

## **Provider Advisory Committee (PAC)**

### **Regular Meeting**

**Tuesday, March 9, 2021, 7:30 a.m.**

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

**Executive Order N-25-20**

**Conference Call Number: 1-805-324-7279**

**Conference ID Number: 863 102 838#**

### **AGENDA**

#### **CALL TO ORDER**

#### **ROLL CALL**

#### **PUBLIC COMMENT**

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

Persons wishing to address VCMACC 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](mailto: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 Provider Advisory Committee (PAC) Minutes**

Staff: Deborah Munday, Sr. Executive Assistant / Associate Clerk of the Board

**RECOMMENDATION:** Approve the minutes.

## **UPDATES**

### **2. FY 2020-21 State Budget and CalAIM Update**

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

RECOMMENDATION: Receive and file the update.

### **3. 2021-2022 Strategic Plan Update**

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

RECOMMENDATION: Receive and file the update.

### **4. Solvency Action Plan Update**

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the update.

### **5. Medi-Cal Rx Update**

Staff: Nancy Wharfield, M.D., Chief Medical Officer  
Anne Freese, PharmD., Pharmacy Director

RECOMMENDATION: Receive and file the update.

### **6. HSP Medi-Trac Update**

Staff: Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Receive and file the update.

### **7. Behavioral Health Integration Update**

Staff: Nancy Wharfield, M.D., Chief Medical Officer  
Pauline Preciado, Senior Director, Population Health and Equity

RECOMMENDATION: Receive and file the update.

## **COMMENTS FROM COMMITTEE MEMBERS**

## **ADJOURNMENT**

Unless otherwise determined by the PAC, the next regular PAC meeting will be held on June 8, 2021 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

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**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:** Deborah Munday, Sr. Executive Assistant / Associate Clerk of the Board  
**DATE:** March 9, 2021  
**SUBJECT:** Approval of the Provider Advisory Committee Meeting Regular Minutes of December 8, 2020.

**RECOMMENDATION:**

Approve the minutes.

**ATTACHMENTS:**

Copy of the December 8, 2020 Provider Advisory Committee regular meeting minutes.

**Ventura County Medi-Cal Managed Care Commission (VCMCC)  
dba Gold Coast Health Plan (GCHP)  
Provider Advisory Committee  
December 8, 2020**

**CALL TO ORDER**

Committee Chair David Fein, called the virtual meeting to order at 7:39 a.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

**ROLL CALL**

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

Absent: Joan Buck-Plassmeyer and Sim Mandelbaum

**PUBLIC COMMENT**

None.

**CONSENT**

**1. Approval of Provider Advisory Committee (PAC) Minutes for June 9, 2020.**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission  
Deborah Munday, Assistant Clerk to the Commission

**RECOMMENDATION:** Approve the minutes.

Committee member Linda Baker motioned to approve the minutes. Committee member Will Garand seconded.

**AYES:** Committee members Masood Babeian, Linda Baker, David A. Fein, Will Garand, Katy Krul, and Pablo Velez

**NOES:** None.

**ABSENT:** Sim Mandelbaum and Joan Buck-Plassmeyer.

Committee Chair David Fein declared the motion carried.

## 2. Approval of the 2021 Provider Advisory Committee Meeting Calendar

Staff: Maddie Gutierrez, Clerk to the Commission  
Deborah Munday, Assistant Clerk to the Commission

**RECOMMENDATION:** Approve the 2021 Provider Advisory Committee Meeting calendar as presented.

Committee member Will Garand motioned to approve the 2021 Provider Advisory Committee Meeting calendar as presented. Committee member Katy Krul seconded.

**AYES:** Committee members Masood Babeian, Linda Baker, David A. Fein, Will Garand, Katy Krul, and Pablo Velez.

**NOES:** None.

**ABSENT:** Sim Mandelbaum and Joan Buck-Plassmeyer.

Committee Chair David Fein declared the motion carried.

## **UPDATES**

### 3. State Health Policy Update

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

**RECOMMENDATION:** Receive and file the update.

Executive Director of Strategy and External Affairs, Marlen Torres, presented a high-level State policy update. Ms. Torres noted that the new administration has nominated Xavier Bacerra, California Attorney General, as Secretary of Health and Human Resources and he is very supportive of the Affordable Care Act (ACA). We will wait for Mr. Bacerra's Senate confirmation after the new administration is sworn in.

There has been a lot of discussion around the California Advancing & Innovating Medi-Cal (CalAIM) proposal discussed at the beginning of last year and the waiver renewal. More information will be available once Governor Newsom releases the proposed budget in January 2021.

There has been discussion around Telehealth as this has become a major tool since the onset of the pandemic. There will be legislation related to this topic in the upcoming legislative year. There has also been discussion around data sharing and a statewide health information exchange from a statewide perspective.

Ms. Torres presented an update on the COVID-19 vaccine. The Governor asked to assemble a statewide community advisory work group to provide feedback on the COVID-19 vaccine distribution plan. The work group is comprised of several statewide community advocacy groups from across the State. Individuals with chronic conditions would be in the first phase, the second group is where the Governor wanted feedback from the work group for other essential workers (not healthcare); individuals who work in agriculture, schoolteachers, administrators, policemen/women and firefighters. This will continue to be tracked.

#### **4. Solvency Action Plan Update**

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the update.

Chief Financial Officer, Kashina Bishop, presented an update on the Solvency Action Plan. As an organization, the focus has been on the progress made to date as well as next steps. The Tangible Net Equity (TNE) are assets minus liabilities and the State sets a required amount based on medical expenses currently required by the State of \$34.7 million; GCHP is at \$77.1 million. This is essentially one month of expenses that are in reserves or 222% of the required. If this falls below 200%, the Department of Health Care Services (DHCS) can possibly put a Plan on a watch list, and below 150% a monitor in place.

The "GCHP Outlier Status Among Public Plan" slide was reviewed. It shows that GCHP is still an outlier. Some plans were on a downward slope between 2019 to 2020 and many had losses in that time period; however, they were at a different starting place. GCHP experienced multiple losses at the same time. As medical expense rises, the required rises so the percent also changes.

A steady recovery was planned for 2021 and then COVID-19 changed everything. There are concerns about the implications of the State budget and the changes that have happened to date with some of the retroactive changes. As the State comes under pressure, the Plans come under more financial pressure.

Progress has been made to implementing the Solvency Action Plan. Rates have been reduced to 100% of the FFS schedule to long-term care facility rates which is standard for health plans. Adult Expansion primary care physician (PCP) rates are being analyzed.

The non-pharmacy dispensing site policy will improve pharmacy expenses. Rates were reduced to a tertiary hospital and the contract was signed. Administrative budget changes were made in the budgeting process. This all adds up to an annual savings of about \$10.5 million. A recent report was received that shows we have about

\$470,000 of recoveries from the HMS implementation. With our implementation of HMS there is no impact to providers. There was a focus on billing other insurance carriers where it had been over a year with no impact to providers. The last few months since we went live, we have recovered \$471,000.

The forecast has been updated from the budget process. We are in a better starting place. It was thought that we would be close to 150% of TNE with some of the reductions in utilization and administrative expenses well under budget. The goal is to get to a place where we can weather some of the storms that we know will come.

In terms of our Solvency Action Plan, we are committed to the preparation and planning, but we have decided to put any further provider rate or contract changes on hold until we get through our system conversion before making additional changes.

Next steps include outlier contract rate analysis. In review of the contract language, we are looking to expand some of the capitation arrangements so that the way the TNE requirement is calculated, the capitation is treated differently than fee for service medical expenses. The State implemented a couple of efficiency adjustments within our rate. They looked at our utilization specifically for avoidable emergency room (ER) and some of our pharmaceutical expenses on medical claims and they reduced our rates if we were an outlier. This is something being looked at through contracting or impacting to utilization to reduce future rates so they aren't reduced as much through those efficiency adjustments. Across the board reductions are being considered.

For planning and preparation, work is being focused on the outlier analysis and contractor reviews. Data will be received from those working on the Solvency Action Plan and completing financial analysis.

Some of the risks and challenges is the coordination with the system conversion. It is a challenging time for providers for abrasion and then also internally with making changes. Due to the system conversion we paused the work being done in the Solvency Action Plan and will resume once we get through the system conversion. We want to be aware of impacts to the network and ensure there are no member access issues.

The final calendar year 2021 rates have not been received but hope to have them by the end of December 2020. A couple of draft reiterations from the State have been received but they are not complete. The State is still planning to make other adjustments, but we do not know how significant.

Committee Chair David Fein stated he wanted to thank the team at GCHP for the Solvency Plan and working with the PAC and the sub-committee as we work through the second phase of the action plan. Working with us to move forward to hit the TNE goals.



## 5. **Medi-Cal Rx Update**

Staff: Nancy Wharfield, M.D., Chief Medical Officer  
Anne Freese, PharmD., Pharmacy Director

**RECOMMENDATION:** Receive and file the update.

Pharmacy Director, Anne Freese, PharmD., presented the Medi-Cal Rx Update. The implementation of the Medi-Cal Rx has been extended. The original date was January 1, 2021 but it has been extended to April 21, 2021. It is our understanding that it will go live on that date. No further delays are expected. An email blast to providers has been sent and DHCS also sent information via their Medi-Cal Rx email subscription service. Information is available on how to sign up for the service and we highly encourage everyone to do so. There is a beneficiary notice coming from the State regarding the extension in mid-December 2020; however, we do not have a copy yet, but it will be shared with all providers and posted on our website.

The Outreach campaign will be in February and March 2021. The Outreach program will be via radio and print media throughout Ventura County. The thirty (30) day letter to members and new ID cards was originally scheduled to go out on December 1, 2020, will now be sent on March 1, 2021. If any other member communication is received, it will be shared. It is highly recommended that everyone goes to the Medi-Cal Rx website and sign up for the email subscription service. There is a secure provider portal with a lot of information, including program overviews, training and communication schedules; however, the new timeline may not be updated yet. More information will be posted to the website in December 2020 and again in January 2021.

The links for the Transition website are on the main State page, including policy documents and link to the Contract Drug List (CDL). April 1, 2021 is the new date all pharmacy Rx will transition to the State. Unfortunately, there have been challenges with the Medi-Cal Rx portal and getting registered. An email address is being sent to providers to use if technical assistance is needed with the portal. Magellan staff is monitoring the email address.

Committee Member Baker asked if GCHP will provide a dedicated team for guidance. Ms. Freese stated the Pharmacy team will be available to help with care coordination and once things go live, will reach out to a dedicated team at Magellan who will assist with claims, prior authorization, etc. We will have the email address and any provider can reach out.

Committee Chair Fein stated they have had similar problems with Magellan getting set up with the portal, but once engaged, they were helpful and would encourage anyone to go to them with any issue. DHCS has a Medi-Cal Rx public stakeholder call scheduled for December 9, 2020. Information will be on their website regarding

the timeline and the new implementation plans. Ms. Freese noted the Rx transition link has all the information for those stakeholder groups.

## 6. System Conversion Update

Staff: Debbie Rieger, Senior Executive, Business Transformation ETP Project

RECOMMENDATION: Receive and file the update.

Senior Executive, Business Transformation ETP Project, Debbie Rieger, stated she has been helping with the implementation to replace the IKA system with HSP Medi-Trac. GCHP and Conduent met on November 30, 2020, to review a Go-No-Go for the original December 14, 2020 date. The date was moved to Q1 2021 to mitigate three potential risk areas. A new project plan is being put together to come up with the new Go Live dates to be successful in Q1 2021. The first area is authorizations, we want to do a complete strong test of authorizations from MHK and the new claims system, as well as testing of the new provider portal and the authorizations sent through that portal. The second, financial accuracy, currently claims are being run through IKA and moving them over to the new system, HSP Medi-Trac, to ensure claims payment accuracy. We will be able to contact providers if there are any discrepancies. There was implementation of new tools in the new system to more accurately pay claims so there may be some small discrepancies in payments, so we want to be able to explain. The third area is completion of testing of claims and member data to ensure set up is correct in the new system and we don't have any areas of concern. Conduent continued to test to ensure that the accuracy is there.

There have been some provider resources, one was webinars which was well attended and more will be added as needed along with refreshers. Our Provider Network Operations (PNO) team has been working hard on providing more information including updating the GCHP website and ensuring it is current. There is also an email for direct questions or comments [ETPQuestions@goldchp.org](mailto:ETPQuestions@goldchp.org) and they will answer your requests.

Committee member Linda Baker motioned to receive and file agenda items 3 through 6 as presented. Committee member Katy Krul seconded.

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

NOES: None.

ABSENT: Sim Mandelbaum and Joan Buck-Plassmeyer.

Committee Chair David Fein declared the motion carried.

## **COMMENTS FROM COMMITTEE MEMBERS**

### **ADJOURNMENT**

With no further items to be addressed, Committee member Will Garand motioned to adjourn the meeting. Committee member Katy Krul seconded. The meeting was adjourned at 8:25 am.

Approved:

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Deborah Munday  
Sr. Executive Assistant / Associate Clerk of the Board

DRAFT



**AGENDA ITEM NO. 2**

**TO:** Provider Advisory Committee  
**FROM:** Marlen Torres, Executive Director, Strategy and External Affairs  
**DATE:** March 9, 2021  
**SUBJECT:** FY 2020-21 State Budget and CalAIM Proposal Update

**SUMMARY:**

Presentation of the CalAIM Proposal. An overview of the State Budget in a written format.

**RECOMMENDATION:**

Staff recommends that the Provider Advisory Committee accept and file the CalAIM Proposal presentation and State Budget written format.

**ATTACHMENTS:**

- 1) CalAIM Proposal Update, March 09, 2021 -PPT Presentation
- 2) State Budget Word Doc.

# CalAIM Proposal Update

March 9, 2021

Marlen Torres  
Executive Director,  
Strategy & External Affairs

# HISTORY OF CalAIM PROPOSAL

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# History of CalAIM Proposal

- In October 2019, DHCS presented a broad-based delivery system, program and payment reform
- Due to COVID-19 CalAIM was put on hold but has been re-introduced along with the Governor's Proposed FY 2021-22 budget
- Enhanced Care Management and In Lieu of Services will be implemented starting on January 1, 2022

# PROPOSAL OVERVIEW

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# Proposal Overview

- DHCS will seek CMS approval of the CalAIM proposal via waiver approval
- CalAIM integrates several key priorities of the Newsom Administration
  - Homelessness crisis
  - Reforms of the justice systems for youth and adults with significant health issues
  - Integrate systems of care
  - Standardize and streamline the administration of Medi-Cal
- Explore single payer principles through the Healthy California for all Commission

# Proposal Overview

- CalAIM, if approved as proposed, impact the following populations:
  - **Health for All:** focus on preventive and wellness services and identification of patients with high and emerging risk/need
  - **High Utilizers (top 5%):** enhanced care management and in lieu of services aimed at addressing the clinical and non-clinical needs of these patients
  - **Behavioral Health:** changes to how specialty mental health and substance use disorder services are organized and administered

# Proposal Overview *(continued)*

- **Vulnerable Children:** focus on streamlining and improving the care for medically complex children to ensure physical, behavioral, developmental and oral needs are met
- **Homelessness and Housing:** In lieu of services utilized to build capacity (housing deposits, housing transitions/navigation service etc.)
- **Justice-Involved:** coordinate medical, behavioral health and non-clinical social services prior to release from detention
- **Aging Population:** carving in long-term services into managed care statewide

# Proposal Overview

- Overarching proposed changes that impact Managed care
  - Statewide enrollment process
  - Benefits standardize and implemented statewide
  - Managed long-term services and supports transition, statewide
  - National Committee for Quality Assurance (NCQA) accreditation required
  - Regional rates for Medi-Cal Managed Care Plans

# WHOLE SYSTEM, PERSON CENTERED APPROACH

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# Whole System, Person Centered Approach

CaAIM proposes reforms with the ambition to:

- Identify and manage beneficiary risk and need via whole person care approaches
- Addressing Social Determinants of Health
- Focus on addressing the needs for beneficiaries across the system
- Needs of the beneficiary could include medical conditions, behavioral conditions, access to care, chronic illness, and disability
- Require multidisciplinary care to regain health and function

# Whole System, Person Centered Approach

- The following strategies and programs are proposed
  - Population Health Management Strategy
  - Enhanced Care Management Benefit
  - In Lieu of Services
  - Incentive Payments
  - Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) Demonstration
  - Screening and Enrollment for Medi-Cal prior to release from custody
  - Pilot for Full Integration (physical health, behavioral health and oral health)
  - Long-term Plan for Foster Care Children and Youth

# ENHANCED CARE MANAGEMENT

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# Enhanced Care Management

MCP  
Impact

- Establish a new, statewide enhanced care management benefit
  - Provide a whole-person approach
  - Address the clinical and non-clinical needs
  - Collaborative and interdisciplinary approach to providing intensive and comprehensive care management services
- Built on the Health Home Program and Whole Person Care Pilots and transition these pilots into the statewide managed care benefit
- **Ventura County implementation date: January 1, 2022**

# Enhanced Care Management

MCP  
Impact

- Proposed target populations are individuals:
  - Children or youth with complex physical, behavioral, developmental and oral health needs
  - Experiencing homelessness or at risk of homelessness
  - High utilizers
  - Risk for institutionalization who are eligible for long-term care services, SMI, SED or SUD
  - Nursing home resident who wish to transition to community
  - Transition from incarceration (01/01/2023)

# Enhanced Care Management

MCP  
Impact

- Local Government Agency Targeted Case Management (TCM) will continue (pending CMS approval). It will be the responsibility of managed care plans to ensure services are not being duplicated.
- Managed Care Plans(MCPs) will be required to contract with Health Homes community-based care management entities and Whole Person Care providers.

# IN LIEU OF SERVICES & INCENTIVE PAYMENTS

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# In Lieu of Services & Incentive Payments

MCP  
Impact

- In Lieu of services are flexible wrap-around services that MCP will integrate into population health strategy. Voluntary for MCP and optional for beneficiaries.
- **Implementation Date: January 1, 2022**
- Services are provided as a substitute to, or to avoid, other covered services. List of services include:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Care
- Day Habilitation Programs
- Nursing Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF)
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations
- Meals/Medically Tailored Meals (Food Vouchers)
- Sobering Centers
- Asthma Remediation

# POPULATION HEALTH MANAGEMENT

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# Population Health Management

MCP  
Impact

- MCPs to develop and maintain a patient-centered population health strategy
- **Implementation Date: January 1, 2023**
- MCP's strategy shall include:
  - Keep all members healthy
  - Identify and assess member risks and needs
  - Manage transitions across the delivery system or settings
  - Identify and mitigate social determinants of health

# Population Health Management

MCP  
Impact

- Managed Care Plans (MCP) must partner with community-based providers to address members' needs.
- Population health management strategies should be developed in coordination with both county behavioral health and public health departments.



# MANDATORY MEDI-CAL APPLICATION UPON RELEASE

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# Mandatory Medi-Cal Application

- Prior to release from custody, justice-involved individuals complete Medi-Cal application
- Mandate the county inmate pre-release Medi-Cal application process by January 2023
- Process for jails and county juvenile facilities implement a process for facilitated referral and linkage

# FULL INTEGRATION PLANS

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# Full Integration Plans

- Test full integration of physical health, behavioral health, and oral health under one contracted entity
- DHCS will conduct extensive stakeholder engagement
- DHCS expects that the first selected plans would go live no sooner than 2026

# LONG-TERM PLAN FOR FOSTER CARE

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# Long-Term Plan for Foster Care

- Develop a long-term plan and strategy for improving health
- Delivery of fully-integrated health care services for foster care children and youth
- DHCS has convened a Foster Care Model of Care Workgroup whose work will be completed in June 2021
- Based on the Workgroup findings, a plan will be developed

# Other Proposals

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# Other Proposals

- **Dual Special Needs Plan (D-SNP)**
  - Implementation Date: January 1, 2025
- **NCQA Accreditation:**
  - January 1, 2026
  - DHCS will not yet require the Medicaid Module but may in the future.
  - DHCS will not require managed care plans to ensure their non-health plan sub-contractors are NCQA accredited but may in the future.
- **Mental Health Proposals:**
  - Implementation Date: January 1, 2022
  - Standardized screening tool for both managed care and county behavioral health.
  - Standardized transition of care tool for both managed care and county behavioral health.



# SOURCES

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# Sources

- <https://www.dhcs.ca.gov/provgovpart/Pages/CaliforniaAIM.aspx>
- <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf>
- <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Executive-Summary-1-8-21.pdf>

## Governor Newsom’s Proposed FY 2021-22 Budget

On Friday, January 10, 2021, Governor Newsom released his proposed FY 2021-22 budget. The budget includes \$195.1 billion (\$64.3 billion General Fund and \$130.8 billion other funds) for all health and human services programs. This does not include all pandemic response costs. The budget for pandemic response costs and efforts includes: \$13 billion (\$2.5 billion General Fund).

The Medi-Cal budget is \$117.9 billion (\$22.5 billion General Fund) in 2020-21 and \$122.2 billion (\$28.4 billion General Fund) in 2021-22. The Budget assumes caseload growth as follows:

- a. 10.1 % from 2019-20 to 2020-21; and
- b. 11.7% from 2020-21 to 2021-22.

Medi-Cal is projected to cover almost 16 million Californians, 40 percent of the state's population, by January 2022.

The following chart summarizes the January 2021 Budget:

<b>California State Budget (as of January 2021)</b>
1. Total Budget: <b>\$227 B</b> in 2021-22, including: <ol style="list-style-type: none"> <li>a. \$34 B in budget resiliency, including \$12 B surplus and \$22 B in reserves, including:               <ol style="list-style-type: none"> <li>i. \$15.6 B in the Rainy-Day Fund</li> <li>ii. \$450 M in the Safety Net Reserve</li> <li>iii. \$3 B in the Public School System Stabilization Account, and</li> <li>iv. \$2.9 B in the state’s operating reserve</li> </ol> </li> <li>b. Structural deficit: \$7.6 B by 2022-23, growing to over \$11 B by 2024-25</li> </ol>
2. \$195.1 billion (\$64.3 billion General Fund and \$130.8 billion other funds) for HHS programs <b>\$122.2 billion (\$28.4 billion General Fund) for Medi-Cal</b>
3. Budget anticipates continued caseload growth in Medi-Cal – w/ a high of <b>16.1M</b> beneficiaries in ‘22
4. \$1.1 billion CalAIM <ol style="list-style-type: none"> <li>a. Medi-Cal transformation</li> <li>b. Target those with complex health needs that drive high costs</li> <li>c. Payment reform</li> <li>d. Enhanced Case Management</li> <li>e. Housing related services</li> <li>f. Incentive payments</li> <li>g. Statewide Whole Person Care</li> </ol>
5. Telehealth: \$94.8 million (\$34 million General Fund) for maintaining and expanding telehealth
6. IHHS --- \$449.8 million General Fund in 2021-22 and \$242.6 million General Fund in 2022-23 to reflect delay in suspending the 7% cuts to IHHS workers. No cuts until December 31, 2022.
7. Extends the time for the Medi-Cal Rx transition by three months, to April 1, 2021
8. \$85.8 billion investment in public schools, which represents the highest funding level ever

**California State Budget (as of January 2021)**

9. \$4.4 billion COVID-19 Relief:

- a. \$2 billion for testing
- b. \$372 million for vaccines
- c. \$473 million for contact tracing

\$2.4 billion for direct payments for Californians (part of the immediate action plan listed below)

- a. Golden State Stimulus – \$600 direct payments to an estimated 4 million Californians
- b. Extension of eviction moratorium as it expires at the end of January

10. Creates Two New Offices:

- a. Office of Healthcare Affordability
- b. Office of Medicare Innovation and Integration -- similar to the Medicare Medicaid Coordination Office at CMS. The Administration plans to submit a proposal in the spring for state operations that will explore strategies and models to strengthen and expand low- and middle-income Californians' access to high-quality services and supports, while developing new partnerships with the federal government.

11. Homelessness: \$1.75 billion for housing:

- a. Purchase motels and hotel capacity
- b. Develop community mental health housing
- c. Dedicated housing for vulnerable seniors

12. Proposition 56: Budget delays the suspension of Proposition 56 programs by 12 months and includes a total of \$3.2 billion (\$275.3 million General Fund, \$717.8 million Proposition 56 Fund, and \$2.2 billion federal funds) for these programs in 2021-22

13. Governor is also calling for a \$5 billion immediate action plan, which includes:

- a. \$2 billion for safely re-opening schools
- b. \$575 million for small business grants
- c. \$71 million for fee waivers for small businesses
- d. \$2.4 billion for Golden State Stimulus



**AGENDA ITEM NO. 3**

TO: Provider Advisory Committee  
FROM: Marlen Torres, Executive Director, Strategy and External Affairs  
DATE: March 9, 2021  
SUBJECT: 2021-2022 Strategic Plan Update

**SUMMARY:**

Presentation of the 2021-2022 GCHP Strategic Plan Update.

**RECOMMENDATION:**

Staff recommends that the Provider Advisory Committee accept and file the GCHP 2021-2022 Strategic Plan.

**ATTACHMENTS:**

- 1) 2021-2022 Strategic Plan Update, March 09, 2021 -PPT Presentation

# Strategic Plan 2021-2022

March 9, 2021

Marlen Torres  
Executive Director  
Strategy & External Affairs

Integrity




Accountability

Collaboration

Trust

Respect

# Landscape: Key Drivers

YEAR	2021	2022	2023	2024	2025	2026
<b>CLIMATE</b> ↓						
COVID + world view	Vaccine Q1-2	<ul style="list-style-type: none"> <li>Likely sustained period of low real interest rates</li> <li>Fiscal space for governments to mitigate consequences of pandemic</li> </ul>				
COVID + US economy	Vaccine Q1-2	<ul style="list-style-type: none"> <li>Likely sustained low interest rates</li> <li>Long term labor market impacts yet to be determined</li> </ul>				
U.S. Federal	Biden Administration 2021-25 <ul style="list-style-type: none"> <li>Biden will promote diversity and civil rights</li> <li>ACA challenge before SCOTUS - likely to be upheld</li> <li>Biden will be strong supporter of Medicaid and Medicare</li> <li>Biden's CMS will likely respond favorably to CA's waiver</li> </ul>					Presidential Term 2025-29 
CA State	Governor Newsom Term 2019-23					New Gubernatorial Term 2023-27
	Length and severity of pandemic, along with efficacy of stimulus, will drive CA's revenue future.					
	Waiver Ext.	Anticipated New Five-Year Waiver Term 2021-26				
Commercial MCO RFP	Re-procurement + readiness review for commercial MCOs					New contract terms for all MCOs, reflective of new Waiver and new State requirements 

## Key Takeaways:

1. Federal policy will be critical over next decade re: stimulus policy, entitlement policy, civil rights
2. Medi-Cal policy will be a function of several waivers Governor Newsom negotiates for 2021-26
3. Medi-Cal enrollment will stay at elevated levels for near term
4. Expectations for Medi-Cal plans re: improved outcomes, elimination of bias, and efficiency **will grow**

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# Proposed FY 2021-2022 Strategic Plan



# GCHP Strategic Objectives

1. GCHP will be a health care leader delivering quality health outcomes to our members.

2. GCHP will be a collaborative community partner.

3. GCHP will be an effective strategic business partner in Ventura County.

4. GCHP will demonstrate responsible fiscal stewardship of public funds.

5. GCHP will be considered a great place to work.

6. GCHP will be positioned to best meet the future demands of providing quality health care and exceptional service for our members.

# Tactics for Achieving Our Strategic Objectives

1. Clear outcomes, achievement of which GCHP reports regularly to the Commission, Community Advisory Committee (CAC), and Provider Advisory Committee (PAC).
2. Strong focus on GCHP mission and commitment as a County Organized Health System (COHS).
3. Continued focus on Equity and Diversity, building on the success of GCHP's appointment of a Chief Diversity Officer (CDO) and GCHP's commitment to addressing social determinants of health.
4. Continued focus and discipline relating to the Commission's expectation for GCHP's successful management of the Solvency Action Plan.
5. Continued focus on ongoing improvement to internal controls and efficacy of plan management.
6. Continued focus on quality as evidenced by GCHP's successful work in this area in collaboration with our Ventura County providers.
7. Successful system conversion.
8. Successful collaboration with DHCS in connection with the transition of the pharmacy benefit from the plans to DHCS.
9. Successful implementation of the plan-to-plan agreement with AmericasHealth Plan

# 1. GCHP will be a health care leader delivering quality health outcomes to our members

**Tactic 6: Continued focus on quality as evidenced by GCHP’s successful work in this area in collaboration with our Ventura County providers.**

Goals	Measure/Timeframe
Establish Annual Provider Quality Awards Event	<ul style="list-style-type: none"> <li>• Host inaugural awards event -Q4 2020 ✓</li> </ul>
Advocate for and promote HIE for Ventura County	<ul style="list-style-type: none"> <li>• Engage, assist, and convene stakeholder groups in the HIE evaluation and decision-making process – Nov. 2019 - March 2020 ✓</li> <li>• Select and Procure HIE Solution – Nov./Dec. 2020 ✓</li> <li>• Implement HIE Solution, Phase I – Eligibility– Q2 2021</li> </ul>
Optimize encounter data collection and quality	<ul style="list-style-type: none"> <li>• Assess current state, identify gaps. Establish baseline, incremental performance goals, and workgroups. – Q1 CY2021</li> <li>• Develop improvement action plans – Q1 2021</li> </ul>
Launch GCHP Enterprise Data Warehouse	<ul style="list-style-type: none"> <li>• Procurement and Commission Recommendation – Jun. 2020 ✓</li> <li>• Phase 1 proof of concept completion – Jan. 2021</li> <li>• Phase 2 production foundation completion – June 2021</li> <li>• Additional phases TBD by FY21-22 budget funding</li> <li>• Procurement recommendation for Commission approvals – July 2021</li> </ul>

# 1. GCHP will be a health care leader delivering quality health outcomes to our members

**Tactic 6: Continued focus on quality as evidenced by GCHP’s successful work in this area in collaboration with our Ventura County providers.**

Goals	Measure/Timeframe
<p>Comply with CMS/ONC advancement of interoperability and support PHI data sharing collaboration opportunities between GCHP and community partners for improved member health outcomes</p>	<ul style="list-style-type: none"> <li>• Research solution marketplace, conduct risk assessment, and determine approach – Q2 2021</li> <li>• Establish the budget – Q2 2021</li> <li>• Procurements and Execution of Contract – Q4 2021</li> <li>• Implementation – Phase 1 – Q2 2022, Phase 2 – Q1 2023</li> </ul>
<p>Value Based Care and Payer Contract Modeling</p>	<ul style="list-style-type: none"> <li>• Research health care payer marketplace options – Q2 2021</li> <li>• Align with GCHP business needs / propose recommendation / secure funding – Q3 2021</li> <li>• Procurement(s) Completed – Q4 2021</li> <li>• Begin Implementation – Q1 2022</li> </ul>
<p>GCHP will achieve outcomes in the 50th percentile in all measures of MCAS</p>	<ul style="list-style-type: none"> <li>• Implement gap closure program – Dec. 2019 ✓</li> <li>• Implement INDICES provider portal for providers – Oct. 2020 ✓</li> <li>• Leverage quality forum for clinic system best practices – Mar.-May 2020 ✓</li> <li>• Increase member incentive opportunities and budget accordingly - FY20-21 ✓</li> </ul>

1. GCHP will be a health care leader delivering quality health outcomes to our members.
2. GCHP will be a collaborative community partner.
5. GCHP will be considered a great place to work.

**Tactic 3: Continued focus on Equity and Diversity, building on the success of GCHP’s appointment of a Chief Diversity Officer (CDO) and GCHP’s commitment to addressing social determinants of health.**

**Goals**

**Measure/Timeframe**

Demonstrate activities to improve health outcomes for vulnerable and high-risk populations

- Initiate a high-risk population focus that would include disparity analysis, outcome measurement, and community/member engagement (Jul. 2020-Ongoing throughout 2021)
- Execute PNA (Population Needs Assessment) interventions to address member barriers (Aug. 2020 - Feb. 2021) ✓
- Develop system to identify and monitor health outcomes of high-risk members (Q1 2021)

Oversight of Behavioral Health Incentive Programs

- Convene and engage with provider participants administering the BHI programs (Aug. 2020 – Q1 2021)
- Develop infrastructure support, oversee, and assess success of BHI pilot programs (Nov 2020 – Q1 2021) ✓

Diversity and Inclusion

- Ensure that our Diversity and Inclusion Committee is diverse, representative of the population and has the courage of candor-Q1 2021
- Continue to develop relationship with minority and community groups (L.U.L.A.C., N.A.A.C.P., Veterans)-Ongoing throughout 2021
- Cultural Lunch-n-Learn series-Ongoing throughout 2021
- Continue to review areas such as internal and external communications, promotions, compensation, career development-Ongoing throughout 2021
- Adopt-A-School process-Q2 2021
- Diversity best practice sharing with other networks across Ventura County-Ongoing throughout 2021

## 2. GCHP will be a collaborative community partner.

### Tactic 2: Strong focus on GCHP mission and commitment as a County Organized Health System (COHS).

Goals	Measure/Timeframe
Analyze CalAIM proposal and work with key Ventura County stakeholders on next steps	<ul style="list-style-type: none"> <li>Analyze requirements for Medi-Cal Healthier California for All initiatives – Dec. 2019 ✓</li> <li>Identify key Medi-Cal Healthier California for All collaboration stakeholders – Dec. 2019 ✓</li> <li>Establish internal and external workgroup participants and schedules – Jan.-Feb. 2020 ✓</li> <li>Conduct meetings with county stakeholders in preparation for CalAIM implementation – Jan. 2020 ✓</li> <li>Develop and implement strategy and engagement calendar for public release – March 2020 ✓</li> </ul>
Further Population Health Initiatives to support quality improvement efforts	<ul style="list-style-type: none"> <li>Continue to facilitate and support community collaborative efforts to improve health outcomes, such as the VC Community Health Improvement Collaborative (VCCCHIC) – Ongoing throughout 2021</li> <li>Facilitate the adoption of Health Information Exchange (HIE) among health care partners – CY 2019 through Q4 2021</li> </ul>
Implement Population Health Management Initiative	<ul style="list-style-type: none"> <li>Dependent on DHCS guidance</li> <li>Targeted implementation date: January 1, 2023</li> </ul>
Submit WPC/GCHP Transition plan to DHCS	<ul style="list-style-type: none"> <li>Collaborate with the Whole Person Care Team on DHCS transition deliverables (Dec. 2020)</li> <li>Prepare GCHP/DHCS transition plan (Jul. 2021)</li> </ul>
Implement Enhanced Care Management (ECM) & ILOS (Collaborate with current WPC program transition plan)	<ul style="list-style-type: none"> <li>Plan ECM transition report for DHCS</li> <li>Addressing the required target population for ECM</li> <li>Identifies ILOS initiatives</li> </ul>
Obtain NCQA Certification	<ul style="list-style-type: none"> <li>Target Implementation Date: January 1, 2026</li> </ul>
Implement D-SNP	<ul style="list-style-type: none"> <li>Target Implementation Date: January 1, 2025</li> <li>Knox Keene License-January 1, 2023</li> </ul>

### 3. GCHP will be an effective strategic business partner in Ventura County.

**Tactic 6:** Continued focus on quality as evidenced by GCHP’s successful work in this area in collaboration with our Ventura County providers.

**Tactic 9:** Successful implementation of the plan-to-plan agreement with AmericasHealth Plan  
**Tactic 1:** Clear outcomes, achievement of which GCHP reports regularly to the Commission, Community Advisory Committee (CAC), and Provider Advisory Committee (PAC).

Goals	Measure/Timeframe
Procure and implement provider contract modeling, credentialing and data management solution to support transition to APMs and integrate with new core claims system.	<ul style="list-style-type: none"> <li>• Implement eVips system – Q1 2021</li> <li>• Provider Webinars – Q4 2020 ✓</li> <li>• Provider Resource Guide – Q4 2020 ✓</li> <li>• Provider Operations Bulletin – Q4 2020 ✓</li> </ul>
Ensure ASO performs to full contractual compliance	<ul style="list-style-type: none"> <li>• Assessment of ASO performance – March 2020 ✓</li> <li>• Review findings with Executive Finance – Q2 2021</li> <li>• Review assessment findings with Commission – Q4 2021</li> </ul>
Implement AHP plan-to-plan (P2P) pilot	<ul style="list-style-type: none"> <li>• Achieve enterprise consensus on delegated oversight implementation for new business model ✓</li> <li>• Perform pre-delegation audit following regulatory approval of the P2P Pilot</li> <li>• Work with the delegates to address any pre-delegation deficiencies</li> <li>• Facilitate ongoing conversations with GCHP business owners to ensure adequate line of sight into the implementation and execution of the P2P Pilot</li> </ul>
Utilize and leverage multi-channel communications to share outcomes and successes	<ul style="list-style-type: none"> <li>• Launch GCHP Community eNewsletter – Aug. 2020 ✓</li> <li>• Refresh GCHP intranet “Compass” – March 2020 ✓</li> <li>• Launch GCHP social media platform – Q1 2021</li> <li>• Refresh GCHP website – Jun. 2020 ✓</li> </ul>
Optimize communications with and responsiveness to GCHP Commission	<ul style="list-style-type: none"> <li>• Packet updates; ongoing through 2021</li> <li>• CAC and PAC annual presentation: Q1 2021</li> </ul>

## 4. GCHP will demonstrate responsible fiscal stewardship of public funds

**Tactic 4: Continued focus and discipline relating to the Commission’s expectation for GCHP’s successful management of the Solvency Action Plan.**  
**Tactic 5: Continued focus on ongoing improvement to internal controls and efficacy of plan management.**

<b>Goals</b>	<b>Measure/Timeframe</b>
<p><b>Reduce interest paid on claims by 10%</b></p>	<ul style="list-style-type: none"> <li>• Implement reporting and metrics in claims queues to reduce interest related to delays in payments – Dec. 2019 ✓</li> <li>• Identify pass through opportunities and reporting for errors and omissions – Dec. 2019 ✓</li> <li>• Identify reporting and agreement from external vendor to capture errors and omissions which impact interest and overpayments – Feb. 2020 ✓</li> </ul>
<p><b>Prospective RDT Reporting</b></p>	<ul style="list-style-type: none"> <li>• Comprehensive workflow and process map completed – Q1 2021</li> <li>• Completion of gap analysis – Q1 2021</li> <li>• Establishment of governance structure and workplan – Q1 2021</li> <li>• Development of monthly reporting tool – Q2 2021</li> <li>• Quarterly reconciliation process with encounter data – Q2 2021</li> </ul>
<p><b>Implement Phase Two of the Solvency Action Plan</b></p>	<ul style="list-style-type: none"> <li>• Complete the outlier rate analysis – Jan. 2021</li> <li>• Make contracting changes to minimize financial risk associated with efficiency adjustments – Mar. 2021</li> <li>• Implement contractual changes associated with the outlier rate analysis – Mar. 2021</li> </ul>
<p><b>Establish formal organizational risk management program</b></p>	<ul style="list-style-type: none"> <li>• Obtain budgetary funding approval for Enterprise Risk Management (ERM) platform – Q3 2021</li> <li>• Develop and implement ERM framework based upon platform chosen – TBD</li> </ul>



<p><b>5. GCHP will develop the best culture and be considered a great place to work (Retain, Develop, and Attract Talent).</b></p>	
<p><b>Tactic 2: Strong focus on GCHP mission and commitment as a County Organized Health System (COHS).</b></p>	
<p><b>Goals</b></p>	<p><b>Measure/Timeframe</b></p>
<p>Conduct employee survey (Retain Talent)</p>	<ul style="list-style-type: none"> <li>Employee survey completed by Dec. 2019 ✓</li> <li>Share results with Commission – Jan.-Feb. 2020 ✓</li> <li>Develop action plan(s) based on survey results to address culture improvement opportunities identified by the survey – Jan. 2021</li> </ul>
<p>All GCHP departments will have regular meetings; no less than bi-monthly mandatory all-hands meetings (Retain Talent)</p>	<ul style="list-style-type: none"> <li>Will survey staff after each all staff meeting for feedback based on a 1-5 point scale for all presentations. Will strive for 4.0 evaluation ratings.-Ongoing throughout 2021</li> </ul>
<p>Identify and document current talent retention and organizational development initiatives (Retain and Develop Talent)</p>	<ul style="list-style-type: none"> <li>Identify high performers (Director and Manager level) through talent calibration sessions with the leadership team- Jun. 2021</li> <li>Design and implement development programs and opportunities to address high performer needs-Jul. 2021</li> <li>Design, schedule, and implement learning opportunities for managers and above to prepare them to be servant leaders with an eye to accountability- Ongoing throughout 2021</li> <li>Evaluate organization structure to ensure transitional progression/succession positions exist – Ongoing throughout 2021</li> </ul>
<p>Recognize employee contribution (Retain Talent)</p>	<ul style="list-style-type: none"> <li>Develop an employee recognition program – Q2 2021</li> </ul>
<p>Evaluate recruiting process and strengthen our process (Attract Talent)</p>	<ul style="list-style-type: none"> <li>Complete evaluation-Q1 2021</li> <li>Implement process changes- Q2 2021</li> </ul>

**6. GCHP will be positioned to best meet the future demands of providing quality health care to our members.**

**Tactic 5: Continued focus on ongoing improvement to internal controls and efficacy of plan management.**

**Tactic 7: Successful system conversion.**

**Tactic 8: Successful collaboration with DHCS in connection with the transition of the pharmacy benefit from the Plans to DHCS.**

**Goals**

- Successful implementation of GCHP enterprise portfolio initiative:
  - Successful implementation of HSP-MediTrac and iTransact

Invest and implement foundational technology infrastructure that enables GCHP nimbleness and enhances information security

**Measure/Timeframe**

- Successful Go Live – Q1 2021
- Windows 10 Upgrade – March 2020 ✓
- Internet Security Enhancements
  - Secure Web Gateway – Nov. 2020 ✓
  - Cloud Access Security Broker – Feb. 2021
- Network and Security Architecture – Q4 2021
- Internet Service Provider Expansion – Q4 2021
- The following items will be implemented upon release of a new targeted implementation date:
  - Assist DHCS with provider and member notification to ensure understanding of the new carve-out processes and to limit negative member impact
  - Develop ability to consume NCPDP drug format – dependent upon state PBM project timeline ✓
  - Analyze and communicate implications from the Rx carve out for HRA, IHAs, and case management ✓
  - Participate and provide feedback into Rx Carve out stakeholder groups to ensure minimum disruption to GCHP members
  - Ensure continuing conversations with DHCS regarding data collection changes related to Pharmacy Carve-out

Ensure optimal process for meeting state public agency, DHCS and CMS Medi-Cal/Medicaid program regulatory compliance.

Establish process to include and consolidate CMS and local state public agency regulations into compliance purview – Q2 2021

<p><b>6. GCHP will be positioned to best meet the future demands of providing quality health care to our members (Continued).</b></p>	
<p><b>Tactic 5: Continued focus on ongoing improvement to internal controls and efficacy of plan management.</b></p>	
<p><b>Goals</b></p>	<p><b>Measure/Timeframe</b></p>
<p>Begin alignment of process with NCCA standards</p>	<ul style="list-style-type: none"> <li>Initiate a gap analysis – TBD (CaAIM Requirements Dependent)</li> </ul>
<p>Improve Medical and Behavioral Health Integration</p>	<ul style="list-style-type: none"> <li>Identify opportunities to improve behavioral health services through oversight of Behavioral Health Integration Pilot Programs – (Q1 2021-Q4 2022)</li> </ul>
<p>Disaster Recovery/Business Continuity Plan</p>	<ul style="list-style-type: none"> <li>Development of Incident Response Plan-Ongoing throughout 2021</li> <li>Development of action and communication plan regarding known upcoming natural disaster/natural disaster-like events annually known to CA (fire/public safety power shutoffs)-Ongoing throughout 2021</li> </ul>
<p>Continue quality innovation for best member health outcomes</p>	<ul style="list-style-type: none"> <li>Continue collaboration with DHCS on performance improvement process-Ongoing throughout 2021</li> <li>Focus on equity from a quality perspective-Ongoing throughout 2021</li> </ul>
<p>Member Communication Strategies</p>	<ul style="list-style-type: none"> <li>Continued cross functional collaboration on TPCA barrier and mitigation strategies-Ongoing throughout 2021</li> </ul>
<p>Hire a Chief Operating Officer</p>	<ul style="list-style-type: none"> <li>Successful hire of a COO – Ongoing thru 2021</li> </ul>

# Best Medi-Cal Plan in California



**Gold Coast**  
**Health Plan**<sup>SM</sup>  
A Public Entity

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# Questions

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# Glossary

# Glossary: A-G

- ACA:** Affordable Care Act
- ACAP:** Association for Community Affiliated Plans
- AGLH:** Alignment of Governance and Leadership in Healthcare
- AHP:** AmericasHealth Plan
- APM:** Alternative Payment Model
- APTC:** Advance Premium Tax Credits
- ASO:** Administrative Services Organization
- BHI:** Behavioral Health Integration
- CAC:** Community Advisory Committee
- CaAIM:** California Advancing and Innovating Medi-Cal
- CDO:** Chief Diversity Officer
- CHIP:** Children’s Health Insurance Program
- CMS:** Centers for Medicare & Medicaid Services
- COHS:** County Organized Health System
- DHCS:** Department of Health Care Services
- D-SNP:** Dual Eligible Special Needs Plans
- EBP:** Evidence-Based Practice
- ECM:** Enhanced Care Management
- EO:** Executive Order
- FMAP:** Federal Medical Assistance Percentage
- FQHC:** Federally Qualified Health Center
- GCHP:** Gold Coast Health Plan

# Glossary: H-W

- HE:** Health Equity
- HEIT:** Health Equity Implementation Team
- HIE:** Health Information Exchanges
- ILOS:** In Lieu of Services
- MCAS:** Managed Care Accountability Set
- MCO:** Managed Care Organization
- MSO:** Management Services Organization
- NCPDP:** National Council for Prescription Drug Program
- NCQA:** National Committee for Quality Assurance
- PAC:** Provider Advisory Committee
- PBM:** Pharmacy Benefit Manager
- PCCM:** Provider Credentialing and Contracting Management
- PNA:** Population Needs Assessment
- PPS:** Prospective Payment Systems
- RDT:** Rate Development Template
- RFP:** Request for Proposals
- SCOTUS:** Supreme Court of the United States
- SDOH:** Social Determinants of Health
- TNE:** Tangible Net Equity
- VBP:** Value-Based Payments
- WPC:** Whole Person Care





**AGENDA ITEM NO. 4**

**TO:** Provider Advisory Committee  
**FROM:** Kashina Bishop, Chief Financial Officer  
**DATE:** March 9, 2021  
**SUBJECT:** Solvency Action Plan

**SUMMARY:**

Overview of the GCHP Solvency Action Plan

**RECOMMENDATION:**

Staff recommends that the Provider Advisory Committee accept and file the presentation

**ATTACHMENTS:**

Solvency Action Plan, March 9, 2021 PPT Presentation

# Solvency Action Plan

March 9, 2021

Kashina Bishop  
Chief Financial Officer

Integrity

Accountability

Collaboration

Trust

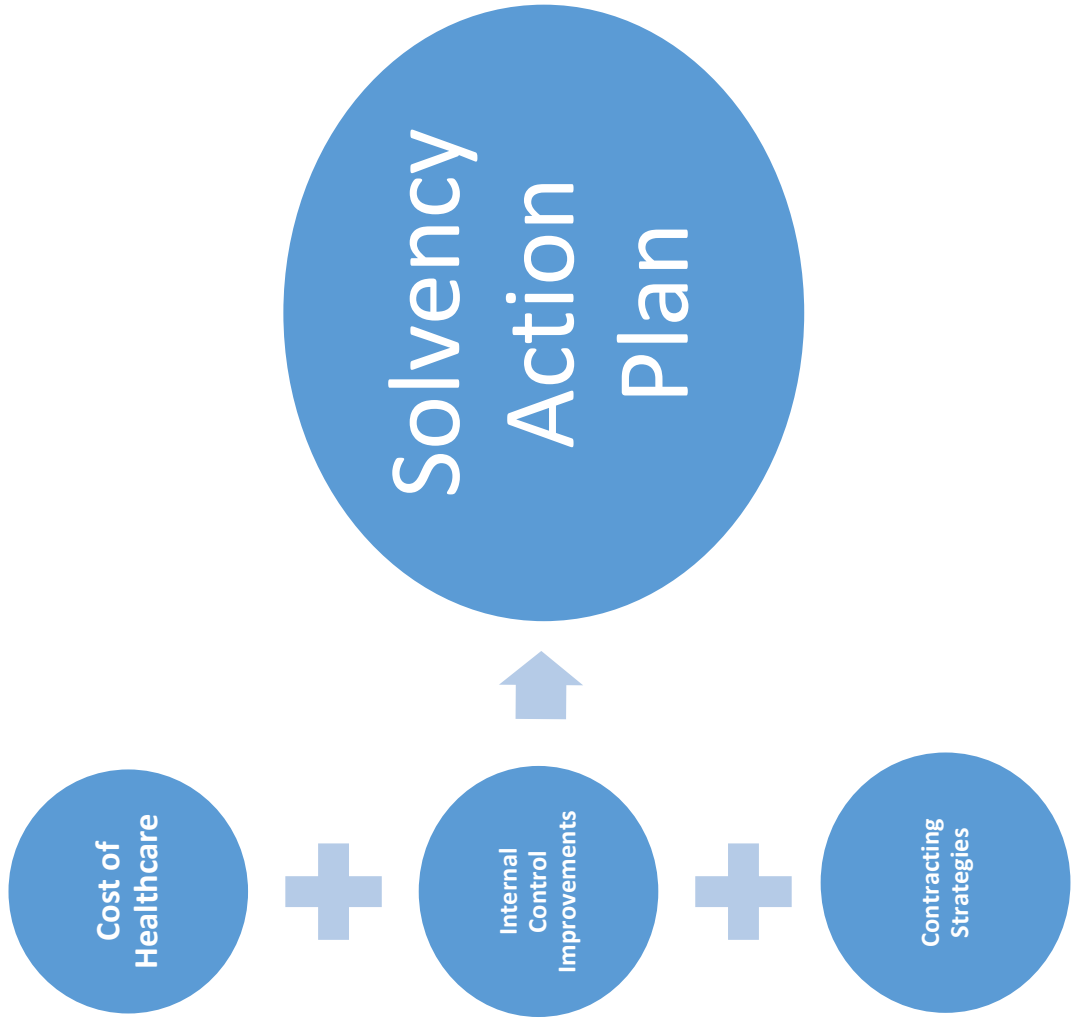
Respect

# Solvency Action Plan (SAP)

**Solvency** is the ability of a company to meet its long-term debts and other financial obligations.

**Solvency** is one measure of a company's financial health, since it demonstrates a company's ability to manage operations into the foreseeable future.

# Solvency Action Plan:



# Update on the Solvency Action Plan:

Category	Actions	Annualized impact in savings
<b>Cost of Healthcare</b>	Revision to Non-Pharmacy Dispensing Site Policy	\$2-3 million
<b>Internal Control Improvements</b>	Interest expense reduction/PDR turnaround time	\$500,000
	HMS Implementation	\$2 million
	Formalization of the internal control workgroup	N/A
	Formalization of the contract steering committee	N/A
	Provider settlement claims review	TBD
<b>Contracting Strategies</b>	Reduction of LTC facility rates to 100% of the Medi-Cal rate	\$1.8 million
	Rate reduction to tertiary hospital	\$1.3 million
	<b>Reduction of Adult Expansion PCP rates</b>	<b>\$4.5 million</b>
	<b>TOTAL ANNUAL SAVINGS</b>	<b>\$12-13 million</b>

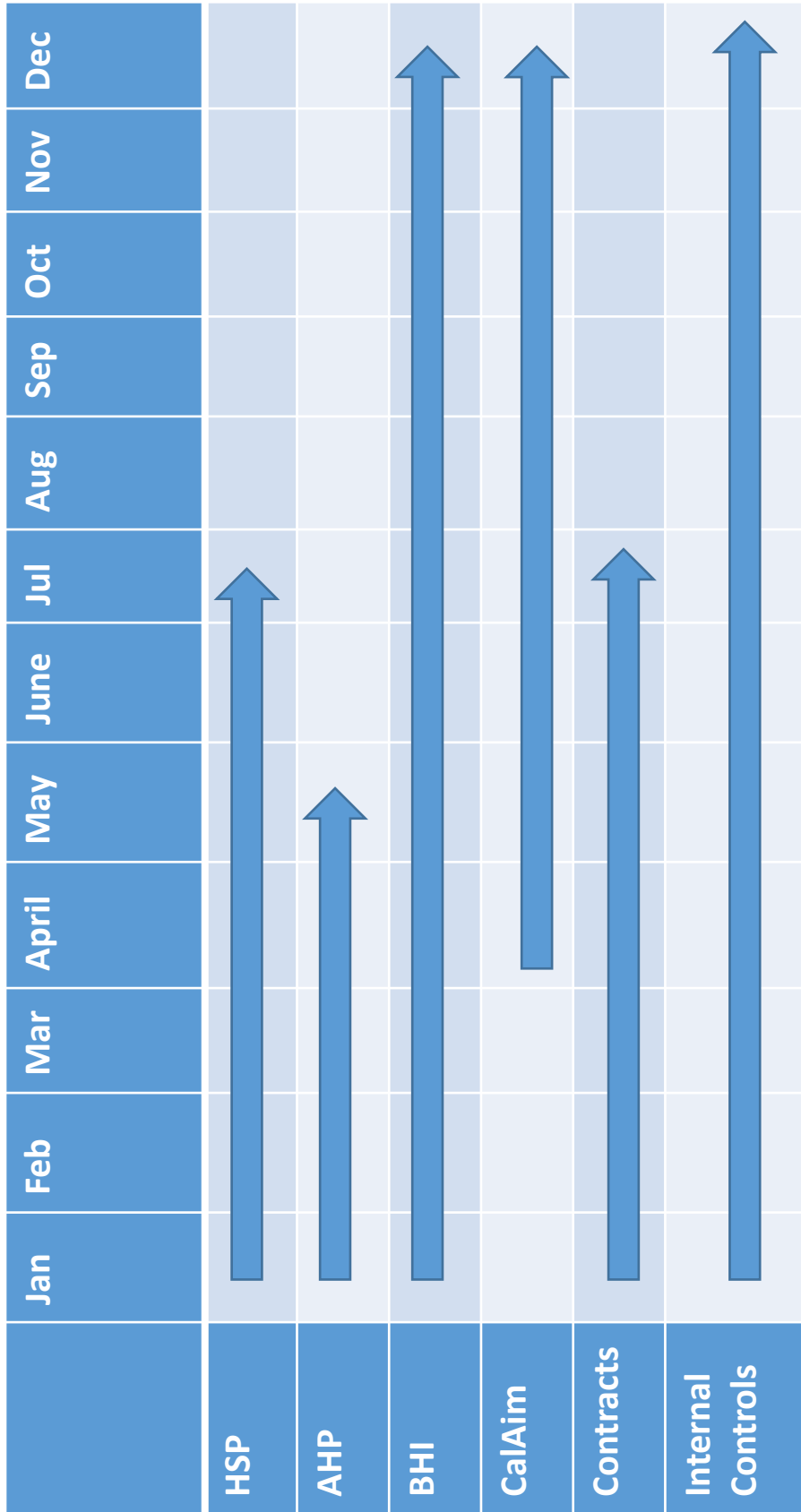
# Next steps -Solvency Action Plan

Category	Current Focus	Annualized impact in savings
<b>Cost of Healthcare</b>	LANE – avoidable ER analysis	TBD
	Pro-active transplant management approach	TBD
	Analysis of leakage to out of area providers	TBD
<b>Internal Control Improvements*</b>	Review of provider contracts for language interpretation and validation	N/A
	California Children’s Services – ED Diversion	\$500,000
	Revise provider contract templates – a standardized approach to minimize errors	N/A
	Implementation of additional claims edit system (CES) checks to minimize payment errors	TBD
<b>Contracting Strategies</b>	Expansion of capitation arrangements	Required TNE and risk reductions
	LANE/HCPSC analysis	TBD
	Outlier rate analysis	TBD
	Consideration of across the board reductions	TBD

# Solvency Action Plan: Focus on fundamentals

1. HSP System Conversion
2. Americas Health Plan
3. Behavioral Health Integration
4. Cal Aim
5. Major provider contract renewals
6. Continuation of internal control improvement activities

# Timeline of fundamental activities - 2021:





# Questions?

## **AGENDA ITEM NO. 5**

**TO:** Provider Advisory Committee  
**FROM:** Nancy Wharfield, M.D., Chief Medical Officer  
Anne Freese, PharmD, Director of Pharmacy  
**DATE:** March 9, 2021  
**SUBJECT:** Medi-Cal Rx Update

### **SUMMARY:**

Presentation describing the status of Medi-Cal Rx.

### **RECOMMENDATION:**

Staff recommends that the Provider Advisory Committee accept and file the presentation.

### **ATTACHMENT:**

- 1) Freese, A., (2021). Director of Pharmacy, Medi-Cal Rx, Presentation Slides.

# Medi-Cal Rx

**Annie Freese, Pharm.D.**  
**Director of Pharmacy**

# Agenda

- Medi-Cal Rx Implementation?
- Next Steps
- Questions

# Medi-Cal Rx Implementation

- When will Medi-Cal Rx be implemented?
  - On 2/17/2021, DHCS informed plans that the targeted implementation date of 4/1/2021 has been delayed. There is no new implementation date.
- Why was Medi-Cal Rx delayed?
  - DHCS stated the purchase of Magellan, the PBM contractor for Medi-Cal Rx, by Centene Health, an organization that has an managed care plan contract with DHCS, requires DHCS to explore acceptable conflict avoidance protocols.
- When will you know more?
  - DHCS anticipates providing an update in May 2021.

# Next Steps

- **GCHP Communication Plan**
  - Providers
  - Community Partners
  - GCHP Website and Press Release
- **Member Communication**
  - DHCS Communication Plan
- **Continued GCHP Pharmacy Benefit**
- **Future Considerations**
  - Federal/State Legislation
  - Federal/State Policy Changes

# Medi-Cal Rx: Questions

- For questions and/or comments regarding Medi-Cal Rx, DHCS invites stakeholders to submit those via email to [rxcarveout@dhcs.ca.gov](mailto:rxcarveout@dhcs.ca.gov)
- For questions and/or comments for GCHP regarding pharmacy benefits, please reach out to Annie Freese at [afreese@goldchp.org](mailto:afreese@goldchp.org)

## **AGENDA ITEM NO. 6**

**TO:** Provider Advisory Committee  
**FROM:** Eileen Moscaritolo, HMA Consultant  
**DATE:** March 9, 2021  
**SUBJECT:** HSP MediTrac Update

**SUMMARY:**

HSP MediTrac Update.

**RECOMMENDATION:**

Accept and file the update.

**ATTACHMENT:**

Verbal/PowerPoint Presentation



# HSP Medi-Trac Update March 9, 2021

**Integrity**

**Accountability**

**Collaboration**

**Trust**

**Respect**

# HSP Medi-Trac

- HSP MediTrac Managed Care System
  - Date Change to 5/3/2021
  - Amendment Under review
  - Provider Communication

# Questions?



## AGENDA ITEM NO. 7

**TO:** Provider Advisory Committee

**FROM:** Nancy Wharfield, M.D., Chief Medical Officer  
Pauline Preciado, Senior Director, Population Health and Equity

**DATE:** March 9, 2021

**SUBJECT:** Behavioral Health Integration

### **SUMMARY:**

To positively impact mental health care delivery, the Department of Health Care Services (DHCS) is using Proposition 56 funds to create the Behavioral Health Integration (BHI) Incentive Program. The program aims to incentivize improvement in physical and behavioral health outcomes, care delivery efficiency and patient experience by expanding fully integrated care with managed care plans (MCP) provider network. The goal of the program is to increase the MCP network integration for providers at all levels of integration, focus on new target populations or health disparities, and improve the overall level of integration or impact.

GCHP is proud to announce the approval of 7 pilot programs for Ventura County. These programs will have the opportunity to demonstrate how they will meet various behavioral health integration goals, objectives, and milestones. Each BHI project contains a target population, practice redesign components, and corresponding performance measures defined by DHCS.

GCHP will continue to work with DHCS and support these BHI programs during this pilot period. We look forward to partnering with our provider community as they bring innovation and best practice to Ventura County and positively impact mental health care delivery for our members and community.

### **RECOMMENDATION:**

Staff recommends that the Provider Advisory Committee accept and file the presentation.

### **ATTACHMENT:**

- 1) Preciado, P. (2021). Senior Director, Population Health and Equity, Behavioral Health Integration, Presentation Slides.

# Gold Coast Health Plan: DHCS Behavioral Health Integration (BHI) Program

Tuesday, March 9, 2021

Pauline Preciado  
Sr. Director Population Health & Equity

Integrity

Accountability

Collaboration

Trust

Respect

# DHCS BHI Incentive Program

## Overview

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### **Program Objective**

To incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care in a Medi-Cal managed health care plan's (MCP) network

### **Program Goal**

To increase MCP network integration for providers at all levels of integration, focus on new target populations or health disparities, and improve the overall level of integration or impact

# Behavioral Health Integration ( BHI ) Program- Update

Through Proposition 56 funding, programs will demonstrate how they will meet various behavioral health integration goals, objectives, and milestones.

PROVIDER	PROJECT
Clinicas Del Camino Real	3.1 Behavioral Health Integration for Beginners
	3.2 Maternal Health and Substance Abuse
Community Memorial Health System	3.1 Behavioral Health Integration for Beginners
Dignity Health	3.6 Improving Follow-up After ER Visit
Ventura County Behavioral Health (VCBH)	3.3 Medication Management for Beneficiaries w/ Co-Occurring Chronic Medical/Behavioral Diagnosis
	3.5 Improving Follow-up After Hospitalization for Mental Health Illness
Ventura County HCA- Ambulatory Care	3.1 Behavioral Health Integration for Beginners

## Additional Information:

- DHCS invested over \$10M for Ventura County BHI programs
- Monitoring progress
- Collaborative Meeting in March 2021
- DHCS reporting and invoicing quarterly

