7. Taking any action on behalf of the governing board unless expressly authorized by the governing board.

ARTICLE V

Special Committees

Members may be asked to participate on a subcommittee, task force or special project as part of their responsibilities. The VCMMCC may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the VCMMCC.

ARTICLE VI

Meetings

- (a) All meetings shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies ("Brown Act").
- (b) A regular meeting shall be held monthly. The VCMMCC shall by resolution establish the date, time and location for the monthly meeting. A regular meeting may, for cause, be rescheduled by the Chairperson with 72 hour advance notice.
- (c) Closed session items shall be noticed in compliance with Government Code section 54954.5.
- (d) Special meetings may be called, consistent with the Brown Act, by the Chairperson or by a quorum of the VCMMCC. Notice of such special meeting shall conform to the Brown Act.
- (e) Any meeting at which at least a quorum cannot attend, or for which there is no agenda item requiring action may be cancelled by the Chairperson with 72 hour advance notice.
- (f) A quorum shall be defined as one person more than half of the appointed members of the VCMMCC. For these purposes, "appointed members" excludes unfilled positions and those vacated by resignation or removal. Unless otherwise expressly stated in these bylaws, a majority vote of members present and constituting a quorum shall be required for any VCMMCC action.
- (g) After three (3) absences of any member during a fiscal year, the reasons for the absences will be reviewed by the VCMMCC and it may notify the Board of Supervisors of the absences, if it deems this action appropriate. Three or more absences from regular meetings may be cause for the VCMMCC to recommend dismissal of that member to the Board of Supervisors.

Conduct of Meetings

- (a) The Chairperson shall adhere to the order of items as posted on the agenda. Modifications to the order of the agenda may be made to the extent that (on the advice of counsel) the rearrangement of the agenda items does not violate the spirit or intent of the Brown Act.
- (b) All motions or amendments to motions require a second in order to be considered for action. Upon a motion and a second the item shall be open for discussion before the call for the vote.

(c) Voice votes will be made on all items as read. An abstention will not be recognized except for a legal conflict of interest. In furtherance of the foregoing, an abstention or refusal to vote (not arising from a legal conflict of interest) shall be deemed a vote with the majority of those Commissioners who do vote, except when there is a tie vote and the motion or action fails. For example, if there are 7 Commissioners present at a meeting (none of whom are subject to a legal conflict of interest), (i) a motion passes with 3 votes in favor and 4 Commissioners abstaining, (ii) a motion passes with 3 votes in favor, 2 votes against and 2 Commissioners abstaining; and (iii) a motion fails with 3 votes in favor, 3 votes against and 1 Commissioner abstaining.

(d) A call for a point of order shall have precedence over all other motions on the floor.

(e) Without objection, the Chairperson may continue or withdraw any item. In the event of an objection, a motion to continue or reset an item must be passed by a majority of the members present. A motion to continue or reset an item shall take precedence over all other motions except for a point of order.

(f) An amendment to a motion must be germane to the subject of the motion, but it may not intend an action contrary to the motion. There may be an amendment to the motion and an amendment to an amendment, but no further amendments. In the event the maker of the original motion accepts the amendment(s), the original motion shall be deemed modified. In the event the maker of the original motion does not accept the amendment(s), the amendment(s) shall be voted separately and in reverse order of proposal.

(g) Where these Bylaws do not afford an adequate procedure in the conduct of a meeting, the Chairperson may defer to the most current edition of *Rosenberg's Rules of Order*, to resolve parliamentary questions.

(h) The Chairperson shall be permitted to make motions and vote on all matters to the same extent and subject to the same limitations as other Commissioners.

ARTICLE VII

Powers and Duties

The VCMMCC is responsible for all of the activities described in Article I of these Bylaws and in its enabling ordinance. In furtherance of such responsibility, the VCMMCC shall have the following powers and duties and shall:

(a) Advise the Chief Executive Officer (CEO) and request from the CEO information it deems necessary;

(b) Conduct meetings and keep the minutes of the VCMMCC;

(c) Provide for financial oversight through various actions and methodologies such as the preparation and submission of an annual statement of financial affairs and an estimate of the amount of funding required for expenditures, approval of an annual

budget, receipt of monthly financial briefings and other appropriate action in support of its financial oversight role;

(d) Evaluate business performance and opportunity, and review and recommend strategic plans and business strategies;

(e) Establish, support and oversee the quality, service utilization, risk management and fraud and abuse programs;

(f) Encourage VCMMCC members to actively participate in VCMMCC committees as well as subcommittees;

(g) Comply with and implement all applicable federal, state and local laws, rules and regulations as they become effective;

(h) Provide for the resolution of or resolve conflict among its leaders and those under its leadership;

(i) Respect confidentiality, privacy and avoid any real or potential conflict of interest; and

(j) Receive and take appropriate action, if warranted, based upon reports presented by the CEO (or designated individual). Such reports shall be prepared and submitted to the VCMMCC at least annually.

ARTICLE VIII

STAFF

The VCMMCC shall employ personnel and contract for services as necessary to perform its functions. The permanent staff employed by the VCMMCC shall include, but not be limited to, a Chief Executive Officer (CEO), Clerk and Assistant Clerk.

Chief Executive Officer

The CEO shall have the responsibility for day to day operations, consistent with the authority conferred by the VCMMCC. The CEO is responsible for coordinating all activities of the County Organized Health System.

The CEO shall:

(a) Direct the planning, organization, and operation of all services and facilities;

(b) Direct studies of organizations, operations, functions and activities relating to economy, efficiency and improvement of services;

- (c) Direct activities which fulfill all duties mandated by federal or state law, regulatory or accreditation authority, or VCMMCC board resolution, and shall bring any conflict between these laws, regulations, resolutions or policy to the attention of the VCMMCC;
- (c) Appoint and supervise an executive management staff, and such other individuals as are necessary for operations. The CEO may delegate certain duties and responsibilities to these and other individuals where such delegated duties are in furtherance of the goals and objectives of the VCMMCC;
- (d) Retain and appoint necessary personnel, consistent with all policies and procedures, in furtherance of the VCMMCC's powers and duties; and
- (f) Implement and enforce all policies and procedures, and assure compliance with all applicable federal and state laws, rules and regulations.

Clerk

The Clerk shall:

- (a) Perform the usual duties pertaining to secretaries;
- (b) Cause to be kept, a full and true record of all VCMMCC meetings and of such special meetings as may be scheduled;
- (c) Cause to be issued notices of regular and special meetings;
- (d) Maintain a record of attendance of members and promptly report to the VCMMCC any member whose position has been vacated; and
- (e) Attest to the Chair or Vice-Chair's signature on documents approved by the VCMMCC.

Assistant Clerk

The Assistant Clerk shall perform the duties of the Clerk in the Clerk's absence.

ARTICLE IX

Rules of Order

The Chairperson shall be responsible for maintaining decorum during VCMMCC meetings. All motions, comments, and questions shall be made through the Chairperson. Any decision by the Chairperson shall be considered final unless an appeal of the decision is requested and passed by a majority of the VCMMCC members present.

ARTICLE X

Amendments

(a) These Bylaws may be amended by an affirmative vote of a majority of the voting members of the VCOMMCC. A full statement of a proposed amendment shall be submitted to the VCOMMCC at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon.

(b) The Bylaws shall be reviewed annually and amendments to the Bylaws may be proposed by any VCOMMCC member.

(c) Bylaws may be suspended on an ad hoc basis upon the affirmative vote of a majority of the VCOMMCC members present.

ARTICLE XI

Nondiscrimination Clause

The VCOMMCC or any person subject to its authority shall not discriminate against or in favor of any person because of race, gender, religion, color, national origin, age, sexual orientation or disability with regard to job application procedures, hiring, advancement, discharge, compensation, training or other terms or condition of employment of any person employed by or doing business with the VCOMMCC or any person subject to its direction pursuant to federal, state or local law.

ARTICLE XII

Conflict of Interest and Ethics

VCOMMCC members are subject to conflict of interest laws, including Government Code section 1090 and the 1974 Political Reform Act (Government Code section 8100 et seq.), as modified by Welfare and Institutions Code section 14087.57, and must identify and disclose any conflicts and refrain from participating in any manner in such matters in accordance with the applicable statutes. Members of the VCOMMCC agree to adhere to all relevant standards established by state or federal law regarding ethical behavior.

ARTICLE XIII

Dissolution

Pursuant to California Welfare & Institutions Code, section 14087.54:

(a) In the event the Commissioners determine that VCOMMCC may no longer function for the purposes for which it was established, at the time that VCOMMCC's then existing obligations have been satisfied or VCOMMCC's assets have been exhausted, the Board of Supervisors may by ordinance terminate the VCOMMCC.

(b) Prior to the termination of the VCMMCC, the Board of Supervisors shall notify the State Department of Health Care Services ("DHCS") of its intent to terminate VCMMCC. The DHCS shall conduct an audit of VCMMCC's records within 30 days of the notification to determine the liabilities and assets of VCMMCC. The DHCS shall report its findings to the Board of Supervisors within 10 days of completion of the audit. The Board of Supervisors shall prepare a plan to liquidate or otherwise dispose of the assets of VCMMCC and to pay the liabilities of VCMMCC to the extent of VCMMCC's assets, and present the plan to the DHCS within 30 days upon receipt of these findings.

(c) Upon termination of the VCMMCC by the Board of Supervisors, the County of Ventura shall manage any remaining assets of VCMMCC until superseded by a DHCS-approved plan. Any liabilities of VCMMCC shall not become obligations of the County of Ventura upon either the termination of the VCMMCC or the liquidation or disposition of VCMMCC's remaining assets.

(d) Any assets of VCMMCC shall be disposed of pursuant to provisions contained in the contract entered into between the state and VCMMCC.



AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing
DATE: May 23, 2022
SUBJECT: Coffey Communications Contract – Additional Funding

SUMMARY:

Gold Coast Health Plan (GCHP) contracts with Coffey Communications for various services, including the printing and mailing of member notices. Due to additional and unanticipated costs related to greater-than-expected membership, requirements from the state Department of Health Care Services (DHCS), and yet-to-be reimbursed costs by AmericasHealth Plan, GCHP's funding for printing and fulfillment services is extinguished and needs to be replenished.

These costs were incurred as part of GCHP's normal course of business. This request for funding considers the projected amount through the end of this contract period and a one-year renewal, which would end Dec. 31, 2023.

RECOMMENDATION:

GCHP recommends adding \$468,000 to the Coffey Communications Fulfillment Service Order for printing and postage through the period ending Dec. 31, 2023.

FINANCIAL IMPACT:

An increase in funding for this contract will not have a financial impact on GCHP. The funds will come from the FY 2021-22 and FY 2022-23 budgets for the Communications Department.



AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Kashina Bishop, Chief Financial Officer
DATE: May 23, 2022
SUBJECT: April 2022 Fiscal Year to Date Financials

SUMMARY:

Staff is presenting the attached April 2022 fiscal year-to-date (“FYTD”) financial statements of Gold Coast Health Plan (“GCHP”) for review and approval.

BACKGROUND/DISCUSSION:

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

Financial Overview:

GCHP experienced gains of \$7.7 million for April 2022. As of April 30th, GCHP is favorable to the budget estimates by \$41.1 million. The favorability is due to medical expense estimates that are currently less than budget by \$24.9 million, administrative and project expenses that are under budget by \$8.8 million, revenue that is favorable to budget by \$7.6M primarily due to vaccine incentive program not in budget and favorable CY2022 rate increase.

Financial Report:

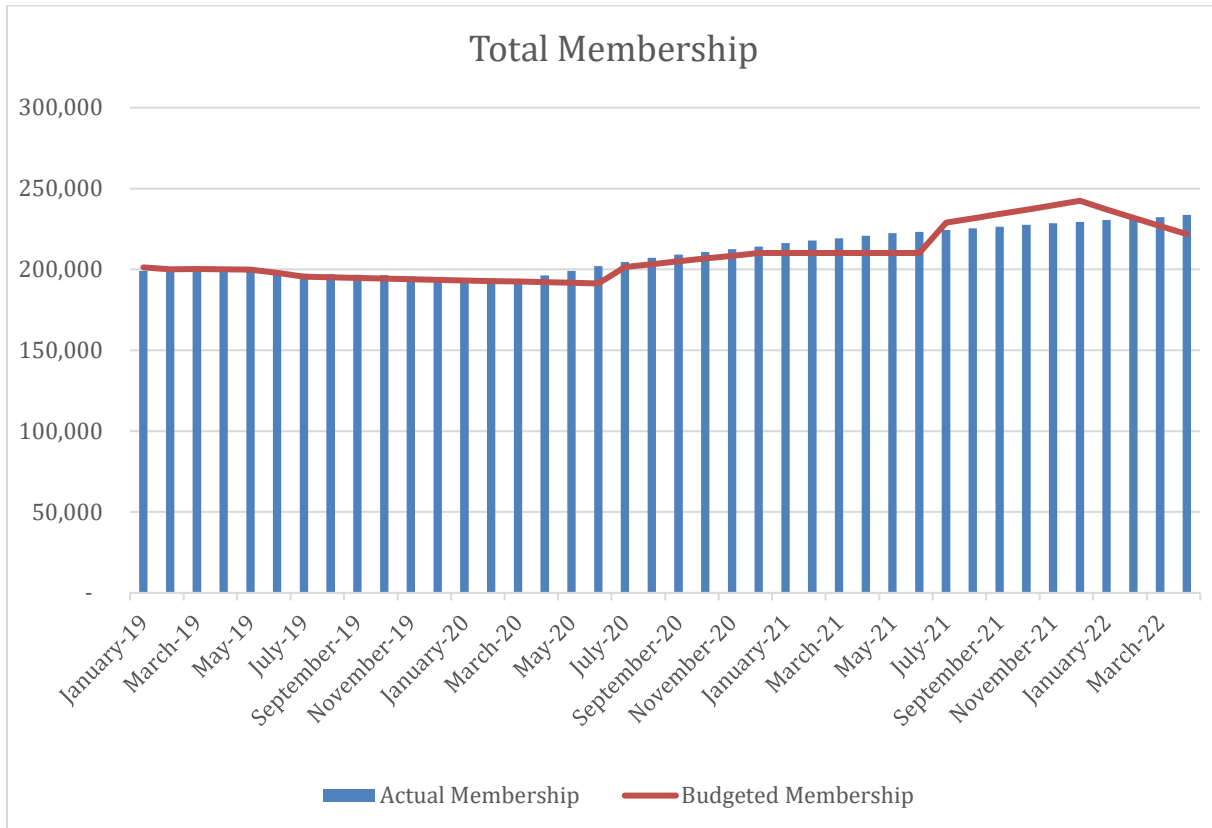
GCHP is reporting a net gain of \$7.7 million April 2022.

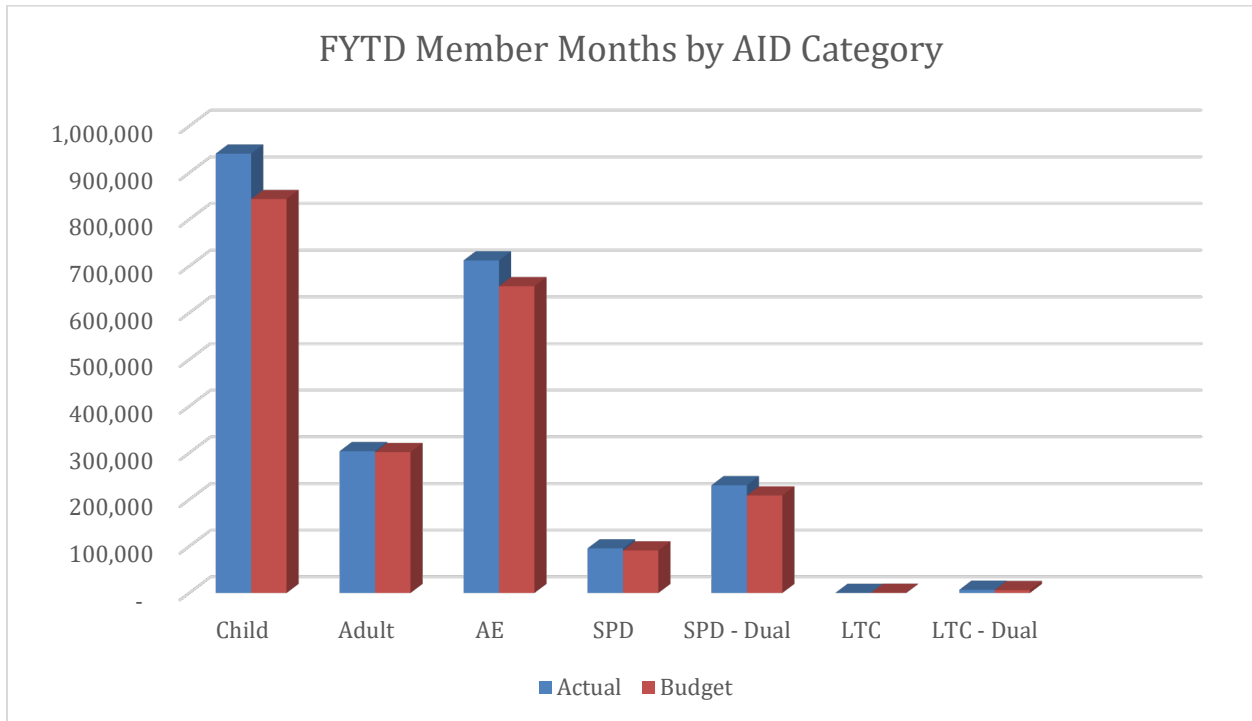
April 2022 FYTD Highlights:

1. Net gain of \$54.6 million, a \$41.1 million favorable budget variance.
2. FYTD net revenue is \$806.5 million, \$7.6 million over budget.
3. FYTD Cost of health care is \$707.7 million, \$24.9 million under budget.
4. The medical loss ratio is 87.8% of revenue, 4.0% less than the budget.
5. FYTD administrative expenses are \$44.2 million, \$8.8 million under budget.
6. The administrative cost ratio is 5.5%, 1.2% under budget.

7. Current membership for April 2022 is 231,952.
8. Tangible Net Equity is \$160.3 million which represents approximately 65 days of operating expenses in reserve and 435% 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

FYTD Net Premium revenue is \$806.5 million; a \$7.6 million and 1.0% favorable budget variance. Primarily drivers are incentive revenue from Vaccine Incentive Program not in budget (~\$.9M) and favorable CY2022 rates (~4.4M).

Health Care Costs

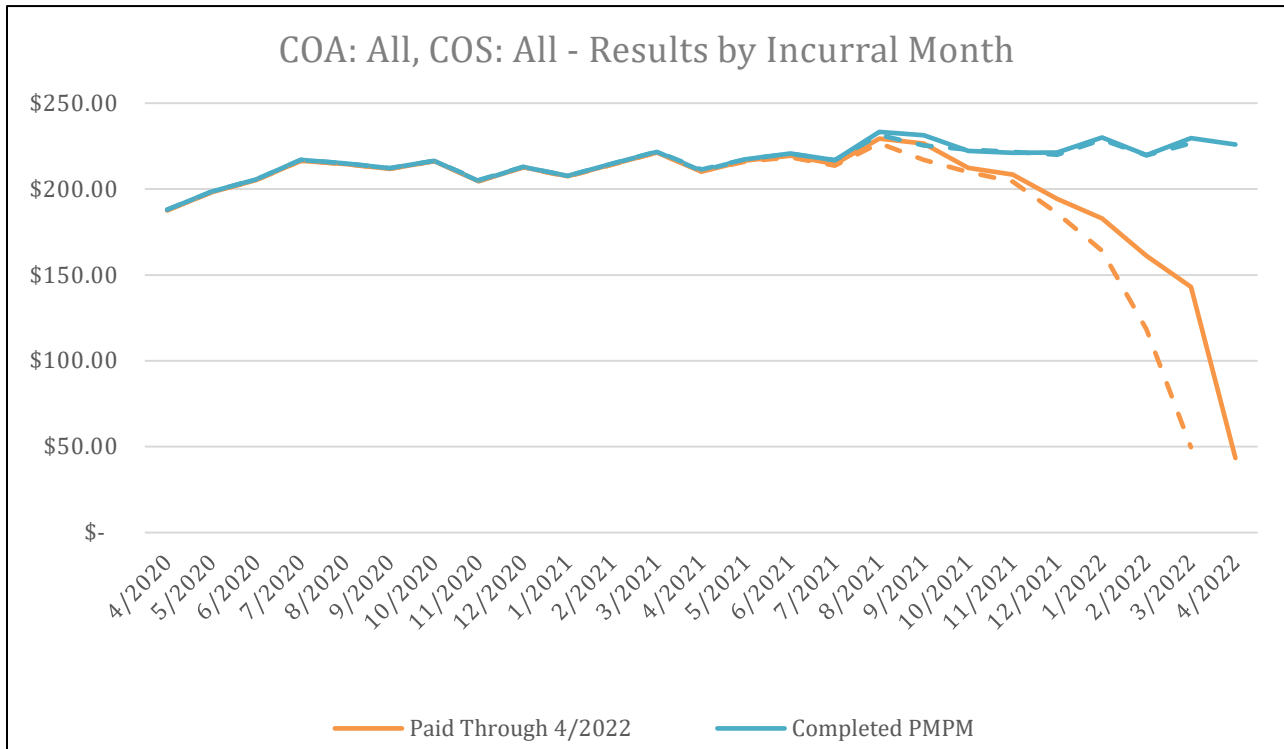
FYTD Health care costs are \$707.7 million; a \$24.9 million and 3.0% favorable budget variance. Due to the unknown impacts of the pandemic, the budget was established by trending forward CY 2019 medical expenses.

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

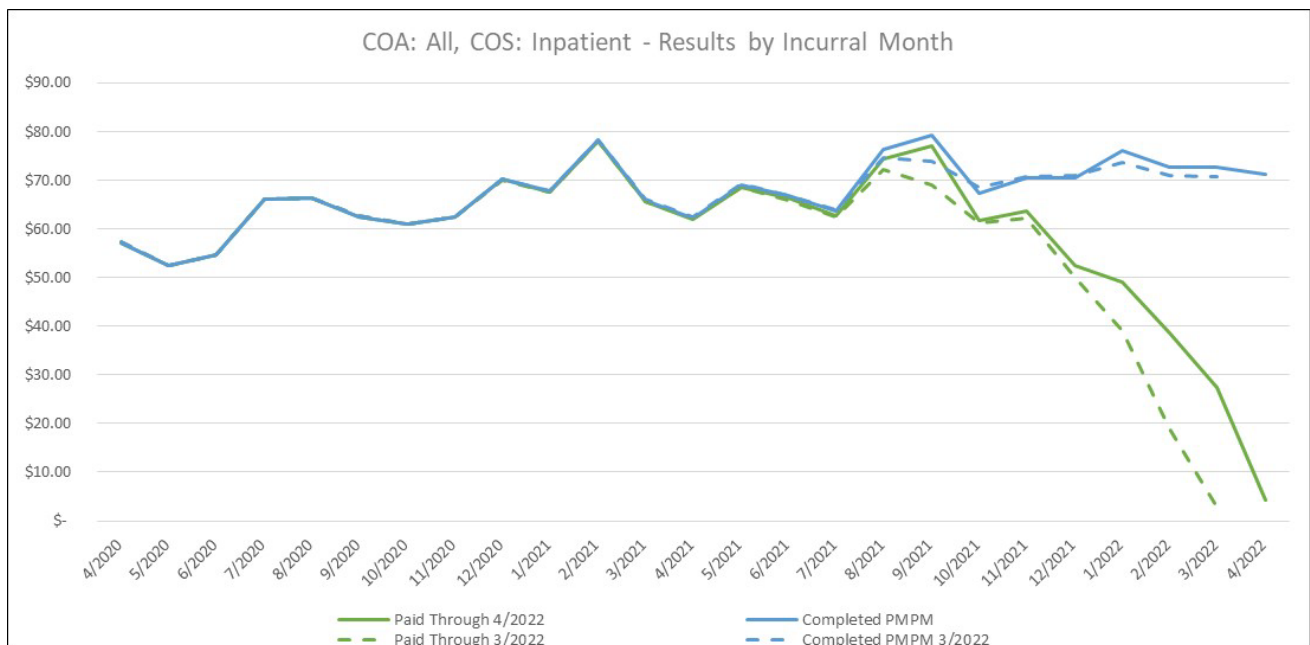
One of the issues being addressed from the system conversion is discrepancies in the mapping of data to the correct category of service. This impacts staff’s ability to research actual and budget variances at the category of service level. At a high level, medical expenses have remained consistent with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

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

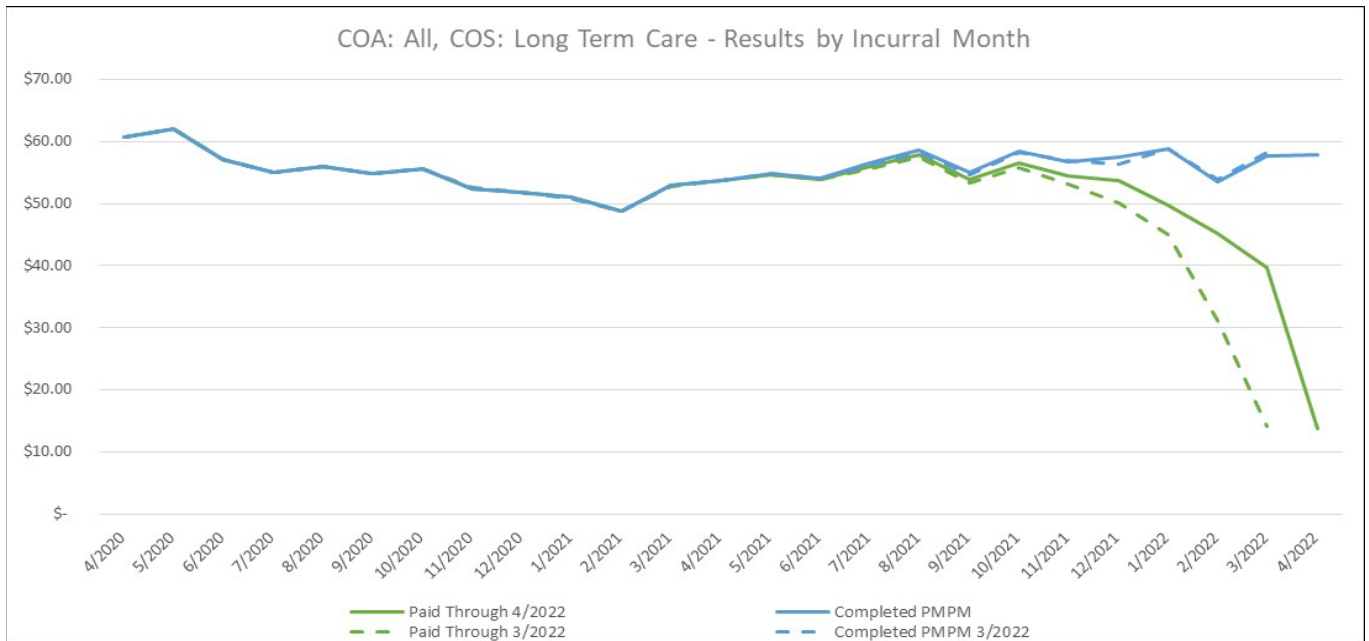
1. All categories of service



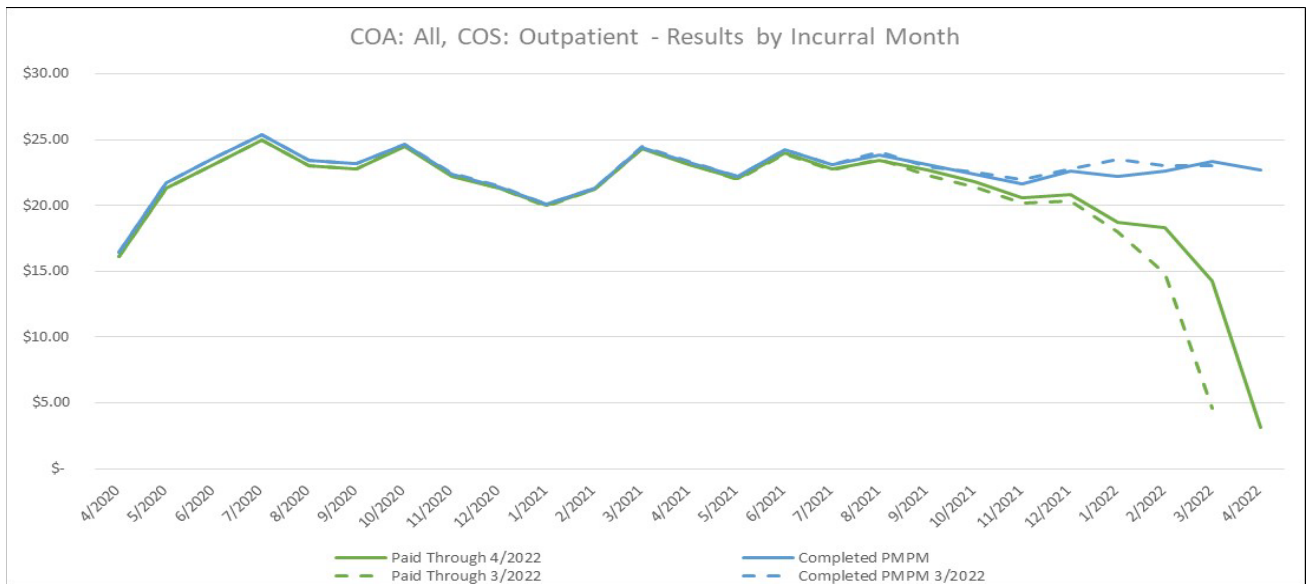
2. Inpatient hospital costs



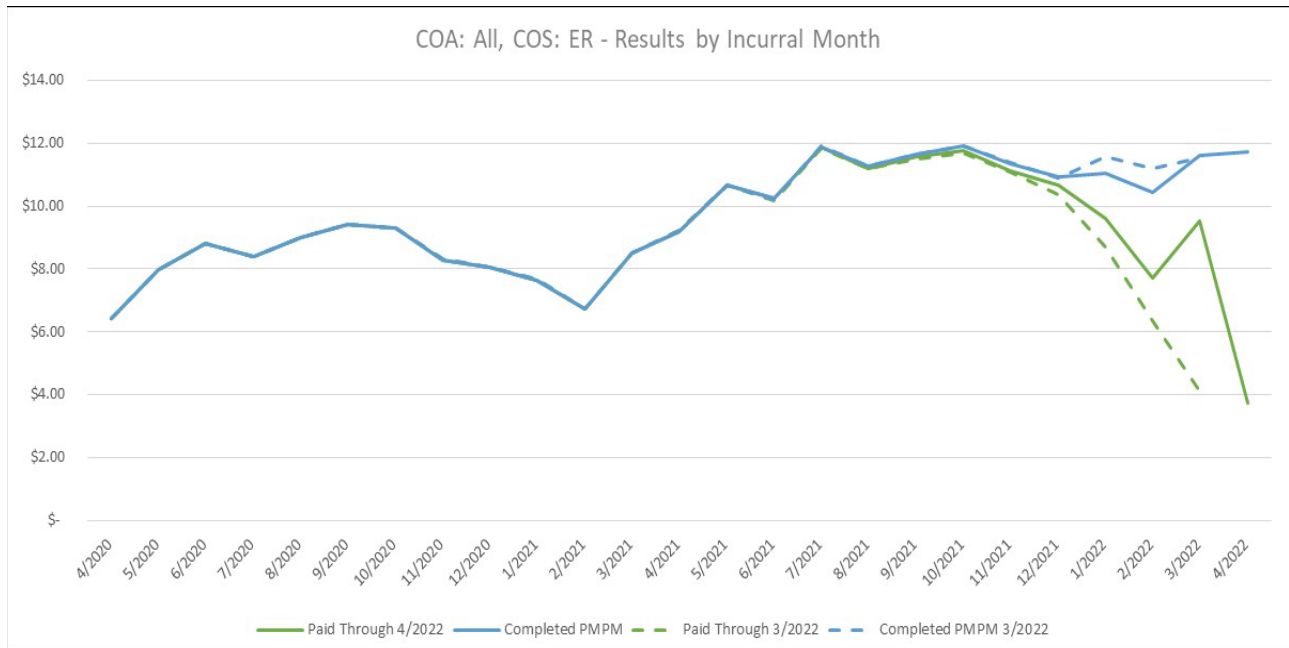
3. Long term care (LTC) expenses



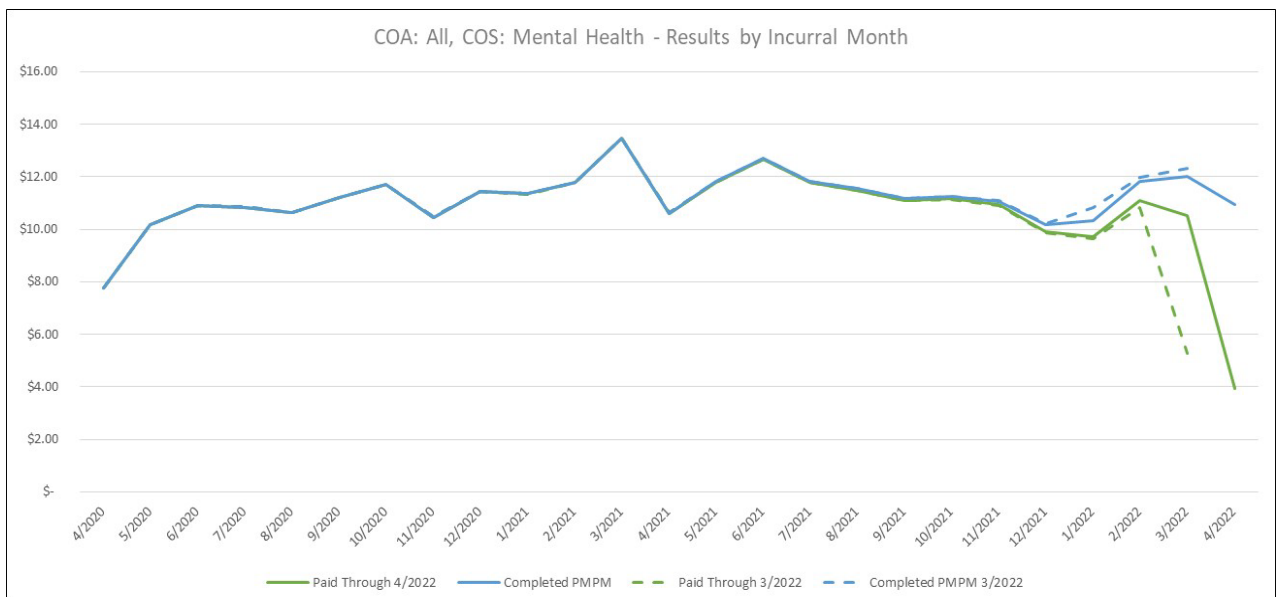
4. Outpatient expenses



5. Emergency Room expenses



6. Mental and behavioral health services



Administrative Expenses

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

For the fiscal year to date through April 2022, administrative costs were \$44.2 million and \$8.8 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 5.5% versus 6.6% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~\$3.7M)
- *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions in IT/Health Services (~\$1.4M)
- *Outside Services*: favorability of Conduent and PBM admin fee expenses due to membership lower than projected and lower fulfillment related charges and Conduent invoice chargebacks (~\$2.2M)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation, lower printing expenses and lower than budgeted interest expense (~\$1.2M)

Cash and Short-Term Investment Portfolio

At April 30th, the Plan had \$256.2 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool \$18.4 million; LAIF CA State \$40.3 million; Cal Trust \$34.8M; the portfolio yielded a rate of 2.5%.

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value* April 30, 2022	Account Type
Local Agency Investment Fund (LAIF) ¹	\$ 40,269,787	investment
Ventura County Investment Pool ²	\$ 18,377,308	investment
CalTrust	\$ 34,800,210	short-term investment
Bank of West	\$ 154,251,227	money market account
Pacific Premier	\$ 6,989,072	operating accounts
Mechanics Bank ³	\$ 1,537,068	operating accounts
Petty Cash	\$ 500	cash
Investments and monies held by GCHP	\$ 256,225,172	

	Apr-22	FYTD 21-22
Local Agency Investment Fund (LAIF)		
Beginning Balance	\$ 40,238,078	\$ 206,976
Transfer of Funds from Ventura County Investment Pool	-	40,000,000
Quarterly Interest Received	31,709	63,056
Quarterly Interest Adjustment	-	(245)
Current Market Value	\$ 40,269,787	\$ 40,269,787
Ventura County Investment Pool		
Beginning Balance	\$ 18,362,900	\$ 43,304,353
Transfer of funds to LAIF	-	(25,000,000)
Interest Received	14,408	72,955
Current Market Value	\$ 18,377,308	\$ 18,377,308

Medi-Cal Receivable

At April 30th, the Plan had \$93.7 million in Medi-Cal Receivables due from DHCS.

RECOMMENDATION:

Staff requests that the Commission approve the April 2022 financial package.

CONCURRENCE:

N/A

ATTACHMENT:

April 2022 Financial Package



FINANCIAL PACKAGE

For the month ended April 30, 2022

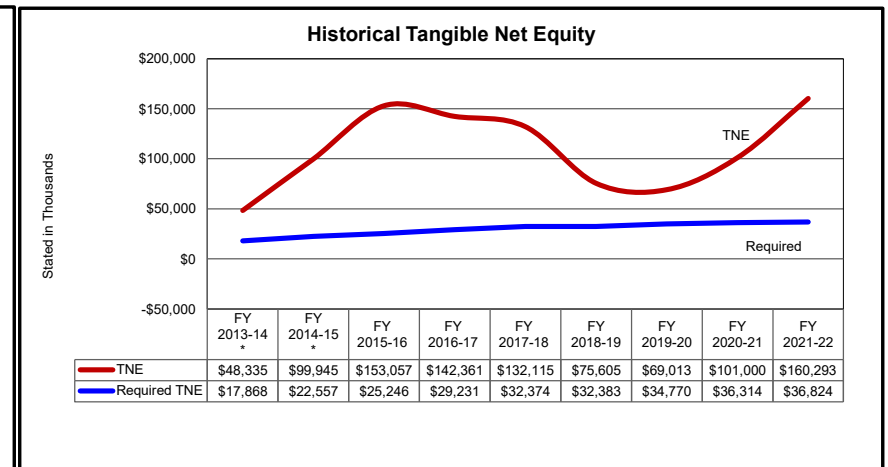
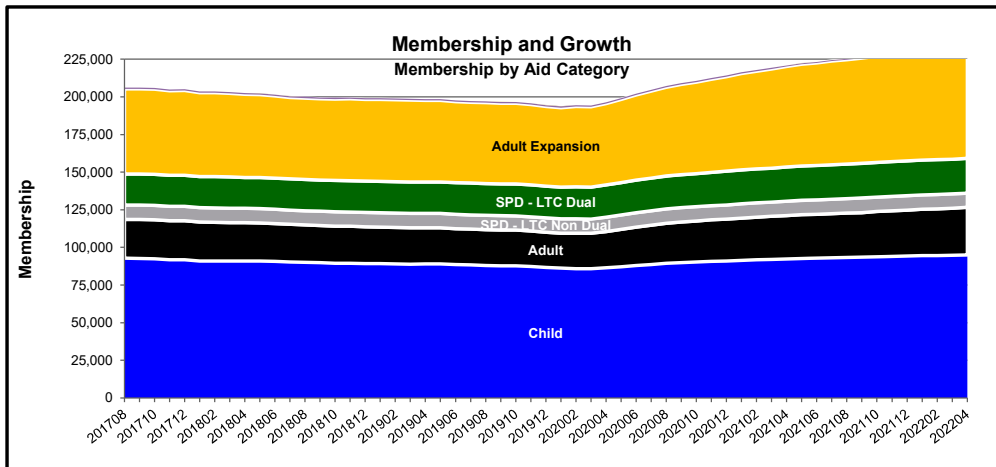
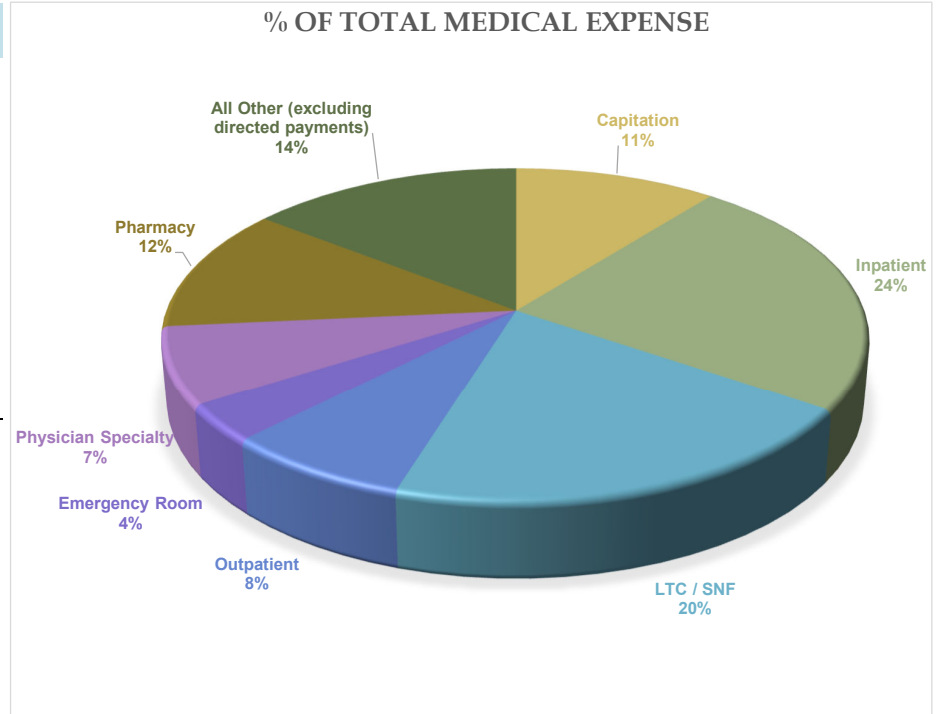
TABLE OF CONTENTS

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

Gold Coast Health Plan
Executive Dashboard as of April 30, 2022

	FYTD 21/22 Budget*	FYTD 21/22 Actual	FY 20/21 Actual	FY 19/20 Actual
Average Enrollment	233,133	227,873	213,547	196,012
PMPM Revenue	\$ 350.73	\$ 353.88	\$ 358.22	\$ 348.73
Medical Expenses				
Capitation	\$ 35.46	\$ 31.86	\$ 34.03	\$ 24.93
Inpatient	\$ 69.44	\$ 71.11	\$ 66.52	\$ 65.19
LTC / SNF	\$ 54.92	\$ 60.43	\$ 55.42	\$ 59.20
Outpatient	\$ 27.54	\$ 22.53	\$ 23.16	\$ 25.81
Emergency Room	\$ 13.79	\$ 10.84	\$ 9.25	\$ 11.97
Physician Specialty	\$ 27.10	\$ 22.38	\$ 25.71	\$ 27.63
Pharmacy	\$ 38.65	\$ 35.90	\$ 62.07	\$ 61.05
All Other (excluding directed payments)	\$ 37.86	\$ 43.14	\$ 43.20	\$ 41.07
Total Per Member Per Month	\$ 304.78	\$ 298.19	\$ 319.36	\$ 316.86
Medical Loss Ratio	91.6%	87.6%	92.1%	94.6%
Total Administrative Expenses	\$ 53,020,521	\$ 44,225,849	\$ 49,637,603	\$ 50,821,685
% of Revenue	6.6%	5.5%	5.4%	6.2%
TNE	\$ 114,451,945	\$ 160,292,925	\$ 100,999,994	\$ 71,272,142
Required TNE	\$ 36,466,424	\$ 36,823,728	\$ 36,313,908	\$ 34,685,521
% of Required	314%	435%	278%	205%

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



STATEMENT OF FINANCIAL POSITION

	<u>04/30/22</u>	<u>03/31/22</u>	<u>02/28/22</u>
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	162,777,868	158,967,379	151,830,336
Total Short-Term Investments	93,447,305	93,423,537	93,518,470
Medi-Cal Receivable	93,723,356	97,763,795	95,357,353
Interest Receivable	90,412	106,133	94,752
Provider Receivable	2,199,219	1,945,562	2,025,314
Other Receivables	4,840,213	4,980,336	5,462,082
Total Accounts Receivable	100,853,200	104,795,827	102,939,502
Total Prepaid Accounts	1,524,274	1,808,478	1,966,309
Total Other Current Assets	135,560	135,560	156,289
Total Current Assets	358,738,208	359,130,781	350,410,906
Total Fixed Assets	1,292,824	1,330,197	1,330,290
Total Assets	<u>\$ 360,031,032</u>	<u>\$ 360,460,978</u>	<u>\$ 351,741,197</u>
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	\$ 100,678,679	\$ 99,620,702	\$ 105,401,474
Claims Payable	12,621,056	10,753,445	13,635,121
Capitation Payable	25,919,884	25,878,323	25,375,204
Physician Payable	24,798,961	22,193,335	20,489,605
DHCS - Reserve for Capitation Recoup	14,897,685	14,897,685	14,897,685
Accounts Payable	38,252	2,061,225	425,769
Accrued ACS	3,461,022	1,640,728	3,140,644
Accrued Provider Reserve	4,424,766	3,672,549	3,598,245
Accrued Pharmacy	2,482	3,300	818
Accrued Expenses	2,546,135	2,726,462	2,375,997
Accrued Premium Tax	7,188,600	21,565,800	14,377,200
Accrued Payroll Expense	2,267,965	1,970,842	1,976,843
Total Current Liabilities	198,845,486	206,984,396	205,694,605
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	892,621	905,712	915,307
Deferred Revenue - Long Term Portion	-	-	-
Notes Payable	-	-	-
Total Long-Term Liabilities	892,621	905,712	915,307
Total Liabilities	199,738,107	207,890,108	206,609,912
Net Assets:			
Beginning Net Assets	105,714,877	105,714,877	105,714,877
Total Increase / (Decrease in Unrestricted Net Assets)	54,578,048	46,855,994	39,416,408
Total Net Assets	160,292,925	152,570,870	145,131,285
Total Liabilities & Net Assets	<u>\$ 360,031,032</u>	<u>\$ 360,460,978</u>	<u>\$ 351,741,197</u>

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR MONTH ENDED April 30, 2022**

	April 2022	April 2022 Year-To-Date		Variance		April 2022 Year-To-Date		Variance	
	Actual	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)	
Membership (includes retro members)	231,952	2,278,731	2,331,328	(52,597)	-2%	PMPM - FYTD			
Revenue									
Premium	\$ 83,658,499	\$ 879,453,343	\$ 798,888,886	\$ 80,564,457	10%	\$ 385.94	\$ 342.68	\$ 43.26	
Reserve for Cap Requirements	-	-	-	-	0%	-	-	-	
Incentive Revenue	-	945,045	-	945,045	0%	0.41	-	0.41	
MCO Premium Tax	(7,715,326)	(73,992,904)	-	(73,992,904)	0%	(32.47)	-	(32.47)	
Total Net Premium	75,943,173	806,405,483	798,888,886	7,516,598	0.9%	353.88	342.68	11.21	
Other Revenue:									
Miscellaneous Income	120	108,134	-	108,134	0%	0.05	-	0.05	
Total Other Revenue	120	108,134	-	108,134	0%	0.05	-	0.05	
Total Revenue	75,943,293	806,513,617	798,888,886	7,624,731	1%	353.88	342.68	11.26	
Medical Expenses:									
<u>Capitation</u>									
PCP, Specialty, Kaiser, NEMT & Vision	7,255,175	71,599,850	80,769,905	9,170,055	11%	31.42	34.65	3.22	
ECM	287,009	994,042	1,171,356	177,315	15%	0.44	0.50	0.07	
Total Capitation	7,542,184	72,593,892	81,941,261	9,347,369	11%	31.86	35.96	4.10	
<u>FFS Claims Expenses:</u>									
Inpatient	19,031,411	162,043,920	158,170,376	(3,873,544)	-2%	71.11	67.85	(3.27)	
LTC / SNF	13,728,527	137,710,369	125,102,716	(12,607,654)	-10%	60.43	53.66	(6.77)	
Outpatient	4,941,853	51,330,831	62,736,981	11,406,150	18%	22.53	26.91	4.38	
Laboratory and Radiology	967,723	7,655,814	5,064,949	(2,590,865)	-51%	3.36	2.17	(1.19)	
Directed Payments - Provider	2,512,172	28,221,185	23,974,847	(4,246,338)	-18%	12.38	10.28	(2.10)	
Emergency Room	2,438,303	24,692,519	31,417,920	6,725,400	21%	10.84	13.48	2.64	
Physician Specialty	6,581,611	51,007,196	61,736,419	10,729,223	17%	22.38	26.48	4.10	
Primary Care Physician	2,074,738	23,227,994	17,044,908	(6,183,086)	-36%	10.19	7.31	(2.88)	
Home & Community Based Services	2,007,081	20,662,650	23,088,013	2,425,363	11%	9.07	9.90	0.84	
Applied Behavioral Analysis/Mental Health Services	2,318,324	24,789,819	25,535,598	745,779	3%	10.88	10.95	0.07	
Pharmacy	(706,520)	81,800,652	88,041,371	6,240,719	7%	35.90	37.76	1.87	
Provider Reserve	74,665	949,267	-	(949,267)	0%	0.42	-	(0.42)	
Other Medical Professional	443,287	3,227,750	4,139,984	912,234	22%	1.42	1.78	0.36	
Other Medical Care	180,112	337,211	-	(337,211)	0%	0.15	-	(0.15)	
Other Fee For Service	1,264,148	9,929,934	9,492,366	(437,568)	-5%	4.36	4.07	(0.29)	
Transportation	231,641	1,832,385	1,879,425	47,039	3%	0.80	0.81	0.00	
Total Claims	58,089,077	629,419,498	637,425,873	8,006,374	1%	276.21	273.42	(2.80)	
Medical & Care Management Expense	1,258,486	12,823,192	12,952,818	129,627	1%	5.63	5.56	(0.07)	
Reinsurance	(444,273)	172,901	3,147,292	2,974,392	95%	0.08	1.35	1.27	
Claims Recoveries	(2,063,396)	(7,293,547)	(2,813,965)	4,479,582	-159%	(3.20)	(1.21)	1.99	
Sub-total	(1,249,183)	5,702,545	13,286,146	7,583,600	57%	2.50	5.70	3.20	
Total Cost of Health Care	64,382,078	707,715,936	732,653,280	24,937,344	3%	310.14	313.76	3.62	
Contribution Margin	11,561,215	98,797,681	66,235,606	32,562,075	49%	43.75	28.91	14.83	
General & Administrative Expenses:									
Salaries, Wages & Employee Benefits	2,310,962	22,567,247	23,928,986	1,361,739	6%	9.90	10.26	0.36	
Training, Conference & Travel	6,236	48,720	304,414	255,694	84%	0.02	0.13	0.11	
Outside Services	2,374,587	21,084,653	23,288,674	2,204,021	9%	9.25	9.99	0.74	
Professional Services	54,839	3,328,662	3,506,582	177,920	5%	1.46	1.50	0.04	
Occupancy, Supplies, Insurance & Others	161,702	7,994,448	9,219,734	1,225,287	13%	3.51	3.95	0.45	
Care Management Reclass to Medical	(1,258,486)	(12,823,192)	(12,952,818)	(129,627)	1%	(5.63)	(5.56)	0.07	
G&A Expenses	3,649,841	42,200,538	47,295,572	5,095,034	11%	18.52	20.29	1.77	
Project Portfolio	220,045	2,025,310	5,724,949	3,699,639	65%	0.89	2.46	1.57	
Total G&A Expenses	3,869,887	44,225,849	53,020,521	8,794,672	17%	19.41	22.74	3.33	
Total Operating Gain / (Loss)	7,691,328	54,571,833	13,215,085	41,356,748	313%	24.34	6.17	18.17	
Non Operating									
Revenues - Interest	30,726	7,462	300,000	(292,538)	-98%	0.00	0.13	(0.13)	
Gain/(Loss) on Sale of Asset	-	(1,247)	-	(1,247)	0%	(0.00)	-	(0.00)	
Total Non-Operating	30,726	6,215	300,000	(293,785)	-98%	0.00	0.13	(0.13)	
Total Increase / (Decrease) in Unrestricted Net Assets	\$ 7,722,055	\$ 54,578,048	\$ 13,515,085	\$ 41,062,963	304%	\$ 24.34	\$ 6.30	\$ 18.04	

STATEMENT OF CASH FLOWS	April 2022	FYTD 21-22
Cash Flows Provided By Operating Activities		
Net Income (Loss)	\$ 7,722,055	\$ 54,578,048
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	49,958	424,252
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilities		
Accounts Receivable	3,942,626	10,515,923
Prepaid Expenses	284,204	445,116
Accrued Expense and Accounts Payable	652,424	(21,056,176)
Claims Payable	4,514,798	12,877,093
MCO Tax liability	(14,377,200)	(12,220,620)
IBNR	1,057,977	(26,281,964)
Net Cash Provided by (Used in) Operating Activities	<u>3,846,842</u>	<u>19,281,672</u>
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(23,768)	(49,932,205)
Purchase of Property and Equipment	(12,585)	(518,604)
Net Cash (Used In) Provided by Investing Activities	<u>(36,353)</u>	<u>(50,450,809)</u>
Increase/(Decrease) in Cash and Cash Equivalents	3,810,489	(31,169,137)
Cash and Cash Equivalents, Beginning of Period	<u>158,967,379</u>	<u>193,947,005</u>
Cash and Cash Equivalents, End of Period	<u><u>162,777,868</u></u>	<u><u>162,777,868</u></u>



**Gold Coast
Health Plan**SM
A Public Entity

April 2022 Financial Statements

May 23, 2022

Kashina Bishop
Chief Financial Officer

Integrity

Accountability

Collaboration

Trust

Respect

Financial Overview:



May NET GAIN \$ 7.7 M



FYTD NET GAIN \$54.6 M



TNE is \$160.3 M and 435% of the minimum required



MEDICAL LOSS RATIO 87.8%



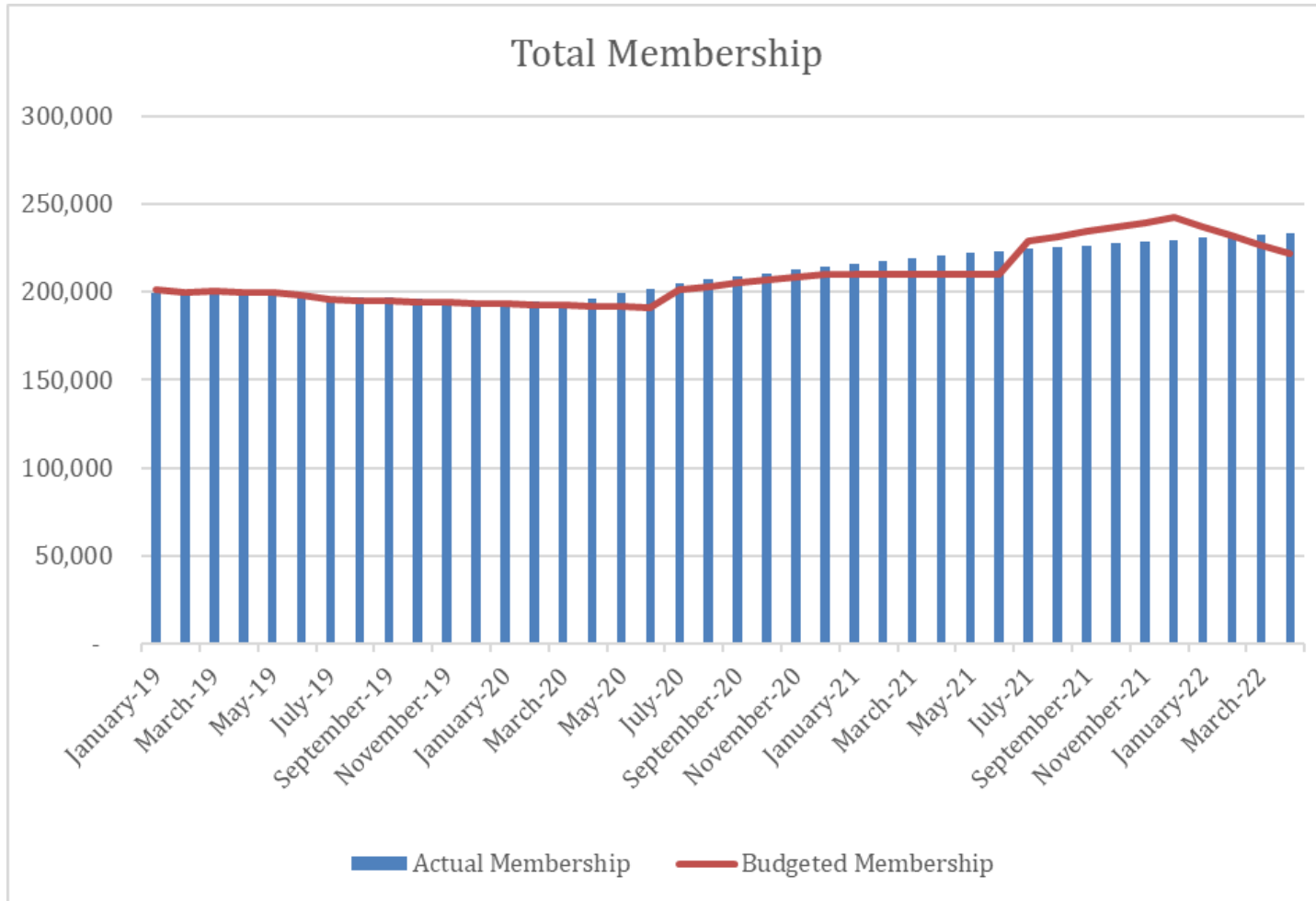
ADMINISTRATIVE RATIO 5.5%

Revenue

Net Premium revenue is \$806.5 million, over budget by \$7.6 million.

1. Approx. \$945,000 for Vaccine Incentive Program
2. Favorable CY 22 rates

Membership trends

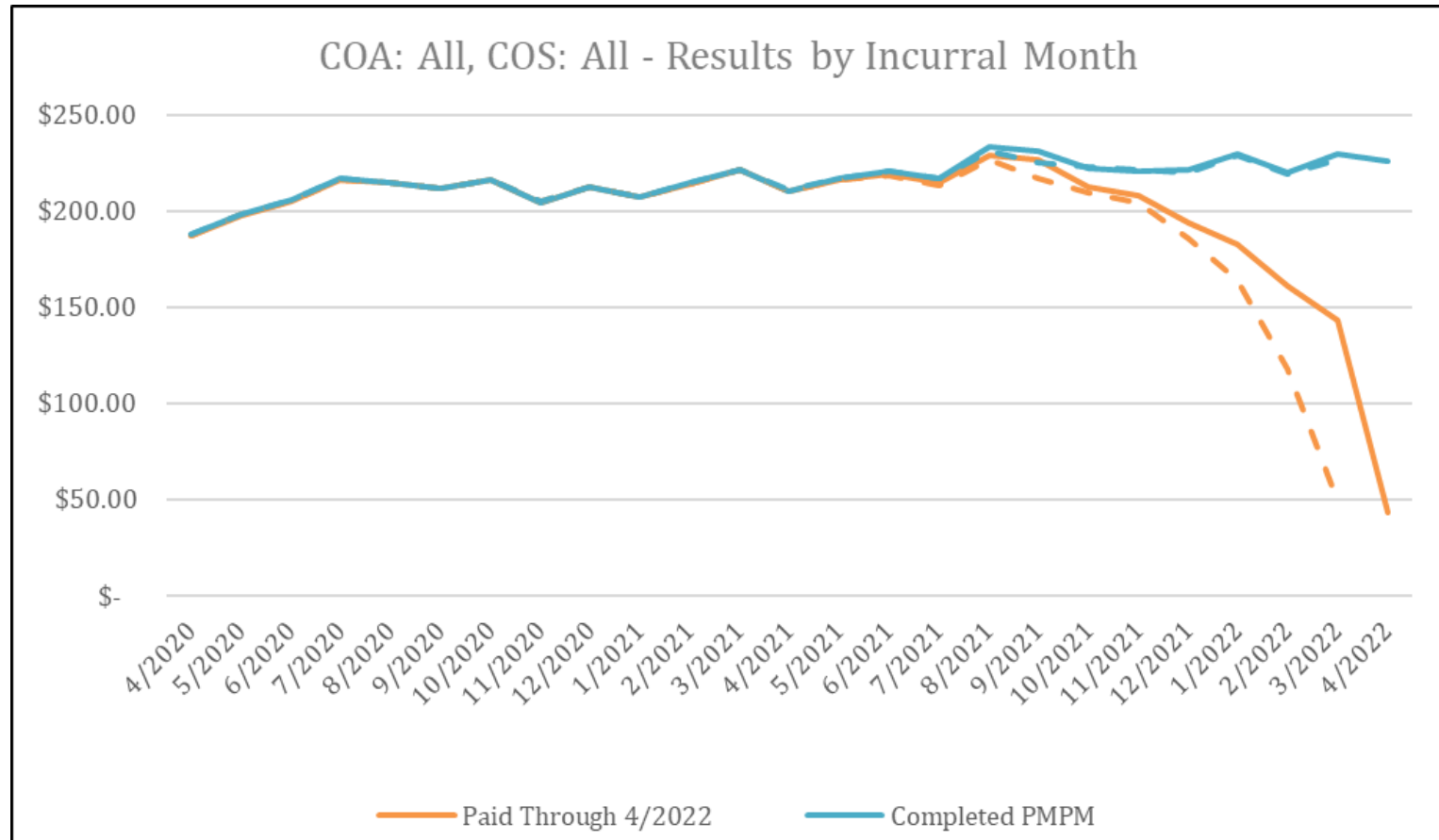


Medical Expense

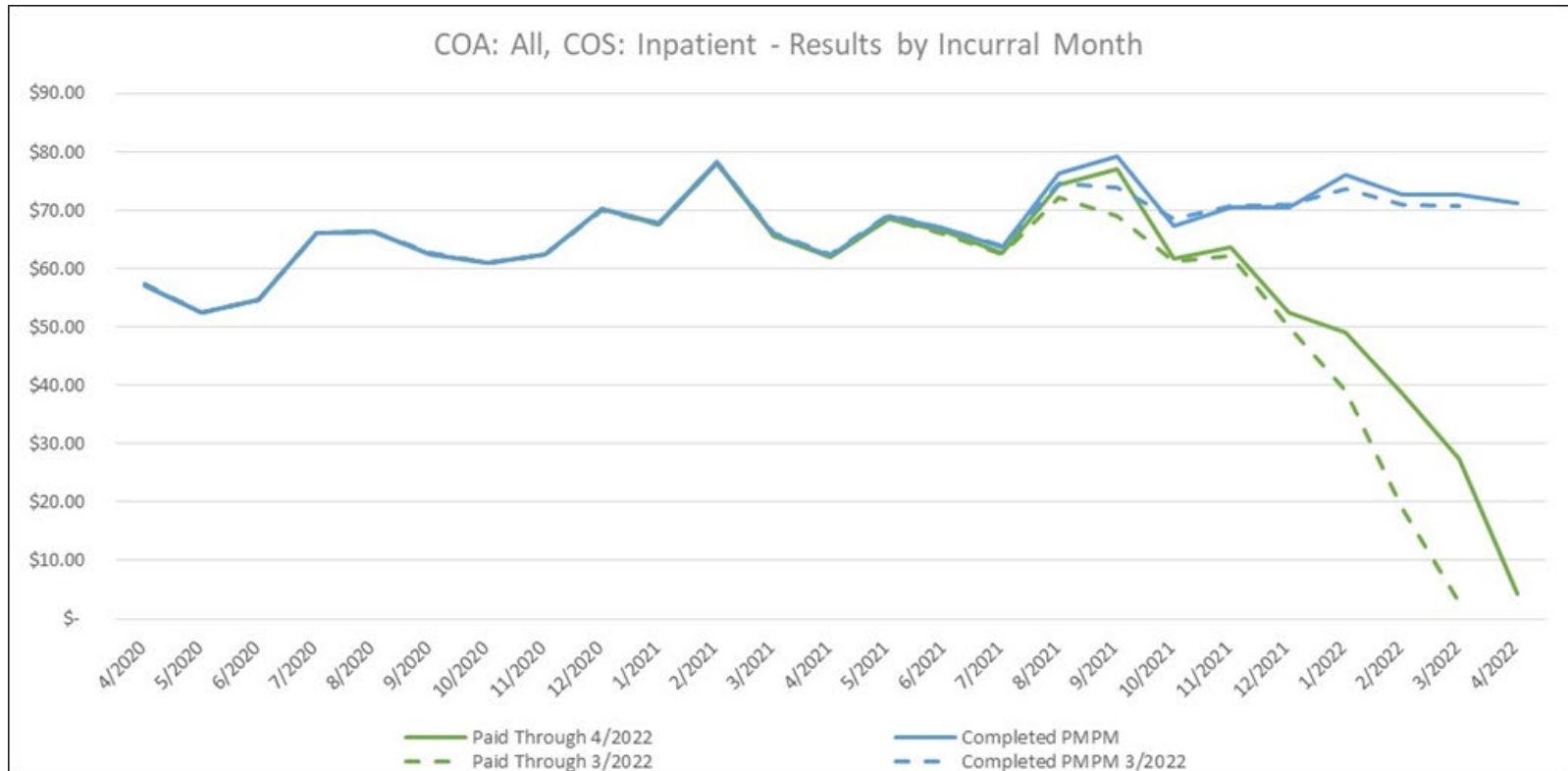
FYTD Health care costs are \$707.7 million and \$24.9 million and 3% under budget. Medical loss ratio is 87.8%, a 3% budget variance.

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

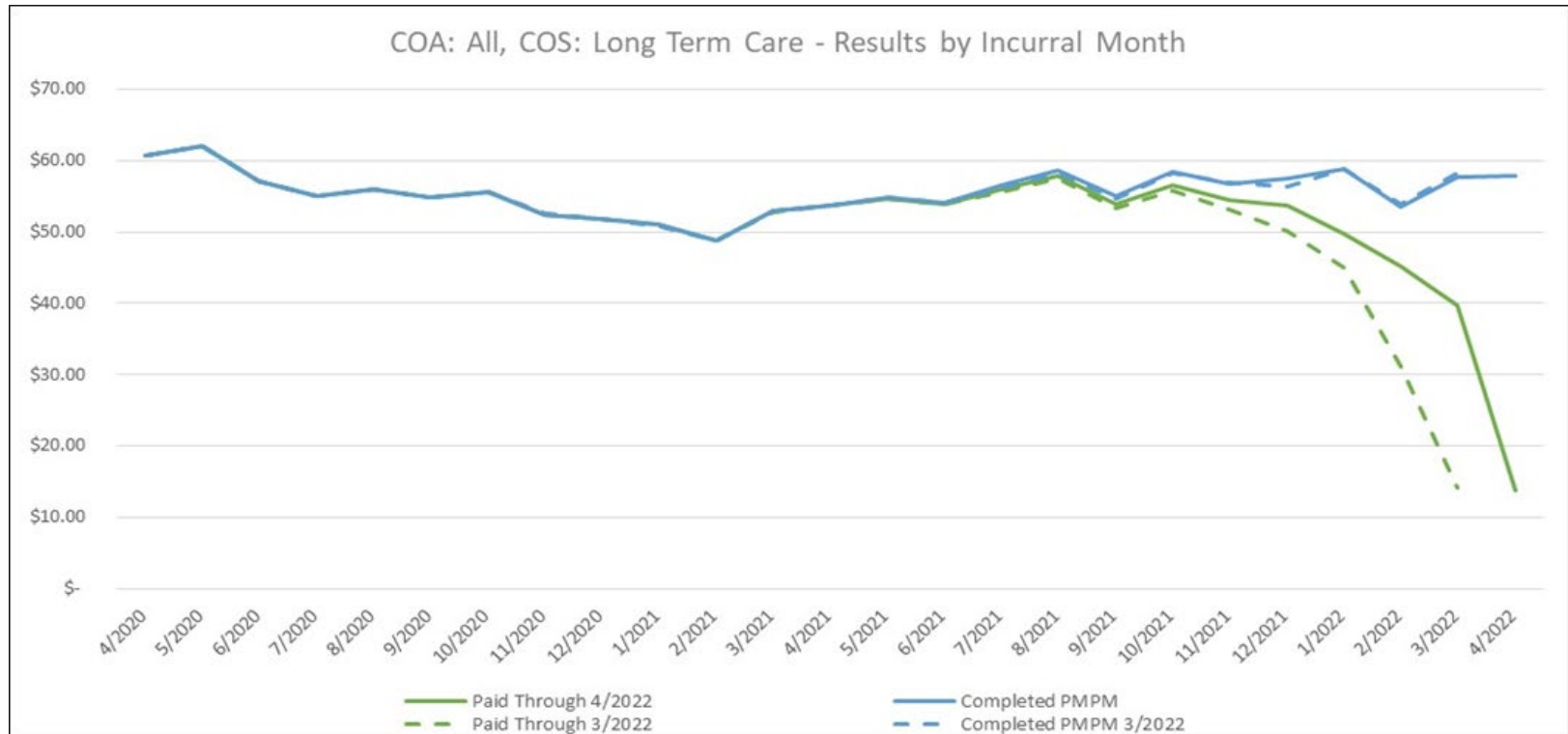
Incurring But Not Paid (IBNP) Medical Expense Reserve



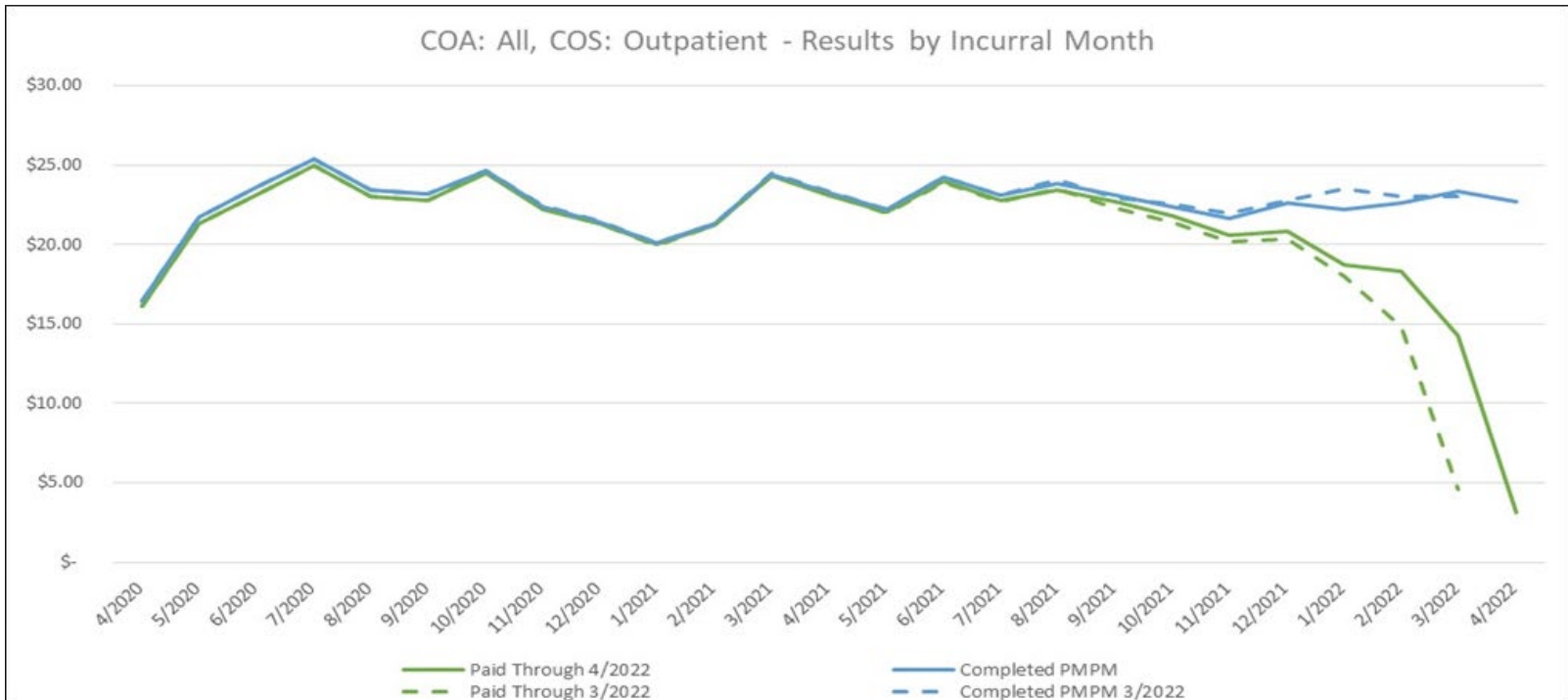
Inpatient



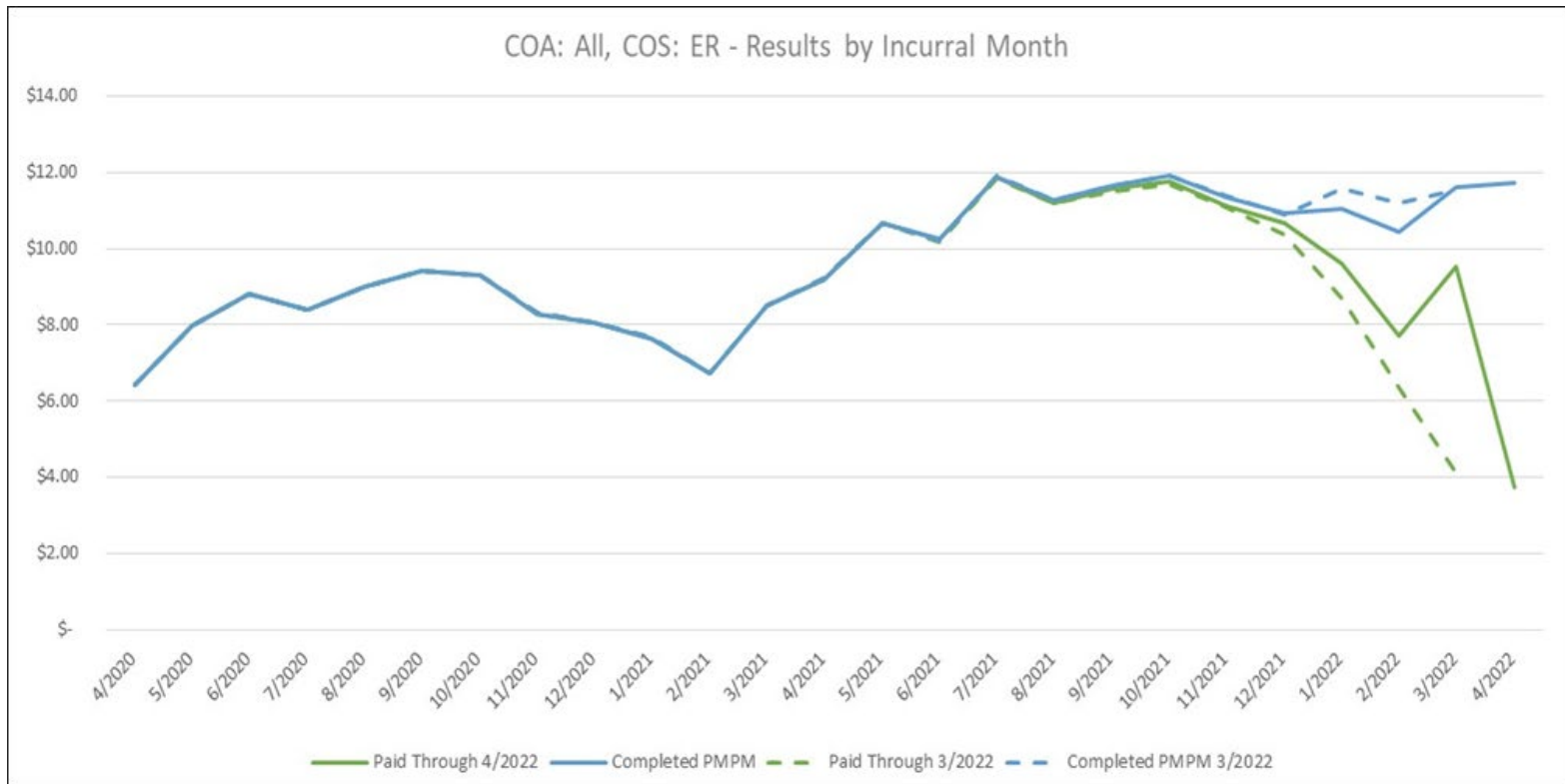
Long Term Care



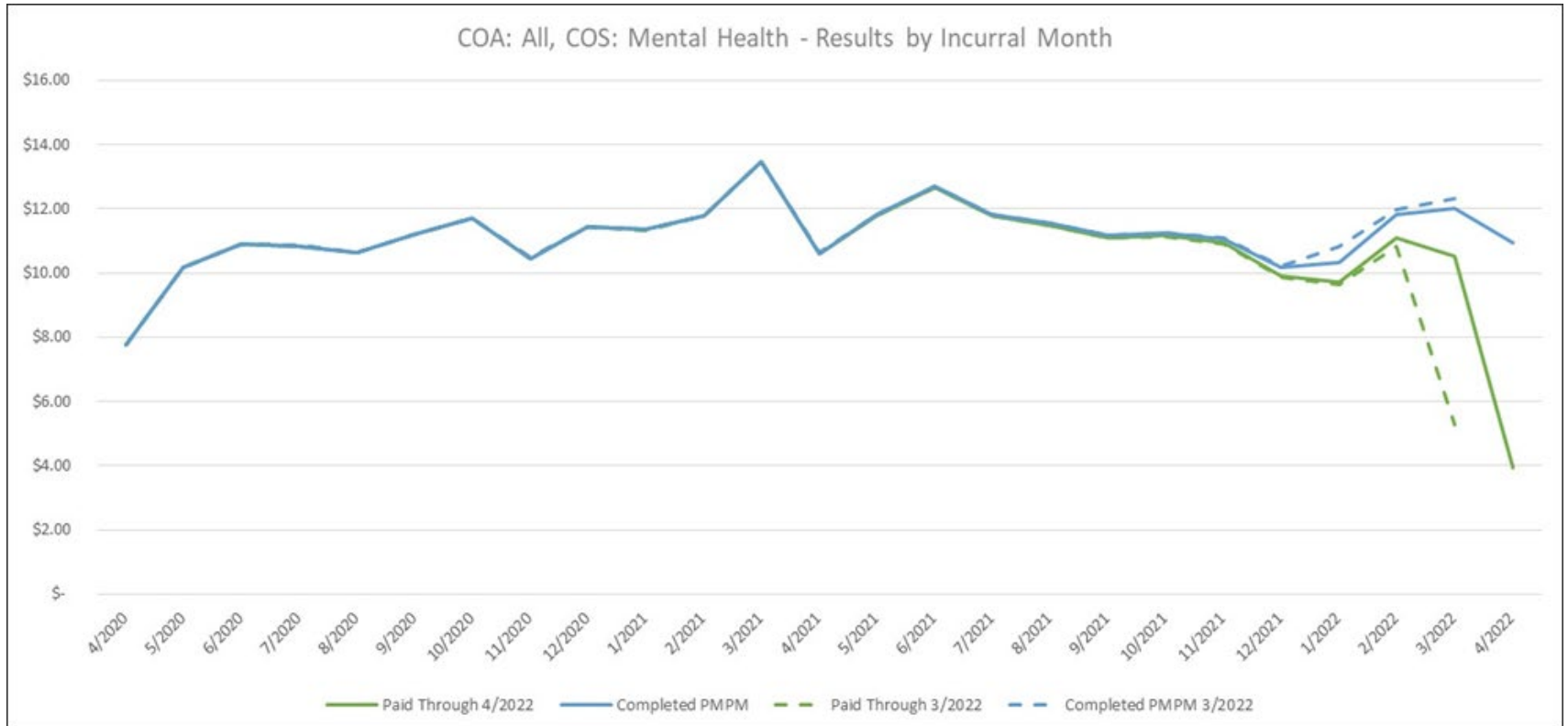
Outpatient



Emergency Room



Mental and Behavioral Health



Administrative Expenses

FYTD administrative costs are \$44.2 million, \$8.8 million and 17% under budget. Administrative cost ratio is 5.5%, a 1.2% budget variance.

1. *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~\$3.7M)
2. *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions (~\$1.4M)
3. *Outside Services*: favorability of Conduent and PBM admin expenses due to membership lower than projected and lower fulfillment related charges (~\$2.2 M)
4. *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation, lower printing expenses and lower than budgeted interest expense (~\$1.2M)

Financial Statement Summary

	April 2022	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	\$ 75,943,173	\$ 806,405,483	\$ 798,888,886	\$ 7,516,598
Health Care Costs	64,382,078	707,715,936	732,653,280	(24,937,344)
Medical Loss Ratio		87.8%	91.7%	
Administrative Expenses	3,869,887	44,225,849	53,020,521	(8,794,672)
Administrative Ratio		5.5%	7.3%	
Non-Operating Revenue/(Expense)	30,846	114,349	300,000	(185,650)
Total Increase/(Decrease) in Net Assets	<u>\$ 7,722,055</u>	<u>\$ 54,578,048</u>	<u>\$ 13,515,085</u>	<u>\$ 41,062,964</u>
Cash and Investments	\$ 256,225,173			
GCHP TNE	\$ 160,292,925			
Required TNE	\$ 36,823,728			
% of Required		435%		

Questions?

Staff requests the Commission approve the unaudited financial statements for April 2022.

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: May 23, 2022

SUBJECT: Chief Executive Officer (CEO) Report

I. COMMUNITY RELATIONS:

A. 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 sponsorships were awarded in April:

Name of Organization	Description	Amount
Habitat for Humanity of Ventura County	Habitat for Humanity of Ventura County offers support to low-income homeowners in need of home repairs and builds affordable housing. The sponsorship will go toward funding the homeownership, home repair, and advocacy programs.	\$1,000
American Cancer Society	The American Cancer Society offers support to individuals impacted by cancer by providing educational information, day-to-day help, and emotional support. The sponsorship will go toward their annual "Making Strides Against Breast Cancer 5K Walk."	\$1,000
Housing Trust of Ventura County	The Housing Trust Fund partners with supporters, donors, and developers in providing affordable housing options for underserved residents of Ventura County. The sponsorship will go toward their "Compassion Campaign 2022" to raise funds and ensure housing equity in Ventura County.	\$1,000

Name of Organization	Description	Amount
Santa Paula Cinco de Mayo Organizing Committee	The mission of the Cinco de Mayo Organizing Committee is to partner with several non-profit organizations to hold a cultural event for the community of Santa Paula. All proceeds from the sponsorship will go toward supporting local non-profit organizations in the City of Santa Paula.	\$1,000
NAMI Ventura County	NAMI Ventura County provides emotional support, education and resources for families affected by mental illness. The sponsorship will go toward the “NAMIWalks,” to continue to offer mental health support, education, and advocacy at no cost to the community.	\$1,000
City of Santa Paula	The City of Santa Paula’s Parks & Recreation Department works to strengthen the quality of life of the residents through a variety of programming and services that are offered to youth, adults, and seniors. The sponsorship will go toward the Santa Paula “Senior Health Fair.”	\$1,000
The Rebozo Festival	The Rebozo Festival is a benefit event established to raise funds for Ventura County non-profit charitable organizations focusing on the cultural, social, and educational needs of the community. The sponsorship will go toward the “18th Annual Rebozo Festival” fundraising event.	\$1,000
Juneteenth Celebration of Ventura County (Sponsored by the Chief Diversity Officer)	The mission of Juneteenth is to foster cross-cultural understanding of Black heritage through community engagement. The sponsorship will go toward the “Juneteenth Freedom Day Celebration” to raise awareness regarding the importance of Black history.	\$1,000
Total sponsorships		\$8,000

B. Community Relations – Community Meetings and Events

In April and May, the Community Relations team participated in various collaborative meetings, community events, and fairs. The purpose of these events is to connect with our



community partners and members to engage in dialogue to bring awareness and services to the most vulnerable Medi-Cal beneficiaries.

Name of Organization	Description	Date
Indivisible Ventura Swap Meet Justice Citizen & Family Resource Fair	Swap Meet Justice is a citizen and family resource fair. Various community organizations share resources and information to participants at Oxnard College.	April 24, 2022
Oxnard Union High School District 37th Annual Student Career Expo	The 37th Annual Student Career Expo provided high school students an opportunity to become familiar with community resources and to understand the career alternatives available to them.	April 27, 2022
Santa Paula Cinco de Mayo organizing committee's 3rd Annual Cinco de Mayo event	The 3 rd Annual Cinco de Mayo event is a free cultural event for families in Santa Paula. The event included live music, vendors, and community resources.	May 1, 2022
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and bring presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.	May 4, 2022
Circle of Care One Step a la Vez	One Step a la Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13- to 19-year-olds and bridging the gaps of inequality while cultivating healthy individuals and community. Circle of Care is a monthly meeting with community leaders to share resources, network, and promote community events.	May 4, 2022
Santa Paula Senior Center Senior Health Fair	The Santa Paula Senior Health Fair offered seniors an opportunity to learn about programs and services available to the senior community to improve quality of life.	May 4, 2022

Name of Organization	Description	Date
Ocean View School District Tierra Vista Elementary School Open House	The Open House allowed parents / guardians to familiarize themselves with the school and their students' activities for the school year. Additionally, various community organizations provided resources to parents and school staff.	May 4, 2022
Total community meetings and events		7

In-Kind Donations

This month, GCHP donated water bottles, tote bags, pens, pencils, hand sanitizers, and vaccine card holders to organizations serving low-income families.

Name of Organization	Description	Promotional Items
Boys & Girls Club of Santa Clara Valley		200 Hand Sanitizers
		200 Vaccine Card Holders
		200 Cooling Towels
		150 Water Bottles
Poder Popular		100 Pencils
		100 Hand Sanitizers
		100 Pens
		100 Tote Bags
		100 Crayons
		100 Vaccine Card Holders
		100 Coloring Books
The Rebozo Festival		700 Hand Sanitizers
		700 Vaccine Card Holders
Total		2,850



C. Speakers Bureau

GCHP participated in two speaking engagements in April and May via the Speakers Bureau. The purpose of the Speakers Bureau is to educate and inform the public, partners, and external groups about GCHP and its mission in the community. Below you can find more information.

Name of Organization	Description	Date
Ventura County Public Health	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.	April 13, 2022
Oxnard Police Department Outreach Coordinators meeting	Provided an overview on California Advancing and Innovating Medi-Cal (CalAIM). The presentation included information on how to request Enhanced Care Management (ECM) and Community Supports (CS) services.	May 4, 2022

D. Community Insight Coalition

The Community Insight Coalition comes together virtually to identify and address barriers members may have when accessing care and community resources. The goal of the coalition is to work with our community partners and address shared challenges to strengthen our community.

During the May meeting, we discussed the Older Adult Medi-Cal Expansion, Continuous Coverage-Ambassador Campaign, and Population Needs Assessment Stakeholder Survey. Some highlights include:

- Discussion on where members can apply for Medi-Cal.
- Feedback on the fear people have to apply for Medi-Cal due to their immigration status.
- The Human Services Agency has notified 3,100 plus members who have restricted Medi-Cal and are eligible for full-scope Medi-Cal.
- Discussion around submitting late redetermination Medi-Cal packets and possible implications.
- Feedback around dental resources for adults.

Our next meeting is scheduled for June 2, 2022.

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	PCP-OTHER	DIGNITY	ADMIN MEMBERS	NOT ASSIGNED	KAISER	AHP
Apr-22	86,920	40,142	33,008	5,084	6,588	45,295	2,766	6,778	5,153
Mar-22	86,421	40,677	32,799	5,080	6,495	45,761	2,404	6,730	4,332
Feb-22	86,273	41,101	32,757	5,091	6,460	45,429	2,406	6,715	3,719

NOTE:

Unassigned members are those who have not been assigned to a PCP and have 30 days to choose one. If a member does not choose a PCP, GCHP will assign one to them.

Administrative Member Details

Category	April 2022
Total Administrative Members	45,295
Share of Cost	636
Long Term Care	713
Breast and Cervical Cancer Treatment Program (BCCTP)	77
Hospice (REST-SVS)	25
Out of Area (Not in Ventura County)	387
Other Health Care	
DUALS (A, AB, ABD, AD, B, BD)	25,261
Commercial Other Health Insurance (OHI) - Removing Medicare, Medicare Retro Billing and Null	19,657

NOTE:

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

METHODOLOGY

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

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:

Provider Network Contracting Initiatives

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

In the area of technology, the Provider Team will transition our Provider Contracting & Credentialing Management (PCCM) system, eVIPS, to a new hosted site and complete a software upgrade. The transition will reduce the risk of exposure to system outages and enhance functionality for credentialing and provider management, as well as reporting. In addition, the Provider Team continues to improve contracting, APL and now Policy and Procedure reporting and tracking capabilities.

Provider Network Snapshot: April 2022

Contracting developments:

1. Additions
 - a. 2 Podiatry Providers that were determined to fulfill a network gap for GCHP members
 - b. 1 Pain Management Provider that was determined to fulfill a network gap for GCHP members
2. Terminations
 - a. 0 terminations
 - b. 8 Specialists
 - c. 1 Hospice



Network developments:

1. Additions
 - a. 26 total, including Tertiary Providers
 - i. Cedars Sinai and USC Care Medical Group Providers
 - b. Addressed access gap in Pain Management – Added 1 Pain Management Physician
2. Terminations
 - a. 24 total
 - i. No significant impact due to additions and transitional LOAs.

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	Network Additions		Total Counts
	Apr-22	Mar-22	
Hospital	0	0	25
- Acute Care	0	0	19
- LTAC	0	0	1
- Tertiary	0	0	5
Providers	22	58	5,352
- PCPs & Mid-levels	0	4	451
- Specialists	22	33	4,565
- Hospitalists	0	1	336
Ancillary	1	23	625
- ASC	0	0	9
- CBAS	0	0	14
- DME	1	1	109
- Home Health	0	0	33
- Hospice	0	0	23
- Laboratory	0	0	49
- Optometry	0	0	95
- OT/PT/ST	0	0	97
- Radiology/Imaging	0	10	196
SNF/LTC/CLF	0	0	113
Behavioral Health	0	10	360

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:

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

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

Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a DHCS requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, 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 through April 30, 2022.

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	7/21/2021	Under CAP	
Beacon	2020 Annual Claims Audit	Open	4/21/2020	Under CAP	
Beacon	2021 Annual Claims Audit	Open	5/6/2021	Under CAP	
CDCR	2021 Annual Claims Audit	Closed	12/8/2021	01/31/2022	
Kaiser	2021 Annual Claims Audit	Closed	N/A	08/25/021	
VSP	2021 Annual Claims Audit	Open	11/5/2021	Under CAP	
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	
Conduent	2021 Call Center Audit	Open	2/25/2022	Under CAP	
VTS	2021 Call Center Audit	Closed	5/21/2021	2/11/2022	
VTS	2021 Call Center Focused Audit	Open	2/2/2022	Under CAP	



Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VTS	2022 Call Center Audit	In Progress			
Beacon	2021 Call Center Audit	Closed	10/4/2021	2/11/2022	
CDCR	2022 Annual Credentialing and Recredentialing Audit	Open	N/A	N/A	Audit scheduled for 1/28/2022
CMHS	2022 Annual Credentialing and Recredentialing Audit	Open	N/A	N/A	Audit scheduled for 1/20/2022
Beacon	Quarterly Utilization Management Review Audit	Open	N/A	N/A	In progress
CDCR	Annual Utilization Management Review Audit	Open	N/A	N/A	In progress
USC	2022 Annual Credentialing and Re-credentialing Audit	Closed	N/A	N/A	No findings. Audit completed on 3/30/2022

Privacy & Security CAPs

Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	Call Center Recordings Website	Open	1/6/2021	N/A	

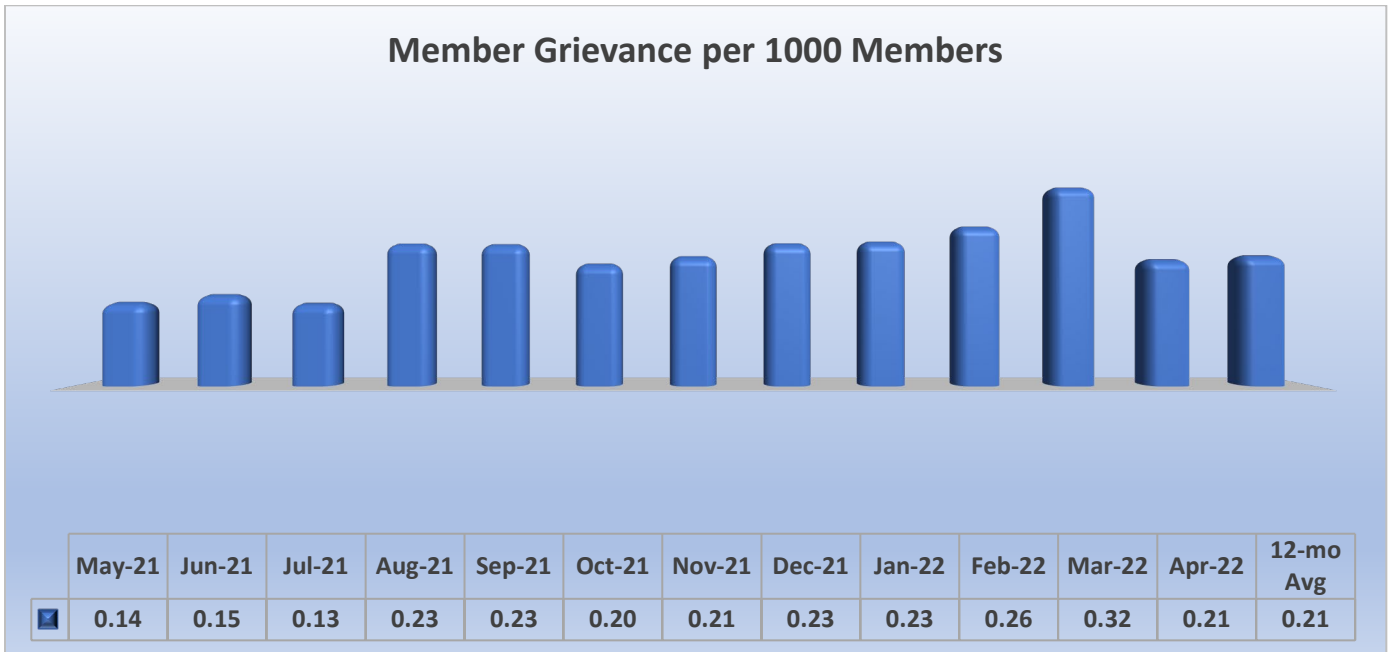
Operational CAPs

Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	IKA Inventory, KWIK Queue, APL 21-002	Open	4/28/2021	N/A	IKA Inventory and KWIK Queue Findings Closed
Conduent	Sept. 23, 2021 CAP	Open	9/23/2021	N/A	
Conduent	Oct. 2021 CAPs	Open	11/22/2021	N/A	
Conduent	Nov. 2021 SLA	Open	1/28/2022	N/A	



Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	Jan. 2021 Contract Deficiencies	Open	2/4/2022	N/A	
Conduent	Dec. 2021 Contract Deficiencies	Open	2/11/2022		
Conduent	March 2022 SLA Deficiencies & Findings	Open	3/11/2022		
Conduent	Jan. 2022 SLA CAP	Open	3/25/2022		
Conduent	Feb. 2022 SLA CAP	Open	4/15/2022		

D. GRIEVANCE AND APPEALS

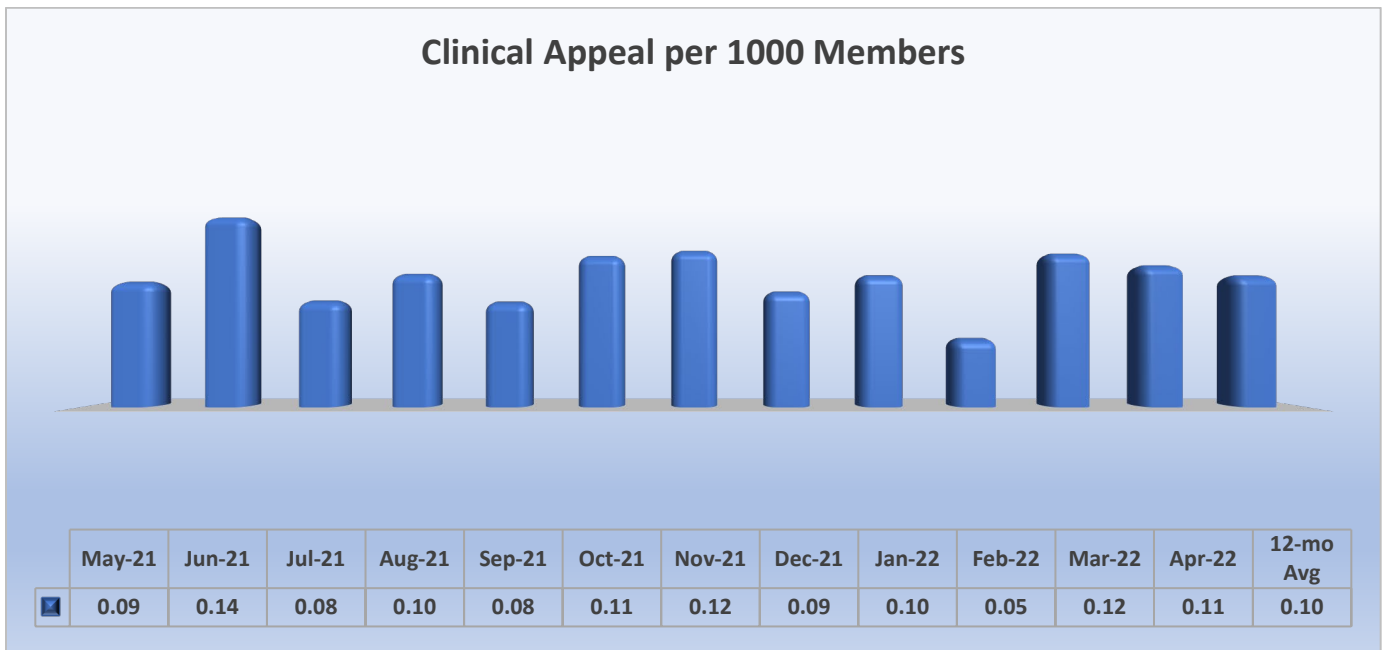


Member Grievances per 1,000 Members

The data show GCHP’s volume of grievances has decreased compared to the 75 member grievances received in March. The overall number is still low, in comparison to the number of enrolled members. The 12-month average of enrollees is 228,367 with an average annual grievance rate of .21 grievances per 1,000 members.



In April 2022, there were 48 member grievances. The top reason reported was “Inappropriate Care” due to outpatient physical health. As previously reported, this is a new category created by DHCS to streamline the reporting categories for all the health plans.



Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .10 appeals per 1,000 members.

In April 2022, GCHP received 21 clinical appeals:

1. Six were overturned
2. Three were upheld
3. 10 are still in review
4. Two were withdrawn

RECOMMENDATION:

Receive and file

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: May 23, 2022

SUBJECT: Chief Medical Officer (CMO) Report

Quality Improvement

Quality Improvement (“QI”) Collaboration

On March 15, 2022, the QI team led a successful QI Collaboration Meeting with attendees across the network, including medical directors, clinic system administrators, and QI staff. The meeting shifted focus back to core quality improvement activities after the COVID-19 surge. The highlight of the agenda was best practice sharing by the QI team at Ventura County Health Care Agency on success in cervical cancer screening rate improvement. Additionally, Dr. Grace Hunter from Ventura County Health Care Agency shared their Home Blood Pressure Monitoring Pilot Program. The Gold Coast Health Plan (“GCHP”) QI team shared updates on Managed Care Accountability Set (“MCAS”) measures, Member Incentive Programs, planned member outreach campaigns, blood lead screening requirements, alcohol and drug screening updated Department of Health Care Services (“DHCS”) All Plan Letter (“APL”), and coding insights around tobacco cessation and counseling. The GCHP Health Education team also shared insights on the Chronic Disease Self-Management Program outcomes. The next QI Collaboration Meeting is scheduled for July.

Managed Care Accountability Set (MCAS)

GCHP completed a successful Healthcare Effectiveness Data and Information Set (“HEDIS”) Compliance Audit® conducted by Health Services Advisory Group (“HSAG”) on March 4, 2022. The full MCAS results will be shared at the July 2022 Commission meeting.

Health Education, Cultural and Linguistics Services

Chronic Disease Self-Management

Gold Coast Health Plan (“GCHP”) offers virtual and telephonic Chronic Disease Self-Management Program (“CDSMP”) classes in English and Spanish. CDSMP is an evidence-based program developed by Stanford University. CDSMP is a six-week long program and is conducted by GCHP Health Navigators, who are trained facilitators. The program is designed to help control and manage symptoms and is available to members over the age of 18 with one or more chronic health conditions. Information about classes can be found on the GCHP website. Below are some highlights of what members are saying about participating in the virtual or telephonic classes:

“The books were great” – Members enrolled in the program will receive a free book called “Living a Healthy Life with Chronic Conditions” and other materials.

“Taking Action” – Learning to take action is an important step to developing healthy lifestyle changes. After attending the classes, the member stayed busy by applying the action plan to everyday life activities.

“Feeling grateful for the Help” – The member was surprised to receive a call from the Health Navigator and asked, “Why are you calling me?” After explaining the reason for the call and building trust, the member was extremely thankful and grateful for the help and learning new skills.

Diabetes Prevention Program

The GCHP Department of Health Education is working with a vendor to prevent type 2 diabetes by offering the Center for Disease Control and Prevention (“CDC”) approved Diabetes Prevention Program (“DPP”). The program is designed to help members make long-lasting healthy lifestyle changes, increase physical activity and improve coping skills. Over 80,000 members have been identified to participate in the program and will receive a letter promoting the program. The program is a virtual online program and is available in English and Spanish. Information about the program is found on the health resource section of the GCHP website.

Alternative Format Selection

To communicate effectively to members with disabilities, DHCS issued All-Plan Letter 22-002, Alternative Format Selection for Members with Visual Impairments. GCHP is working with DHCS to identify members requesting alternative format including larger print (no less than 20-inch font), audio, braille, electronic format, and other auxiliary aid services.

Student Behavioral Health Incentive Program (“SBHIP”) Update

On May 6, 2022 the SBHIP School District Kick-Off was held with participating districts: Rio Elementary, Hueneme Elementary, Oxnard Union High School, Fillmore Unified, and Santa Paula Unified. Contributions from special presenters included Dr. César Morales, Superintendent of Schools; Dr. Freda Rossi, Director Wellness and Inclusion for Oxnard Union High School District (“OUHSD”); and Mr. Nick Liguori, CEO, and Dr. Nancy Wharfield, CMO, from Gold Coast Health Plan (“GCHP”). Also featured were special messages of support from Supervisor Carmen Ramirez and GCHP Commission Vice Chair Laura Espinosa.

The meeting provided an overview of the California Child and Youth Behavioral Health Initiative, a multibillion dollar investment in the health and wellbeing of children and youth, an overview of the SBHIP program and why it is important for Ventura County’s youth, and a special presentation from OUHSD’s Dr. Freda Rossi regarding additional investment in Wellness Centers in all district high schools. This meeting kicks off the school district engagement and needs assessment process that will continue through the end of the year

and culminate in the submission of the required needs assessment and project plan documents to the California Department of Health Care Services.

Medi-Cal Rx Update

The transition to Medi-Cal Rx occurred on January 1, 2022. All retail pharmacy prescription claims are now submitted directly to the state via its Pharmacy Benefits Administrator (“PMA”), Magellan Medicaid Administration, Inc.

The new pharmacy claim system went live on January 1, 2022 as expected and no major system issues occurred with the transition over the holiday weekend. DHCS held a webinar on that day to share initial results of the transition with all the Medi-Cal managed care plans.

The transition appeared to go smoothly for the first couple of weeks, but slowly GCHP and other plans experienced increasing report volumes of members having challenges accessing needed medications. GCHP worked closely with DHCS and Medi-Cal Rx clinical liaisons to assist members in accessing their medications.

Due to the challenges and unexpected volume experienced by the Medi-Cal Rx pharmacy prior authorization team and the call center, DHCS lifted many pharmacy claim system edits in mid-February. On May 5, 2022, DHCS announced that the 180 day transition period will not end on June 30, 2022. Upon determination of a new date, DHCS will inform plans, providers and beneficiaries with at least a 90-day notice. When more information becomes available, we will be sure to share widely throughout our provider community.

The DHCS dedicated website 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

DHCS’s Dedicated Medi-Cal RX Website: <https://medi-calrx.dhcs.ca.gov/home/>

Medi-Cal Rx Pharmacy Locator: <https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy>

Online Searchable Contract Drug List (“CDL”):

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

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information Officer

DATE: May 23, 2022

SUBJECT: Chief Information Officer (CIO) Report – Information Technology

CIO Dashboard

This is the Gold Coast Information Technology dashboard which is created on a weekly basis with focus on the following areas. Please note, no changes on project status from the prior month:

Current Project Status:

- | | |
|---------------------------------|----------------|
| 1. CalAIM – IPP Infrastructure | (Green Status) |
| 2. Operational Planning | (Green Status) |
| 3. Data Warehouse Modernization | (Green Status) |
| 4. Interoperability Phase 1 | (Red Status) |
| 5. HIE Phase 1 | (Green Status) |

Completed Projects:

1. UPS Battery Replacement
2. Data Retention M365
3. Multi-Factor Authentication
4. Encounter Data Management
5. Claims Cost Recovery

Upcoming Projects:

1. Data Environment Refresh
2. MHK Med Therapy Mgmt (MTM)
3. Wireless Refresh
4. Data Encryption (Cloud/On-Prem)
5. MHK (Medical Mgmt) Upgrade

Impact on IT Strategies

- | | |
|---------------------------|-----------------|
| 1. Data Modernization | (Green Status) |
| 2. Information Security | (Green Status) |
| 3. Operational Efficiency | (Green Status) |
| 4. Technology Currency | (Yellow Status) |
| 5. Encounters Accuracy | (Yellow Status) |

Budget Performance to Plan (Portfolio)

We continue to under spend against the current portfolio budget. This is due to open positions not being filled and some projects were either started late or deferred to next year as the organization focuses on the CalAIM program.

IT Spend

These metrics show where the IT budget compares against the rest of the organization. The final metric shows the monthly variance target.

IT Spend as % of Revenue	1.0%
IT FTEs as % of Total FTEs	13.6%
IT Budget Spend: Salaries and Benefits	55.4%
IT Budget Spend: Software	84%
IT Spend: Actual vs. Forecast	30%

Critical KPI's

These are the metrics used to track the health of our IT systems and the Conduent systems that support our core administration capabilities.

- | | |
|--|---|
| 1. GCHP Availability | (99.772%) - Target met of 99.5% |
| 2. HSP Production Availability | (99.580%) - Target met of 99.5% |
| 3. IT Ticket SLA | (99%) – Target met of 95% |
| 4. Security Training | (94%) – On track to meet a target of 95% |
| 5. Encounters Submission Scorecard for Q1 2022 | (55%) – Have not received DHCS Encounters |



Encounters Submission

We have not yet received the official DHCS Encounters Scorecard for quarter 1 of 2022. We hope to get the scorecard in time for the next CIO report.

Information Security Update:

Information Security continues to stay abreast to current threats and positions itself to prevent any exploitation. Cloud and “people” security remains on the forefront of these preventative measures. Our goal is to have >95% in our security scoring across a wide array of technical components and network architecture. We are working on the suggestion that was raised in last month’s commission meeting, evaluate phishing for voice calls, and will provide an update on the next CIO report.



AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Ted Bagley, Chief Diversity Officer
DATE: May 23, 2022
SUBJECT: Chief Diversity Officer (CDO) Report

Actions:

1. Community Relations

- a. Met with Diversity Leader from Amgen to schedule time with their council for future sharing of best practices.
- b. Met with Diversity Council in prep for a brief progress survey to be conducted during third quarter of the year.

Case Investigations

One old case being reviewed by legal and the insurance company. There were no new cases during the month.

2. Diversity Activities

Received nine (12) calls from employees with the following subject matter:

- Career counselling (2)
 - Opportunities (4)
3. Continue to work with HR in structuring a strategy on return-to-work process.
 4. Attended Cal Lutheran's Black Scholars Program for minority students (Zoom).
 5. Keeping track of both external and internal growth to insure equity of opportunity.

Other GCHP Activities

- c. Face - to face meetings with senior staff to help build infrastructure.
- d. Attended new Commissioner's orientation.
- e. Monthly 1x1 with CEO Nick Liguori continuing.
- f. Final training event with the Ventura County Community College District on Diversity and Inclusion completed.
- g. Held several DEI meetings over the past few months.
- h. Currently seeking to replace two DEI members on council.

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission
 FROM: Michael Murguia, Executive Director of Human Resources
 DATE: May 23, 2022
 SUBJECT: Human Resources Report

Human Resources Activities

We are very focused on recruiting and beginning to see the results of all our efforts. As of May 11th, we have filled 47 positions with another 44 positions opened and actively recruiting.

Since my last report in mid-April, we have filled 4 positions, 2 of which were internal promotions, we've also had 1 additional hire through our employee referral program, and we've opened 7 of our unopened 13 requisitions during this last month.

Average Days to Fill (best in class is 75 days)	
7/1/21 → 1/31/22	86 Days
7/1/21 → 3/31/22	75 Days
4/1/22 → 4/30/22	41 Days

Currently 44 open positions	
7/1/21 → 5/9/22	47 hires
Attrition is at 12.7 %	

We are gaining speed on filling our positions while not compromising our quality of hire



Another Employee Referral hire this month

Attrition and Case Update

1 involuntary and 3 voluntary resignations since our last report. No new cases reported.

Facilities / Office Updates

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

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