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

Provider Advisory Committee (PAC) Regular Meeting

Tuesday, March 11, 2025, 7:30 a.m.
Gold Coast Health Plan, 711 East Daily Drive, Community Room, Camarillo, CA 93010
Members of the public can participate using the Conference Call Number below.
Conference Call Number: 1-805-324-7279
Conference ID: 966 448 171#

Telephonic Location:
3080 Bristol Street
Costa Mesa, CA 92626

3585 Maple Court
Ventura, CA 93033

AGENDA

CALL TO ORDER

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.

OPENING REMARKS / WELCOME

Felix L. Nunez, M.D., Acting Chief Executive Officer
Marlen Torres, Chief of Member Experience & External Affairs
Erik Cho, Chief Policy & Program Officer

CONSENT

1. Approval of Regular Meeting Minutes of December 10, 2024

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the minutes as presented.

UPDATES

2. Health Risk Assessment Updates

Staff: Nathan Norbryhn, Senior Director Model of Care
Erin Slack, MPH, Senior Manager of Population Health

RECOMMENDATION: Receive and file the update.

3. Managed Care Accountability Set and NCQA Accreditation

Staff: James Cruz, M.D., Acting Chief Medical Officer

RECOMMENDATION: Receive and file the update.

PRESENTATIONS

4. RISE Grant Program

Staff: Erik Cho, Chief Policy & Programs Officer
David Tovar, Incentive Strategy Manager
Pauline Preciado, Executive Director of Population Health

RECOMMENDATION: Receive and file the presentation

FORMAL ACTION

5. Potential PAC Sub-Committee

Staff: Marlen Torres, Chief of Member Experience & External Affairs

RECOMMENDATION: Staff requests Committee approval to create a PAC sub-committee

ADJOURNMENT

Unless otherwise determined by the PAC, the next meeting is scheduled for June 10, 2025 and will be held at Gold Coast Health Plan located at 711 E. Daily Drive, Suite 110, Community Room, Camarillo, CA 93010.

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

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Provider Advisory Committee (PAC)

FROM: Maddie Gutierrez, MMC, Sr. Clerk of the Commission

DATE: March 11, 2025

SUBJECT: Approval of the regular Provider Advisory Committee Meeting minutes of December 10, 2024

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the December 10, 2024, Provider Advisory Committee meeting minutes.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee (PAC)
Regular Meeting December 10, 2024

CALL TO ORDER

The Clerk to the Commission called the meeting to order at 7:34 a.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

ROLL CALL

Present: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Molly Corbett, Claudia Gallard, Katy Krul, Amanda Larson, Sim Mandelbaum, Vince Pillard, Josie Roemhild, Kristine Supple, and Dr. Pablo Velez.

Absent: Committee member: Milad Pezeshki, M.D.

Gold Coast Health Plan Staff in attendance: Felix Nunez, M.D., Acting Chief Executive Officer, Marlen Torres, Chief of Member Experience & External Affairs, Erik Cho, Chief Policy & Program Officer, Eve Gelb, Chief Innovation Officer, Paul Aguilar, Chief of Human Resources, Robert Franco, Chief Compliance Officer, Susana Enriquez-Euyoque, Vicki Wrighster, Anna Sproule, Michelle Espinosa, and Lucy Marrero.

PUBLIC COMMENT

None.

OPENING REMARKS

CPPO Erik Cho thanked everyone for their participation. He noted that our annual Strategic Planning meeting is scheduled. CPPO Cho stated that one of our top goals is the full stabilization and future optimization of our core system, known as the Operations of the Future. There have been some challenges with this project, but our focus is to have a solid structure. We want to provide the best health outcomes for our members.

CONSENT

1. Approval of Regular Meeting Minutes of September 10, 2024

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Approval of the 2025 Calendar for PAC Meeting Dates

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the 2025 Provider Advisory Committee meeting calendar as presented.

Committee member Amelia Breckenridge, M.D., motioned to approve Agenda items 1 and 2 as presented. Committee member Masood Babaeian seconded.

AYES: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Claudia Gallard, Katy Krul, Amanda Larsen, Vincent Pillard Josie Roemhild, Kristine Supple, and Dr. Pablo Velez.

NOES: None.

ABSTAIN: Committee member Molly Corbett abstained on approval of the minutes.

ABSENT: Committee member Milad Pezeshki, M.D.

The motion carried.

UPDATES

3. Operations of the Future (OOTF) Update

Staff: Anna Sproule, Executive Director, Operations

RECOMMENDATION: Receive and file the update.

Anna Sproule, Executive Director of Operations gave an update on the Operations of the Future project. In July we put in a new operating system for our claims eligibility enrollment. We have had several challenges. We have now gotten to a point of stabilization. We will continue to stabilize and optimize moving forward We have 99% of our electronic remit. There is still some work that needs to be done, and we are still working through some specific code related challenges.

In addition, we are doing an evaluation of all our contract and their accuracy and will continue throughout the remainder of the year with an expected completion date of mid-March.

Committee member Katy Krul asked if we still use two systems. We use the old one, EDI, and 835 and use the new system for some approvals, authorizations, etc. She asked how this will work if only six months are left for Conduent to be functional. She asked if this will be moved to the new system. Ms. Sproule stated that 835s will be completely transitioned over to Edifex no later than the end of February. For the other EDI transactions, the provider portal will be kept up for historical transactions with Conduit until the end of June.

Ms. Krul then asked if there will be room for some improvement for the new portal for function improvement when some reports need to be work and they are not working as needed. Ms. Sproule responded that we would continue to optimize the new portal. We will start focusing on optimization after the first of the year.

Committee member Amanda Larson stated she was with a group of healthcare workers of various levels, and they were having trouble reaching whoever does the re-contracting. Executive Director, Michelle Espinosa stated her team manages renegotiation of agreements. People can reach out to her directly and contracts can be reviewed.

Committee member Katy Krul stated there was an update on Medi-Cal rates back in July, and in speaking with others, the comment was that these updated rates were never implemented. Ms. Sproule state there was a slight delay, but those rate updates have now taken place, and retro payment on any changes will be issued. She noted that is take about forty-five to sixty days to release the new rates. LTC and SNF rates usually come quite a bit behind the rest of the rates.

Ms. Sproule also stated that as of January, the Provider Call Center will be GCHP employees who will be taking the calls, and most of this staff are local. She believes this will something that our provider community will be pleased with.

4. Provider Network Operations Update

Staff: Michelle Espinoza, Executive Director of Delivery Systems & Operation Strategies

RECOMMENDATION: Receive and file the update.

Executive Director of Delivery Systems & Operation Strategies, Michelle Espinoza, gave an update on Provider Network Operations. She stated that will be continued outreach to our provider for the Medicare, it would be a Medicare expansion. Her teams will be doing some outreach efforts to the network wo that we can have a seamless network between the Medi-Cal network and the Medicare network. That activity will begin right after the new year in preparation for our submission to Medicare in February.

The next update that Ms. Espinoza gave is that we the fee schedules have been updated. We are also making sure that there is contract remediation o that if the contracts are worded in a certain way that was not capturing the true intent of the targeted rate increase, we will ensure that those contracts get updated. We are making sure that all claims are identified so that the providers can have the reimbursement paid at the TRI rate. There will be some retroactivity for that, and we are working to notify providers.

Another update is the Dignity Medical Group termination. This is not a termination of Dignity Hospital, St. John's. Their contract was on a fixed term, but we successfully renegotiated and there was no lapse or gap. What did terminate was the primary care physicians under the Dignity Medical Group Foundation, which included cardiology and rheumatology.

Ms. Espinoza reminded the committee that GCHP staff takes a "Rest and Recharge" week between Christmas and New Year's. There will be alight staff who be available during that week.

PRESENTATIONS

5. APL 24-012 NSMHS Member and PCP Outreach and Education Plan

Staff: Lucy Marrero, Director, Behavioral Health

RECOMMENDATION: Receive and file the presentation

Lucy Marrero, Director of Behavioral Health stated that the purpose of the Outreach and Education Plan requirement is to address the low utilization of mental health services on the mild to moderate or non-specialty side. The state is trying to address gaps and requires us to have an outreach and education plan for primary care providers as well as members to inform them and engage them in services. We are required to get input from our stake holders, therefore we wanted to bring this to the PAC so that the committee can weigh in. We are required to demonstrate how we are doing in terms of patterns of utilization of non-specialty mental health services. We are also required to post a few things on the website, including the utilization assessment. For members of the PCP this will be required on January 1 and the state is going to have us post complete documents, they will do their review, and we will update those documents as they give us feedback.

The mild to moderate, or non-specialty mental health benefit belongs to GCHP, and our delegate is Carelon – they manage our network. They administer the benefit, and we work through them to provide these services to our members.

Ms. Marrero stated there are some questions that staff has produced and requested feedback on those questions.

1. What is the biggest barrier that our members face to accessing mental health services.

Committee member Amelia Breckenridge, M.D. stated that when her organization refers someone to Carelon it feels like a black hole. She has had people say that Carelon gave the members a list of phone numbers that say they are accepting new members but when they call the provider, they state that they are not taking new patients, and then the members need to call back and get more phone numbers. Members feel like they are stuck in an endless cycle of trying to contact someone. For people with mental health issues, it often takes a lot to get them to reach out for help and then they hit a barrier, and they just give up, causing the member to take two steps back instead of forward.

Committee member Katy Krul stated that since GCHP offers Enhanced Care Management (ECM), she asked if it was possible to educate all lead care managers. They could make appointments, follow up with needed services, and accompany the member to their appointment if needed. They are the people who have the trust with the member and could be a great liaison.

2. Can you share a specific example of a Medi-Cal member who had trouble finding services?

Committee member Katy Krul stated that she knows of a member that the lead care manager reported that when she now goes to his apartment, it is cleaner, and his life is getting better. That direct connection makes a significant difference.

3. What is working well? What would you like to see more of?

Ms. Krul stated she would like to see more training. A training course where providers come to talk with staff. Ms. Krul stated that social workers, clinical consultants, and care managers, are all very powerful. Hospitals can help with proper placement whether it is a SNF, LTC, or assisting in housing instability. There is also a need for more contracted providers. Ms. Krul stated it would be good to see a more streamlined access to providers or a current list of providers. A warm hand-off sounds simple, but it is not, it makes a significant difference for people especially with mental health issues.

4. How would you change the system if you could make any changes?

Committee member Katy Krul stated that if paperwork could be different, it might be easier. She asked about getting verbal consent instead of getting people with mental

health issues to sign can become a big obstacle. Provide bilingual providers – sources are still limited. Cultural appropriateness is important.

Ms. Marrero thanked the committee for their feedback. She stated that the feedback is incorporated into aspects of our plan. This will be reviewed annually, and update will be provided when appropriate.

6. Proposed D-SNP Model of Care Quality Measures

Staff: Eve Gelb, Chief Innovation Officer

Nathan Norbryhn, Sr. Director for Model of Care

RECOMMENDATION: Receive and file the presentation

Chief Innovation Officer, Eve Gelb introduced Nathan Norbryhn, GCHP's new Senior Director for Model of Care. Mr. Norbryhn stated the D-SNP Model of Care and CMS have four standard areas and within those standards are requirements that must be satisfied to meet the specific standard. If each of those elements for that standard are not produced, the Model of Care does not pass.

MOC 1 – Description of Population: we must demonstrate that we understand the target population experience and needs. You must prove that you understand the community being served. You must demonstrate a special needs plan for a segment of that population through their health and social care. We need to identify within that subpopulation the most vulnerable.

MOC 2 – Standard/care coordination ensures that needs and preferences are met. We must make sure we have the right staffing. We need a collection of health risk information and individualized care plan, interdisciplinary care team and understand how the care team functions and the transitions of care processes.

MOC 3 - Network: we want to make sure that providers have the specialized expertise needed. It is essential that providers understand that this Model of Care exists, that we are focusing on the target population, and that there is a strategy.

MOC 4- Quality and performance improvement. We must make sure that we have a continuous process improvement in place.

Mr. Norbryhm stated that the expectations for this are aligned with DHCS and CMS. He stated that the organization has a subset of pieces they must follow to satisfy requirements. He reviewed all the elements which are the pieces of the standard that must exist to meet the standard.

CIO Gelb stated that as part of MOC 1 we did a lot of data analytics and we will share what we think the data is telling us, and we request feedback on if you agree or disagree. We need to have the MOC fully fleshed out and written. For the MOC on

quality measures, performance improvement all SNPS must have and conduct a quality improvement program that measures effectiveness, and within that program there are five elements that we must satisfy.

The second one is measurable goals and health outcomes for MOC. We must measure patient experience of care, ongoing performance improvement evaluation and then dissemination of the SNP quality performance related to the month.

CIO Gelb noted that we do not know who is going to join our D-SNP but we know who is eligible to join, and that falls into three populations: The first is people who are already duals, they have Medicare and Medi-Cal and are between the ages of 21 and 64. Then there are members who are Medi-Cal only between the ages of 21 to 64 and they will age into Medicare. When they turn sixty-five will be eligible for Medicare. There is also the population that is sixty-five and older and dual, we serve them for Medi-Cal but not their Medicare. There is also an age breakdown The gender is what we would expect; younger folks are male, older there are more females. We also look at race and ethnicity. She noted that all this data comes from the state enrollment file. There is also language data. The younger population is more likely to speak English than the older population. The last bit of data shows demographics – where people live, the highest concentration is Oxnard. There are rural concentrations in Santa Paula. CIO Gelb then reviewed health status. She reviewed chronic conditions the next data comes from John Hopkins model we use. It is called patient readings which puts all members into a group. People are not in multiple groups from least sever to most severe. There is also social data which shows as people with needs that are related to personal safety, and social isolation. She noted that we do not have a lot of social needs data. There is food insecurity as well as housing and transportation needs.

In the MOC we need to have goals around our quality outcomes. We need to have goals around our processes. Members will have a care plan, an interdisciplinary care team, and have a face-to-face visit. These are requirements we are going to put in as our measures.

We feel like the community and the provider community are focused on depression that often co-occurs with anxiety. As a measurement, we continue to work on anxiety and have anxiety as a measure in the future.

We want to make sure that we give ourselves enough flexibility to address what is important but not hold ourselves to a standard we cannot meet.

Committee member Amanda Larson motioned to approve Agenda items 3, 4, 5, and 6 as presented. Committee member Claudia Gallard seconded.

AYES: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Molly Corbett, Claudia Gallard, Katy Krul, Amanda Larsen, Vincent Pillard Josie Roemhild, Kristine Supple, and Dr. Pablo Velez.

NOES: None.

ABSENT: Committee member Milad Pezeshki, M.D.

The motion carried.

The Clerk stated that the next meeting is scheduled for March 11, 2025, with a start time of 7:30AM.

ADJOURNMENT

With no further items to be addressed, the Clerk adjourned the meeting at 9:03 a.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Provider Advisory Committee (PAC)

FROM: Nathan Norbryhn, Senior Director Model of Care
Erin Slack, MPH, Senior Manager of Population Health

DATE: March 11, 2025

SUBJECT: **Health Risk Assessment Updates**

PowerPoint with Verbal Presentation

ATTACHMENTS:

Health Risks Assessment Update

Gold Coast Health Plan℠
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Health Risk Assessment Updates

Provider Advisory Committee

Tuesday, March 11, 2025

Erin Slack, Sr. Manager Population Health
Nathan Norbryhn, Sr. Director Model of Care

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

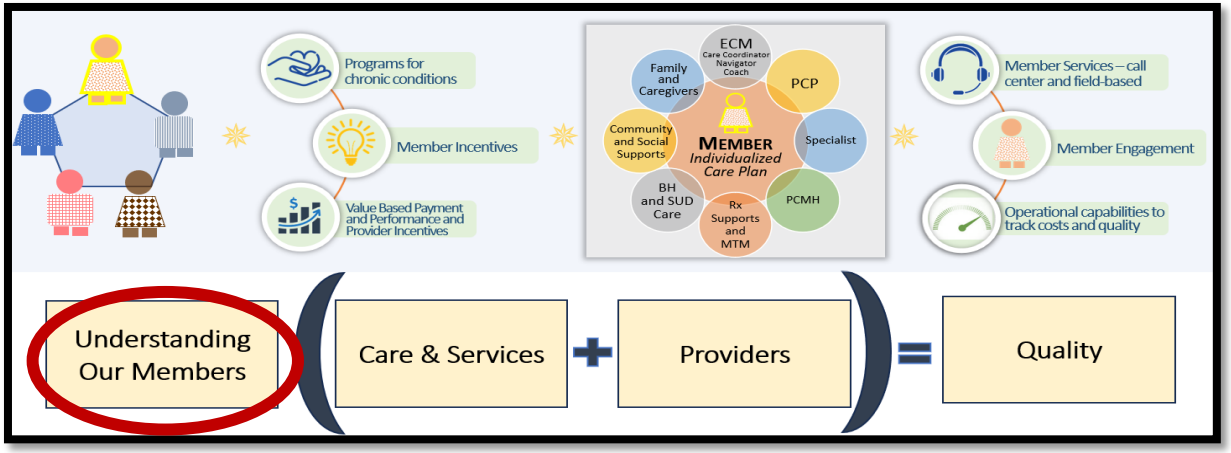
Agenda

1. Medi-Cal Health Risk Assessment (HRA) overview
2. D-SNP HRA
    - HRA, ICP, ICT cycle
    - HRA Domains
    - HRA triggers for Care Coordination support

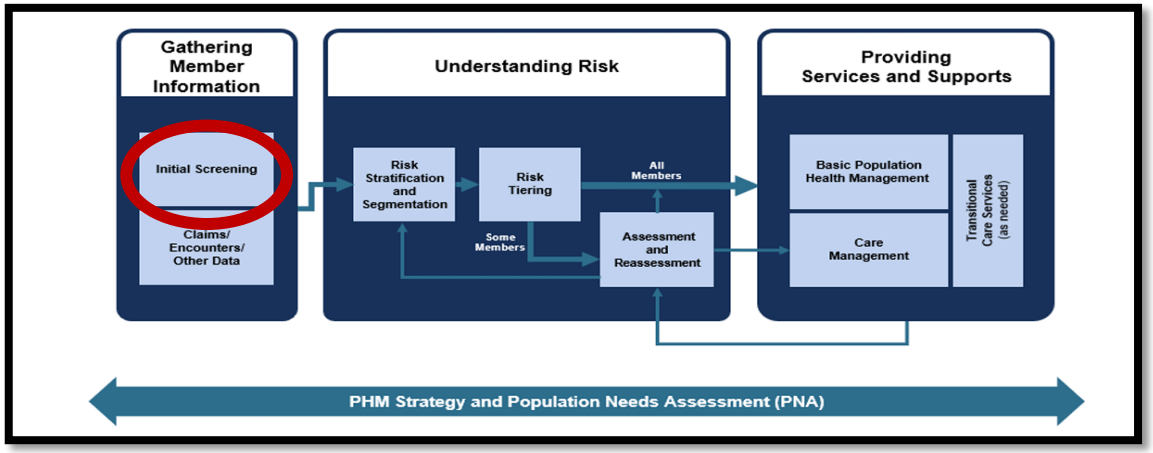
Return to Agenda

Model of Care and PHM Framework

Health Risk Assessment (HRA) Process

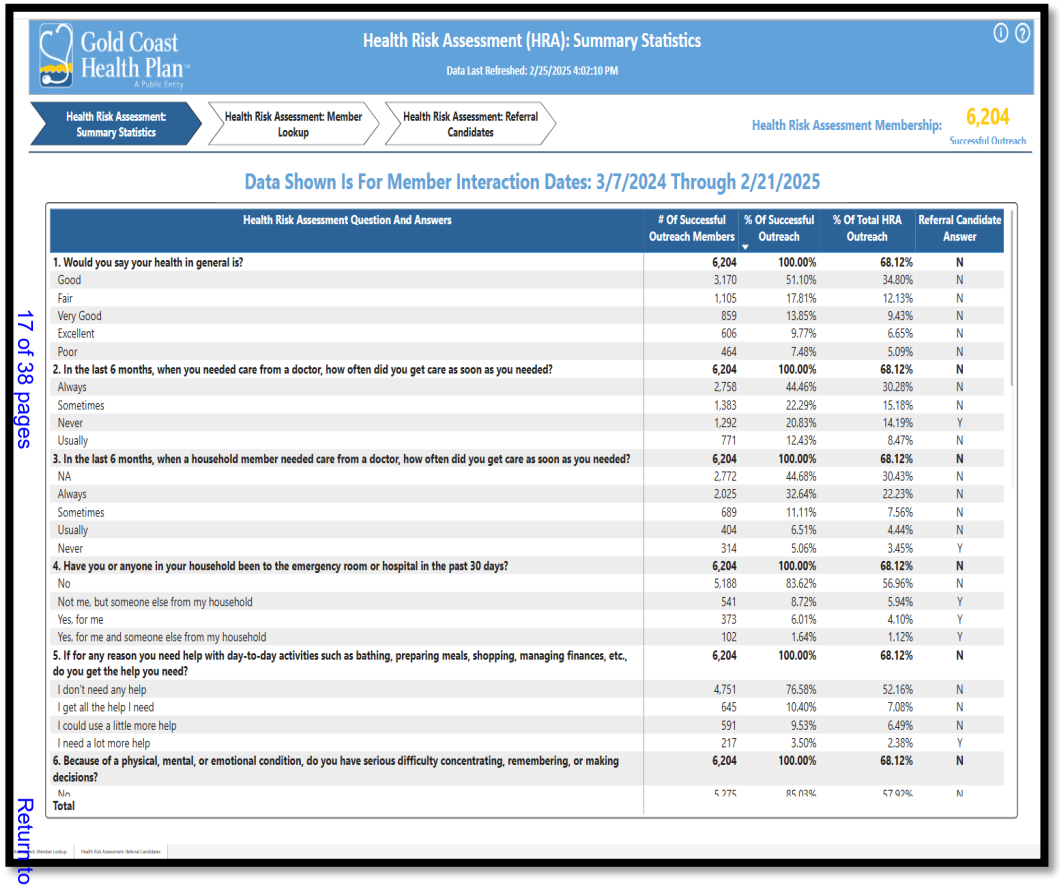


Health Risk Assessment (HRA) Process



Return to Agenda

HRA Summary Statistics



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Health Risk Assessment (HRA): Summary Statistics

Data Last Refreshed: 2/25/2025 4:02:10 PM

Health Risk Assessment: Summary Statistics | Health Risk Assessment: Member Lookup | Health Risk Assessment: Referral Candidates

Health Risk Assessment Membership: 6,204 Successful Outreach

Data Shown Is For Member Interaction Dates: 3/7/2024 Through 2/21/2025

Health Risk Assessment Question And Answers	# Of Successful Outreach Members	% Of Successful Outreach	% Of Total HRA Outreach	Referral Candidate Answer
1. Would you say your health in general is?	**6,204**	**100.00%**	**68.12%**	**N**
Good	3,170	51.10%	34.80%	N
Fair	1,105	17.81%	12.13%	N
Very Good	859	13.85%	9.43%	N
Excellent	606	9.77%	6.65%	N
Poor	464	7.48%	5.09%	N
2. In the last 6 months, when you needed care from a doctor, how often did you get care as soon as you needed?	**6,204**	**100.00%**	**68.12%**	**N**
Always	2,758	44.46%	30.28%	N
Sometimes	1,383	22.29%	15.18%	N
Never	1,292	20.83%	14.19%	Y
Usually	771	12.43%	8.47%	N
3. In the last 6 months, when a household member needed care from a doctor, how often did you get care as soon as you needed?	**6,204**	**100.00%**	**68.12%**	**N**
NA	2,772	44.68%	30.43%	N
Always	2,025	32.64%	22.23%	N
Sometimes	689	11.11%	7.56%	N
Usually	404	6.51%	4.44%	N
Never	314	5.06%	3.45%	Y
4. Have you or anyone in your household been to the emergency room or hospital in the past 30 days?	**6,204**	**100.00%**	**68.12%**	**N**
No	5,188	83.62%	56.96%	N
Not me, but someone else from my household	541	8.72%	5.94%	Y
Yes, for me	373	6.01%	4.10%	Y
Yes, for me and someone else from my household	102	1.64%	1.12%	Y
5. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?	**6,204**	**100.00%**	**68.12%**	**N**
I don't need any help	4,751	76.58%	52.16%	N
I get all the help I need	645	10.40%	7.08%	N
I could use a little more help	591	9.53%	6.49%	N
I need a lot more help	217	3.50%	2.38%	Y
6. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	**6,204**	**100.00%**	**68.12%**	**N**
No	5,275	85.03%	57.93%	N
Total				

- **6,204 Total HRAs completed**
- 29.0% Completion Rate for the HRAs
  - 16.0% for English/Other
  - 32.0% for Spanish
- 83.8% if they answer the phone
- 64.4% of HRAs result in a referral to CM or another program

Return to Agenda

HRA Summary Statistics

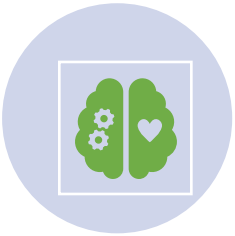
25.3% OF MEMBERS IN **FAIR OR POOR HEALTH**

ONLY 44.5% OF MEMBERS **ALWAYS** GET THE CARE THEY NEED

7.7% OF MEMBERS HAD BEEN TO THE **ER OR HOSPITAL** IN THE PAST 30 DAYS

12.2% OF MEMBERS COULD USE **A LITTLE OR A LOT MORE** HELP WITH ACTIVITIES OF DAILY LIVING (ADLS)

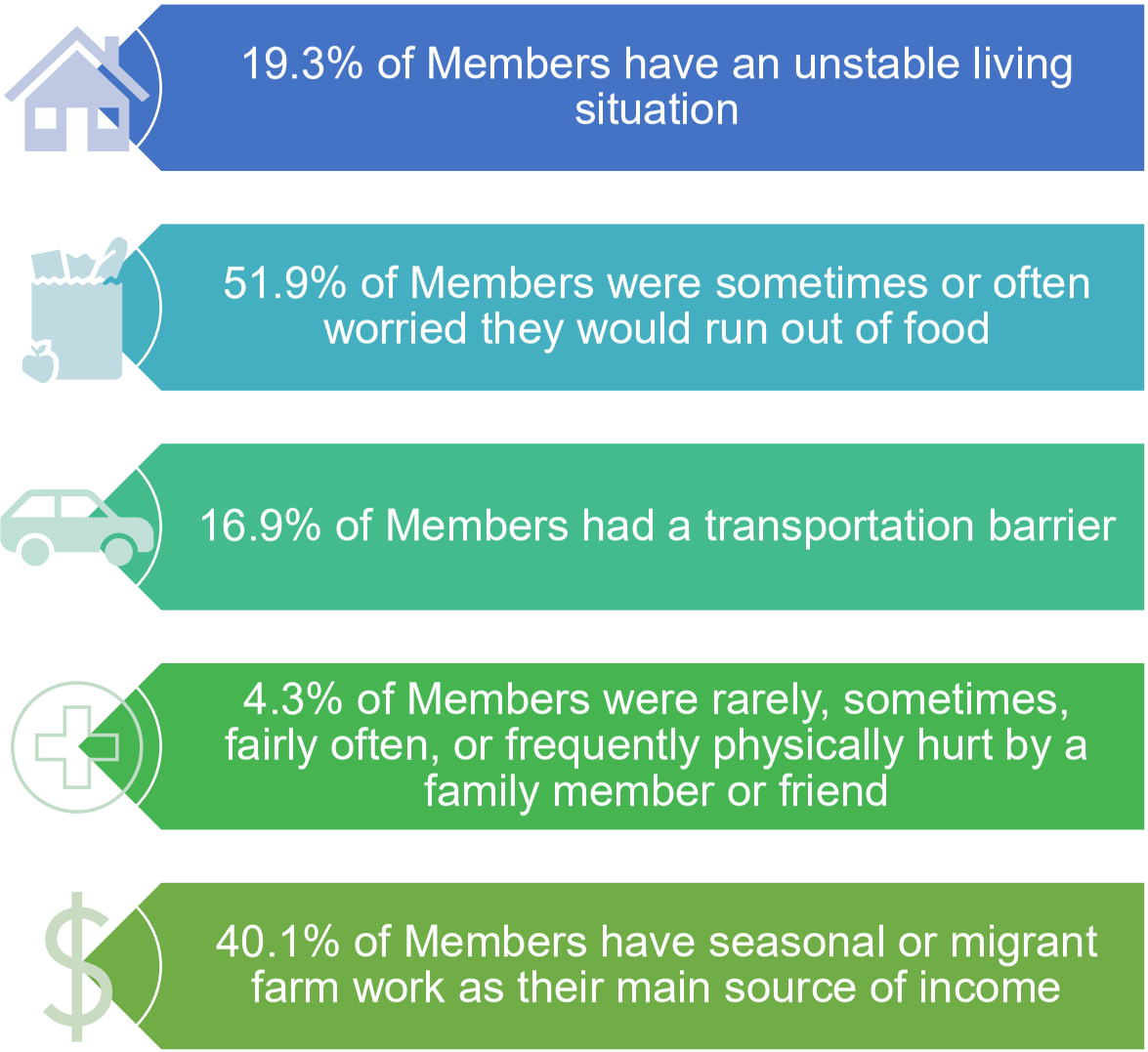
13.0% OF MEMBERS HAVE **DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS** BECAUSE OF A PHYSICAL MENTAL OR EMOTIONAL CONDITION



12.5% OF MEMBERS SCREENED AT RISK FOR MAJOR DEPRESSIVE DISORDER ON THE **PHQ-2**

Return to Agenda

HRA Summary Statistics



Return to Agenda

HRA Plan for 2025

- Continue to launch additional target populations for the HRA (i.e. 63-64 year olds and Patient Needs Group-01 (lower healthcare utilization)).
- Make HRA Available Online to be compliant with NCQA PHM Standards.
- Evaluate current process for HRA to identify other methods of capture and ways to provide resources to our Members.

Return to Agenda

DSNP HRA, Care Plan & ICT Team Cycle

HRA

Initial (first 90 days) or

Annual (365 days from initial)

Individualized Care Plan (ICP)

HRA & ICP shared with Interdisciplinary Care Team (ICT)

Activities resulting from HRA are communicated to the members of the ICT as follows:

- Members/caregivers via the mailed ICP and ongoing care coordination interactions
- Internal ICT members via the care management system and case conferences as appropriate
- Members of the ICT external to GCHP including providers and community-based organizations, via fax, SFTP, and other secure HIPPA compliant information sharing .

ICT collaborate on ICP

Collaboration can occur, in-person, virtual or asynchronous

Health status changes? Adjust ICP

Return to Agenda

DSNP HRA Domains & Focus of Data Collection

Domain	Focus of Data Collection
Medical/Health Status	Assess members' perception of their health, access to and use of health care including risk for avoidable hospitalizations and ED utilization, pain, falls, medication adherence, pregnancy related risk, and physical activity. Identification of CICM populations of Focus.
Medi-Cal Service Use	Medi-Cal services currently used by the member. Identification of CICM populations of Focus.
Functional Status	Assess members' functional status including activities of daily living and instrumental activities of daily living, and bladder and bowel incontinence. Assess risk for long-term care (LTC) institutionalization and/or opportunities to transition from LTC to the community. Assess use of and need for Long Term Services and Supports (LTSS). Identification of CICM populations of Focus.
Cognition	Assess members' memory/cognition, dementia related needs, and executive functions such as decision making as well as appointment of a proxy for advance care planning. Identification of CICM populations of Focus.
Social Situation	Assess social needs such to identify members experiencing or at risk for homelessness, food insecurity, transportation needs, social isolation, involvement with the justice system, and personal safety. Also assess caregiver status and situation, employment and veteran status. Identification of CICM populations of Focus.
Mental and Behavioral Health	Assess substance use and presence of depressive symptoms as well as presence of serious mental illness and needs related to substance use and mental illness. Identification of CICM populations of Focus.

Return to Agenda

HRA use to Support Care Coordination

Criteria	HRA Possible Trigger	Possible Care Coordination Support
Medical Complexity	• HRA response to question regarding use of hospital and Emergency Department (ED), and self-rating of health • HRA response to pregnancy question	• Assignment of nurse care manager • Pharmacist engagement in ICT • Referral to high-risk obstetrics care management • Assignment of CICM Lead Care Manager
Frailty	• Response to questions on ADLs, incontinence, use of LTC, use of caregiver	• Social worker engagement in ICT • Long Term Services and Support Referral • Palliative Care Referral • Hospice Care Referral • Assignment of CICM Lead Care Manager
Psychiatric/Behavioral Health Complexity	• HRA response to PHQ2 • HRA response to substance use questions	• Intensive Behavioral Health Care Management Referral • Collaboration with County Behavioral Health Services • Assessment for further mental health and/or substance use needs • Assignment of CICM Lead Care Manager
Access to Care	• HRA response to Medi-Cal Services including LTSS and Dental	• Targeted outreach to support connection to primary care and to access preventive services • Dental Care Navigation Referral • Closed loop referral to Medi-Cal services
High Social Need	• Health Risk Assessment response to food security or housing question indicated high need	• Assignment of CICM Lead Care Manager • Social worker engagement in ICT • Long Term Services and Support Referral • Community Supports and Referrals

Return to Agenda

Questions?

Return to Agenda

AGENDA ITEM NO. 3

TO: Provider Advisory Committee (PAC)

FROM: James Cruz, MD, Acting Chief Medical Officer

DATE: March 11, 2025

SUBJECT: Managed Care Accountability Set and NCQA Accreditation

PowerPoint with Verbal Presentation

ATTACHMENTS:

Quality Improvement Report: Managed Care Accountability Set and NCQA Accreditation

Gold Coast Health Plan℠
A Public Entity

Quality Improvement Report: Managed Care Accountability Set and NCQA Accreditation

March 11, 2025

James Cruz, MD, Acting Chief Medical Officer

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Collaboration
Trust
Respect

Return to Agenda

Managed Care Accountability Set: MY 2024 Update

- All measures performing better than Measurement Year (MY) 2023
- Summary of February MY 2024 rate refresh:
  - 2 Measures at **90th percentile** (High Performance Level):
    - Postpartum Care, Breast Cancer Screening
  - 8 Measures at **75th percentile**:
    - Glycemic Status Assessment for Patients with Diabetes, Cervical Cancer Screening, Chlamydia Screening, Lead Screening in Children, Well Child Visits (15-30 months), Well Child Visits (0-15 months), Immunizations for Adolescents, Follow Up After ED for Substance Use (25th %ile in MY 2023)
  - 6 Measures at **50th percentile** (Minimal Performance Level):
    - Prenatal Care, Developmental Screening, Childhood Immunization Status, Topical Fluoride, Child and Adolescent Well Care Visits, Follow Up After ED for Mental Illness (below 10th %ile in MY 2023)
  - 2 measures at **25th percentile**:
    - Asthma Medication Ratio (below 10th %ile in MY 2023), Controlling Blood Pressure

Return to Agenda

NCQA Accreditation

Per DHCS CalAIM mandate, GCHP is required to obtain the following accreditations by 1/1/26:

- **Health Equity Accreditation (HEA)** - Survey Date: **6/10/25**
- **Health Plan Accreditation (HPA)** - Survey Date: **10/7/25**
  - Credentialing and Recredentialing (CR)
  - Member Experience (ME)
  - Network Management (NET)
  - Population Health Management (PHM)
  - Quality Improvement (QI)
  - Utilization Management (UM)

Return to Agenda

Timeline

Aug – Dec 2022	Jan – Jun 2023	Jul – Dec 2023	Jan – Jun 2024	Jul – Dec 2024	Jan – Jun 2025	Jun – Sept 2025	Jan 2026
☑ Aug – Engaged TMG & kicked off NCQA Accreditation project ☑ Nov – Completed 1st HPA readiness assessment	☑ Aug – Engaged TMG & kicked off NCQA Accreditation project ☑ Nov – Completed 1st HPA readiness assessment	☑ July – Dec Continued HPA and HEA gap remediation with bi-weekly workgroup sessions	☑ Continued HPA and HEA gap remediation with bi-weekly workgroup sessions and TMG working sessions	☑ Continued HPA and HEA gap remediation ☑ Conducted mock survey in Q3 & Q4 2024	❑ All systems/ assessment data in production by 1/1/25 ❑Compile reports and finalize documents / evidence	❑ Submit HEA Survey Tool on 6/10/25 ❑ Submit HPA Survey Tool on 10/7/25 ❑ NCQA to review GCHP submissions	❑ NCQA HPA & HEA achieved, as required under CalAIM

Return to Agenda

Current Score

- Health Equity Accreditation (HEA) – 81%

- Health Plan Accreditation (HPA) – 78%
  - Credentialing and Recredentialing (CR) – 89%
  - Member Experience (ME) – 81%
  - Network Management (NET) – 86%
  - Population Health Management (PHM) – 95%
  - Quality Improvement (QI) – 100%
  - Utilization Management (UM) – 68%

- To earn Accreditation, GCHP must meet at least 80% of applicable points in each Standards Category.

- Based on current performance, progress made since the mock audits in 2024, and status of remediation efforts, it is projected that GCHP will be awarded both Health Plan & Health Equity Accreditation by 1/1/26.

Return to Agenda

AGENDA ITEM NO. 4

TO: Provider Advisory Committee (PAC)

FROM: Erik Cho, Chief Policy & Programs Officer
David Tovar, Incentive Strategy Manager

DATE: March 11, 2025

SUBJECT: RISE Grant Program

PowerPoint with Verbal Presentation

ATTACHMENTS:

RISE Grant Program

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Resilience, Innovation, Sustainability, & Equity (RISE) Grant Program

David Tovar
Incentive Strategy Manager

Return to Agenda

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

RISE Grant Program Goal

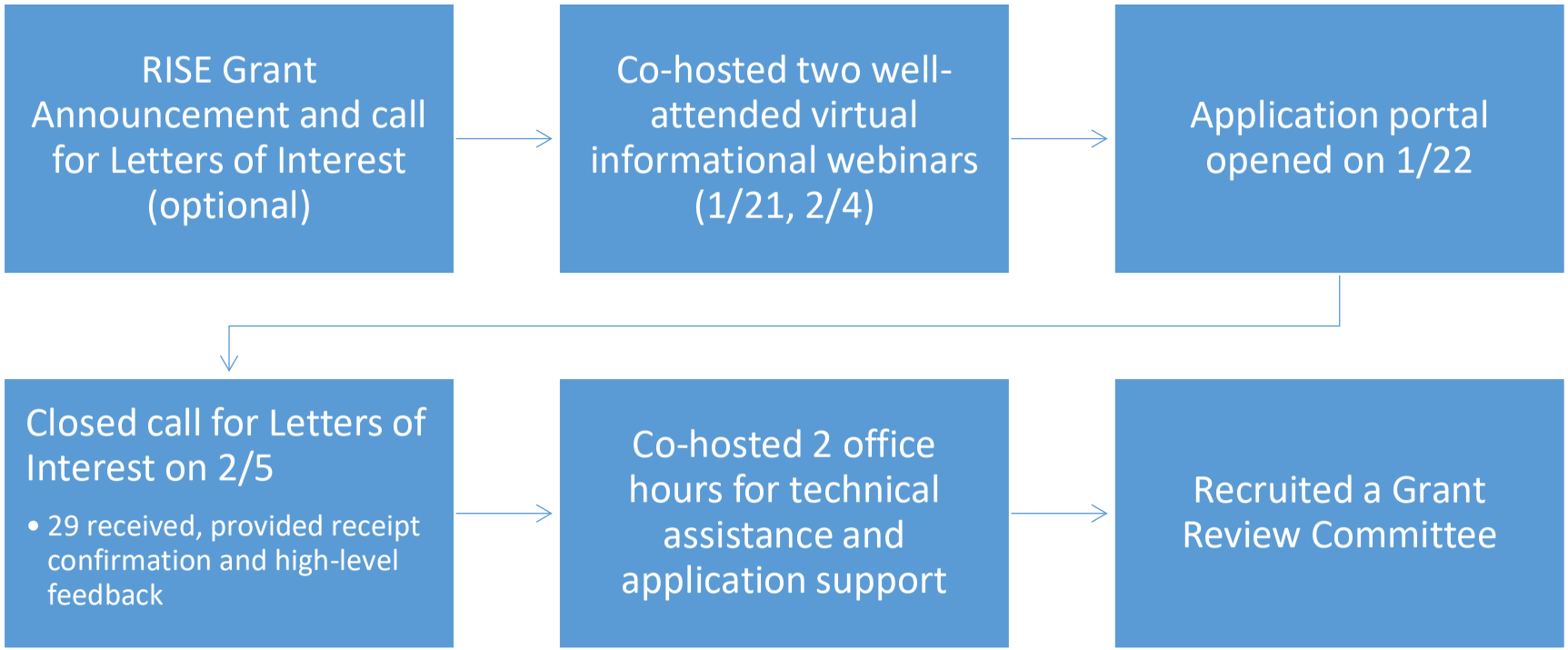
Return to Agenda

Measurably improve the quality of and access to medical and behavioral health care for the GCHP Medi-Cal population in Ventura County

Strategic Priorities:

1. Improve access and connections to care for member populations or geographic areas with unmet healthcare needs.
2. Bring care to members where they live, work, or go to school for ease of use.
3. Improve member health outcomes, experience, and education, including update of benefits and services that are culturally responsive and focused on health equity.
4. Offer alternative or non-traditional healthcare solutions intended to remove structural barriers to care, reduce healthcare costs, or improve access and efficiency.

Progress to Date



Return to Agenda

Upcoming Milestones

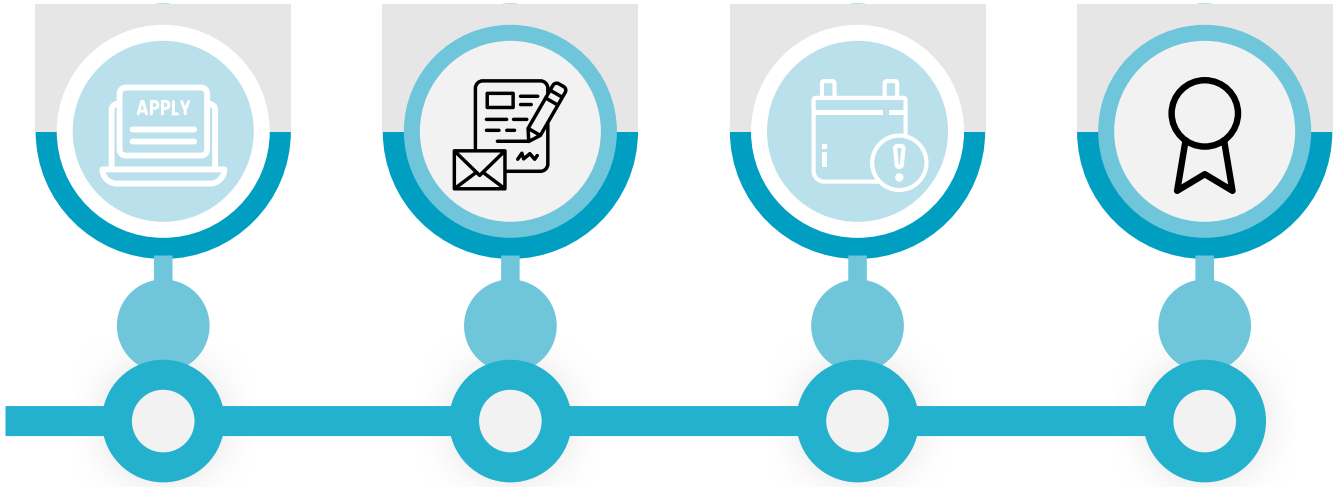
Grant Application closes March 31st

Grant Review Committee to review, score, and recommend awardees between April 1st and May 30th

Grant Awards to be announced on June 2nd

Return to Agenda

Grant Application and Award Timeline



Application Opened
January 22, 2025

Letters of Interest Due
February 5, 2025

All Applications Due
March 31, 2025

Award Notifications
June 2, 2025

Return to Agenda

Questions?

For additional information and access to the application and other grant materials please visit the Gold Coast Health Plan website (Click here for a link)

Return to Agenda

AGENDA ITEM NO. 5

TO: Provider Advisory Committee (PAC)

FROM: Marlen Torres, Chief of Member Experience & External Affairs

DATE: March 11, 2025

SUBJECT: Potential PAC Sub-Committee

VERBAL PRESENTATION