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

Regular Meeting
Monday, January 25, 2021, 2:00 p.m.
Gold Coast Health Plan, 711 East Daily Drive, Community Room
Camarillo, CA 93010
Executive Order N-25-20
Conference Call Number: 805-324-7279
Conference ID Number: 164 128 328#
Para interpretación al español, por favor llame al 805-322-1542 clave 1234

AGENDA

CALL TO ORDER

OATH OF OFFICE

ROLL CALL

PUBLIC COMMENT

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

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

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

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Strategic Planning Retreat Minutes of December 15, 2020.

Staff: Deborah Munday, Executive Assistant / Assistant Clerk to the Commission

RECOMMENDATION: Approve the minutes of December 15, 2020.

2. Behavioral Health Integration (BHI) Program Oversight

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

RECOMMENDATION: Authorize hire of staff to oversee DHCS Behavioral Health Integration programs.

3. Resolution Extension through February 22, 2021

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Adopt Resolution No. 2021-001 to extend the duration of authority empowered in the CEO through February 22, 2021.

FORMAL ACTION

4. Strategic Plan 2021-2022

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

RECOMMENDATION: Staff recommends the Commission approve the Strategic Plan 2021-2022

5. Program of All-Inclusive Care for the Elderly (PACE)

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

RECOMMENDATION: Staff recommends that the Commission deny the request, based upon criteria approved by the Commission.

6. Conduent Contract Amendment

Staff: Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Authorize CEO to sign contract amendment.

7. Contract Extension for DR Management Services

Staff: Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Authorize CEO to sign contract extension.

8. October – December 2020 Financial Statements

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff recommends the Commission approve the October - December 2020 financial package.

REPORTS

9. Chief Executive Officer (CEO) Report

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

10. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report.

11. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

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

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

CLOSED SESSION

13. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer

ADJOURNMENT

Unless otherwise determined by the Commission, the next meeting will be held at 2:00 P.M. on February 22, 2021, at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

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

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 3 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Deborah Munday, Executive Assistant / Assistant Clerk to the Commission

DATE: January 25, 2021

SUBJECT: Meeting Minutes of December 15, 2020 Strategic Planning Retreat

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Minutes for the December 15, 2020 Strategic Planning Retreat.

Ventura County Medi-Cal Managed Care Commission
(VCMMCC)
dba Gold Coast Health Plan (GCHP)
December 15, 2020
Strategic Planning Retreat Minutes

CALL TO ORDER

Commission Chair Dee Pupa called the meeting to order via teleconference at 2:13 p.m. The Assistant Clerk was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, CA 93010.

ROLL CALL

Present: Commissioners Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and Scott Underwood, M.D.

Absent: Commissioners Fred Ashworth and Shawn Atin.

PUBLIC COMMENT

1. Mr. Ben Abdellatiff, Rosie's Taxi Service, stated he has been the owner of a small non-emergency medical transportation service in Ventura for six (6) years. Mr. Abdellatiff added he has contacted Gold Coast Health Plan (GCHP) regarding participating in the non-emergency medical system operation but each time has been told GCHP is satisfied with their current network and the contract is awarded exclusively to Ventura Transit System (VTS). He would like to see a level playing field and the one-to-one business relationship with VTS dismantled immediately. Mr. Abdellatiff requested that the Commission review the contract and allow small businesses the opportunity to work with GCHP.

Commission Chair Pupa asked if there were any comments. Chief Executive Officer, Margaret Tatar, stated that on behalf of the Commission and GCHP's management team that we operate the program, and the EMT program, effectively, efficiently and consistent with the many medical regulations to which we are bound.

2. Ms. Sara Pontecchi, Director of Business Development for the Ventura Transit System (VTS) stated she has been in contact with Mr. Abdellatiff and he has been asked to provide VTS with the necessary paperwork that is needed to move forward and submit information to GCHP for approval. VTS has been informed he does not have the required insurance for a sub-contractor. VTS does utilize sub-contractors whenever possible and there are three (3) currently working on the GCHP contract. VTS has been in contact with Mr. Abdellatiff.

Mr. Abdellatiff requested to speak to the Commission a second time. Commission Chair Dee Pupa asked legal counsel, Scott Campbell, BBK, if this was permissible. Mr. Campbell stated Mr. Abdellatiff would have one (1) minute to speak. However, Mr. Campbell noted for the record that GCHP did go out to a Request for Proposal (RFP) which allowed people to submit a proposal and only one (1) was received. Rosie's Taxi did not bid on that RFP; therefore, GCHP negotiated a contract with VTS.

Mr. Abdellatiff stated he was not aware of an ongoing bid, but he has sent emails to GCHP expressing his desire to participate in the non-emergency medical transportation program and understands GCHP is looking for larger companies that have a fleet of vehicles. Mr. Abdellatiff added that in Los Angeles County they do allow small businesses to participate. VTS has offered one dollar twenty cents ($1.20) per mile. The main concern is how the contract is designed to only have one (1) provider which is VTS. Mr. Abdellatiff said if someone would be allowed to work directly with GCHP, without going through VTS, then many businesses excel in Ventura County.

Commission Chair Pupa asked if there were any questions. Commissioner Espinosa stated that if Mr. Abdellatiff is not familiar with our RFP processes, someone from GCHP should contact him and explain our process if he desires to be the sole vendor not as a sub-contractor to VTS. GCHP is not opposed to multiple vendors replying to the RFP but this cannot be acted upon at this time.

CONSENT

1. Approval of Meeting Minutes of October 26, 2020 Regular Commission Meeting and amended Commission Meeting Minutes of September 28, 2020.

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

RECOMMENDATION: Approve the minutes of October 26, 2020.

Commissioner Espinosa motioned to approve the minutes. Commissioner Johnson seconded.

AYES: Commissioners Alatorre, Espinosa, Johnson, Pawar, Pupa, Swenson, Underwood.

NOES: None.

ABSENT: Commissioners Ashworth and Atin.

Motion carried.

2. Approval of the 2021 VCMMCC Meeting Calendar

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

RECOMMENDATION: Approve the 2021 VCMMCC Meeting Calendar

Mr. Scott Campbell, BBK, stated that the 2021 Strategic Planning Meeting is scheduled for a Tuesday, which is the same day as the County Board of Supervisors meeting. He added that there will be a Supervisor assigned to the Commission so we may want to move the meeting to another day. Commission Chair Pupa agreed.

Commissioner Espinosa moved that the adoption of the 2021 meeting calendar be approved with the exception of the Strategic Planning meeting date, Commissioner Alatorre seconded.

AYES: Commissioners Alatorre, Espinosa, Johnson, Pawar, Pupa, Swenson, Underwood.

NOES: None.

ABSENT: Commissioners Ashworth and Atin.

Motion carried.

Mr. Scott Campbell, BBK, added that when we know the date for the Strategic Planning Meeting, we will ensure it meets with everyone's calendars.

3. Approval of the Pharmacy Benefit Manager (PBM) Contract Amendment

Staff: Anne Freese, PharmD, Director of Pharmacy

RECOMMENDATION: Approve the PBM Contract Amendment.

Anne Freese, Director of Pharmacy, stated that it was announced in December 2020 that the State will be extending the implementation date of Medi-Cal Rx which is the carve out of all pharmacy benefits from the Plan to the State. The original implementation date was January 1, 2021. GCHP adjusted the contract with the current PBM Optum Rx scheduled to expire on December 31, 2020. She added that we will need to extend our current contracts so that there will be a PBM in place to offer services until the implementation date of April 1, 2021.

We have been working on a contract amendment with Optum. There are four (4) items, one is to extend the termination date until March 31, 2021, second is to reduce the termination notice from 90 days to 45 days only for termination related to the Medi-Cal Rx implementation

and the third is that we would maintain the current pricing structure for administrative fees to what is currently in the contract. There is agreement on those three items. The fourth item which is to extend the current pricing guarantees that are in our contract for the fourth contract year.

This extension would have a fiscal impact on GCHP if we continue to pay for pharmacy benefits through March 31, 2021. The amendment we are negotiating for administrative fees will be the same as they are currently with Optum. Pharmacy utilization may change, and it varies over time, so the full fiscal impact fluctuates with that utilization.

We are requesting authorization for staff to sign an amendment with the three items. The fourth item is still being negotiated and if we are able to get that we will include.

Commissioner Underwood moved to approve the PBM Contract Amendment (Items 1-3), Commissioner Swenson seconded.

AYES: Commissioners Alatorre, Espinosa, Johnson, Pawar, Pupa, Swenson, Underwood.

NOES: None.

ABSENT: Commissioners Ashworth and Atin.

Motion carried.

STRATEGIC PLANNING SESSION

Commission Chair Pupa stated the entire Gold Coast Health Plan team is very excited to present this today. A lot of work and energy has been put into this presentation.

CEO Margaret Tatar welcomed the staff and members of the public. She stated it was clear that this strategic planning process and the work that will be presented is a baseline strategic plan to demonstrate our commitment to the public and a reflection of our accountability to the community. Ms. Tatar added that we are awaiting Governor Newsom's new approach to the waiver and the extension of the waiver which will be negotiated shortly with Centers for Medicare and Medicaid Services (CMS). When there is a clear vision of the California medical waiver, we will come back and will merge the waiver with our Strategic Planning process.

Marlen Torres, Executive Director, Strategy and External Affairs, thanked the Commission and the Strategic Planning Ad Hoc Committee for meeting over the last several months and providing guidance and feedback in preparation of today's virtual meeting.

Ms. Torres reviewed meeting presenters:

- Jonathan Blum, Vice President, Federal Policy and Managing Director, Medicare, for Health Management Consultants. Mr. Blum will provide an in-depth review of our federal landscape as well as an analysis and overview of what can be expected from the new administration.
- Pauline Preciado, Senior Director, Population Health, will discuss health equity.
- Ted Bagley, Interim Chief Diversity Officer, will discuss diversity and inclusion.

These topics are not new to GCHP, but this is the first time they will be included in our strategic plan and seeing into the future. Ms. Tatar will end with the presentation of public plans in the exchange, medical and dental benefits in California. We will then move into breakout sessions and in order to assist with the flow of the meeting we have four breakout rooms. Commissioners, executive team and directors will be automatically moved into one of the rooms.

CEO Margaret Tatar introduced Jonathan Blum, Vice President, Federal Policy and Managing Director, Medicare for Health Management Consultants.

Mr. Blum discussed the changes taking place in Washington, D.C., and the new administration. These changes will shape California programs. Mr. Blum reviewed the healthcare federal policy agenda and the elements which were important to the Biden policy agenda. If the Senate is evenly split 50/50 or Republicans continue to hold the Senate, this will mean that the policy agenda put forth by the Biden/Harris campaign may have challenges being signed into law. With the public option we will potentially have to think about it differently with a divided government. Any legislation will need to pass the Senate.

Key legislation will start and be negotiated in the Senate with things such as drug pricing. This legislation will probably pivot to the Senate for a decision rather than the House. A divided federal government will be more challenging if that body is controlled by one party. This will mean we should look to the federal government to use its authorities to promote various health care policies, state waivers, demonstration programs.

COVID-19-19 pandemic is at its highest peak level and there is a large vaccine distribution to plan and think through. We also think the healthcare agenda is shaped by the COVID-19 response and ensuring the country becomes vaccinated.

The economy has not yet recovered which is creating challenges from tax collections to state revenues that will begin to shape the health policy process. There is a court decision potentially looming for the ACA. The Federal government continues to go into deficit spending in response to the pandemic and economic crisis. Congress needs to think about fiscal control and budget control which will shape the situation going forward.

President Elect Biden has begun to announce key appointments. The Attorney General from California has been nominated to become the Health and Human Services Secretary. The Biden administration's early priorities are the COVID-19 response to control the pandemic, economic stabilization and recovery, addressing health care disparities and repairing the ACA. President Elect Biden's budget will basically follow those four items.

President Elect Biden has discussed an eight-part response to COVID-19. One is to expand testing and to hire 100,000 contract tracers throughout the United States, increase capacity for prevention response and to increase the supply for the PPE to spend twenty five billion dollars ($25B) on vaccine development and distribution, provide timely advice and guidance to healthcare providers.

One of the Medicaid policies that is being watched is pulling back various state Medicaid waivers that some states put in place within the last couple of years and whether to extend work requirements to certain populations.

Discussion regarding proposals to reduce prescription drug costs to expand Medicare coverage to those under the age of 65. President Elect Biden campaigned to reduce costs and to promote competition back to the commercial market to ensure health are costs come down and to reduce overall healthcare expenses. Another proposal is to grant CMS the authority to negotiate drug prices to create processes to reimport drugs using the public option to extend more drug purchasing. Another issue that is a priority for President Elect Biden is Behavioral Health.

More pressure is expected to be put on managed care programs to ensure that they are expanding coverage and following federal rules. We expect a divided government in how laws are shaped and shifting toward waiver demonstration programs. There have been very public campaign pledges that are important to watch because those factors will shape the agenda and those potential disruptors will shape the overall agenda.

CEO Margaret Tatar thanked Mr. Blum for his presentation. Ms. Tatar stated that Governor Newsom had a proposal called CalAIM for his most recent concept. Ms. Tatar added that we are extending that waiver but all thought leaders in California believe that something like CalAIM will emerge when the Newsom team begins negotiations with the Biden team. The idea that the public plans in California would serve as and become licensed as D-SNP's to further integrate Medicare and Medicaid.

Public plans in California have thought about participating in the exchange and Governor Newsom may be interested in incentivizing public plans to engage in the exchange since we know that President Elect Biden has a strong interest in supporting the ACA.

Mr. Blum stated that both Democratic and Republican presidents generally give wide deference to the states and governors on how to propose changes to their health care systems. For many years there has been a partnership between states and the federal government, particularly around their Medicaid programs which will probably continue. The

federal government tends to be deferential to states particularly for dual eligible populations and that is something for us to be watching. As the dual eligible program shifts from the demonstration plans to D-SNF's, those plans will begin to be regulated by the Medicare program. As dual eligible plans transition from the current waiver approach, which has more of a customized approach, and more of a state Medicaid oversight. As the D-SNP model comes forward, that will shift the regulatory structure back to the Medicare side, including the star rating system, audit standardization and ensuring the plans follow the overall model of care that the Medicare program requires.

CEO Margaret Tatar thanked Jon for his comments regarding the distinctions between the waiver and what we may be seeing in D-SNP.

Commission Chair Pupa asked if there were any questions from the Commissioners. Commissioner Swenson thanked Mr. Blum for his presentation and added it was very clear and understandable. Commissioner Johnson said she appreciated his comments regarding the new administration coming in with a divided government and the impacts that will have from a federal level and how it will affect us on a state level.

Marlen Torres, Executive Director, Strategy and External Affairs, reviewed Telehealth. Telehealth has played a crucial role in being able to provide health care coverage. There are bills expected from the California Legislature regarding the continuation of telehealth and billing practices in the coming months. There will be a close eye on the Proposition 56 funds which provides a number of providers increased payments. The Affordable Care Act (ACA) will continue to be monitored especially after hearing the arguments from the Supreme Court in November. The Legislature is exploring data sharing and statewide Health Information Exchanges (HIEs) and they are very interested in this.

CEO Tatar reviewed the Key Drivers slide. It was noted that the vaccine is here and 2021 will be consumed with getting it out. In terms of interest rates, we can anticipate a period of a sustained period of low interest rates, allowing the government fiscal space to mitigate the consequences of this pandemic, which are significant on a number of business sectors. It is anticipated that President Elect Biden will promote and provide a strong voice for diversity and civil rights. There is the ACA challenge before the Supreme Court. It is also anticipated that President Elect Biden will be a strong supporter of Medicaid and Medicare. It is anticipated that President Elect Biden will respond favorably to California waiver requests then dialing it down to the local level. Governor Newsom has expressed an interest to reprocure the commercial plans that participate in the Medicaid space; this will not impact Gold Coast Health Plan as we are the only plan in Ventura County.

There will be expectations on the plans to not only improve outcomes which we will be eager to achieve, but we can also anticipate that the state will be expecting plans to participate and be involved in the elimination of bias to improve outcomes and to really promote diversity.

Pauline Preciado, Senior Director for Population and Equity, presented the plans for Health Equity, including an overview of the implementation strategy to achieving health equity within the organization. Improvement for our members can begin with capturing the work already being done within our departments and improving collaboration and alignment with our community and DHCS as we strive to meet the needs of our members.

The Current State of Health Equity was reviewed. Disparities are surfacing and widening at an alarming rate, including disproportionately affected racial and ethnic minority groups and between different socio-economic classes. As of June, the CDC reported 21.8 percent of COVID-19 cases in the United States were African American and 33.8 percent were of Latino descent even though these groups comprise only 13 and 18 percent of the United States population. California is 39 percent Latino but represents 57.7 percent of COVID-19 cases as of December 2020. The County hospitals have taken a significant lead in promoting health equity. The Hospital Association of Southern California (HCSC) is hosting webinar discussions to share best practice and convene collaborative efforts to address health equity challenges.

In 2016 the Population Health Management framework model was introduced. Since then systems to identify risk and disparity populations have been developed through our data to quickly target interventions designed to meet member needs. The Quality Department has been able to track and measure our programs while continuously improving our business. As a result, there are innovative practices emerge, such as the nationally recognized care management referral system and our DHCS recognized post-partum hospital ID promotion programs, which has all the successful and measurable results for members.

Review of the Framework for Health Care Organizations to Achieve Health Equity. The Institute of Healthcare Improvement (IHI) published a White Paper on achieving health equity for healthcare organizations. One is an evidence-based framework broad enough to capture efforts across departments and impact all areas from clinical leadership and frontline staff. Two it promotes engagement and alignment with community engagements under shared goals and much needed upstream interventions such as advocacy, education and policy. Three to deploying strategies – according to the CDC clinical interventions such as medications and treatments only impact 20 percent of the overall health of the person. Items four and five offer an expensive and broad view of health equity. Four is decreasing institutional racism which manifests in numerous ways. To recognize disparities in these outcomes we must commit to address not only bias in the healthcare system, but also racial and ethnic bias in education, the criminal justice systems and other societal institutions. Five to develop partnerships with community and to leverage community assets through alignment and sharing goals in health equity and supporting each other in Ventura County.

A review of Core Components in Health Equity. As with any program implementation, there needs to be a baseline and a source of measurement to ensure we are moving towards success and an education plan for staff. After staff education is implemented, some type of mid-level leadership support needs to be applied to convert these concepts into practice in their departments so they can champion these health equity practices with staff.

Commissioner Espinosa thanked Ms. Preciado for the presentation and leadership of executing a health equity assessment. Commissioner Espinosa added it has become evident that equity in all industries is taking the forefront in discussions across the country and in California. Commissioner Swenson thanked Ms. Preciado for the presentation and asked if this work will be included. Ms. Preciado stated it would be and are actively participating with this group and are launching to promote health equity within our partner organizations. Commission Chair Pupa thanked Ms. Preciado for the impressive presentation.

Ted Bagley, Chief Diversity Officer, presented the Diversity and Inclusion Program. Mr. Bagley stated recognizing racism is definitely a health issue and anyone who spends time in the community is aware of that. It is important to realize that everything that is happening in our country inundates our minds when we are on the job, so it is important not to separate one from the other because they are all inclusive.

Mr. Bagley reviewed the Diversity and Inclusion Council; currently we have four open positions and we have reached out to the cultures within Gold Coast Health Plan. The committee is led by Marlen Torres and I am very proud of the work that has been done in addition to their regular jobs. This is an effective group of individuals and they have worked on hotlines, one-on-one meetings and all staff meetings. The Council will be looking at succession planning to ensure everyone at all levels of the organization are being treated fairly and given the same opportunities. There have been Lunch and Learn sessions which have been very well attended.

Workforce Demographics was reviewed. Ventura County has about 836,000 people, 51 percent of that is female and 49 percent is male. We want the Commission to see how we are divided within Gold Coast Health Plan and how we are progressing from a promotional, fairness, equity and communication standpoint.

Gold Coast Health Plan's Diversity and Inclusion Strategy was reviewed. We are very pleased with the trends we have had; however, we have more to do. Now that we are venturing outside of GCHP, it is a bigger challenge, but we are ready. We will be focusing on governance, communications and process intervention.

The Diversity Wheel was reviewed. It is important to broaden our concept of what diversity is and develop a better understanding as we move into the realms of diversity issues. In the past we have been reactive but now we are moving into the proactive because we have done a good job of ensuring fairness and equity is occurring at Gold Coast Health Plan. We need to venture outside and be more creative. Cultural Competence is very important because unless you understand how certain cultures are made up and what is important to them it will be difficult to communicate and understand.

The Racism – Public Health Crisis slide was reviewed. It is important to not only understand what the current state is at Gold Coast Health Plan but also within the community. It's important to be able to communicate with the people in our community through interpreters

for the indigenous or non-English speaking individuals. These individuals are going to the doctor and are unable to communicate what their issues are. It's important that we figure out how to work with the County to begin solving some of these external issues. We will begin working with the medical side of Gold Coast Health Plan to see what they are experiencing. It's time for us to not only do a great job within Gold Coast Health Plan but expand to our community.

Commissioner Atin thanked Ted Bagley for leading this effort, Margaret Tatar and staff for shifting focus and expanding their efforts to look outside the organization for opportunities with diversity, equity and inclusion. We look forward to hearing more on your successes and challenges that you face in the coming year.

CEO Tatar reviewed the Public Plans and the Exchange. California was an early adopter in connection with ensuring readiness for ACA be expanded and Medi-Cal be actively promoted in the exchange. Some of the public plans in California participated in the coordinated care initiative that was the effort to combine and integrate Medicare and Medicaid. Many plans considered in the exchange considered this risky. The new administration may be interested in thinking about ways to incentivize public plans to participate in the exchange in the future. This would allow a public plan to offer continuity of care to members who moved back and forth from Medi-Cal enrollment to a Covered California product. We are going to promote the necessary commitment to diversity that is critical for the delivery of healthcare services to all our enrollees.

CEO Tatar reviewed the Dental Benefit. Healthcare is not just the primary acute care services that we currently provide, it also includes behavioral health and oral health. California has had some experience with dental managed care, but certainly we divined in what Governor Newsom stated last year about CalAIM oral health needs to be a more critical component of whole person care. Emerging Dental Policy is a policy that should be reviewed. It is not a benefit that we currently manage but we think that it would be wise for us to keep an eye on this policy. The state has dental managed care in select counties and the success has been mixed.

The Newsom administration expressed a long-term goal of authorizing fully integrated plans that would include all Medi-cal services, dental, behavioral health, SMI, long-term care, home and community-based services in a fully integrated plan that would serve the person. Oral health remains a challenge for many of our beneficiaries.

We would like to deliver access to the underserved populations and do so in a way that will, in our view, help to eliminate bias and promote health equity.

Commission Chair Pupa stated it is nice to see this needed service in our Strategic Planning. CEO Tatar stated that oral health is often overlooked but it is a significant aspect of early childhood development.

Marlen Torres, Executive Director, Strategy and External Affairs, thanked all the presenters. CEO Tatar stated the Proposed FY2021-2022 Strategic Plan are the pre-approved Commission objectives and the tactics that have been identified as critical. One of the strategic imperatives that has been identified is that we tighten our internal controls consistent with the commitment the appendix includes.

Break Out Session began at 4:05 p.m. Report Out time began at 4:40 pm.

Breakout Room #1
Margaret Tatar, CEO, stated their table focused on:
- Eliminating bias and promoting goals around diversity and inclusion – strong support from Commissioners
- Expanding the role for the Chief Diversity's programs and officers
- Possible roles for GCHP in connection with expanding to publicly financed programs i.e. D-SNP's – strong support from Commissioners.
- D-SNPs – plan/schedule and do a full analysis of what it would take to secure Knox-Keene licensure and how to pursue as contemplated by Governor Newsom
- Opportunities that public plans face with participation in the exchange – possible publicly financed healthcare space

Breakout Room #2
Kashina Bishop, CFO, stated their table focused on:
- HIE – a lot of support and how it can prevent duplicate services and save on costs in the long-term
- CDO Position – discussed the next five years and how critical it is, groundwork has been laid. Suggestion for a Town Hall regarding what health equity means in the community.
- Diversity – incorporating into our contracting efforts. Commissioner Espinosa would like to go deeper than statistical measurements and look at what it means to members for health equity and diversity.
- Knox-Keene Licensure – there was support. There was concern and we need to consider and assess as it could be labor time sensitive, so it needs to be timed carefully.
- Communication – important to be creative in how we communicate. Need to be efficient because people are overloaded with information now.

Breakout Room #3
Anne Freese, Pharmacy Director, stated their table focused on:
- Telehealth
- HIV in the County – importance of data being automatically available
- Diversity – importance of health equity, especially with COVID-19-19/pandemic
- Community – how to educate and get information out
- CalAIM, D-SNP and Knox-Keene License – will prepare us for the future
- Behavioral Health Integration is a huge demand
- SMI from the health plan is a disadvantage to members. Shortage of staff and how it affects the ability to offer this program.

- Virtual engagement – engage further with potential videos, radio podcasts, etc. instead of written information

Breakout Room #4
Kris Schmidt, Director Strategy and Enterprise Analytics

- CDO Position – similar thoughts and ideas around staff equity assessment metrics and measurements and ensuring steady progress towards goals and objectives
- Education is key, and we need to understand other's experiences – need to talk and listen.
- Knox-Keene licensure – discussion regarding costs and what would be involved. A question came up about where we are today as an organization, compared to the checklist, and where we stand on the continuum and what it might mean to move forward.
- Community Engagement – group felt the same. Virtual Town Halls were suggested allowing the members to call in and voice their concerns. The challenge is that not everyone has the available technology. It would be a good idea to look back to what we were doing before the pandemic and how we might implement some of the programs remotely.
- HIE – group excited about what it would provide. Commissioners Johnson and Underwood were very excited about what it might provide.

Marlen Torres, Executive Director, Strategy and External Affairs, thanked everyone for the information. Some of the information will be presented to the Commission at the January 25, 2021 meeting.

CEO Tatar thanked everyone and expressed her gratefulness for all the conversations. This has been an extraordinary year and we are proud of what we have been able to deliver to you and our community.

Commission Chair Pupa asked for comments from Commissioners. Commissioner Johnson thanked everyone and being able to deep dive into conversations. She was appreciative of all the hard work. Commissioner Alatorre thanked the group for the wonderful work that has been done this past year and this presentation. Commissioner Espinosa felt the presentation was very productive and being able to weigh in in the small group – very important to draw out comments from people.

Commission Chair Pupa added that she has been on and off the Commission for many years and this is by far the best strategic planning retreat that she has participated in. The transformation of Gold Coast Health Plan over the last year has been extremely impressive and it's almost a complete turnaround from where it was one year ago. It has been difficult with COVID-19, but the team has come together making working remotely seamless.

CEO Tatar thanked the Commissioners for their comments and the executive team and directors for bringing this together as a team. A special thank you to Marlen Torres for coordinating this retreat. Marlen Torres stated she appreciated the comments and the opportunity to put this together.

COMMENTS FROM COMMISSIONERS

None.

The Commission moved to Closed Session at 5:14 p.m. Commissioners Pupa, Cho and Johnson recused themselves from one of the closed session items to avoid a conflict of interest regarding any discussion on potentially entering into a contract with their employer.

CLOSED SESSION

4. REPORT INVOLVING TRADE SECRET:
Discussion will concern: Proposed new service and program
Estimated date of public disclosure: TBD

5. REPORT INVOLVING TRADE SECRET:
Discussion will concern: Proposed new service and program
Estimated date of public disclosure: TBD

Cathy Salenko, Partner, BBK, stated there was no reportable action.

ADJOURNMENT

The meeting adjourned at 6:32 p.m.

Approved:

_____
Deborah Munday
Executive Assistant / Assistant Clerk to the Commission

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, MD, Chief Medical Officer

DATE: January 25, 2021

SUBJECT: Behavioral Health Integration Program Oversight

SUMMARY:

Gold Coast Health Plan ("GCHP") staff are seeking to hire a resource to oversee Behavioral Health Integration ("BHI") programs in our county.

The Department of Health Care Services ("DHCS") is utilizing Proposition 56 funding to incentivize Medi-Cal Managed Care Health Plans ("MCPs") to promote behavioral health integration in their provider networks. DHCS approved six programs in Ventura County.

The implementation date for BHI programs was delayed by COVID-19, with the result that DHCS has only recently provided funding and program requirement details. GCHP staff worked with the six provider programs to complete Memoranda of Understanding ("MOUs") by December 31, 2020, in order to qualify for readiness incentive payments. Continued funding for program years 1 and 2 is dependent on meeting milestones detailed in program proposals. GCHP will be responsible for the collection, evaluation, and oversight of the project options, including monitoring milestone achievements and reporting project status to DHCS. Therefore, DHCS is providing funding to MCPs for oversight and management of BHI programs. Available funding for each MCP is $200,000 for program years 1 and 2. GCHP are seeking approval to hire a staff member with clinical and program management expertise to oversee BHI program requirements.

FISCAL IMPACT:

None.

RECOMMENDATION:

GCHP staff recommend the Commission approve hiring a resource to oversee Ventura County Behavioral Health Integration programs.

Gold Coast Health Plan℠
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AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: January 25, 2021

SUBJECT: Adopt a Resolution to Renew Resolution No. 2020-007, to Extend the Duration of Authority Empowered in the CEO to issue Emergency Regulations and Take Action Related to the Outbreak of Coronavirus ("COVID-19")

SUMMARY:

Adopt Resolution No. 2021-001 to:

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

BACKGROUND/DISCUSSION:

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

In the short period of time following the Governor's proclamation, COVID-19 has rapidly spread through California necessitating more stringent action. On March 19, 2020, Governor Newsom issued Executive Order N-33-20 (commonly known as "Safer at Home") ordering all residents to stay at home to slow the spread of COVID-19, except as needed to maintain continuity of operation of the federal critical infrastructure sectors.

The following day, the Ventura County Health Officer issued a County-wide "Stay Well at Home", order, requiring all County residents to stay in their places of residence subject to certain exemptions set forth in the order.

Prompted by the increase of reported cases and deaths associated with COVID-19, the Commission adopted Resolution No. 2020-001 declaring a local emergency and empowering

the interim CEO with the authority to issue emergency rules and regulations to protect the health of Plan's members, staff and providers. Specifically, section (2) of Resolution No. 2020-001 describes the emergency powers delegated to the CEO which include, but are not limited to: entering into agreements on behalf of the Plan, making and implementing personnel or other decisions, to take all actions necessary to obtain Federal and State emergency assistance, and implement preventive measures to preserve Plan activities and protect the health of Plan's members, staff and providers.

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

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

On April 28, 2020, Governor Gavin Newsom alongside State Public Health Officer Dr. Sonia Angell, announced California's Roadmap to Pandemic Resilience, which discussed how the state is planning to modify its state-wide Safer at Home order to "reopen California".

On May 4, 2020, Governor Newsom issued Executive Order N-60-20, declaring that California is prepared to move into the early phase of "Stage 2" to permit the gradual reopening of lower risk businesses and open spaces commencing on Friday, May 8, 2020, with modifications. As the state moves forward with reopening of certain businesses and spaces, Executive Order N-60-20 directs the State Public Health Officer to establish criteria and procedures, as set forth in the order, to determine whether and how local jurisdictions may implement local measures that depart from statewide directives.

Following the Governor's order, the Ventura County Health Officer modified its County-wide Stay Well at Home order on May 7, 2020, to align itself with the State's reopening process announced on May 4, 2020. Under the County Health Officer's May 7th order, certain low risk businesses such as florists, clothing stores, book stores, and sporting goods stores are permitted to re-open with modifications.

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

Following the Commission's adoption of Resolution No. 2020-003, the State has permitted new specified businesses and recreation areas to reopen subject to modifications designed to implement social distancing and prevent the further spread of the disease. To help guide businesses and outdoor recreation areas as they reopen, the State Public Health Officer issues

individual reopening protocols for each industry that is permitted to reopen. The individual protocols require these spaces to implement industry-specific safety measures to help combat COVID-19.

In line with the State's directives, the County Health Officer updated its May 7, 2020 order again on May 20th, May 22nd, May 29th, and June 11, 2020. As with the previous County Health Officer orders, the June 11th order permits specified new industries to re-open in line with the State's directives.

In the following weeks however, the State and County Health Department reported a sharp increase in new confirmed COVID-19 cases and hospitalizations. Evidence demonstrates that the timing of these increases is in line with the reopening of "high risk" businesses where individuals may congregate with members who are not part of the same household and remove their face coverings to eat and drink. The uptick in cases prompted the County Health Officer to issue an order on July 2, 2020, ("July 2nd Order") to require the closure of bars, and the temporary closure of County beaches in anticipation of large crowds that were expected and did gather during the Fourth of July weekend.

On July 13, 2020, the State Public Health Officer issued a state-wide order to require the immediate closure of: (1) indoor and outdoor operations of bars, pubs, brewpubs and breweries; and (2) indoor operation of restaurant dining, movie theaters, zoos, museums, cardrooms, wineries and tasting rooms. The order also imposes more stringent requirements on specified counties, including Ventura County that have appeared on the State's monitoring list for three consecutive days to prohibit the indoor operations of: gyms and fitness centers, places of worship, protests, offices for non-critical infrastructure sectors, personal care services, hair salons, barbershops, and malls. Also on July 13, 2020, the County Health Officer issued an order, requiring the closure of indoor operations of the following establishments: gyms and fitness centers, worship services, protests, offices for non-essential sectors, personal care services (e.g., nail salons, body waxing, and tattoo parlors), hair salons and barbershops, and malls.

On July 16, 2020, the County Health Officer amended its July 2nd Order to permit bars that serve food, wineries, and wine tasting rooms to reopen provided that they operate outdoors and abide by applicable State orders and guidance, and additional local requirements set forth in the County order.

Since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th and more recently on October 26, 2020 by adopting Resolution No. 2020-007. Resolution No. 2020-007 expires today, January 25, 2021.

On August 28, 2020, the State Health Officer issued a new order that sets forth an updated framework that is intended to guide the gradual reopening of businesses and activities in the state while reducing the increased community spread of the disease. The new framework is entitled, "California's Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe". Under this updated framework, every county in California is assigned to a tier based on how prevalent COVID-19 is in each county and the extent of community spread—Purple (Widespread), Red (Substantial), Orange (Moderate) and Yellow (Minimal). The color of each respective tier indicates what sectors may reopen. As of the date of this report, Ventura County is the Purple Tier.

Unfortunately, the State and County are experiencing a surge of COVID-19 cases that has surpassed the average daily rate of confirmed cases since the start of the pandemic. According to the State Public Health Officer, COVID-19 hospitalizations have increased sevenfold over the last two months, while COVID-19 Intensive Care Unit ("ICU") hospitalizations have increased by over sixfold over the last two months, and large proportions of California hospitals have reached significant strain on their ability to provide adequate medical care to their communities.

With ICU bed capacity rapidly decreasing throughout California, the Governor issued a State Regional Stay at Home Order on December 3, 2020, that would trigger greater restrictions on a region consisting of multiple counties depending on that region's ICU hospital bed availability. Once a region has less than 15 percent ICU availability, all counties within the region are required to follow the State Regional Stay at Home Order within 24 hours for at least three weeks.

On January 5, 2021, the State Public Health Officer issued a new order that is intended to reduce pressure on strained hospital systems and redistribute the responsibility of medical care across the state so patients can continue to receive lifesaving care. To preserve services, the public health order requires some non-essential and non-life-threatening surgeries to be delayed in counties with 10 percent or less of ICU capacity under the Regional Stay at Home Order where the regional ICU capacity is at 0 percent.

Although there are now two vaccines—Pfizer-BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine, that have proven to help combat the disease in adults, the vaccine is not yet available to the general public. The disease can still spread rapidly through person-to-person contact and those in close proximity.

This resolution will continue to empower the CEO with the authority to issue orders and regulations necessary to prevent the further spread of the disease and protect the health and safety of Plan members and staff through February 22, 2021, the next regularly scheduled Commission meeting. As mentioned above, pursuant to Resolution No. 2020-002, the Plan's Local Emergency proclamation shall remain effective through the duration of the Governor's State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last.

FISCAL IMPACT:

None.

RECOMMENDATION:

1. Adopt Resolution No. 2021-001 to extend the duration of authority empowered in the CEO through February 22, 2021.

ATTACHMENT:

1. Resolution No. 2021-001.

RESOLUTION NO.2021-001

A RESOLUTION OF THE VENTURA COUNTY MEDICAL MANAGED CARE COMMISSION, DOING BUSINESS AS THE GOLD COAST HEALTH PLAN (“PLAN”), TO RENEW AND RESTATE RESOLUTION NO. 2020-007 TO EXTEND THE DURATION OF AUTHORITY EMPOWERED IN THE INTERIM CHIEF EXECUTIVE OFFICER OR CHIEF EXECUTIVE OFFICER ("CEO") RELATED TO THE OUTBREAK OF CORONAVIRUS ("COVID-19")

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

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

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

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

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

WHEREAS, since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th and more recently on October 26, 2020 by adopting Resolution No. 2020-007. Resolution No. 2020-007 expires today, January 25, 2021; and

WHEREAS, on August 28, 2020, the State Health Officer issued a new order that sets forth an updated framework that is intended to guide the gradual reopening of businesses and activities in the state while reducing the increased community spread of the disease, entitled “California’s Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe”; and

WHEREAS, under this updated framework, every county in California is assigned to a tier based on how prevalent COVID-19 is in each county and the extent of community spread—Purple (Widespread), Red (Substantial), Orange (Moderate) and Yellow (Minimal) and the color

of each respective tier indicates what sectors may reopen. As of the date of this Resolution, Ventura County is in the Purple tier; and

WHEREAS, unfortunately, the State and County are experiencing a surge of COVID-19 cases that has surpassed the average daily rate of confirmed cases since the start of the pandemic; and

WHEREAS, with Intensive Care Unit ("ICU") bed capacity rapidly decreasing throughout California, the Governor issued a State Regional Stay at Home Order on December 3, 2020, that would trigger greater restrictions on a region consisting of multiple counties depending on that region's ICU hospital bed availability. Once a region has less than 15 percent ICU availability, all counties within the region are required to follow the State Regional Stay at Home Order within 24 hours for at least three weeks; and

WHEREAS, according to the State Public Health Officer, COVID-19 hospitalizations have increased sevenfold over the last two months, while COVID-19 ICU hospitalizations have increased by over sixfold over the last two months, and large proportions of California hospitals have reached significant strain on their ability to provide adequate medical care to their communities; and

WHEREAS, on January 5, 2021, the State Public Health Officer issued a new order that is intended to reduce pressure on strained hospital systems and redistribute the responsibility of medical care across the state so patients can continue to receive lifesaving care. To preserve services, the public health order requires some non-essential and non-life-threatening surgeries to be delayed in counties with 10 percent or less of ICU capacity under the Regional Stay at Home Order where the regional ICU capacity is at 0 percent; and

WHEREAS, unless renewed by the Commission, the delegation of authority empowered in the CEO, pursuant to Resolution No. 2020-007 shall expire today, January 25, 2021; and

WHEREAS, this resolution will continue to empower the CEO with the authority to issue orders and regulations necessary to prevent the further spread of the disease and protect the health and safety of Plan members and staff through February 22, 2021, the next regularly scheduled Commission meeting; and

WHEREAS, although there are now two vaccines—Pfizer-BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine that have proven to help combat the disease in adults, the vaccine is not yet available to the general public. The disease can spread rapidly through person-to-person contact and those in close proximity; and

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

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

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

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

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

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

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

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

A. Arrange alternate "telework" accommodations to allow Plan staff to work from home or remotely, as deemed necessary by the CEO, to limit the transfer of the disease.

B. Help alleviate hardship suffered by Plan staff related to emergency conditions associated with the continued spread of the disease such as acting on near-term policies relating to sick leave for Plan staff most vulnerable to a severe case of COVID-19.

C. Address and implement expectations issued by the California Department of Health Care Services ("DHCS") and the Centers for Medicare & Medicaid Services ("CMS") regarding new obligations to combat the pandemic.

D. Coordinate with Plan staff to realign job duties, priorities, and new or revised obligations issued by DHCS and CMS.

E. Take such action as reasonable and necessary under the circumstances to ensure the continued provision of services to members while prioritizing the Plan's obligations pursuant to the agreement between DHCS and the Plan ("Medi-Cal Agreement").

F. Enter in to such agreements on behalf of the Plan as necessary or desirable, with advice of legal counsel, to carry out all actions authorized by the Commission in the Resolution.

G. Authorize the CEO to implement and take such action on behalf of the Plan as the CEO may determine to be necessary or desirable, with advice of legal counsel, to carry out all actions authorized by the Commission in this Resolution.

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

A. The Commission approves and ratifies the actions of the CEO and the Plan's staff heretofore taken which are in conformity with the intent and purposes of these resolutions.

Section 4. Resolution No. 2020-001 expired on April 27, 2020.

Section 5. On April 27, 2020, the Commission adopted Resolution No. 2020-002 to:

A. Renew and reiterate the declaration of a local emergency related to the outbreak of COVID-19 to remain effective through the duration of the Governors' State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and

B. To extend the duration of authority empowered in the CEO to issue emergency regulations related to the COVID-19 outbreak to May 18, 2020.

Section 6. The Commission adopted Resolution No. 2020-003 on May 18, 2020, to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-002 and to adopt the following additional emergency measures:

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

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

Section 7. On May 4, 2020, California Governor, Gavin Newsom issued Executive order N-60-20, to modify its state-wide Safer at Home order and allow the state to move into Stage 2 of the reopening process to permit certain low risk businesses and open spaces to open with modifications. Executive Order N-60-20, also directs the State Public Health Officer to establish and criteria and procedures, as set forth in the order to determine how local jurisdictions may implement public health measures that depart from state-wide directives of the State Public Health Officer.

Section 8. The Commission adopted Resolution No. 2020-004 on July 27, 2020 to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-003 through August 24, 2020. Resolution No. 2020-004 expired on August 24, 2020.

Section 9. The Commission adopted Resolution No. 2020-005 on August 24, 2020 to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-004 through September 28, 2020. Resolution No. 2020-005 expired on September 28, 2020.

Section 10. The Commission adopted Resolution No. 2020-006 on September 28, 2020 to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-005 through October 26, 2020.

Section 11. The Commission adopted Resolution No. 2020-007 on October 26, 2020, to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-006 through January 25, 2021. The Commission canceled the November meeting and the Commission focused on the Strategic Plan during its December meeting.

Section 12. The Commission now seeks to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-007 through February 22, 2021.

Section 13. Unless renewed by the Commission, the delegation of authority empowered in the CEO, pursuant to this Resolution shall expire on February 22, 2021.

PASSED, APPROVED AND ADOPTED by the Ventura County Medi-Cal Managed Care Commission at a regular meeting on the 25th day of January 2021, by the following vote:

AYE:

NAY:

ABSTAIN:

ABSENT:

_____
Chair:

Attest:

_____
Clerk of the Commission

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: January 25, 2021

SUBJECT: GCHP Strategic Plan 2021-2022

SUMMARY:

On December 15, 2020 the Commission held its annual retreat with staff to go over Gold Coast Health Plan's strategic plan in the coming year. The Commission heard from various presenters on the following topics:

- Federal Landscape
- State and Legislative Landscape
- Health Equity
- Diversity and Inclusion

The Commission then moved to breakout rooms where they had the opportunity to meet with staff to go over the strategic plan for the coming year. From the breakout room discussions, the following themes surfaced:

- Support for continuing efforts to address health equity and diversity and inclusion.
- Support for becoming Knox Keene licensed to be well position to implement the California Advancing and Innovating Medi-Cal (CalAIM) proposals while making sure GCHP has the right resources.
- Support for moving forward with Health Information Exchange.

Finally, once the Strategic Plan is approved staff will present a quarterly update to Commission to inform them of the progress being made on meeting the objectives put forth in the strategic plan.

RECOMMENDATION:

Approval of the GCHP Strategic Plan 2021-2022, January 25, 2021

ATTACHMENTS:

GCHP Strategic Plan 2021-2021 Presentation, January 25, 2021

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Strategic Plan 2021-2022

January 25, 2021

Marlen Torres, Executive Director
Strategy & External Affairs

711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

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	• Host inaugural awards event -Q4 2020 ✓
Advocate for and promote HIE for Ventura County	• Engage, assist, and convene stakeholder groups in the HIE evaluation and decision-making process – Nov. 2019 - March 2020 ✓ • Select and Procure HIE Solution – Nov./Dec. 2020 ✓ • Implement HIE Solution, Phase I – Eligibility– Q2 2021
Optimize encounter data collection and quality	• Assess current state, identify gaps. Establish baseline, incremental performance goals, and workgroups. – Q1 CY2021 • Develop improvement action plans – Q1 2021
Launch GCHP Enterprise Data Warehouse	• Procurement and Commission Recommendation – Jun. 2020 ✓ • Phase 1 proof of concept completion – Jan. 2021 • Phase 2 production foundation completion – June 2021 • Additional phases TBD by FY21-22 budget funding • Procurement recommendation for Commission approvals – July 2021
Comply with CMS/ONC advancement of interoperability and support PHI data sharing collaboration opportunities between GCHP and community partners for improved member health outcomes	• Research solution marketplace, conduct risk assessment, and determine approach – Q2 2021 • Establish the budget – Q2 2021 • Procurements and Execution of Contract – Q4 2021 • Implementation – Phase 1 – Q2 2022, Phase 2 – Q1 2023

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	• Analyze requirements for Medi-Cal Healthier California for All initiatives – Dec. 2019 ✓ • Identify key Medi-Cal Healthier California for All collaboration stakeholders – Dec. 2019 ✓ • Establish internal and external workgroup participants and schedules – Jan.-Feb. 2020 ✓ • Conduct meetings with county stakeholders in preparation for Cal AIM implementation – Jan. 2020 ✓ • Develop and implement strategy and engagement calendar for public release – March 2020 ✓
Further Population Health Initiatives to support quality improvement efforts	• Continue to facilitate and support community collaborative efforts to improve health outcomes, such as the VC Community Health Improvement Collaborative (VCCHIC) – Ongoing throughout 2021 • Facilitate the adoption of Health Information Exchange (HIE) among health care partners – CY 2019 through Q4 2021
Implement Population Health Management Initiative	• Dependent on DHCS guidance • Targeted implementation date: January 1, 2023
Submit WPC/GCHP Transition plan to DHCS	• Collaborate with the Whole Person Care Team on DHCS transition deliverables (Dec. 2020) • Prepare GCHP/DHCS transition plan (Jul. 2021)
Implement Enhanced Care Management (ECM) & ILOS (Collaborate with current WPC program transition plan)	• Plan ECM transition report for DHCS • Addressing the required target population for ECM • Identifies ILOS initiatives
Obtain NCQA Certification	• Target Implementation Date: January 1, 2026

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.	• Implement eVips system – Q1 2021 • Provider Webinars – Q4 2020 ✓ • Provider Resource Guide – Q4 2020 ✓ • Provider Operations Bulletin – Q4 2020 ✓
Ensure ASO performs to full contractual compliance	• Assessment of ASO performance – March 2020 ✓ • Review findings with Executive Finance – Q2 2021 • Review assessment findings with Commission – Q4 2021
Implement AHP plan-to-plan (P2P) pilot and evaluate and support county plan-to-plan contract efforts	• Achieve enterprise consensus on delegated oversight implementation for new business model ✓ • Perform pre-delegation audit following regulatory approval of the P2P Pilot • Work with the delegates to address any pre-delegation deficiencies • Facilitate ongoing conversations with GCHP business owners to ensure adequate line of sight into the implementation and execution of the P2P Pilot
Utilize and leverage multi-channel communications to share outcomes and successes	• Launch GCHP Community eNewsletter – Aug. 2020 ✓ • Refresh GCHP intranet "Compass" – March 2020 ✓ • Launch GCHP social media platform – Q1 2021

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.

Goals	Measure/Timeframe
Reduce interest paid on claims by 10%	• Implement reporting and metrics in claims queues to reduce interest related to delays in payments – Dec. 2019 ✓ • Identify pass through opportunities and reporting for errors and omissions – Dec. 2019 ✓ • Identify reporting and agreement from external vendor to capture errors and omissions which impact interest and overpayments – Feb. 2020 ✓
Prospective RDT Reporting	• Comprehensive workflow and process map completed – Q1 2021 • Completion of gap analysis – Q1 2021 • Establishment of governance structure and workplan – Q1 2021 • Development of monthly reporting tool – Q2 2021 • Quarterly reconciliation process with encounter data – Q2 2021
Implement Phase Two of the Solvency Action Plan	• Complete the outlier rate analysis – Jan. 2021 • Make contracting changes to minimize financial risk associated with efficiency adjustments – Mar. 2021 • Implement contractual changes associated with the outlier rate analysis – Mar. 2021
Establish formal organizational risk management program	• Obtain budgetary funding approval for Enterprise Risk Management (ERM) platform – Q3 2021 • Develop and implement ERM framework based upon platform chosen – TBD

5. GCHP will develop the best culture and be considered a great place to work (Retain, Develop, and Attract Talent).

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

Goals	Measure/Timeframe
Conduct employee survey (Retain Talent)	• Employee survey completed by Dec. 2019 ✓ • Share results with Commission – Jan.-Feb. 2020 ✓ • Develop action plan(s) based on survey results to address culture improvement opportunities identified by the survey – Jan. 2021
All GCHP departments will have regular meetings; no less than bi-monthly mandatory all-hands meetings (Retain Talent)	• 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
Identify and document current talent retention and organizational development initiatives (Retain and Develop Talent)	• Identify high performers (Director and Manager level) through talent calibration sessions with the leadership team- Jun. 2021 • Design and implement development programs and opportunities to address high performer needs-Jul. 2021 • 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 • Evaluate organization structure to ensure transitional progression/succession positions exist – Ongoing throughout 2021
Recognize employee contribution (Retain Talent)	• Develop an employee recognition program – Q2 2021
Evaluate recruiting process and strengthen our process (Attract Talent)	• Complete evaluation-Q1 2021 • Implement process changes- Q2 2021

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	Measure/Timeframe
Successful implementation of GCHP enterprise portfolio initiative: • Successful implementation of HSP-MediTrac and iTransact	• Successful Go Live – Q1 2021

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

Successful Pharmacy Carve Out by April 1, 2021	• The following measures are successfully being implemented on an ongoing basis:
	  ○ Assist DHCS with provider and member notification to ensure understanding of the new carve-out processes and to limit negative member impact – Ongoing through 2021
	  ○ Develop ability to consume NCPDP drug format – dependent upon state PBM project timeline – Ongoing through 2021
	  ○ Analyze and communicate implications from the Rx carve out for HRA, IHAs, and case management – Ongoing through 2021
	  ○ Participate and provide feedback into Rx Carve out stakeholder groups to

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

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

Goals	Measure/Timeframe
Begin alignment of process with NCQA standards	• Initiate a gap analysis – TBD (CalAIM Requirements Dependent)
Improve Medical and Behavioral Health Integration	• Identify opportunities to improve behavioral health services through oversight of Behavioral Health Integration Pilot Programs – (Q1 2021-Q4 2022)
Disaster Recovery/Business Continuity Plan	• Development of Incident Response Plan-Ongoing throughout 2021 • 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
Continue quality innovation for best member health outcomes	• Continue collaboration with DHCS on performance improvement process-Ongoing throughout 2021 • Focus on equity from a quality perspective-Ongoing throughout 2021
Member Communication Strategies	• Continued cross functional collaboration on TPCA barrier and mitigation strategies-Ongoing throughout 2021
Hire a Chief Operating Officer	• Successful hire of a COO – Ongoing thru 2021

Best Medi-Cal Plan in California

Gold Coast Health Plan℠

A Public Entity

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
CalAIM: 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. 5

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: January 25, 2021

SUBJECT: Letter of Support Request from Innovative Integrative Health Pace (IIHPP)

SUMMARY:

Gold Coast Health Plan (GCHP) received a request for a letter of support from Innovative Integrative Health Pace Partnership (IIHPP) to start a PACE Organization (PO) in Ventura County. In a County Organized System (COHS), it is required by the Department of Health Care Services (DHCS) for a PO to obtain a letter of support from the existing COHS and submit it to DHCS along with its completed application for review. GCHP recently adopted criteria for Commission approvals of PO's requests for letters of support. Such policy, among other things, included that letters of approval should only be issued for non for profit or governmental agencies.

IIHPP is a partnership between Innovative Integrated Health (IIH) PACE, a provider of PACE programming in California, and Among Friends Adult Day Health Center (ADHC), local ADHC/Community Based Adult Services (CBAS) center. IIH and Among Friends will combine their collective organizational and operational experience to develop a new PACE program, Among Friends PACE, specifically designed to meet the needs of Ventura County's PACE eligible residents.

BACKGROUND:

In September 2020, the Commission approved the GCHP PACE Organization-Letter of Support Criteria Policy. To meet state requirements, GCHP established the following criteria that the prospective PO must meet in order to obtain a letter of support. The proposed PO must demonstrate that it:

1. Is currently operating in Ventura County;
2. Is currently operating in good standing, which means that, for those organizations currently contracted with GCHP for the delivery of services, have not been sanctioned or subject to penalties pursuant to enforcement actions from DHCS or GCHP;
3. Has demonstrable experience in serving the Medi-Cal population, in particularly those who are dually eligible for Medicare and Medi-Cal, in Ventura County;
4. Is a not for profit or governmental agency; and

5. Will cooperate with GCHP by providing periodic reporting on PO operations, including marketing/outreach methods, enrollment and disenrollment statistics, etc.

GCHP should consider the above five criteria and whether there is the need for another PO in Ventura County in making its decision. After evaluating the criteria above, the organization does not meet the fourth listed criteria as it is a for profit organization.

RECOMMENDATION:

Based on the above criteria GCHP staff recommends the Commission deny the request as this is a for profit entity. If the Commission determines that a letter of support is warranted, it should make findings why an exception to the policy is warranted by this application.

INNOVATIVE INTEGRATED HEALTH, INC.

AMONG FRIENDS
Adult Day Health Care Center

October 21, 2020

Ventura County Medi-Cal Managed Care Commission
Gold Coast Leadership Team
C/O Gold Coast Health Plan
711 E. Daily Drive, Suite 106
Camarillo, CA 93010

RE: INNOVATIVE INTEGRATED HEALTH PACE PARTNERSHIP – PACE ORGANIZATION LETTER OF SUPPORT REQUEST

Innovative Integrated Health PACE Partnership's (IIHPP) mission is to enable frail, underserved, and multi-ethnic senior communities to enjoy an improved quality of life and to age at home with dignity. Our organization achieves this by providing high-quality health and human services through our proven PACE model that affords seniors the services and support needed to continue residing in their own homes and being part of their chosen communities, thereby maintaining their independence. IIHPP takes pride in developing a community-first approach to senior care and shares the commitment of Gold Coast Health Plan in providing access to quality care with an emphasis on member choice.

Organizationally, IIHPP possesses significant PACE and Adult Day Health Center (ADHC)/Community Based Adult Services (CBAS) experience that will be instrumental in the development of a new PACE program to serve Ventura County residents.

IIHPP is a partnership between IIH PACE, a well-established provider of PACE programming in California, and Among Friends ADHC, a well-respected local ADHC/CBAS center. IIH and Among Friends will combine our collective organizational and operational experience to develop a new PACE program, Among Friends PACE, specifically designed to meet the needs of Ventura County's PACE eligible residents. Together, IIHPP brings over 30 years of senior care experience, and, by combining the operational excellence of both entities into the Among Friends PACE organization, we are committed to ensuring that Ventura County seniors thrive independently in their communities of choice.

Initially founded in 2002 as an ADHC Center, IIH PACE has successfully operated its PACE program in Fresno, California, since 2014. IIH has expanded its PACE offerings to serve the residents of neighboring Kern and Tulare Counties. Founded in 2001, Among Friends ADHC provides adult day health, therapeutic and limited medical services in an adult day health center setting that serves medically fragile Ventura County seniors. Collectively, IIHPP is excited to be considered for a letter of support that would allow us to ensure community first outcomes through our proven PACE model specifically developed to serve vulnerable, dually-eligible Ventura County residents in need of supportive community-based care.

Like the Gold Coast Health Plan, IIHPP appreciates and respects the successful public-private partnership business model in delivering health care services to members. IIHPP has completed a PACE Feasibility Study that indicates the need for one or more PACE programs to serve Ventura County's dually-eligible Medi-Cal members. IIHPP's Feasibility Study highlights a significant and growing number of PACE-eligible individuals, particularly in Oxnard, Ventura, Simi Valley and the Thousand Oaks areas of Ventura County. This analysis leads IIHPP to conclude that the development of a PACE program is appropriate and beneficial.

INNOVATIVE INTEGRATED HEALTH, INC.

AMONG FRIENDS
Adult Day Health Care Center

An IIHPP program in Ventura County will provide vulnerable residents who require intensive nursing facility-like services with opportunities to receive long-term support services through the PACE interdisciplinary care team enabling PACE participants to thrive independently in their own homes and communities.

We see the development of a PACE Program as complementary to the offerings that Gold Coast provides to its most vulnerable members, allowing new options to avoid skilled institutional care. With the current COVID-19 pandemic, IIHPP has created new approaches to care that significantly reduce the threat of Coronavirus infection to this most vulnerable population.

In closing, IIHPP has the demonstrated ability and expertise to develop a PACE program in Ventura County. IIH has considerable expertise with the development of new PACE programs, including the required state and federal waiver approvals, the application process, implementation, go-live, and day to day operational experience while Among Friends ADHC has a well-established name in and understanding of the community. We are excited about the prospect of developing a state-of-the-art PACE program dedicated to serving Ventura County's medically fragile seniors by providing the needed healthcare services and support to provide a community-first approach to care.

Thank you for your consideration. Please feel free to contact us. We are available to answer any questions you may have.

Sincerely,

Abe Marouf
CEO, Innovative Integrated Health

Mark Kovalik
Administrator, Among Friends ADHC

October 20, 2020

Among Friends CBAS
851 South A Street
Oxnard, CA 93030

Dear Mr. Kovalik,

Ventura County Health Care Agency (VCHCA) is pleased to support Among Friends CBAS, to apply to the Department of Health Care Services (DHCS) to become a Program of All-Inclusive Care for the Elderly (PACE) Organization and to provide PACE health care services to the elderly population of Ventura County.

Among Friends has been providing adult day health, therapeutic and limited medical services to medically fragile Ventura County seniors since 2001. Among Friends will partner with Innovation Integrated Health to prove a PACE program for qualified Ventura County residents.

Sincerely,

William Foley
Director, VCHCA

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www.goldcoasthealthplan.org

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eileen Moscaritolo, HMA Consultant

DATE: January 25, 2021

SUBJECT: Conduent Amendment

SUMMARY:

Gold Coast Health Plan ("GCHP") contracts with Conduent in order to provide Administrative services only (ASO) to its members and providers. In July 2017, GCHP signed a Statement of Work 1 (SOW), for the implementation of the HSP MediTrac system. This amendment modifies the production date to March 1, 2021 and includes 35 specific enhancements to the system that will be implemented after production at no cost. The amendment also allows for 30 days of read only access to the current claims payment system, IKA.

FISCAL IMPACT:

This amendment does not have a cost associated with it.

RECOMMENDATION:

Staff recommends the Commission authorize the signing of the amendment.

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AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission (VCMMCC)

FROM: Eileen Moscaritolo, HMA Consultant

DATE: January 25, 2021

SUBJECT: Contract Renewal – Consulting Services Agreement: DR Management Services

SUMMARY:

The VCMMCC approved the funding associated with the ASO Core Replacement Project, now referred to as the Enterprise Transformation Project ("ETP") at the April 23, 2018 commission meeting. The approved funding of $5.5MM includes the associated costs of using specialized external vendors to supplement GCHP's ETP related activities. Given the critical importance of this initiative, senior leadership decided to engage the services of a dedicated and experienced senior executive resource to oversee all aspects of the project. GCHP utilized Debbie Rieger Management Services (DRMS) throughout the lifecycle of the ETP project which now has a go live date of March 01, 2021. In order to support the extension to the project, GCHP recommends an approval to extend the DRMS contract in support of migrating its core administrative technology to a new platform.

BACKGROUND/DISCUSSION:

DRMS specializes in the implementation of healthcare core administrative platforms, with extensive background in managed care in a government setting and an in-depth understanding of DHCS compliance requirements within this capacity. The company has a successful performance track record that includes senior level oversight for a number of local health plans' core administrative migration programs and other initiatives, including Alameda Alliance for Health and San Francisco Health Plan.

GCHP conducted an RFP in 2019 and awarded a contract to DRMS. The agreement is a non-requirements contract, which allows GCHP to receive services at a negotiated fixed rate and has an initial term from December 3, 2019 until February 28, 2021. GCHP has the option to renew or cancel with a sixty (60) day notice.

FISCAL IMPACT:

There is no impact to the approved funding for the ETP project. The amount included falls within the approved $5.5MM project funding.

The total renewal amount for the 3-month extension is $131,000, and the total estimated contract spend is $999,600.

RECOMMENDATION:

It is the Plan's recommendation to authorize the CEO to execute a contract extension with DRMS for a not-to exceed amount of $999,600.

If the Commission desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: January 25, 2021

SUBJECT: October-December 2020 Fiscal Year to Date Financials

SUMMARY:

Staff is presenting the attached October-December 2020 fiscal year-to-date ("FYTD") financial statements of Gold Coast Health Plan ("GCHP") for review and approval.

BACKGROUND/DISCUSSION:

The staff has prepared the unaudited October-December 2020 FYTD financial package, including statements of financial position, statement of revenues and expenses, changes in net assets, and statement of cash flows.

Financial Overview:

GCHP experienced a net loss of $14,491 between the months of October and December 2020, bringing the FYTD net loss to $2.3 million. This is a significant improvement from the budget projections that had indicated an anticipated loss of almost $12 million in the first half of the fiscal year. The improvement from budget projections is attributed to administrative savings, increased revenue due to changes in prior year membership estimates, and medical expenses estimates that are currently less than budget by a narrow margin.

The State distributed final draft capitation rates for calendar year 2021 in December 2020 which resulted in an overall ~6% rate increase for GHCP; this is approximately $14 million more than budgeted on an annualized basis.

The December 2020 version of the capitation rates incorporated the following adjustments to the base data submitted in the CY2018 Rate Development Template (RDT):

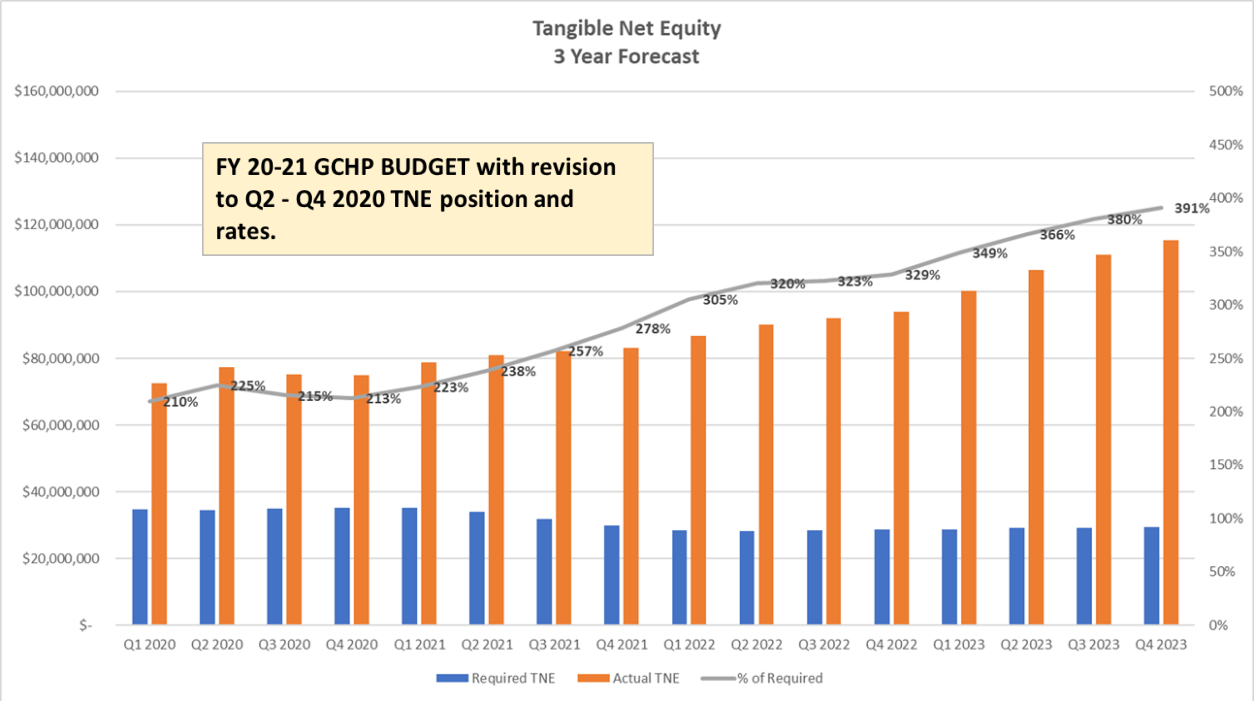
1. A 0.5% reduction to the underwriting gain.
2. Potentially Preventable Admissions efficiency adjustment.

3. The pharmacy Healthcare Common Procedure Coding System (HCPCS) efficiency adjustment. This will identify the top 50 HCPCS in total statewide spend and compare to Medicare Part B unit price.
4. A reduction to allowable medical expenses associated with global sub-capitated payments.
5. The Low Acuity Non-Emergent (LANE) efficiency adjustment. This identifies potentially preventable ER visits and quantifies savings that would have been achieved if the services were delivered in a more appropriate level of care.
6. Population acuity adjustment and COVID-19 adjustment to base data.
7. A positive adjustment for COVID related costs.

Adjustment	Annualized Dollar Impact
Global Sub-capitated Admin	($400,000)
PPA	($900,000)
HCPCS	($1,800,000)
LANE	($2,400,000)
Underwriting Gain Reduction	($3,500,000)
Population Acuity Adjustment	($4,000,000)
COVID	$6,000,000
Total adjustments	**($7,000,000)**

Note: Most of the adjustments were anticipated and consistent with the budget process. The impact of the LANE adjustment was more than projected in the budget and comparative analysis with other local plans indicates that GCHP had a more severe impact than average. This will be considered in the Solvency Action Plan.

The receipt of favorable rates for calendar year 2021 combined with the improved financial position at December 31, 2020 has a material and positive impact to the financial forecasts over the next couple of years.



The management team is encouraged by the revised forecast but mindful of the risks associated with the unknown long-term impacts of the pandemic, both from economic and health perspectives. We will continue to mine for data and information necessitating material changes to the projection. The projections in the FY 20-21 approved budget indicated GCHP would break even in the first six months of calendar year 2021; while the receipt of revised draft capitation rates improve the projection, the margin remains narrow.

Solvency Action Plan (SAP) Update:

To ensure the long-term viability of GCHP, we must remain focused on the SAP. The SAP is comprised of three main categories: cost of healthcare, internal control improvements and contract strategies. The primary objectives within each of these categories is as follows:

1. Cost of healthcare – to ensure care is being provided at the optimal place of service which both reduces costs and improves member experience.
2. Internal control improvements – to ensure GCHP is operating effectively and efficiently which will result in administrative savings and safeguard against improper claim payments.
3. Contracting strategies – to ensure that GCHP is reimbursing providers within industry standard for a Medi-Cal managed care plan and moving toward value-based methodologies.

In addition to the comprehensive list of internal control improvements provided as an appendix to the Strategic Plan, GCHP management has made the following progress in connection with the Commission-approved SAP:

Actions	Annualized impact in savings
Continued focus on interest expense reduction	$500,000
Reduction of LTC facility rates to 100% of Medi-Cal rate	$1.8 million
Sent notification to providers regarding reduction of Adult Expansion PCP rates	$4.5 million
Revision to Non-Pharmacy Dispensing Site policy	$2-3 million
Contract signed – rate reduction to tertiary hospital	$1.3 million
Optum contract rate reduction	$150,000
HMS Implementation	$1-2 million
Formalization of the internal control workgroup	
TOTAL ANNUAL SAVINGS	**$11.3 – 13.3 million**

The focus going forward will be on phase 2 of the Solvency Action Plan, which involves the below initiatives. We are pleased to report that the Provider Advisory Committee has created a subcommittee to propose changes for Phase 2 of the SAP. To reduce potential provider abrasion associated with the system conversion, provider rate and contractual changes associated with the SAP will be on hold through the system conversion, anticipated for March 1, 2021. Staff is committed to other aspects of the SAP and the planning and preparation for phase 2 of the contracting strategies with a target implementation of the first quarter in 2021.

Category	Current Focus	Annualized impact in savings
Cost of Healthcare	LANE – avoidable ER analysis	TBD
	Pro-active transplant management approach	TBD
	Analysis of leakage to out of area providers	TBD
Internal Control Improvements*	Review of provider contracts for language interpretation and validation	N/A
	Formalization of the contract steering committee	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

Contracting Strategies	Expansion of capitation arrangements	Required TNE and risk reductions
	LANE/HCPCS analysis	TBD
	Outlier rate analysis	TBD
	Consideration of across the board reductions	TBD

* this is a sub-set of the internal control improvements with impacts to providers. Staff will periodically update the Commission on the comprehensive list.

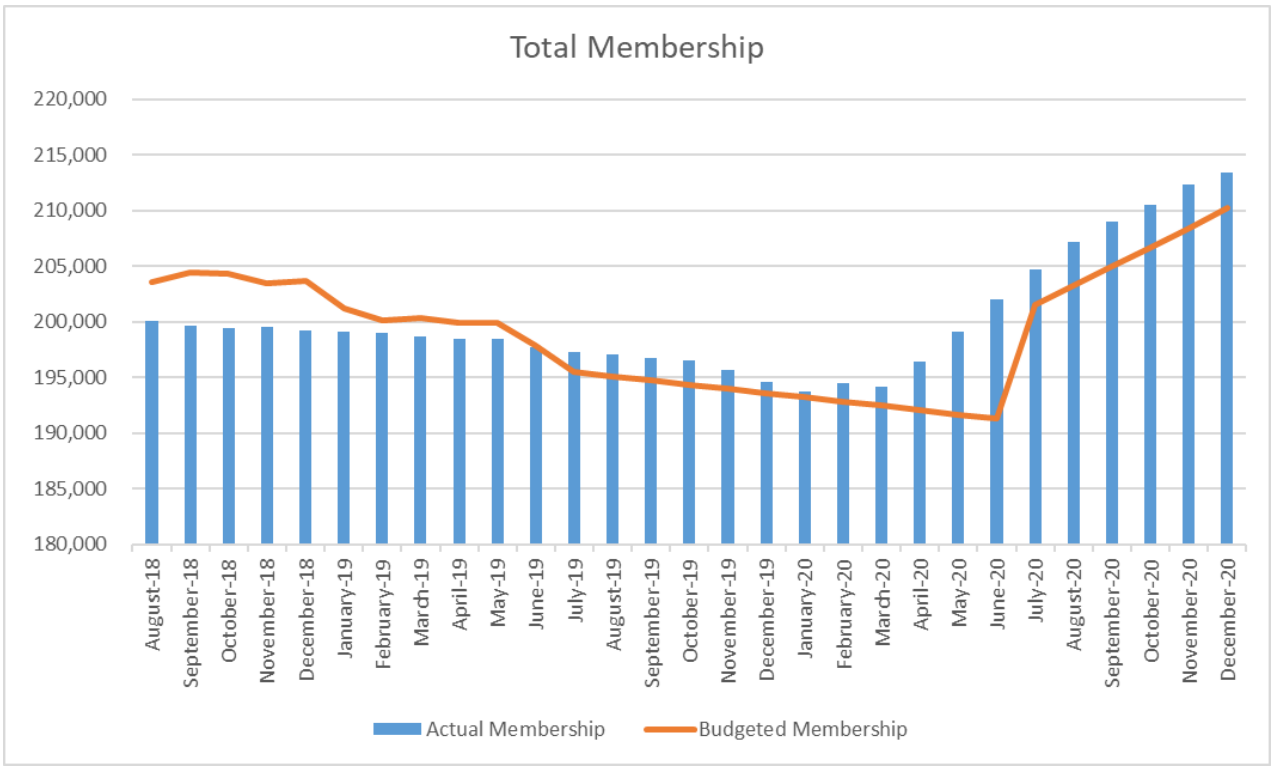
Financial Report:

GCHP experienced a net loss of $14,491 between the months of October and December.

December 2020 FYTD Highlights:

1. Net loss of $2.3 million, a $10.4 million favorable budget variance.
2. FYTD net revenue is $440.1 million, $15.7 million over budget.
3. FYTD Cost of health care is $418.3 million, $9.7 million over budget.
4. The medical loss ratio is 95.0% of revenue, 1.3% less than the budget.
5. FYTD administrative expenses are $24.5 million, $4.5 million under budget.
6. The administrative cost ratio is 5.6%, 1.7% under budget.
7. Current membership for December is 211,388.
8. Tangible Net Equity is $75.0 million which represents approximately 30 days of operating expenses in reserve and 213% of the required amount by the State.

Note: To improve comparative analysis, GCHP is reporting the budget on a flexible basis which allows for updated revenue and medical expense budget figures consistent with membership trends.


Total Membership
220,000
215,000
210,000
205,000
200,000
195,000
190,000
185,000
180,000
August-18
September-18
October-18
November-18
December-18
January-19
February-19
March-19
April-19
May-19
June-19
July-19
August-19
September-19
October-19
November-19
December-19
January-20
February-20
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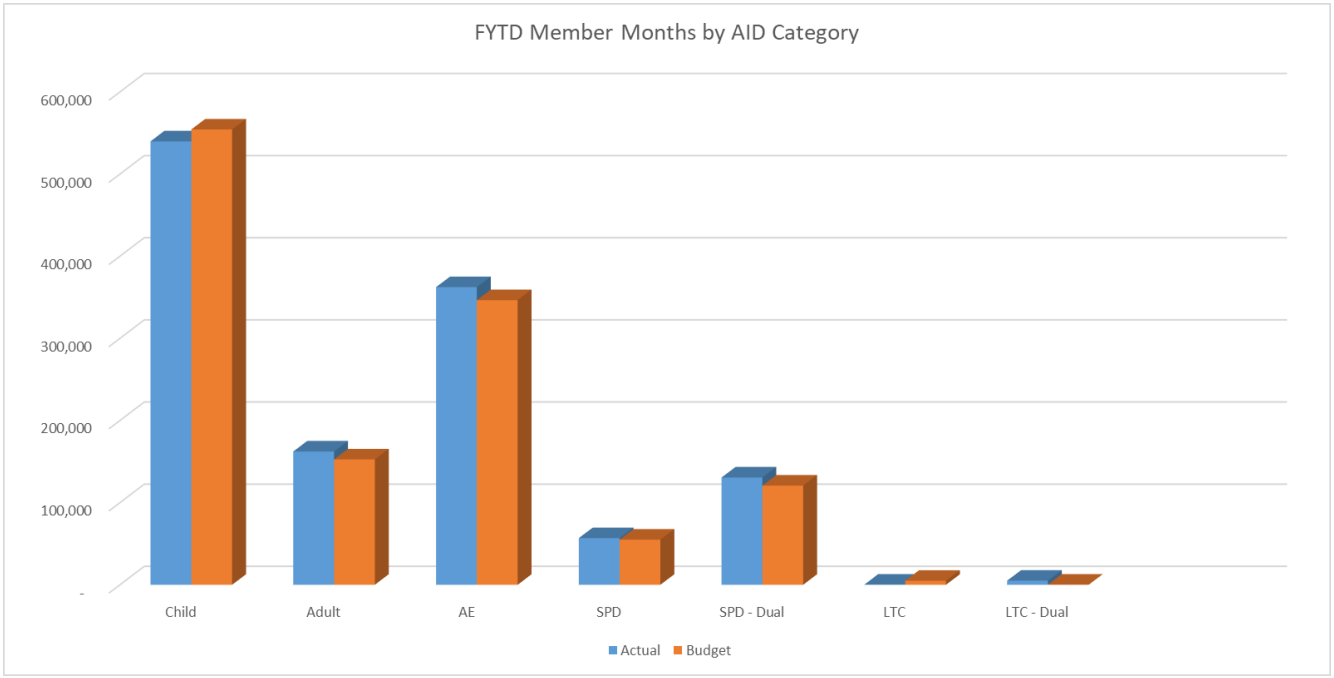
November-20
December-20
Actual Membership
Budgeted Membership


FYTD Member Months by AID Category
600,000
500,000
400,000
300,000
200,000
100,000
-
Child
Adult
AE
SPD
SPD - Dual
LTC
LTC - Dual
Actual
Budget

Revenue

Net Premium revenue is $440.1 million; a $15.7 million and 4% favorable budget variance. The primary drivers of the budget variance are revenue associated with directed payments and changes in estimate for prior year revenue.

Health Care Costs

FYTD Health care costs are $418.3 million; a $9.7 million and 2% unfavorable budget variance.

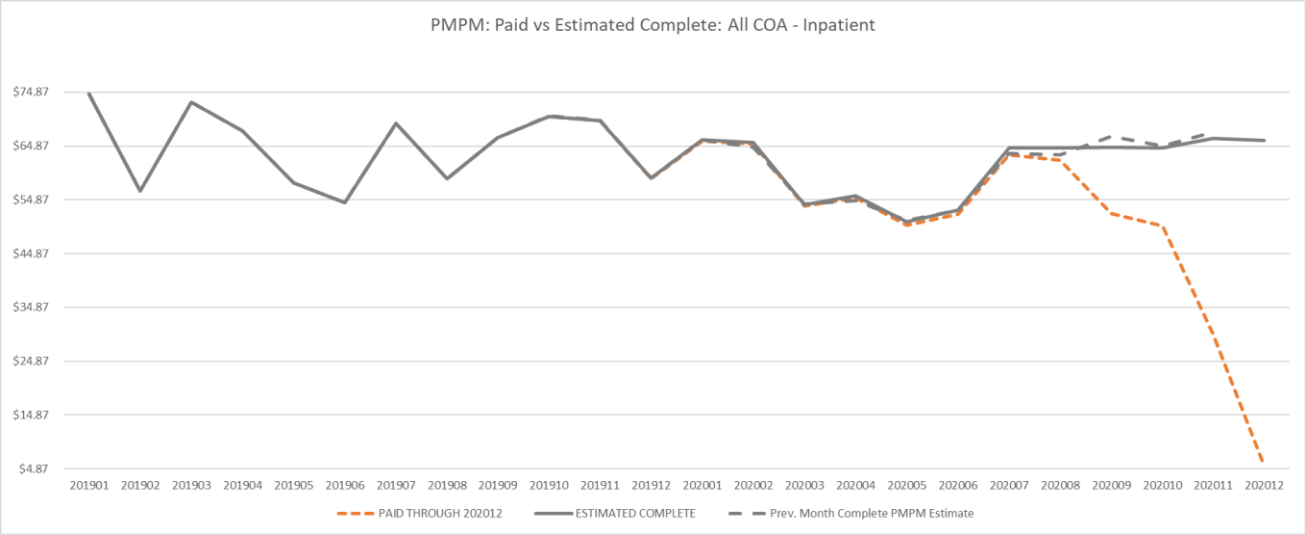
Notable variances from the budget are as follows:

1. Directed payments for Proposition 56 are over budget by $13.1 million. GCHP did not budget for Proposition 56 expenses as the May revise of the State budget had removed funding for Proposition 56. The State budget in June ultimately included Proposition 56 funding. GCHP receives funding to offset the expense.

2. Laboratory and Radiology expense are over budget by $1.7 million due to COVID testing.

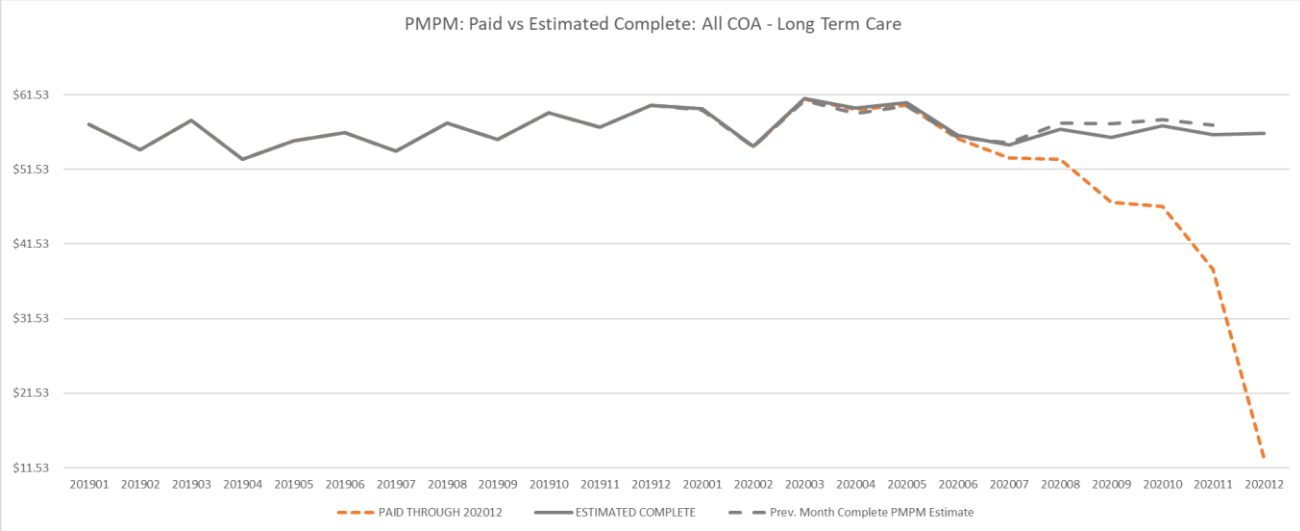
3. Home & Community Based Services are over budget by $1.5 million due to an increase in Community Based Adult Service utilization. The delivery approach was modified to allow for services to be provided at home due to COVID. GCHP has noted an increase in days following this change.

4. Inpatient hospital costs are under budget by $3.8 million (4%) due to decreased utilization from COVID-19 and the increase in membership.

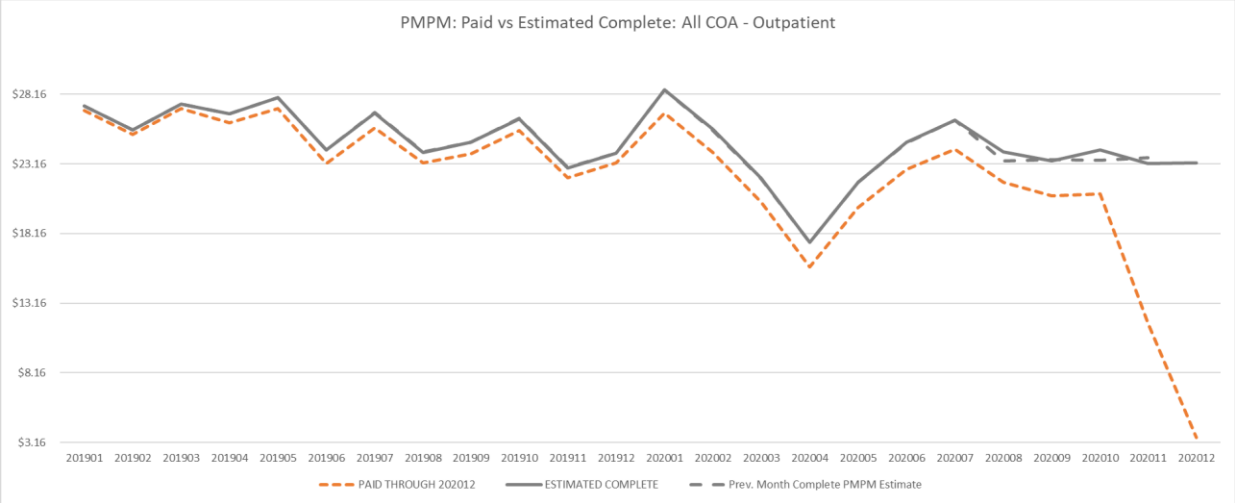


5. Long term care (LTC) expenses are over budget by $3.5 million (5%). The State increased facility rates by 10% effective March 1, 2020 through the emergency.

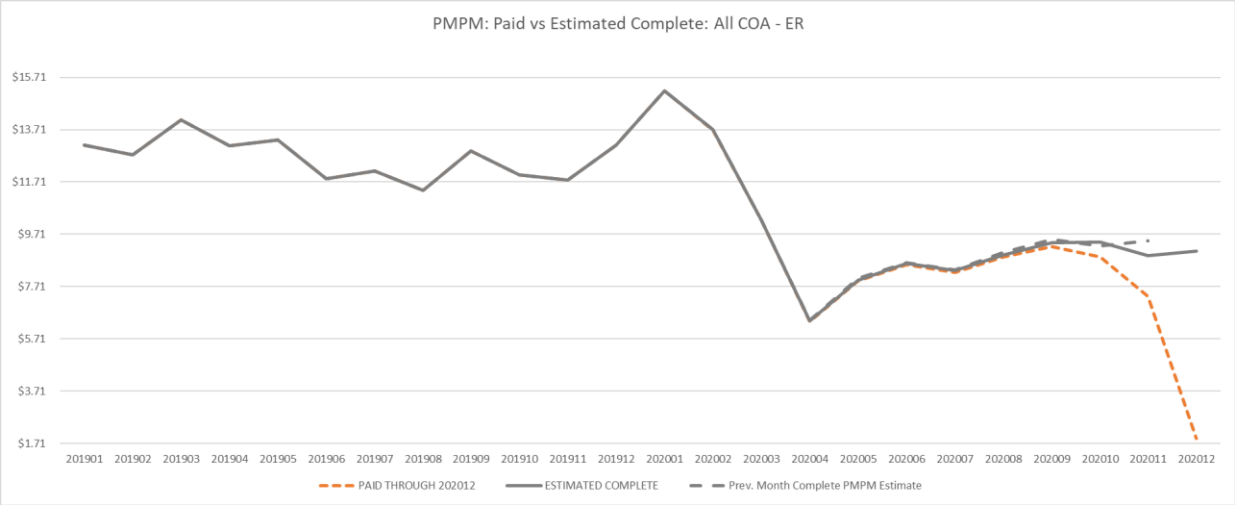
The full impact was mitigated through the Solvency Action Plan and the reduction of LTC contractual rates to 100% of the Medi-Cal fee schedule.



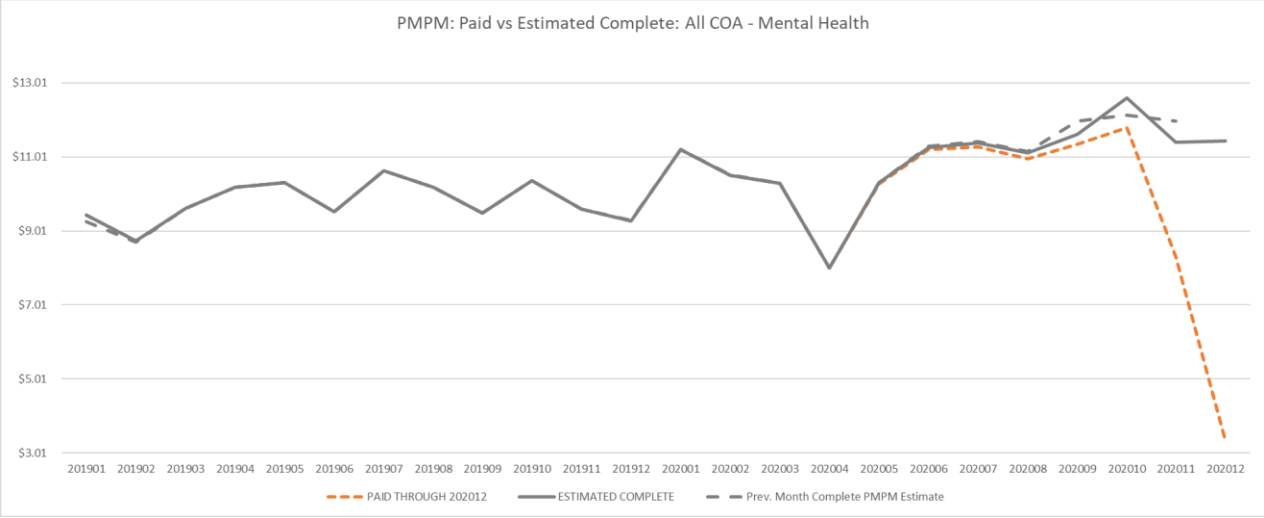
6. Outpatient expenses are under budget by $2.5 million (8%) due to COVID-19 and the increased membership.



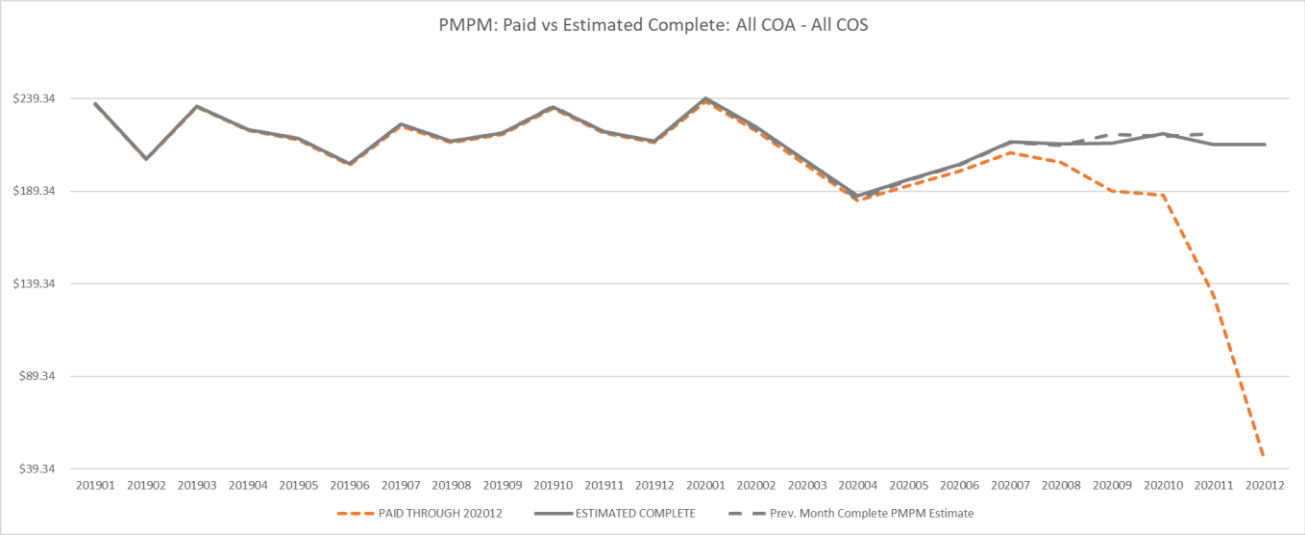
7. Emergency Room expenses are under budget by $5.1 million (31%) due to decreased utilization associated with COVID-19.



8. Mental and behavioral health services are over budget by $2.3 million (18%) due to additional services being provided during the pandemic.



9. Total fee for service health care pmpm costs excluding capitation and pharmacy, and considering date of service, are under budget by $8.25 PMPM (3.6%).



Note: Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as "Incurred But Not Paid" (IBNP) and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred But Not Reported and Claims Payable. The total liability is the difference between the estimated costs (the orange line above) and the paid amounts (in grey above).

Administrative Expenses

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

For the fiscal year to date through October, administrative costs were $24.5 million and $4.5 million below budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 5.6% versus 7.3% for budget.

Cash and Short-Term Investment Portfolio

At December 31, the Plan had $141.2 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool $43.2 million; LAIF CA State $206,423; the portfolio yielded a rate of 2.5%.

Medi-Cal Receivable

At December 31, the Plan had $84.3 million in Medi-Cal Receivables due from the DHCS.

RECOMMENDATION:

Staff requests that the Executive Finance Committee recommend that the Commission approve the October - December 2020 financial package.

CONCURRENCE:

N/A

ATTACHMENT:

October - December 2020 Financial Package

Gold Coast Health Plan℠
A Public Entity

FINANCIAL PACKAGE
For the month ended December 31, 2020

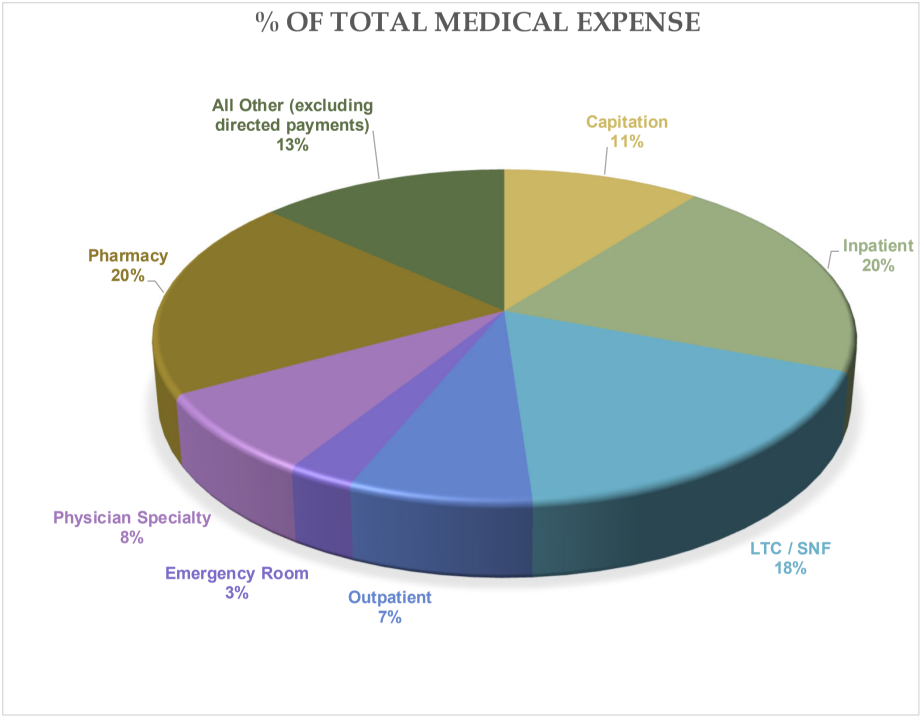
TABLE OF CONTENTS

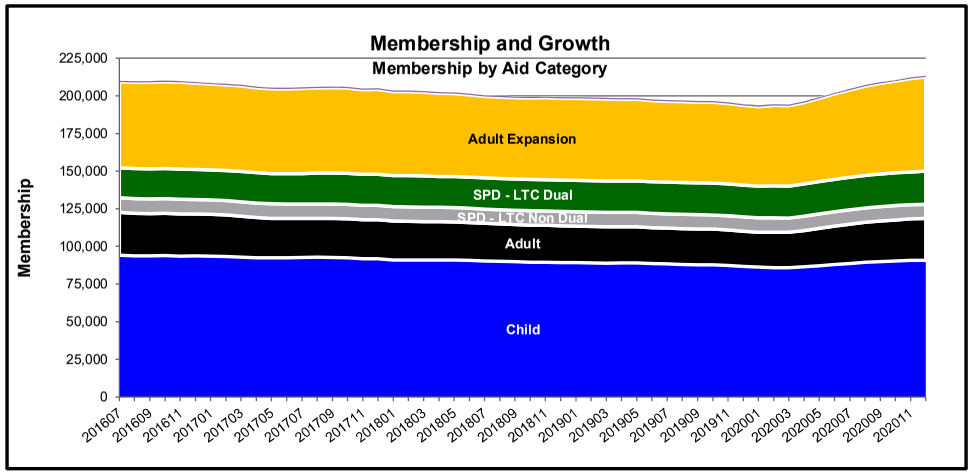
Gold Coast Health Plan

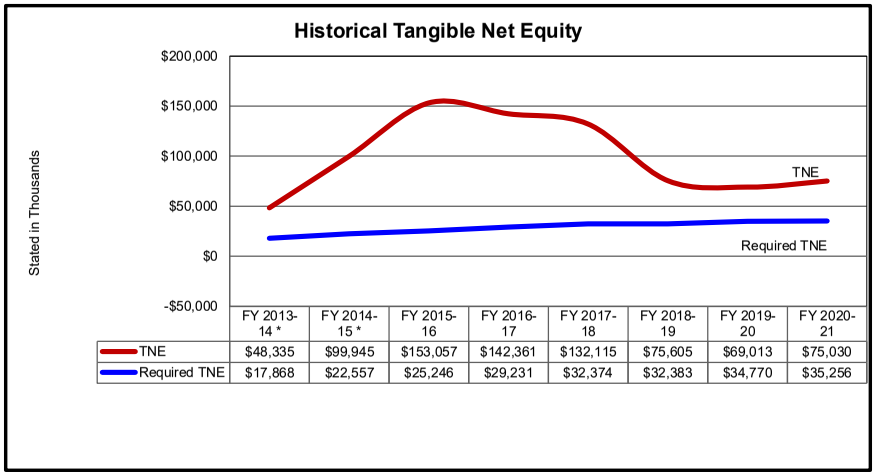
Executive Dashboard as of December 31, 2020

	FYTD 20/21 Budget*	FYTD 20/21 Actual	FY 19/20 Actual	FY 18/19 Actual
Average Enrollment	205,856	208,285	196,012	198,140
PMPM Revenue	$ 339.63	$ 352.17	$ 348.73	$ 299.23
Medical Expenses				
Capitation	$ 33.26	$ 34.17	$ 24.93	$ 23.90
Inpatient	$ 68.69	$ 65.62	$ 65.19	$ 62.09
LTC / SNF	$ 55.87	$ 58.68	$ 59.20	$ 56.06
Outpatient	$ 26.05	$ 24.03	$ 25.81	$ 25.88
Emergency Room	$ 12.96	$ 8.88	$ 11.97	$ 12.14
Physician Specialty	$ 25.93	$ 25.89	$ 27.63	$ 26.71
Pharmacy	$ 64.63	$ 63.80	$ 61.05	$ 56.60
All Other *(excluding directed payments)*	$ 32.06	$ 43.15	$ 41.07	$ 38.20
Total Per Member Per Month	$ 319.45	$ 324.21	$ 316.86	$ 301.58
Medical Loss Ratio	96.3%	95.0%	94.6%	102.0%
Total Administrative Expenses	$ 28,981,766	$ 24,481,112	$ 50,821,685	$ 46,655,880
% of Revenue	7.3%	5.6%	6.2%	6.6%
TNE	$ 50,232,476	$ 75,029,722	$ 71,272,142	$ 75,604,948
Required TNE	$ 27,745,713	$ 35,255,838	$ 34,685,521	$ 32,382,791
% of Required	181%	213%	205%	233%

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







	FY 2013-14 *	FY 2014-15 *	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
TNE	$48,335	$99,945	$153,057	$142,361	$132,115	$75,605	$69,013	$75,030
Required TNE	$17,868	$22,557	$25,246	$29,231	$32,374	$32,383	$34,770	$35,256

STATEMENT OF FINANCIAL POSITION

	12/31/20	11/30/20	10/31/20
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	**97,792,784**	**94,001,455**	**94,968,117**
Total Short-Term Investments	**43,409,502**	**43,354,782**	**43,300,062**
Medi-Cal Receivable	84,310,160	89,249,770	86,416,129
Interest Receivable	189,586	321,938	298,170
Provider Receivable	2,363,308	1,301,405	1,807,329
Other Receivables	6,320,713	6,320,713	6,320,713
Total Accounts Receivable	**93,183,767**	**97,193,825**	**94,842,341**
Total Prepaid Accounts	2,726,173	2,856,718	3,013,330
Total Other Current Assets	153,789	153,789	153,789
Total Current Assets	**237,266,015**	**237,560,569**	**236,277,638**
Total Fixed Assets	**1,414,594**	**1,433,738**	**1,476,075**
Total Assets	**$ 238,680,609**	**$ 238,994,307**	**$ 237,753,713**
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	$ 68,604,964	$ 73,132,233	$ 62,322,374
Claims Payable	11,919,700	7,723,211	13,059,890
Capitation Payable	16,539,426	16,775,512	16,377,146
Physician Payable	18,300,877	18,491,413	17,239,048
DHCS - Reserve for Capitation Recoup	5,141,295	5,257,358	5,257,358
Accounts Payable	27,563	2,548,474	167,229
Accrued ACS	3,231,712	1,765,532	1,698,950
Accrued Provider Reserve	1,001,143	1,068,519	905,153
Accrued Pharmacy	14,436,387	19,496,041	13,784,423
Accrued Expenses	1,986,328	1,831,001	1,710,325
Accrued Premium Tax	18,804,221	12,442,248	24,581,884
Accrued Payroll Expense	2,617,843	2,565,671	2,461,257
Total Current Liabilities	**162,611,460**	**163,097,213**	**159,565,038**
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	1,039,427	1,045,621	1,051,814
Total Long-Term Liabilities	**1,039,427**	**1,045,621**	**1,051,814**
Total Liabilities	**163,650,887**	**164,142,834**	**160,616,852**
Net Assets:			
Beginning Net Assets	77,323,271	77,323,271	77,323,271
Total Increase / (Decrease in Unrestricted Net Assets)	(2,293,549)	(2,471,797)	(186,409)
Total Net Assets	**75,029,722**	**74,851,474**	**77,136,861**
Total Liabilities & Net Assets	**$ 238,680,609**	**$ 238,994,307**	**$ 237,753,713**

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR MONTH ENDED December 31, 2020

	October 2020	November 2020	December 2020	December 2020 Year-To-Date		Variance	Variance	December 2020 Year-To-Date		Variance
	Actual	Actual	Actual	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	209,485	211,408	211,388	1,249,710	1,235,138	14,572	1%	PMPM - FYTD		
Revenue										
Premium	$ 80,941,568	$ 80,679,858	$ 80,338,794	$ 478,323,766	$ 424,441,076	$ 53,882,690	13%	$ 382.75	$ 343.64	$ 39.11
Reserve for Cap Requirements	-	-	-	-	-	-	0%	-	-	-
MCO Premium Tax	(6,325,900)	(7,269,584)	(6,361,973)	(38,213,441)	-	(38,213,441)	0%	(30.58)	-	(30.58)
Total Net Premium	**74,615,668**	**73,410,274**	**73,976,821**	**440,110,325**	**424,441,076**	**15,669,249**	**4%**	**352.17**	**343.64**	**8.53**
Other Revenue:										
Miscellaneous Income	-	-	-	468	-	468	0%	0.00	-	0.00
Total Other Revenue	-	-	-	468	-	468	0%	0.00	-	0.00
Total Revenue	**74,615,668**	**73,410,274**	**73,976,821**	**440,110,794**	**424,441,076**	**15,669,717**	**4%**	**352.17**	**343.64**	**8.53**
Medical Expenses:										
Capitation (PCP, Specialty, Kaiser, NEMT & Vision)	7,131,083	7,489,268	7,610,366	42,697,126	41,560,391	(1,136,736)	-3%	34.17	33.65	(0.52)
FFS Claims Expenses:										
Inpatient	12,758,986	15,719,085	14,086,974	82,009,152	85,847,063	3,837,911	4%	65.62	69.50	3.88
LTC / SNF	11,935,772	12,669,077	11,495,345	73,328,092	69,815,930	(3,512,162)	-5%	58.68	56.52	(2.15)
Outpatient	5,130,565	3,400,798	5,246,641	30,029,249	32,558,141	2,528,892	8%	24.03	26.36	2.33
Laboratory and Radiology	707,788	598,143	741,786	4,020,447	2,353,512	(1,666,935)	-71%	3.22	1.91	(1.31)
Directed Payments - Provider	2,392,090	2,303,763	2,411,015	13,119,748	-	(13,119,748)	0%	10.50	-	(10.50)
Emergency Room	1,655,992	1,518,685	1,834,664	11,092,220	16,192,861	5,100,641	31%	8.88	13.11	4.23
Physician Specialty	5,118,240	5,487,387	5,572,101	32,354,223	32,406,632	52,408	0%	25.89	26.24	0.35
Primary Care Physician	1,593,431	1,266,582	1,249,706	8,604,189	7,742,976	(861,213)	-11%	6.88	6.27	(0.62)
Home & Community Based Services	2,278,518	1,978,493	1,790,025	11,332,699	9,874,341	(1,458,359)	-15%	9.07	7.99	(1.07)
Applied Behavioral Analysis/Mental Health Service	2,343,093	2,804,532	2,375,978	14,797,905	12,514,195	(2,283,710)	-18%	11.84	10.13	(1.71)
Pharmacy	13,602,328	12,596,039	14,261,570	79,728,283	80,772,200	1,043,917	1%	63.80	65.40	1.60
Provider Reserve	162,664	163,365	(67,376)	743,087	577,500	(165,587)	-29%	0.59	0.47	(0.13)
Other Medical Professional	336,207	382,170	142,614	1,863,466	2,241,667	378,201	17%	1.49	1.81	0.32
Other Medical Care	-	(365,938)	372,243	19,305	-	(19,305)	0%	0.02	-	(0.02)
Other Fee For Service	412,711	890,753	668,375	4,277,937	4,357,681	79,744	2%	3.42	3.53	0.10
Transportation	322,693	274,784	168,174	1,840,234	985,142	(855,092)	-87%	1.47	0.80	(0.67)
Total Claims	60,751,077	61,687,718	62,349,834	369,160,237	358,239,840	(10,920,397)	-3%	295.40	290.04	(5.36)
Medical & Care Management Expense	1,249,340	1,158,347	1,130,385	7,337,589	7,361,491	23,902	0%	5.87	5.96	0.09
Reinsurance	333,596	336,971	339,029	1,649,649	1,426,585	(223,065)	-16%	1.32	1.16	(0.17)
Claims Recoveries/Budget Reduction	(919,323)	612,240	(1,433,147)	(2,555,833)	-	2,555,833	0%	(2.05)	-	2.05
Sub-total	663,612	2,107,558	36,267	6,431,406	8,788,076	2,356,670	27%	5.15	7.12	1.97
Total Cost of Health Care	**68,545,772**	**71,284,543**	**69,996,468**	**418,288,769**	**408,588,306**	**(9,700,463)**	**-2%**	**334.71**	**330.80**	**(3.90)**
Contribution Margin	**6,069,896**	**2,125,730**	**3,980,353**	**21,822,025**	**15,852,770**	**5,969,255**	**38%**	**17.46**	**12.83**	**4.63**
General & Administrative Expenses:										
Salaries, Wages & Employee Benefits	2,047,911	2,042,253	2,006,249	12,023,590	13,172,381	1,148,791	9%	9.62	10.66	1.04
Training, Conference & Travel	111	1,306	3,165	7,905	72,308	64,403	89%	0.01	0.06	0.05
Outside Services	2,107,124	2,171,605	1,586,401	12,531,399	13,022,072	490,673	4%	10.03	10.54	0.52
Professional Services	393,582	601,889	350,245	2,402,674	1,840,759	(561,915)	-31%	1.92	1.49	(0.43)
Occupancy, Supplies, Insurance & Others	477,951	506,081	608,522	3,396,474	4,860,577	1,464,103	30%	2.72	3.94	1.22
Care Management Reclass to Medical	(1,249,340)	(1,158,347)	(1,130,385)	(7,337,590)	(7,361,491)	(23,901)	0%	(5.87)	(5.96)	(0.09)
G&A Expenses	3,777,339	4,164,787	3,424,196	23,024,451	25,606,605	2,582,154	10%	18.42	20.73	2.31
Project Portfolio	234,065	255,457	310,432	1,456,660	3,375,161	1,918,501	57%	1.17	2.73	1.57
Total G&A Expenses	**4,011,405**	**4,420,243**	**3,734,628**	**24,481,112**	**28,981,766**	**4,500,655**	**16%**	**19.59**	**23.46**	**3.87**
Total Operating Gain / (Loss)	**2,058,491**	**(2,294,513)**	**245,726**	**(2,659,086)**	**(13,128,996)**	**10,469,910**	**-80%**	**(2.13)**	**(10.63)**	**8.50**
Non Operating										
Revenues - Interest	(45,311)	88,593	(67,477)	364,452	450,000	(85,548)	-19%	0.29	0.36	(0.07)
Gain/(Loss) on Sale of Asset	-	-	-	1,086	-	1,086	0%	0.00	-	0.00
Total Non-Operating	**(45,311)**	**88,593**	**(67,477)**	**365,538**	**450,000**	**(84,462)**	**-19%**	**0.29**	**0.36**	**(0.07)**
Total Increase / (Decrease) in Unrestricted Net Assets	**$ 2,013,181**	**$ (2,205,920)**	**$ 178,248**	**$ (2,293,549)**	**$ (12,678,996)**	**$ 10,385,447**	**-82%**	**$ (1.84)**	**$ (10.27)**	**$ 8.43**

FYTD PMPM BUDGET TO ACTUAL ANALYSIS - FEE FOR SERVICE BY AID CATEGORY

	Adult				Child				Adult Expansion			
	Budget	Actual	Variance	%	Budget	Actual	Variance	%	Budget	Actual	Variance	%
Inpatient	$ 127.55	$ 125.24	$ (2.31)	-2%	$ 5.88	$ 4.96	$ (0.92)	-16%	$ 115.70	$ 104.62	$ (11.08)	-10%
Outpatient	45.30	42.73	(2.57)	-6%	$ 4.32	2.44	(1.88)	-43%	$ 38.32	36.28	(2.04)	-5%
ER	17.34	14.16	(3.18)	-18%	$ 10.03	4.84	(5.19)	-52%	$ 16.70	13.67	(3.03)	-18%
LTC	8.04	16.49	8.45	105%	$ 0.31	0.47	0.16	54%	$ 22.53	22.61	0.08	0%
PCP	6.55	8.78	2.23	34%	$ 5.83	4.98	(0.85)	-15%	$ 5.75	7.38	1.63	28%
Specialty	45.22	46.10	0.88	2%	$ 4.15	4.99	0.84	20%	$ 41.38	39.30	(2.08)	-5%
Pharmacy	91.14	99.66	8.52	9%	$ 11.60	10.70	(0.90)	-8%	$ 110.07	111.25	1.18	1%
Mental Health/ABA	5.57	7.23	1.66	30%	$ 8.91	10.94	2.03	23%	$ 5.60	6.86	1.26	23%
All Other	10.65	12.21	1.56	15%	1.55	2.10	0.55	36%	12.62	14.40	1.78	14%
Total	$ 357.37	$ 372.60	$ 15.23	4%	$ 52.58	$ 46.42	$ (6.16)	-12%	$ 368.67	$ 356.37	$ (12.30)	-3%
FYTD Member Months	152,614	161,592	8,978	6%	554,297	533,731	(20,566)	-4%	346,512	359,744	13,232	4%

	Seniors and Persons with Disabilities (SPD)				SPD - Dual				Long Term Care (LTC)			
	Budget	Actual	Variance	%	Budget	Actual	Variance	%	Budget	Actual	Variance	%
Inpatient	$ 277.82	$ 313.44	$ 35.62	13%	$ 20.38	$ 20.21	$ (0.17)	-1%	$ 717.20	$ 793.38	$ 76.18	11%
Outpatient	99.41	104.12	4.71	5%	20.37	21.37	1.00	5%	240.62	109.95	(130.67)	-54%
ER	28.18	21.65	(6.53)	-23%	1.93	1.35	(0.58)	-30%	16.66	7.73	(8.93)	-54%
LTC	151.74	143.07	(8.67)	-6%	96.90	90.23	(6.67)	-7%	7,854.68	9,634.37	1,779.69	23%
PCP	14.89	22.51	7.62	51%	4.51	3.35	(1.16)	-26%	11.21	7.17	(4.04)	-36%
Specialty	79.40	92.78	13.38	17%	21.13	17.01	(4.12)	-19%	236.35	264.81	28.46	12%
Pharmacy	308.07	338.46	30.39	10%	5.26	5.90	0.64	12%	341.77	208.54	(133.23)	-39%
Mental Health/ABA	76.70	84.04	7.34	10%	1.19	1.37	0.18	15%	3.60	-	(3.60)	-100%
All Other	77.33	84.36	7.03	9%	49.67	69.71	20.04	40%	507.96	384.96	(123.00)	-24%
Total	$ 1,113.56	$ 1,204.43	$ 90.87	8%	$ 221.34	$ 230.50	$ 9.16	4%	$ 9,930.03	$ 11,410.91	$ 1,480.88	15%
FYTD Member Months	55,002	60,872	5,870	11%	120,750	121,735	985	1%	204	317	113	55%

	LTC - Dual			
	Budget	Actual	Variance	%
Inpatient	$ 61.49	$ 150.23	$ 88.74	144%
Outpatient	13.59	4.84	(8.75)	-64%
ER	0.72	0.53	(0.19)	-27%
LTC	7,382.67	7,376.74	(5.93)	0%
PCP	0.55	0.13	(0.42)	-76%
Specialty	11.59	8.34	(3.25)	-28%
Pharmacy	0.08	0.20	0.12	163%
Mental Health/ABA	0.64	0.34	(0.30)	-47%
All Other	147.63	174.37	26.74	18%
Total	$ 7,618.94	$ 7,715.72	$ 96.78	1%
FYTD Member Months	4,908	4,924	16	0%

FFS expenses budgeted based on CY 2019 PMPM data, with the following trend assumptions:

Inpatient - 1% annual trend and known contractual changes.
ER - 1% annual trend and known contractual changes.
LTC - 2.5% estimated fee schedule change
Specialty Physician - 1% estimated fee schedule change
Mental Health/ABA - 2% annual increase due to utilization.
Pharmacy - 5% overall annual increase.
Home and Community Based Services - 2% annualized increase due to utilization.

STATEMENT OF CASH FLOWS	December 2020	FYTD 20-21
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ 178,248	$ (2,293,548)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	42,337	244,245
Disposal of fixed assets	-	9,684
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilites		
Accounts Receivable	4,010,059	16,686,353
Prepaid Expenses	130,545	(974,400)
Accrued Expense and Accounts Payable	(6,096,517)	(5,112,165)
Claims Payable	3,769,866	(1,060,909)
MCO Tax liablity	6,361,973	(15,701,059)
IBNR	(4,527,269)	16,835,626
Net Cash Provided by (Used in) Operating Activities	3,869,242	8,633,829
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(54,720)	(369,278)
Purchase of Investments plus Interest reinvested	-	-
Purchase of Property and Equipment	(23,194)	(58,196)
Net Cash (Used In) Provided by Investing Activities	(77,913)	(427,474)
Increase/(Decrease) in Cash and Cash Equivalents	3,791,329	8,206,355
Cash and Cash Equivalents, Beginning of Period	94,001,455	89,586,429
Cash and Cash Equivalents, End of Period	97,792,784	97,792,784

Gold Coast Health Plan℠
A Public Entity

October - December 2020 Financial Statements

January 25, 2021

Kashina Bishop
Chief Financial Officer

Integrity
Accountability
Collaboration
Trust
Respect

711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

Financial Overview:

Oct – Dec Net Loss	$ 14 K
FYTD NET LOSS	$2.3 M
TNE is $75.0 M and 213% of the minimum required	
MEDICAL LOSS RATIO	95.0%
ADMINISTRATIVE RATIO	5.6%

CY 2021
Draft Rates:

- Includes the following adjustments:
  1. Reduction to allowable medical expense for globally sub-capitated members.
  2. Potentially Preventable Admissions Efficiency Adjustment (PPA).
  3. Healthcare Common Procedure Coding System Efficiency Adjustment (HCPCS).
  4. Reduction to the underwriting gain (2% to 1.5%).
  5. Other program changes and base data adjustments.
  6. The Low Acuity Non-Emergent (LANE) efficiency adjustment
  7. Population Acuity Adjustment
  8. COVID adjustment

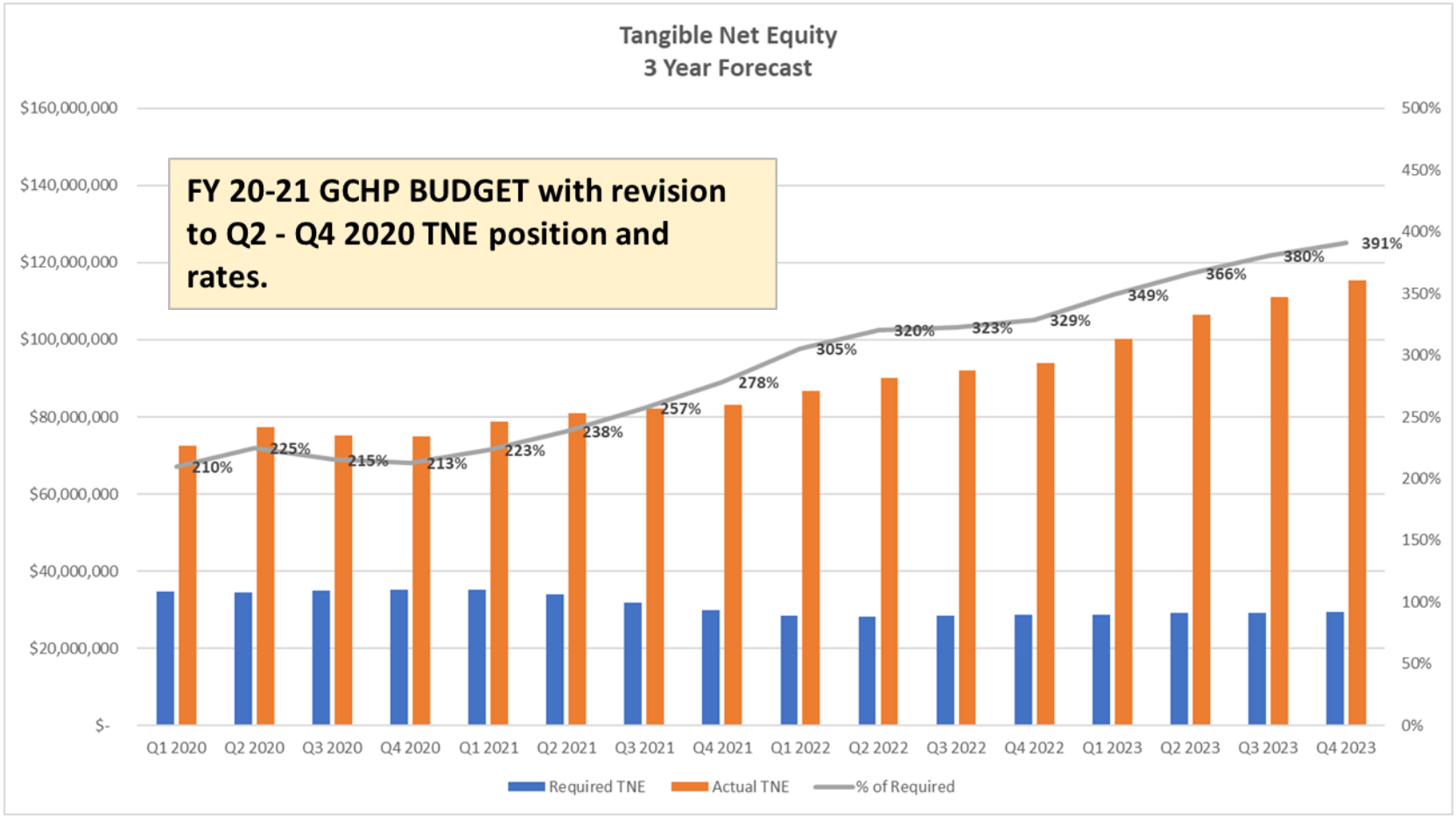
CY 2021
Draft Rates:

Adjustment	Annualized Dollar Impact
Global Sub-capitated Admin	($400,000)
PPA	($900,000)
HCPCS	($1,800,000)
LANE	($2,400,000)
Underwriting Gain Reduction	($3,500,000)
Population Acuity Adjustment	($4,000,000)
COVID	$6,000,000
Total adjustments	**($7,000,000)**

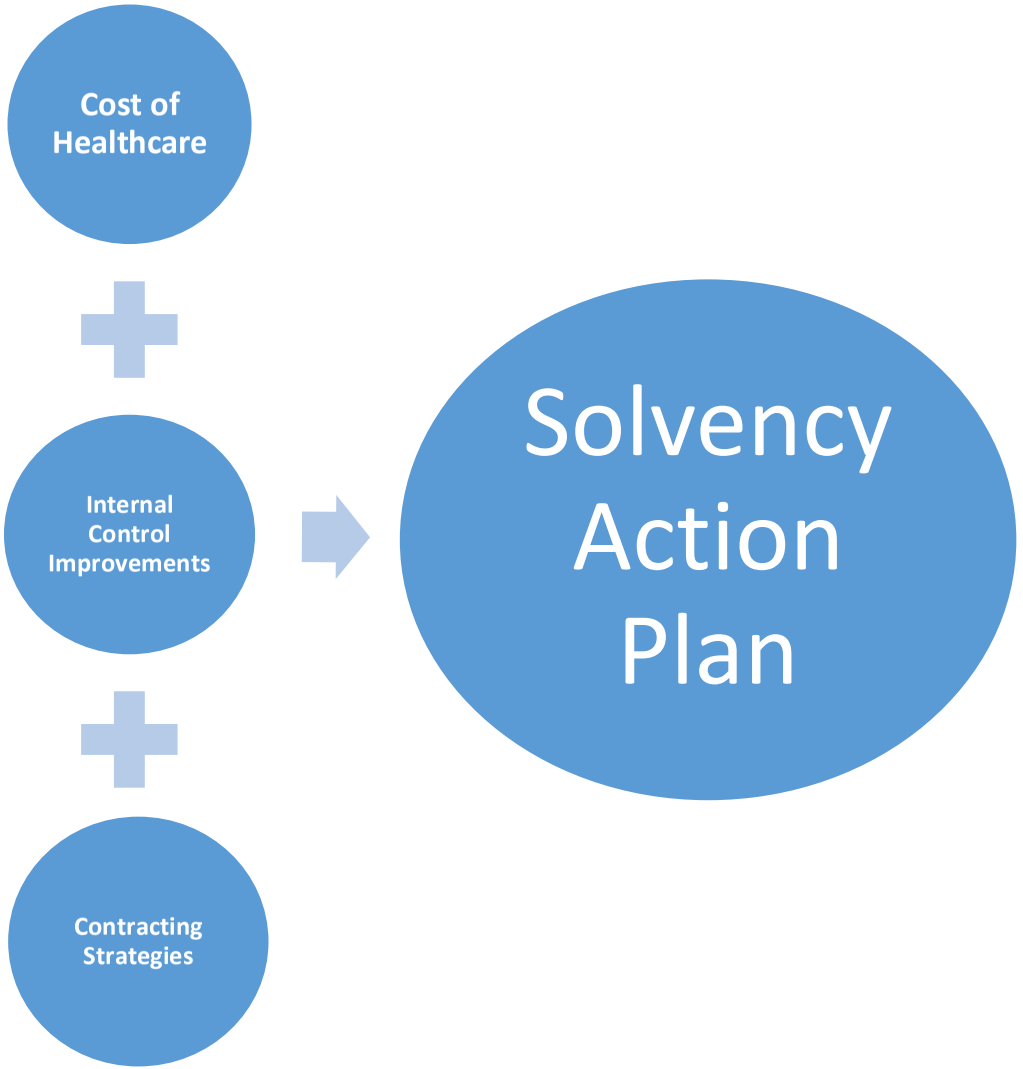
CY 2021
Draft Rates:

Rates represent a 6% increase from current and are $14 million more annually than the rates in the FY 20-21 budget.

Revised Forecast:



Update on the Solvency Action Plan:



Update on the Solvency Action Plan:

Actions	Annualized impact in savings
Continued focus on interest expense reduction	$500,000
Reduction of LTC facility rates to 100% of Medi-Cal rate	$1.8 million
Sent notification to providers regarding reduction of Adult Expansion PCP rates	$4.5 million
Revision to Non-Pharmacy Dispensing Site policy	$2-3 million
Contract signed – rate reduction to tertiary hospital	$1.3 million
Optum contract rate reduction	$150,000
HMS Implementation	$1-2 million
Formalization of the internal control workgroup	
TOTAL ANNUAL SAVINGS	**$11.3 – 13.3 million**

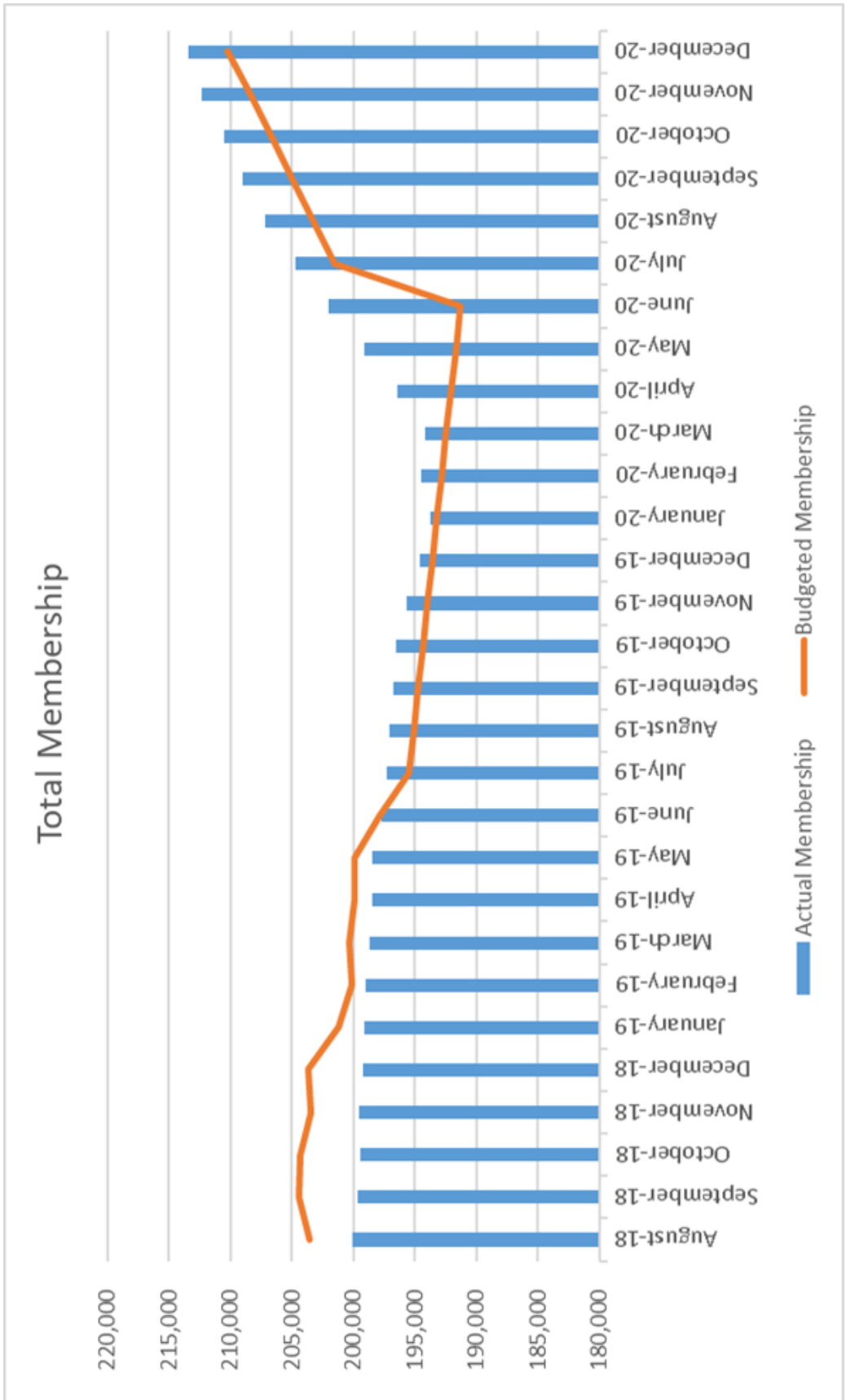
Next steps -Solvency Action Plan

Category	Current Focus	Annualized impact in savings
Cost of Healthcare	LANE – avoidable ER analysis	TBD
	Pro-active transplant management approach	TBD
	Analysis of leakage to out of area providers	TBD
Internal Control Improvements*	Review of provider contracts for language interpretation and validation	N/A
	Formalization of the contract steering committee	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
Contracting Strategies	Expansion of capitation arrangements	Required TNE and risk reductions
	LANE/HCPCS analysis	TBD
	Outlier rate analysis	TBD
	Consideration of across the board reductions	TBD

Revenue

Net Premium revenue is $440.1 million, over budget by $15.7 million and 4%.

- **Revenue for Proposition 56 is $13.3 million.**
- **Increase in revenue related to FY 19-20.**


Total Membership
220,000
215,000
210,000
205,000
200,000
195,000
190,000
185,000
180,000
August-18
September-18
October-18
November-18
December-18
January-19
February-19
March-19
April-19
May-19
June-19
July-19
August-19
September-19
October-19
November-19
December-19
January-20
February-20
March-20
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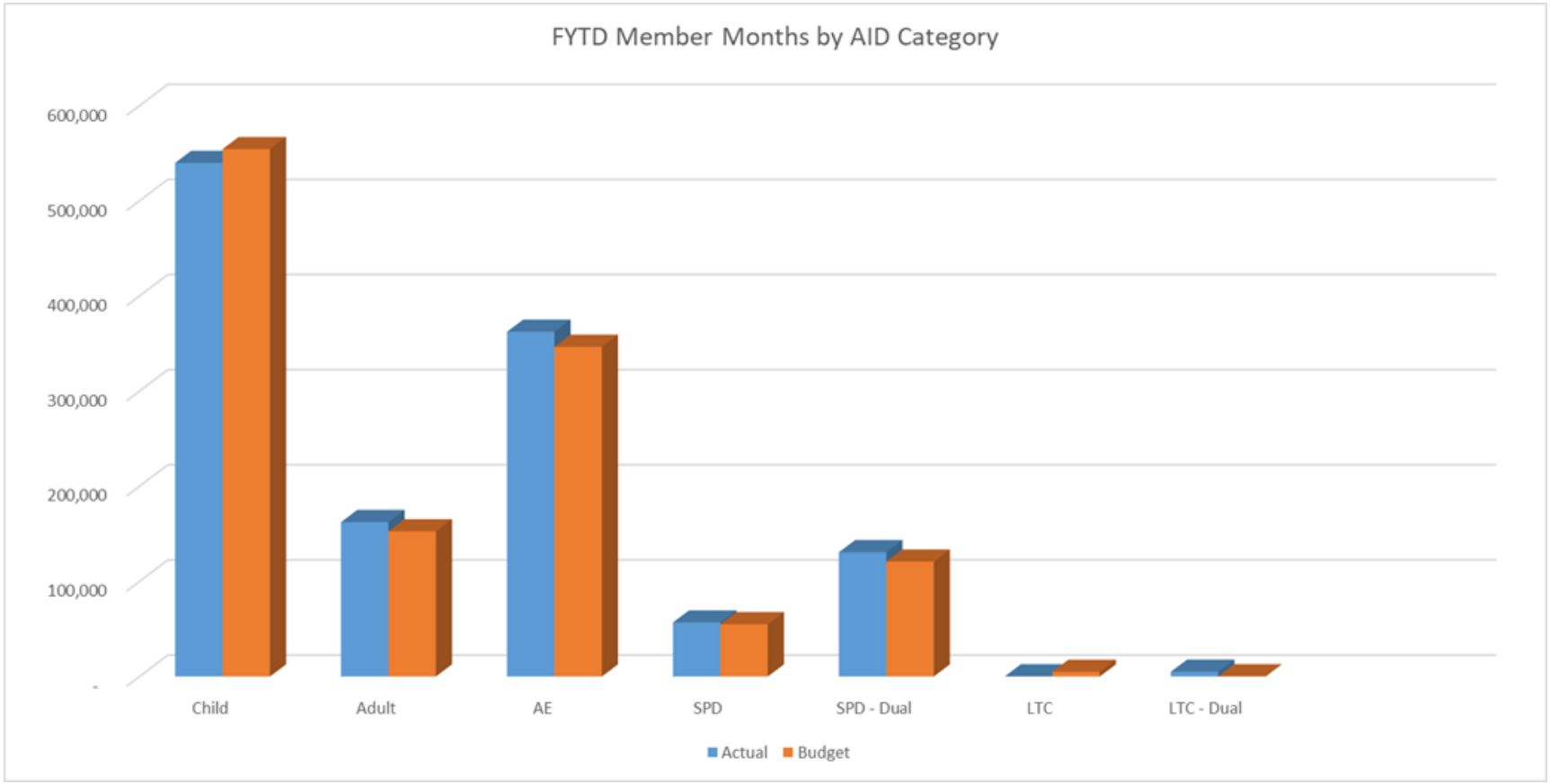
August-20
September-20
October-20
November-20
December-20
Actual Membership
Budgeted Membership

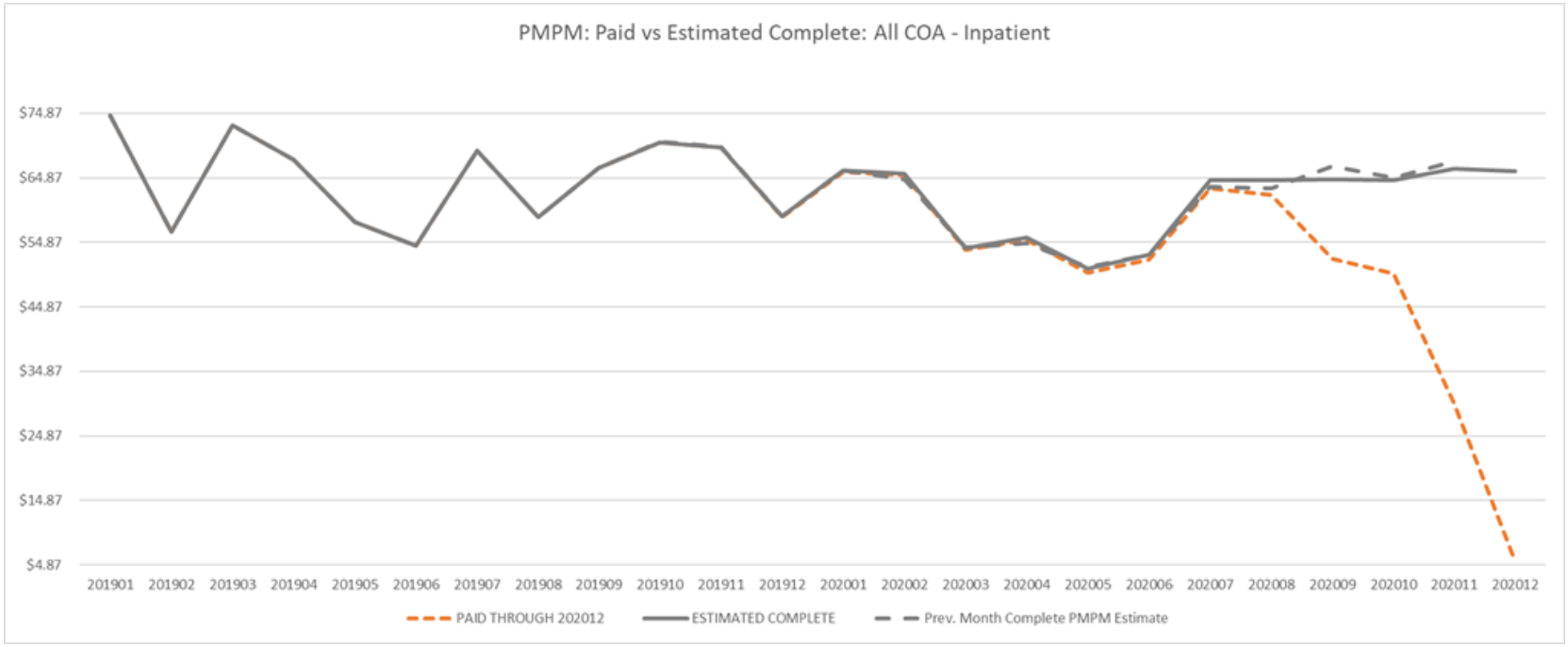

FYTD Member Months by AID Category
600,000
500,000
400,000
300,000
200,000
100,000
-
Child
Adult
AE
SPD
SPD - Dual
LTC
LTC - Dual
Actual
Budget

Medical Expense

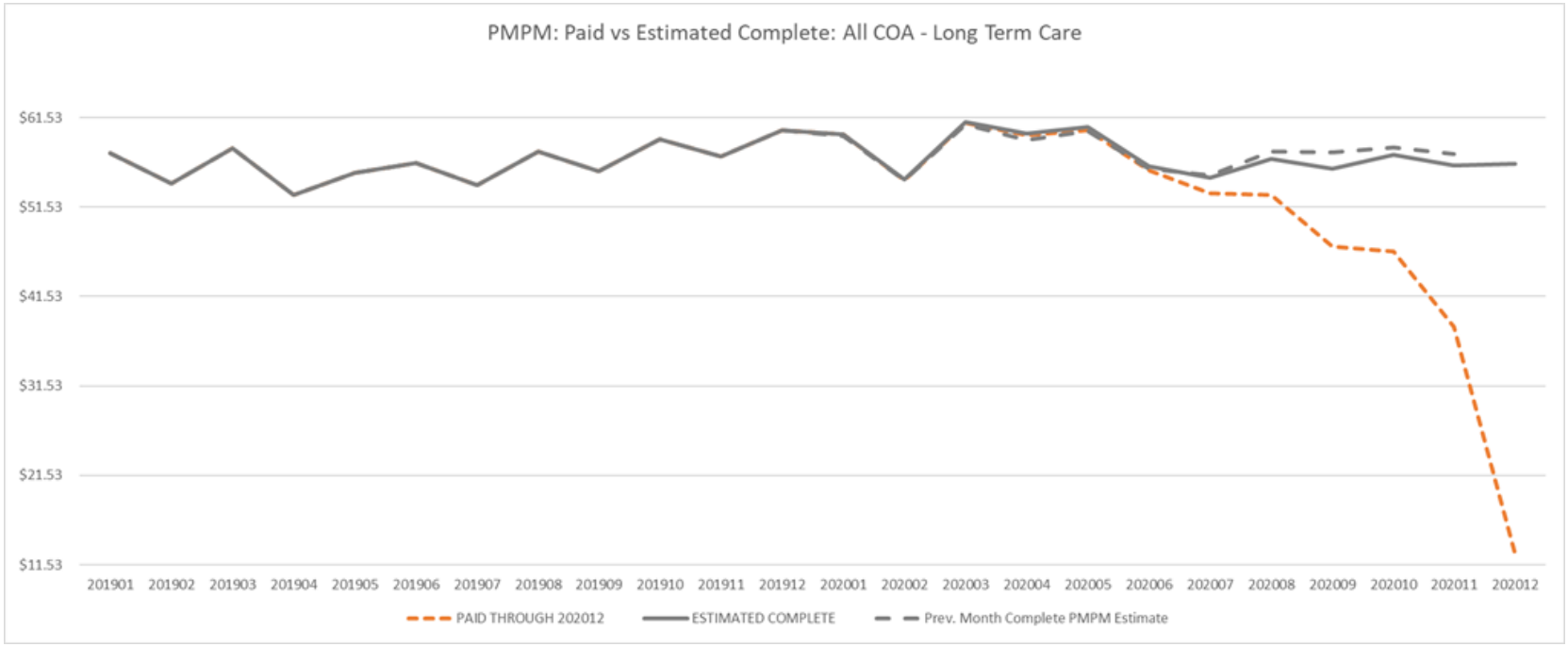
FYTD Health care costs are $418.3 million and $9.7 million over budget. Medical loss ratio is 95.0%, a 1.3% budget variance.

- **Directed payments over budget by $13.1.**
- **COVID related increases to lab and radiology, home and community based services, long term care, and mental and behavioral health services are offsetting savings. Medical expense in line with budget in aggregate.**

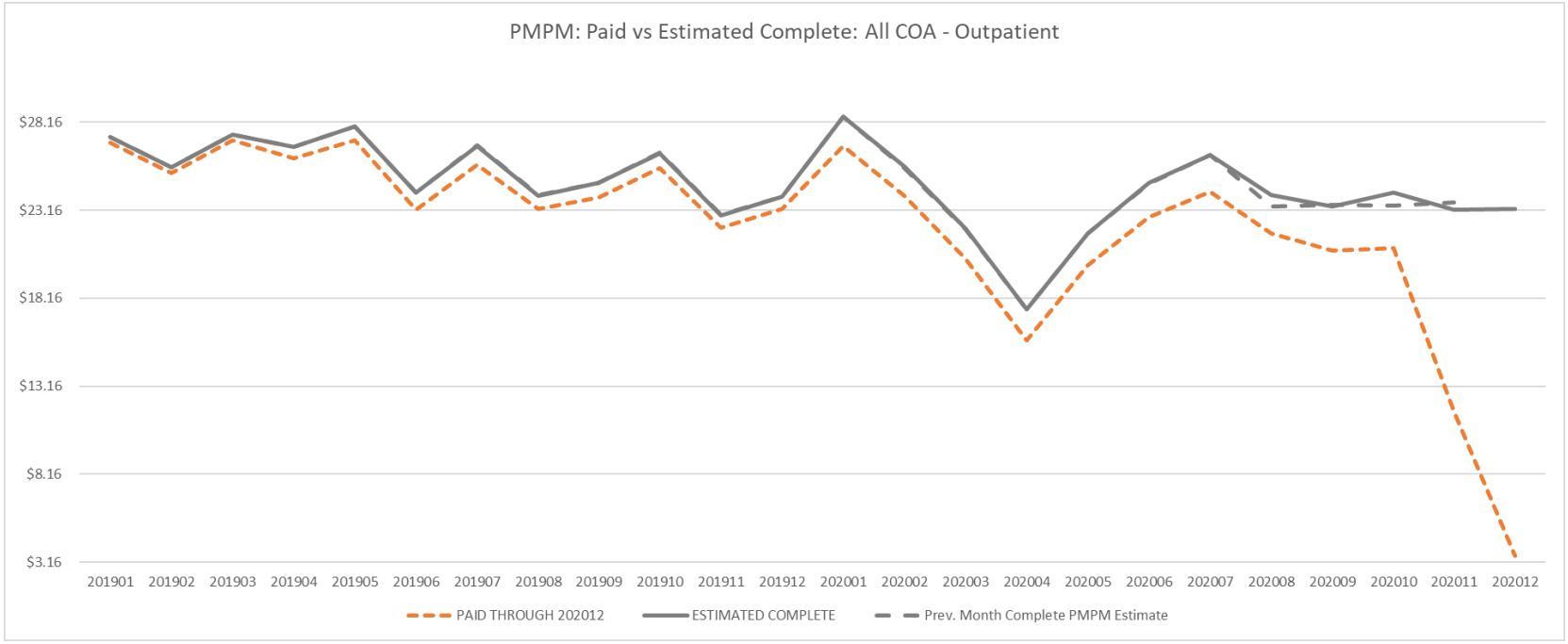
Inpatient Medical Expenses: Under Budget by $3.8 Million (4%)



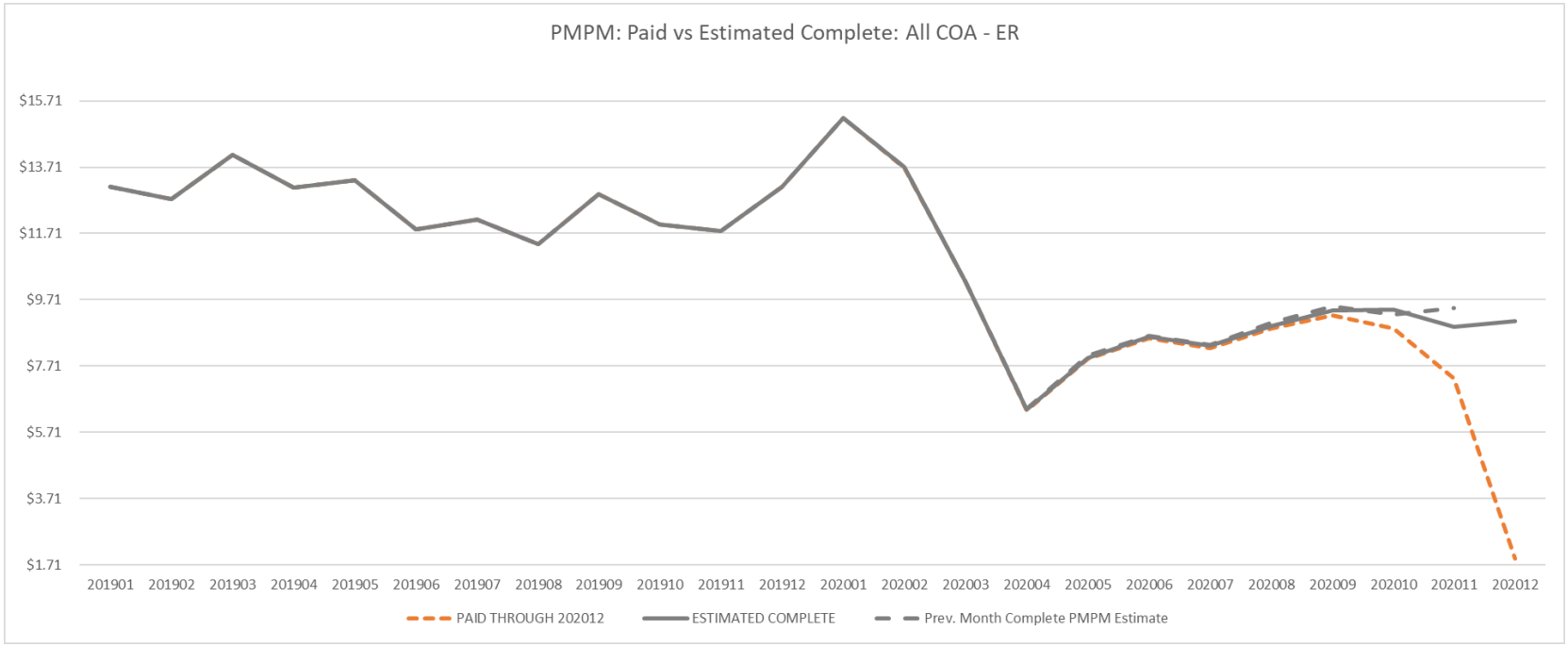
Long Term Care Expenses: Over budget by $3.5 million (5%)



Outpatient Expenses: Under budget by $2.5 million (8%)



Emergency Room Expenses: Under budget by $5.1 million (31%)



Other Impacts to Medical Expenses:

- Directed Payments – over budget by $13.1 million
- Laboratory – over budget by $1.7 million
- Mental and Behavioral Health – over budget by $2.3 million
- Home and Community Based Services over budget by $1.5 million

Financial Statement Summary

	October 2020	November 2020	December 2020	FYTD	FYTD Budget	Budget Variance
Net Capitation Revenue	$ 74,615,668	$ 73,410,274	$ 73,976,821	$ 440,110,794	$ 424,441,076	$ 15,669,717
Health Care Costs	68,545,772	71,284,543	69,996,468	418,288,769	408,588,306	9,700,463
Medical Loss Ratio				**95.0%**	**96.3%**	
Administrative Expenses	4,011,405	4,420,243	3,734,628	24,481,112	28,981,766	(4,500,655)
Administrative Ratio				**5.6%**	**7.3%**	
Non-Operating Revenue/(Expense)	(45,311)	88,593	(67,478)	365,537	450,000	(84,462)
Total Increase/(Decrease) in Net Assets	$ 2,013,181	$ (2,205,918)	$ 178,248	$ (2,293,549)	$ (12,678,996)	$ 10,385,447
Cash and Investments			$ 141,202,286			
GCHP TNE			$ 75,029,722			
Required TNE			$ 35,255,838			
% of Required			**213%**			

Questions?

Staff requests the Commission approve the unaudited financial statements for October – December 2020.

Gold Coast Health Plan℠
A Public Entity

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Chief Executive Officer, Margaret Tatar

DATE: January 25, 2021

SUBJECT: CEO Update

SUMMARY: Verbal Update.

Government Relations Update

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:

California State Budget (as of January 2021)
1. Total Budget: **$227 B** in 2021-22, including: a. $34 B in budget resiliency, including $12 B surplus and $22 B in reserves, including: i. $15.6 B in the Rainy-Day Fund ii. $450 M in the Safety Net Reserve iii. $3 B in the Public School System Stabilization Account, and iv. $2.9 B in the state's operating reserve b. Structural deficit: $7.6 B by 2022-23, growing to over $11 B by 2024-25
2. $195.1 billion ($64.3 billion General Fund and $130.8 billion other funds) for HHS programs **$122.2 billion ($28.4 billion General Fund) for Medi-Cal**
3. Budget anticipates continued caseload growth in Medi-Cal – w/ a high of **16.1M** beneficiaries in '22
4. $1.1 billion CalAIM

California State Budget (as of January 2021)
a. Medi-Cal transformation b. Target those with complex health needs that drive high costs c. Payment reform d. Enhanced Case Management e. Housing related services f. Incentive payments g. Statewide Whole Person Care
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
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

Community Relations Sponsorships

GCHP continues to support our community with funding to maintain essential programs in the county. GCHP awarded sponsorships to organizations assisting families with school supplies, food, scholarships, and social needs. GCHP has awarded $40,000 in sponsorships since the pandemic to community-based organizations providing essential services to our members and community at large.

Below is a table summarizing sponsorships awarded over in the last fiscal quarter.

Name of Organization	Description	Amount
Boys & Girls Clubs of Greater Oxnard and Port Hueneme (BGCOP)	The BGCOP provides childcare services and educational programs to children in the cities of Oxnard and Port Hueneme. The sponsorship will go towards their fundraising event, the "Donald K. Facciano Kids Auction and Gala.	$1,000
Food Forward	Food Forward rescues fresh surpluses of fresh produce and distributes to those in need. Funds from the sponsorship will assist Food Forward to continue their Food Recovery program.	$2,000
Learn Earn Return	Learn Earn Return is a non-profit organization focused in providing students with necessary school supplies. The sponsorship will fund the "Laptop Giveaway" for college-bound students in Ventura County.	$500
Kids and Family Together	Kids & Families Together is a not-for-profit organization providing education and counseling resources to foster care individuals. The sponsorship will go towards their annual fundraising event "A Home for the Holidays" to continue funding supporting services.	$1,000
Santa to the Sea	Santa to the Sea is a non-profit event that raises funds for their annual toy drive and a community fundraiser. Funds from the sponsorship will go to provide scholarships to low-income students.	$1,500
Ventura County Family Justice Center Foundation	The Ventura County Family Justice Center Foundation provider services that supports and improves the lives of those impacted by family violence and trauma. The sponsorship will go towards "An Evening of Hope: A Virtual Variety Show" to secure funds to maintain long-term financial viability of the center.	$1,500

Community Relations – Community Meetings

The Community Relations team continues to participate in collaborative meetings, community town hall meetings, and trainings in virtual platforms. Through these avenues the team is staying informed on what the community/ member needs are, learning about community organizations that offer assistance to low-income families, and engaging with community partners. Below you can find more information about the community relations team efforts:

Name of Meeting	Date	Description
Oxnard Police Department Outreach Coordinators meeting (recurring monthly meeting)	November 4, 2020 December 2, 2020 January 6, 2021	The Oxnard Police Department hosts this collaborative meeting. Community partners share resources, promote outreach events, and bring presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.
Circle of Care (recurring monthly meeting)	November 4,2020 January 6, 2021	One Step A La Vez hosts this meeting on a monthly basis to engage community leaders, share resources, network, and promote community events. The goal of this collaborative meeting is to better serve the Santa Clara Valley.
Multi-Unit Smoke -Free Task Force	November 12, 2020	The task force is responsible of engaging the community to create a smoke free environment in multi-unit housing for the Ventura County residents.
Preventing Suicide: Help & Hope Conference	December 12, 2020	The Ventura County Behavioral Health Department hosted its fifth annual suicide prevention conference. The conference is geared towards providers and community partners. This year, the focus was on engaging the community for a better understanding of the stress due to the COVID-19 pandemic, racial and social justice issues, and the increase of substance abuse throughout the state.
Cabrillo Economic Development Collaborative Meeting	December 14, 2020	During the collaborative meeting GCHP and Cabrillo Economic Development discussed ways to form a partnership and identify how to better assist the most vulnerable residents in their properties. Additionally, GCHP will be participating in a virtual community resource fair hosted by Cabrillo Economic Development.
Interface Children & Family Services Collaborative Meeting	December 16, 2020	The collaborative meeting allowed for an opportunity to discuss a partnership with Interface Children & Family Services to assist low-income families learn about GCHP via a series of future presentations.

Community Relations – Community Presentations

The Community Relations team is providing GCHP presentations to community-based organizations. The presentation offers an interactive overview of the organizational model, services offered, member incentives, member programs, member rights, and sponsorship information. The goal of the presentations is to provide knowledge and resources to community partners. Below you can find information about the presentations conducted so far.

Organization	Date	Description
Among Friends Adult Day Health Care Center	November 5, 2020 December 8, 2020	Among Friends (ADHC) is a Community Based Adult Services (CBAS) that supports adults 18 years of age and older with various medical, physical, and behavioral supportive needs in an integrated community-based setting in the City of Oxnard.
Farmworker Resources	November 19, 2020	The Farmworker Resources program is designed to build trusting relationships among the agricultural community. The team facilitates prompt resolutions to workplace concerns like, issues with payroll and working conditions. Additionally, the team assists with leveraging existing community resources.
Mixteco Indigena Community Organizing Project (MICOP)	November 20, 2020	MICOP is a community-based organization focused in uniting indigenous leaders and allies to strengthen the Mixtec and indigenous immigrant community in Ventura County. They offer programs to assist participants with various social needs.
De Anza De Anza Middle School (Staff Presentation)	December 10, 2020	De Anza middle school is part of the Ventura Unified School District serving grades 6-8. The meeting was held to explore possibilities of how to engage families.
Cabrillo Economic Development Corporation (CEDC)	January 12, 2020 January 20, 2020	CEDC provides affordable housing to low-income individuals and families in Ventura and Santa Barbara counties. The organization has 24 properties for low income and farmworker families, seniors 55 and older, and those with disabilities.
The Arc of Ventura County	January 21, 2020	The Arc of Ventura County is a nonprofit organization dedicated to improving the quality of life for individuals with intellectual and developmental disabilities. The organization serves over 700 individuals in a variety of social programs.
Interface Children & Family Services (ICFS)	January 22, 2020	ICFS is a nonprofit provider of social services that includes, mental health and trauma treatment, youth crisis intervention, domestic violence and child abuse prevention, human trafficking prevention and intervention, early child and family development and reentry services. Additionally, ICFS holds the contract for First 5 Neighborhood for Learning (NFL), an organization focused on families accessing referrals, parent education, and preschool services for children.

Community Relations – Build Community Newsletter

In August of last year, we introduced our community newsletter to community partners, providers, stakeholder, and GCHP staff. We share information about the important work we are doing to ensure that our members have access to high quality care and are connected to resources they need. Additionally, we are working with partners to share information and resources to reach and assist our community. Click here to read our three newsletters that have been published.

Delegation Oversight

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

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

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

Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a DHCS requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and audits conducted, and corrective action plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility Plans have in oversight of delegates.

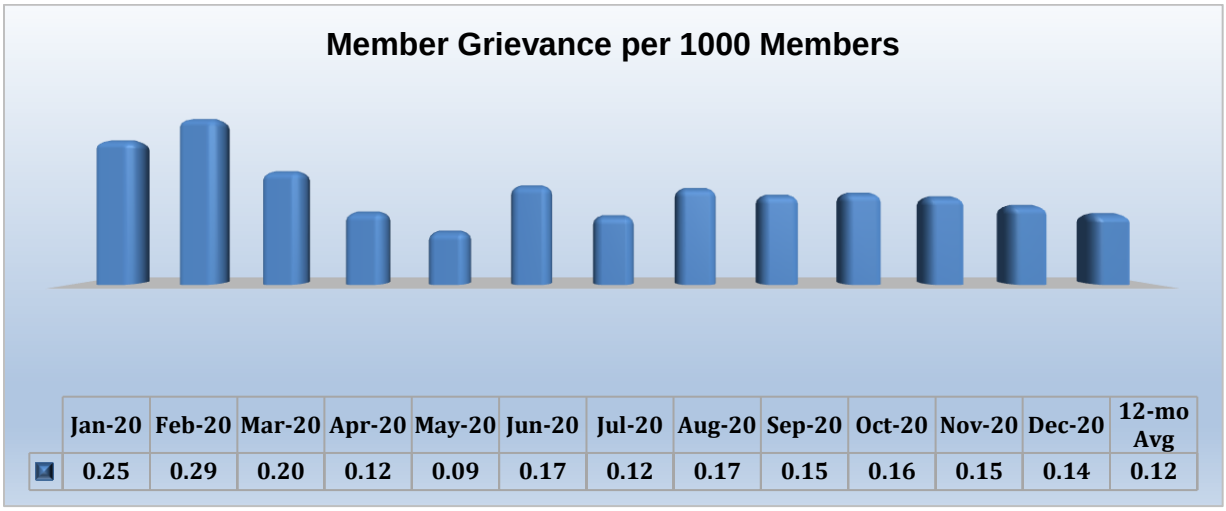
Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	2017 Annual Claims Audit	Open	12/28/2017		Issue will not be resolved until new claims platform conversion
Kaiser	2019 Annual Claims Audit	Closed	9/23/2019	06/23/2020	CAP items resolved and audit closed 06/23/2020
VTS	2019 Annual Call Center Audit	Closed	4/26/2019	10/7/20	
VSP	2019 Annual Claims Audit	Open	10/29/2019	Under CAP	CAP issued 11/10/20. Pending discussion with Claims Department
Conduent	2019 Call Center Audit	Closed	1/14/2020	05/15/2020	CAP Item resolved and audit closed 05/15/2020
Beacon	2020 Call Center Audit	Open	9/1/20	Under CAP	

Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Beacon	2020 Annual Claims Audit	Open	04/21/2020	Under Cap	
Beacon	2020 Quarterly UM Audit	Closed	11/10/2020	11/11/2020	CAP closed during audit
CDCR	Quarterly UM Audit	Closed	NA	NA	Completed on November 2, 2020. No findings
CDCR	2020 Claims Audit	Open	12/18/20	Under Cap	
Conduent	2020 Call Center Audit	Open	12/7/20	Pending	
Conduent	2020 Annual Claims Audit	Closed	04/21/2020	10/7/20	
Kaiser	2020 Annual Claims Audit	Closed	10/9/20	10/19/20	
VTS	2019 Annual Transportation Audit	Closed	1/17/2020	06/15/2020	CAP items resolved and audit closed 06/15/2020
USC	2020 Annual Credentialing Recredentialing Audit	Closed	04/09/2020	06/22/2020	CAP items resolved and audit closed 06/22/2020
VTS	2020 Annual NEMT Audit	Closed	11/01/20	12/30/20	
VTS	2020 Call Center Audit	Closed	5/14/20	11/5/20	
VCMC	2021 Annual Credentialing Recredentialing Audit	Open	N/A	N/A	Audit Scheduled
CMHS	2021 Annual Credentialing Recredentialing Audit	Open	N/A	N/A	Audit Scheduled
CDCR	2021 Annual Credentialing Recredentialing Audit	Open	N/A	N/A	Audit Scheduled

Grievance and Appeals

The graph below displays an ongoing review of the volume of member grievances based on the monthly population by 1000 members enrolled. The data showed that GCHP volume is low in comparison to the number of members enrolled with the plan. The 12-month average of enrollees is 200,366, with an average annual grievance rate of .12 grievances per 1000 members.

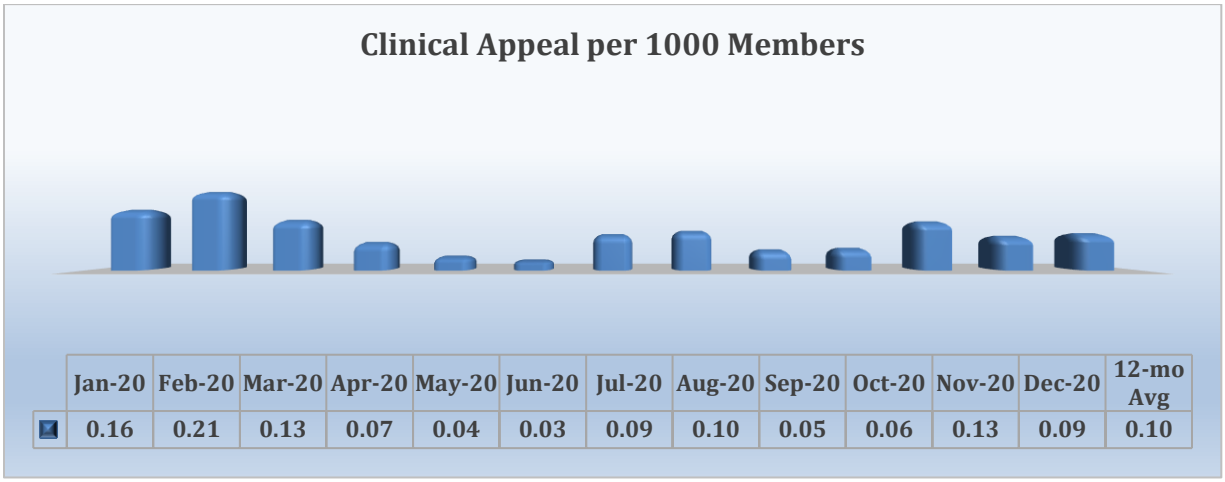
In December, there was total of 29 member grievances. The top reason is Quality of Care which, the data reported resulted from a delay in care.



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	12-mo Avg
	0.25	0.29	0.20	0.12	0.09	0.17	0.12	0.17	0.15	0.16	0.15	0.14	0.12

The graph below displays an ongoing review of the volume of clinical appeals based on the monthly enrollment population calculated per 1000 members. The data comparison volume is based on the 12-month average of .10 appeals per 1000 members.

There was a total of 19 clinical appeals received in the month of December: 6 were overturned, 9 upheld, 3 still in review and 1 withdrawn.



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	12-mo Avg
	0.16	0.21	0.13	0.07	0.04	0.03	0.09	0.10	0.05	0.06	0.13	0.09	0.10

System Conversion / HSP MediTrac Update

Enterprise Transformation Project (ETP) is a full replacement of the IKA core claims system with HSP MediTrac with a scheduled go-live date of March 1, 2021

The 2 ETP project risks are:

1. Making sure that we migrate the new HSP MediTrac data to the current data structure. We are currently working to make sure that the data coming in from the new system will allow us to be able to produce the existing internal and external data exchange and reports.
2. Thorough testing is a critical component for the claims system migration. Conduent and Gold Coast teams are currently conducting User Acceptance Testing. Testing has been trending behind in some critical functional areas, but we have a plan to resolve this risk.

We are actively mitigating these risks by:

1. Having daily management calls with Conduent so that we can closely monitor progress, continue to make progress daily and to be able to remove any barriers that may exist.
2. Conduent has staffed an open a daily conference call line so that the GCHP team can ask questions on testing and functionality so there is no delay in getting these questions answered.

We have successfully tested transactions with DHCS and our provider/vendor partners.

GCHP / AmericasHealth Plan Plan to Plan Update

The contract between GCHP and AHP has been finalized. Both teams continue to work on the Readiness tool and meet on a weekly basis to discuss various items and the progress being made. Overall, both teams are working together in a collaborative manner. Finally, the member materials were submitted to DHCS for approval on December 30, 2020 which included various documents such as the AHP Member Handbook and Member Welcome Letter.

Network Operations

- **Regulatory:**

  Completed:
  - Requirements gathering for 274 Self-Service Output Report(s); in conjunction with PCCM eVIPs reporting requirements
  - Revisions/Updates to 274 Data Corrections workflow to include Monthly Data Check Flagged Records report from DHCS
  - Support collaboration efforts with AmericasHealth Plan (AHP)

  In Process:

  274 Provider Data:
  - PACES Telehealth Indicator Update – MCPs expected to submit 274 files using the new Telehealth Indicators. Gold Coast continues to work on meeting this requirement.
    - Plan of action:
      - Continue updating Provider Network Database (PNDB) provider data
      - Continue collaboration with subcontractor Kaiser to discuss plan of action and next steps
      - Monthly Data Corrections

- **COVID-19 Provider Reach-out and Communication**

  The Network Operations team continues to aggressively reach-out to providers regarding any COVID-19 related impacts on provider operations and member access. This information is submitted to DHCS. The Provider Communications Workgroup continues to meet on a regular basis and provides timely and helpful updates to our network providers.

  Provider Outreach is conducted twice a week by email and phone to determine closures or impacts due to the Coronavirus:

  - Skilled Nursing Facility (SNF) & Long-Term Care (LTC)
    - Reporting outbreaks of COVID-19 among patients and staff at several facilities
    - Several facilities have reported they have no SNF/LTC bed availability, they are not taking new admissions and where facilities are taking members, they are limiting admissions for short stays only
    - Due to the above, the Plan expects to see delays in hospital discharges, which will result in increases in admin/placement days.
  - Home Health- no issues
  - Hospice- no issues
  - Palliative Care- no issues
  - Congregate Living Facility-no issues, however beds are limited

Email and phone outreach to the following provider types:

- Ambulatory Surgery Center- no issues
- Urgent Care- no issues
- PCP- no issues
- Pharmacy Infusion- no issues
- Lab-Access Issues:
  - Quest and Lab Corp reporting delays due to increases in testing, resulting from the latest COVID-19 surge. Quest is also experiencing delays in standard lab testing.
- Radiology- no issues
- Physical Therapy- no issues
- Audiology & Hearing Aids- no issues
- DME- no issues

New Contracts

- Cottage Urgent Care – Urgent Care facility in 3 cities: Oxnard, Port Hueneme and Ventura. Interim LOA in place while the urgent cares are pending credentialing. This contract will help to eliminate ER utilization.

Amendments

Provider Contracting sent out a total of 8 Amendments for this time period. Amendments returned and completed are:

- Physical Therapy Local Code Amendment project
  - 10 amendments to update the local evaluation codes with the new crosswalk code.
- County of Ventura (6)
  - 3 month extension of the current contracts in place for VCMC Specialist, PCP and Hospital contracts.
- Lags Spine and Sportscare Medical Center Inc
  - Termination of 1 professional and addition of 1 professional from Interim LOA.
- Sonoaid Imaging Inc
  - Addition of 3 codes to provider's contract
- Vitas Healthcare Corporation of California
  - Removed Provider's reimbursement from a rate sheet to % of Medi-Cal. This will eliminate the need for future Amendments to take place when the State updates their reimbursement rates for hospice.
- Two Trees Physical Therapy
  - Addition of servicing location. This location was moved from Interim LOA to the fully executed contract as it was Medi-Cal enrolled.
- OBHG California
  - Addition of new servicing location. This hospitalist group is now providing service at Los Robles Hospital.

Interim Letters of Agreements

- Golden State Urgent Care Providers
  - Interim LOA in place to add 2 urgent care facilities in East County. Simi Valley and Westlake Village are identified as network gaps for GCHP. This will include 21 professionals and will cover while the urgent cares are pending credentialing. The professionals do not require credentialing.
- Green Heights Health Care
  - Interim LOA in place ICF while they are pending credentialing. Provider has been pending since June 2020 due to a delay in the credentialing process due to COVID-19. Provider will become fully contracted once credentialing is approved.
- Royal Living Home Inc
  - Interim LOA in place for CLHF while they are pending credentialing. Provider has received many requests for GCHP members to be transferred to this facility from hospitals as many SNFs are at capacity due to COVID-19.

Letter Of Agreements

Provider Contracting sent out a total of 9 member specific LOAs during this time period. LOAs returned and completed are:

- 1 PantherRX
  - LOA for home infusion drugs and administration
- 1 Dr. Susan Ahern (UCLA Medical Group)
  - LOA for breast cancer treatment (continuity of care)
- 1 Maclay Health Center
  - Extension of previous SNF LOA through 11/30/2020 for member who has spinal stenosis and lower extremity weakness in addition to psychological and behavior issues.
- 1 Sherman Oaks Congregate
  - Extension of previous CLHF LOA through 1/30/2021 for member who has dementia, non-compliant, combative, and 24/7 sitter.
- 1 David Pougatsch, DPM
  - LOA for after care and wound care professional services for foot amputation while at Cedar's in ER
- 1 Comprehensive Outpatient Surgery Center
  - LOA for after care and wound care to cover facility fees
- 3 Stanford Medical Center
  - LOA for bile duct cancer, member moved out of area and was inpatient at Stanford Medical Center
  - LOA for same member for 2 office follow up visits
  - LOA for same member for labs and chemotherapy treatment.

Projects

- Completion of 198 nonstandard contract rates for Symplr to upload into Evips

- **Better Doctors:**

  Network Operations continues to meet weekly with Quest Analytics as a touch base to review and modify reports as needed to ensure that data meets the needs of the department.
  We also continue to verify the demographic information obtained from Better Doctors. The following reviews were performed:

  - 2445 Reviewed and updated
  - 593 Audited

- **Provider Contracting and Credentialing Management System (PCCM)**

  - Implementation moved to February 22, 2021. Current Activities include:
    - Desk-level Procedures
    - Dynamic Import Utility (DIU) Roster Testing
    - Data Corrections / Maintenance
    - eApply Overview
    - Reporting Requirements gathering

  - HSP MediTrac Provider Activities
    - Initial Provider Communications and Webinars Completed
    - Provider Data Validation
      - Contract and rates
      - Demographic information

- **Provider Database Clean-up Project:**

  The Network team has attended bi-weekly meetings with internal GCHP staff and Symplir staff to discuss and make decisions required to support the eVIPs conversion and process configuration. This project includes the review and updating of the Provider Relations Shared Drive. It also includes the testing of the eVIPs system to ensure that information transfer from GCHP systems is accurate in the eVIPs system setup.

  - Team completed Iteration 9 testing. Also, reviewing and analyzing multiple reports to ensure required data elements identified for conversion into the new PCCM database.

- **Enterprise Transformation Project (ETP)**

  To assist providers in identifying changes to the system, GCHP created a tool, the Provider Resource Guide, to assist providers in identifying and navigating changes. The Provider Advisory Committee reviewed and provided feedback on the Provider Resource Guide. Webinar based provider training completed in October 2020 which focused.

  - Benefits of the Provider Resource Guide
    - The Provider Resource Guides provides a single document to identify changes.

- The Provider Advisory Committee has reviewed a draft of the document.
- Some of the changes will be incorporated into the Provider Manual.

- Example of Changes
  - Some GCHP assigned provider numbers will change
  - Provider Portal will require new provider accounts and logons
  - Claim Adjudication and Claims Submission

- GCHP continues to work with Conduent to complete the Provider Network Database and IKA Claims systems comparison

31 In-Area Providers

Provider Type	Additions
Midlevel	11
Specialist	18
Specialist- Hospitalist	2

17 Out-of-Area Providers

Provider Type	Additions
Midlevel	6
Specialist	10
Specialist- Hospitalist	1

Provider Terminations: December 2020 Provider Terminations – 7 Total

6 In-Area Providers

Provider Type	Additions
PCP	3
Specialist	2
Midlevel	1

1 Out- of-Area Provider

Provider Type	Additions
PCP	0
Specialist	1
Midlevel	0

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

PCP- Member Mix

	VCMC	CLINICAS	CMH	PCP-OTHER	DIGNITY	ADMIN MEMBERS	UNASSIGNED	KAISER
Dec-20	83,467	41,215	31,321	5,137	5,837	13,166	3,477	6,098
Nov-20	83,105	40,898	31,155	5,131	5,770	12,872	3,912	6,042
Oct-20	82,524	40,601	30,907	5,141	5,670	12,528	3,718	5,962

Notes:

- The 2020 Admin Member numbers will differ from the below member numbers as both reports represent a snapshot of eligibility.
- Unassigned members, assigned to COHS, are ones who have not been assigned a PCP and have 30 days to choose one. If the member does not choose a PCP, GCHP will assign member to a PCP.

Admin Members Details

	JAN 2021
Total Administrative Members	37,080
Share of Cost	2,102
Long Term Care	863
BCCTP	81
Hospice (REST-SVS)	68
Out of Area (Not in Ventura)	581
Other Health Care	
DUALS (A, AB, ABD, AD, B, BD)	25,131
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	19,399
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	19,399

NOTE: Total in boxes will not add up to distinct count that corresponds to the total admin members as members can be represented in multiple boxes. For example, a member can be both Share of Cost and live Out of Area. They are counted in both of those boxes.

METHODOLOGY

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

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

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

RECOMMENDATION:

Accept and File

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, Chief Medical Officer

DATE: January 25, 2021

SUBJECT: Chief Medical Officer Update

Proposition 56 Behavioral Health Integration Program Update

On January 1, 2021, Gold Coast Health Plan ("GCHP") staff launched six, two-year Behavioral Health Integration ("BHI") pilot programs with five major provider systems. The programs will invest approximately $10 million in improving mental health access in Ventura County. This Department of Health Care Services ("DHCS") program aims to incentivize improvement in physical and behavioral health outcomes, care delivery efficiency and patient experience by expanding fully integrated care within managed care plans ("MCP") provider networks.

GCHP staff continue to support these programs to ensure all regulatory requirements are met to enable a successful launch. The first incentive payment requirements were met by all programs and submitted to DHCS. Provider payments are expected to be received later this month and will be disbursed accordingly. GCHP staff will provide periodic reports to our Commission on the progress of these important pilot programs.

COVID-19 Vaccination Efforts

On January 12, 2021, the California Department of Public Health ("CDPH") announced a proposal to expand the Tier 1 (1b) COVID 19 vaccine eligible populations in an effort to expedite the dissemination of the vaccine. This expansion includes a focus on persons 65+ years and older, including essential workers within food & agriculture, the education sector, and first responders within this age range.

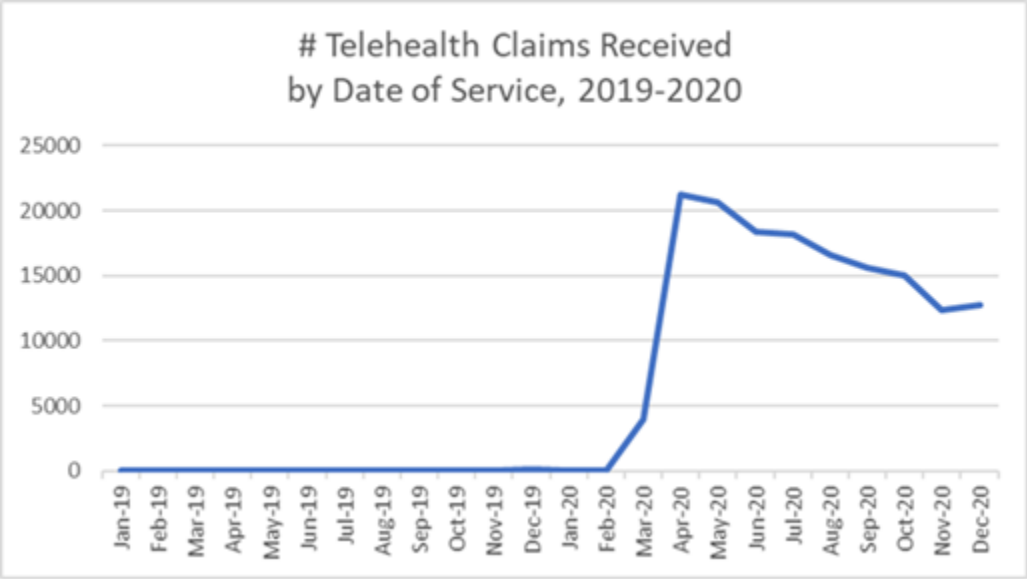
Additionally, the proposal includes specific criteria for prioritization and targeted outreach to persons 75+ and older. Guidance includes a focus on vulnerable communities as defined by the Healthy People Index (HPI) or equivalent and persons with underlying medical conditions that increase risk.

GCHP will continue to work with the Ventura County Public Health Department and the Ventura County COVID-19 Task Force to support the vaccine rollout strategy through our communication channels and outreach efforts.

Utilization Update

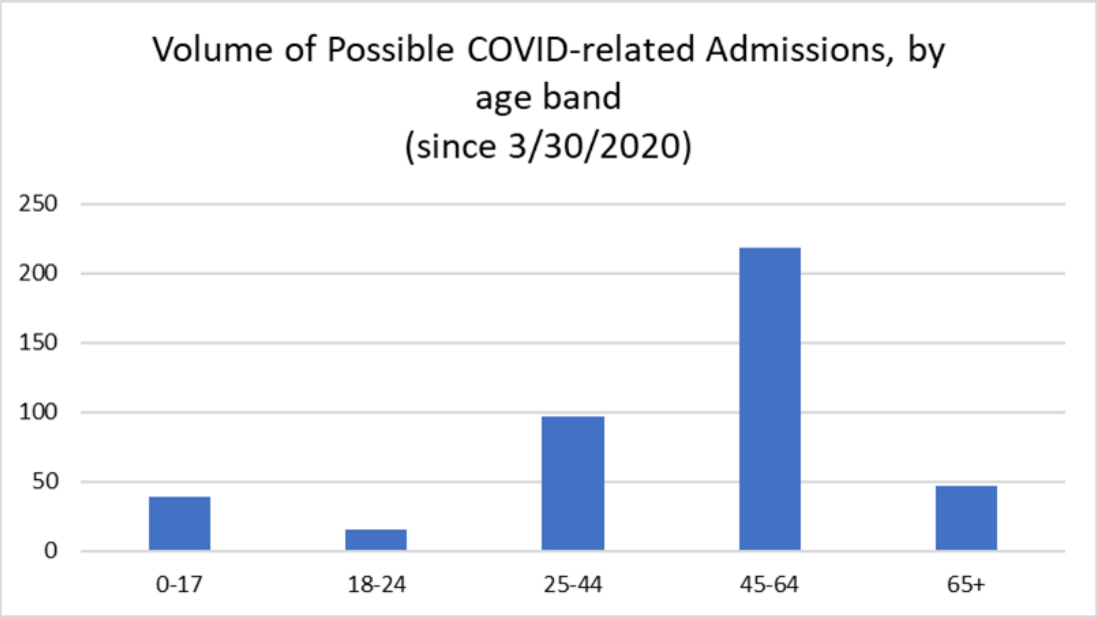
Telemedicine

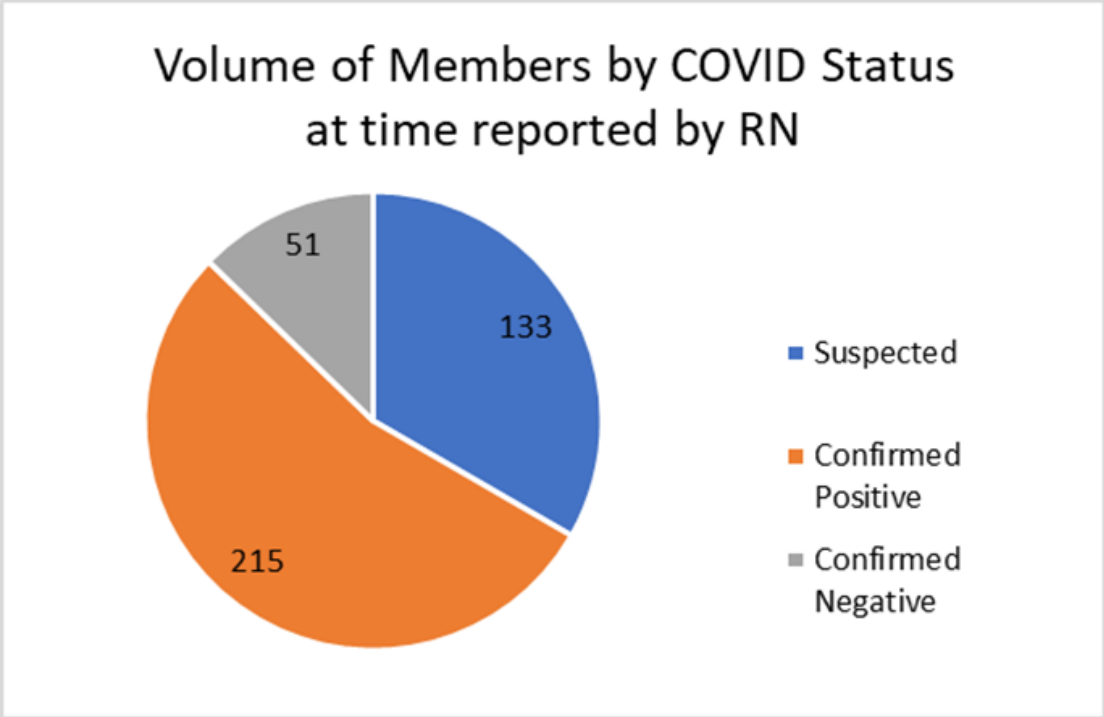
Telemedicine continues to be an essential tool for health care delivery during the pandemic. Telemedicine utilization for CY 2020 was 377 times greater than CY 2019! GCHP will continue to work with DHCS to support standardized and consistent reporting across all MCPs.

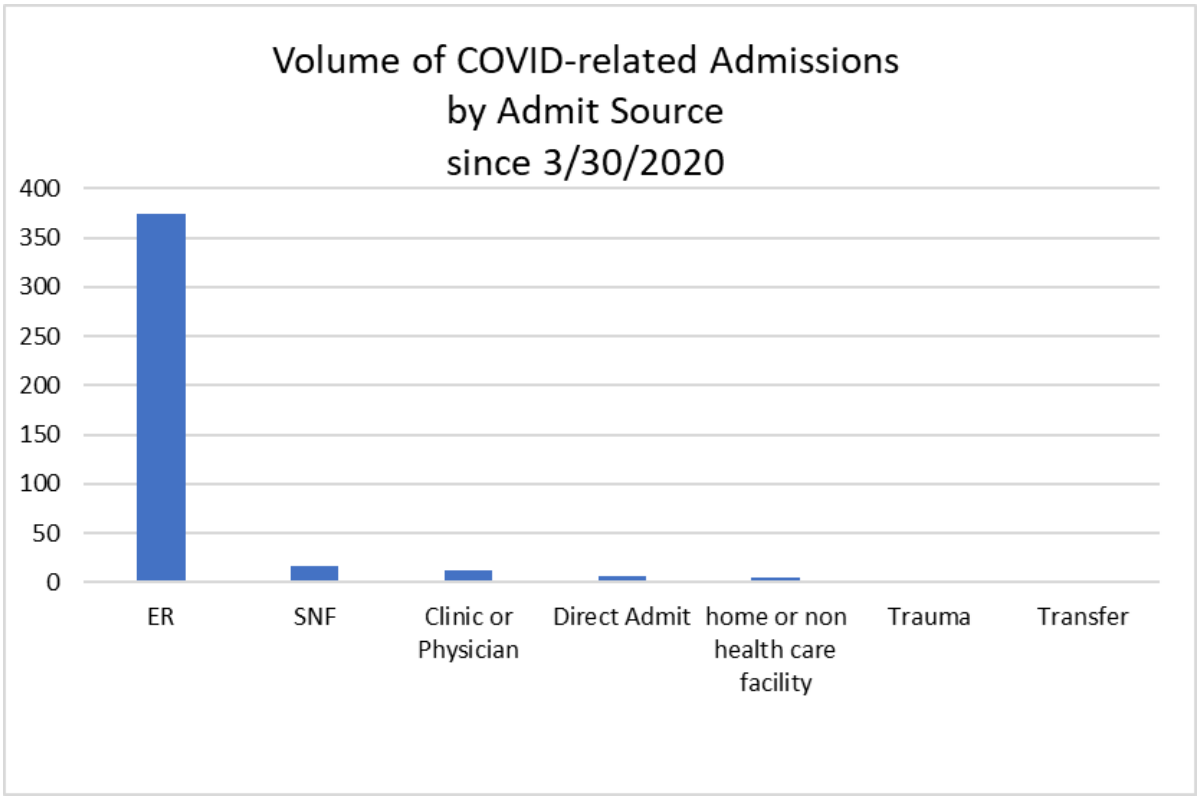


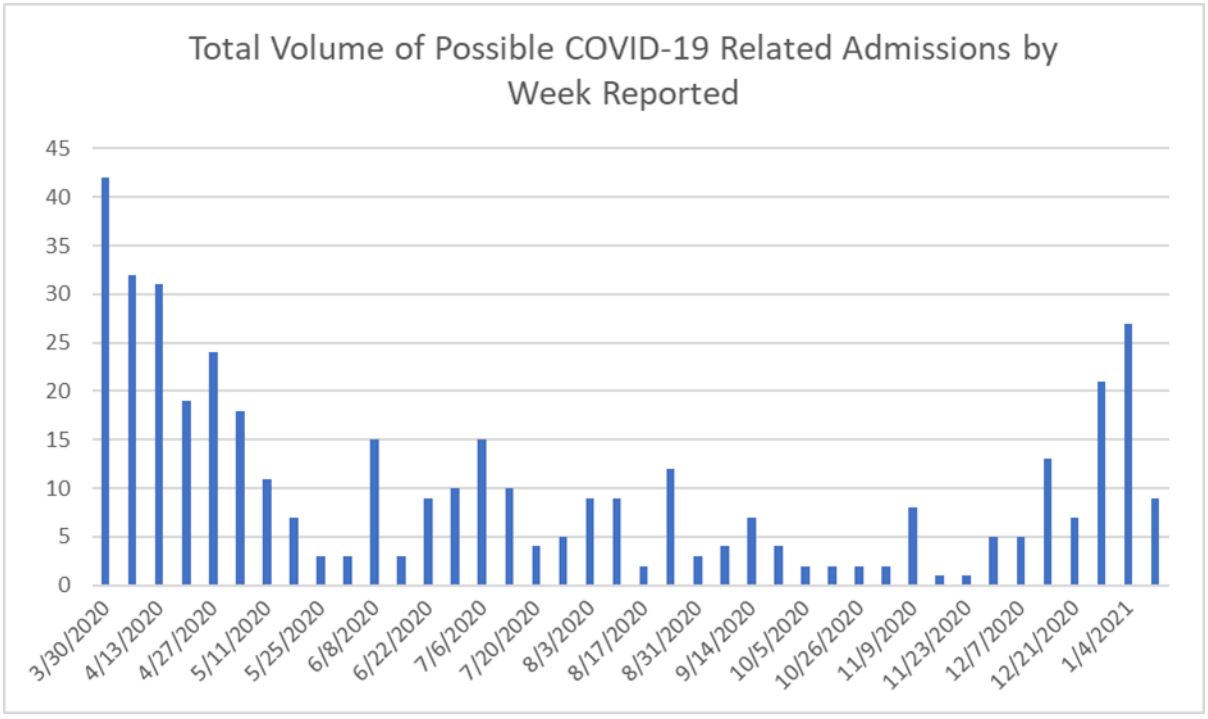
COVID-19 Related Admissions

GCHP staff have reported 416 COVID-19 related hospital admissions to DHCS as of January 12, 2021. Most admissions continue to be for members in the 45-64 year old age group followed by the 25-44 year old age group. While final status of one third of admissions is pending, over half of all admissions were confirmed positive for COVID-19 and about 13% were confirmed negative. Most admissions continue to come through the Emergency Department and volume of admissions has been increasing since the end of November 2020.


Volume of Possible COVID-related Admissions, by age band
(since 3/30/2020)
250
200
150
100
50
0
0-17
18-24
25-44
45-64
65+

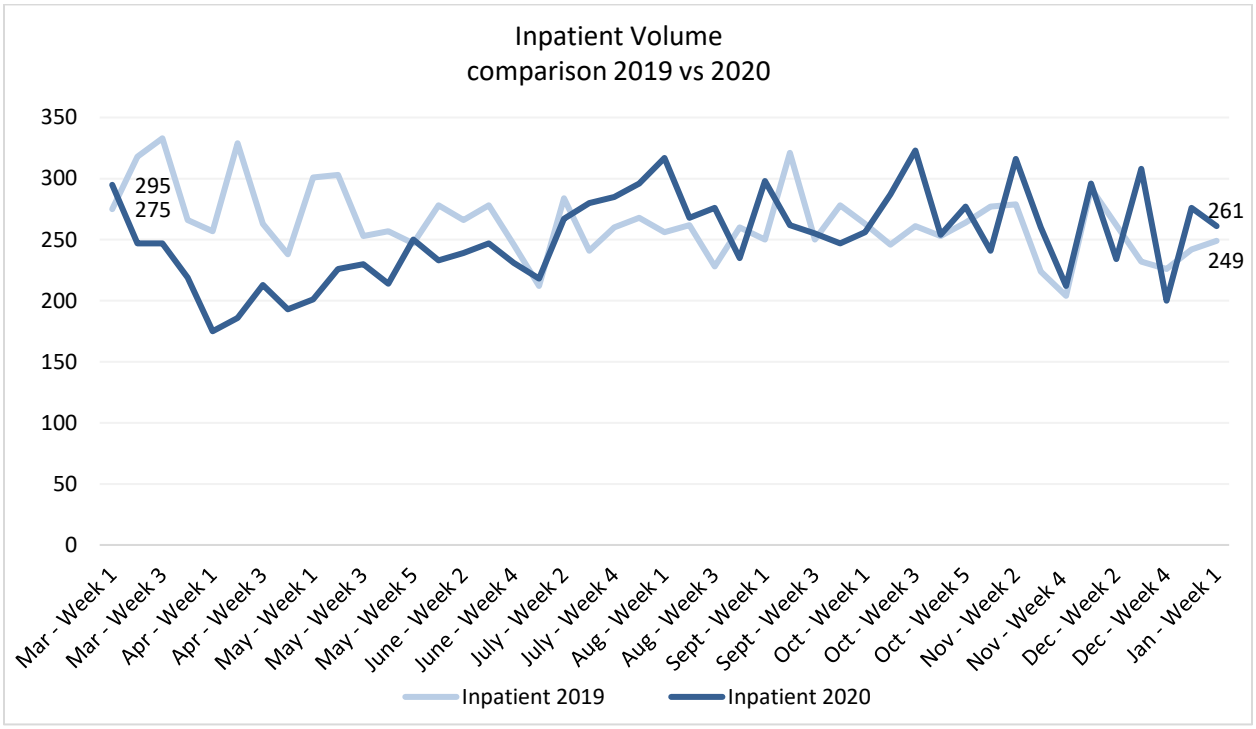

Volume of Members by COVID Status at time reported by RN
51
133
215
Suspected
Confirmed Positive
Confirmed Negative

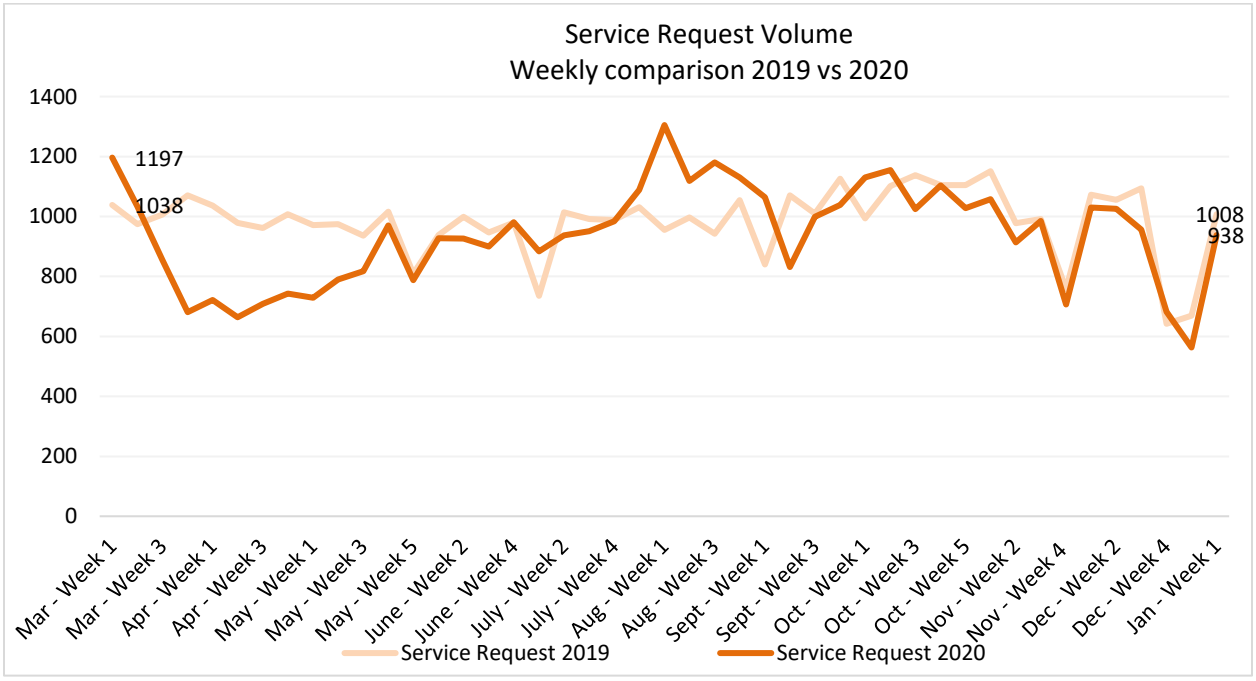

Volume of COVID-related Admissions
by Admit Source
since 3/30/2020
400
350
300
250
200
150
100
50
0
ER
SNF
Clinic or Physician
Direct Admit
home or non health care facility
Trauma
Transfer


Total Volume of Possible COVID-19 Related Admissions by Week Reported
45
40
35
30
25
20
15
10
5
0
3/30/2020
4/13/2020
4/27/2020
5/11/2020
5/25/2020
6/8/2020
6/22/2020
7/6/2020
7/20/2020
8/3/2020
8/17/2020
8/31/2020
9/14/2020
10/5/2020
10/26/2020
11/9/2020
11/23/2020
12/7/2020
12/21/2020
1/4/2021

Service Requests

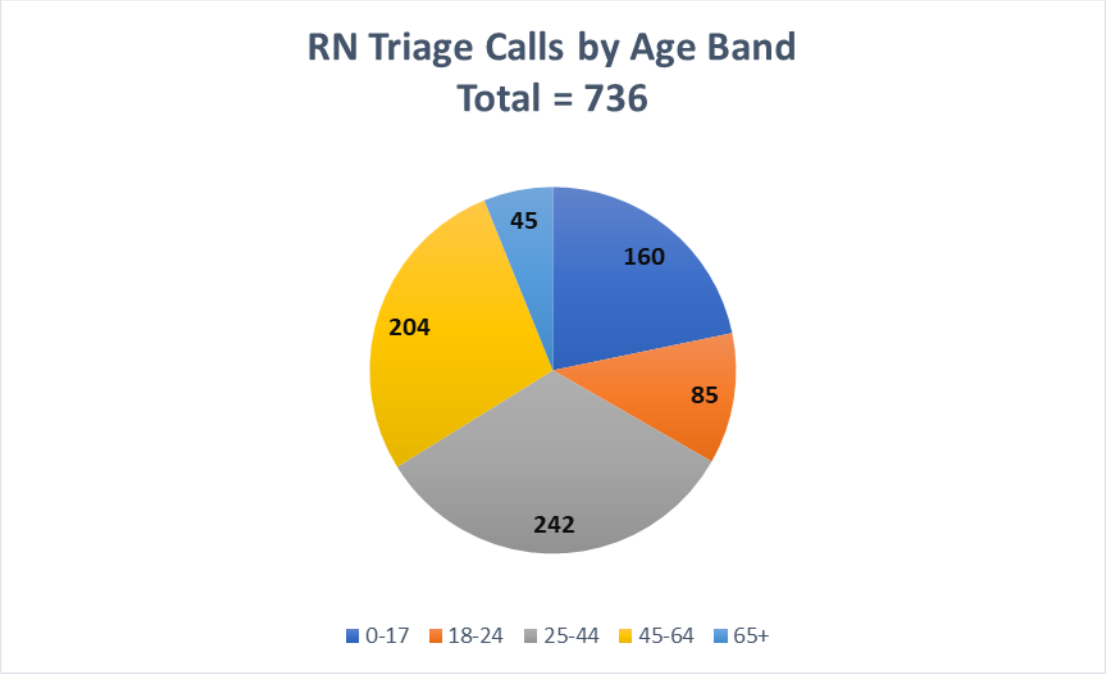
The volume of inpatient and outpatient requests for service were slightly decreased in CY2020 compared with CY2019. Requests for inpatient service decreased by 4.8% and outpatient service requests decreased by about 2%. Given the current pandemic surge, GCHP staff anticipates dramatic increases in inpatient services request for the first quarter of CY2021.

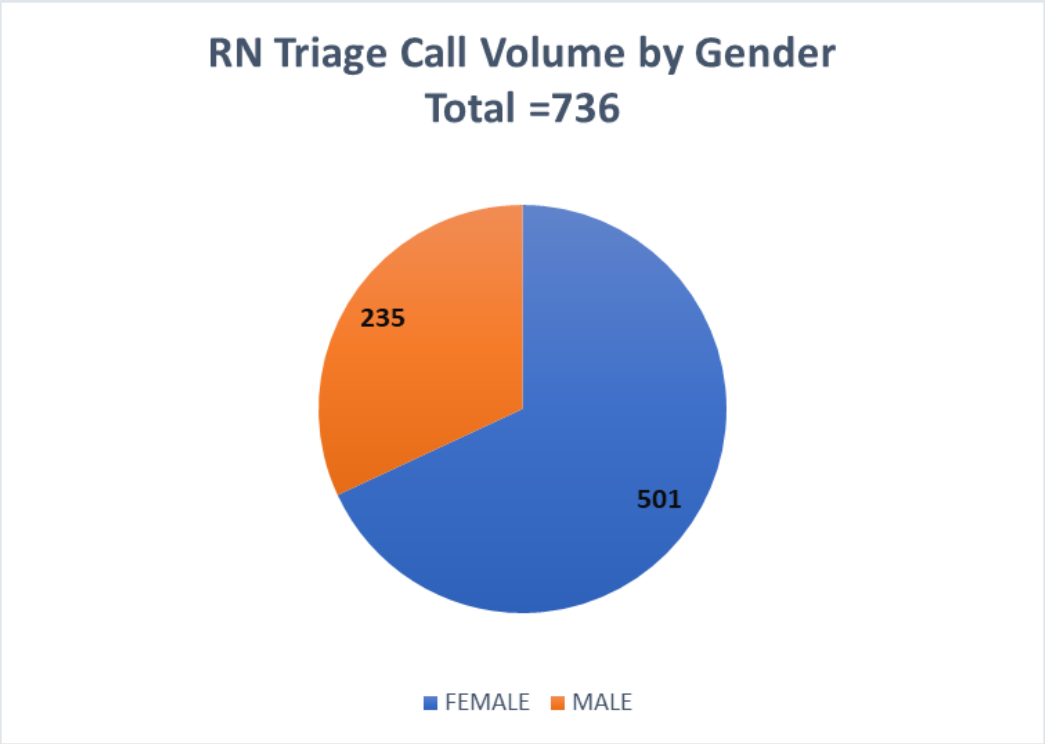


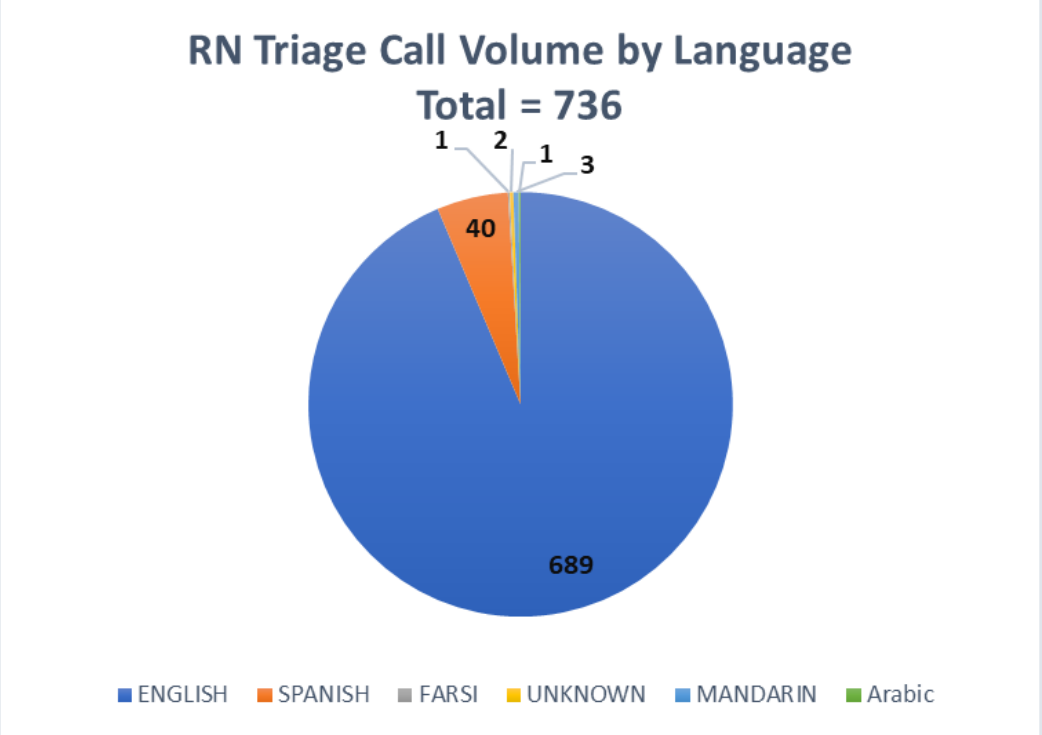


Nurse Advice Line

There have been over 2,700 calls to the GCHP Nurse Advice Line since its inception in March 2020. Call volume peaked in July 2020 and began to increase again after November 2020. Calls from female members number about twice the volume of calls from male members. Over 90% of calls are from English-speaking members and about 5% are from Spanish-speaking members. The remainder come from Farsi, Mandarin, and Arabic-speaking members.




RN Triage Call Volume by Gender
Total =736
235
501
FEMALE
MALE

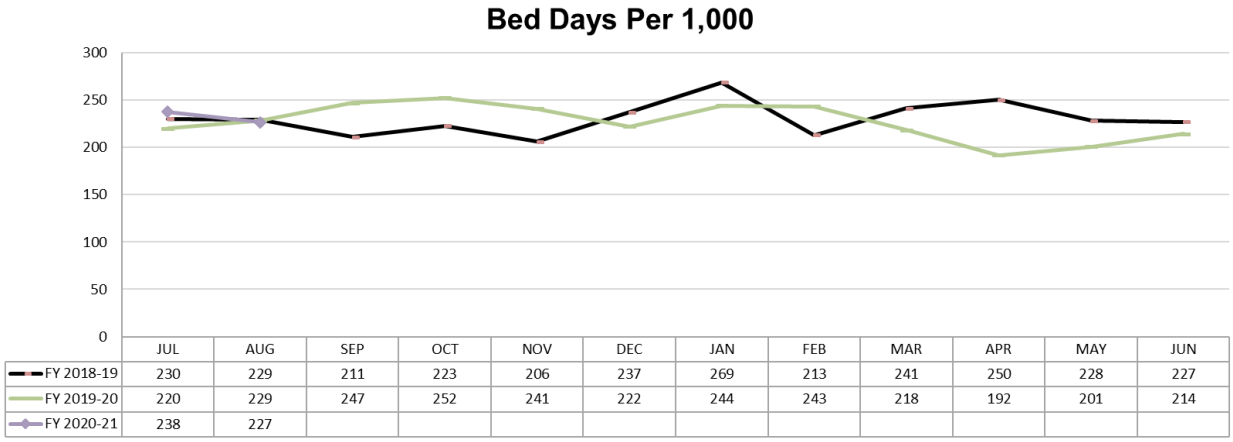

RN Triage Call Volume by Language
Total = 736
1
2
1
3
40
689
ENGLISH
SPANISH
FARSI
UNKNOWN
MANDARIN
Arabic

Bed Days

Bed days/1000 members decreased by about 9% from Q3 CY2019 (235.9) to Q3 CY2020 (214.1).

Bed days/1000 benchmark: While there is no Medi-Cal Managed Care Dashboard report of bed days/1000 members, review of available published data from other managed care plans averages 238/1000 members.

Over half of bed days are utilized by Adult Expansion ("AE") members (52%), followed by Seniors and Persons with Disabilities ("SPD") (29%) and Family aid code groups (19%). Low income children ("TLIC") utilization is less than 1% (0.5%). AE members represent about 32% of our population with approximately 52% of bed day utilization. SPDs represent just over 5% of membership with 29% of bed day utilization.



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2018-19	230	229	211	223	206	237	269	213	241	250	228	227
FY 2019-20	220	229	247	252	241	222	244	243	218	192	201	214
FY 2020-21	238	227										

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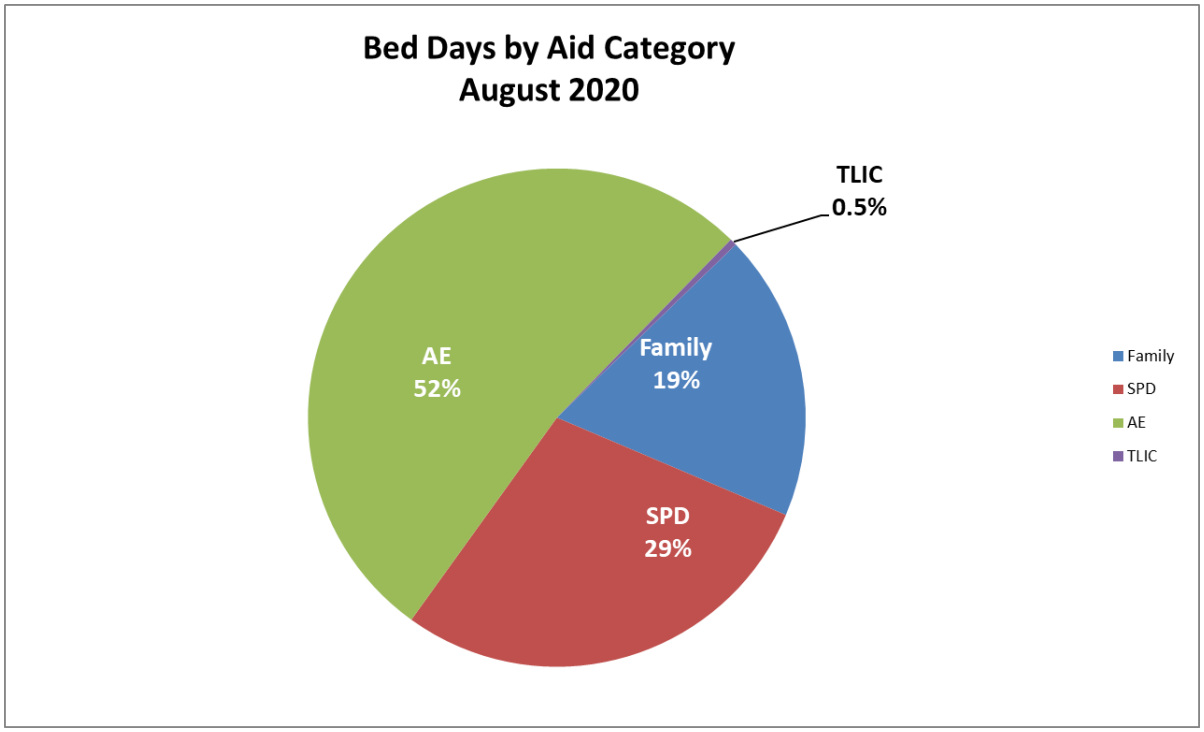

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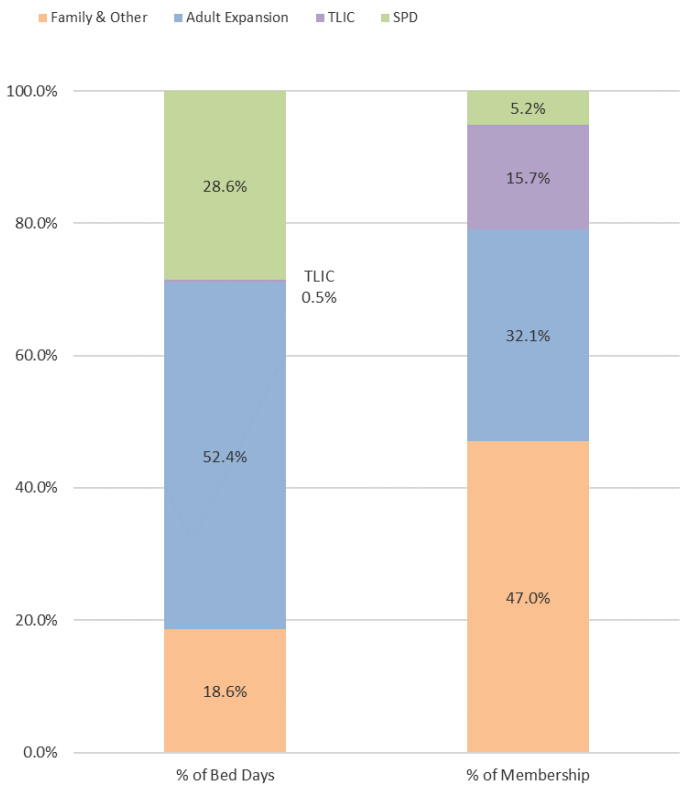
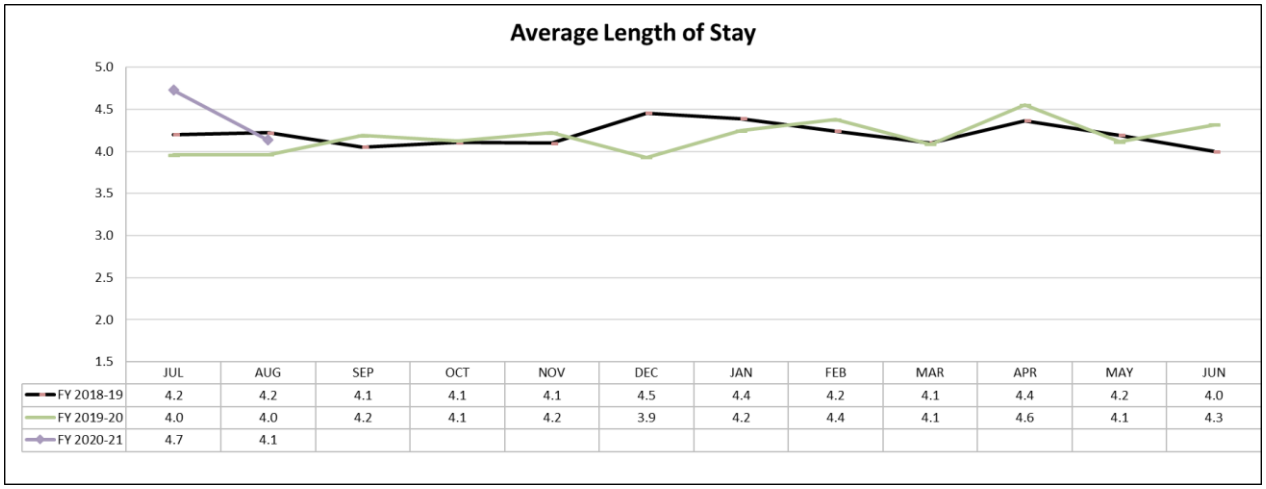
Comparison of Proportion of Days per Aid Group to Proportion of Membership per Aid Group
(August 2020 Acute days vs August 2020 Elig Members)
Non-Duals Only



Average Length of Stay ("ALOS")

ALOS for Q3 CY2020 increased by about 5% from Q3 CY2019 (4.2 v 4.0). ALOS peaks were seen in April and July of 2020 (4.6 and 4.7). This is consistent with national trends reflecting decreased capacity for isolation beds in skilled nursing facilities ("SNFs").

Average length of stay benchmark: While there is no Medi-Cal Managed Care Dashboard report of ALOS, review of available published data from other managed care plans averages 5.

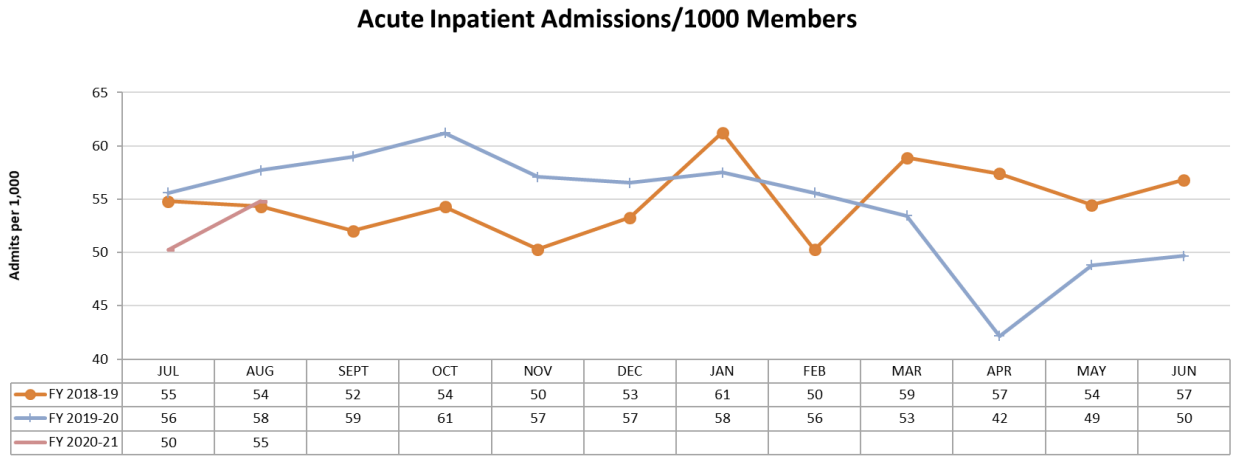


	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2018-19	4.2	4.2	4.1	4.1	4.1	4.5	4.4	4.2	4.1	4.4	4.2	4.0
FY 2019-20	4.0	4.0	4.2	4.1	4.2	3.9	4.2	4.4	4.1	4.6	4.1	4.3
FY 2020-21	4.7	4.1										

Admits/1000 Members

Admits/1000 members for Q3 CY2020 decreased by over 13% compared with Q3 CY2019 (50.4 v 58.4).

Admits/1000 members benchmark: The Medi-Cal plan average is 55/1000 members.



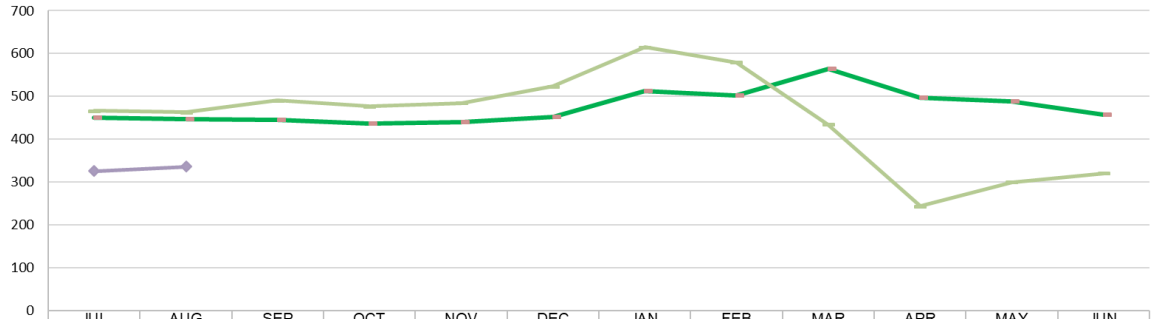
	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2018-19	55	54	52	54	50	53	61	50	59	57	54	57
FY 2019-20	56	58	59	61	57	57	58	56	53	42	49	50
FY 2020-21	50	55										

ED Utilization/1000 Members

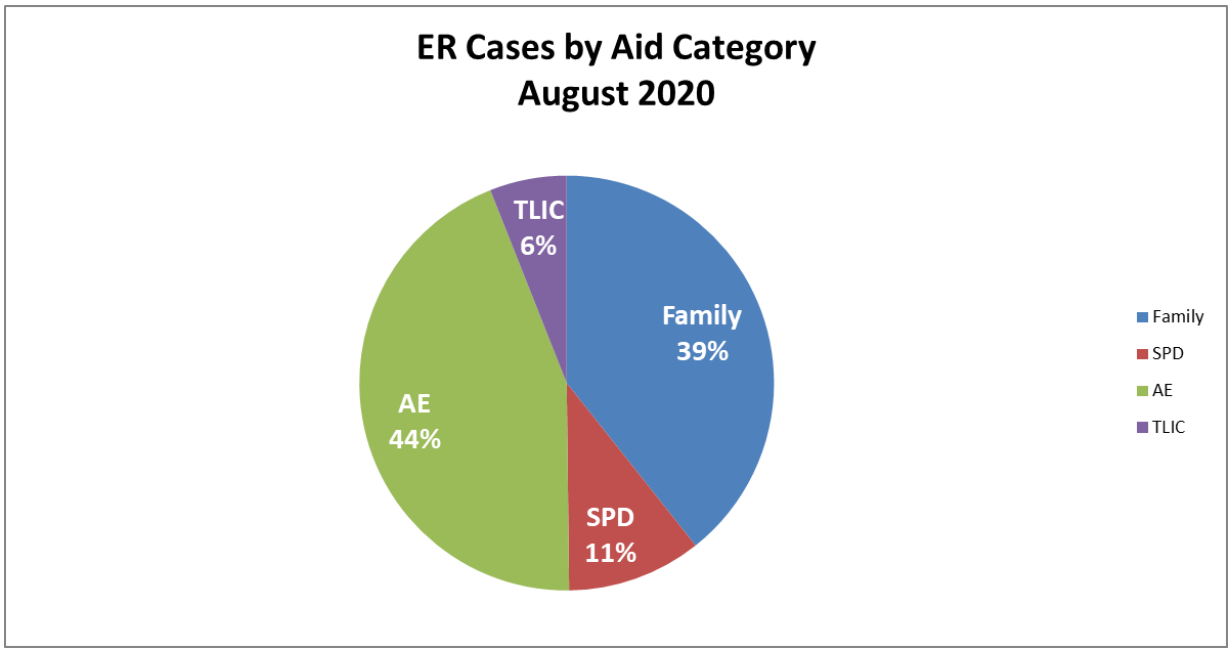
ED utilization/1000 members decreased by over 36% in Q3 from 2019 to 2020 due to the pandemic.

ED utilization benchmark: The MCAS mean for managed Medicaid plans for ED utilization/1000 members is 587. The AE aid code group represents 44% of ED visits followed by the Family aid code group (39%), SPD (11%), and TLIC (6%).

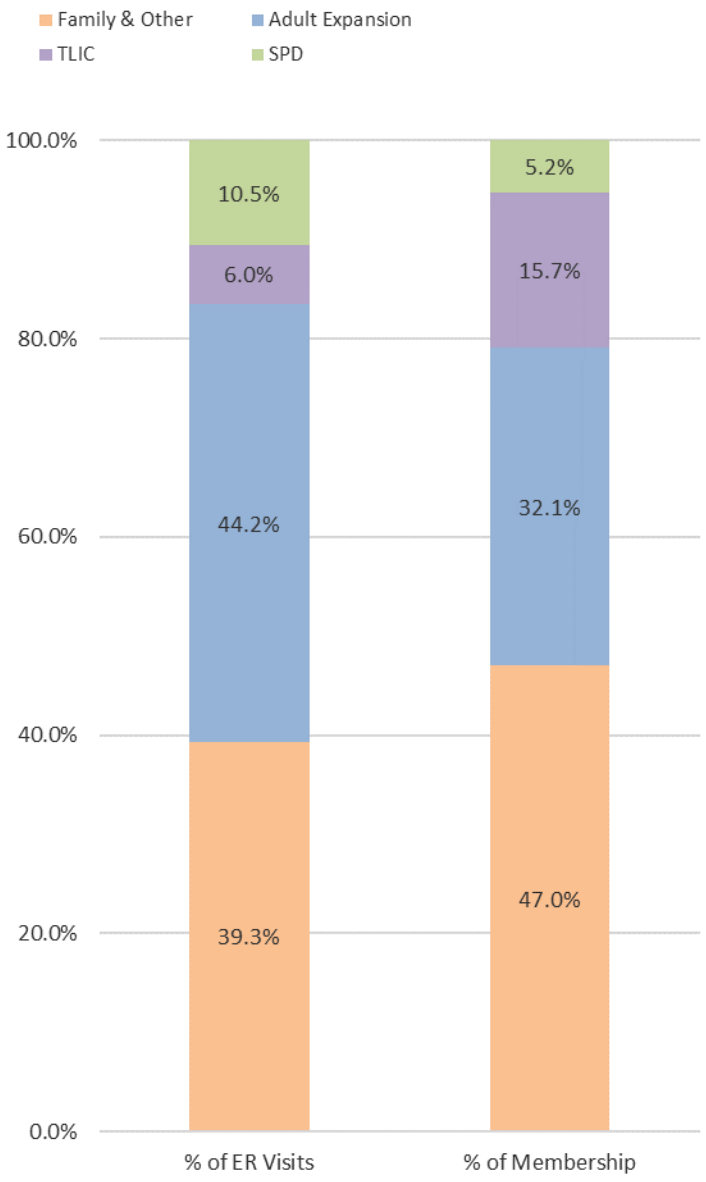
ER Utilization Per 1,000



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2018-19	451	447	445	436	441	453	512	503	564	497	489	457
FY 2019-20	466	463	490	476	484	523	615	579	434	244	300	321
FY 2020-21	325	336										

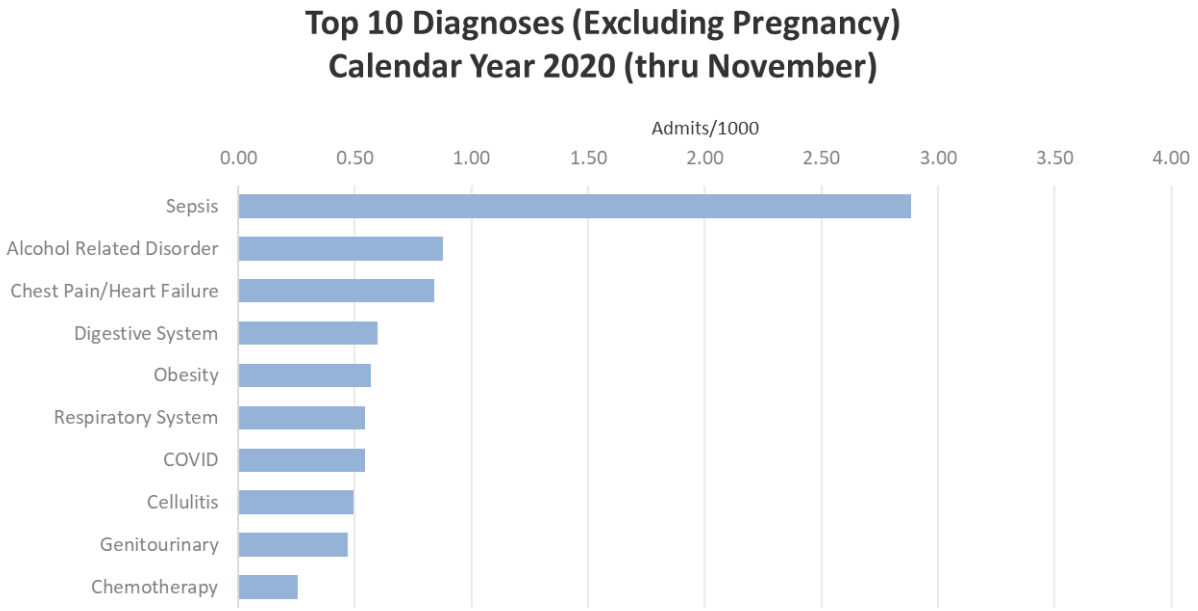


Comparison of Proportion of ER Visits per Aid Group to Proportion of Membership per Aid Group
(August 2020 ER Visits vs August 2020 Elig Members)
Non-Duals Only



Top Admitting Diagnoses

Pregnancy/childbirth continues to be our top admitting diagnosis category. When pregnancy is excluded, the top admitting diagnoses continue to be sepsis, followed by alcohol and cardiac categories. COVID-19 diagnosis has moved up from position 9 to position 7.



Readmission Rate

The quarterly readmission rate decreased from 2019 to 2020 by 12.6% in Q4 (15.1% v 13.2%). Readmission rate benchmark: The Medi-Cal Plan average readmission rate is 15.8%.

Pharmacy Hot Topics

Medi-Cal Rx

The transition to Medi-Cal Rx has been extended by 90 days to April 1, 2021. Upon implementation, all retail prescription claims will be submitted directly to the state via its PBM. GCHP is continuing to work with advocacy groups, other MCPs, DHCS and its PBM in order to facilitate the implementation of the carve out and will continue to bring information as it becomes available to this group.

DHCS informed members of the transition extension in mid-December and will continue to provide additional communication throughout the first quarter of 2021. GCHP has postponed its outreach campaign to February and March 2021. Additionally, GCHP will send a 30-day letter to members on or about March 1, 2021 along with new ID cards at the end of March.

The DHCS dedicated website for Medi-Cal Rx is live and contains announcements, news, and secure portal training/registration. GCHP encourages all of its providers:

1. Visit the portal
2. Sign up for the email subscription service
3. Register for the secure portal and training

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

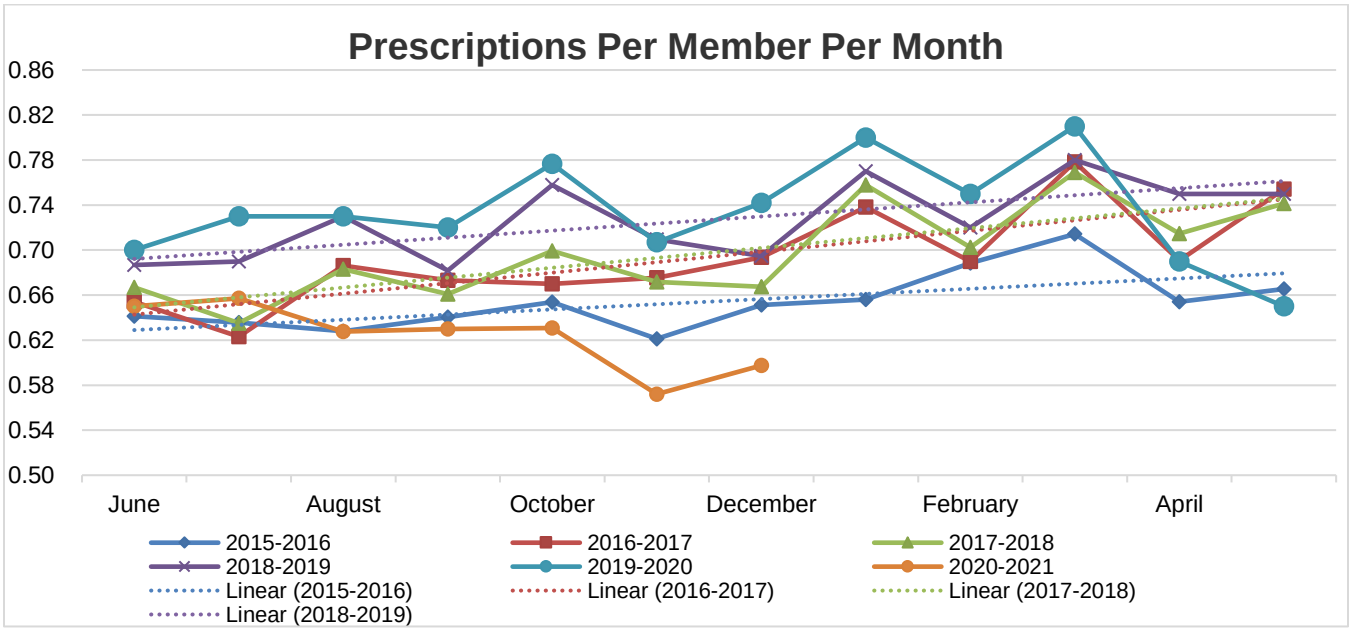
Pharmacy Benefit Manager ("PBM") Contract
GCHP needed to extend its PBM contract in order to accommodate the Medi-Cal Rx transition extension. GCHP executed an amendment with OptumRx, Inc. in December 2020 that continues PBM services.

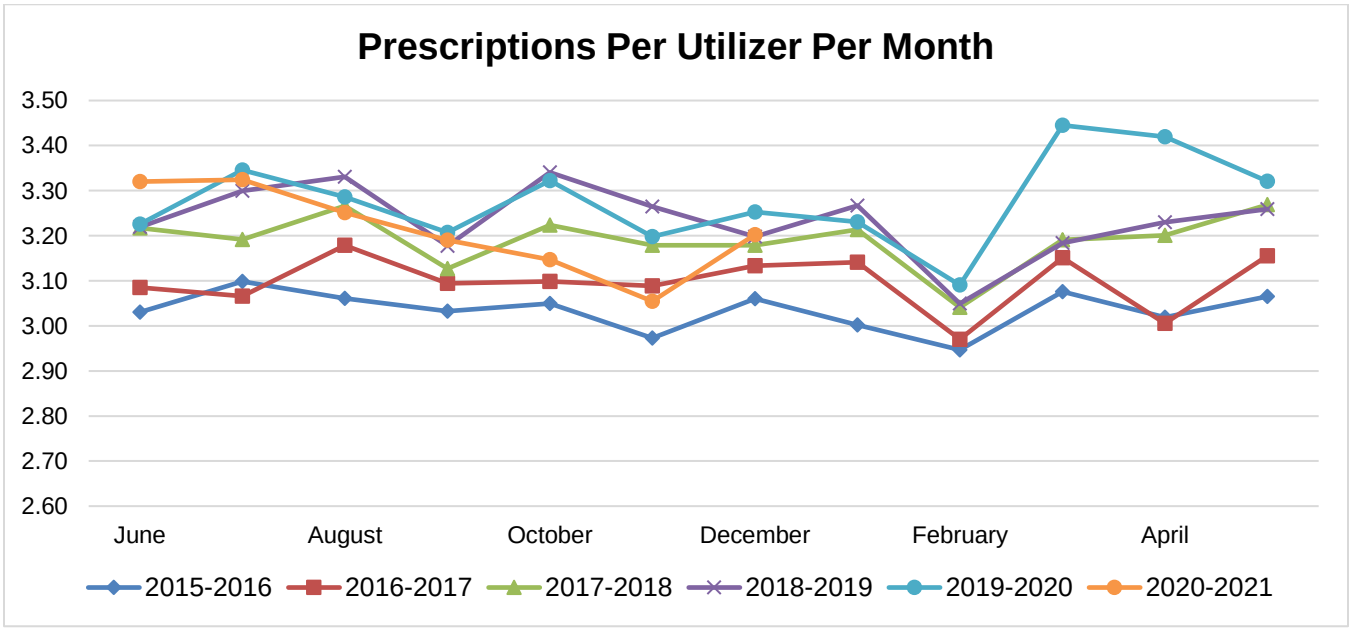
Pharmacy Benefit Cost Trends

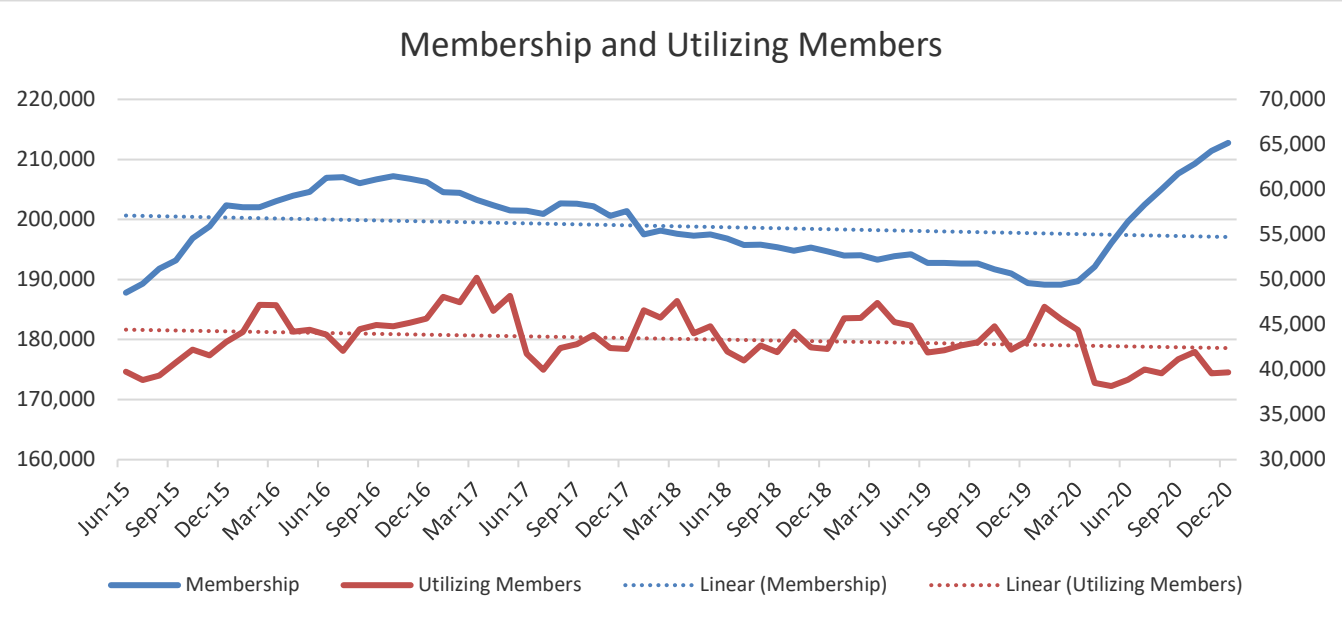
Gold Coast Health Plan's (GCHP) pharmacy trend shows in overall price increase of 19.9% from September 2019 to September 2020; this is a significant increase but is driven by increased membership and benefit changes made due to COVID-19. When looking at the per member per month costs (PMPM), the PMPM has decreased approximately 9.43% since its peak in March 2020. Pharmacy trend is impacted by unit cost increases, utilization, and the drug mix. Pharmacy costs are predicted to experience double digit increases (>10%) each year from now until 2025. GCHP's trends are in-line with state and national data that is also experiencing significant increases in pharmacy costs. Impact from COVID-19 is expected to increased costs further.

GCHP Annual Trend Data

Utilization Trends:
Through March 2020, GCHP's utilization was increasing as demonstrated by the number of members using prescriptions and the number of prescriptions each member is using while GCHP's total membership continued to decline. However, the impact of COVID-19 has caused an increase in membership and the utilization of extended day supplies which suppress the view of increased utilization. The new graph showing scripts per utilizer gives a new view of the increased utilization. GCHP will be continuously monitoring the impact of COVID-19 and the increased membership.


Prescriptions Per Member Per Month
0.86
0.82
0.78
0.74
0.70
0.66
0.62
0.58
0.54
0.50
June
August
October
December
February
April
2015-2016
2016-2017
2017-2018
2018-2019
2019-2020
2020-2021
Linear (2015-2016)
Linear (2016-2017)
Linear (2017-2018)
Linear (2018-2019)


Prescriptions Per Utilizer Per Month
3.50
3.40
3.30
3.20
3.10
3.00
2.90
2.80
2.70
2.60
June
August
October
December
February
April
2015-2016
2016-2017
2017-2018
2018-2019
2019-2020
2020-2021


Membership and Utilizing Members
220,000
210,000
200,000
190,000
180,000
170,000
160,000
70,000
65,000
60,000
55,000
50,000
45,000
40,000
35,000
30,000
Jun-15
Sep-15
Dec-15
Mar-16
Jun-16
Sep-16
Dec-16
Mar-17
Jun-17
Sep-17
Dec-17
Mar-18
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Sep-18
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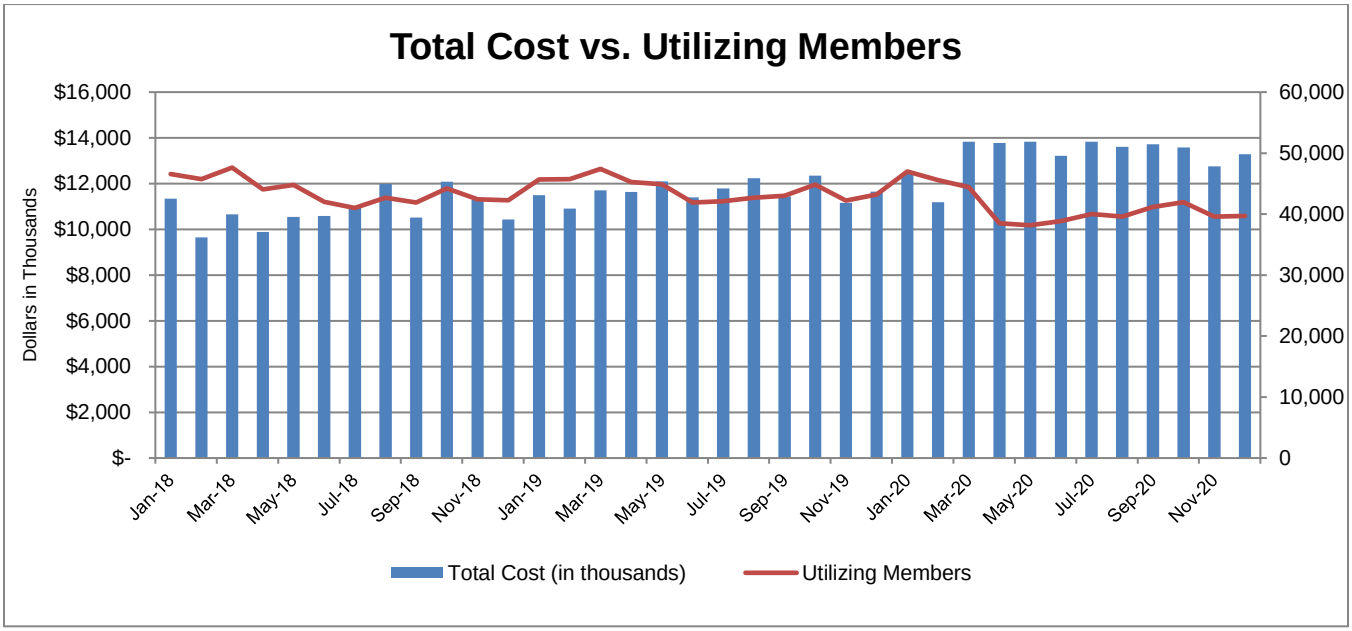
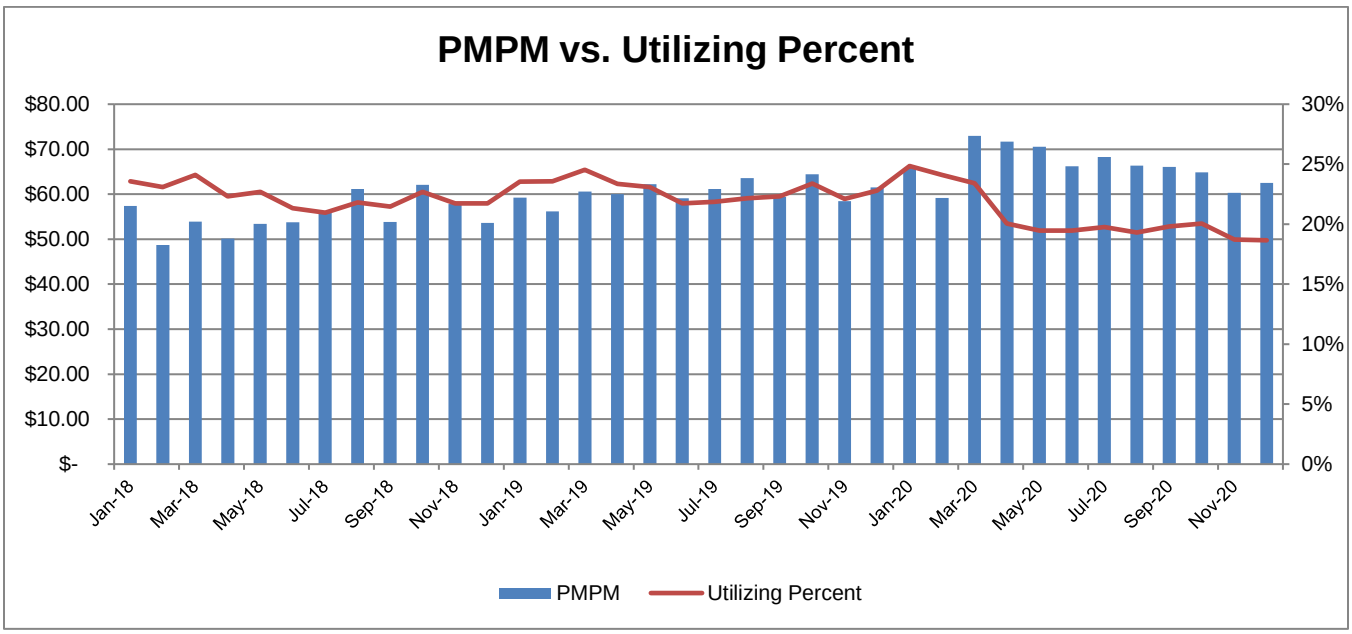
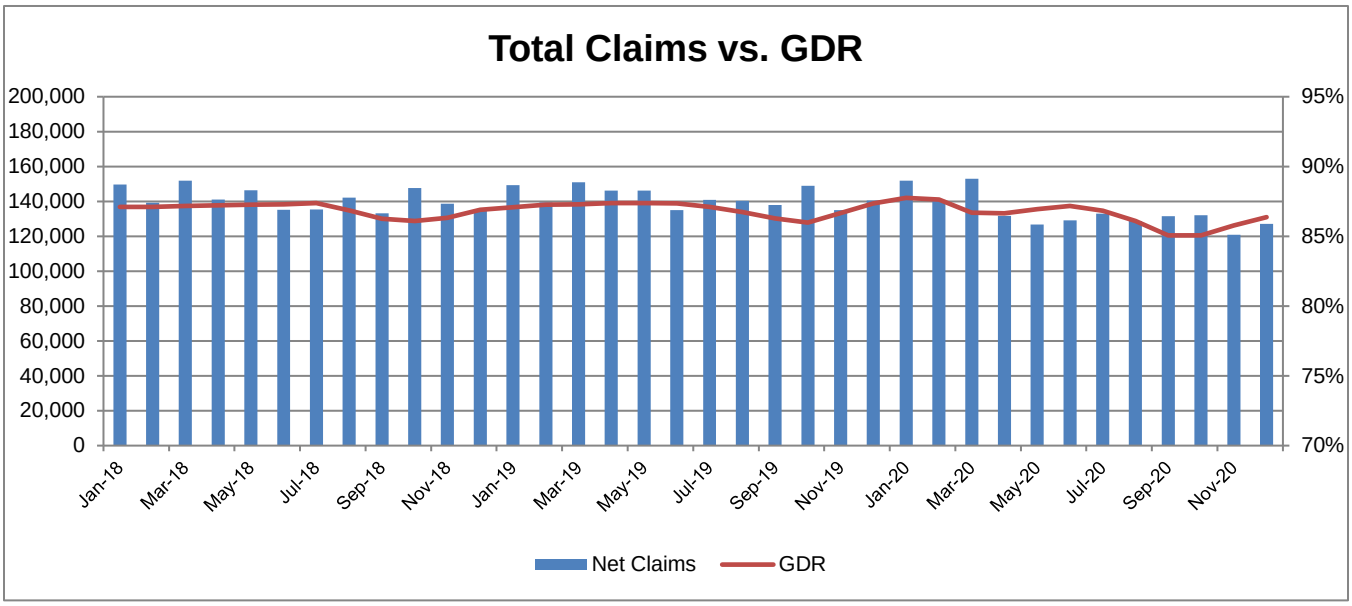
Mar-19
Jun-19
Sep-19
Dec-19
Mar-20
Jun-20
Sep-20
Dec-20
Membership
Utilizing Members
Linear (Membership)
Linear (Utilizing Members)

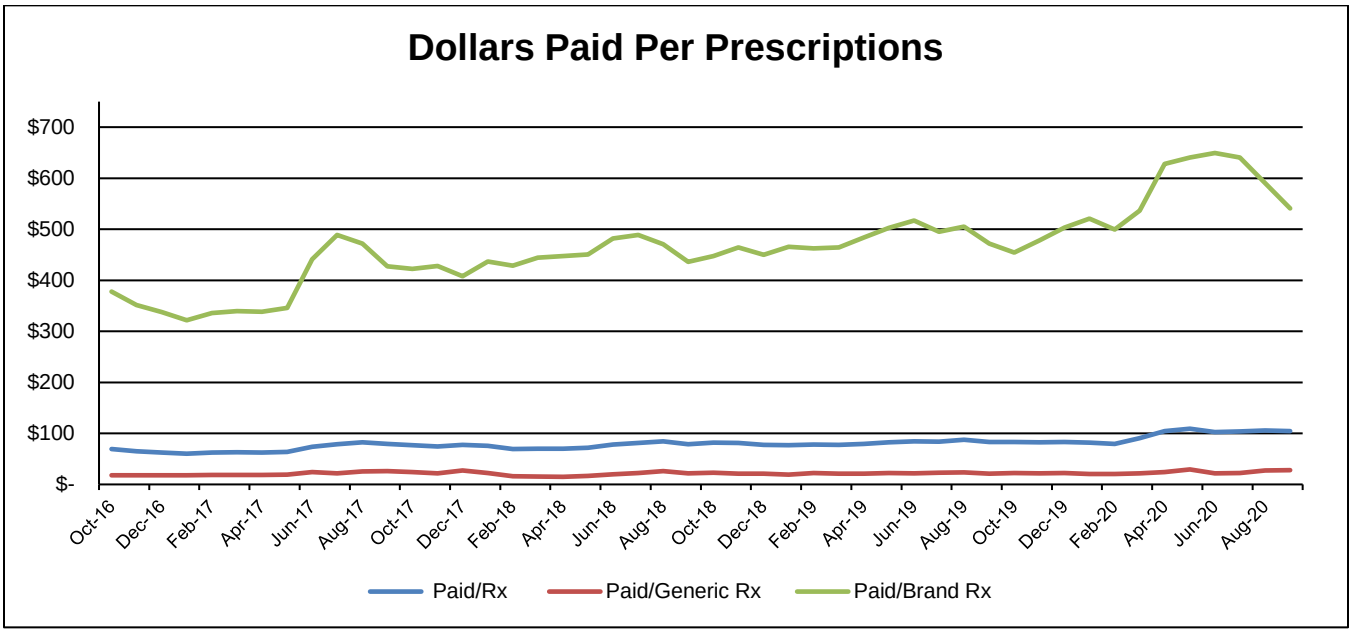
Pharmacy Monthly Cost Trends:





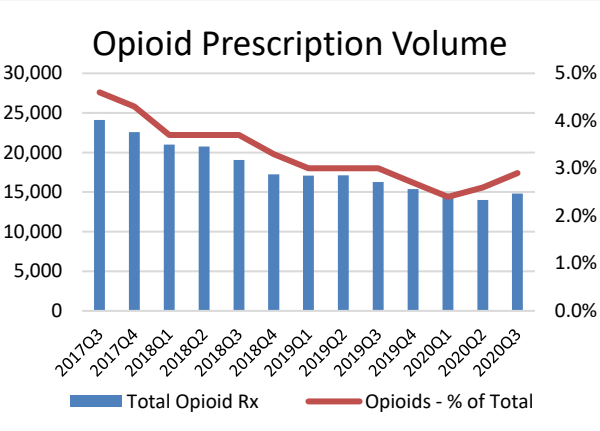


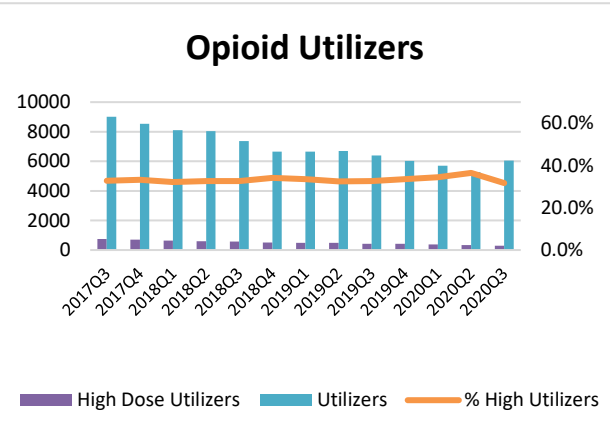
*Claim totals prior to June 2017 are adjusted to reflect net claims.

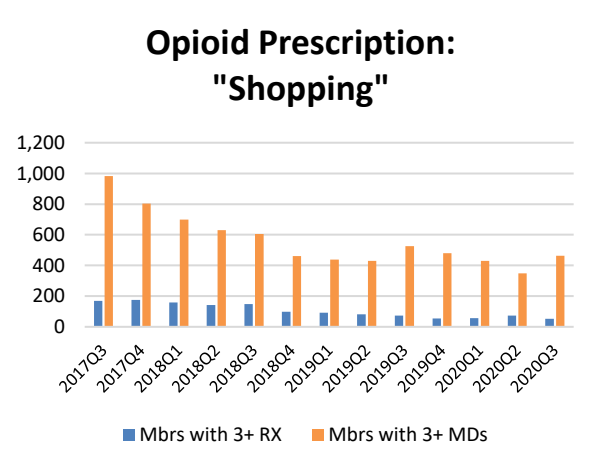


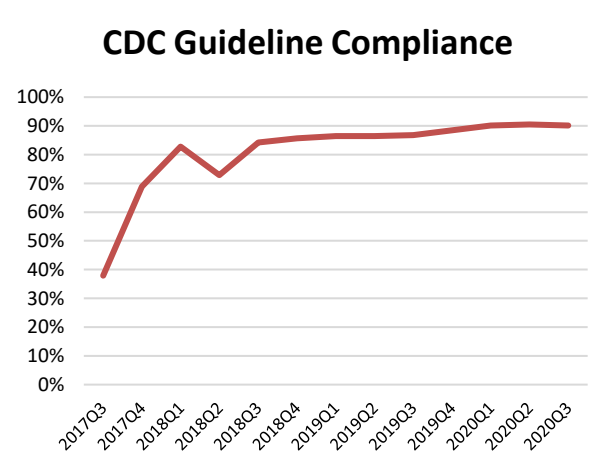
Pharmacy Opioid Utilization Statistics

GCHP continues to monitor the opioid utilization of its members and below are graphs showing some general stats that are often used to track and compare utilization. In general, GCHP continues to see a positive trend toward less prescriptions and lower doses of opioids for the membership.









Definitions and Notes:
High Dose Utilizers: utilizers using greater than 90 mg MEDD
High Utilizers: utilizers filling greater than 3 prescriptions in 120 days
Prescribers are identified by unique NPIs and not office locations.

Abbreviation Key:
PMPM: Per member per month
PUPM: Per utilizer per month
GDR: Generic dispensing rate
COHS: County Organized Health System
KPI: Key Performance indicators
RxPMPM: Prescriptions per member per month

Pharmacy utilization data is compiled from multiple sources including the pharmacy benefits manager (PBM) monthly reports, GCHP's ASO operational membership counts, and invoice data. The data shown is through the end of September 2020. The data has been pulled during the first two weeks of September which increases the likelihood of adjustments. Minor changes, of up to 10% of the script counts, may occur to the data going forward due to the potential of claim reversals, claim adjustments from audits, and/or member reimbursement requests.

References:

1. https://www.healthsystemtracker.org/chart-collection/recent-forecasted-trends-prescription-drug-spending/?_sf_s=drug+spending#item-contribution-to-growth-in-drug-spending-by-growth-driver_2017
2. https://arstechnica.com/science/2019/07/big-pharma-raising-drug-prices-even-more-in-2019-3400-hikes-as-high-as-879/
3. US Food and Drug Administration. "2018 New Drug Therapy Approvals."
4. https://www.fiercepharma.com/marketing/another-record-year-for-pharma-tv-ads-spending-tops-3-7-billion-2018

https://www.kff.org/medicaid/issue-brief/utilization-and-spending-trends-in-medicaid-outpatient-prescription-drugs/

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Interim Chief Diversity Officer

DATE: January 25, 2021

SUBJECT: Interim Chief Diversity Officer Update

Actions:

1. **Community Relations**

- Attended a Zoom Diversity Training session on Equality and Perceptions sponsored by Cal Lutheran University. Participants included every university and college in Ventura County.
- Attended a Zoom recognition and award ceremony sponsored by the Santa Paula Chamber of Commerce. At that event our own Commissioner Laura Espinosa was awarded the Dr. Sam Edwards Lifetime Achievement Award for her work on the Santa Paula Hospital and Ventura Community College advocacy.

2. **Case Investigations**

- No new cases to-date. Complaints are significantly down in both HR and Diversity. Working with HR on an internal case related to job evaluations.

3. **Diversity Activities**

- Continue to meet regularly with the Diversity Council to address the diversity needs of the Plan. Focus in the first quarter to be additions to the Council, best practice sharing with other community councils, Lunch-N-Learn sessions and external community involvement.

- Continued bi-weekly update meeting with CEO Margaret Tatar.

- Developed a task team within the Diversity Council to review all communications and training videos for inappropriate language and words that may be diversity insensitive.

- My “Ted Talk” articles in the Internal news Compass is receiving good readership. It gives employees a chance to ask diversity related questions and have the answer shared with the internal population.

- Drafting a proposal that extends the diversity reach from internal GCHP to include our member base in the community. The proposal will include the additional activities addressing equity in medical services to the greater Ventura County communities.

AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Michael Murguia, Executive Director of Human Resources

DATE: January 25, 2021

SUBJECT: Human Resources Report

Human Resources Activities

We continue to conduct our Employee Survey Action Plan team meetings. Since our last update, we have had five meetings. This is a cross-functional group of 15 employees that will help us validate and improve our areas of weakness identified in our Employee Survey. This team has representation that includes individual contributors, Managers, and Directors. We have established our focus areas for the remainder of this year (Outlined Below). We have briefed our Executive team and outlined our next steps in the process. Currently we are focusing on Recognition and Plan Communications.

Communication

- Career development/promotion process/new and open positions – clearly communicated
- Increase interdepartmental communication
- Recognition

Creating an open and safe workplace

- Safely voice issues/concerns
- Respect and fairness
- Confidentiality

Executive Leadership Team

- Communication – what not to do; how we want to be communicated to; open and transparent, frequent, and clear communication
- Accountability – held accountable

On October 22nd, 2020 we held our first All Staff meeting since I joined the Plan. We had a total of 188 employees participate in this meeting. The agenda was as follows:

- An Interview with our CEO Margaret Tatar
- Key Project updates – Dr. Wharfield and Eileen Moscaritolo
- Our World Today – Ted Bagley
- Q & A with the Executive Team Panel

We changed the format up and asked for questions in advance of the event. This was very effective with our staff and we received several questions regarding Lay-offs, Covid-19, and others. To answer each of these questions, we concluded our meeting with a panel of our Executive Leadership team who answered each of the questions and answered additional questions in the meeting. Our last format change was to send a survey out to all employees asking them for feedback on our presentations (attached) and asking for future topics. As you can see by the survey results, our All Staff meeting was viewed very positively.

Question	Average Rating
1. *On a 1-5 scale (5 being excellent) how would you rate the interview with Margaret Tatar? Did you find this information valuable?*	**4.46**
2. *On a 1-5 scale (5 being excellent) how would you rate the Key Project updates by Dr. Wharfield and Eileen Moscaritolo? Did you find this information valuable?*	**4.59**
3. *On a 1-5 scale (5 being excellent) how would you rate the presentation on Our World Today by Ted Bagley? Did you find this information valuable?*	**4.15**
4. *On a 1-5 scale (5 being excellent) how would you rate the Executive Team Panel discussion? Did you find this information valuable?*	**4.18**
Overall Meeting Average	**4.34**

On November 12th and 13th 2020, we held our first ever Virtual Benefits Fair event. This was the first ever attempted Virtual Fair by our carrier and for us as well. With the use of Zoom technology, we were able to have separate Providers present their materials and interested staff members were able to move from each presentation very effectively. We were also able to mix in some fun presenters like Cooking and Positive Outlook training as we typically do at our in-person events in the past. The event was very well received by all our staff members and enabled us to have a very successful Open Enrollment process. Lastly All employees completed their required Sexual Harassment training prior to the end of 2020.

During the last two months, GCHP had one resignation and one retirement. We continue to evaluate any vacant positions and only backfill key positions. This process requires a review with the CEO and the Executive Leadership team. During this time GCHP has no new cases to report. However, we did have one Workers Compensation case filed

Facilities / Office Updates

To keep our employees' health and safety as our priority we have strengthened our Office Entrance and Exit procedures. As we are still fully remote, on a day to day basis we still have a need for employees to come to our buildings facilities to sort mail and do other things on a regular basis.

So, to ensure safety, we have now added additional signage so that all employees review CDC guidelines regarding Covid-19 symptoms. If they are experiencing any symptoms, they are not to enter our building and are advised to go home and seek medical assistance. In addition, we have added two temperature machines at each of our main building entrances and asked employees to voluntarily take their temperatures prior to entering our buildings. If their temperature is above our established guideline of 98.9, they are advised not to enter our building and to seek medical assistance.

All our employees are advised to notify their managers before coming to our buildings and the managers in turn notify facilities. We do this so we know who is in the buildings and to manage our number of employees being in the buildings at any given time.

While this process helps let us know the employee traffic, we felt like we could strengthen this process. The additional requirement that we have added is for our employees to use a vendor visitor badging system that we already own called Proxy/Click. What this system does is that as the employee signs in it sends an email to their manager and notifies them that their employee is in the building. It also distributes a sticker ID that the employee wears while they are in the building and this validates that they have used all the correct CDC protocol before entering the premises. The last safety feature is that the employee is also required to sign out in Proxy/Click. When they do this an email is sent to their manager as well. This feature enables us to know who is in our buildings in the event of an emergency and an evacuation is necessary. Facilities is cc'd on all these emails as well so they would coordinate ensuring all employees exit our buildings for their safety. We require this process for all Vendors as well.

Temperature Station

Proxyclick Entry System