Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

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

Regular Meeting
Monday August 22, 2022 5:00 p.m.
Due to the public health emergency, the Community Room at Gold Coast Health Plan is currently closed to the public.
The meeting is being held virtually pursuant to AB 361.
Members of the public can participate using the Conference Call Number below.

Conference Call Number: 1-805-324-7279
Conference ID Number: 168 560 377#
Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

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

AGENDA

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

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. Adoption of Resolution 2022-004 Honoring and Remembering Supervisor Carmen Ramirez

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Staff requests that the Commission approve Resolution 2022-004.

2. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of June 27, 2022, and July 25, 2022.

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of June 27, 2022 and July 25, 2022.

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

Staff: Scott Campbell, General Counsel

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

4. New Member Appointment-Community Advisory Committee (CAC)

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

RECOMMENDATION: The CAC unanimously recommends to the Commission that Ms. Quintal be approved to join the CAC as a new member. Once approved by the Commission, Ms. Quintal will begin her official appointment.

5. Member Appointments for CalAIM Advisory Committee

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

RECOMMENDATION: GCHP management recommends that the Commission approve the four proposed members of the CalAIM Advisory Committee. Once approved by the Commission, applicants will be notified of their selection. The first CalAIM Advisory Committee meeting is scheduled for Aug.30, 2022.

6. Contract Approvals, Employee Recruiting Services

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Based on fair market competition, GCHP is recommending the Commission approve awarding contacts to the eleven vendors for recruiting services. The funds for this item were included in the approved budget. .

UPDATES

7. Leading into the Future: Goals and Implementation Update

Staff: Gold Coast Health Plan Leadership Team

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

8. Contract Approval – Optum Insight

Staff: Nancy Wharfield, MD, Chief Medical Officer
Nicole Kanter, RN, MPH, Director, Utilization Management

RECOMMENDATION: The Plan recommends the Commission approve the funding of this agreement for an amount up to $207,142.55.

9. Quality Improvement Committee (QIC) Report – Second Quarter

Staff: Nancy Wharfield, MD, Chief Medical Officer
Kim Timmerman, Director of Quality Improvement

RECOMMENDATION: Receive and file the complete report as presented.

10. June 2022 Financials

Staff: Kashina Bishop, Chief Financial Officer

11. July 2022 Financials

Staff: Kashina Bishop, Chief Financial Officer

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

REPORTS

12. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report

13. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report

14. Human Resources Report

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report

CLOSED SESSION

15. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.

16. REPORT INVOLVING TRADE SECRETS
Discussion will concern: New Program and Service
Estimated Date of Public Disclosure: Fall of 2022

ADJOURNMENT

Date and location of the next meeting to be determined at the September 12, 2022, Special meeting.

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on http://goldcoasthealthplan.org. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the 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 1:00 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: Nick Liguori, Chief Executive Officer

DATE: August 22, 2022

SUBJECT: Resolution 2022-004 Honoring and Remembering Supervisor Carmen Ramirez

SUMMARY:

The Ventura County Medi-Cal Managed Care Commission honors and remembers Supervisor Carmen Ramirez for her exemplary service to Gold Coast Health Plan and the community.

RECOMMENDATION:

Staff requests that the Commission approve Resolution 2022-004.

ATTACHMENTS:

Resolution 2022-004

Resolution No. 2022-004

The following resolution is being issued by the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan to honor and remember Supervisor Carmen Ramirez for her exemplary service to the Commission and the community.

Whereas, Gold Coast Health Plan was founded in 2011 with a mission "To improve the health of our members through the provision of high-quality care and services," and

Whereas, Gold Coast Health Plan proudly serves more than 240,000 Medi-Cal beneficiaries in Ventura County through its network of primary care physicians, specialists, behavioral health providers, and hospitals, and

Whereas, Gold Coast Health Plan is governed by the Ventura County Medi-Cal Managed Care Commission, which is comprised of 11 members representing public and private health care providers and the community, and

Whereas, On January 25, 2021, Supervisor Carmen Ramirez was sworn in as a member of the Ventura County Medi-Cal Managed Care Commission, and

Whereas, As the supervisor of Ventura County's fifth district, Supervisor Carmen Ramirez represented about 40% of Gold Coast Health Plan's members – nearly 100,000 members, and

Whereas, Supervisor Carmen Ramirez was a fierce advocate for the most vulnerable and most marginalized members of the community and worked tirelessly through various endeavors to improve their quality of life, and

Whereas, For nearly two years, Supervisor Carmen Ramirez offered valuable insights into the needs of Gold Coast Health Plan's members and offered her unwavering support for the programs and services that would best serve them, and

Whereas, Supervisor Carmen Ramirez was a once-in-a-lifetime leader who lived a life and career of purpose, and

Whereas, She leaves behind an indelible legacy of honesty and integrity in her public life, and

Whereas, Her dedication to our community will live on in the work of Gold Coast Health Plan and the Ventura County Medi-Cal Managed Care Commission, and

Now, Therefore, Be It

RESOLVED, that the Ventura County Medi-Cal Managed Care Commission honors and remembers Supervisor Carmen Ramirez for her exemplary service to Gold Coast Health Plan and the community; and be it further

RESOLVED, that Gold Coast Health Plan and the Ventura County Medi-Cal Managed Care Commission express their deepest condolences to the family, friends, and colleagues of Supervisor Carmen Ramirez.

Passed, Approved, and Adopted by the Ventura County Medi-Cal Managed Care Commission at a regular meeting on the 22nd day of August, 2022, by the following vote:

AYE:
NAY:
ABSTAIN:
ABSENT:

_____
Commission Chair

_____
Clerk of the Commission

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Maddie Gutierrez, MMC, Clerk for the Commission

DATE: August 22, 2022

SUBJECT: Minutes of June 27, 2022, and July 25, 2022, Regular Commission Meetings

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Minutes for the June 27, 2022, and July 25, 2022, Regular Commission Meetings.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
Commission Meeting
Regular Meeting via Teleconference

June 27, 2022

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 2:03 pm via teleconference. The Clerk of the Board was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

The interpreter gave her announcement for non-English speakers.

OATH OF OFFICE

Sarah Sanchez took her Oath of Office.

ROLL CALL

Present: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez (arrived 2:07 pm), Jennifer Swenson (arrived 2:08 pm) and Sarah Sanchez.

Absent: Commissioners Allison Blaze, M.D., and Scott Underwood, D.O.

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

Additional staff participating on the call: Anna Sproule, Carolyn Harris, David Tovar, Lupe Gonzales, Susanna Enriquez-Euyoque, Veronica Estrada, Vicki Wrighster, Lucy Marrero, Sandi Walker, Stacy Miller, Kris Schmidt, Lisbet Hernandez, Jamie Louwerens, Calley Cederlof, Bob Bushey, Rachel Lambert, and Paula Cabral.

PUBLIC COMMENT

None.

CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of May 23, 2023, and Special Meeting Minutes of June 13, 2022**.

   Staff: Maddie Gutierrez, MMC, Clerk to the Commission

   RECOMMENDATION: Approve the Regular Meeting Minutes of May 23, 2022, and Special Meeting Minutes of June 13, 2022.

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

   Staff: Scott Campbell, General Counsel

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

3. **Additional Funding DR Management – Scope of Work (SOE #4)**

   Staff: Anna Sproule, Senior Director of Operations

   RECOMMENDATION: GCHP staff recommends the Commission approve adding $9,075 to this agreement for a total amount of $49,075.

Commissioner Pupa motioned to approve Consent Items, 1, 2 and 3. Commissioner Espinosa requested to pull Item 3 for a question.

Commissioner Espinosa moved to approve Items 1 and 2. Supervisor Carmen Ramirez seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Sarah Sanchez, and Jennifer Swenson

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., and Scott Underwood, D.O.

Commissioner Pupa declared the motion carried.

Anna Sproule, Senior Director of Operations, stated that DR Management is no longer working with Gold Coast Health Plan. The contract ended in May, the additional funding of $9,075 was above and beyond what was requested a couple of months ago. Commissioner Espinosa stated that she wanted to ensure that the contract was completed.

Commissioner Espinosa moved to approve Item 3. Supervisor Carmen Ramirez seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Sarah Sanchez, and Jennifer Swenson

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., and Scott Underwood, D.O.

Commissioner Pupa declared the motion carried.

CLOSED SESSION

4. CONFERENCE WITH LEGAL COUNSEL – ANTICIATED LITIGATION
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956;9: One Case

5. REPORT INVOLVING TRADE SECRETS
Discussion will concern: New Program and Service
Estimated Date of Public Disclosure: Fall of 2022

Committee returned from Closed Session at 2:59 pm. General Counsel, Scott Campbell, stated there was no reportable action.

FORMAL ACTION

6. Contract Award Approval – Stacy Miller Public Affairs, Inc.

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

RECOMMENDATION: GCHP recommends approving the contract with Stacy Miller Public Affairs, Inc. for an amount not to exceed $209,000 through the period ending June 30, 2023.

Ms. Enriquez-Euyoque, Senior Manager of Communications and Marketing, stated that in April the procurement team solicited proposals. One company submitted a proposal which was Stacy Miller. Ms. Miller is based in Ventura County and very active in our community. We have worked with her in the past, most recently on the COVID-19 vaccine incentive. If this contract is approved, the funding has been allocated in the budget for the new fiscal year.

Supervisor Carmen Ramirez stated that she has known Ms. Miller for some time and her firm does excellent work.

Supervisor Ramirez motioned to approve, and Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, and Jennifer Swenson

NOES: None.

ABSENT: Commissioner James Corwin and Sarah Sanchez

Commissioner Pupa asked Ms. Miller if she would like to speak. Ms. Miller stated that she and her team are committed to serving our members. Ms. Miller added she has worked with Ms. Enriquez-Euyoque and Marlen Torres and is looking forward to working with the entire management team and Commissioners.

Commissioner Pupa declared the motion carried.

7. **Contract Approval – National Committee for Quality Assurance (NCQA) Accreditation Consulting Services**

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Kimberly Timmerman, MHA, CPHQ, Director, Quality Improvement

RECOMMENDATION: Based on the overall scores, the evaluation team recommends awarding this initiative and contract to The Mihalik Group, based on fair and open competition.

Nancy Wharfield, Chief Medical Officer, stated that NCQA accreditation is very important; It is now a requirement under CalAIM. By 2025 all plans need to be NCQA accredited, and this is a multi-year process. There is a specific set of criteria which is graded, and this will assist DHCS in regulating the plans to quality standards.

A Request for Proposal (RFP) was issued to eight vendors. We received seven responses, two from the public posting. The Mihalik Group had the highest score, We had estimated as a placeholder that it could be about $150K RFP process but we had

underestimated what the effort would be by approximately $75K. We want to have a contract that does not exceed $225K and we would like to have approval to engage in a contract with The Mihalik Group in pursuit of NCQA by 2025.

Commissioner Ramirez asked if all the applicants were aware of the additional $75K and were they able to adjust their bids. Dr. Wharfield stated that this was an internal placeholder and was not visible to any of the applicants in the RFP. There is a fiscal impact that we need to adjust on how much money will go towards the project based on the contract. Commissioner Espinosa stated she wants to be transparent. Commissioner Pupa added you must be adaptable and flexible so the consultants can get you where you need to be.

Commissioner Atin motioned to approve; Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, and Jennifer Swenson

NOES: None.

ABSENT: Commissioner James Corwin and Sarah Sanchez

Commissioner Pupa declared the motion carried.

8. Additional Funds Approval – NXTThing RPO, LLC

Staff: Michael Murguia, Sr. Executive Director of Human Resources

RECOMMENDATION: The Plan recommends the Commission approve the funding of this agreement for an amount up to $170K.

Senior Executive Director, Michael Murguia, stated our staffing requirements have more than tripled. Within the last five years, we normally would hire 20-25 people. We will end this fiscal year staffing hiring up to 75 positions. NXTThing RPO is a firm that will act as a recruiter for GCHP. Their fees are one third of what we would pay a search firm. This is a temporary role, and we will transition to do our own recruiting.

Commissioner Espinosa motioned to approve, and Commissioner Atin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, and Jennifer Swenson

NOES: None.

ABSENT: Commissioner James Corwin and Sarah Sanchez

Commissioner Pupa declared the motion carried.

9. May 2022 Financials

Staff: Kashina Bishop, Chief Financial Officer

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

CFO Bishop reviewed the May 2022 financials. We have a Net gain of $8.5 million, FYTD net gain of $63.0 million and our TNE is at 462% of the minimum required. The Medical Loss ratio is 87.3% and administrative ratio is 5.5% Net Premium revenue is $881.4 million, which is over budget by $7.4 million. We have received approximately $945,000 for the Vaccine Incentive Program.

Our membership trends are just under 240,000 members. Our Medical Expense is currently 4% under budget. IBNR/PMPM has not significantly escalated. Inpatient expenses since 2020 – there was a drop in 2020, overall, there has been an increase, but it continues to be volatile on a month-to-month basis. This month we have increased our reserves and remains consistent with what we estimated. Long Term Care have remained consistent with last month's report. Outpatient shows a slight spike in the Spring. ER costs have stabilized. Mental & Behavioral Health has remained steady.

FYTD administrative costs are $48.7 million and 16% under budget. The Administrative cost ratio is 5.5% which is a 1.1% budget variance.

At one point we had a 20% vacancy rate, but vacancies are being filled and some projects were delayed due to lack of staff. CFO Bishop ended her presentation with a financial statement summary.

Commissioner Pupa stated that Moss Adams gave a presentation to the Executive Finance Committee and the 2021/22 Audit has been kicked off. Audit findings will be reported in October.

Commissioner Abbas motioned to approve the May Financials, and Commissioner Swenson seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, and Jennifer Swenson

NOES: None.

ABSENT: Commissioner James Corwin and Sarah Sanchez

Commissioner Pupa declared the motion carried.

10. 2022/2023 Operating and Capital Budget

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: The Plan requests that the Commission approve the FY 2022-23 Operating and Capital Budgets, and the Corresponding contract renewals outlined in the appendix of the budget.

CFO Bishop stated this item was presented to the Executive Finance Committee on June 22, 2022, and they recommended approval. CEO Liguori will discuss some of the investments that we propose to make within this budget.

CEO Liguori thanked CFO Bishop for leading the process of developing a budget that reflects the current and future realities. CEO Liguori thanked CIO Torres for his 25 years of experience and expertise. He has given us a realistic assessment and grounding that we are technologically three years behind the Medi-Cal industry. CEO Liguori also thanked the executive team for their dedication to create a budget that answers hard questions of where the health plan needs to be.

CEO Liguori reviewed the mission of Gold Coast Health Plan. CEO Liguori added our aim for the organization is to improve access to quality healthcare and the experience of the members, and communities that we serve. CEO Liguori stated there are three components of the premium that health plans are paid by DHCS to administer Medi-Cal: the three components are medical cost, administrative cost, and a small component for continued reserve support and/or margin. Health plans do not have to spend the amount allocated in each of these components, but underspending in the administrative portion over time, has a cumulative effect. Gold Coast Health Plan has spent significantly below the administrative portion.

A review of the NCQA ratings show that the majority of leading health plans in Medi-Cal are already accredited. We have discussed becoming a NCQA accredited health plan and have significant room to improve. CEO Liguori stated that a significant risk is re-emerging as we move past the public health emergency era, in which healthier members brought lower Medi-Cal loss ratios and therefore higher margins to Gold Coast Health Plan.

In the post public health emergency era our margin is expected to return to pre-public health emergency levels of approximately 1% on a billion dollars of revenue (or $800M at risk). The reason is that 10% of our population accounts for 90% of our costs when accounting for serious mental illness and substance abuse disorder costs – which are fee for service costs. This population accounts for nearly all of the Medi-Cal expenditures

in Ventura County and this population is not being managed for cost, quality, and their experience in the way that we need to go forward.

Incentives are available through the CalAIM program and other programs. In terms of these incentives, they give unique one-time funding to our delivery system to our providers. We don't have the capabilities yet to fully maximize these incentives. We also need the ability to build and support a value-based healthcare system in which additional funds can be available to our providers.

The regulatory environment is rapidly developing and imposing new and higher standards on all health plans. This is unprecedented and the industry is not fully prepared for these dramatic changes. Premiums will be based and adjusted from quality performance, quality health plans will earn more, and lower quality health plans will earn less.

Gold Coast Health Plan is committed to investing in the delivery system of healthcare and social services and supports in Ventura County. Provider payments are being reviewed and will be developed in line with the component of the premium that is dedicated to Medi-Cal costs. We will analyze the need for capitation rebasing in the upcoming fiscal year. There will be $25M plus of incentives earnable; Gold Cost Health Plan will share 85% of what we earn.

Gold Coast Health Plan will begin in the upcoming fiscal year to establish value-based payment contracts with providers who are ready and willing.

We will also increase the number of ECM (Enhanced Care Management) and community support partners and availability to our providers. It's important to underscore that our investments in the delivery system must be in line with funding available from DHCS.

CFO Bishop stated from a financial perspective the fiscal year looks good and strong; however, what you will see in some of the forecasts is that strength is reliant on the public health emergency. When that ends, and membership starts to decline, there is an increased risk we will see a decrease in our margin. Our Tangible Net Equity (TNE) will end the year with $218.4M and that is 654% of what is required by the state. Our Medical Loss Ratio (MLR) is reasonable at 87.5% and our Administrative Ratio as a percent of our revenue would run at $8.1M.

CFO Bishop reviewed the FY 2022-23 Operating Budget. The budget was done in six-month increments. The state sets our rates on a calendar year basis. We also see a significant impact in the first six months because we are estimating the public health emergency would end in October, so a decrease in the margin can be seen. In review of the first six months, there is a net gain of $32.3M, in the latter six months there is a net gain of $7.5M for a total gain of $39.7M.

CFO Bishop reviewed the TNE Forecast through 2025. Our TNE would continue to grow in 2023 and the percent of required would level off and there is potential for decline in 2024.

Revenue and Expense Forecast was reviewed. There is significant change happening both in our contract with the state, and this is where Kaiser members get carved out. The state is moving toward regional rates. Once we are into regional rates, there will be a zero-sum quality factor; if we are grouped with another plan and their quality is higher than ours, they will take money from us and give it to the other plan.

Our TNE is compared to other local health plans and county organized health systems in California. The local health plans were able to improve it because of the adult expansion population, it was carved into Medi-Cal in 2014. With the end of the public health emergency, we want to be able to manage the risk that exists as we move toward 2024 in which the state sets revenue carve out of Kaiser and then Gold Coast Health Plan will start to move into Medi-Care and a D-SNIP Program in 2026. Our reserves are very important.

Regarding the budget, we assume the public health emergency ends in October, but it could be extended. This will improve the financial projects for the upcoming year as the public health emergency continues to get extended. We utilized October then we assumed a nine month decline and end the fiscal year at approximately 209,000 members. The majority of aid that we have seen the most increase is the adult expansion.

Our rates from the state are set on a calendar year basis. We will receive revised rates for 2023 which we project forward based on all the information we have. There is approximately $25M available in incentive funding for this upcoming fiscal year. We are going forward with our budget and are hopeful we will earn every penny of those incentive funds that are available.

In reviewing at a high level, we have projected almost one billion dollars in revenue for the upcoming year, about $800M/$810M is for medical expenses, $93M of that is what is called a Managed Care Organization (MCO) tax $76M which is allocated for administrative expenses. The state adds on a margin for risk and that is approximately $16M of the estimated funding.

Medical Expense Assumptions have been projected forward. We have utilized trend factors that are very consistent with how the state handles the revenue side. If the state sets our revenue based on trend factors that are 2-4%, but on the medical expense side, if our payments to providers, our medical expenses exceed that trend, there is the possibility for losses. We have assumed that as membership starts to decline our expenses will move closer to the calendar year 2019 level. The only area that increased was mental health expenses, which grew during the pandemic.

Long-term care facility rates increased at the beginning of the pandemic by 10%, so we are assuming within the budget that those will go down by 10%. The state is considering directed payments to mitigate that impact for long-term care facilities, therefore we haven't assumed that in the budget. However, there would be revenue from the state that would go to the providers, wouldn't be a net impact on our financials. We have discussed provider incentives, we would pass along 85% of what we earned, and we have also included about $100K per month for community support. We should have future savings because ER visits would be avoided, and shortened hospital stays, by allowing these community supports that return on investment.

The FY 2022-23 Medical Expense Budget was reviewed. Capitation payments to providers at just over $94M, total fee for service expenses at $678.9M, and total medical expenses within the budget at just under $791M.

Total FFS Medical Expenses. There is a significant bump in 2024. Every calendar year we will see that jump up in our costs because the facility rates are set by the state and those change every January. There is also the carve out for Kaiser members. Once you take out the Kaiser members, and all their costs on a per member per month basis, our fee for service expenses would increase.

Commissioner Pupa noted that the Kaiser members tend to cost less. CFO Bishop stated that is true and we have looked at the risk.

Mental Health FFS Medical Expenses. Since 2019 there has been a steady increase. It's leveled off in the past several months for mental health. We are estimating that if it continues to stay at the higher level, it will move forward with consistent trend factors.

Administrative Expense Budget are projected to run at $53.8M, and we are running under budget. The area that is driving the actual to budget for 2022 is staffing. Staff vacancy was much higher than what we projected in the budget. It has created a cost within the organization that is not sustainable. We also did not achieve some of the projects, and they are carrying over into this fiscal year.

The major drivers from budget to budget are new positions. We have budgeted a 10% increase for equity adjustments, merits, cost of living, and promotions. In this budget we utilized a 15% vacancy factor to be more consistent with what we are experiencing now with the number of positions being added.

We have already approved 22 additional positions and we have budgeted another 31 positions. We have included in the budget a 3% one-time cost of living adjustment for staff due to extraordinary circumstances around inflation and the need to decrease our attrition. Normally we do not structure annual increases as a cost-of-living adjustment. Instead, it is structured as a merit-based performance increase, but because of those extraordinary circumstances included the 3% plus a 4% merit pool.

Based on Michael Murguia's, Executive Director, Human Resources, assessment, normally we target the organization around mid-point within the salary ranges that are classified for staff. There is a 3% one-time cost of living adjustment (COLA) plus a 4% merit increase effective July 1, 2022. We also have standard increases to health, dental, and vision insurance that we have included in the budget. We have increased the vacancy factor from 6% to 15%.

There will be budget changes by department and overall change of 52.5 positions. The Administrative Expense budget was reviewed. Travel has increased, and we encourage our staff to continue receiving the training and knowledge.

There is also an increase of about $1M for legal expenses, driven to make sure that we are in line with our current run rates with some of the open initiatives which impact legal costs. Also, to consider upcoming expenses, related to contracting changes, both on the procurement side and the administrative side, and our provider contracting on the move to value-based provider contracting. We will have an additional required compliance audit. We estimated approximately $200K.

Supervisor Carmen Ramirez asked CFO Bishop to provide more detail on a value-based provider. CFO Bishop stated it was provider contracts that are based on achievement of the outcome. A good example would be tying provider payments to quality factors. Supervisor Ramirez asked how that will get determined. Commissioner Corwin provided an example. Community Memorial Health System has 60 primary care providers so entities like Gold Coast Health Plan will set specific targets regarding diabetes management, blood pressure management, whatever the target is for them to move in the moment, and they take claims data and that shows them we have ICD 10 codes. If we hit our targets, they set aside a pool of money and sometimes they withhold current monies. It all depends on the model and then they will distribute that and periodic payments to the providers.

CFO Bishop noted that the target can change on any given year. We would work closely with our Provider Network Operations team, but also Health Services and the Quality Department to improve those quality scores, there might be certain quality metrics that we need to focus on to improve scores.

Scott Campbell, General Counsel, stated the other thing we look at is the 90% of our costs are for 10% of our members. We are looking at those members and where we need to improve their health, incentivize our providers to focus on the areas where we need greater attention. If they do that, pay them more as they improve health outcomes.

Commissioner Corwin stated it was very effective because once we know what the targets are, doctors will pivot 180 degrees. If you tell them to focus on blood pressure, they will. If in the next year you tell them to focus on the CHCF, they will focus on that because they are really motivated on providing good care. However, they also need to know what you want them to do professionally. That is how doctors provide care, once

you have stabilized diabetes, then they expect you to go to the next illness. This is the expectation, and it almost guarantees to drive performance if you model it correctly.

CEO Liguori stated that Commissioner Corwin was correct in terms of modeling it right, or what we will focus on in terms of what we incentivize, and what measures we look at. We will align these measures with our greatest need. The incentives are a priority and focus on the managed care accountability set, which is a set of performance measures that DHCS selects for annual reporting by Medi-Cal Managed Care Health Plans, and which will be the basis for scrutiny in the 2024 contract.

CFO Bishop stated it is a good time to tie in the inner relation and being able to provide providers with data. It is one of the key factors in the equality incentive type program, it highlights the need to improve our data.

CIO Alan Torres reviewed the Project Portfolio. He has done a complete and thorough technology assessment and we are about three years behind the technology curve and the rest of the industry has moved forward and we have not kept pace. We want to ensure we are addressing our business imperatives, as well as continue to advance up the technology curve.

CIO Torres stated that with CalAIM we have approximately $25M of incentive payments at stake across these three programs within the overall CalAIM initiative. CalAIM is forcing us to store, use and secure data differently than in the past with social determinants of health information. This is an opportunity for us to make the right investments without these investments, particularly to the CalAIM program, we run the risk of not maximizing our incentive dollars.

Our enterprise data warehouse is designed to enhance the way we store data and how it is used across the organization in many different areas.

In review of Operations Modernization on the portfolio, between the first three projects in the portfolio this makes up about 80% of our overall investments. This is to prepare for our future operational needs. We had an overall spend of about $10M, which is about $4M over last year's budget.

CFO Bishop reviewed the five-year historical view of our actual admin expenses. Year after year we have run under budget from what is available for funding from the Department of Health Care Services, in addition to running under what we budgeted, we have also historically run under what we are being funded and that has had a cost. We have not made investments over the last few years and if we had, we would be in a better position.

Our administrative cost ratio is running at 5.5% and increasing to 8.1%. In addition to the investments driving this, with the pharmacy carve out, the state indicated that all the administrative cost ratios would go up by just over 1%.

Our capital budget for the year is just under $1M, focused on reconfigurations in our building with the changing work environment, and various computer system and software updates.

Medical expenses are just under $800M, and general and administrative expenses, excluding the investments in the project portfolio are just over $63M, the project portfolio is $10.3M for an overall net gain projected at just under $40M.

CEO Liguori stated this budget represents a significant increase in investment relative to Gold Coast Health Plan last year and relative to Gold Coast in prior years. We have two data points that are current to the budgets being developed and being reviewed by commissions across the state.

Commissioner Pupa asked if there were more questions regarding the budget and added the team at Gold Coast Health Plan is responsible for making it happen. This will be a heavy lift, the staffing, RFP's, everything that is encompassed in this budget is going to be an undertaking.

Commissioner Atin expressed his thanks to the team. We have not seen a significant increase in staffing since 2015/2016 and agree that if we are behind, now is the time to make the investment.

Commissioner Abbas motioned to approve, and Commissioner Atin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, James Corwin, Laura Espinoza, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, and Jennifer Swenson

NOES: None.

ABSENT: Commissioner James Corwin and Sarah Sanchez

Commissioner Pupa declared the motion carried.

REPORTS

11. Chief Executive Officer (CEO Report)

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report

12. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

CLOSED SESSION

13. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Chief Executive Officer

Open session ended at 4:31 pm.

General Counsel, Scott Campbell asked the Commissioners to dial into the Zoom call.

ADJOURNMENT

General Counsel Campbell stated there was no reportable action in Closed Session. The meeting was adjourned at 5:03 pm.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan
Regular Meeting Minutes
July 25, 2022

CALL TO ORDER

Commission Chair, Dee Pupa called the meeting to order at 2:03 p.m.

ROLL CALL

Present: Commissioners Shawn Atin, James Corwin, Laura Espinosa, Anna Monroy, Sara Sanchez, Jennifer Swenson and Scott Underwood, D.O.

Absent: Commissioners Anwar Abbas, Allison Blaze, M.D., and Supervisor Carmen Ramirez.

Attending the meeting for Gold Coast Health Plan (GCHP) were Chief Executive Officer Nick Liguori, CFO Kashina Bishop, CDO Ted Bagley, CIO Alan Torres, Marlen Torres – Sr. Executive Director of Strategy & External Affairs, Sr. Executive Director of Human Resources, Michael Murguia, CCO Robert Franco, General Counsel, Scott Campbell and Lourdes Campbell, Interpreter.

PUBLIC COMMENT

None.

CONSENT

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

Staff: Scott Campbell, General Counsel

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

Commissioner Shawn Atin joined the meeting at 12:12 p.m.

Commissioner Swenson motioned to approve Consent item 1. Commissioner Monroy seconded.

Roll Call vote as follows:

AYES: Commissioners Shawn Atin, James Corwin, Laura Espinosa, Anna Monroy, Sara Sanchez, Jennifer Swenson and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Anwar Abbas, Allison Blaze, M.D., and Supervisor Carmen Ramirez.

Commissioner Pupa announced the motion carries.

The meeting was adjourned at 2:05 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: August 22, 2022

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

SUMMARY/RECOMMENDATION:

At its May 23, 2022, regular meeting, the Ventura County Medi-Cal Managed Care Commission ("Commission") dba as Gold Coast Health Plan ("Plan") made findings pursuant to Assembly Bill 361 to continue to meet remotely. To continue this practice, it is required, that the Commission determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Commission in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, it is time to remake the findings.

BACKGROUND/DISCUSSION:

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

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

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

Specific Findings Required under AB 361

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

1. State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or

2. The Commission determines that requiring a meeting in person would present an imminent risk to the health or safety of attendees.

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

Re-Authorization is Required Within 30 Days

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

It is recommended that the Commission make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

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

FOLLOW UP ACTION:

That the Commission make the findings under AB361 at its September 12, 2022 Special Commission meeting.

ATTACHMENT:

None.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 22, 2022

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

SUMMARY:

The Community Advisory Committee (CAC) has an open seat that is designated for a GCHP member or their representative. Over the last few months, GCHP has received several applications from people interested in joining the CAC. The Committee met to review the applications, and is recommending approval for the following individual to join the CAC:

1. Juana Quintal: Ms. Quintal's child is a GCHP member. She has been actively involved in the community through several parent groups at her child's school district. Through her involvement, Ms. Quintal has demonstrated her strong advocacy for children. She would add a member's perspective to the Committee.

RECOMMENDATION:

The CAC unanimously recommends to the Commission that Ms. Quintal be approved to join the CAC as a new member. Once approved by the Commission, Ms. Quintal will begin her official appointment.

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 22, 2022

SUBJECT: New CalAIM Advisory Committee Members

SUMMARY:

Over the last few months, GCHP has received several applications from community members who are interested in joining the CalAIM Advisory Committee. GCHP management reviewed the applications, conducted interviews, and is recommending approval for the following individuals to join the CalAIM Advisory Committee:

1. Vanessa Frank: Ms. Frank is an immigration attorney who currently has her own practice. She formerly worked for California Rural Legal Assistance (CRLA), a nonprofit law firm founded in 1966 to provide free civil legal services to low-income residents of California's rural counties.

2. Maria Jimenez: Ms. Jimenez works for Lucha/Poder Popular, an organization that serves as a food pantry in the Santa Clara Valley and provides resources and referrals to community members who reside in the Santa Clara Valley and the City of Oxnard.

3. Carolina Gallardo: Ms. Gallardo is the former chair of the Southwinds Neighborhood Council and is a community advocate representing the South Oxnard community. Ms. Gallardo hosts a weekly food pantry and coordinates other services in South Oxnard like the COVID-19 Vaccine clinic.

4. James Mason: Mr. Mason has more than 25 years of health care management experience. He served as chief executive officer (CEO) of SynerMed, which was once the largest Medicaid management services organization in California, serving more than 1.2 million beneficiaries and managing more than a billion of yearly health care expenditures. He retired as CEO in 2018. He currently serves as a board member for the Ventura County Community Health Care Foundation and as vice chair for the Ventura County Community Health Center Board.

RECOMMENDATION:

GCHP management recommends that the Commission approve the four proposed members of the CalAIM Advisory Committee. Once approved by the Commission, applicants will be notified of their selection. The first CalAIM Advisory Committee meeting is scheduled for Aug. 30, 2022.

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

From: Michael Murguia - Executive Director, Human Resources

Date: August 22, 2022

Subject: Contract Approvals, Employee Recruiting Services

BACKGROUND/DISCUSSION:

Gold Coast Health Plan (Plan) is requesting the Commission to approve the procurement and contracting of a preferred pool of recruiting firms in support of new employee growth and normal attrition. This staff report provides additional information than was provided in an earlier version that was sent to the Commission. This revised memo clarifies that the funds for these recruiting services were already approved in the budget and that the purpose of this request is to transparently obtain Commission approval of how some of the budgeted money will be spent.

Project Background

The approved budget provides for additional staffing to serve various existing and expanded programs. To satisfy those staffing levels, as well as anticipated natural attrition of existing employees, and due to the existing recruiting challenges, Plan is seeking to retain recruiting firms to assist in filling the existing and anticipated vacancies as expeditiously as possible. The budget approved 31 additional positions and if the attrition rate of 13% for existing staff remains, we need an additional 27 hires to backfill positions. For these 58 hires we have developed a strategic recruitment plan. Due to the extraordinary challenges of the candidate/hiring market today, our strategy employs multiple firms that each bring specialized networks and expertise (e.g., clinical recruitment or Information Technology).

Recruiting strategy:

- Retained a contract recruiting agreement with the NextThing to ensure we have enough recruiters to cover our demand
- We solicited the marketplace for contingency based recruiting firms, expanding our candidate sourcing reach
- Hired a manager of talent acquisition with deep health plan knowledge and experience
- Created a recruiting dashboard that's reviewed with the CEO and Executive staff weekly
- Partnered with our Diversity and Inclusion Officer to create an outreach strategy
- The creation of virtual job fairs with key branded partnership

Procurement Background

As part of the strategy as outlined in the second bullet point above, on June 17, 2022, staff issued a Request for Quote, (RFQ) directly to twenty-one, (21) employee recruiting firms. The Plan received twelve, (12) responsive bids, three of which were received from the public posting on our website. The decision factors in the RFQ were pricing and contract terms and conditions. Pricing is based on a percentage of the candidate's annualized starting base salary. Through negotiations, all twelve responsive bidders were able to adjust their pricing to be within the percentage bands listed below, but we reached agreement with eleven on GCHP's Recruitment Firm Agreement terms and conditions.

Number of Candidates Hired by GCHP	Percentage of Employee's Annualized Base Salary
1 to 3	23%
4 to 6	20%
Greater than 6	15%

A summary of the twelve responsive bidders is below:

Recruiting Firm Contract Terms Summary		
	Contract Edits	Recommendation
SolveNow	No changes	Award contract
Infojini Inc,.	No changes	Award contract
DKKD Staffing	No changes	Award contract
Hire Pro Health	No changes	Award contract
Quest Staffing Services	No changes	Award contract
Impresiv Health	No changes	Award contract
MODIS/Adecco	Agreed to minor non-material changes	Award contract
Care National	Agreed to minor non-material changes	Award contract
Crossroads Staffing	Agreed to minor non-material changes	Award contract
TekSystems	Agreed to minor non-material changes	Award contract
AppleOne	Agreed to minor non-material changes	Award contract
Randstand	Required material contractual changes	Non - Award

FISCAL IMPACT:

Recruiting fees are incurred when a candidate is subsequently hired as a full-time employee by the Plan. Recruiting costs are budgeted annually and all these forecasted costs are within our current approved budget for recruiting. we only anticipate using these search firms for 25% of our hires. Due to the high number of new hires in the FY '22-23 budget year, the projected recruiting spends for search firms and contracting recruiting is $300,000. The approved budget has $540,000 for all recruiting cost for this year and will stay within budget.

RECOMMENDATION:

Based on fair market competition, GCHP is recommending the Commission approve awarding contacts to the eleven vendors listed above.

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

Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Gold Coast Health Plan Leadership Team

DATE: August 22, 2022

SUBJECT: Leading into the Future: Goals and Implementation update

PowerPoint with Verbal Presentation

ATTACHMENTS:

Leading into the Future: Goals and Implementation Update

Gold Coast Health Plan℠
A Public Entity

Leading into the Future

Goals and Implementation Update

August 22, 2022

Integrity

Accountability

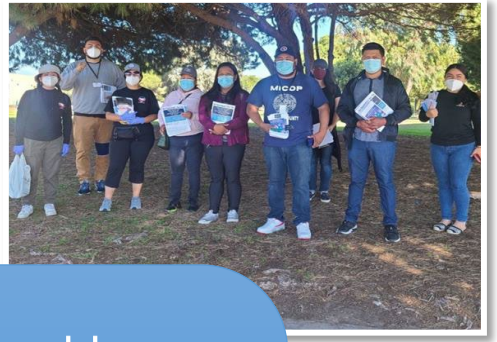
Collaboration

Trust

Respect

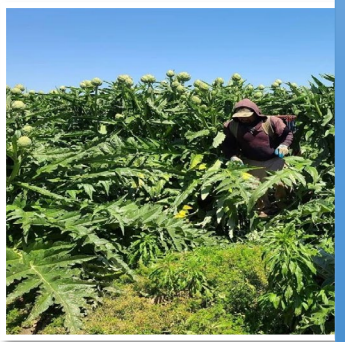
Return to Agenda

Why We Matter



We are in the service of the most vulnerable people in Ventura County. We use precious taxpayer dollars to achieve our purpose

Our purpose is to provide the best health outcomes, greater access to quality healthcare, and a superior member experience.



Return to Agenda

What to expect from today's session

…in the context of continuous strategic implementation

The Commission approved GCHP's 5-year strategic plan and the FY 2022-23 fiscal budget.

Review GCHP's imperatives, goals, strategic framework, and project portfolio.

GCHP's management team will give the Commission a monthly update of the progress made toward our goals through strategic, budgetary, and project portfolio lenses.

Return to Agenda

Why We Must Invest Now

To Improve Health, Healthcare and Experience

Rapidly changing Medi-Cal Regulatory Environment | We have no choice but to meet/exceed higher regulatory standards and requirements

CalAIM | Once-in-a-lifetime funding is not guaranteed and fleeting

Competitive Industry and Market | Medi-Cal plans are competing for people and talent and quality-based premiums

Mission | Gold Coast Health Plan is not currently equipped to meet the mission today or in the future

Return to Agenda

Our Mission

Best Health Outcomes

Greatest Access to Quality Healthcare

Superior Experience for our Members & Communities

Our Priority Initiatives

Maximize CalAIM Opportunity

Modernize Data Warehouse

Operations of the Future

Return to Agenda

Our Priority Initiatives

1. CalAIM

- Serve our most fragile members with care that improves health outcomes and reduces health disparities
- Establish a seamless delivery system for members to navigate by reducing barriers to care
- Improve care coordination through relationships & data sharing capabilities

Return to Agenda

2. Modern Data Warehouse

- Provide best in class capabilities such as Population Health Management, Value Based Contracting, Member & Provider experiences
- Increase our Quality scores by storing and using existing and new CalAIM related data sets in a secured manner
- Enable GCHP to analyze and provide insights, in real-time, significantly improving how we deliver care to the members we serve.

Return to Agenda

3. Operations of the Future

- Initiating an RFP procurement process to secure industry leading technologies and services
- The RFP procurement process will start, on 8/22, with our Core Administration and Medical Management technologies

Return to Agenda

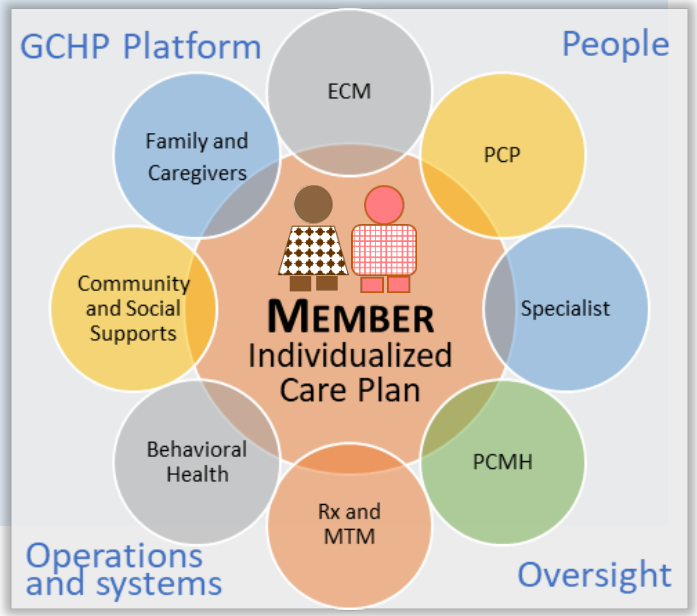
4. Model of Care

- National Committee for Quality Assurance (NCQA) “Model of Care”
  - Well established model for achieving high quality and superior member satisfaction
  - CMS employs model as the standard for evaluating Medicare Special Needs Plans
  - High quality Medicaid plans across U.S. have adopted the model for Medicaid:
    - Same populations (low income, underserved and vulnerable communities)
    - Same challenges (chronic conditions, adverse impacts of multiple social determinants)

Return to Agenda

4. Model of Care (continued)

- High quality health plans are greater than the sum of their parts:
  - Population needs, data analysis and surveying – health, healthcare, social determinants, and services/supports
  - Integrated Care Team – all resources combine for "whole person" care
  - Provider performance and quality incentives
  - Program design and development
  - Member engagement and service



Return to Agenda

Our Priority Initiatives

Our Goals (S.M.A.R.T.)

Quality	Create a high-performance Quality Roadmap and complete a detailed understanding of membership by Q3 2022.
Member Experience	Develop a Voice of the Member Report to include member informed action by Q4 2022.
Value Based Care	Develop a wholistic Value-Based Network Strategy by Q4 2022.
Incentives	Maximize incentive funding to partner entities and realize the benefits of investing in those partners by Q2 2023.
Operating Platform	Build a modern Operating Model that enables best-in-class performance throughout FY 22-23

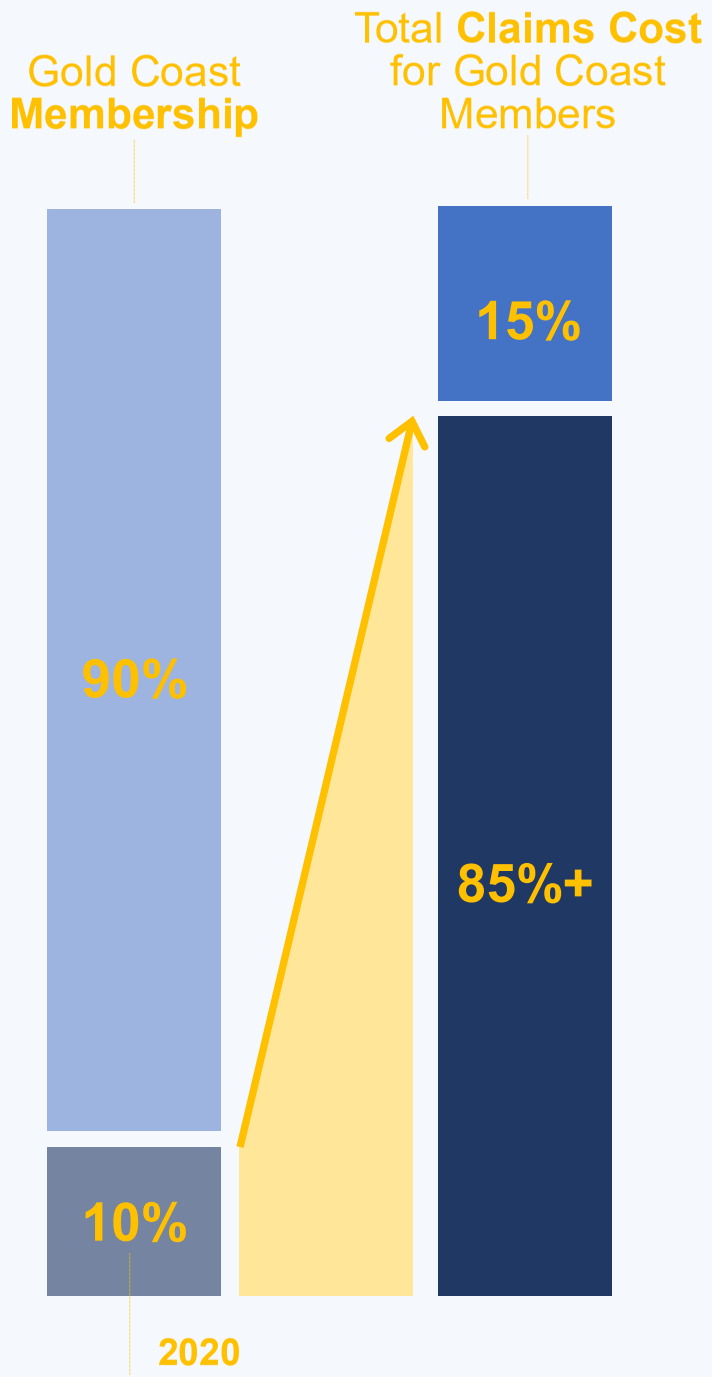
Return to Agenda

Understanding our Members

- Advancing our Data
- Providing Impact for the Top 10%

Preview for the September Commission Meeting

- Population analysis based on a thorough data review
- Data on our top 10% in relationship to Gold Coast's total members
  - What are the most prevalent diagnoses and co-morbidities?
  - Where do they get their care?
  - Have they had a primary care visit in the last 12 months?
  - How many had ER visits and admissions and how many?



Return to Agenda

Data Warehouse

Return to Agenda

WHAT IS A DATA WAREHOUSE

•A data warehouse is a central repository (think of a file cabinet) of information that can be analyzed to make more informed decisions.

•Data flows into a data warehouse from a variety of sources such as; external vendors, DHCS, providers, internal departments.

•Data typically found in a data warehouse include (e.g., Member, Provider Claim data, Pharmacy).

•The data is aggregated from different sources into well understood views to support data analysis, data mining, artificial intelligence (AI)

•Business users can then access the data through reporting tools.

Return to Agenda

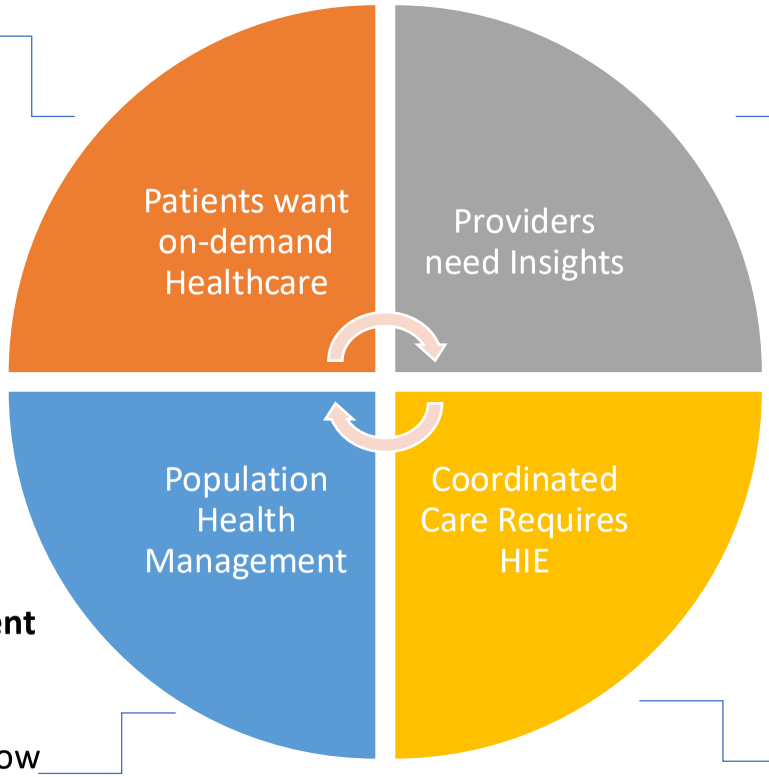
WHY IS A DATA WAREHOUSE IMPORTANT

Return to Agenda

WHY DO WE NEED A DATA WAREHOUSE

Healthcare On Demand
On-demand healthcare means connecting patients with healthcare providers via technology such as mobile apps, Tele-health, and websites.

Provider Insights
Analytics enable healthcare providers to improve patient lives. Identifying gaps in care, improving workflow, and allowing doctors more time with their patients



Population Health Management
The top 10% of our members drive 90% of our costs.
Population Health enhances how we deliver care to our members.
Influencing Value Based Care, Quality, and HEDIS

Coordinated Care
Health Information exchange enables coordinated care between the County Health Agency, Behavioral Health, and Enhanced Care Management providers

OPPORTUNITIES

Electronic Medical Record (EMR)
EMR adoption and sharing will lead to greater Member engagement , accessibility and increased quality of care

Wearable Devices
Doctors and staff can diagnose and treat patients remotely. Overcoming obstacles to care and access

Mobile Health Apps
Traditional barriers to health care access, like geography and lack of resources, are significantly reduced with Mobile Health apps

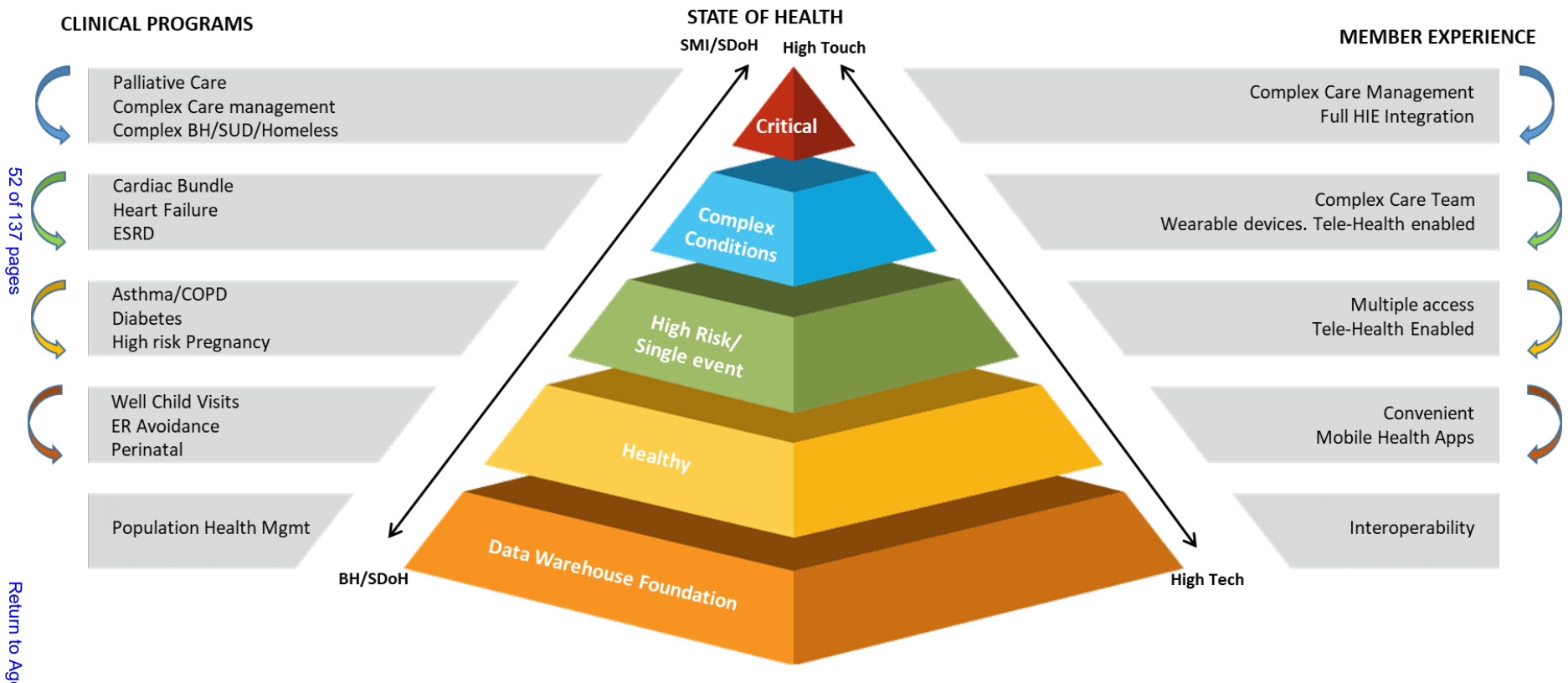
Predictive Analytics & AI
Can help determine which patients are at higher risk and start early interventions, so deeper problems can be avoided

Tele-Health
Communicating with healthcare-providers via text, e-mail or video, in lieu of seeing them in person, provides members with fast more accessible care, and reaching communities often sidelined

Population Health Management (PHM)
Increase in usage of PHM will influence Value Based Contracting, Risk Assessment, and better health outcomes

WHY IT MATTERS?

How can Business and IT leverage our Population Health Platform to better serve our members



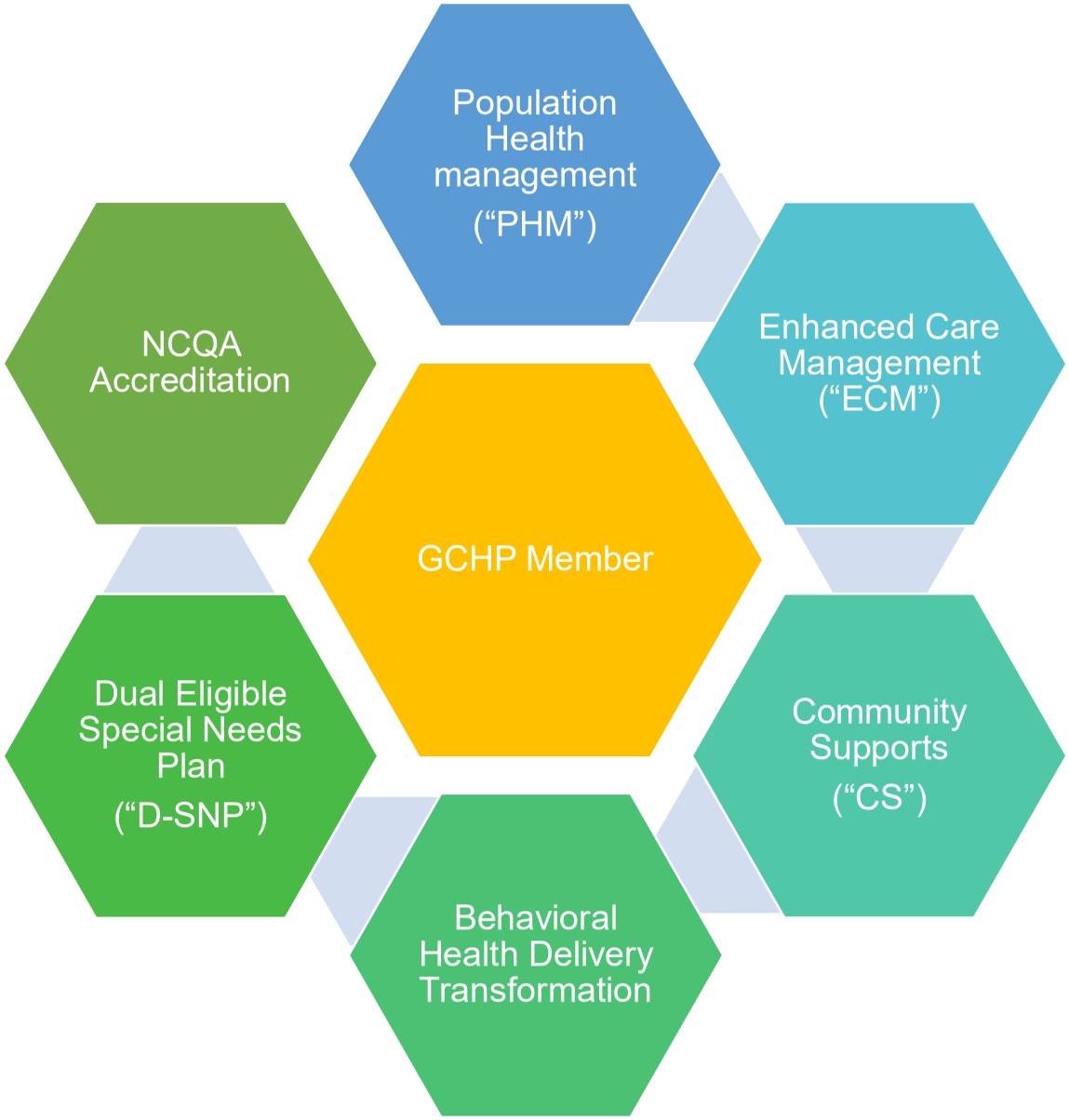
52 of 137 pages

Return to Agenda

CalAIM

Goals, Risks and Opportunities

Return to Agenda



Return to Agenda

CalAIM Goals

Equitable, coordinated and person-center approach to maximizing health

Physical, behavioral, developmental, dental, and long-term care needs throughout a member's life.

Improved health outcomes, lower cost, improved clinician and member experience

Return to Agenda

CalAIM Opportunities

- Value Based Contracting
- Community Engagement
- Incentive Dollars to providers
- Member engagement and satisfaction
- Data driven program design
- Mitigate social determinants of health
- Enhanced collaboration through data sharing

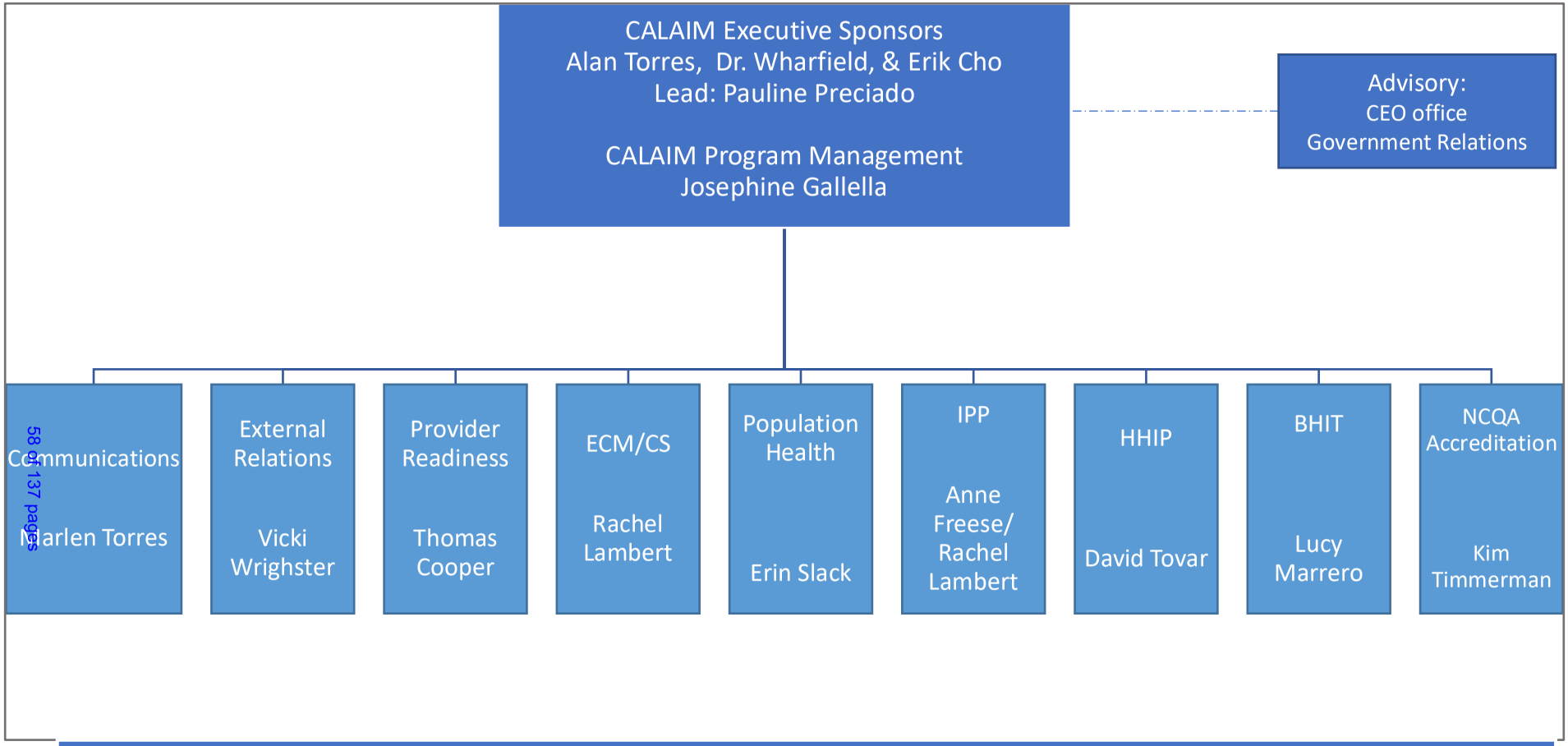
Return to Agenda

CalAIM Risks

- Financial: competitive regional quality performance subject to sanctions and revenue reduction
- HR: competitive marketplace for experienced talent
- Technology: demand for data-driven design for interventional services and supports
- Regulatory environment: rapid change demanding expertise and flexibility

Return to Agenda

Gold Coast Health Plan (GCHP) CalAIM Leadership Team



IT: Systems, Data, Business Mapping
Michael Mitchell/David Kirkpatrick

Core System Admin
Anna Sproule

Reporting/Data Sharing
Alan Torres

*** D-SNP/Knox Keene initiative to launch Q3 2022*

Return to Agenda

GCHP CalAIM Impact:
Accomplishment Highlights

Member First

- Expanded ECM/CS services to 600+ high risk members
- Launched (6) Community Support services to address SDOH
- Launched CalAIM webinar Series & Advisory Committee

Community & Provider Engagement

- Participation in all voluntary CalAIM Incentive Payment programs
- Convened Justice Involved and Social Program leadership with CalAIM efforts
- Convened stakeholders to address community wide barriers
- Contractually engage nontraditional providers

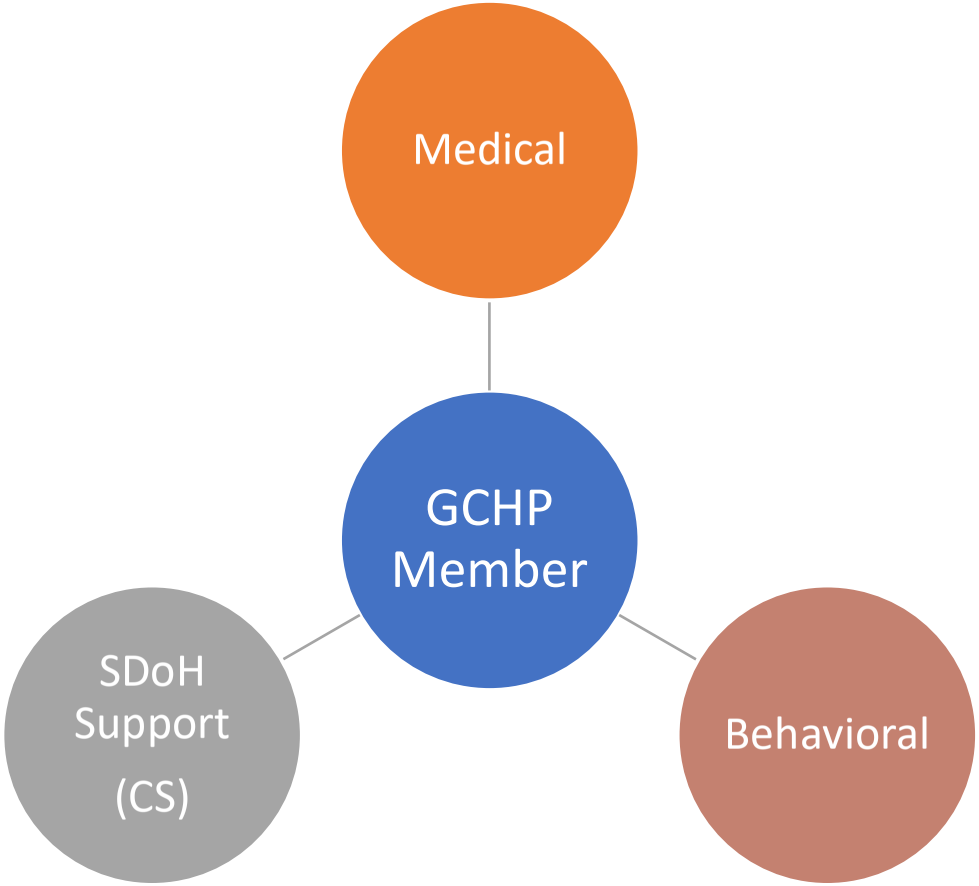
Best In Class

- Timely submission and approvals for all Model of Care (“MOC”) Submissions
- Published our GCHP Incentive Payment Plan (“IPP”) Plan
- Recognized and led best practice discussions for exemplary Model of Care

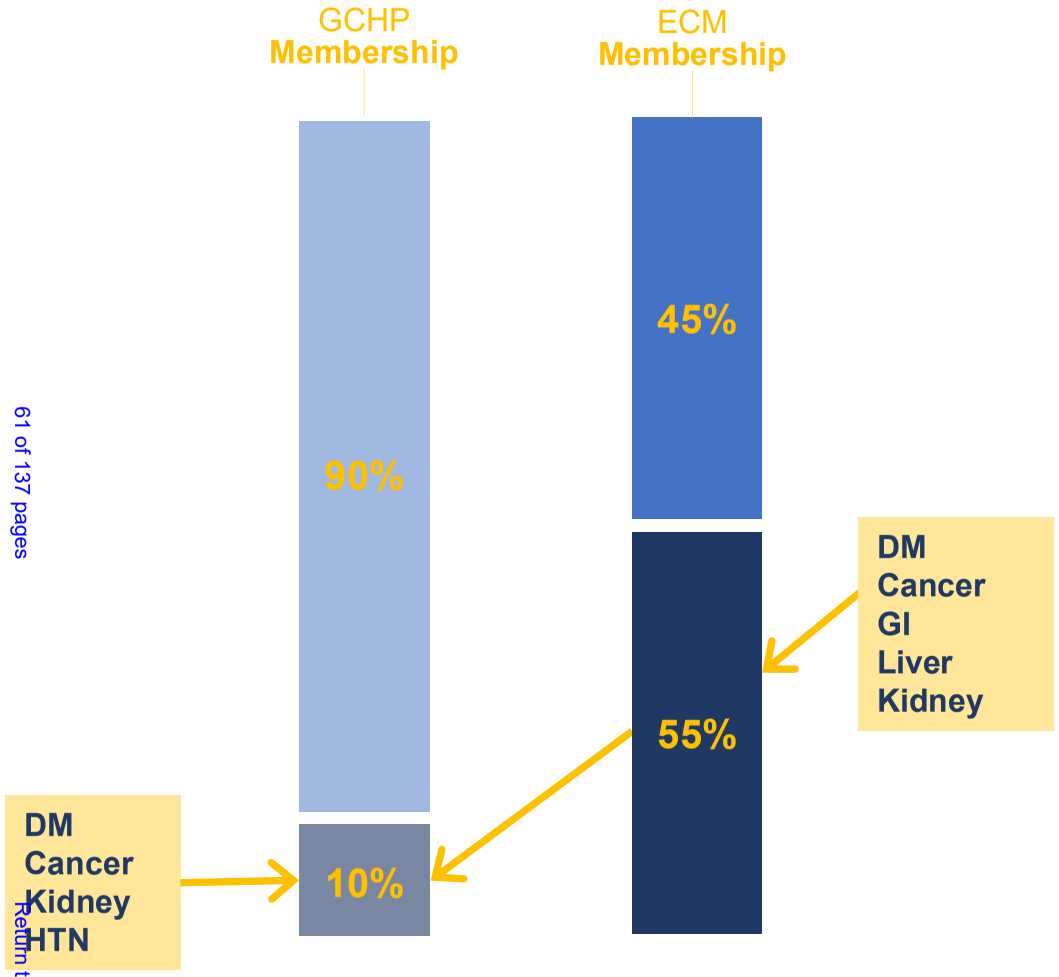
Return to Agenda

Enhanced Care Management (ECM) and Community Supports (CS)

- Navigation for our most vulnerable members
  - High touch
  - Culturally competent



Who Should Receive ECM/CS?



- 10% of GCHP members are associated with >85% of our costs
- Only about half of the current ECM population are in the costliest group

DHCS ECM Populations of Focus

January 2022	
High Utilization**	Homelessness**
SMI/SUD**	Justice System Involved

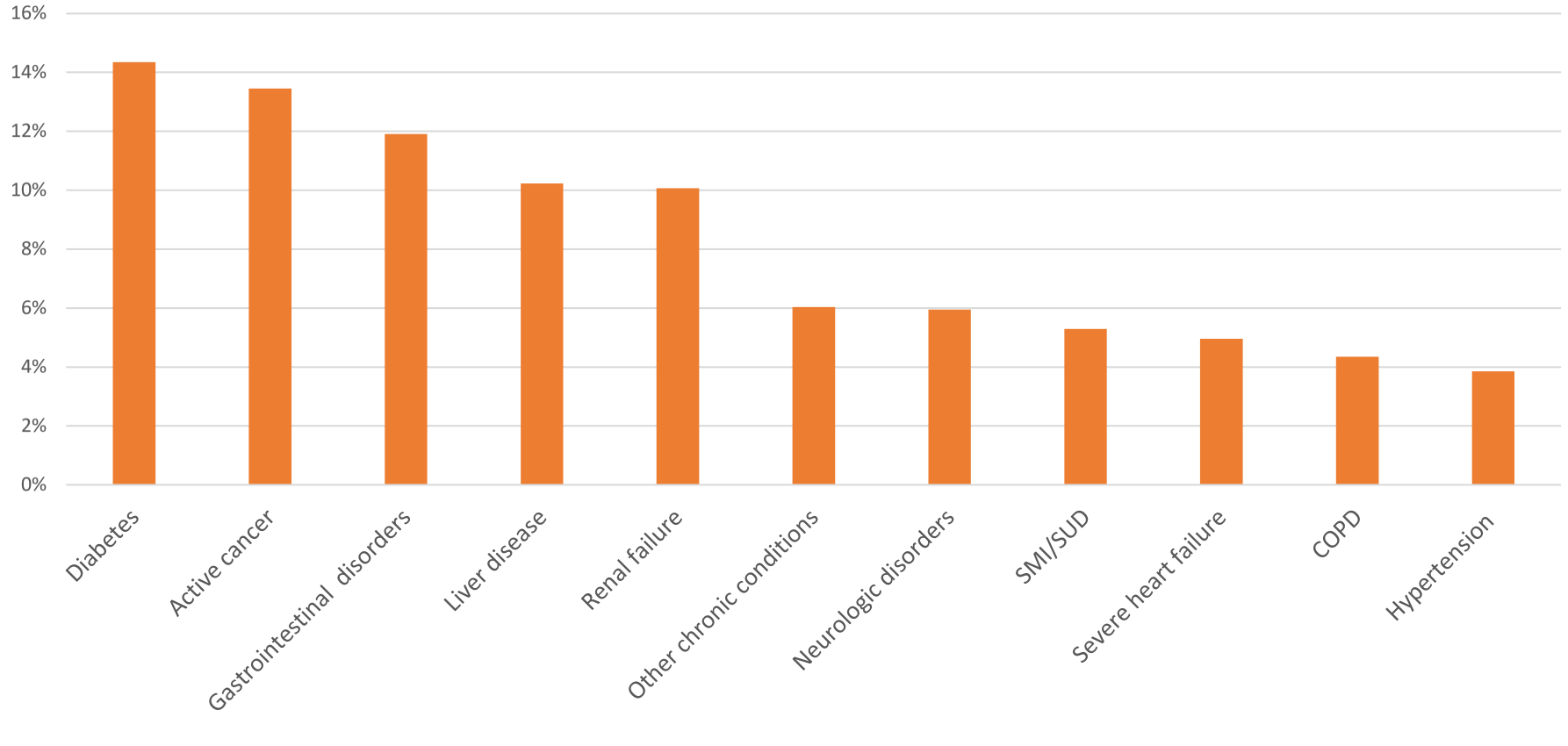
January 2023	
Nursing Facility Transition to Community	Risk for Institutionalization-Long Term Care

July 2023
Children and Youth with Complex Needs

** Whole Person Care transition population

Return to Agenda

Top ECM Dx for GCHP 10% Costliest Members



Return to Agenda

Positive Impact of ECM/CS

- Decreased ED utilization
- Decreased inpatient utilization
- Increased preventative care and engagement
- Housing is health
- Medically tailored meals for DM
- Recuperative care

Return to Agenda

The Face of CalAIM – A Member Story

Return to Agenda

Homeless veteran and his partner

- 20 years without housing
- SUD/ complex co-morbidities/SMI
- High avoidable ED utilization

ECM/CS Impact

- Project Room Key interim housing
- Engagement with PCPs, mental health and SUD supports
- Permanent housing through VA
- Sobriety and regular engagement with physical and behavioral health care
- No avoidable ED utilization

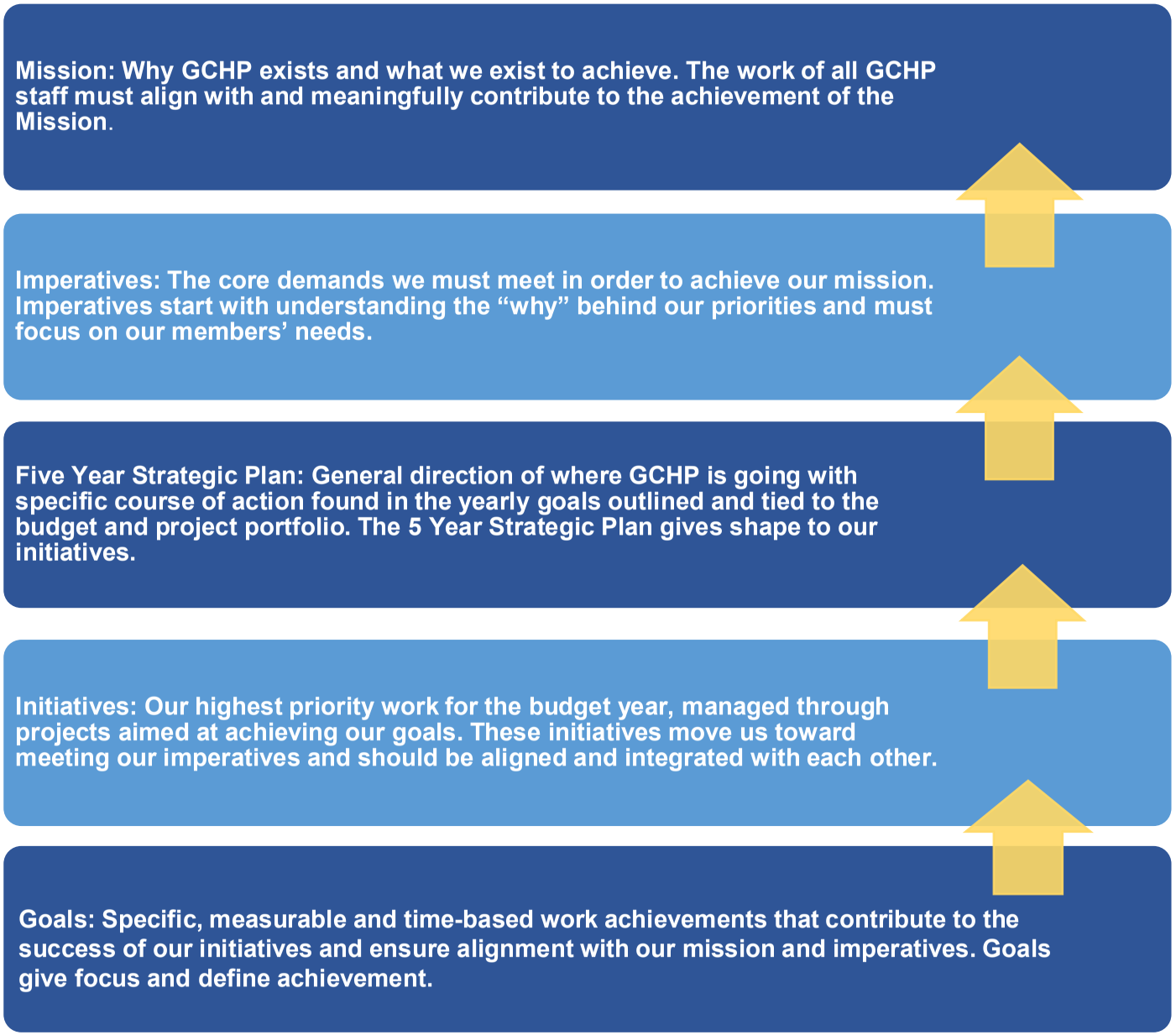
We are in the service of the most vulnerable people in Ventura County. We use precious taxpayer dollars to achieve our purpose

Our purpose is to provide the best health outcomes, greater access to quality healthcare, and a superior member experience.

Appendix

Return to Agenda

Strategic Lexicon

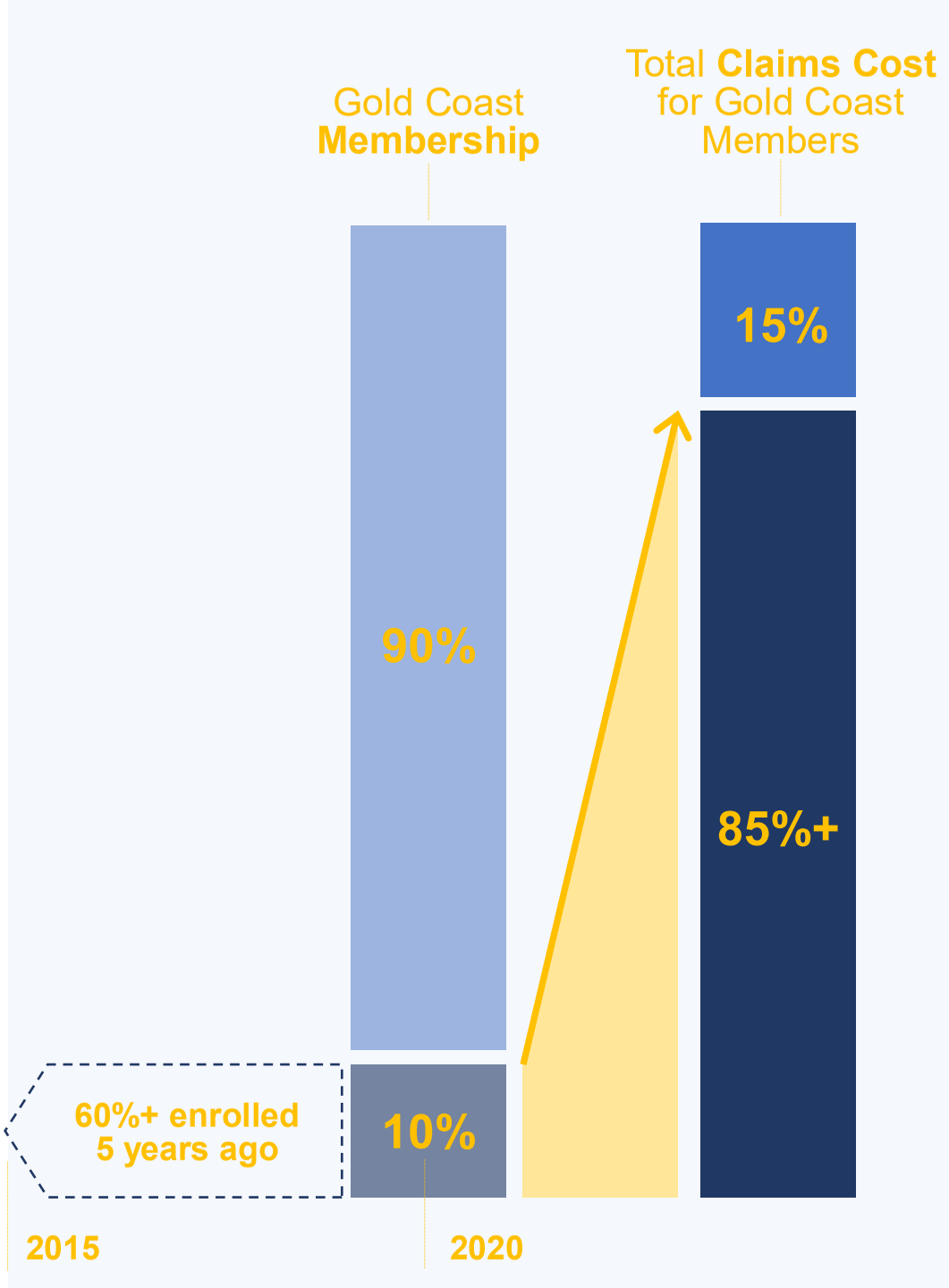


Return to Agenda

There is great opportunity at Gold Coast to impact health and healthcare by focusing on the chronic condition population.

1. 10% of membership accounts for more than 85% of costs;
2. The experience of leading quality health plans is that greater impact occurs with longer enrollment (the length of time members are enrolled);
3. >60% of Gold Coast's highest cost membership were enrolled when we looked back 5 years (vs <25% more commonly seen in multiple plan "competitive" Medi-Cal/ Medicaid markets); and
4. A significant number of the highest cost member have not yet been linked with ECM/CS supports (60% of Gold Coast's ECM-identified members to date are in the Top 10% group).

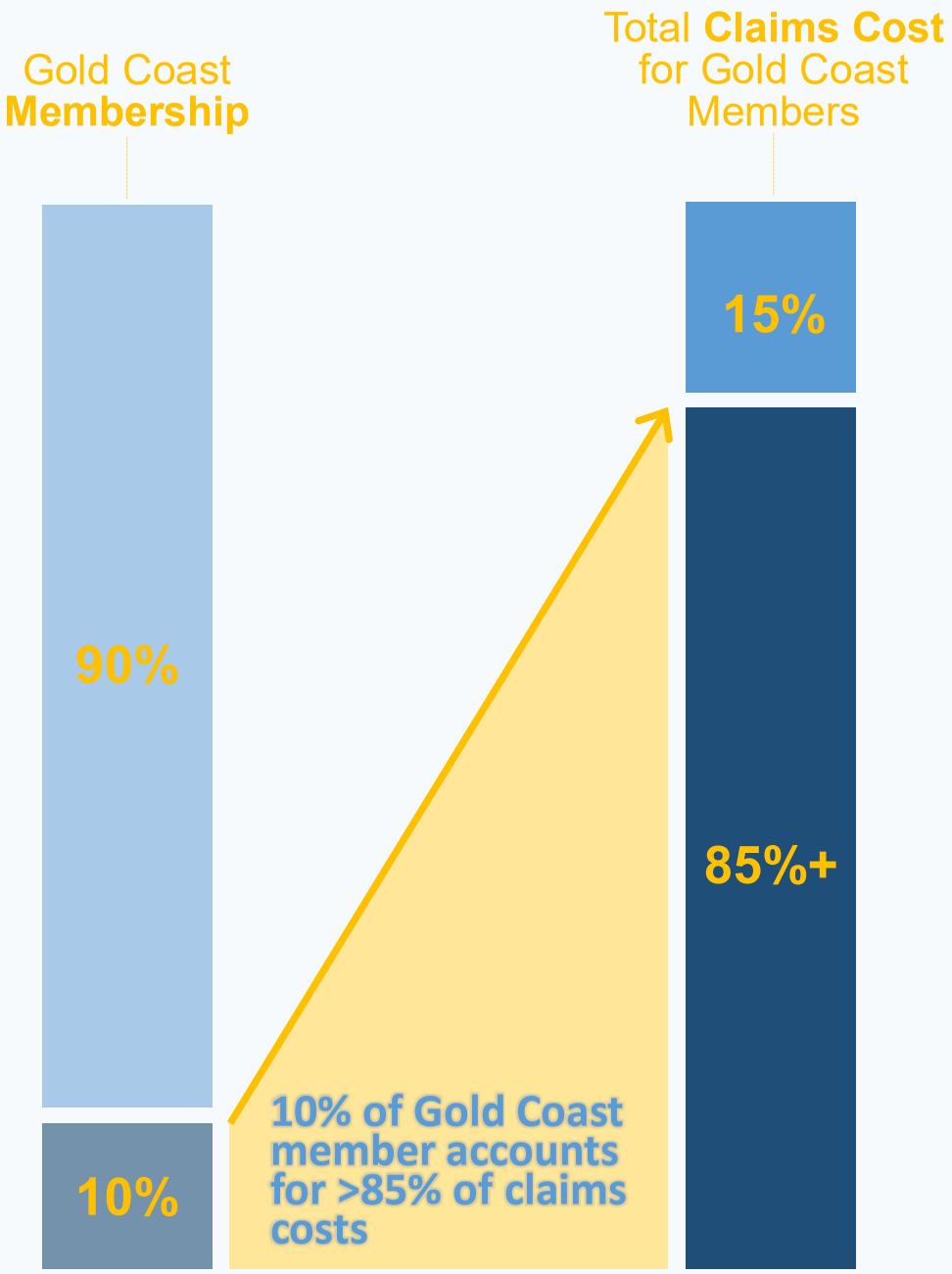
Return to Agenda



Care management and the integration of social services that address determinants of health for persons living with multiple chronic conditions has been shown to:

1. Improve life and lifespan for these individuals (and communities);
2. Increase satisfaction with care for these individuals, families and caregivers;
3. Improve the healthcare system for all (not just these individuals); and
4. Reduce costs and cost growth, thereby allowing for greater value-based investments in - and modernization of - the healthcare system.

Return to Agenda



Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

From: Nancy Wharfield, MD, Chief Medical Officer
Nicole Kanter, RN, MPH, Director, Utilization Management

Date: August 22, 2022

Subject: Contract Approval – Optum Insight

BACKGROUND/DISCUSSION:

Gold Coast Health Plan ("GCHP") staff communicate written authorization decisions to providers and members using standard alphanumeric terminology which describes services and supplies. GCHP staff purchased Current Procedural Terminology ("CPT"®) and Healthcare Common Procedure Coding System ("HCPCS") code sets from Practice Management Information Corporation ("PMIC") to complete these letters. PMIC code sets are only available in English.

Historically, Managed Care Plans ("MCPs") have used only English-language codes sets in member letters. In December 2022, the Department of Health Care Services ("DHCS") issued All Plan Letter ("APL") 21-011, Grievance and Appeal Requirements, Notice and "Your Rights" Templates, which advanced the goal of linguistically appropriate member communication by requiring MCPs to fully translate member letters into threshold languages. To comply with this requirement, GCHP purchased supplemental Spanish-language code sets from Optum Insight in February 2022.

Code sets are updated annually in October. For operational efficiency, its preferred to obtain Spanish and English-language codes from the same vendor. To that end, GCHP staff intend to purchase the full required code set from Optum Insight.

FISCAL IMPACT:

The license fees are as follows:

Year 1 Fees	Year 2 Fees	Year 3 Fees
$67,005.00	**$69,073.55**	**$71,064.00**

This initiative was budgeted for the FY 2022 - 23 project budget.

The total three-year cost is $207,142.55

RECOMMENDATION:

The Plan recommends the Commission approve the funding of this agreement for an amount up to $207,142.55.

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

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 22, 2022

SUBJECT: Quality Improvement Committee – 2022 Second Quarter Report

SUMMARY:

The Department of Health Care Services ("DHCS") requires Gold Coast Health Plan ("GCHP") to implement an effective quality improvement system and to ensure that the governing body routinely receives written progress reports from the Quality Improvement Committee ("QIC").

The attached PPT report contains a summary of activities of the QIC and its subcommittees.

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the presentation.

ATTACHMENTS:

1) Timmerman, K., (2022). Quality Improvement, Ventura County Medi-Cal Managed Care Commission, Quality Improvement Committee Report – Q2 2022, Presentation Slides.

Gold Coast Health Plan℠
A Public Entity

Quality Improvement Committee Report – Q2 2022

August 22, 2022

Kimberly Timmerman, MHA, CPHQ
Director, Quality Improvement

Integrity
Accountability
Collaboration
Trust
Respect

Return to Agenda

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

Q2 2022 Quality Improvement Update

MEASUREMENT YEAR 2021 HEDIS®/MCAS PERFORMANCE

2022 QI STRATEGY UPDATE

Return to Agenda

MCAS Performance Measures Measurement Year 2021

- 36 Managed Care Accountability Set (MCAS) performance measures required to monitor and report to DHCS
  - 15 held to the 50th percentile Minimum Performance Level (MPL)
  - 21 not held to MPL

Return to Agenda

MCAS MY 2021: DHCS Guidance

- DHCS will require quality improvement projects of MCPs based on MY 2021 MCAS results.
  - For measure results below the minimum performance level (MPL), MCPs are required to complete quality improvement (QI) projects, with up to a maximum of three QI projects per MCP, not including the ongoing PIPs.

Return to Agenda

HEDIS/MCAS MY 2021 Performance Highlights

Of the 15 MCAS Measures **held to MPL**:

- Data collection methodology:
  - 10 hybrid (claims, encounter/supplemental data, medical records)
  - 5 administrative (claims, encounter/supplemental data only)
- **10 (67%)** measures performed **at or above** the DHCS MPL (50th Percentile)
- **9 (60%) measures improved** compared to MY 2020
- Percentile comparison:
  - 5 measures increased in percentile performance
  - 9 measures remained in the same percentile
  - 1 measure dropped by one percentile

Return to Agenda

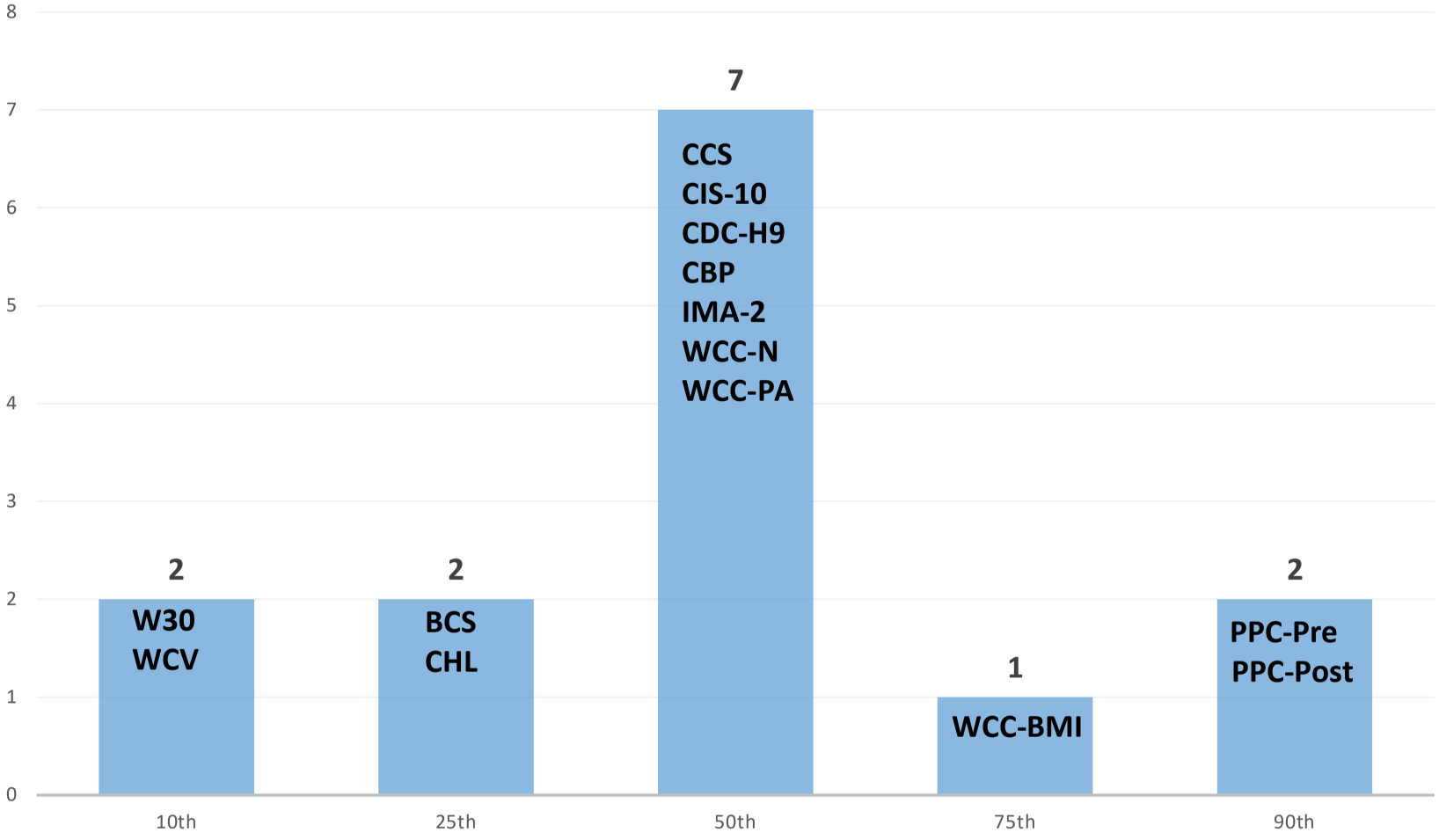
HEDIS/MCAS MY 2021 Performance Highlights

Of the 21 MCAS Measures **not held to MPL**:

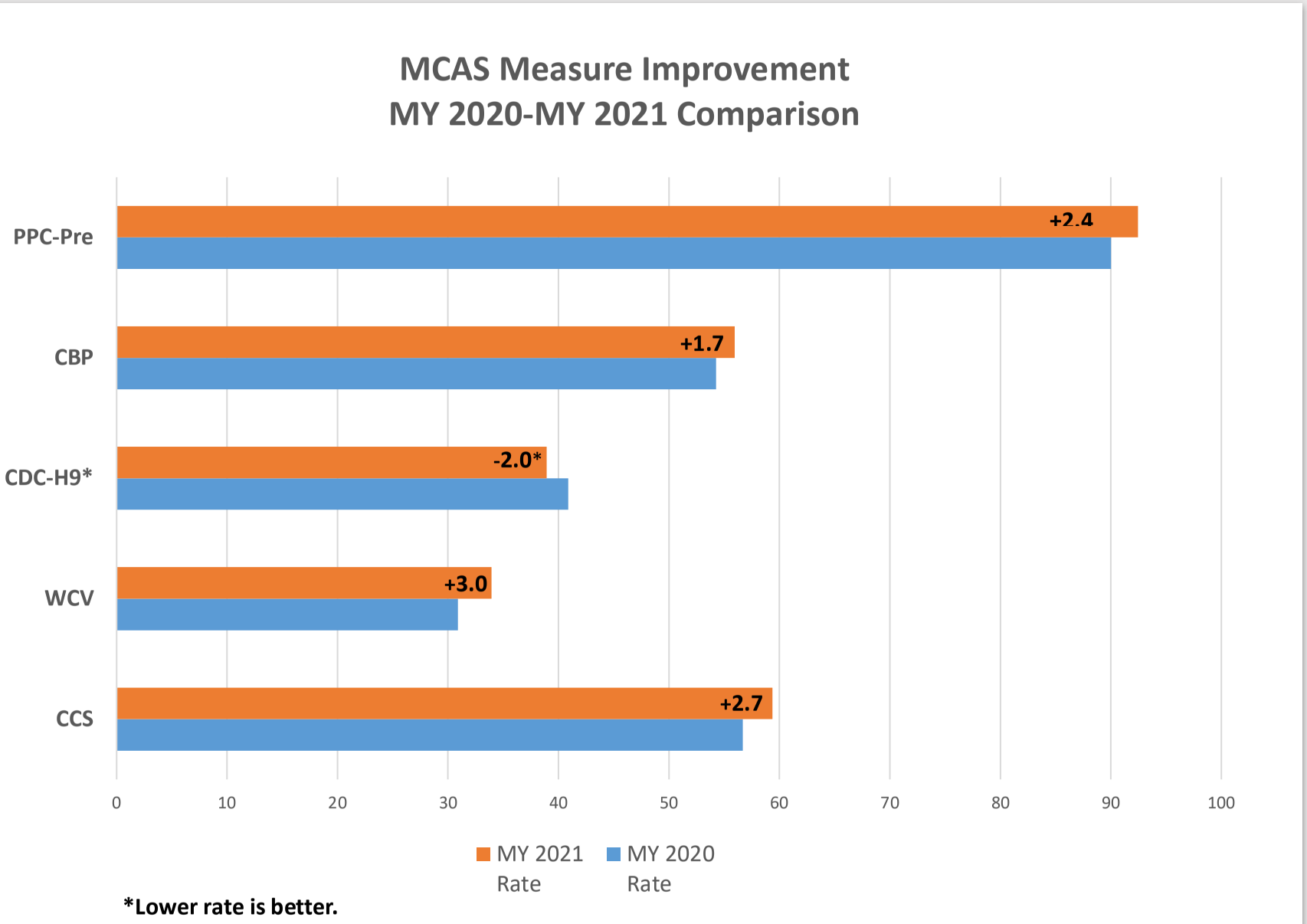
- All measures used administrative methodology
- 2 are first-time reporting measures for GCHP
- 10 (48%) measures improved compared to MY 2020

Return to Agenda

Measurement Year 2021
MCAS Performance by Percentile



Return to Agenda



Return to Agenda

HEDIS/MCAS MY 2021: Next Steps

- Disseminate results internally/externally and collaborate on performance improvement strategies
- Debrief with QI Team and with Inovalon
- Assess HSAG Compliance Audit findings for changes to implement for MY 2022
- Compile MY 2021 HEDIS®/MCAS Report Cards and share with clinic system leadership in Q3 2022
- Evaluate Clinic-Level outcomes to identify high/low performance and opportunities for improvement and best practices sharing at QI Collaboration Forum
- Conduct barrier analysis on low-performing measures and identify improvement project focus areas (internal + DHCS assigned)

ANALYSIS OF RESULTS

Return to Agenda

HEDIS/MCAS MY 2021: Next Steps

DATA IMPROVEMENT

Return to Agenda

- Collaborate with Inovalon on improving capabilities for INDICES®, the platform for near real-time data visualization, to enhance performance feedback insight for leadership/clinic systems
- Improve administrative data capture/mapping for Well Child and Adolescent Visit (W30 and WCV) measures
- Explore measures with low administrative rate but high hybrid rate (e.g., PPC-Pre)
- Identify root cause for encounter data discrepancies and determine remediation plan
- Reevaluate provider and code mapping
- Leverage NCQA Accreditation consultant team to evaluate information and technology capabilities that affect HEDIS® performance

2022 QI Strategy Update

- Focus improvement efforts on low performing MY 2021 HEDIS/MCAS Rates
  - Well Child Visit Measures (W30, WCV)
  - Women's Health Measures (CHL, BCS)
- Continue pursuit of approval on Gap Closure texting/secure digital member outreach campaigns
- Partner on improvement efforts with clinic systems
  - Member access to BP cuffs
  - Mammography postcards
  - Co-branded member letters (cervical cancer screening)
- Promote/expand Member Incentive programs
- Leverage QI Collaboration Meetings for best practices sharing and provider education
- Initiate activities to prepare for NCQA Health Plan and Health Equity Accreditation

Return to Agenda

Questions?

<u>Recommendation</u>:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the presentation.

Return to Agenda

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: August 22, 2022

SUBJECT: June 2022 Fiscal Year to Date Financials

The comprehensive and audited June 2022 will be presented at the October 2022 Commission meeting and not at this meeting. We do not anticipate any significant changes from the preliminary statements but want to ensure consistency in the reporting as we work through the financial audit and initiate minor adjustments.

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: August 22, 2022

SUBJECT: July 2022 Fiscal Year to Date Financials

SUMMARY:

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

BACKGROUND/DISCUSSION:

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

Financial Overview:

GCHP experienced gains of $9.2 million for July 2022. As of July 31st, GCHP is favorable to the budget estimates by $3.6 million. The favorability is due to medical expense estimates that are currently less than budget by $1.6 million, administrative and project expenses that are under budget by $1.0 million, revenue that is favorable to budget by $0.8M.

Financial Report:

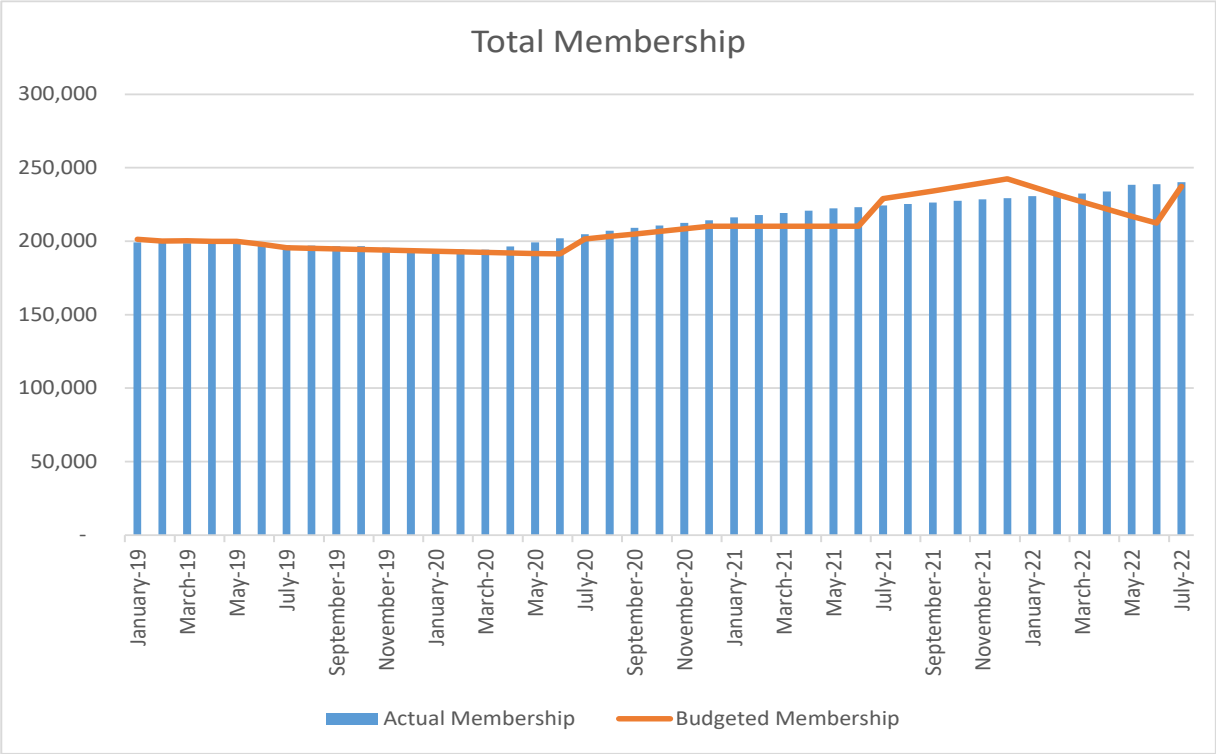
GCHP is reporting a net gain of $9.2 million for July 2022.

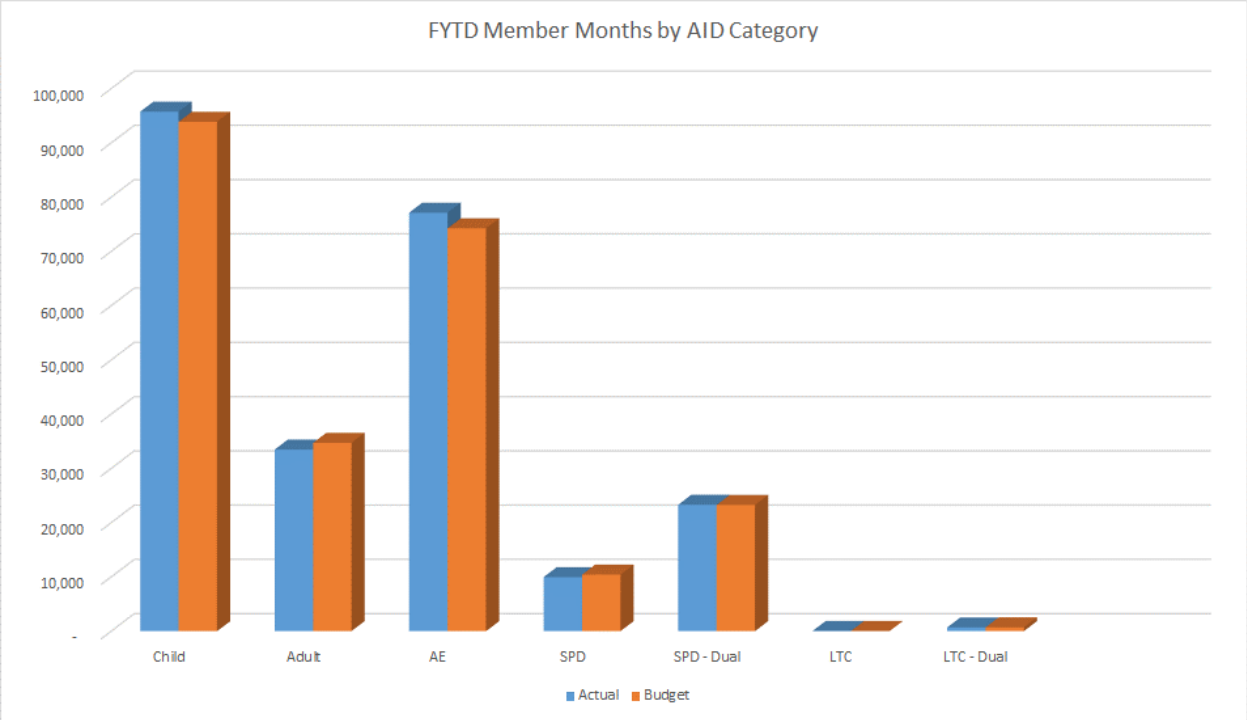
July 2022 FYTD Highlights:

1. Net gain of $9.2 million, a $3.6 million favorable budget variance.
2. FYTD net revenue is $79.1 million, $0.8 million over budget.
3. FYTD Cost of Health Care is $65.3 million, $1.6 million under budget.
4. The medical loss ratio is 82.5% of revenue, 2.9% less than the budget.
5. FYTD administrative expenses are $5.0 million, $1.0 million under budget.
6. The administrative cost ratio is 6.3%, 1.3% under budget.

7. Current membership for July 2022 is 238,430.
8. Tangible Net Equity is $187.4 million which represents approximately 83 days of operating expenses in reserve and 521% of the required amount by the State.

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





Revenue

FYTD Net Premium revenue is $79.1 million; a $0.8 million and 1.0% favorable budget variance.

Health Care Costs

FYTD Health care costs are $65.3 million; a $1.6 million and 2.0% favorable budget variance. The primary driver is lower inpatient medical expenses.

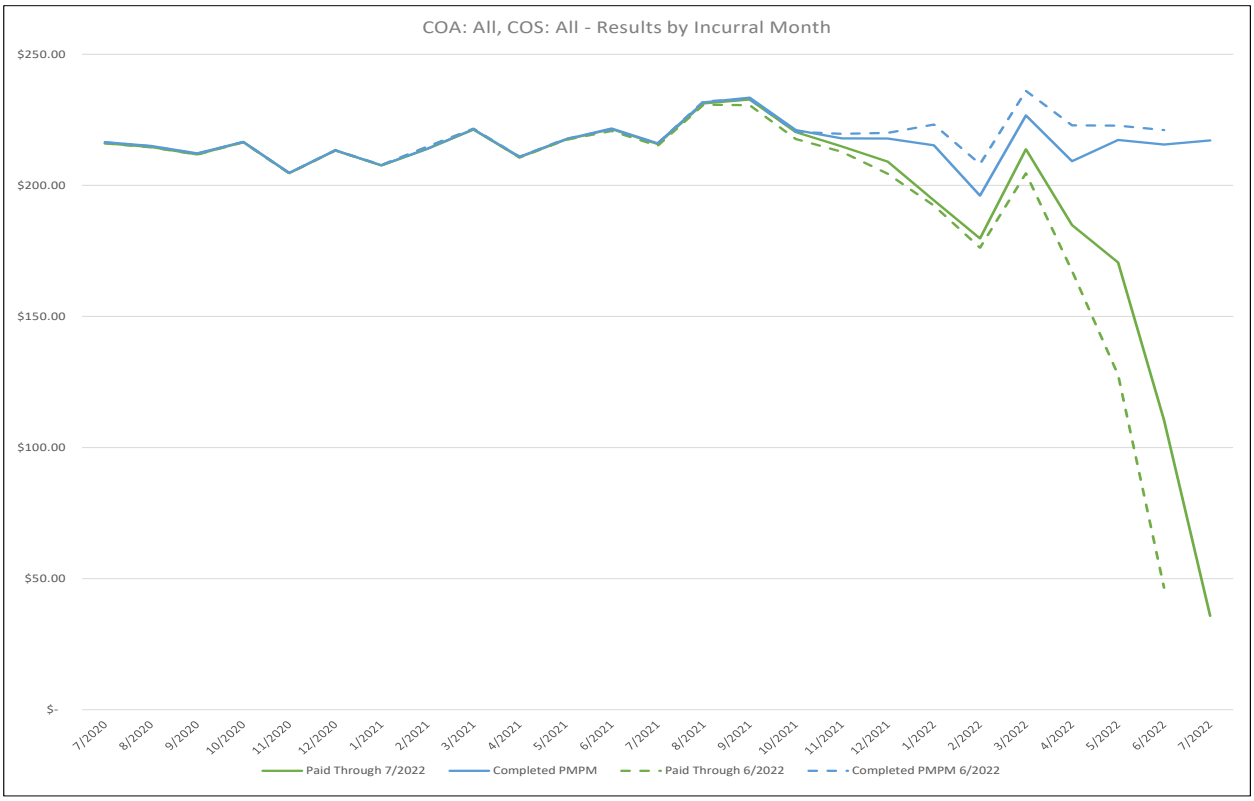
Due to the unknown impacts of the pandemic, the budget was established for CY2023 Medical Expenses projected based on FY20-21 (July 2020 – June 2021) RDT base data and CY21 experience respectively + estimated trend/prospective adjustment factors.

Trend factors consistent with RDT (2-4%) and projections based on COA/COS combinations getting back to CY2019 level where appropriate with the exception of mental health expenses (maintaining COVID levels in budget).

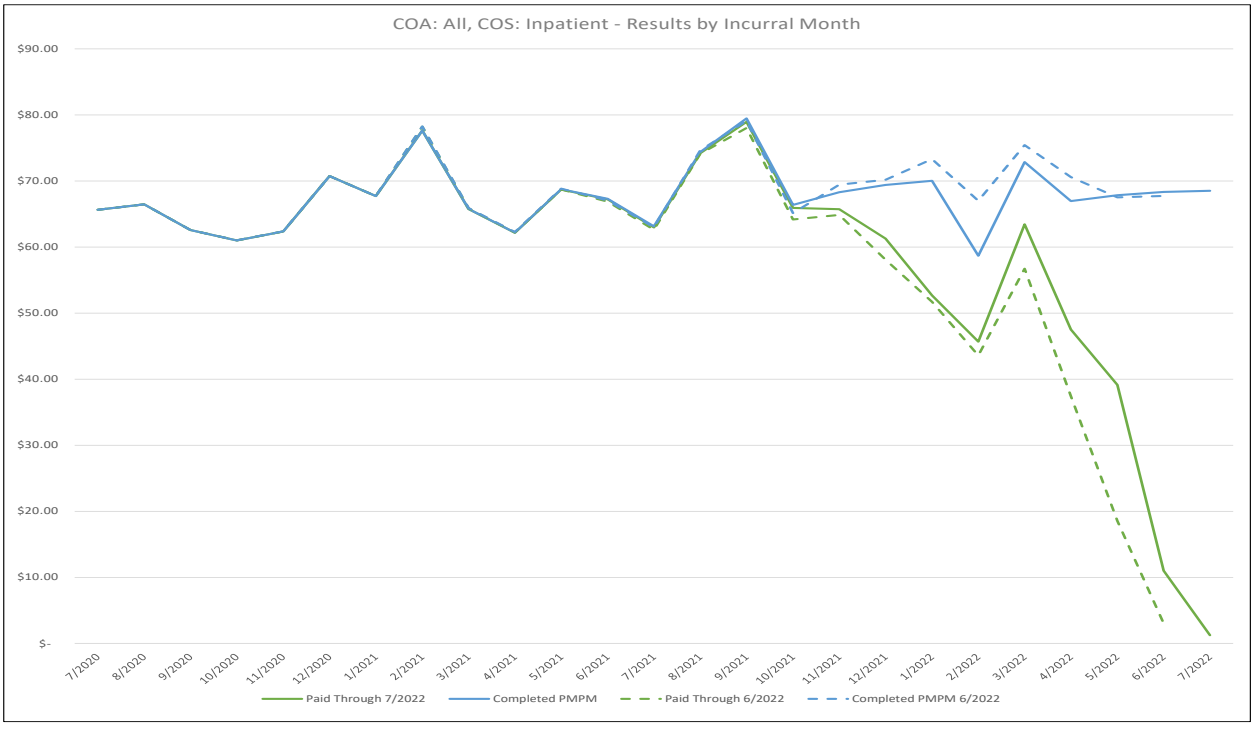
Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as “Incurred but Not Paid” (IBNP) and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred but Not Reported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

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

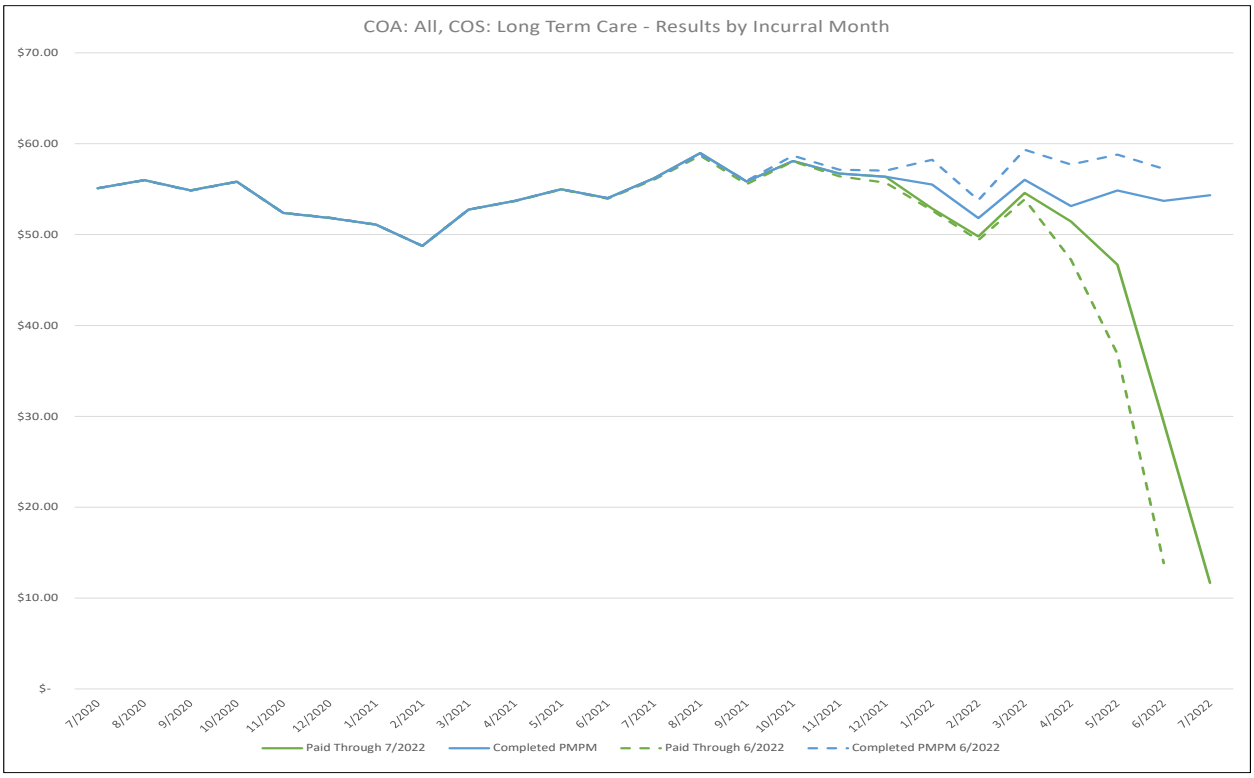
1. All categories of service



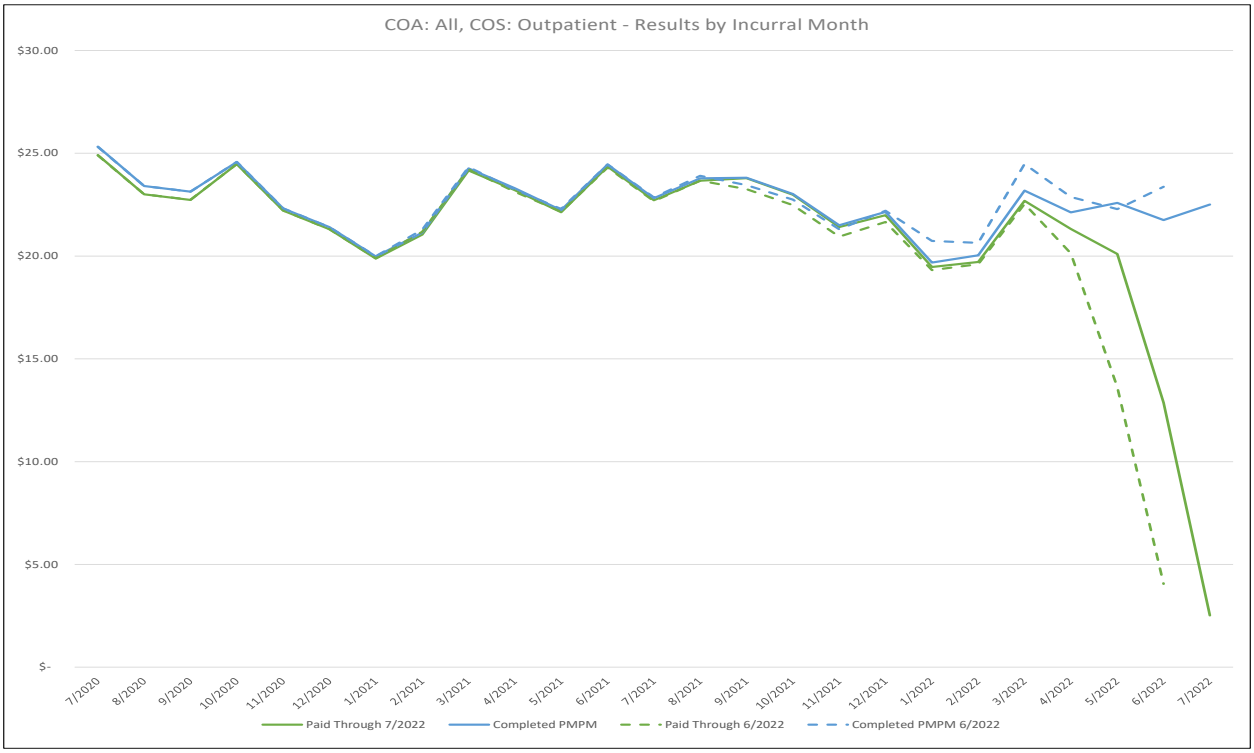
2. Inpatient hospital costs



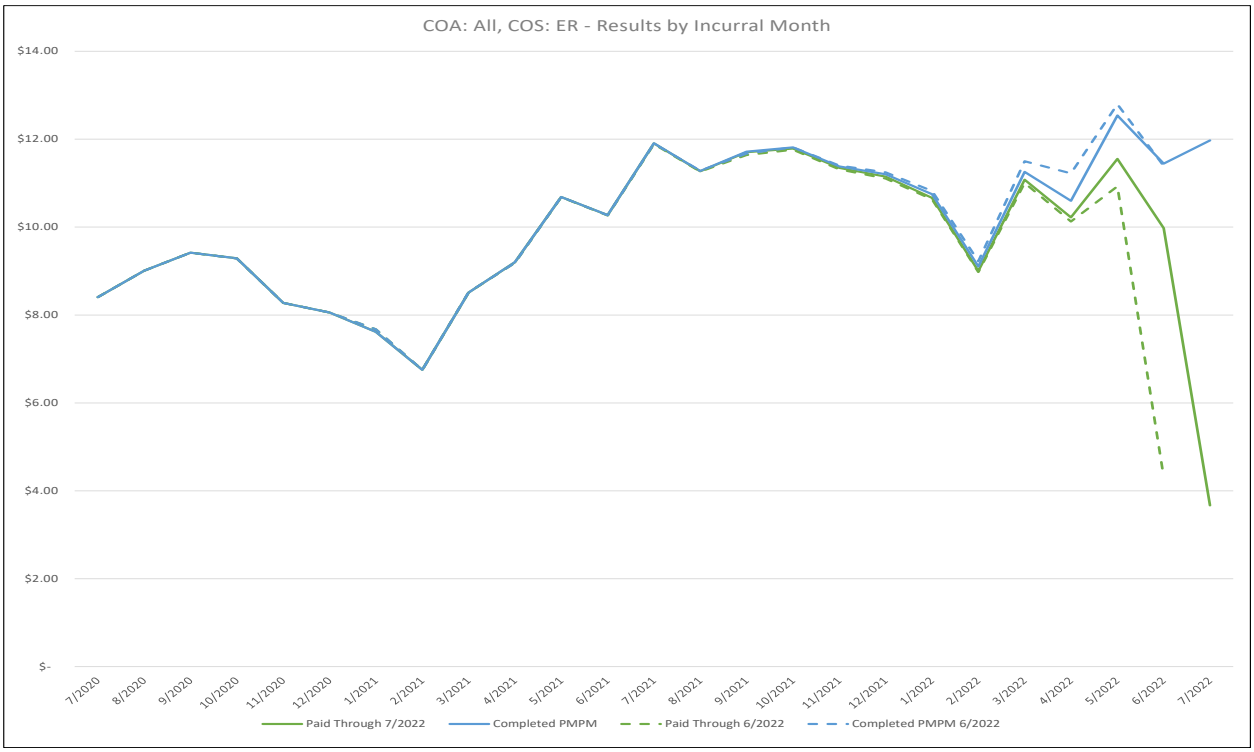
3. Long term care (LTC) expenses



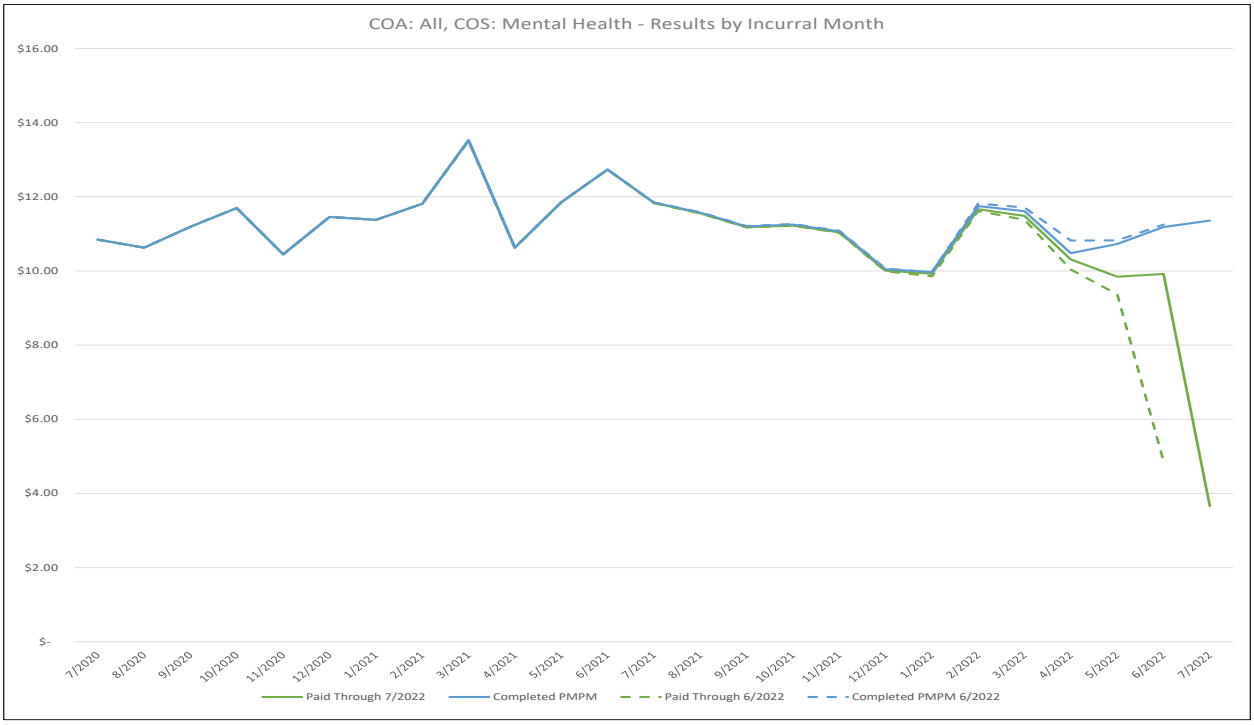
4. Outpatient expenses



5. Emergency Room expenses



6. Mental and behavioral health services



Administrative Expenses

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

For the fiscal year to date through July 2022, administrative costs were $5.0 million, $1.0 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 6.3% versus 7.6% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~$0.4M)
- *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions in IT/Health Services (~$0.1M)
- *Outside Services*: primarily related to timing of Population Health Management (PHM) engagement campaign project expenses (~$0.2M)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation (~$0.4M)

Cash and Short-Term Investment Portfolio

At July 31st, the Plan had $309.6 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool $18.4 million; LAIF CA State $40.3 million; Cal Trust $34.8M.

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value* July 31, 2022	Account Type
Local Agency Investment Fund (LAIF)[1]	$ 40,345,180	investment
Ventura County Investment Pool[2]	$ 18,406,958	investment
CalTrust	$ 34,820,559	short-term investment
Bank of West	$ 211,455,477	money market account
Pacific Premier	$ 4,538,951	operating accounts
Mechanics Bank[3]	$ -	operating accounts
Petty Cash	$ 500	cash
Investments and monies held by GCHP	***$ 309,567,626***	

	Jul-22	FYTD 22-23
Local Agency Investment Fund (LAIF)		
Beginning Balance	$ 40,269,787	$ 40,269,787
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	75,393	75,393
Quarterly Interest Adjustment	-	-
Current Market Value	**$ 40,345,180**	**$ 40,345,180**
	-	-
Ventura County Investment Pool		
Beginning Balance	$ 18,377,308	$ 18,377,308
Transfer of funds to LAIF	-	-
Interest Received	29,650	29,650
Current Market Value	**$ 18,406,958**	**$ 18,406,958**

Medi-Cal Receivable

At July 31st, the Plan had $97.5 million in Medi-Cal Receivables due from DHCS.

RECOMMENDATION:

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

CONCURRENCE:

N/A

ATTACHMENT:

July 2022 Financial Package

Gold Coast Health Plan℠
A Public Entity

FINANCIAL PACKAGE
For the month ended July 31, 2022

TABLE OF CONTENTS

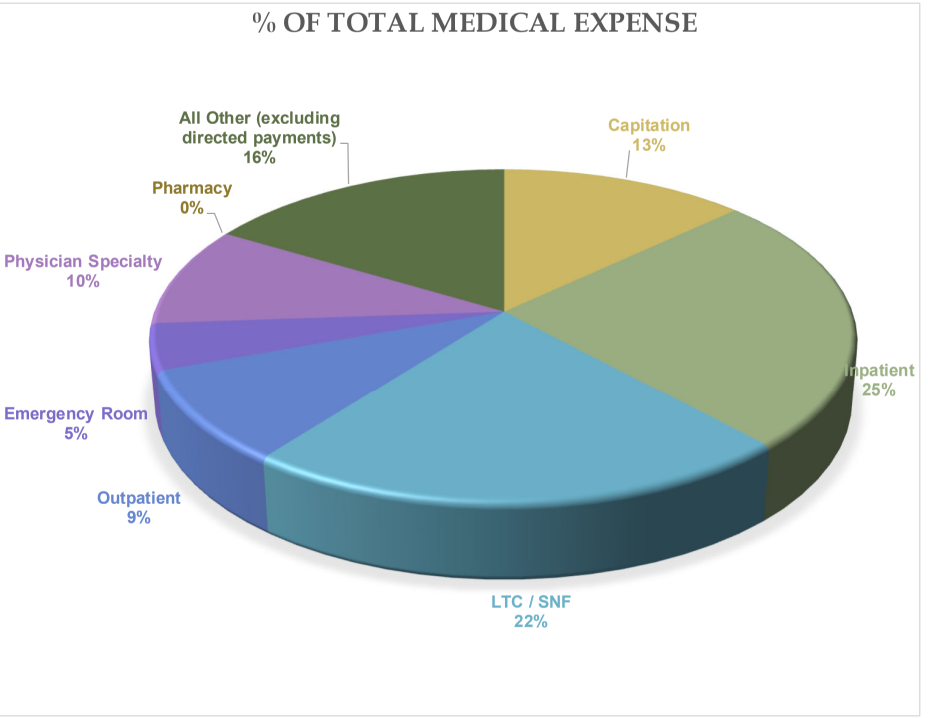
Return to Agenda

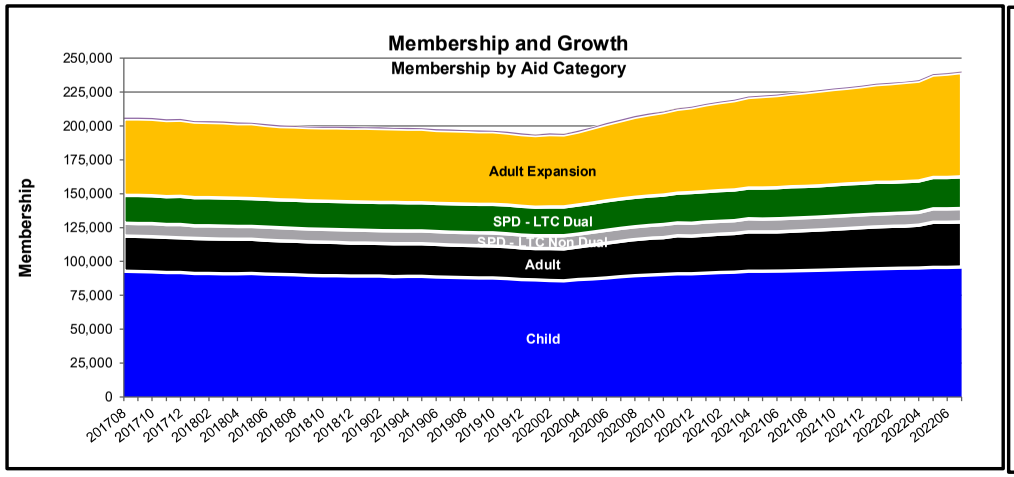
Gold Coast Health Plan

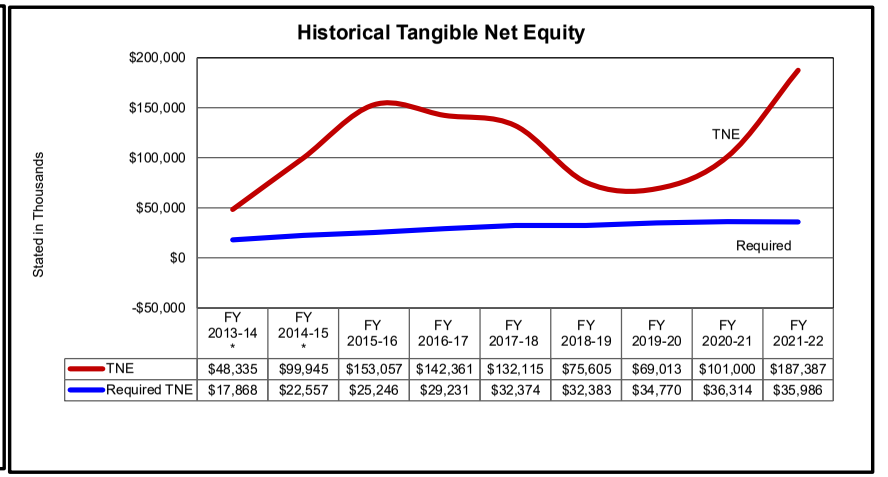
Executive Dashboard as of July 31, 2022

	FYTD 22/23 Budget*	FYTD 22/23 Actual	FYTD 21/22 Actual	FY 20/21 Actual
Average Enrollment	237,228	238,430	229,367	213,547
PMPM Revenue	$ 328.69	$ 331.95	$ 350.46	$ 358.22
Medical Expenses				
Capitation	$ 31.54	$ 34.14	$ 32.27	$ 34.03
Inpatient	$ 75.99	$ 66.17	$ 69.59	$ 66.52
LTC / SNF	$ 52.33	$ 58.25	$ 60.35	$ 55.42
Outpatient	$ 25.49	$ 23.65	$ 22.36	$ 23.16
Emergency Room	$ 11.73	$ 11.76	$ 10.90	$ 9.25
Physician Specialty	$ 25.64	$ 25.42	$ 22.31	$ 25.71
Pharmacy	$ -	$ -	$ 29.71	$ 62.07
All Other *(excluding directed payments)*	$ 41.04	$ 43.14	$ 46.63	$ 43.20
Total Per Member Per Month	$ 263.76	$ 262.53	$ 294.13	$ 319.36
Medical Loss Ratio	84.5%	82.0%	86.8%	92.1%
Total Administrative Expenses	$ 5,933,649	$ 4,959,387	$ 53,680,738	$ 49,637,603
% of Revenue	7.6%	6.3%	5.6%	5.4%
TNE	$ 194,459,364	$ 187,386,762	$ 178,179,269	$ 100,999,994
Required TNE	$ 35,128,651	$ 35,985,521	$ 36,574,350	$ 36,313,908
% of Required	554%	521%	487%	278%

** 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	FY 2021-22
TNE	$48,335	$99,945	$153,057	$142,361	$132,115	$75,605	$69,013	$101,000	$187,387
Required TNE	$17,868	$22,557	$25,246	$29,231	$32,374	$32,383	$34,770	$36,314	$35,986

Return to Agenda

STATEMENT OF FINANCIAL POSITION

	07/31/22	06/30/22	05/31/22
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	**215,994,930**	**207,279,855**	**197,898,272**
Total Short-Term Investments	**93,572,697**	**93,427,202**	**93,502,554**
Medi-Cal Receivable	97,549,434	99,462,905	93,445,134
Interest Receivable	79,397	121,265	105,837
Provider Receivable	922,872	892,634	1,275,611
Other Receivables	3,473,017	4,014,248	4,434,296
Total Accounts Receivable	**102,024,720**	**104,491,052**	**99,260,879**
Total Prepaid Accounts	3,295,939	2,147,541	1,539,004
Total Other Current Assets	135,560	135,560	135,560
Total Current Assets	**415,023,847**	**407,481,211**	**392,336,269**
Total Fixed Assets	**6,950,045**	**7,089,701**	**1,270,498**
Total Assets	**$ 421,973,892**	**$ 414,570,912**	**$ 393,606,767**
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	$ 115,404,908	$ 107,800,554	$ 98,353,661
Claims Payable	11,640,653	10,311,449	22,249,667
Capitation Payable	26,935,202	26,906,377	26,200,029
Physician Payable	24,930,964	22,248,945	27,236,011
DHCS - Reserve for Capitation Recoup	19,906,488	19,906,585	16,090,840
Lease Payable- ROU	1,242,366	1,237,553	-
Accounts Payable	3,769,386	1,869,914	2,006,739
Accrued ACS	1,885,235	1,747,843	1,716,735
Accrued Provider Incentives/Reserve	8,795,848	11,650,319	10,527,748
Accrued Pharmacy	9,953	9,953	7,457
Accrued Expenses	3,785,357	2,912,241	2,764,453
Accrued Premium Tax	7,907,460	21,565,800	14,377,200
Accrued Payroll Expense	2,532,624	2,277,953	2,450,890
Total Current Liabilities	**228,746,443**	**230,445,486**	**223,981,431**
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	-	-	879,529
Lease Payable - NonCurrent - ROU	5,840,687	5,946,158	-
Total Long-Term Liabilities	**5,840,687**	**5,946,158**	**879,529**
Total Liabilities	**234,587,129**	**236,391,644**	**224,860,960**
Net Assets:			
Beginning Net Assets	178,179,269	105,714,877	105,714,877
Total Increase / (Decrease in Unrestricted Net Assets)	9,207,494	72,464,392	63,030,930
Total Net Assets	**187,386,762**	**178,179,269**	**168,745,807**
Total Liabilities & Net Assets	**$ 421,973,892**	**$ 414,570,912**	**$ 393,606,767**

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR MONTH ENDED July 31, 2022

	July 2022	July 2022 Year-To-Date		Variance	Variance	July 2022 Year-To-Date		Variance
	Actual	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	238,430	238,430	237,228	1,202	1%		PMPM - FYTD	
Revenue								
Premium	$ 87,580,039	$ 87,580,039	$ 78,370,556	$ 9,209,483	12%	$ 367.32	$ 330.36	$ 36.96
Reserve for Cap Requirements	-	-	-	-	0%	-	-	-
Incentive Revenue	-	-	-	-	0%	-	-	-
MCO Premium Tax	(8,434,186)	(8,434,186)	-	(8,434,186)	0%	(35.37)	-	(35.37)
Total Net Premium	**79,145,853**	**79,145,853**	**78,370,556**	**775,297**	**1.0%**	**331.95**	**330.36**	**1.59**
Other Revenue:								
Miscellaneous Income	-	-	-	-	0%	-	-	-
Total Other Revenue	-	-	-	-	0%	-	-	-
Total Revenue	**79,145,853**	**79,145,853**	**78,370,556**	**775,297**	**1%**	**331.95**	**330.36**	**1.59**
Medical Expenses:								
Capitation								
PCP, Specialty, Kaiser, NEMT & Vision	7,808,331	7,808,331	7,520,362	(287,969)	-4%	32.75	31.70	(1.05)
ECM	331,725	331,725	647,477	315,752	49%	1.39	2.73	1.34
Total Capitation	8,140,055	8,140,055	8,167,839	27,784	0%	34.14	34.26	0.12
FFS Claims Expenses:								
Inpatient	15,777,718	15,777,718	18,119,077	2,341,359	13%	66.17	76.38	10.20
LTC / SNF	13,887,892	13,887,892	12,476,420	(1,411,472)	-11%	58.25	52.59	(5.65)
Outpatient	5,639,930	5,639,930	6,077,815	437,884	7%	23.65	25.62	1.97
Laboratory and Radiology	583,793	583,793	773,816	190,023	25%	2.45	3.26	0.81
Directed Payments - Provider	2,670,550	2,670,550	2,034,633	(635,917)	-31%	11.20	8.58	(2.62)
Emergency Room	2,803,680	2,803,680	2,797,027	(6,653)	0%	11.76	11.79	0.03
Physician Specialty	6,060,494	6,060,494	6,112,327	51,833	1%	25.42	25.77	0.35
Primary Care Physician	2,108,246	2,108,246	2,354,694	246,448	10%	8.84	9.93	1.08
Home & Community Based Services	2,099,322	2,099,322	2,325,516	226,194	10%	8.80	9.80	1.00
Applied Behavioral Analysis/Mental Health Servic	2,657,626	2,657,626	2,828,328	170,703	6%	11.15	11.92	0.78
Pharmacy/Provider Incentive Expense	-	-	-	-	0%	-	-	-
Provider Reserve	76,881	76,881	-	(76,881)	0%	0.32	-	(0.32)
Other Medical Professional	310,072	310,072	342,910	32,838	10%	1.30	1.45	0.15
Other Medical Care	190,039	190,039	-	(190,039)	0%	0.80	-	(0.80)
Other Fee For Service	1,071,339	1,071,339	982,098	(89,240)	-9%	4.49	4.14	(0.35)
Transportation	142,345	142,345	176,773	34,428	19%	0.60	0.75	0.15
Total Claims	56,079,926	56,079,926	57,401,434	1,321,508	2%	235.20	241.97	6.76
Medical & Care Management Expense	1,315,270	1,315,270	1,608,153	292,883	18%	5.52	6.78	1.26
Reinsurance	348,858	348,858	-	(348,858)	0%	1.46	-	(1.46)
Claims Recoveries	(617,869)	(617,869)	(304,077)	313,793	-103%	(2.59)	(1.28)	1.31
Sub-total	1,046,258	1,046,258	1,304,076	257,818	20%	4.39	5.50	1.11
Total Cost of Health Care	**65,266,240**	**65,266,240**	**66,873,349**	**1,607,109**	**2%**	**272.34**	**279.17**	**6.82**
Contribution Margin	**13,879,613**	**13,879,613**	**11,497,207**	**2,382,406**	**21%**	**59.60**	**51.19**	**8.41**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	2,607,205	2,607,205	2,751,400	144,195	5%	10.93	11.60	0.66
Training, Conference & Travel	9,374	9,374	64,415	55,041	85%	0.04	0.27	0.23
Outside Services	2,395,572	2,395,572	2,589,942	194,370	8%	10.05	10.92	0.87
Professional Services	428,558	428,558	532,741	104,183	20%	1.80	2.25	0.45
Occupancy, Supplies, Insurance & Others	646,446	646,446	1,045,991	399,544	38%	2.71	4.41	1.70
Care Management Reclass to Medical	(1,307,713)	(1,307,713)	(1,608,153)	(300,439)	19%	(5.48)	(6.78)	(1.29)
G&A Expenses	4,779,442	4,779,442	5,376,336	596,894	11%	20.05	22.66	2.62
Project Portfolio	179,945	179,945	557,313	377,368	68%	0.75	2.35	1.59
Total G&A Expenses	**4,959,387**	**4,959,387**	**5,933,649**	**974,262**	**16%**	**20.80**	**25.01**	**4.21**
Total Operating Gain / (Loss)	**8,920,226**	**8,920,226**	**5,563,558**	**3,356,668**	**60%**	**38.80**	**26.18**	**12.62**
Non Operating								
Revenues - Interest	287,268	287,268	13,433	273,835	2038%	1.20	0.06	1.15
Gain/(Loss) on Sale of Asset	-	-	-	-	0%	-	-	-
Total Non-Operating	**287,268**	**287,268**	**13,433**	**273,835**	**2038%**	**1.20**	**0.06**	**1.15**
Total Increase / (Decrease) in Unrestricted Net Assets	**$ 9,207,494**	**$ 9,207,494**	**$ 5,576,991**	**$ 3,630,502**	**65%**	**$ 40.01**	**$ 26.24**	**$ 13.77**

Return to Agenda

STATEMENT OF CASH FLOWS	July 2022	FYTD 22-23
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ 9,207,494	$ 9,207,494
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	145,737	145,737
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilites		
Accounts Receivable	2,466,332	2,466,332
Prepaid Expenses	(1,148,398)	(1,148,398)
Accrued Expense and Accounts Payable	314,895	314,895
Claims Payable	4,040,048	4,040,048
MCO Tax liablity	(13,658,340)	(13,658,340)
IBNR	7,604,354	7,604,354
Net Cash Provided by (Used in) Operating Activities	8,972,121	8,972,121
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(145,495)	(145,495)
Purchase of Property and Equipment	(6,081)	(6,081)
Net Cash (Used In) Provided by Investing Activities	(151,576)	(151,576)
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(105,471)	(105,471)
Net Cash Used In Financing Activities	(105,471)	(105,471)
Increase/(Decrease) in Cash and Cash Equivalents	8,715,074	8,715,074
Cash and Cash Equivalents, Beginning of Period	207,279,855	207,279,855
Cash and Cash Equivalents, End of Period	215,994,930	215,994,930

Gold Coast Health Plan℠
A Public Entity

July 2022
Financial Statements

August 22, 2022

Kashina Bishop
Chief Financial Officer

Integrity
Accountability
Collaboration
Trust
Respect

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

July 2022 Financial Overview:

July NET GAIN	$ 9.2 M
FYTD NET GAIN	$9.2 M
TNE is $187.4 M and 521% of the minimum required	
MEDICAL LOSS RATIO	82.0%
ADMINISTRATIVE RATIO	6.3%

Financial Risks of Focus

1. CY 2024 Rates
    a. Regional Rates
    b. Risk Adjustment
    c. Quality Adjustment
2. D-SNP (New Line of Business/Financial Feasibility)
3. End of PHE/declining membership
4. Data Constraints
5. Insufficient Resources

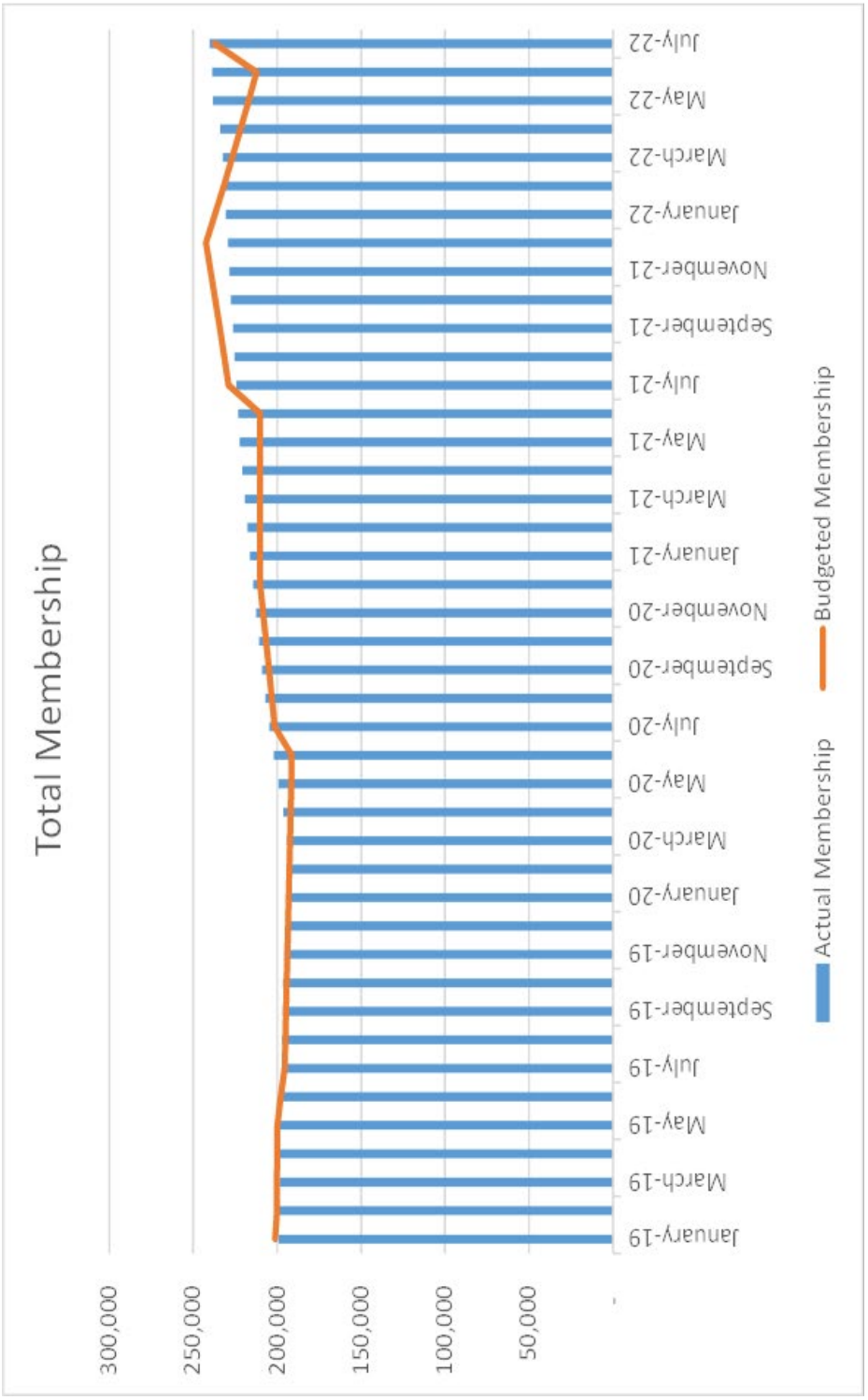
Return to Agenda

Revenue

FYTD Net Premium revenue is $79.1 million, over budget by $775,297 (1%).

Return to Agenda

Membership trends



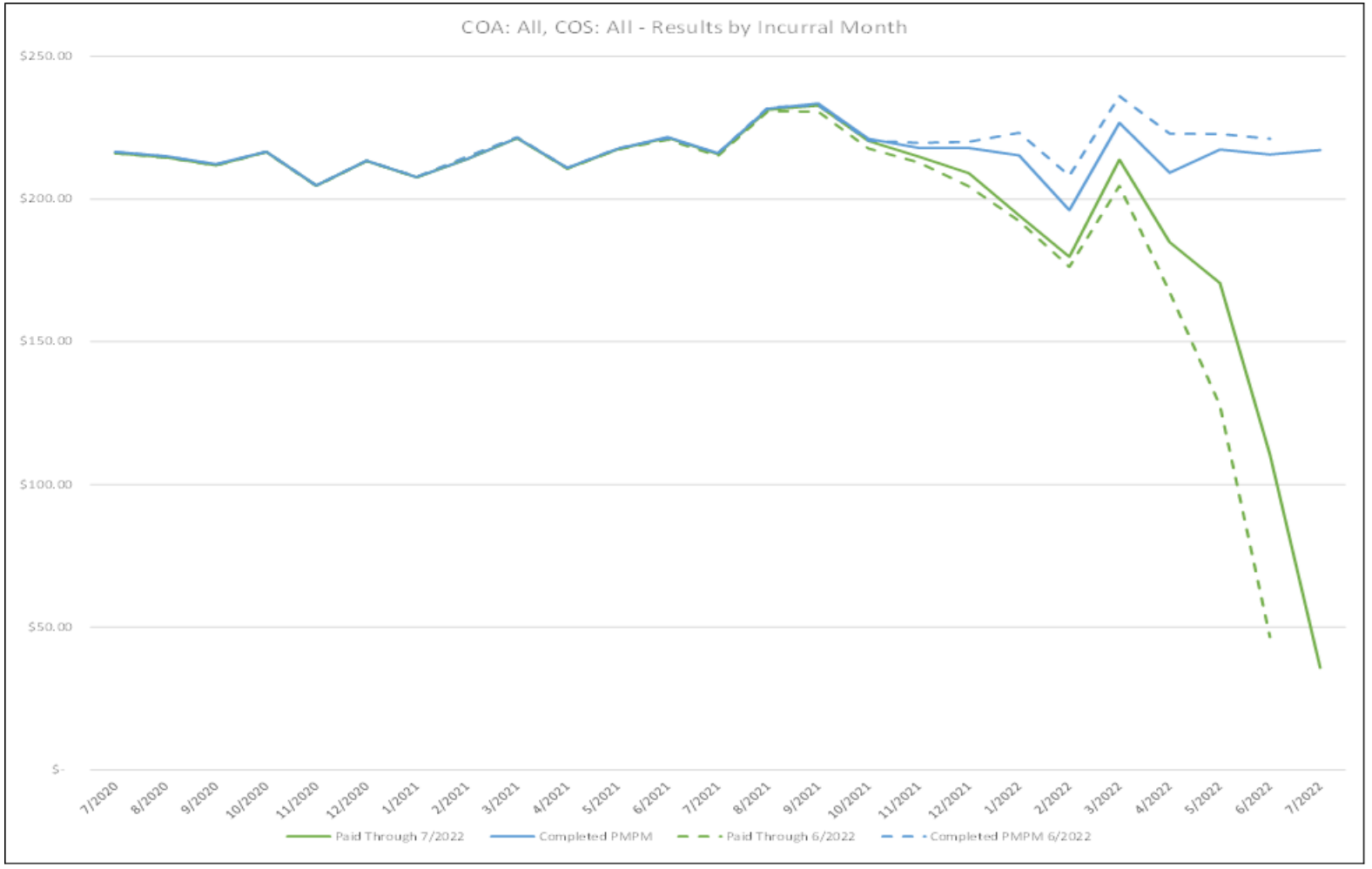
Medical Expense

FYTD Health care costs are $65.3 million and $1.6 million and 2% under budget.

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

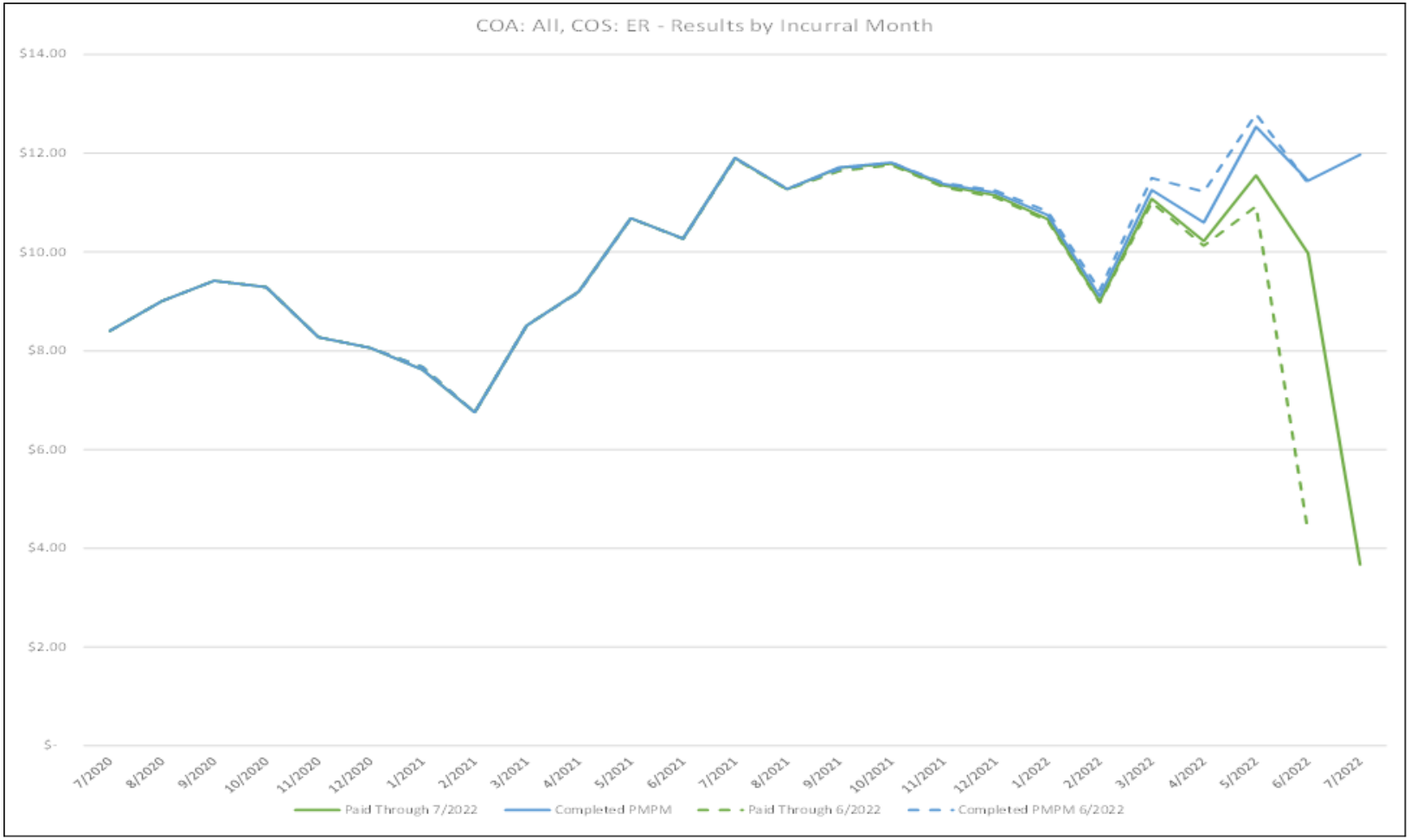
Return to Agenda

Incurred But Not Paid (IBNP) Medical Expense Reserve



Return to Agenda

Emergency Room



Return to Agenda

Administrative Expenses

For the fiscal year to date through July 2022, administrative costs were $5.0 million, $1.0 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 6.3% versus 7.6% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~$0.4M)
- *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions in IT/Health Services (~$0.1M)
- *Outside Services*: primarily related to timing of Population Health Management (PHM) engagement campaign project expenses (~$0.2M)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation (~$0.4M)

Return to Agenda

Financial Statement Summary

	July 2022	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	$ 79,145,853	$ 79,145,853	$ 78,370,556	$ 775,297
Health Care Costs	65,266,240	65,266,240	66,873,349	(1,607,109)
Medical Loss Ratio		**82.5%**	**85.3%**	
Administrative Expenses	4,959,387	4,959,387	5,933,649	(974,262)
Administrative Ratio		**6.3%**	**7.3%**	
Non-Operating Revenue/(Expense)	287,268	287,268	13,433	273,836
Total Increase/(Decrease) in Net Assets	$ 9,207,494	$ 9,207,494	$ 5,576,991	$ 3,630,503
Cash and Investments	$ 309,567,627			
GCHP TNE	$ 187,386,762			
Required TNE	$ 35,985,521			
% of Required	**521%**			

Return to Agenda

Questions?

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

Return to Agenda

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: August 22, 2022

SUBJECT: Chief Executive Officer (CEO) Report

I. EXTERNAL AFFAIRS:

A. Federal

Fiscal Year 2022 Budget Reconciliation

Aug. 7, 2022: The Senate voted 51-50, with Vice President Kamala Harris casting the tiebreaking vote, passing the Inflation Reduction Act, a $740 billion package. The budget legislation will now move to the House, where it will likely pass with few amendments. President Biden has noted his strong support for the bill.

The Act's primary policy actions are:

1. Enables deficit reduction efforts to fight inflation.
2. Promotes increased cleaner energy production and reduces carbon emissions by ~40% by 2030.
3. Allows Medicare to negotiate drug prices and caps out-of-pocket costs at $2,000.
4. Lowers Affordable Care Act (ACA) health care premiums.
5. Sets a minimum tax threshold for corporations at 15% and enables the hiring of additional IRS agents.

B. State

State Budget Signing

June 30, 2022: Gov. Gavin Newsom signed the $308 billion state budget that provides direct tax refunds for 23 million Californians.

Top investment and priority areas in the budget:

1. Education
    a. $170 billion for education in California including:
        I. $7.9 billion to help with learning recovery, more investments in higher education
        II. $2 billion for affordable student housing
        III. $3.5 billion that schools can use on arts, music, and more
2. Housing and Homelessness
    a. $2.2 billion for encampment resolutions around the state and new bridge housing to support people going through CARE Court
3. Mental Health
    a. $3.4 over two years to expand behavioral health housing, encampment cleanup grants and support for local government efforts
4. Middle-Class Tax Refund
    a. $9.5 billion back to 23 million Californians; payments will range from $350 to $1,050 for qualifying individuals.
5. Universal Access to Health Care Coverage
    a. All Californians who qualify will now have access to Medi-Cal. Expanding coverage for lower-income individuals by providing coverage for Californians ages 26-49, regardless of immigration status.

Department of Health Care Services (DHCS)

Final All-Plan Letters (APLs)

APL 22-009 COVID-19 GUIDANCE FOR MEDI-CAL MANAGED CARE HEALTH PLANS
Released: June 13, 2022

1. Provides guidance on changes to federal and state requirements for COVID-19 testing, treatment, and prevention.
2. Requires Managed Care Plans (MCPs) to submit a COVID-19 Therapeutics Plan.
3. Updates guidance based on:
    a. Centers for Medicare & Medicaid Services (CMS) State Health Official (SHO) letter #21-006
    b. Senate Bill (SB) 510 Health care coverage: COVID-19 cost sharing

APL 22-010 Cancer Biomarker Testing
Released: June 22, 2022

1. This APL provides information about coverage requirements for cancer biomarker testing as required by SB 535 (Limón, Chapter 605, Statutes of 2021).
2. MCPs are required to cover medically necessary biomarker testing for members with:
    a. Advanced or metastatic stage III or IV cancer.
    b. Cancer progression or recurrence in the member with advanced or metastatic stage III or IV cancer.

APL 22-011 Proposition 56 Directed Payments for Family Planning Services
Release June 23, 2022

1. Provide guidance on directed payments funded by Prop 56 for providing family planning services with dates of service on or after July 1, 2019.
2. Supersedes APL 20-013.

APL 22-012 GOVERNOR'S EXECUTIVE ORDER N-01-19, REGARDING TRANSITIONING MEDI-CAL PHARMACY BENEFITS FROM MANAGED CARE TO MEDI-CAL RX
Release: July 11, 2022

1. Requires DHCS to transition Medi-Cal pharmacy services from the managed care delivery system to the fee-for-service (FFS) delivery system (Medi-Cal Rx).
2. Outlines DHCS' requirements for MCPs and administration of Medi-Cal Rx.
3. This APL supersedes APL 20-020 and all inconsistencies in prior APLs related to pharmacy benefits and Medi-Cal Rx.

APL 22-013 Provider Screening Credentialing
Release: July 19, 2022

1. Details requirements for Screening and Enrollment of Network Providers.
2. MCP may develop and implement a Screening and Enrollment Process.
3. Outlines requirements for credentialing and re-credentialing of Network Providers.

APL 22-014 Electronic Visit Verification
Release: July 21, 2022

1. Electronic Visit Verification (EVV) federally mandated for Medi-Cal.
2. DHCS Implementation of EVV Timeline:
    a. Personal care services (PCS) for in-home visits implemented on Jan. 1, 2022.
    b. EVV for Home Health Care Services (HHCS) will be implemented by Jan. 1, 2023.

Draft APLs

DRAFT APL 22-XXX Timely Access Requirements
Released: June 15, 2022

1. The draft APL updates guidance on timely access standards and adds new requirements. from HSC section 1367.03 following the chaptering of SB 221.
2. The APL outlines the required compliance thresholds beginning the measurement year 2022 for the Timely Access Survey.

Draft APLs
DRAFT APL 22-XXX Skilled Nursing Facility (SNF) – Long-Term Care (LTC) Benefit Standardization and Transition of Members to Managed Care Released: June 23, 2022 1. Updates requirements related to SNF LTC Benefit Standardization provisions of the CalAIM initiative. 2. Only County Organized Health Systems (COHS) and some Cal MediConnect Medicare-Medicaid Plans cover the SNF benefits under the institutional LTC services benefit. 3. The draft APL will update requirements and standardize benefits for MCPs statewide.
DRAFT APL 22-XXX Enforcement Action: Admin and Monetary Sanctions Released: June 28, 2022 1. Provides clarification to MCPs regarding administrative and monetary sanctions and enforcement actions DHCS may take to enforce compliance with contractual provisions and applicable state and federal laws. 2. Will supersede APL 18-003.
DRAFT APL 22-XXX Community Health Worker Services Release: June 28, 2022 1. Community Health Worker (CHW) Services are preventive services delivered by a CHW to prevent disease, disability and other health conditions or their progression. 2. CHWs must have lived experience and minimum qualifications. 3. Implementation is required 90 days after release of the APL.
DRAFT APL 22-XXX Primary Care Provider Site Reviews Release: July 7, 2022 1. MCPs must conduct Primary Care Provider (PCP) site reviews using the DHCS tools and standards. 2. Must implement all requirements in the APL no later than Sept. 1, 2022. 3. Required to designate professional clinical staff to be certified by DHCS as the MCPs Certified Master Trainer (CMT).
DRAFT APL 22-XXX Adult Screening & Transition Tools Release: July 15, 2022 1. Two new adult tools must be implemented by Jan. 1, 2023. 2. MCP must use the Screening Tool for members newly seeking mental health services. 3. MCP must use Transition of Care Tool.
DRAFT APL 22-XXX Abortion Services Release: July 29, 2022 1. Updates responsibilities of MCPs to provide members with timely access to abortion services. 2. Codifies abortion services as a covered benefit. 3. Will supersede APL 15-020.

C. Community Relations

Community Meetings and Events

In July and August, the Community Relations team participated in various collaborative meetings, community events, and health fairs. The purpose of these events is to connect with our members and community partners to share information about our services with the most vulnerable Medi-Cal beneficiaries. Below you can find more information on our efforts:

Organization	Description	Date
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and invite presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.	July 13, 2022
Piru Neighborhood Council (PNC) Food Distribution	PNC's purpose is to promote better living conditions, better education, improved housing, and greater participation in community by the people of Piru and the vicinity. Their monthly food pantry distribution provides Ventura County residents with food boxes and community resources.	July 20, 2022
Indivisible Ventura Swap Meet Justice Citizen & Family Resource Fair	At the Swap Meet Justice Citizen & Family Resource Fair, which takes place at Oxnard College, various community organizations share resources and information with participants.	July 31, 2022
Promotoras Y Promotores Garcia Market	The open house is an event for parents / guardians to familiarize themselves with the school and their students' activities for the school year. Additionally, various community organizations provided resources to parents and school staff.	July 31, 2022
Partnership for Safe Families Strengthening Families Collaborative Meeting	The Partnership for Safe Families & Communities of Ventura County is a non-profit organization providing inter-agency coordination, networking, advocacy, and public awareness. The collaborative meeting engages parents and community representatives to share resources, announcements, and community events.	Aug. 3, 2022
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and bring presenters to educate participants about the resources available to them as Ventura County residents.	Aug. 3, 2022

Organization	Description	Date
Circle of Care One Step A la Vez	One Step A La Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13- to 19-year-olds and bridging the gaps of inequality while cultivating healthy individuals and community. Circle of Care is a monthly meeting with community leaders to share resources, network, and promote community events.	Aug. 3, 2022
Total community meetings and events		**7**

Community Insight Coalition
The Community Insight Coalition comes together virtually to identify and address barriers that members may have when accessing care and community resources. The goal of the coalition is to work with community partners and address shared challenges to strengthen our community. This month, we shared information on the community health worker benefit, CalAIM webinars, and held a discussion on community concerns and available resources. Some highlights include:

- High-level overview on what is a community health worker and what services they can provide.
- Shared information about past and upcoming GCHP webinars.
- Discussion around monkeypox and shared public health resources to keep our community safe.
- Shared community resources and information about upcoming events.

Our next meeting is scheduled for Sept. 1, 2022.

Community Relations FY 2021-2022 Summary
Over FY 2021-2022, GCHP awarded $50,000 in sponsorships to community-based organizations that serve GCHP members and provide food, school supplies, and educational services. GCHP's sponsorship program supports community-based organizations in their efforts help Medi-Cal members and vulnerable populations. GCHP awarded sponsorships to a variety of organizations that impact Ventura County residents, including Secure Beginnings, Food Share of Ventura County, Boys and Girls Club, LUCHA / Poder Popular, Mixteco / Indigena Community Organizing Project (MICOP), and the Westminster Free Clinic.

In addition, GCHP provided in-kind donations to community-based organizations working on health initiatives and community events. Below is a table summarizing our efforts in the community:

Sponsorships

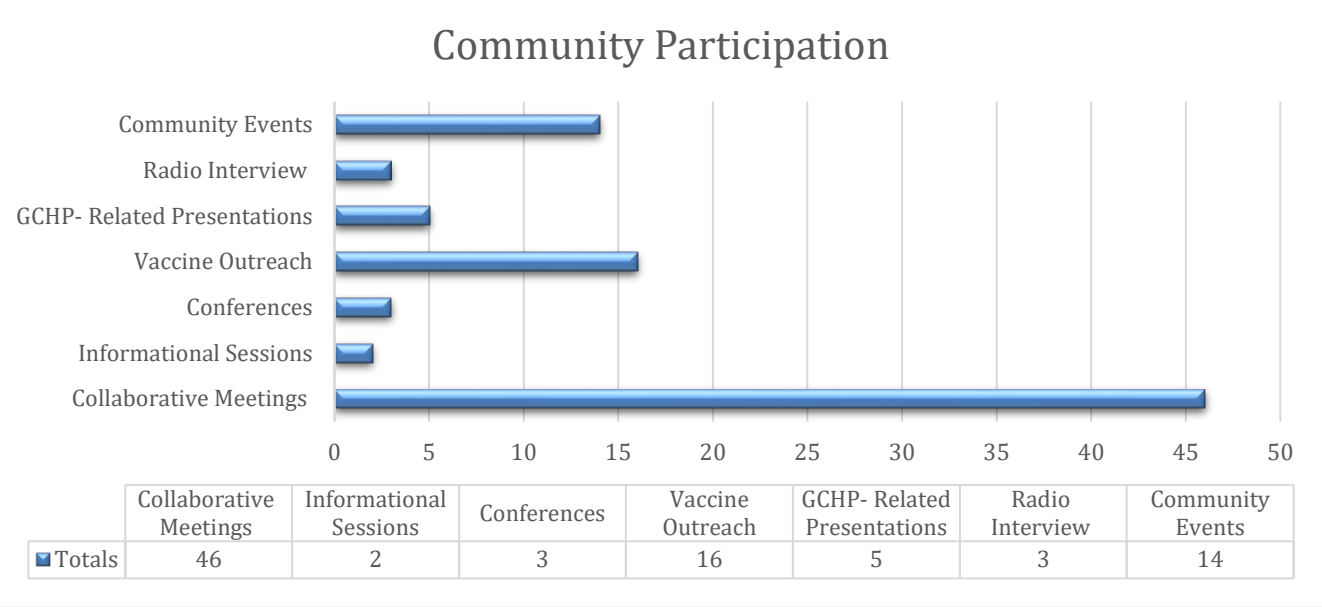
Sponsorship Type	Number of Sponsorships	Total Amount Awarded	City
Non-profit Fundraising Events	20	$24,500	Throughout Ventura County
Programs	10	$21,500	Oxnard, Santa Paula, Ventura
Walks	4	$4,000	Oxnard, Ventura
Total	**34**	**$50,000**	

In-Kind Donation Type	Number of Donations	Donated Amount	City
Community Events	2	2,400	Oxnard, Camarillo
Supportive Donations	3	2,350	Oxnard, Santa Paula, Fillmore
Total	**5**	**4,750**	

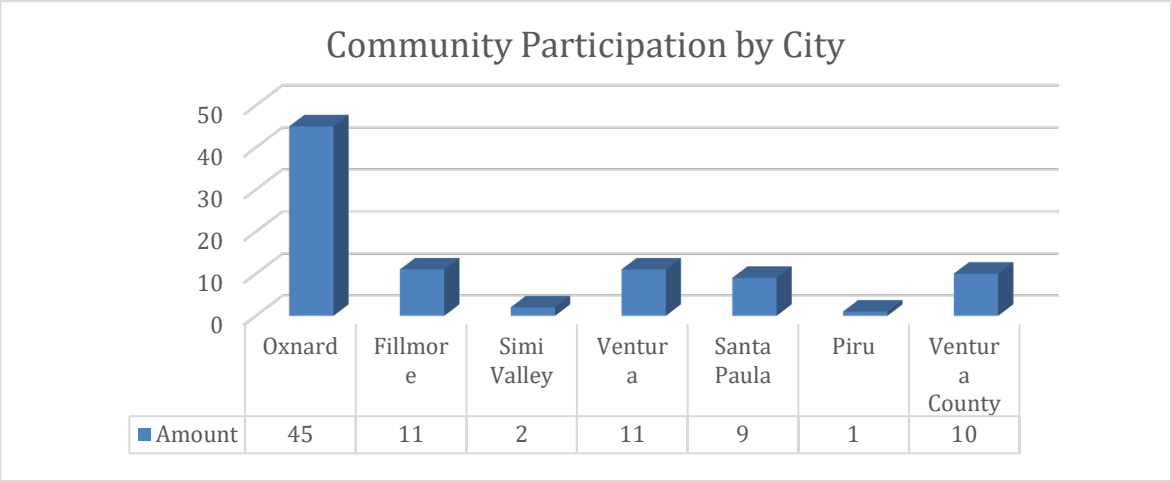
Community Events

The purpose of these events is to connect with our community partners, members, and the community at large to engage in dialogue to bring awareness and services to the most vulnerable members. Over the past fiscal year, the team participated in 89 collaborative meetings, informational sessions, conferences, vaccine outreach events, GCHP- related speaking engagements, radio interviews, and other community events. Below you will find a breakdown of our outreach efforts.

Community Participation



Community Participation by City



II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	KAISER	AHP	ADMIN MEMBERS	NOT ASSIGNED
Jul-22	89,609	40,247	33,758	6,731	5,197	6,859	6,959	46,621	2,576
Jun-22	88,793	40,094	33,525	6,697	5,167	6,847	6,500	46,351	3,256
May-22	87,433	39,922	33,245	6,650	5,106	6,798	5,795	46,136	5,329

NOTE:

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

Administrative Member Details

Category	July 2022
Total Administrative Members	46,621
Share of Cost (SOC)	630
Long-Term Care (LTC)	715
Breast and Cervical Cancer Treatment Program (BCCTP)	86
Hospice (REST-SVS)	22
Out of Area (Not in Ventura County)	390
Other Health Care Coverage	
DUALS (A, AB, ABD, AD, B, BD)	25,679
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	20,545

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

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

1. Share of Cost (SOC-AMT) > zeros
    a. AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
2. LTC members identified by AID codes 13, 23, and 63.
3. BCCTP members identified by AID codes 0M, 0N,0P, and 0W.
4. Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.
5. Out of Area members were identified by the following zip codes:
    a. Ventura Zip Codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
    b. If no residential address, the mailing address is used for this determination.

Other commercial insurance was identified by a current record of commercial insurance for the member.

B. Provider Contracting Update:

Provider Network Contracting Initiatives

The Provider Network Operations (PNO) team continues to support contracting and readiness for the CalAIM program. Some key initiatives we are working on include onboarding and contracting for providers of Community Supports.

The 2022 Provider Satisfaction Survey is on track to be completed in August. The Team will begin following up with providers after completing an assessment of the results.

In addition, PNO will hold its quarterly meeting on August 25 to discuss the metrics and completion of the goals and objectives for the first and second quarters of 2022. The team continues to refine its processes to improve contract reporting and tracking.

To meet provider regulatory requirements, PNO submitted to DHCS the contract template boilerplates for Alternative Format Selection (AFS), which allows members to select the format(s) in which they would like to receive communications. GCHP's boilerplates were approved. PNO also participated in the DHCS Annual Medical Audit, which took place July 25 to August 5.

Provider Network Snapshot: June – August 2022

Network developments: June 1 – July 31, 2022:

Provider Additions Fulfilling Network Gaps	Count
Congregate Living Facility	2
Primary Care Provider (PCP)	1
Rheumatologist	1
Vascular Surgeon – Interim Letter of Agreement (LOA)	1
Congregate Living Facility – Interim LOA	1
Provider Network Full Terminations	**Count**
Ambulatory Surgery Center	1
Occupational Therapist	1
Diagnostic Radiology	2
Radiation Oncology	2
Pathology	1
Nurse Practitioner	2
General Surgery	1
Medical Oncology	2
Pediatric Hematology-Oncology	1
Internal Medicine	2
Neonatology Critical Care Medicine	1
Nurse Midwife	1
Pediatric Surgery	1
Optometry	1
Ophthalmology	1
Pediatric Critical Care Medicine	2
Cardiovascular Disease	1

Additional network developments:

- Additions
  - 126 total
    - The majority of providers were hospital based, tertiary and ancillary providers; no significant impact to the network.
- Terminations
  - 27 total
    - The majority of providers were hospital based, tertiary and ancillary providers; no significant impact to the network.

GCHP Provider Network Additions and Total Counts by Provider Type		
Provider Type	**Network Additions**	**Total Counts**
	July-22	
Hospital	**0**	**25**
Acute Care	0	19
Long Term Acute Hospital	0	1
Tertiary	0	5
Providers	**3**	**5,330**
PCPs & Mid-levels	0	427
Specialists	1	4,565
Hospitalists	1	338
Ancillary	**1**	**596**
Ambulatory Surgery Center	0	8
Community-Based Adult Services (CBAS)	0	14
Durable Medical Equipment (DME)	0	93
Home Health	0	28
Hospice	0	24
Laboratory	0	41
Optometry	0	95
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	1	97
Radiology / Imaging	0	196
Pharmacy	0	0
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF)	0	84
Behavioral Health	0	352

C. Compliance

Delegation Oversight

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

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

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

Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a DHCS requirement for GCHP to hold all delegates

accountable. The oversight activities conducted by GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and audits conducted, and corrective action plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility plans have in the oversight of their delegates.

The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through July 31, 2022.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
AHP	2022 Annual Claims Audit	Open	6/10/2022	Under CAP	
Beacon	2020 Annual Claims Audit	Closed	4/21/2020	6/30/2021	
Beacon	2021 Annual Claims Audit	Closed	5/6/2021	6/1/2021	
Beacon	2022 Annual Claims Audit	Open	6/22/22	Under CAP	
Beacon	2021 Call Center Audit	Closed	10/4/2021	2/11/2022	
Beacon	Quarterly Utilization Management Review Audit	Open	5/5/2022	Under CAP	
Beacon	Annual Quality Improvement, Utilization Management, Members' Rights and Cultural and Linguistics Audit	In Progress	N/A	N/A	
CDCR	2021 Annual Claims Audit	Closed	12/8/2021	1/31/2022	
CDCR	Annual Utilization Management Review Audit	Open	5/6/2022	Under CAP	
CDCR	Quarterly Utilization Management Audit	In Progress	N/A	N/A	
Cedars	2022 Annual Credentialing and Recredentialing Audit	Scheduled	N/A	N/A	
CHLA	2022 Annual Credentialing and Recredentialing Audit	Scheduled	N/A	N/A	

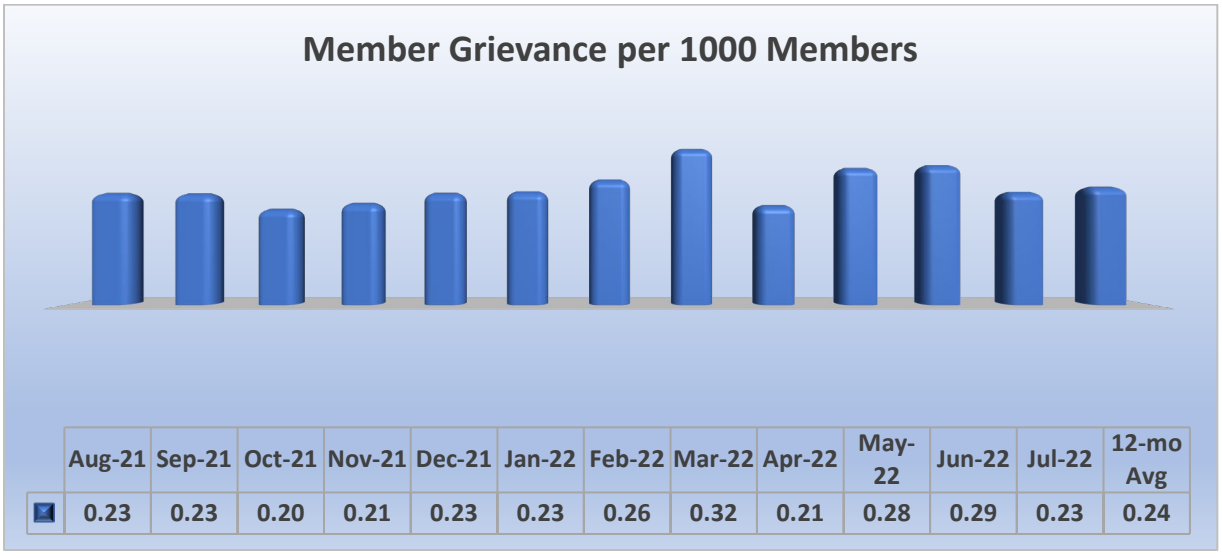
Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
COH	2022 Annual Credentialing and Recredentialing Audit	Closed	N/A	N/A	Audit completed, No findings.
Conduent	2017 Annual Claims Audit	Open	12/28/2017	Under CAP	Issue will not be resolved until new claims platform conversion
Conduent	2021 Annual Claims Audit	Open	7/21/2021	Under CAP	
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	
Conduent	2021 Call Center Audit	Open	2/25/2022	Under CAP	
Kaiser	2021 Annual Claims Audit	Closed	N/A	8/25/2021	
VSP	2021 Annual Claims Audit	Open	11/5/2021	Under Cap	
VSP	Annual Quality Improvement and Cultural and Linguistics Audit	Closed	6/16/2022	7/14/2022	
VTS	2021 Call Center Audit	Closed	5/21/2021	2/11/2022	
VTS	2021 Call Center Focused Audit	Open	2/2/2022	Under CAP	
VTS	2022 Call Center Audit	Open	5/26/2022	Under CAP	
VTS	NMT Scheduling Grievances CAP	Open	5/6/2022	Under CAP	
VTS	Subcontracting CAP	Open	7/22/2022	Under CAP	

Privacy & Security CAPs

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

Operational CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
Conduent	IKA Inventory, KWIK Queue, APL 21-002	Open	4/28/2021	N/A	IKA Inventory and KWIK Queue Findings Closed
Conduent	Sept. 23, 2021 CAP	Open	9/23/2021	N/A	
Conduent	Oct. 2021 CAPs	Open	11/22/2021	N/A	
Conduent	Nov. 2021 SLA	Open	1/28/2022	N/A	
Conduent	Jan. 2021 Contract Deficiencies	Open	2/4/2022	N/A	
Conduent	Dec. 2021 Contract Deficiencies	Open	2/11/2022	N/A	
Conduent	March 2022 SLA Deficiencies & Findings	Open	3/11/2022	N/A	
Conduent	Jan. 2022 SLA CAP	Open	3/25/2022	N/A	
Conduent	Feb. 2022 SLA CAP	Open	4/15/2022	N/A	
Conduent	March 2022 SLA CAP	Open	6/17/2022	N/A	

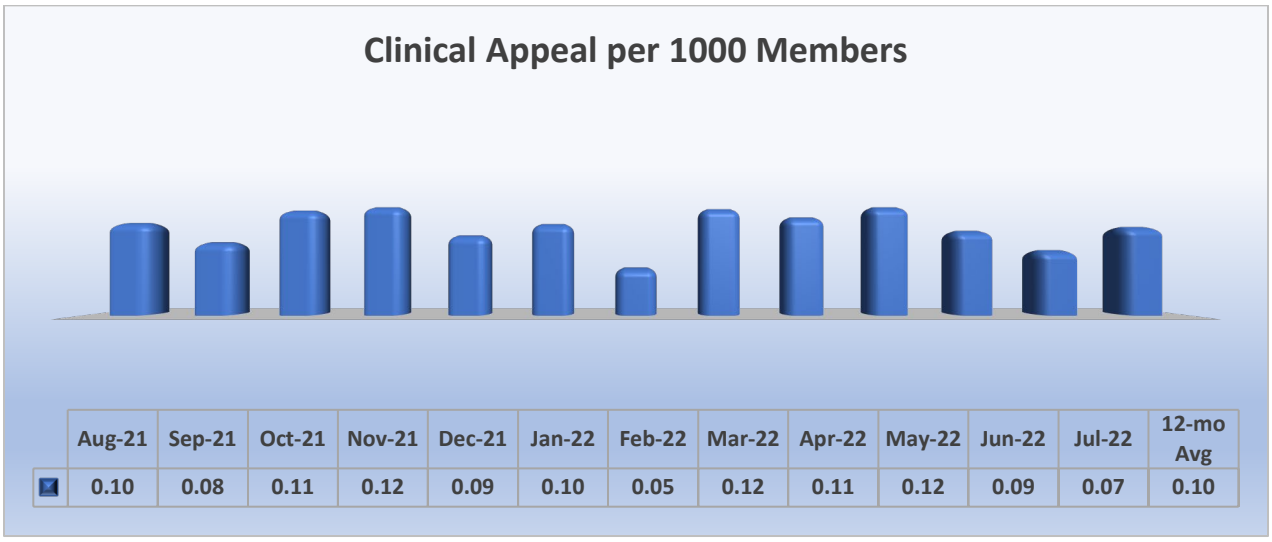
D. GRIEVANCE AND APPEALS



Member Grievances per 1,000 Members

The data show GCHP's volume of grievances has increased. In July, GCHP received 56 member grievances. The overall number is still low, compared to the number of enrolled members. The 12-month average of enrolled members is 232,307, with an average annual grievance rate of .24 grievances per 1,000 members.

In July 2022, the top reason reported was "Inappropriate Care" due to outpatient physical health. As previously reported, this is a new category created by DHCS to streamline the reporting categories for all the health plans.



	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	12-mo Avg
	0.10	0.08	0.11	0.12	0.09	0.10	0.05	0.12	0.11	0.12	0.09	0.07	0.10

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

In July 2022, GCHP received 17 clinical appeals:

1. Five were overturned
2. Six were upheld
3. Two are still in review
4. Four were withdrawn

RECOMMENDATION:

Receive and file

AGENDA ITEM NO. 13

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Chief Diversity Officer

DATE: August 22, 2022

SUBJECT: Chief Diversity Officer (CDO) Report

Actions:

1. **Community Relations**
   a. Attended Simi Valley City Council meeting June and July.
   b. Attended Juneteenth community Fest representing GCHP.
   c. Attended Cal Lutheran's Black Scholars Program for minority students (Zoom)
   d. Final training event with the Ventura County Community College District on Diversity and Inclusion completed.
   e. Met with the new County CEO Dr. Sevet Johnson.

2. **Case Investigations**

   a. One old case being reviewed by legal and the insurance company. There was one new internal case during the past two months. Details under investigation. Investigation to close by month end August.

3. **Diversity Activities**

   Received twelve (12) calls from employees during June and July with the following subject-matter:

   a. Career counselling (4) (strictly related to career of choice)
   b. Opportunities (2)
   c. Mentoring (3) (Coaching on job performance, attitude and development needs)
   d. Diversity Council (2)
   e. Grievance (1)
   f. Continue to work with HR in structuring a strategy on return-to-work process.
   g. Keeping track of both external and internal growth to insure equity of opportunity.

Other GCHP Activities:

1. Zoom meetings with senior staff to help build infrastructure and equity of opportunity.
2. Attended new Commissioner's orientation in June.
3. Bi-weekly 1:1's with CEO Nick Liguori continuing (with positive results).
4. Held several DEI meetings over the past few months.
5. Currently seeking to replace two (2) DEI members on council.
6. Met with Diversity Council in preparation for a brief progress survey to be conducted during third quarter of the year.
7. Partnered with HR on any internal personnel issues related to Diversity, Equity and Inclusion.

AGENDA ITEM NO. 14

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Michael Murguia, Executive Director of Human Resources

DATE: August 22, 2022

SUBJECT: Human Resources Report

Human Resources Activities

We have been very focused on our recruiting efforts as we start our new fiscal budget. We have 61 budgeted hires for this 2022/23 budget year. We also must anticipate a continued volatile employment environment and anticipate at least a 13% attrition rate which equates to 31 additional backfill hires. We are forecasting a total of 92 hires (includes attrition) this year as compared to 67 hires last budget year. We have designed a recruitment strategy that includes the hiring of a Talent Acquisition Leader to give us the critical focus we will need this year to meet our recruiting goals. We have initiated a strategic partnership with a recruiting firm The NXTThing. They supplement our team as recruiters and search for candidates in a very cost-effective recruiting model. In addition, we just refreshed our Search Firms portfolio through a recent RFP process with our procurement organization. We will pull in search firms if we are not successfully finding competitive candidates in a timely manner through the The NXTThing. Our search firms are a secondary resource and will be available to assist in very competitive markets.

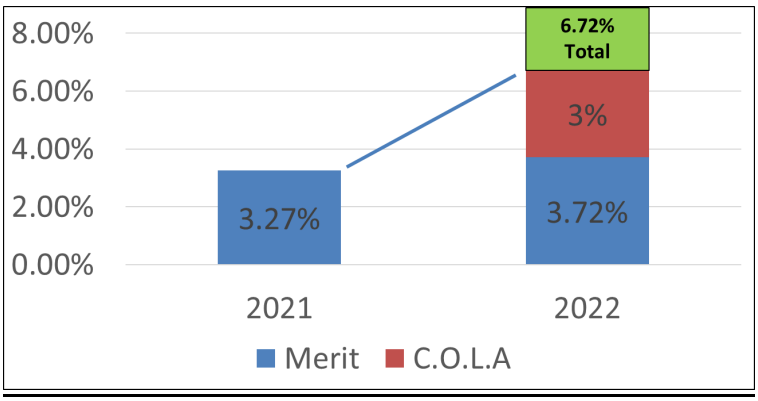
To get the hires we need for this budget it was critically important that all our approved budgeted headcount have their new requisitions posted asap. We set a goal of having all positions posted within the first month of our budget making our goal that all positions being posted by August 1st. We made an amazing effort and were able to have all our new positions posted as of August 4th. Additional efforts to ensure we complete our recruiting goals include a comprehensive recruiting dashboard that tracks our hiring progress weekly. As an Executive team we review this dashboard on a weekly basis. Other efforts included in this year's recruitment strategy is the creation of a Virtual Job Fair event for concentrated hiring efforts, a New Social Media Strategy with an effort focused on LinkedIn and lastly an Interview and selection training for hiring managers.

Our last effort in recruiting is engaging our own workforce. In February we created our first employee referral program "Expedition Gold". In five months, our referral program yielded 11 hires in our last budget. The program was introduced with a tiered rewards program depending on the complexity of the hire an employee could earn $500-$1000-$1,500 for their referral. To reinvigorate interest in our employee referral program we are running a Special Three-month program with the start of our new budget. From August 1st to October 31st and offering $1,500 for all referrals that result in a hire.

Since February
46 Referrals
12 Hires

Since August
12 Referrals
1 Hire

Lastly, we recently completed our Performance Review and merit process. It's a critical part of engagement of our employees and it gives us an opportunity to discuss their performance and recognize their efforts. As we are all aware, the cost of living has significantly increased in the last two years. One of our targeted strategies was to offer a Cost-of-living increase of 3% for all employees employed with us as of April 30th. In addition to our cost of living increase our managers were given the discretion of a merit budget of 3%-6% based on their employee's performance. Below you can see on average the increases issued to employees compared to last year was increased by almost 3.5% and doubling the increase they received last year.



*** On 6/29 all employees received a $1,500 appreciation bonus**

In addition to our performance review process, we have been actively evaluating our employees' roles and responsibilities and since February we have promoted 34 employees: 9 nonexempt and 25 exempt (5 prior non-exempt). Our last effort to ensure that we have kept pace with a very aggressive employment market we are conducting a Compensation study on all positions. This will compare our current salary ranges to the most updated market information. Based on this analysis we will adjust employees base pay who may have fallen below the most recent market rates.

In addition to our pay and recognition strategies we are implementing many programs to ensure a strong employee engagement culture. While pay is one key contributor to strong engagement is must be a component of additional programs targeted on the development and strong communications with our staff. Listed below are some of our additional engagement programs that will be implemented in this budget. Progress reports on the status of these initiatives will be documented in future Commission reports.

Future Employee Engagement Tools

- Compensation Study
- Employee Survey
- Quarterly Recognition & Appreciation All Staff Meetings
- New Performance Review process with career development
- Leadership Development Programs
- Succession Planning & Career Development

Attrition and Case Update (Since May Report)

We've had one voluntary resignation and three involuntary resignations since our May report. Our current twelve-month attrition is 11.5%. We are also investigating one case.

Facilities / Office Updates

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

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

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Ventura County Medi-Cal Managed Care Commission

Human Resources Report

Monday, August 22, 2022

Michael Murguia, Executive Director of Human Resources

Return to Agenda

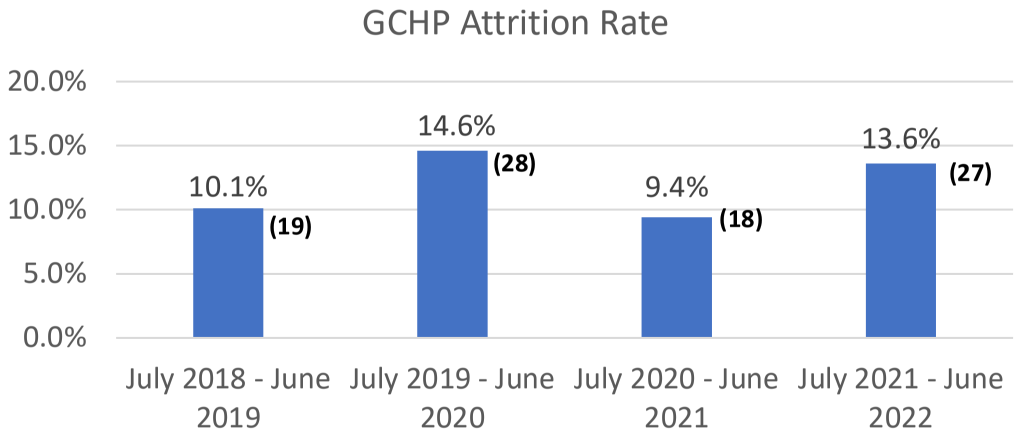
711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

Agenda

- Update On Last Years Budgeted Recruiting Efforts
- Forecast For This Years Recruiting & Recruiting Strategy
- Metrics
- Pay & Performance
- Future Engagement Strategies
- Facilities

Return to Agenda

21-'22 Fiscal Year Snapshot



July 2021 – June 30, 2022

Positions Filled (YTD): 67	Average Days to Fill: 72 Days	Carried Over to Next Year's Budget: 30	Budget Positions: 20	Backfill Positions: 10

Return to Agenda

“Our March to March”

15% Attrition x 208 Average Head Count = About 31 More Vacancies to fill
61 Budgeted Headcount + 31 attrition vacancies = 92 Vacancies total positions

21-22 Average: 5.8 Hires Per Month

22-23 Projected Average: 10.1 Hires a Month

Budgeted Hires

- 12 months = 5 hires a month
- 11 months = 5.54 a month
- 10 months = 6.1 hires a month
- 9 months = 6.7 hires a month
- 8 months = 7.6 hires a month
- 7 months = 8.7 hires a month
- 6 months = 10.1 hires a month

Backfill Hires

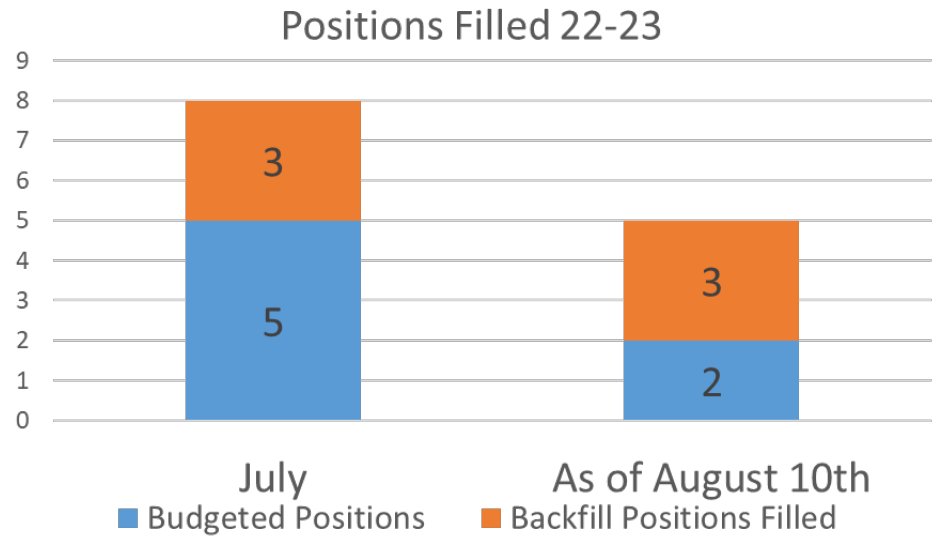
- 12 months = 2.5 hires a month
- 11 months = 2.8 a month
- 10 months = 3.1 hires a month
- 9 months = 3.4 hires a month
- 8 months = 3.8 hires a month
- 7 months = 4.4 hires a month
- 6 months = 5.1 hires a month

Our objective is to hire 61 Budgeted Heads by March 1st

Return to Agenda

Recruiting Strategy

-New Talent Acquisition Leader
-Special employee referral program
-Strategic Partnership w/ NXTThing
-Refreshed Search Firm Portfolio
-Enhanced Recruitment Dashboard
-Virtual Job Fair & New Social Media Strategy
-Interview & Selection Training
-Partnering with our Diversity and Inclusion Officer to monitor our outreach and hiring results



Budgeted Positions: 61	Anticipated Attrition: 31	Average Placement Time: 69 Days	Attrition YTD: 11.5%	Headcount filled as of August 10th: 5

All Positions Posted as of August 4th

Return to Agenda

Expedition Gold: Employee Referral Program

Tiered Rewards Program

-Employees can earn $500-$1,500 for referrals that result in a hire

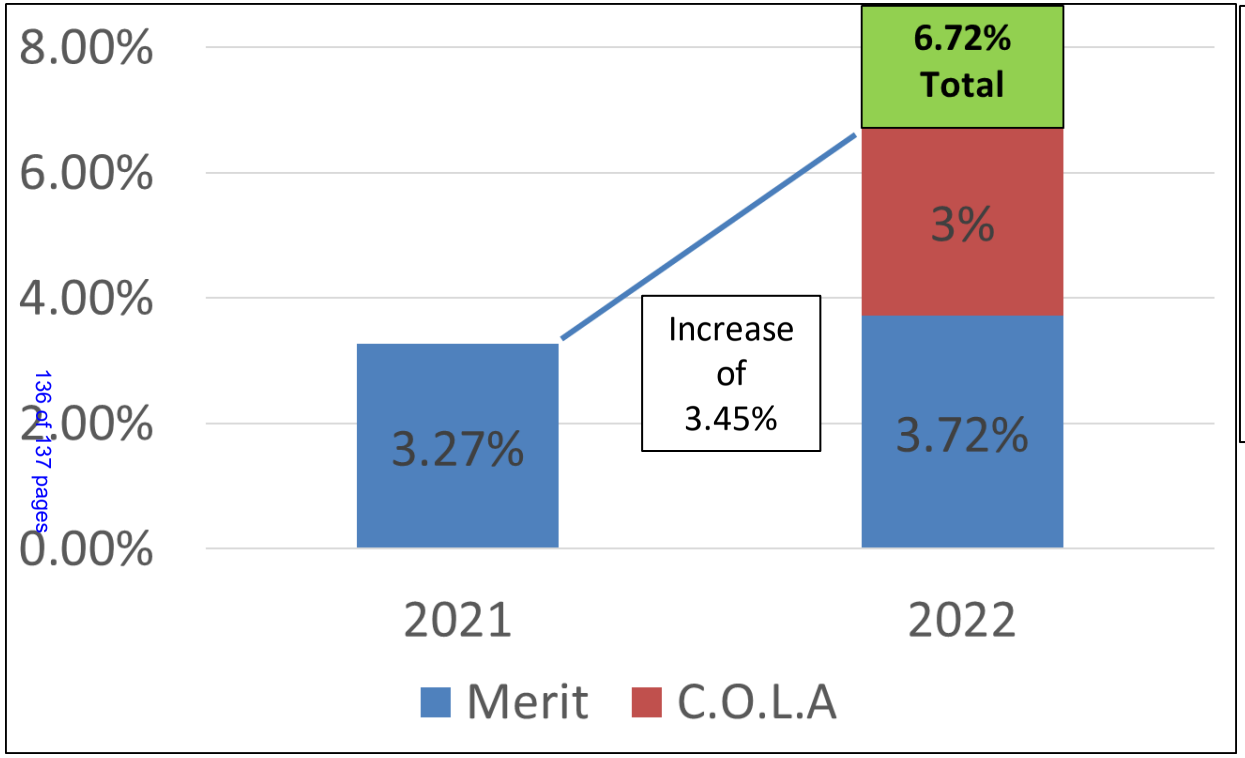
-From August 1st to October 31st and offering $1,500 for all referrals that result in a hire

-Since February: **46 Referrals & 12 Hires**

-Since August: **12 Referrals & 1 Hire**

Return to Agenda

Performance Improvements



Employee Evaluation

34 Promotions since February

-14 Non-exempt Promotions

-20 Exempt Promotions

Compensation Study to be Conducted in September

*** On 6/29 all employees received a $1,500 appreciation bonus***

Return to Agenda

While pay is a key component of engagement, it takes other initiatives to attract, develop and retain employees

- Compensation Study
- Employee Survey
- Quarterly Recognition & Appreciation All Staff Meetings
- New Performance Review process with career development
- Leadership Development Programs
- Succession Planning & Career Development

Return to Agenda