

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

Provider Advisory Committee (PAC)

Regular Meeting

Tuesday, June 7, 2022, 7:30 a.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: 1-805-324-7279

Conference ID Number: 777 216 406#

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

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

Persons wishing to address VCMCC 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.

OPENING REMARKS

Mr. Nick Liguori, Chief Executive Officer

CONSENT

- 1. Approval of Provider Advisory Committee (PAC) Regular Meeting Minutes of March 8, 2022, Special Meeting Minutes of April 5, 2022, May 5, 2022, and May 24, 2022.**

Staff: Maddie Gutierrez, MMC - Clerk of the Board

RECOMMENDATION: Approve the minutes as presented.

- 2. Findings to Continue to Hold Remote Teleconference/Virtual Provider Advisory Committee Meetings Pursuant to Assembly Bill 361.**

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

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

PRESENTATIONS

- 3. Expansion of Medi-Cal Coverage for Adults Over 50 Years of Age**

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

RECOMMENDATION: Receive and file the presentation.

- 4. Department of Health Care Services Continuous Coverage – Ambassador Campaign**

Staff: Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing
Luis Aguilar, Member Services Manager

RECOMMENDATION: Receive and file the presentation.

5. Student Behavioral Health Incentive Program (SBHIP) Update

Staff: Lucy E. Marrero, Director, Behavioral Health and Social Programs

RECOMMENDATION: Receive and file the presentation.

UPDATES

6. Network Provider Update

Staff: Vicki Wrighster, Director of Network Operations/Provider Relations

RECOMMENDATION: Receive and file the update.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Date and location of the next meeting to be determined at the July 6, 2022, Special Meeting.

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

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

AGENDA ITEM NO. 1

TO: Provider Advisory Committee

FROM: Maddie Gutierrez, MMC, Clerk of the Board

DATE: June 7, 2022

SUBJECT: Approval of the Provider Advisory Committee Meeting Regular Minutes of March 8, 2022 and special meeting minutes of April 5, 2022, May 5, 2022, and June 24, 2022.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the March 8, 2022 Provider Advisory Committee regular meeting minutes and special meeting minutes for April 5, 2022, May 5, 2022, and June 24, 2022.



**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee (PAC)
March 8, 2022**

CALL TO ORDER

Committee member Pablo Velez called the virtual meeting to order at 7:33 a.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

ROLL CALL

Present: Committee members: Will Garand, Katy Krul, Sim Mandelbaum, and Pablo Velez.

Absent: Masood Babeian, and David A. Fein.

Gold Coast Health Plan Staff in attendance: Nick Liguori, Chief Executive Officer, Marlen Torres, Executive Director of Strategy & External Affairs, Ted Bagley, Chief Diversity Officer, Kashina Bishop, Chief Financial Officer, Robert Franco, Chief Compliance Officer, Michael Murguia, Executive Director of Human Resources, Deborah Munday, Assistant Clerk, Rachel Lambert, Vicki Wrihster, Anna Sproule, Adriana Sandoval and Susana Enriquez-Euyoque.

PUBLIC COMMENT

None.

OPENING REMARKS

Nick Liguori, Chief Executive Officer thanked the committee for their dedicated service. GCHP is focusing efforts to continue to provide the best service possible to members of our community. There are various presentations that demonstrate these efforts and will show how we will apply these efforts.

CONSENT

- 1. Approval of Provider Advisory Committee (PAC) Regular Meeting Minutes of December 7, 2021, Special Meeting Minutes of January 4, 2022, February 1, 2022, and February 22, 2022.**

Staff: Maddie Gutierrez, MMC – Clerk of the Board

RECOMMENDATION: Approve the minutes as presented.

- 2. Findings to Continue to Hold Remote Teleconference/Virtual Provider Advisory Committee Meetings Pursuant to Assembly Bill 361.**

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

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

Committee member Will Garand motioned to approve Consent items 1 and 2. Committee member Katy Krul seconded.

AYES: Will Garand, Katy Krul, Sim Mandelbaum, and Pablo Velez.

NOES: None.

ABSENT: Masood Babeian, and David A. Fein.

The clerk declared the motion carried.

PRESENTATIONS

- 3. Tenth Anniversary Community Project**

Staff: Adriana Sandoval, Community Relations Specialist

RECOMMENDATION: Receive and file the presentation.

Adriana Sandoval, Community Relations Specialist, presented a background, process, timeline and survey results. Ms. Sandoval stated GCHP celebrated 10 years of serving members and providers in the community. The goal is to complete a project that will address a need in the community related to quality care, education, safe

environments, access to housing and/or financial resources. GCHP will provide funding and develop a project that will allow for volunteer opportunities.

In December a survey was launched, and the results will be reviewed in March. Upon reviewing the timeframe, Ms. Sandoval noted a project would be selected in April of 2022. A project proposal will be created as well as a timeline for the project and budget. Between the month of April and May GCHP will create an execution plan. Throughout the month of May, the project will be promoted through the GCHP website, social media, e-mail blasts and newsletters. We expect to launch the project in June.

Ms. Sandoval reviewed the survey results. There was an extensive list of Community Project ideas. Each idea is tied to a social driver of health. We are on target with next steps. She is hoping to get feedback from the committee.

Committee member, Katy Krul thanks Ms. Sandoval for an excellent presentation. She thanks her for all the hard work being done. Committee member Will Garand stated this project ties in with the social needs theme – which is a major focus.

4. Gold Coast Health Plan Vaccine Outreach Initiative

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

RECOMMENDATION: Receive and file the update.

Susana Enriquez-Euyoque provided an update on the vaccine outreach initiative. Vaccination rates have increased just slightly in January and February. 84.4% of Ventura County residents ages 12 and older have received at least one dose. 61.8% of Medi-Cal beneficiaries aged 12 and older have received at least one dose.

Ms. Enriquez-Euyoque noted member outreach has been done. Letters were sent to members who are homebound, automated phone calls and text messages to unvaccinated members. There have also been articles in the member newsletter as well as ads on television, radio and digital. Member incentives of \$50 gift cards were offered to members who got their first dose of the vaccine between the months of October 1 and February 28. There are also provider incentives. Providers will receive a percentage of the incentive funding that corresponds with the percent increase in vaccinations. We are waiting for DHCS to issue funds to send out the payments.

Committee member Pablo Velez asked if there will be a new initiative after February 28th. Ms. Enriquez-Euyoque noted the dates were issued by DHCS and we will not be going past this date. Committee member Katy Krul requested a breakdown of

vaccination by age group. Vicki Wrihster, Director of Network Operations, stated that she will look for the information and follow up with Ms. Krul.

Committee member Pablo Velez motioned to approve agenda items 3 and 4. Committee member Katy Krul seconded.

AYES: Will Garand, Katy Krul, Sim Mandelbaum, and Pablo Velez.

NOES: None.

ABSENT: Masood Babeian, and David A. Fein.

The clerk declared the motion carried.

UPDATES

5. CalAIM Enhanced Care Management / Community Supports (ECM/CS) Update

Staff: Rachel Lambert, MBA-HCM, LMFT, CCM, Director of Care Management

RECOMMENDATION: Receive and file the update.

Ms. Rachel Lambert gave an update on Enhanced Care Management (ECM) and Community Supports (CS). She reviewed ECM populations of focus – these populations include high utilizers, homeless, SMI/SUD and Justice system involved members. Ms. Lambert reviewed CS services expansion including housing transition navigation services – this includes housing deposits, housing tenancy, and sustaining services as well as medically tailored meals and medical respite. Ms. Lambert stated anyone can submit a referral, including members, family, community members, and community organizations. Forms can be found on the GCHP website.

Committee member Katy Krul asked how the providers are engaged in ECM. Ms. Lambert responded that currently ECM is provided through the County. Ms. Krul asked if GCHP is planning to engage GCHP providers. Ms. Lambert stated they can contact us, and we can walk them through the process. Ms. Krul also asked if the housing plan covered board and care as well as behavioral issues. Ms. Lambert stated persons at risk are eligible.

Mr. Velez thanks Ms. Lambert for the presentation. He noted that he has reached out to her department and has received support. Ms. Lambert stated she is always available to be contacted directly.

6. Financial Update

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the update.

CFO Bishop gave a high-level overview of current financials. The January net gain is \$1.6 million. The fiscal net gain is \$27.9 million. TNE is currently 357% of the minimum required. Medical loss ratio is 89.9% and the administrative ratio is 5.3%. CFO Bishop reviewed the financial strategy – GCHP must protect its TNE. She reviewed mitigation strategies, because there are new programs, there are new risks as well as new regulators and revenue uncertainty. Membership is still trending upward. Our membership is approximately 230,000. CFO Bishop also reviewed medical expense. Our FYTD healthcare costs are \$520 million and 2% under budget. Medical loss ratio is 89.9% which is a 2.1% budget variance. We have also received approximately \$945,000 for the vaccine incentive program, and we received favorable calendar year 2022 rates.

Inpatient, long-term care, and outpatient graphs were reviewed as well as IBNR. CFO Bishop noted the Emergency Room graph showed cost dropped during the pandemic. There is a risk in funding in 2023 because the State uses 2020 information.

Mental and behavioral health and administrative expenses were reviewed. CFO Bishop reviewed the financial statement summary. CFO Bishop stated the State is not sure how they will calculate 2023 yet. She stated the 2022 rates are still in draft format.

Committee member Katy Krul asked if it helped that the State took care of the pharmacies – now that medications go through the State. CFO Bishop stated it breaks even in theory. It did reduce risk for cost.

Committee member Will Garand stated the cuts seen to primary care shows how TNE has been built on the backs of providers. GCHP has struggled to provide specialists. Clinicas send patients for specialty care, but physician participation is hard. GCHP is going in the wrong direction. CFO Bishop stated PCP is the focus right now. We are working on developing a PCP Quality program. Vicki Wrihster, Director of Network Operations stated Mr. Garand was correct – there are providers in Ventura County who won't contract with GCHP because of the rates. She stated all our dollars come from the State. Medi-Cal rates are lower than commercial or Medi-Care plans. We do understand that expenses are higher, and we do care. We will continue to grow the

network. CEO Liguori state he would like to reach out and hear Mr. Garand's specific concerns.

Ms. Krul asked if AHP helped GCHP financially. CFO Bishop stated there is no immediate financial component, which minimizes risk. Ms. Krul also asked if AHP only takes Medi-Cal or if they take Medi-Medi's. CFO Bishop stated she is not sure of the distribution, there are not taking Medi-Medi's yet.

Committee member Pablo Velez stated that with CPI the last couple of years, we've been under low inflation costs. He asked if qualifying criteria is being modified and if this will enhance payments by the State to GCHP. Mr. Velez asked how that is affecting your picture. CFO Bishop stated she was not sure. Marlen Torres, Executive Director of Strategy & External Affairs stated there are currently no updates but there is some legislative traction. There are a couple of legislative bills for continuous enrollment for children ages 3 – 5. There is also Share of Cost. Ms. Krul asked if with undocumented immigrants will membership increase. CFO Bishop stated the increase was minimal, it was not significant.

7. Strategic Plan Update

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

RECOMMENDATION: Receive and file the update.

CEO Nick Liguori stated the Strategic Planning is a continuous process. Objectives were reviewed. He noted there is a need for adequate funding and investments. This transformation is big. The future will not resemble the past. GCHP is a leader in this transformation. The continuous process is for a 5-year plan. A 1-year plans is not best for the transformation. We continue to focus on why the transformation matters and we will continue to provide updates.

Marlen Torres gave a Medi-Cal overview. She noted that children account for 17% of enrollees. There are currently 13.6 million enrollees in the State. The January Governor proposal is estimating 14.6 million. Ms. Torres stated that DHCS is focused on children and families. She also reviewed demographics around race and language. GCHP currently has 231,370 members. Oxnard has 92,000 members and Santa Paula has 42,000 members.

CEO Liguori reviewed the relationship between health care costs and chronic conditions. The cost of care is closely correlated with the number of chronic conditions. Approximately 75% of all health care expenditures are for chronic conditions. Care management and integration of social services that address determinants of health

for persons with chronic conditions have improved life and lifespan for these people, increase satisfaction with care and reduce costs and cost growth which allows for greater value-based investments of the healthcare system.

CalAIM is transforming Medi-Cal. We must improve the health and healthcare for persons with chronic conditions. GCHP needs to lead to ensure the best for our Medi-Cal members. Ms. Torres stated we must increase the focus on health equity and reduce disparities. We must rise to the challenge.

Committee member Will Garand left the meeting at 9:00 a.m. There is no longer a quorum.

CEO Liguori stated we need to focus on the foundation. He reviewed the current state of GCHP as opposed to the desired state of GCHP. We need to internalize what we need to do. CEO Liguori reviewed the focus of goals and major areas of focus.

COMMENTS FROM COMMITTEE MEMBERS

Committee member, Pablo Velez requested the vote on items 5, 6, and 7 be taken at the next special PAC meeting, which is scheduled for April 5, 2022, due to lack of quorum.

ADJOURNMENT

With no further items to be addressed, Committee member Pablo Velez motioned to adjourn the meeting at 9:05 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
Special Meeting
April 5, 2022**

CALL TO ORDER

Committee Chair David Fein called the virtual meeting to order at 7:30 a.m.

ROLL CALL

Present: Committee members: David A. Fein, Will Garand, Katy Krul, and Pablo Velez.

Absent: Committee members Masood Babeian and Sim Mandelbaum.

Gold Coast Staff in attendance: Marlen Torres, Executive Director of Strategy & External Affairs, Robert Franco, Chief Compliance Officer and Deborah Munday, Asst. Clerk

PUBLIC COMMENT

None.

CONSENT

1. Findings to Continue to Hold Remote Teleconference/Virtual Provider Advisory Committee Meetings Pursuant to Assembly Bill 361.

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

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

Committee member Pablo Velez motioned to approve Consent Item 1. Committee member Will Garand seconded.

AYES: Committee members: David A. Fein, Will Garand, Katy Krul, and Pablo Velez.

NOES: None.

ABSENT: Masood Babeian and Sim Mandelbaum.

Committee Chair David Fein declared the motion carried.

UPDATES

2. **Approval of Updates presented on March 8, 2022: Agenda Item 5 – CalAIM Enhanced Care Management / Community Supports (ECM/CS) Update, Agenda Item 6 – Financial Update, and Agenda Item 7 – Strategic Plan Update (due to lack of quorum)**

RECOMMENDATION: Receive and file the updates.

Committee member Pablo Velez motioned to approve Consent Item 1. Committee member Katy Krul seconded.

AYES: Committee members: David A. Fein, Will Garand, Katy Krul, and Pablo Velez.

NOES: None.

ABSENT: Masood Babeian and Sim Mandelbaum.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:34 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission



**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
Special Meeting
May 5, 2022**

CALL TO ORDER

Committee Chair David Fein called the virtual meeting to order at 7:30 a.m.

ROLL CALL

Present: Committee members: Masood Babeian, David A. Fein, Will Garand, Katy Krul, and Pablo Velez.

Absent: Committee member Sim Mandelbaum.

Gold Coast Staff in attendance: Marlen Torres, Executive Director of Strategy & External Affairs

PUBLIC COMMENT

None.

CONSENT

1. Findings to Continue to Hold Remote Teleconference/Virtual Provider Advisory Committee Meetings Pursuant to Assembly Bill 361.

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

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

Committee member Will Garand motioned to approve Consent Item 1. Committee member Masood Babeian seconded.

AYES: Committee members: Masood Babeian, David A. Fein, Will Garand, Katy Krul, Sim Mandelbaum and Pablo Velez.

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:32 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
Special Meeting
May 24, 2022**

CALL TO ORDER

Committee Chair David A. Fein called the virtual meeting to order at 7:30 a.m.

ROLL CALL

Present: Committee members: David A. Fein, Will Garand, Katy Krul, and Sim Mandelbaum.

Absent: Committee members: Masood Babeian and Pablo Velez.

Gold Coast Staff in attendance: Luis Aguilar, Member Services Manager

PUBLIC COMMENT

None.

CONSENT

1. Findings to Continue to Hold Remote Teleconference/Virtual Provider Advisory Committee Meetings Pursuant to Assembly Bill 361.

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

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

Committee member Sim Mandelbaum motioned to approve Consent Item 1. Committee member Katy Krul seconded.

AYES: David A. Fein, Will Garand, Katy Krul, and Sim Mandelbaum.

NOES: None.

ABSENT: Masood Babeian and Pablo Velez.

Committee Chair David Fein declared the motion carried.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:32 a.m.

Approved:

Deborah Munday, CMC
Assistant Clerk to the Commission



AGENDA ITEM NO. 2

TO: Provider Advisory Committee

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

DATE: June 7, 2022

SUBJECT: Findings to Continue to Hold Remote Teleconference/Virtual Provider Advisory Committee Meetings Pursuant to Assembly Bill 361

SUMMARY/RECOMMENDATION:

At its May 24, 2022, meeting the Provider Advisory Committee (“Committee”) of 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 Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Committee 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 Committee, can hold virtual meetings without providing notice of the Committee's teleconference location if the Committee makes the determination that there is a Governor-proclaimed state of emergency which the Committee 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 Committee 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 Committee members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. The disease can still spread rapidly through person-to-person contact and those in close proximity. Further, more contagious variants of the disease are now present in the State and County, the most predominant of which continues to be the Delta variant. However, another "variant of concern"—the Omicron variant, which has spread rapidly through South Africa and which spurred President Biden's travel ban to several countries in that continent, has also been detected in California. Additionally, several Committee members attend meetings in medical facilities or offices and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated would pose a threat to the health or safety of attendees.

Re-Authorization is Required Within 30 Days

The Committee made the findings listed above at its December 7, 2021, Committee meeting and again during its January 4, 2022, February 1, 2022, February 22, 2022 special Committee meetings, March 8, 2022 regular Committee meeting, April 5, May 5 and May 24, special Committee 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 Committee desires to continue to meet remotely without having to post the location of each teleconference location, the Committee 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 Committee make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

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

FOLLOW UP ACTION:

That the Committee make the findings under AB 361 at its July 6, 2022 special Committee meeting.

ATTACHMENT:

None.



AGENDA ITEM NO. 3

TO: Provider Advisory Committee
FROM: Marlen Torres, Executive Director of Strategy & External Affairs
DATE: June 7, 2022
SUBJECT: Expansion of Medi-Cal Coverage for Adults Over 50 Years of Age

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Expansion of Medi-Cal Coverage for Adults over 50 Years of Age

Expansion of Medi-Cal Coverage for Adults Over 50 Years of Age

Tuesday, June 7, 2022

Marlen Torres
Executive Director, Strategy and External Affairs

Integrity

Accountability

Collaboration

Trust

Respect

Overview

Older Adult Expansion Overview

- Beginning May 1, 2022, adults 50 years of age or older regardless of immigration status will be eligible for full scope Medi-Cal.
- In Ventura County it is estimated that approximately 3,000 individuals will be eligible for full scope Medi-Cal.
 - Approximately 245,000 individuals will be eligible for full scope Medi-Cal in California.
- DHCS is working in collaboration with the county social services agencies, Covered California, consumer advocates, and managed care plans to ensure a successful implementation.
- DCHS has begun to send notices about the transition to current eligible beneficiaries.

Beneficiary Notices

- First Notice
 - General Information notice and FAQ
 - Mailed to restricted scope population expected to transition to full scope on May 1, 2022
- Second Notice
 - Notice of action to existing beneficiaries
- Third Notice
 - Managed Care enrollment and FAQ to restricted scope population expected to transition to full scope on May 1, 2022



State of California-Health and Human Services Agency
Department of Health Care Services



MICHELLE BRASS
Director

ABC123456789_ZCF80-34-5-D-8-000006
123456001-ABC-02/02/2020



JONATHAN JOSEPH SAMPLE
1234 SAMPLE STREET
KINGS CANYON NATIONAL PARK CA 90000

XX/XX/XXXX

Important news about your Medi-Cal coverage

Dear [\[Member Name\]](#),

We sent you a letter in February about changes to your Medi-Cal health coverage. You have **restricted scope** Medi-Cal services now. **Starting May 1, 2022**, your Medi-Cal health coverage will change to **full scope** Medi-Cal. You will get your Medi-Cal services through a Medi-Cal Managed Care Plan.

You will be enrolled in this Medi-Cal Managed Care Plan:

Health Plan	Dental Plan	Start Date
<Insert MCP>	<Insert Dental Program>	XX/XX/XXXX

To learn more about your Medi-Cal coverage change, read the *Frequently Asked Questions FAQ* that came with this letter.

About Medi-Cal Managed Care Plans

A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies and other health care providers in your service area. They give you the medically necessary Medi-Cal services you need. Your plan will:

- Help manage your Medi-Cal benefits and services
- Help you find doctors and specialists in the plan network (group)
- Have a 24-hour nurse advice line you can call for health care advice
- Have member services to help answer your questions about health care
- Help you with rides to and from your provider (such as your doctor's office, hospital, or pharmacy)
- Help you get services you may need that your plan does not cover
- Give you language services you need

Community Engagement

Global Outreach Language

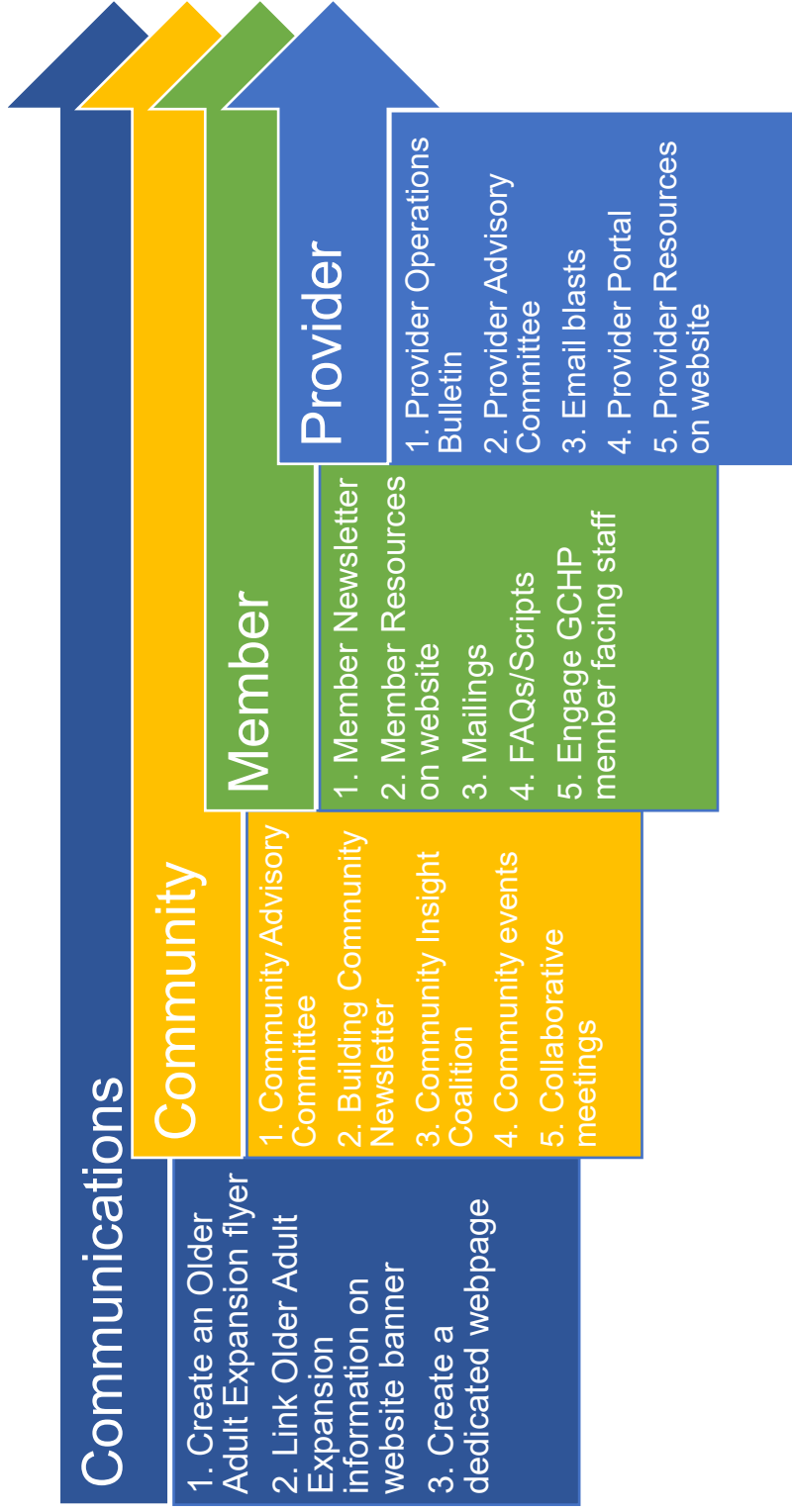
DHCS shared the global outreach language to be used by Medi-Cal Managed Care Plans, other state departments, Medi-Cal providers, and other community partners for use in outreach activities.

These include:

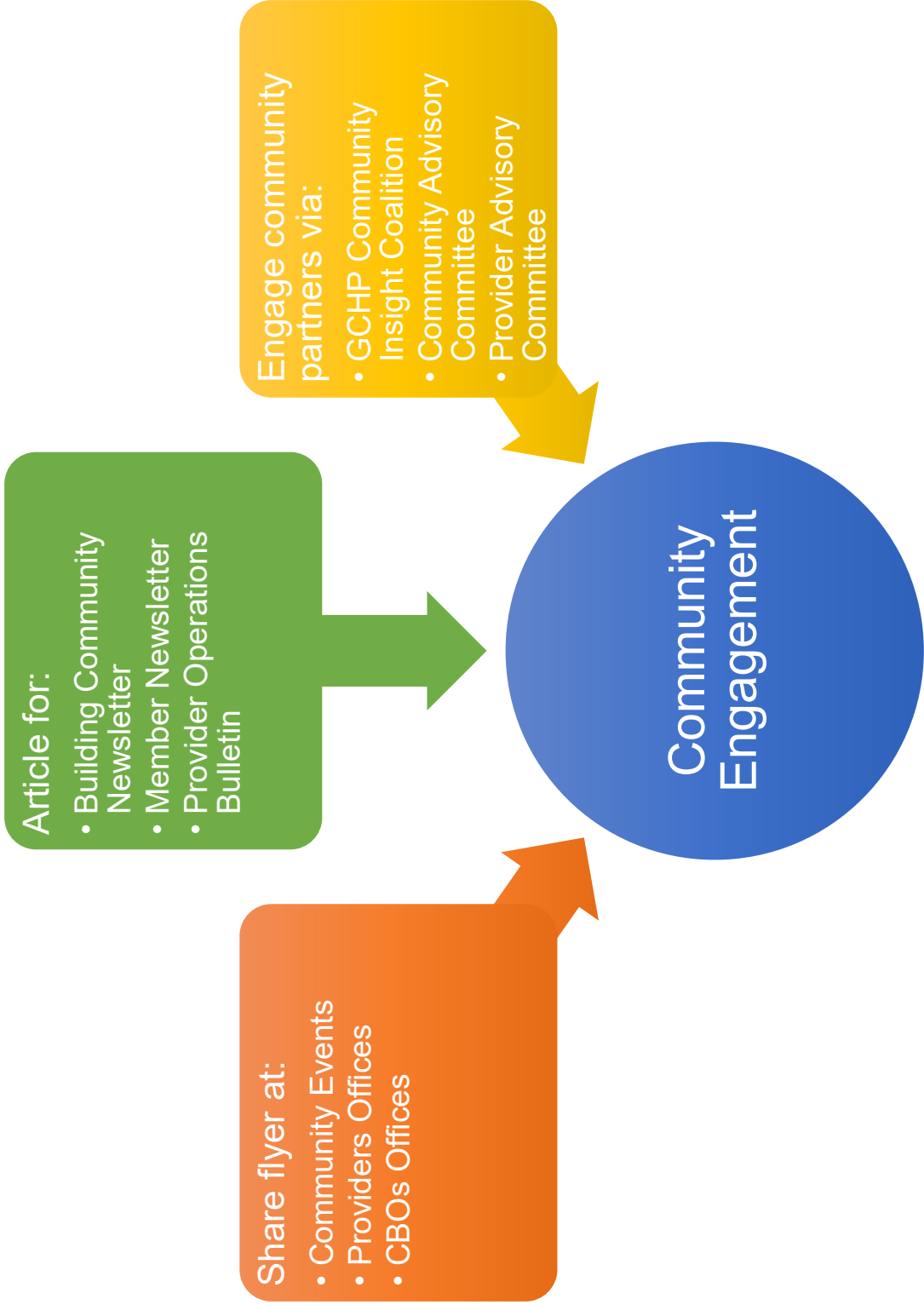
- Social Media Posts
- Call Scripts
- Website content



Community Engagement Paths



Community



Older Adult Expansion Resources

- DCHS Older Expansion
 - [English](#)
 - [Spanish](#)
- Frequently Asked Questions (FAQ)
 - [English](#)
 - [Spanish](#)
- General Information Notice
 - [English](#)
 - [Spanish](#)
- Enrollment Notice
 - [English](#)

Q&A



AGENDA ITEM NO. 4

TO: Provider Advisory Committee

FROM: Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing
Luis Aguilar, Member Services Manager

DATE: June 7, 2022

SUBJECT: Department of Health Care Services Continuous Coverage – Ambassador Campaign

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

- 1) Department of Health Care Services Continuous Coverage – Ambassador Campaign presentation slides.



Department of Health Care Services Continuous Coverage – Ambassador Campaign

June 7, 2022

Susana Enriquez-Euyoque
Sr. Manager,
Communications & Marketing

Luis Aguilar
Manager,
Member Services

Integrity

Accountability

Collaboration

Trust

Respect

Agenda

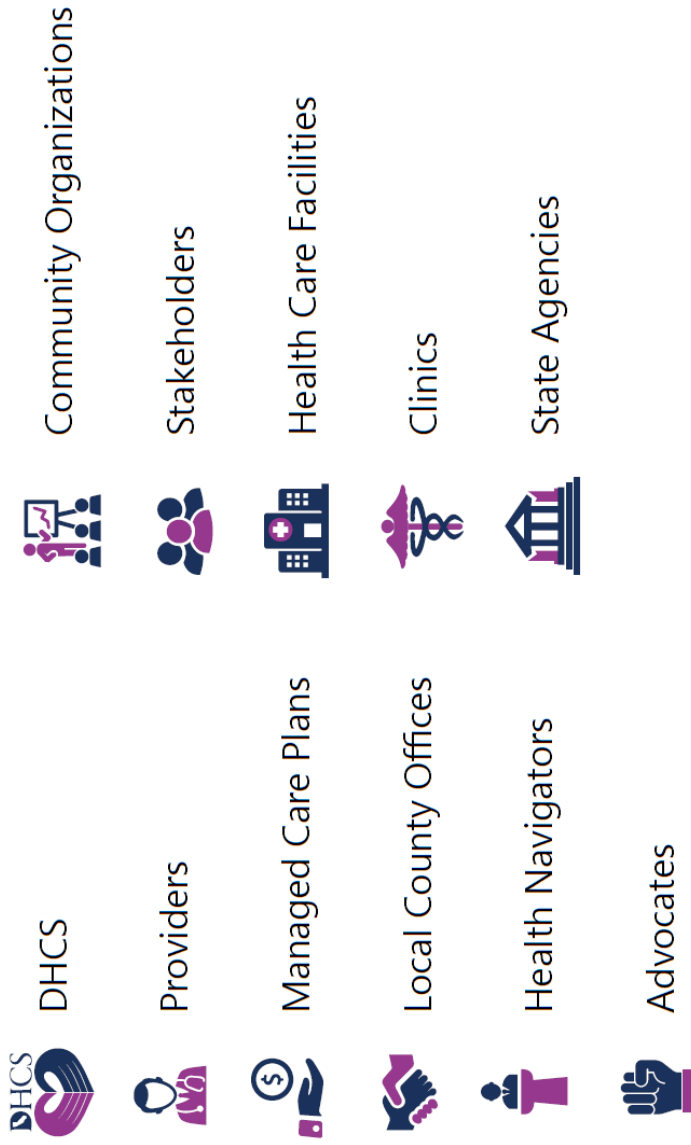
1. Overview
2. Outreach phases
3. GCHP's approach
4. Questions

Overview

1. During the COVID-19 Public Health Emergency (PHE), Medi-Cal redeterminations had stopped
2. When the PHE ends (ETA October 2022), redeterminations will commence once again
3. It is estimated that 2-3 million Medi-Cal beneficiaries throughout California will lose their coverage
4. The State Department of Health Care Services (DHCS) released APL 22-004, “*Strategic Approaches for Use by Managed Care Plans to Maximize Continuity of Coverage as Normal Eligibility and Enrollment Operations Resume*”
 - a. Provides instruction to health plans about on collaborating with counties to help ensure eligible beneficiaries retain their coverage and ease transitions for individuals eligible for coverage through Covered California

Overview (cont'd)

5. DHCS is engaging community partners to serve as **Coverage Ambassadors** to deliver important messages to Medi-Cal beneficiaries about maintaining Medi-Cal coverage after the PHE ends:



Outreach Phases

Phase 1 (to begin immediately):

1. Encourage beneficiaries to provide updated contact information:
 - a. Name, address, phone number

Phase 2 (to begin 60 days prior to the end of the PHE – est. August 2022):

1. Encourage beneficiaries to:
 - a. Update contact information
 - b. Report any changes in circumstances
2. Check for upcoming renewal packets that may come through regular mail

GCHP's Approach

Phase 1:

1. Set up a process to share updated beneficiary contact information with the county Human Services Agency

Phase 2:

1. Obtain renewal data to conduct outreach to and provide support for members during the renewal period (if GCHP is unable to obtain renewal information, general outreach will be conducted to encourage beneficiaries to complete and return annual renewal forms)
2. Reach out to beneficiaries terminated from Medi-Cal for procedural reasons (e.g., not returning their renewal form on time) within 90 days
3. Help ineligible members enroll in and transition to Covered California

GCHP's Approach (cont'd)



Keep Your Medi-Cal
Don't miss important information about your Medi-Cal health coverage.
Make sure that Ventura County has your current contact information.

Name	Phone
Address	E-mail

Report any changes to your name, address, phone number, or e-mail address. Contact:

County of Ventura Human Services Agency
855 Partridge Drive, Ventura, CA 93003
1-888-472-4463
TTY: 1-800-735-2929 or 711
www.vchsa.org

Did You Know?
You can complete your annual renewal and report changes to your Medi-Cal online.
Create your online account today by going to mybenefitscalwin.org and selecting the "Create An Account" link.

Phases 1 and 2:

1. Call center script
2. Opportunity messaging for member-facing staff
3. Engaging providers and community partners
4. Flyers
5. Newsletter articles
6. GCHP website
7. Social media
8. Ads (digital, newspaper, radio)

Questions?



AGENDA ITEM NO. 5

TO: Provider Advisory Committee

FROM: Lucy E. Marrero, LMFT CPHQ, Director, Behavioral Health and Social Programs

DATE: June 7, 2022

SUBJECT: Student Behavioral Health Incentive Program (SBHIP) Update

**PowerPoint with
Verbal Presentation**

ATTACHMENT: Student Behavioral Health Incentive Program (SBHIP) Update

Student Behavioral Health Incentive Program (SBHIP) Update

June 7, 2022

Lucy E. Marrero, LMFT CPHQ
Director, Behavioral Health and Social Programs
lmarrero@goldchp.org

SBHIP is a component of the State's five-year California Children and Youth Behavioral Health Initiative (CYBHI).



DHCS		HCAI	DMHC	CDPH	OSG
BH Services Virtual / e-Consult Platform	Evidence-Based and Community Defined Best Practices	School BH Counselor and BH Coach Workforce	Commercial Health Plans Coverage for School-Linked BH Services	Public Education and Change Campaign	ACEs Awareness Campaign
School-Linked Partnership and Capacity Grants	Statewide all-payer fee schedule for school-linked behavioral health services	Broad BH Workforce Capacity			Trauma-informed training for educators
Enhanced Medi-Cal Benefits – Dyadic Services	BH Continuum Infrastructure Program				
Student Behavioral Health Incentive Program (SBHIP)	CalHOPE Student Services				

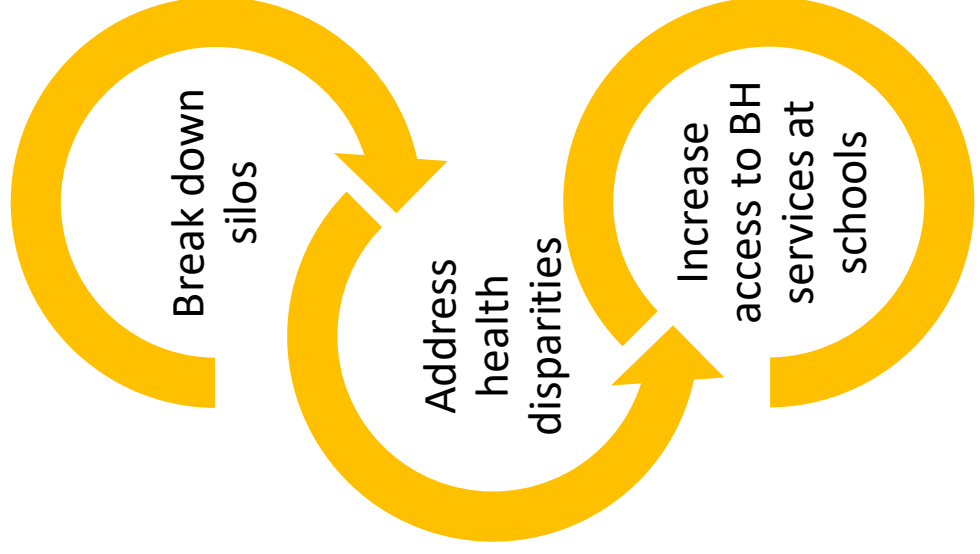


SBHIP Overview

Incentivizes **long-term partnerships to improve integration of school and behavioral health services** through increased coordination among Medi-Cal Managed Care Plans (MCPs), Local Educational Agencies (LEAs), and county Mental Health Plans (MHPs)

Creates opportunity **for new or expanded service models** that may be sustainable through future Medi-Cal reimbursement of providers

SBHIP Goals



SBHIP: DHCS Timeline & Process

March 15, 2022 Dec 31, 2022 Jan 2023 - December 2024

MCPs select school districts *(Complete)*

- Worked with VCOE to select school districts based on documented needs:
 - Student Health Index
 - GCHP Membership
 - FRPM
 - English Learners
 - Foster Youth
 - Chronic Absenteeism
 - Graduation Rate
- Confirmed school district Interest

1. Santa Paula Unified
2. Fillmore Unified
3. Oxnard Union High
4. Hueneme Elementary
5. Rio Elementary

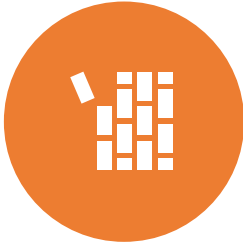
MCPs complete Needs Assessment

- Collect and analyze data on BH needs for each school district
- Engage stakeholders to prioritize BH issues and barriers to care
- Develop and prioritize SBHIP targeted interventions by school district
 - 4 interventions per school district
 - 2 metrics per intervention
- Complete Needs Assessment and Project Plan

Providers implement targeted interventions at each school district

- Implement targeted interventions at each school district
- Submit Bi-Quarterly Report
- Submit Project Outcome Report for each targeted intervention

Guiding Principles for Selection of Targeted Interventions (4 per school district)



Build on Existing
Infrastructure



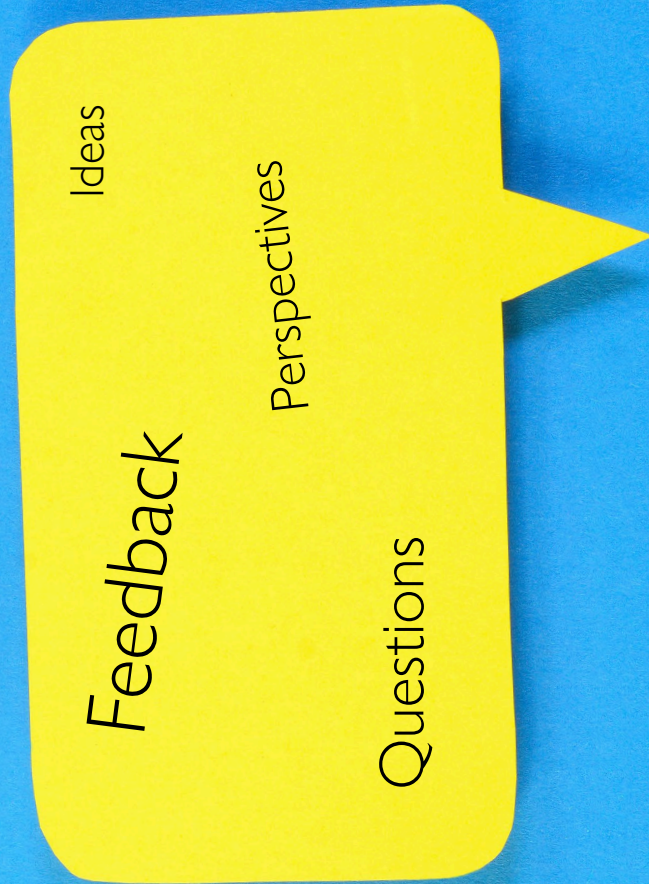
BH Workforce
Development



Address Health
Equity



Expand Cultural and
Linguistic Capacity





AGENDA ITEM NO. 6

TO: Provider Advisory Committee
FROM: Vicki Wrihster, Director, Provider Network Operations
DATE: June 7, 2022
SUBJECT: Provider Network Operations Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS: PROVIDER NETWORK OPERATIONS UPDATE

Provider Network Operations Update

June 7, 2022

Vicki Wrighster, Director, Provider Network Operations

Integrity

Accountability

Collaboration

Trust

Respect

Provider Relations
Site Visits



Provider Access and
After Hours Survey



Provider
Satisfaction Survey



Agenda

Provider Network Operations Updates

Provider Site Visits

- April 25, 2022 through May 13, 2022
 - 63 Visits
 - Older Adult Expansion
 - Public Health Emergency
 - Access and Availability Issues
 - Clinic Staffing Shortages
 - Provider Portal Education
 - DHCS Audit Preparation
 - Cultural and Linguistics Boards

Provider Network Operations Updates

- Provider Access and After-Hours Survey Standards

Non-Urgent Appointment Available w/in 10 Business Days
Non-Urgent Appointment Available w/in 15 Business Days
Urgent Appointment Available w/in 24 Hours
Office Wait Time w/in 45 Minutes
Patient Call Back Time w/in 60 Minutes
Physical/Well-Woman Exam w/in 10 Business Days
Routine Care Initial Visit w/in 15 Business Days
Preventative/Well Child Exam w/in 10 Business Days
After Hours Recording/Auto-Attendant, Emergency Instructions & Advice Provided (English)
After Hours Recording/Auto-Attendant, Emergency Instructions & Advice Provided (Spanish)
Live Person, Emergency Instructions & Advice Provided

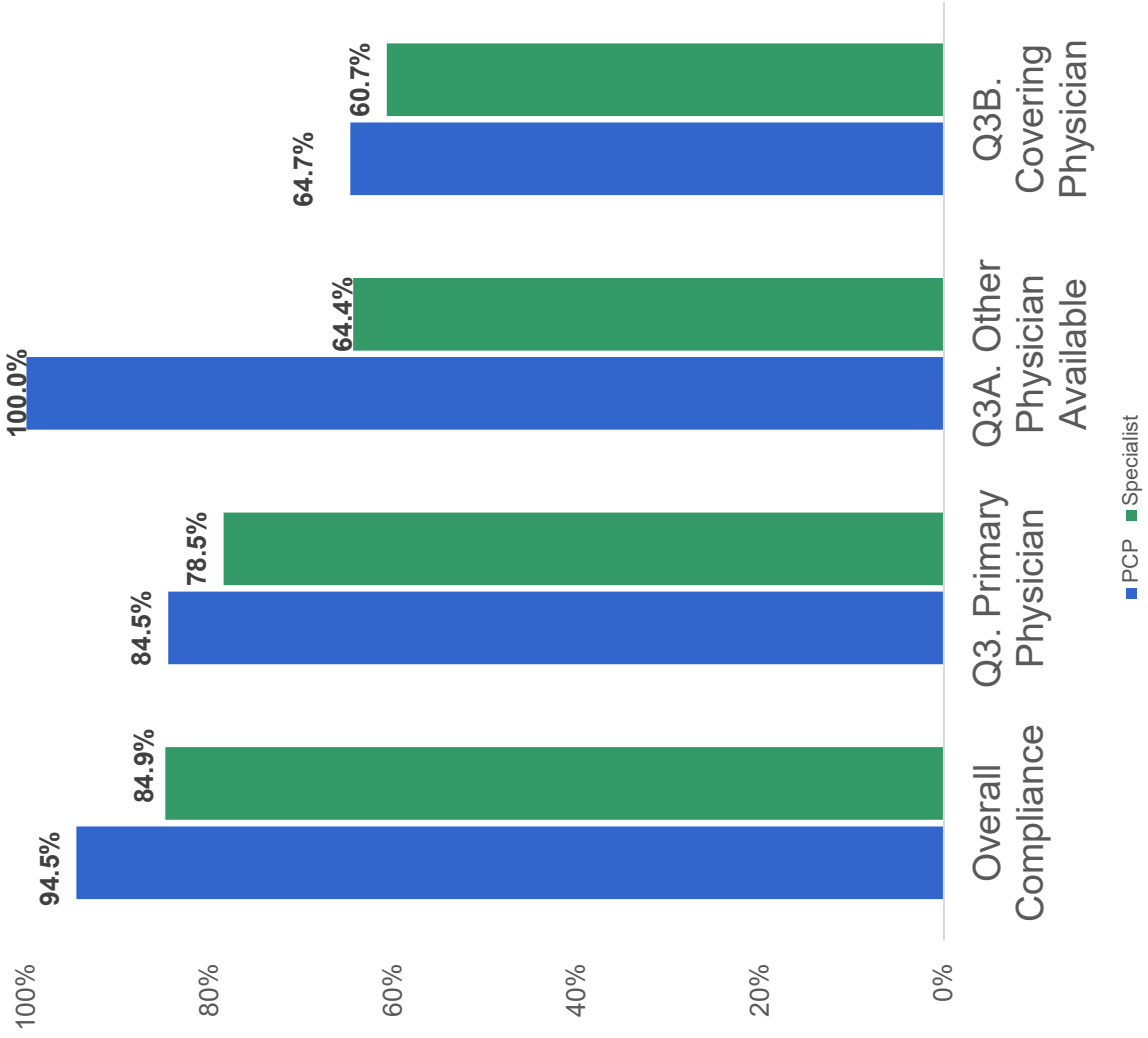
Appointment Availability: Provider Type Comparisons

Access to Care Standard:

Within 10 business days (PCP)

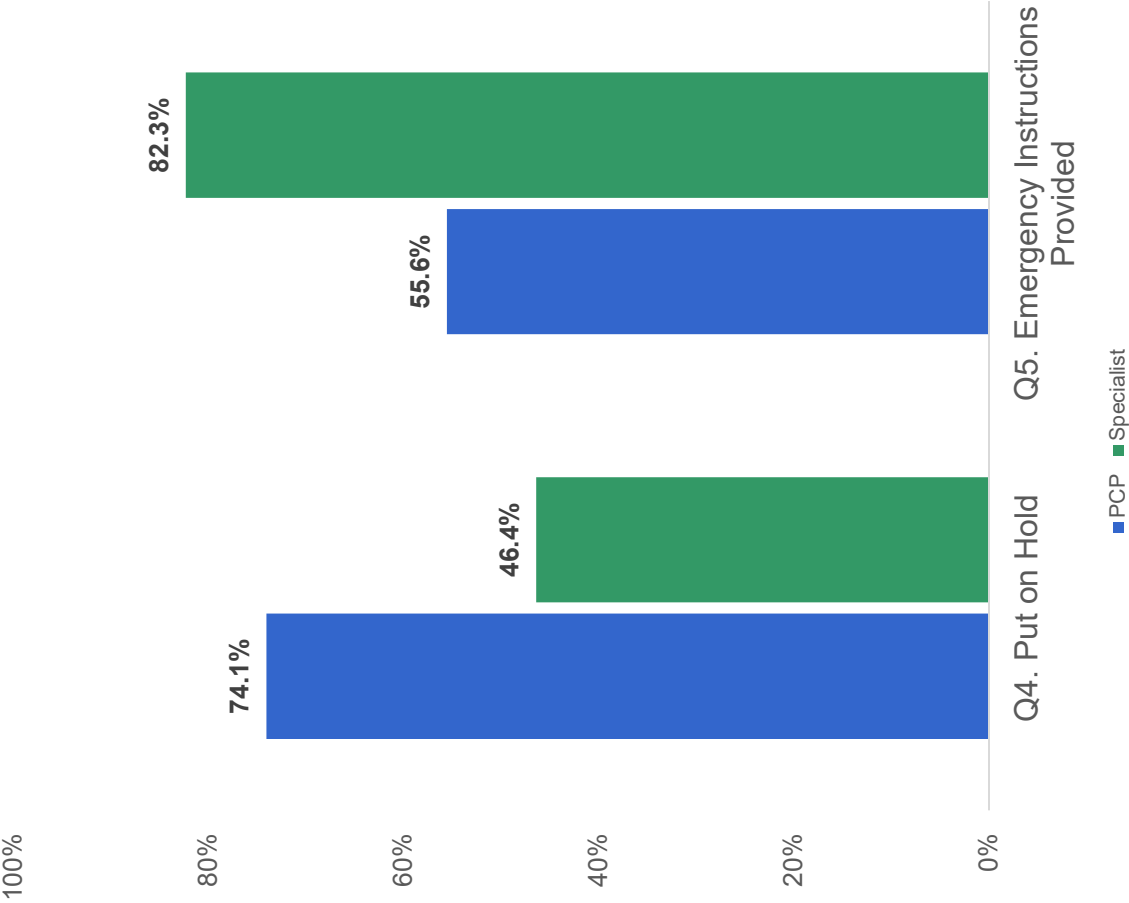
Within 15 business days (Specialist)

Patient will be seen today as a walk-in or work in/Same day appointment



Appointment Availability: Provider Type Comparisons

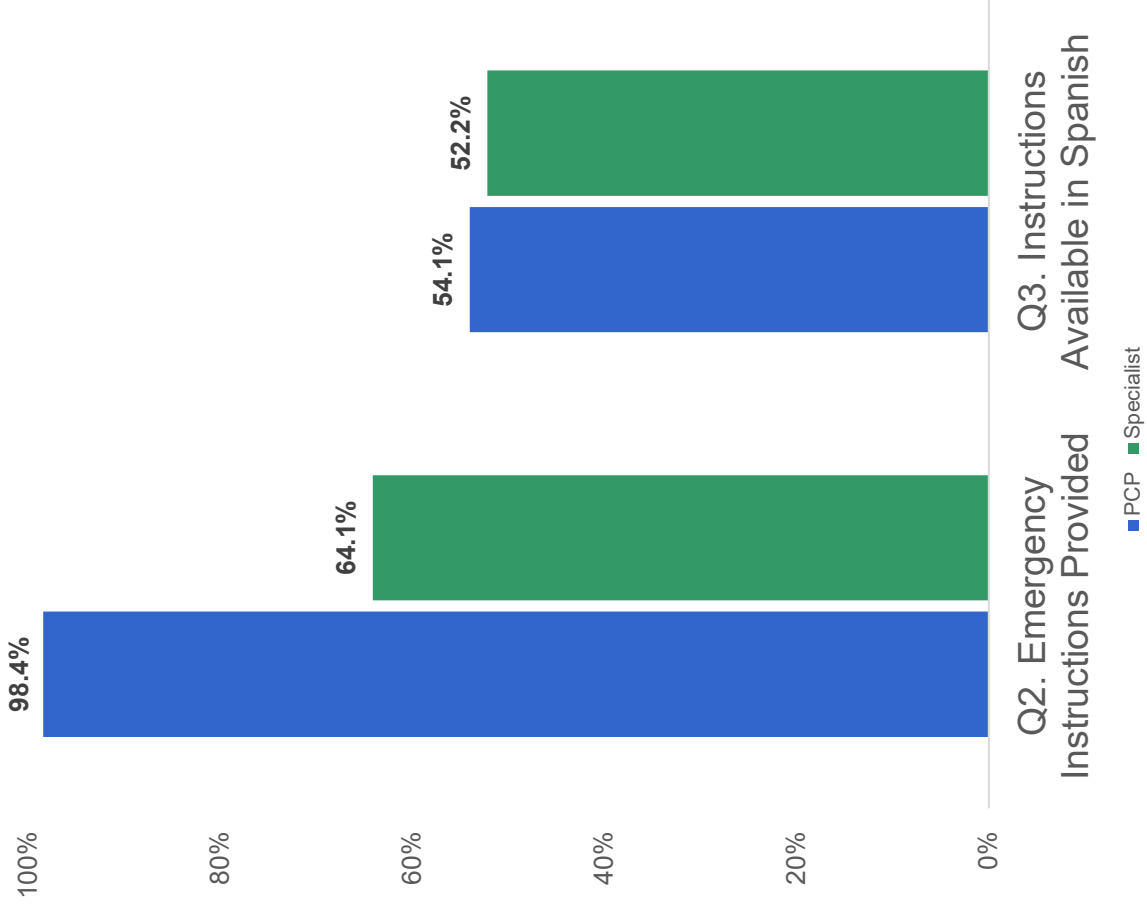
- Office Wait Time Access to Care Standard:
 - Within 45 minutes
- Physician Call Back Time:
 - Within 60 minutes



After Hours: Provider Type Comparisons

- Reached a Recording/Auto-Attendant Access to Care Standard:

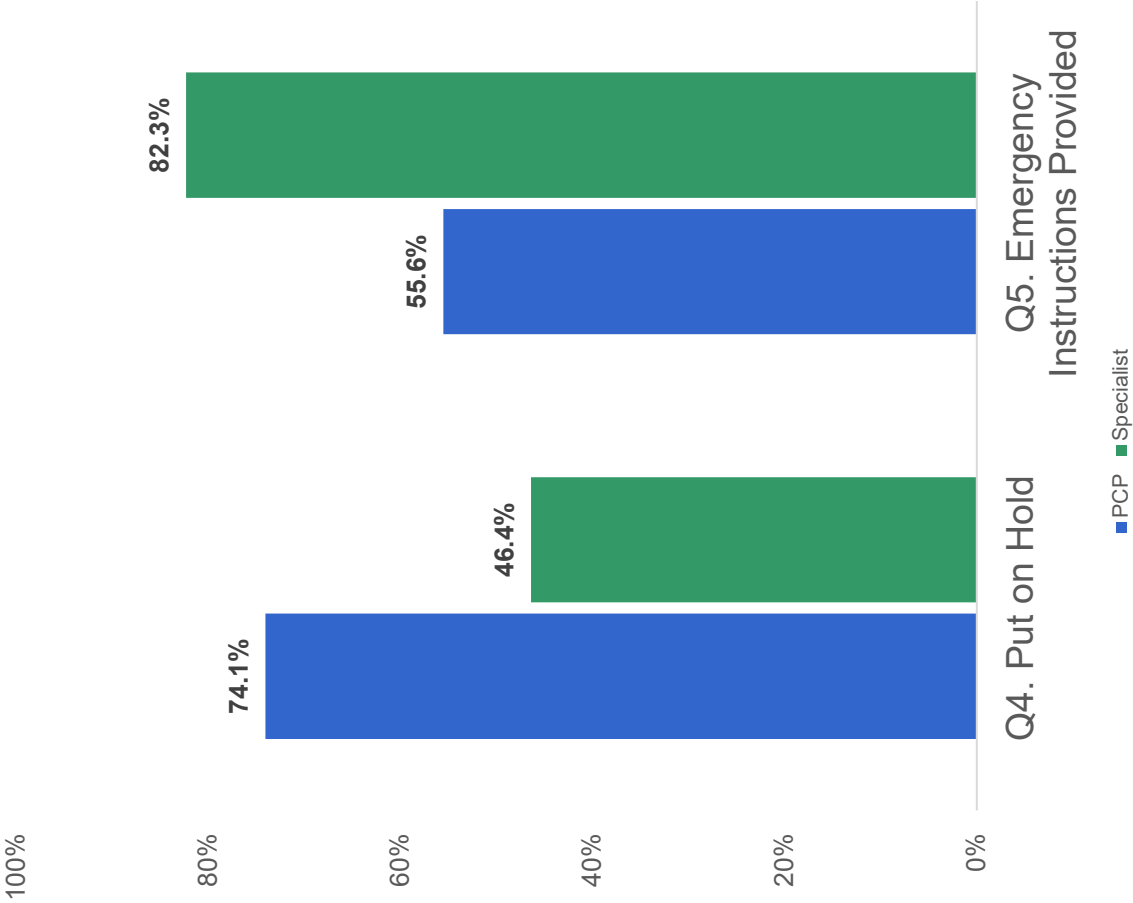
Recording intercepted by live person/Hang up, dial 911 or go to nearest ER/Press # or stay on the line to be connected to provider or nurse or to speak to after-hours service representative or operator/Provides phone number for physician or on-call physician or nurse



After Hours: Provider Type Comparisons

- Reached a Live Person Access to Care Standard:

Hang up, dial 911 or go to nearest ER/Connect caller to provider or nurse/Take caller information and give to their doctor or to the on-call physician or nurse/Nurse must triage/This is the provider



Provider Network Operations Updates

- Provider Satisfaction Surveys – 2nd Quarter 2022

Event	Date
Wave 1 Mailers	Monday, May 2, 2022
Wave 2 Mailers	Tuesday, May 31, 2022
Phone Follow-Up Dialing Start	Monday, June 27, 2022
Phone Follow-Up Dialing End	Monday, July 25, 2022
Final Deliverables Due	Tuesday, August 23, 2022

Questions

