



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

Provider Advisory Committee (PAC)

Regular Meeting

Tuesday, March 8, 2022, 7:30 a.m.

Due to the public health emergency, the Community Room at Gold Coast Health Plan is currently closed to the public.

The meeting is being held virtually pursuant to AB 361.

Members of the public can participate using the Conference Call Number below.

Conference Call Number: 1-805-324-7279

Conference ID Number: 888 945 620#

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

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

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

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

OPENING REMARKS

Mr. Nick Liguori, Chief Executive Officer

CONSENT

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

Staff: Maddie Gutierrez, MMC - Clerk of the Board

RECOMMENDATION: Approve the minutes as presented.

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

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

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

PRESENTATIONS

- 3. Tenth Anniversary Community Project**

Staff: Adriana Sandoval, Community Relations Specialist

RECOMMENDATION: Receive and file the presentation.

- 4. Vaccine Outreach Initiative**

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

RECOMMENDATION: Receive and file the presentation.

UPDATES

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

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

RECOMMENDATION: Receive and file the update.

6. Financial Update

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the update.

7. Strategic Plan Update

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

RECOMMENDATION: Receive and file the update.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Date and location of the next meeting to be determined at the April 5, 2022, meeting.

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

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

AGENDA ITEM NO. 1

TO: Provider Advisory Committee

FROM: Maddie Gutierrez, MMC, Clerk of the Board

DATE: March 8, 2022

SUBJECT: Approval of the Provider Advisory Committee Meeting Regular Minutes of December 7, 2021, and special meeting minutes of January 4, 2022, February 1, 2022, and February 22, 2022.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the December 7, 2021 Provider Advisory Committee regular meeting minutes and special meeting minutes for January 4, 2022, February 1, 2022, and February 22, 2022.

**Ventura County Medi-Cal Managed Care Commission (VCMACC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee (PAC)
December 7, 2021**

CALL TO ORDER

Committee Chair David Fein, called the virtual 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 Babeian, David A. Fein, Will Garand, Katy Krul, Sim Mandelbaum and Pablo Velez.

Absent: None.

Gold Coast Health Plan Staff in attendance: Margaret Tater, Chief Executive Officer, Marlen Torres, Executive Director of Strategy & External Affairs, Scott Campbell, General Counsel, Ted Bagley, Chief Diversity Officer, Nancy Wharfield, MD, Chief Medical Officer, Nick Liguori, Chief Operations Officer, Alan Torres, Chief Information Officer, Kashina Bishop, Chief Financial Officer, Vicki Wrihster, Anna Sproule, Annie Freese, Pharm.D., Susana Enriquez-Euyoque, and Adriana Sandoval-Jimenez

PUBLIC COMMENT

None.

INTRODUCTION

Introduction of Mr. Nick Liguori as Gold Coast Health Plan's new Chief Executive Officer, effective February 1, 2022

Introduction of new Chief Information Officer, Mr. Alan Torres

Staff: Margaret Tatar, Chief Executive Officer

Nick Liguori, Chief Operating Officer introduced Alan Torres as the new Chief Information Officer to the committee. CIO Torres shared with the committee that he has over 25 years of experience in health care and information technology. He stated that he looks forward to working with all committee members and to serve members and the community. Chair Fein

welcomed CIO Torres and congratulated COO Liguori on his new role starting February 1, 2022 as the new Chief Executive Officer. COO Liguori thanked Chair Fein and stated that he is humbled by the opportunity.

CEO Tatar welcomed Mr. Torres and Mr. Liguori and thanked the PAC for their support in the two and a half years she served as CEO. Chair Fein thanked CEO Tatar for her service.

CONSENT

1. Approval of Provider Advisory Committee (PAC) Minutes for September 14, 2021.

Staff: Maddie Gutierrez, MMC – Clerk of the Board

RECOMMENDATION: Approve the minutes as presented

Committee member Sim Mandelbaum motioned to approve the minutes as presented. Committee member Masood Babeian seconded.

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

Formal Action

2. AB 361, Brown Act Virtual Meetings

Staff: Scott Campbell, General Council.

RECOMMENDATION: It is recommended that the following findings be made: That the Provider Advisory Committee has reconsidered the circumstances of the state of the Covid-19 emergency and finds that state and local officials have imposed or recommended social distancing measures in connection with Covid-19 and that meeting in person would pose an imminent risk to the health and safety of attendees.

Scott Campbell, General Counsel reviewed AB 361 and the requirements to continue to keep PAC meetings virtual. He explained that the Brown Act allows for in-person and teleconference meetings as long as the meeting address location is posted. If the

meeting is held via teleconference, then all committee members need to provide the address of where they will be when participating in the meeting and must be posted for the public to attend. During the pandemic, this practice was eliminated by the Governor's executive order. AB 361 legislation allows to continue holding virtual meetings. One caveat, findings must be made every 30 days that the pandemic still poses a potential threat for the safety of members of the committee and of the public. If findings are identified, the meeting can continue virtually without having to post addresses. Mr. Campbell noted that the committee will need to decide to meet every 30 days, post meeting location and agenda, or meet in person.

Committee member Garand asked if the meeting is taken from a private residence it requires to post the address. Mr. Campbell confirmed and added that the meeting agenda would also be posted. Members of the public wanting to attend will be allowed without proof of vaccination.

Committee member Mandelbaum asked if the meeting every 30 days is a formal meeting or can be conducted via email. Mr. Campbell explained that a meeting must be held with a quorum and most of the quorum must vote to meet remotely. Committee member Mandelbaum asked if a proxy can be designated for the meeting. Mr. Campbell clarified that a proxy is not allowed.

Chair Fein asked if there is a timetable discussed with leadership for a return-to-office date. Mr. Campbell replied there is no timetable due to new variants.

Committee member Krul explained that the monthly meeting can be done remotely, and committee members need to attend, but asked who else needs to be present during the meeting. Mr. Campbell stated the Assistant Clerk or the Clerk of the Board. Committee member Krul asked if there was a set time and date for the monthly meetings. Mr. Campbell explained that the meeting must be every 30 days or less. Chair Fein recommended to meet every 30 days.

Committee member Pablo Velez motioned to accept the AB 361, Brown Act Virtual Meetings formal action. Committee member Sim Mandelbaum seconded.

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

3. Adoption of Schedule for 2022, including special meetings to comply with AB 361.

Staff: Scott Campbell, General Council.

RECOMMENDATION: Receive and file the formal action.

Chair Fein asked committee members to plan to attend the first meeting in January 2022 and at that time it can be decided if the proposed schedule will work for all.

Chair Fein asked if there was a reporting requirement to the state to demonstrate compliance of the monthly meetings. Mr. Campbell said the state is not monitoring. The American Civil Liberties Union (ACLU) is monitoring public entities for compliance.

Committee member Pablo Velez motioned to accept the Adoption of Schedule for 2022, including special meetings to comply with AB 361 formal action. Committee member Katy Krul seconded.

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

UPDATES

4. Provider Network Operations iTransact Provider Portal Training Update

Staff: Vicki Wrihster, Director of Network Operations

RECOMMENDATION: Receive and file the update.

Vicki Wrihster, Director of Network Operations reviewed the provider portal updates and trainings. The provider portal is functioning as expected with the updates made. Provider trainings were conducted November 5, 2021 through November 10, 2021 with network providers and other users identified by the user report. The training targeted on professional, billing, and network users. The top four providers received training on November 5, 2021 through November 8, 2021 with 120 attendees. The

remaining provider network received training November 9, 2021 through November 10, 2021 with over 200 attendees. The training focused on portal access, claims, authorizations, and eligibility. One of the updates to the portal is verifying the share of cost balance for each member. Eligibility reports can be created in the portal. The training was recorded and is available on the GCHP website with resource guides and FAQs.

Committee member Krul asked if the glitches to the authorizations in the portal have been fixed. Ms. Wrihster explained that professional authorizations are available to be submitted via the portal. Facility authorizations will continue to be submitted via fax to GCHP's health services team. Committee member Krul asked when facility authorization will be available to be submitted through the portal. Ms. Wrihster stated there is no timeframe because this would be considered an enhancement to the portal.

Committee member Velez thanked Ms. Wrihster and team for the great work they have done.

Committee member Velez asked if billing can be directly submitted through the portal. Anna Sproule, Sr. Director of Operations stated that the portal allows for specific claims to be submitted but not bulk claims. Bulk claims portal submission may be available in the future.

5. **Gold Coast Health Plan Vaccine Outreach Initiative**

Staff: Marlen Torres, Executive Director, Strategy & External Affairs
Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing

RECOMMENDATION: Receive and file the update.

Susana Enriquez-Euyoque, Sr. Manager of Communications and Marketing reviewed GCHP's vaccine outreach initiative. Ms. Enriquez reviewed vaccination rates as of November 2021. She noted 81.2% of Ventura county residents ages 12 and over have received at least one dose, while 58.5% of Medi-Cal beneficiaries have received at least one dose. GCHP is in 10th place and doing well in comparison with other health plans in the state. Strategies were reviewed: Incentives for members who get vaccinated and for providers who become vaccinators. Eligible members who received their first dose within the incentive timeframe receive a \$50 gift card. Members who receive their first dose during a vaccination event and a GCHP representative is there they can receive their gift card on the spot.

The plan is working with a vendor to reach out to unvaccinated members and provide member vaccine incentive gift cards. The vaccination campaign is scheduled begin mid-December 2021. Providers will be paid a percentage of the funds that

corresponds with the percentage of the first vaccines that are administered. Provider payments will be distributed at the end of the measurement period.

Committee member Velez asked if each family member is eligible for the \$50 gift card. Ms. Enriquez-Euyoque stated that each eligible member can receive the gift card if they are full-scope members and get their first dose. Mr. Velez asked if members could get their gift card at a vaccination event immediately. Ms. Enriquez-Euyoque stated they can if a GCHP representative is present.

Committee member Mandelbaum asked if the incentive has been published in the GCHP newsletter. Ms. Enriquez-Euyoque stated that the member incentive has been shared in newsletters in other communication outlets. Mr. Mandelbaum asked if boosters are part of the incentive. Ms. Enriquez-Euyoque stated that boosters are not part of the Department of Health Care Services (DHCS) vaccination incentive program.

6. ETP Update

Staff: Anna Sproule, Sr. Director of Operations

RECOMMENDATION: Receive and file the update.

Anna Sproule, Sr. Director of Operations provided a verbal update. The claims inventory has trended downward. A small number of the remaining claims are aged claims. GCHP is in compliance with DHCS regarding the claims in inventory.

GCHP leadership continues to meet with Conduent daily to review inventory, call center statistics, and adherence to the plan for improvement.

7. Medi-Cal Rx Update

Staff: Annie Freese, Pharm.D., Director of Pharmacy

RECOMMENDATION: Receive and file the update.

Dr. Annie Freese shared updated information regarding Medi-Cal Rx. The Medi-Cal Rx implementation date has been confirmed for January 1, 2022. Dr. Freese reviewed the member communication schedule as well as member outreach. A media campaign started in November 2021 via radio and newspaper ads. Providers have been provided information in the provider bulletins and email blasts. The GCHP website has updated information from the state. The state has a dedicated Medi-Cal Rx website with information and an option for an email subscription. The website has important links for question or technical assistance.

Dr. Freese noted that analysis is underway to identify medication distributions.

Committee member Krul asked if Medi-Medi members can be affected by the changes in the medication formulary. Dr. Freese stated it depends if the medication is covered by Medicare or Medi-Cal. Medications not covered by Medicare but are covered by Medi-Cal would be affected.

8. Solvency Action Plan Update

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the update.

Kashina Bishop, Chief Financial Officer provided a verbal update. As of October 2021, the tangible net equity (TNE) is at 346% and should meet the GHCP Commission requirement of 400%-500% by the end of the fiscal year. The focus is primarily to protect reserves for the next years. Significant risks are coming with new programs and new lines of business. There is revenue uncertainty from state rates, regional rates, and new regulators. The plan will mitigate the risks by maximizing revenue, comprehensive analysis, internal controls, strategic investments, and monitoring of new programs.

Committee member Garand noted that another risk is legal exposure related to the decreased capitation rates imposed on providers.

Committee member Velez asked if the state is considering inflation for rates. CFO Bishop stated that the trend factors for rates look historically very similar.

9. CalAIM Update

Staff: Nick Liguori, Chief Operating Officer
Marlen Torres, Executive Director, Strategy & External Affairs

RECOMMENDATION: Receive and file the update.

Nick Liguori, Chief Operating Officer reviewed the CalAIM programs. Enhance Care Management is built on a whole person foundation and will be rolled out in phases. Populations of focus starting January 1, 2022 include, whole person care transitions, high utilizers, homeless individuals, serious mental illness/substance use disorder (SMI/SUD), and youth/adults transitioning from incarceration. Other populations will roll out in 2023. COO Liguori reviewed the list of community supports beginning January 1, 2022: housing deposits, housing transition, housing tenancy, medical

respite, medically tailored meals. Other community support services will come at a later time. DHCS has approved GCHP's program for Enhanced Care Management and Community Supports. Contracting for the program will be with the County and other community-based organizations.

Alan Torres, Chief Information Officer noted that the program requires timely and accurate data sharing between GCHP and providers. Data needs will continue into the future. GCHP in partnership with the County will be building data sharing systems.

Marlen Torres, Executive Director, Strategy & External Affairs reviewed the proposed advisory committee for Enhance Care Management and Community Supports. Committee members will provide feedback as the infrastructure of the programs are built. Interested individuals in participating as a provider for Community Supports can't join the committee. (*Marlen, is this correct?*)

10. Strategic Plan Update

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

RECOMMENDATION: Receive and file the update.

Marlen Torres, Executive Director, Strategy & External Affairs reviewed the strategic landscape over the next 5 years. The strategic plan includes CalAIM, solvency action plan, and other initiatives. Ms. Torres reviewed the strategic plan timeline. On January 31, 2022, the GCHP Commission will review the 5-year strategic plan.

Committee member Sim Mandelbaum motioned to accept the updates as presented. Committee member Katy Krul seconded.

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

COMENTS FROM COMMITTEE MEMBERS

None.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 9:00 a.m.

Approved:

Deborah Munday, CMC
Assistant Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
Special Meeting
January 4, 2022**

CALL TO ORDER

Committee Chair David Fein called the virtual meeting to order at 7:32 a.m.

ROLL CALL

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

Absent: Will Garand and Sim Mandelbaum.

Gold Coast Staff in attendance: Marlen Torres, Executive Director of Strategy & External Affairs, Ted Bagley, Chief Diversity Officer, Nick Liguori, Chief Operating Officer, Michael Murguia, Executive Director, Human Resources and Vicki Wrihster.

PUBLIC COMMENT

None.

CONSENT

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

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

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

Committee member Masood Babeian motioned to approve Consent Item 1. Committee member Pablo Velez seconded.

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

NOES: None.

ABSENT: Committee members Will Garand and Sim Mandelbaum.

Committee Chair David Fein declared the motion carried.

ADJOURNMENT

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

Approved:

Deborah Munday, CMC
Assistant Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
Special Meeting
February 1, 2022**

CALL TO ORDER

Committee Chair David Fein called the virtual meeting to order at 7:31 a.m.

ROLL CALL

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

Absent: Masood Babeian and Pablo Velez.

Gold Coast Staff in attendance: Marlen Torres, Executive Director of Strategy & External Affairs, Ted Bagley, Chief Diversity Officer, Michael Murguia, Executive Director, Human Resources and Vicki Wrihster.

PUBLIC COMMENT

None.

CONSENT

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

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

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

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

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

NOES: None.

ABSENT: Committee members Masood Babeian and Pablo Velez.

Committee Chair David Fein declared the motion carried.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:33 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
Special Meeting
February 22, 2022**

CALL TO ORDER

Committee Chair David Fein called the virtual meeting to order at 7:31 a.m.

ROLL CALL

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

Absent: None.

Gold Coast Staff in attendance: Marlen Torres, Executive Director of Strategy & External Affairs, Michael Murguia, Executive Director, Human Resources and Vicki Wrihster.

PUBLIC COMMENT

None.

CONSENT

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

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

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

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

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:33 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Provider Advisory Committee

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

DATE: March 8, 2022

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

SUMMARY/RECOMMENDATION:

At its February 22, 2022, meeting the Provider Advisory Committee (“Committee”) of the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) made findings pursuant to Assembly Bill 361 to continue to meet remotely. To continue this practice, it is required, that the Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Committee in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, it is time to remake the findings.

BACKGROUND/DISCUSSION:

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

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

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

Specific Findings Required under AB 361

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

1. State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or
2. The Committee determines that requiring a meeting in person would present an imminent risk to the health or safety of attendees.

COVID-19 continues to present an imminent threat to the health and safety of Committee members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. The disease can still spread rapidly through person-to-person contact and those in close proximity. Further, more contagious variants of the disease are now present in the State and County, the most predominant of which continues to be the Delta variant. However, another "variant of concern"—the Omicron variant, which has spread rapidly through South Africa and which spurred President Biden's travel ban to several countries in that continent, has also been detected in California. Additionally, several Committee members attend meetings in medical facilities or offices and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated would pose a threat to the health or safety of attendees.

Re-Authorization is Required Within 30 Days

The Committee made the findings listed above at its December 7, 2021, Committee meeting and again during its January 4, 2022, February 1, 2022, and February 22, 2022, special Committee meetings. Consistent with the provisions of Government Code Section 54953(e), the findings must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Committee desires to continue to meet remotely without having to post the location of each teleconference location, the Committee must again find that the COVID-19 emergency still exists and that one of the two following findings can be made: that state or

local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Committee make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

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

FOLLOW UP ACTION:

That the Committee make the findings under AB 361 at its April 5, 2022, special Committee meeting.

ATTACHMENT:

None.

AGENDA ITEM NO. 3

TO: Provider Advisory Committee (PAC)
FROM: Adriana Sandoval-Jimenez, Community Relations Specialist
DATE: March 8, 2022
SUBJECT: Tenth Anniversary Community Project

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Tenth Anniversary Community Project

10th Anniversary Community Project

Tuesday, March 8, 2022

Adriana Sandoval Jimenez
Community Relations Specialist
Strategy and External Affairs

Integrity

Accountability

Collaboration

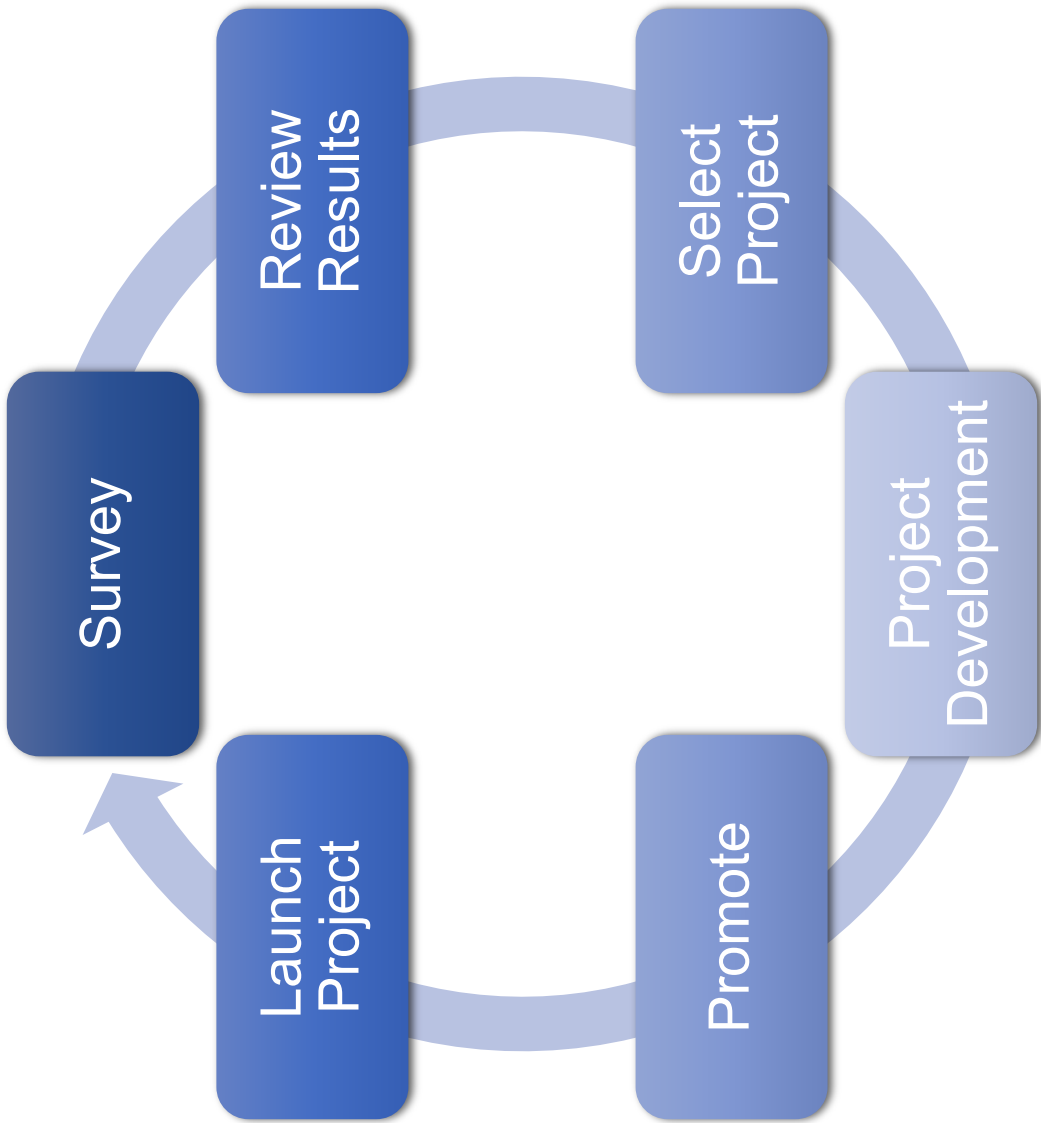
Trust

Respect

Background

- On July 1, 2021, GCHP celebrated 10 years of serving our members, providers, and community. To commemorate our anniversary, we are working with stakeholders to identify community needs that will serve as the inspiration for a community project.
- Our goal is to complete a project that will address a need in the community related to quality care, education, safe environments, access to housing, and/or financial resources.
- GCHP will provide funding and develop an ongoing project that will allow for volunteer opportunities.

Process



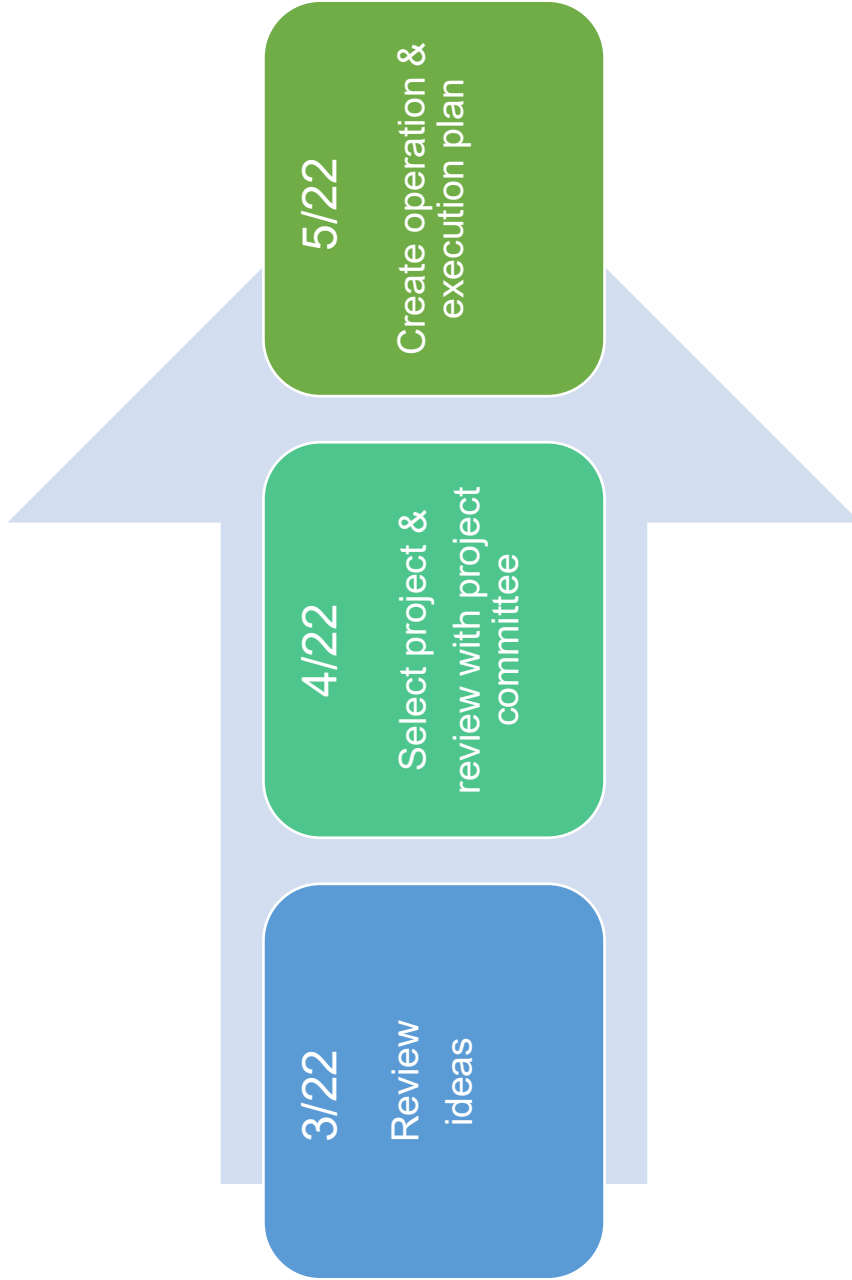
Timeline

Time Frame	Project Details
12/21-3/22	<p>Survey shared via</p> <ul style="list-style-type: none"> • GCHP website. • Community collaborative meetings. • GCHP's Community Insight Coalition. • Community newsletters. • Email blasts. • Public meetings (cities: Oxnard, Ventura, Simi Valley). • Provider Operations Bulletin. • Email to GCHP staff.
3/22	<p>Review Results with</p> <ul style="list-style-type: none"> • Executive team. • CAC. • PAC. • Community Insight Coalition. • Staff.
4/1/22	<p>Select Project</p> <ul style="list-style-type: none"> • Create project proposal • Set timeline • Budget
4/22-5/22	<p>Project Development</p> <ul style="list-style-type: none"> • Create operation and execution plan
5/22	<p>Promote Project</p> <ul style="list-style-type: none"> • GCHP website • Social Media • Email Blast • Newsletters • Provider Bulletin
6/22	<p>Launch Project</p>

Survey Results

Community Project Idea	Social Drivers of Health
Mobile clinic for the community	Health care
Free immunizations for all	Health care
Free education and information for the Latinx community	Education
Fixing roads and lighting	Neighborhood and Physical Environment
Free online support for parents	Community and Social Context
Free mobile veggie and fruit truck	Food
Free mobile dental services	Health care
Free mobile library	Education
Free mobile music	Community and Social Context
Donate reading and sunglasses to an organization that provides free glasses to the community	Health care
Free mobile libraries (16) at the park that includes a literacy program	Education
Homelessness prevention program using MASH (Managing Assets for Security and Health)	Neighborhood and Physical Environment
Assist Habitat for Humanity in building a home for the underserved	Neighborhood and Physical Environment

Next Steps



Q&A

AGENDA ITEM NO. 4

TO: Provider Advisory Committee
FROM: Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing
DATE: March 8, 2022
SUBJECT: Vaccine Outreach Initiative

**PowerPoint with
Verbal Presentation**

ATTACHMENT: VACCINE OUTREACH INITIATIVE PRESENTATION



Gold Coast Health Plan Vaccine Outreach Initiative

March 8, 2022

Susana Enriquez-Euyoque
Sr. Manager, Communications & Marketing

Integrity

Accountability

Collaboration

Trust

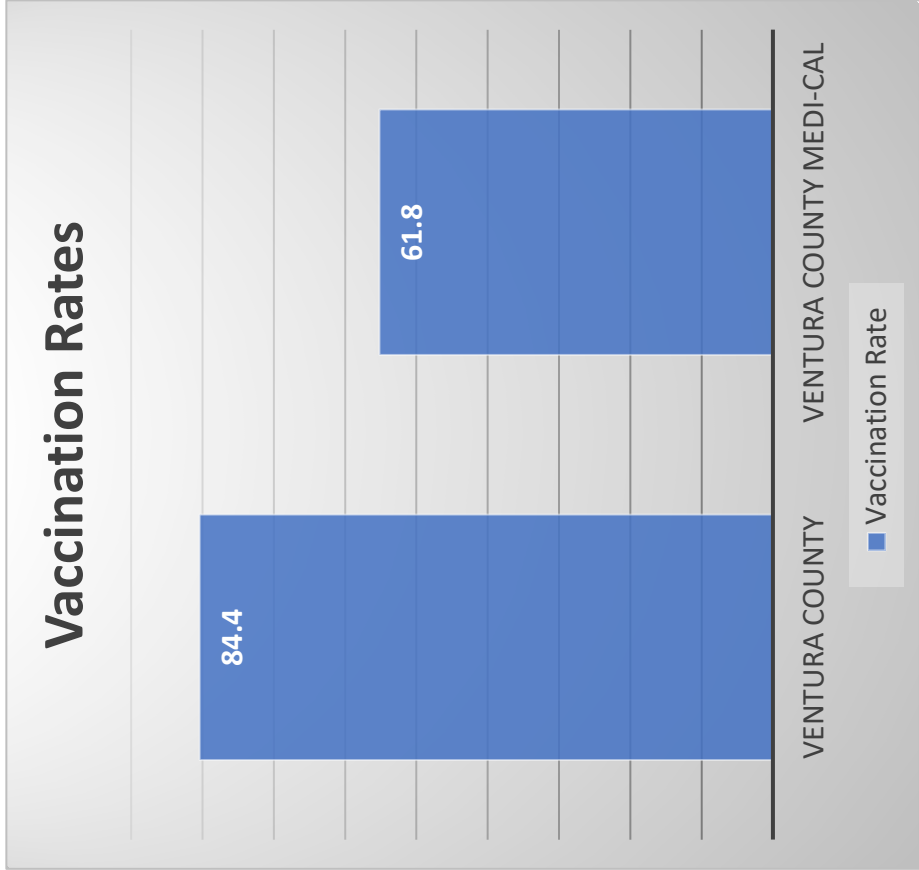
Respect

goldcoasthealthplan.org

Agenda

1. Update on vaccination disparities in Ventura County
2. Member outreach
3. Member incentives
4. Provider incentives
5. Questions


Ventura County Vaccination Rates



- 84.4% of Ventura County residents 12 years and older have received at least one dose (as of Jan. 2022)
- 61.8% of Medi-Cal beneficiaries 12 years and older have received at least one dose (as of Feb. 2022)

Source: www.vcrecovers.org; [State Department of Health Care Services](#)

Managed Care Plan/Fee for Service Vaccination Rates

Managed Care Parent Plan	Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose	Percent of Medi-Cal Beneficiaries (12+) Administered at Least One Dose	Managed Care Parent Plan	Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose	Percent of Medi-Cal Beneficiaries (12+) Administered at Least One Dose
San Francisco Health Plan	71.2%	72.1%	Community Health Group	53.2%	58.6%
Santa Clara Family Health Plan	68.4%	71.8%	Partnership Health Plan of California	51.8%	55.1%
Health Plan of San Mateo	67.9%	71.1%	CenCal Health	51.2%	56.2%
Alameda Alliance for Health	64.5%	67.5%	Anthem Blue Cross Partnership Plan	47.6%	51.3%
Contra Costa Health Plan	62.3%	66.4%	CalViva Health	46.8%	49.2%
LA Care Health Plan	58.5%	63.5%	Molina Healthcare of California	46.5%	52.5%
CalOptima	57.4%	62.7%	United Healthcare Community Plan	46.4%	50.8%
Kaiser Permanente	56.0%	62.3%	Health Plan of San Joaquin	44.3%	49.7%
Gold Coast Health Plan 	55.7%	61.8%	California Health & Wellness Plan	44.0%	48.1%
Blue Shield of California Promise	54.5%	57.7%	Aetna Better Health of California	42.7%	45.2%
Health Net	54.0%	59.2%	Inland Empire Health Plan	42.5%	47.4%
Central California Alliance for Health	53.7%	59.7%	Kern Health Systems	40.6%	45.6%
Fee For Service			73.2%	74.6%	


Member Outreach

1. Letters to members who are homebound
2. Automated phone calls/text messages to unvaccinated members
3. Article in member newsletter
4. Ads (radio, tv, digital)

Member Incentives


1. \$50 Visa gift cards going out in March to 18,000+ GCHP members who got the first dose of a COVID-19 vaccine between Oct. 1, 2021 and Feb. 28, 2022
2. Vaccinations are verified through state records

Customer Service
495 Mansfield Ave.
Pittsburgh, PA 15205



Gold Coast Health Plan
A Public Entity

Activate your Visa®
Incentive Prepaid Card!
Visit PerfectGift.com
or call 1-877-448-4438.



REWARD CARD
Gold Coast Health Plan
A Public Entity
4000 1234 5678 9010
VALID THRU 01/22
DEBIT
VISA
COVID-19 VACCINE
VACUNA DE COVID-19

Helpful Tips:

- Restaurants, hotels, and service locations may preauthorize gratuity up to 20% of your purchase price.
- For fuel purchases, please pay at the cashier and not the pump.
- For debit purchases, a PIN will be provided when you activate your card.
- Your card can also be run as credit.
- No cash or ATM access.
- For customer support, visit www.PerfectGift.com or call 1-877-448-4438.

Expiration and Replacement Fee:

- This card will expire as indicated by the expiration date found on the card.
- \$5.00 deducted from your current balance to replace the card.
- Purchases made outside the U.S.A. to be assessed at a 3% fee.

Provider Incentives

1. Incentive period: Dec. 1, 2021 – Feb. 28, 2022
2. Providers will receive a percentage of the incentive funding that corresponds with the percent increase in vaccinations (results will be weighted to account for the percentage of GCHP members that each system serves)
3. Working on agreements / payment timeline

Questions?

AGENDA ITEM NO. 5

TO: Provider Advisory Committee (PAC)
FROM: Rachel Lambert, MBA-HCM, LMFT, CCM, Director of Care Management
DATE: March 8, 2022
SUBJECT: CalAIM Enhanced Care Management / Community Supports (ECM/CS) Update

SUMMARY:

Presentation providing an update to CalAIM Enhanced Care Management / Community Supports.

RECOMMENDATION:

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

ATTACHMENT:

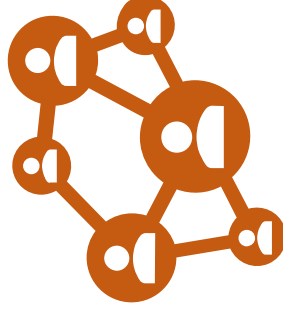
- 1) Lambert, R., (2022). Director of Care Management, CalAIM Enhanced Care Management/Community Supports (ECM/CS), Presentation Slides.

ECM/CS Overview

Rachel Lambert, MBA-HCM, LMFT, CCM
Director, Care Management



Enhanced Care Management
(ECM)



Community Supports (CS)



ECM: A statewide enhanced care management (ECM) benefit that provides a whole-person approach to care that addresses the clinical and non-clinical circumstances of high-need Medi-Cal beneficiaries.



ECM Populations of Focus: Go Live 1/1/2022

High Utilization (18+)

- 5+ avoidable ER visits in last 6 months OR
- 3+ unplanned, avoidable IP admissions or SNF stays in last 6 months

Homelessness (All Ages)

- Homeless or at imminent risk of becoming homeless
- 1+ complex physical, behavioral, or developmental health need

SMI/SUD (18+)

- Meet criteria for SMH and/or DMC-ODS services
- 1+ complex SDoH factors
- AND at least one of the following
 - Overdose/at risk of overdose
 - Pregnant/Post-partum
 - Suicidal Ideation
 - High risk of institutionalization
 - 2+ ER visits or 2+ Admits for SUD/alcohol use in 12 months
 - Uses crisis services, ER, UC, or IP stays as the sole source of care

Justice System Involvement* (All Ages)

- Transitioning from incarceration or transitioned from incarceration within the last 12 months
- AND at least one of the following
 - Chronic Mental Illness
 - Substance Use Disorder (SUD)
 - Chronic disease
 - Intellectual or developmental disability
 - Traumatic brain injury
 - HIV
 - Pregnancy

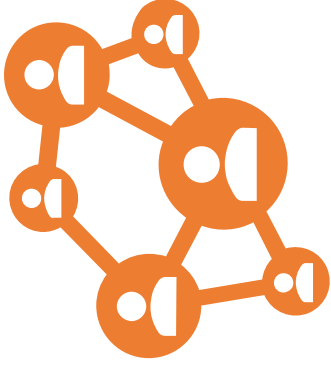
goldcoasthealthplan.org

*By referral in 2022; plans will not data mine to identify this population

- An individual who lacks adequate nighttime residence.
- An individual or family with a primary residence that is a public or private space not designed for or ordinarily used for human habitation.
- An individual or family living in a shelter.
- An individual exiting an institution to homelessness (if exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of institutionalization).
- An individual or family who will imminently lose housing in the next 30 days.
- Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes.
- Victims fleeing domestic violence.

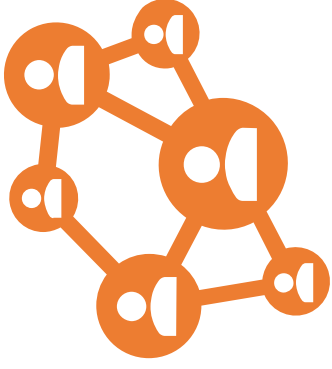
ECM Homeless Definition





CS: 14 Community Supports (formerly 'in lieu of services' or ILOS) that plans can use to provide health-related services as an alternative or substitute for covered Medi-Cal benefits. CS will be integrated with care management for members at high levels of risk and allow plans to address social determinants of health in a way that is cost-effective and consistent with whole person care approached. Managed care plans will be able to add CS over time.

Community Supports (CS) Services Expansion



**Housing Transition Navigation Services

Short-Term Post Hospitalization Housing

**Housing Deposits

Respite Services

**Housing tenancy and Sustaining Services

Day Habilitation Programs

** Medically Tailored Meals/Medically Supportive Food

Nursing Facility Transition/Diversion to Assisted Living Facilities

**Recuperative Care (Medical Respite)

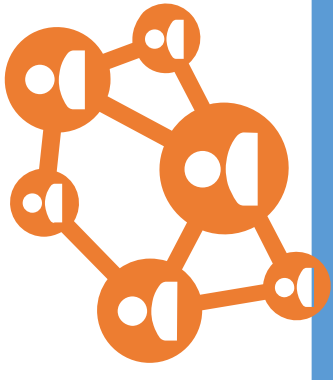
Personal Care & Homemaker Services

Environmental Accessibility Adaptations (Home Modifications)

Sobering Centers

Asthma Remediation

Community Supports: Go Live 1/1/22

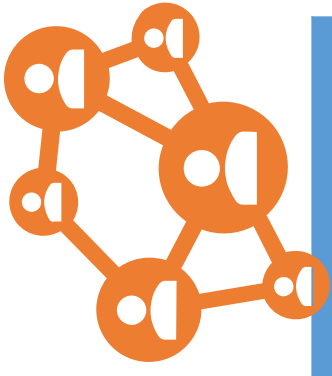


Community Support	Description	Eligible Population
Housing Transition Navigation Services	Developing Member housing plan and assistance with obtaining housing, including assistance with searching for housing or completing housing applications.	Homeless/at risk of homelessness AND at least one: <ul style="list-style-type: none"> • 1+ serious chronic conditions • Serious Mental Illness/Substance Use Disorder
Housing Deposits*	Funding for one-time services necessary to establish a household, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy.	At risk of institutionalization Serious Emotional Disturbance (children/adolescents) OR Exiting incarceration
Housing Tenancy and Sustaining Services	Assistance with maintaining stable tenancy once housing is secured, including interventions for behaviors that may jeopardize housing, such as late rental payment or behaviors resulting from unaddressed behavioral health conditions. Interventions may include financial literacy support; coordination with the Member's ECM Provider, behavioral health providers, and other providers; and/or landlord relationship management services.	Transitional-aged youth with significant barriers to housing (juvenile justice involvement, ¹⁺ <u>convictions</u> , SMI/SUD/SED, welfare system involvement, and victims of trafficking/family violence)

goldcoasthealthplan.org

Community Supports: Go Live

1/1/22



Community Support	Description	Population
<p>Recuperative Care (Medical Respite)</p>	<p>Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness and whose condition would be exacerbated by an unstable living environment.</p>	<p>Members who are at risk of hospitalization or post hospitalization AND at least one of the following:</p> <ul style="list-style-type: none"> • Are homeless or at risk of homelessness • Live alone with no formal supports • Housing insecurity jeopardizing their health and safety
<p>Medically Tailored Meals</p>	<p>Meals provided to the Member that are tailored to meet beneficiaries' unique dietary needs, within thirty (30) days following discharge from a hospital.</p>	<p>Members discharged from the hospital within the past thirty (30) days who were hospitalized for a Congestive Heart Failure (CHF)-related primary diagnosis.</p>

Referrals to ECM and CS

- ❖ Anyone can submit a referral, including members, family, community members, and community organizations
- ❖ Forms will be posted on goldcoasthealthplan.org shortly
- ❖ You can reach the GCHP ECM CM team at (805) 437-5911 or calaim@goldchp.org

AGENDA ITEM NO. 6

TO: Provider Advisory Committee
FROM: Kashina Bishop, Chief Financial Officer
DATE: March 8, 2022
SUBJECT: Financial Update

**PowerPoint with
Verbal Presentation**

ATTACHMENT: FINANCIAL UPDATE

Financial Update

March 8, 2022

Kashina Bishop
Chief Financial Officer

 JANUARY NET GAIN \$ 1.6 M

 FYTD NET GAIN \$27.9 M

 TNE is \$132.1 M and 357% of the minimum required

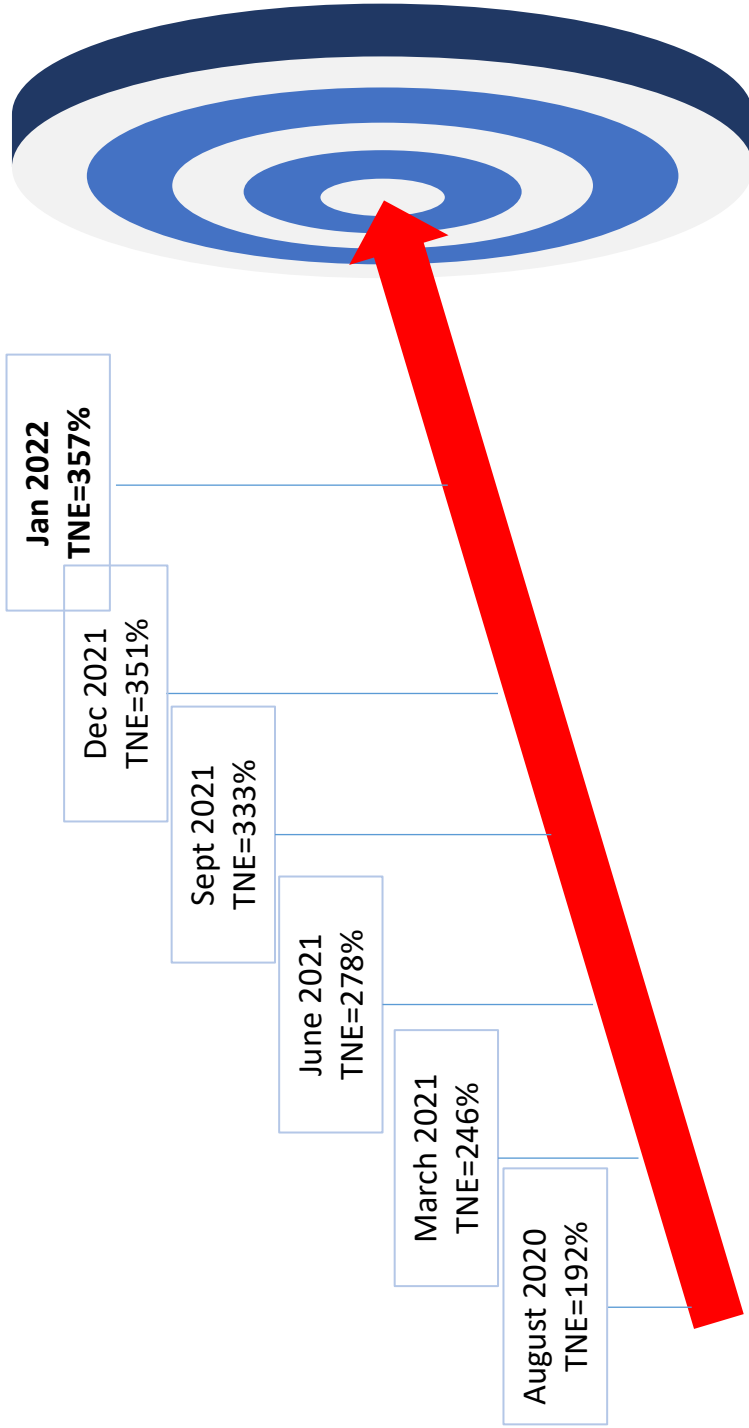
 MEDICAL LOSS RATIO 89.9%

 ADMINISTRATIVE RATIO 5.3%

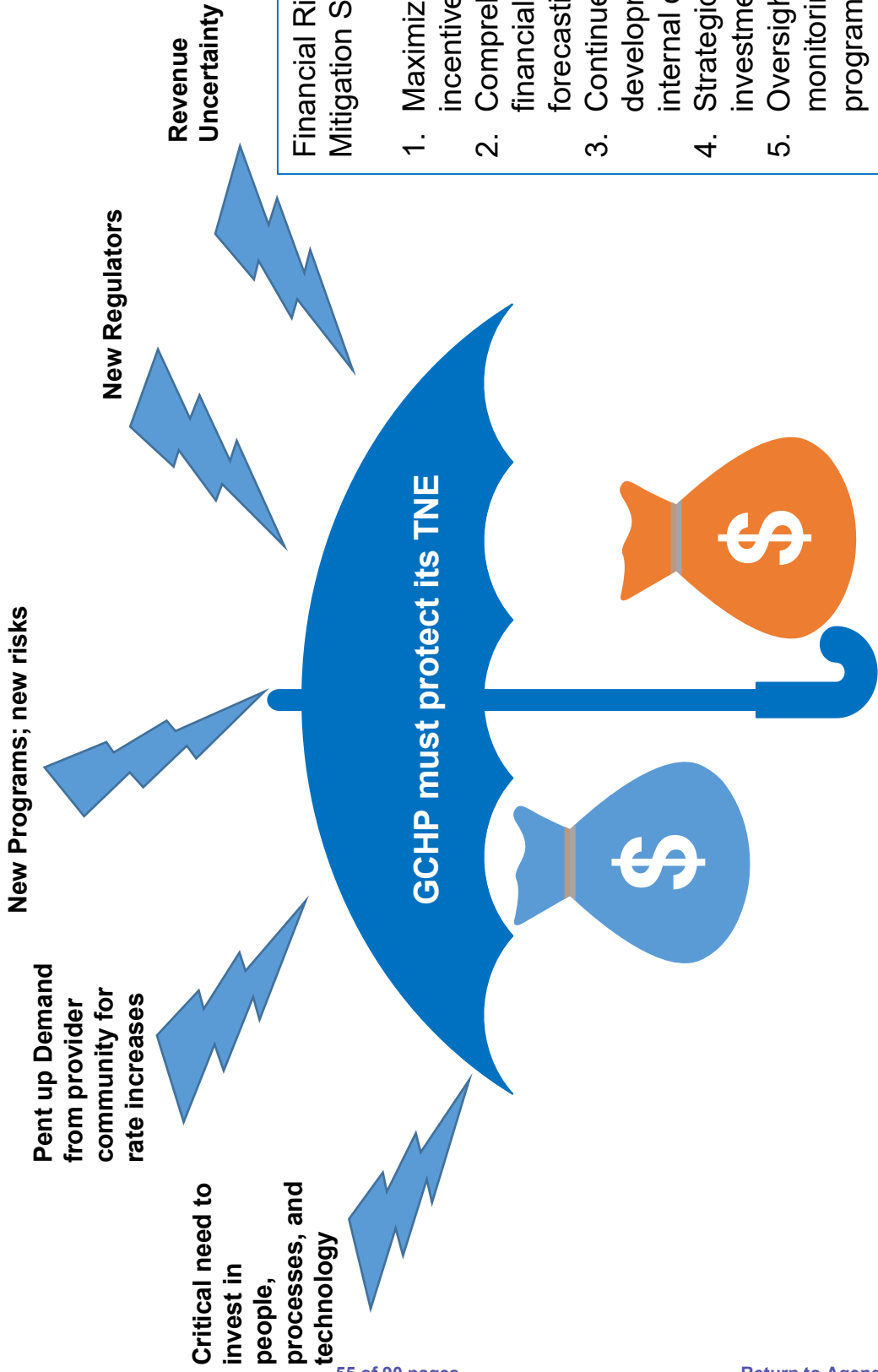
Financial Overview:

Tangible Net Equity Target

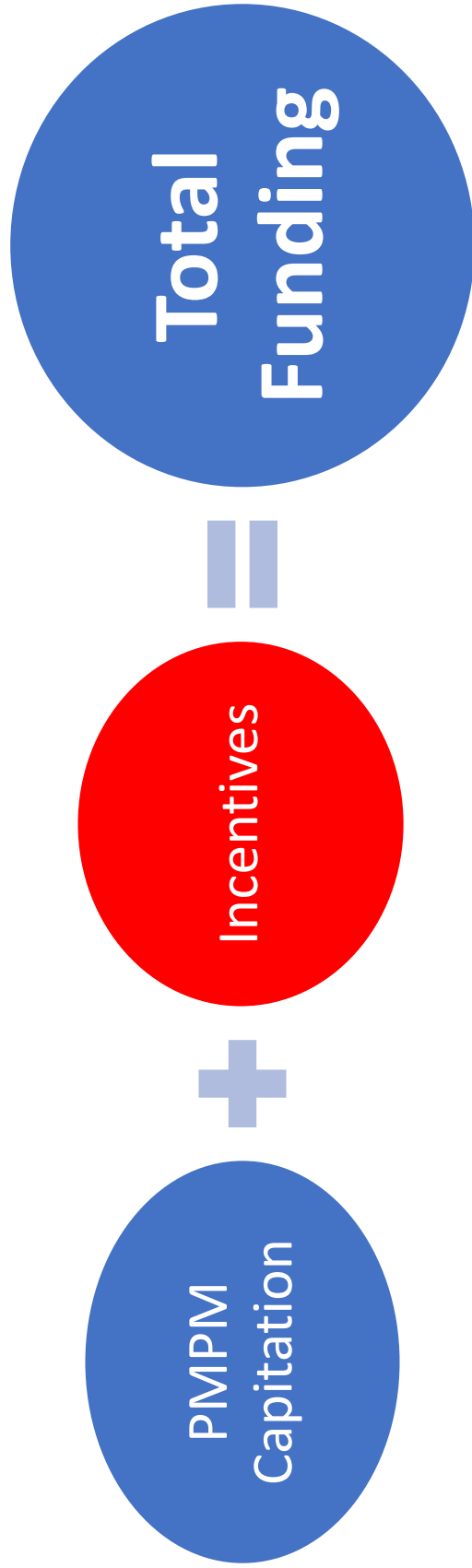
Target: TNE % = 400-500% of Required



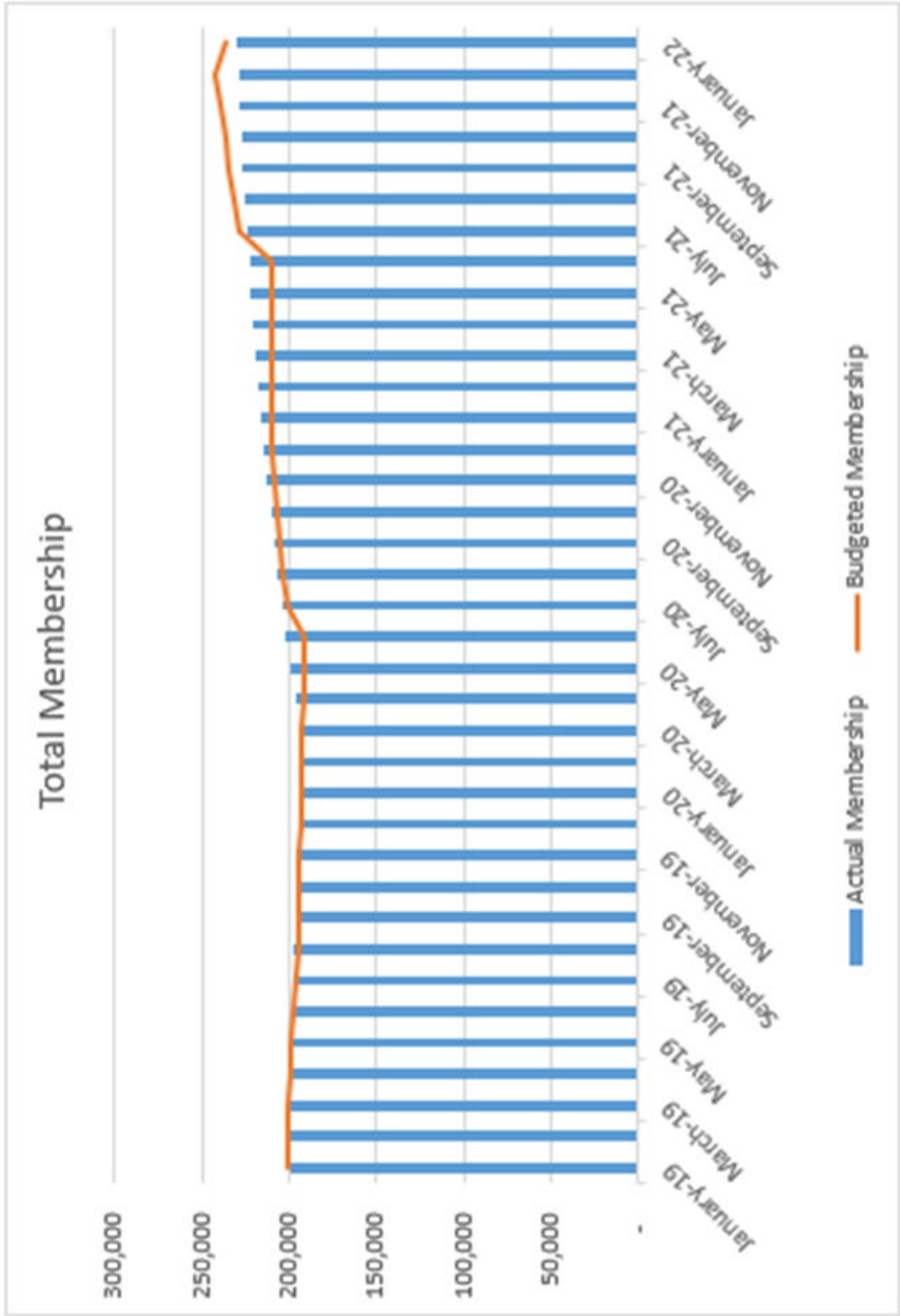
Financial Strategy



Financial Strategy



Membership trends



Revenue

Net Premium revenue is \$578.5 million, over budget by \$2.1 million.

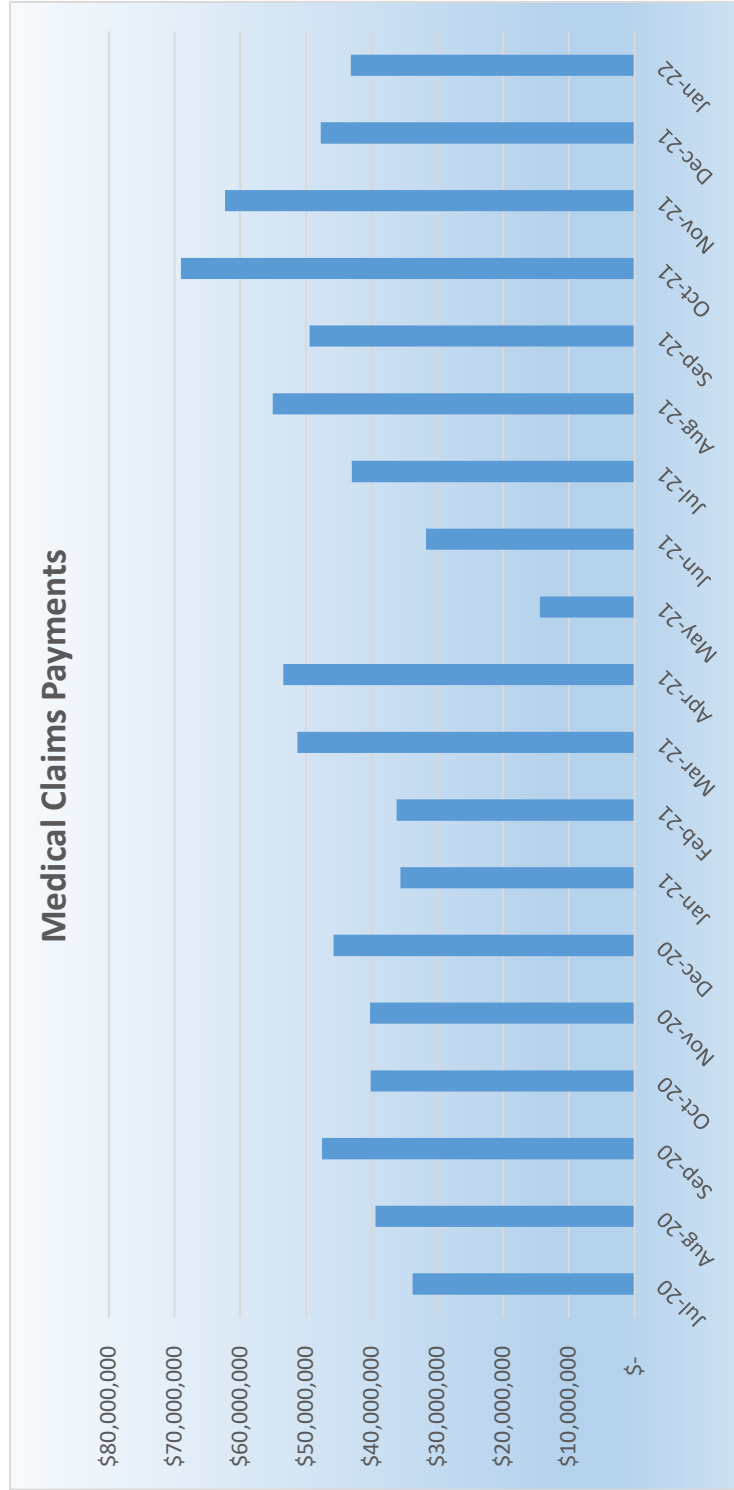
1. Approx. \$945,000 for Vaccine Incentive Program
2. Favorable CY 22 rates

Medical Expense

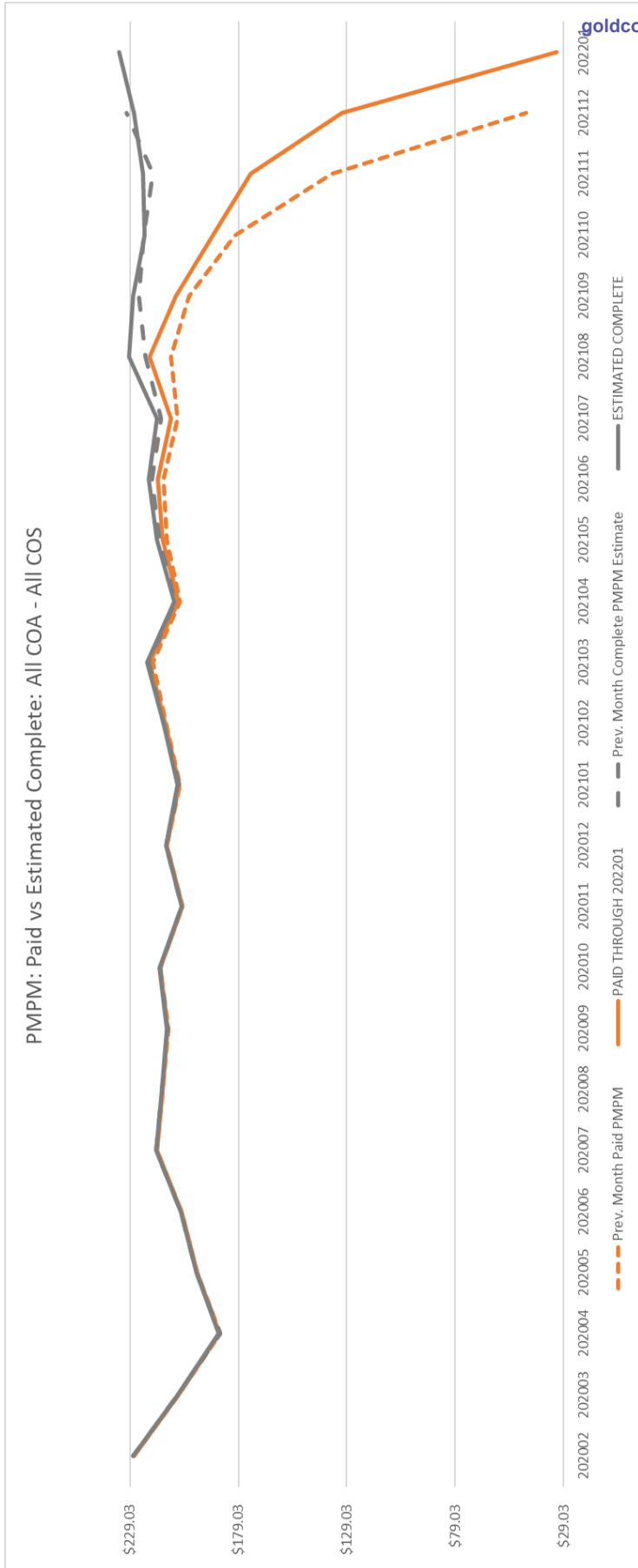
FYTD Health care costs are \$520 million and \$10.5 million and 2% under budget. Medical loss ratio is 89.9%, a 2.1% budget variance.

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.

Medical Claims Payments – post system conversion



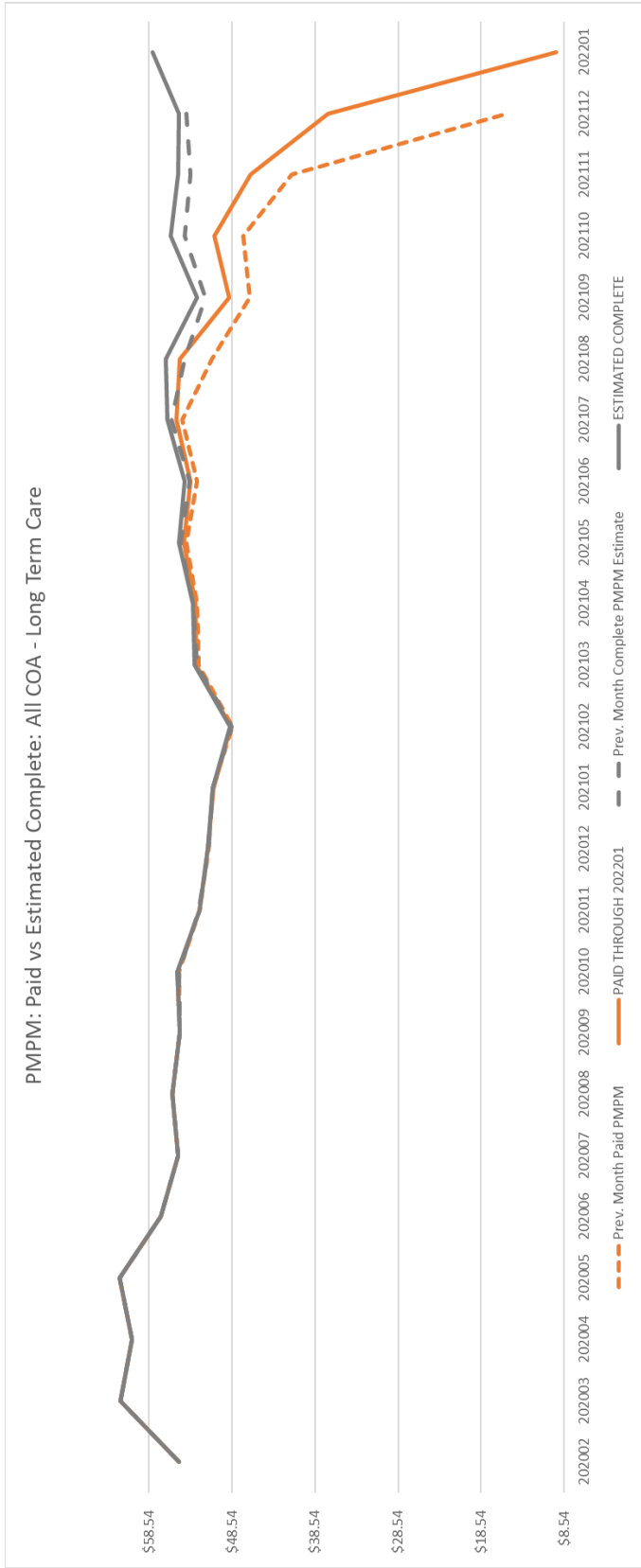
Medical Expenses



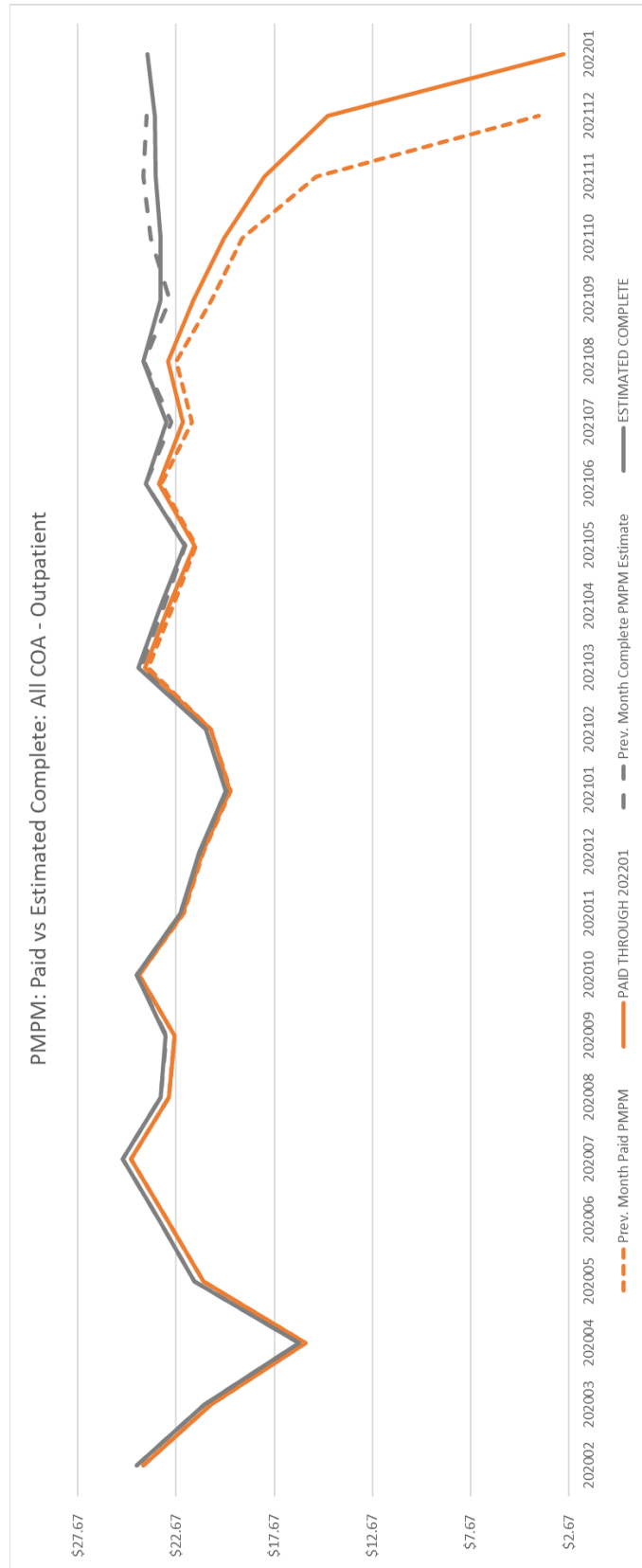
Inpatient



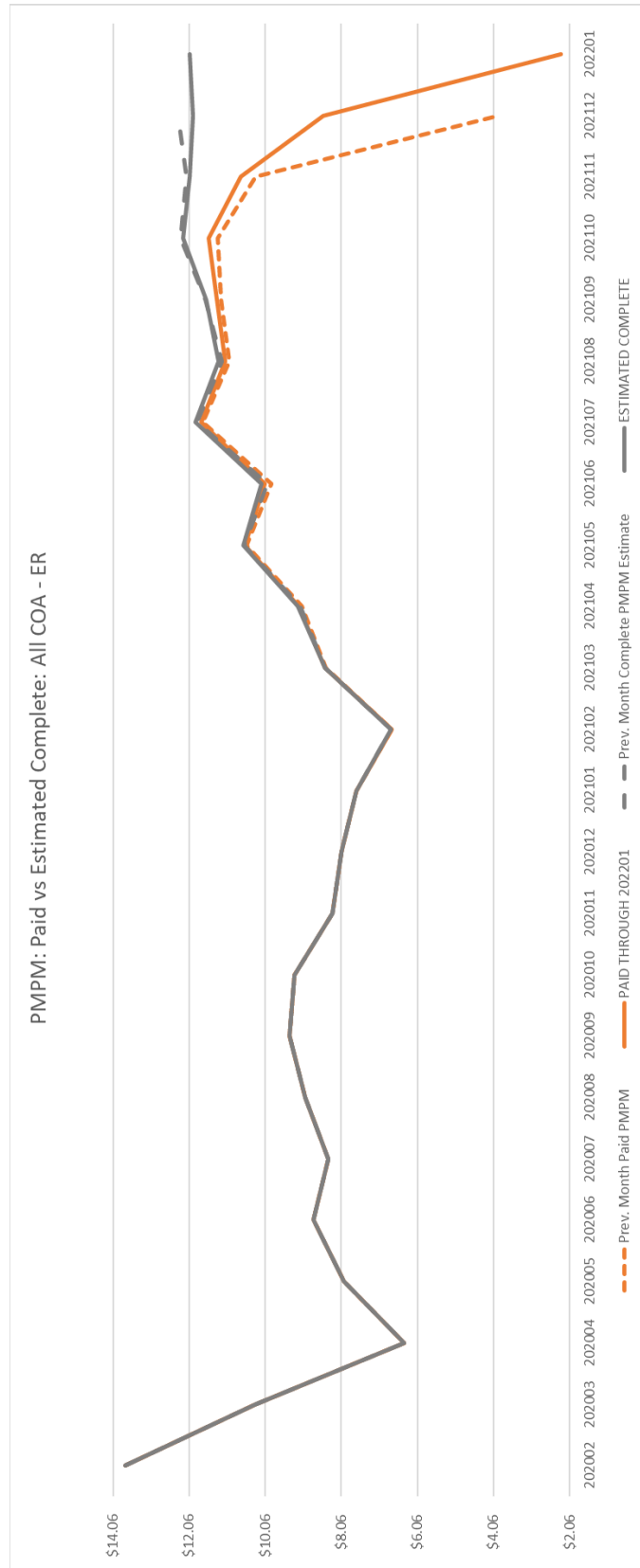
Long Term Care



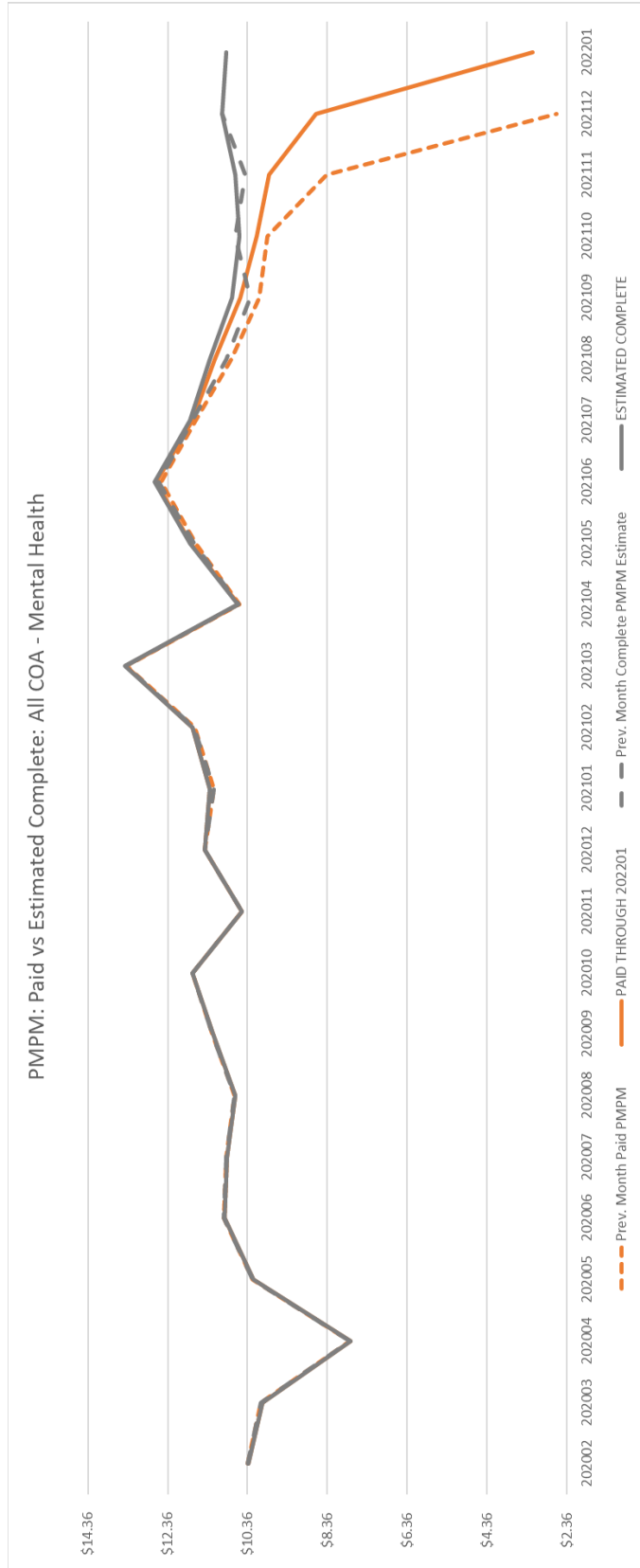
Outpatient



Emergency Room



Mental and Behavioral Health



Financial Statement Summary

	January 2022	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	\$ 75,162,813	\$ 578,478,525	\$ 576,374,185	\$ 2,104,340
Health Care Costs	69,727,276	520,002,277	530,496,993	(10,494,715)
Medical Loss Ratio		89.9%	92.0%	
Administrative Expenses	3,829,241	30,699,213	38,379,533	(7,680,320)
Administrative Ratio		5.3%	7.3%	
Non-Operating Revenue/(Expense)	(11,943)	158,123	210,000	(51,876)
Total Increase/(Decrease) in Net Assets	\$ 1,594,352	\$ 27,935,157	\$ 7,707,660	\$ 20,227,499
Cash and Investments	\$ 254,058,798			
GCHP TNE	\$ 133,650,034			
Required TNE	\$ 37,462,498			
% of Required	357%			

Questions?

AGENDA ITEM NO. 7

TO: Provider Advisory Committee
FROM: Marlen Torres, Executive Director of Strategy & External Affairs
DATE: March 8, 2022
SUBJECT: Strategic Planning Update

**PowerPoint with
Verbal Presentation**

ATTACHMENT: GOLD COAST'S VISION INTO THE FUTURE

Gold Coast Health Plan's Vision into the Future

March 8, 2022

Nick Liguori, Chief Executive Officer

Marlen Torres, Executive Director
Strategy and External Affairs

Integrity

Accountability

Collaboration

Trust

Respect

What to expect from today's session

...in the context of a continuous Strategic Planning process



The December 16, 2021, and January 31, 2022, Commission meetings were focused on Management's analysis of CalAIM policy and other evolving Medi-Cal requirements for the purposes of informing the 5 Year Strategic Plan.

To set the table of information for the actions and priorities of the FY 2022-23 strategic plan and the upcoming Budget.

We will continue to provide updates to the PAC as we develop our 1-year plan.

The main purpose of today

1. Examine how Medi-Cal program reforms will impact our members' lives and the communities we serve; and
2. Respond to the imperative that our strategies and plans must be tailored on a member and community focused approach for Ventura County.

Medi-Cal Overview

People with disabilities composed 9% of Medi-Cal enrollees but accounted for 31% of spending.

Children accounted for 17% of enrollees, but just 6% of spending.

More than three out of four Medi-Cal enrollees are in households where they or another family member works part- or full-time.

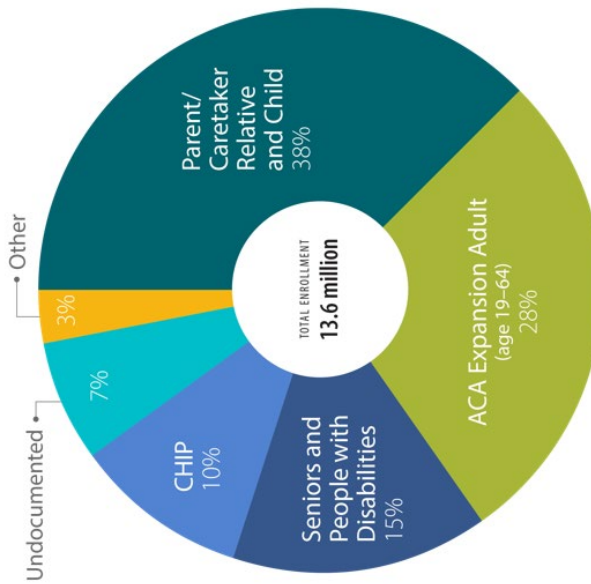
The COVID-19 pandemic ensued in hundreds of thousands of people enrolling in, or retaining, Medi-Cal coverage.

The state has proposed innovations and changes aimed at improving care for Medi-Cal members (CalAIM).

Medi-Cal will address the needs and costs of an aging population

Implement strategies to address disparities in access, quality, and outcomes of care for enrollees of color.

Enrollment, by Aid Category, 2021

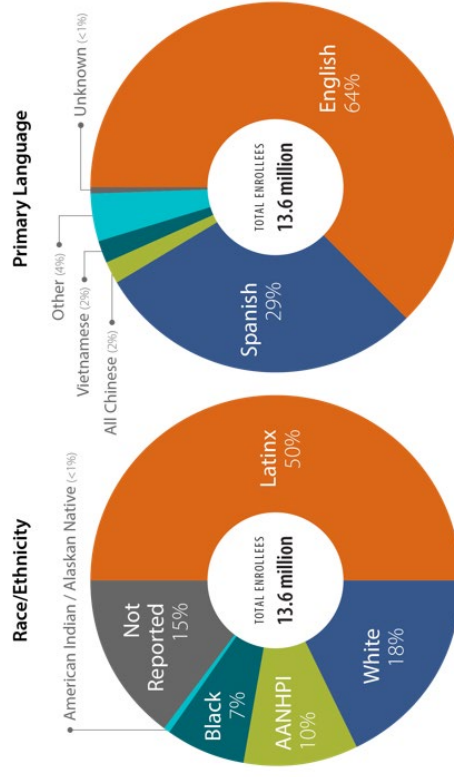


Notes: Enrollment month is January 2021. CHIP is Children's Health Insurance Program. Undocumented includes aid categories restricted to only pregnancy-related, long-term care, and emergency services for adults who do not have satisfactory immigration status, also known as restricted-scope benefits. Other includes long-term care and aid categories including Respiratory Care, Veterinary Assistance / Pet Care, Cancer Treatment Program, Abandoned Baby Program, Minor Consent Program, Adult Day Care, Child Support Health and Disability Prevention Program (CDSP), Trafficking and Crime Victims Assistance Program, and State and county inmates. Segments may not total 100% due to rounding.

Source: Medi-Cal Monthly Eligible-Fair Facts (January 2021) (PDF), California Dept. of Health Care Services, April 2021.

CALIFORNIA HEALTH CARE FOUNDATION

Medi-Cal Enrollee Profile by Ethnicity and Primary Language, 2021



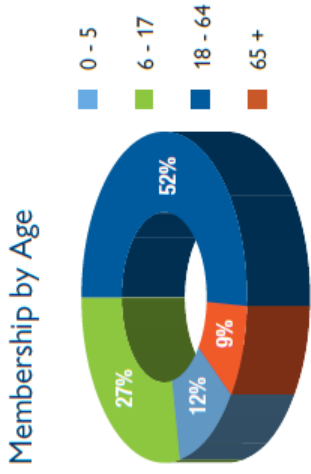
Notes: AANHPI is Asian American / Native Hawaiian and Pacific Islander. Enrollment month is January 2021. Source uses Hispanic, African American, and Asian/Pacific Islander. All Chinese includes Mandarin, Cantonese, and Other Chinese. Other includes American Sign Language, Arabic, Armenian, Cambodian, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mien, Other Non-English, Other Sign, Polish, Portuguese, Russian, Samoan, Tagalog, Thai, and Turkish. Segments may not total 100% due to rounding.

Source: Medi-Cal Monthly Eligible-Fair Facts (January 2021) (PDF), California Dept. of Health Care Services, April 2021.

CALIFORNIA HEALTH CARE FOUNDATION

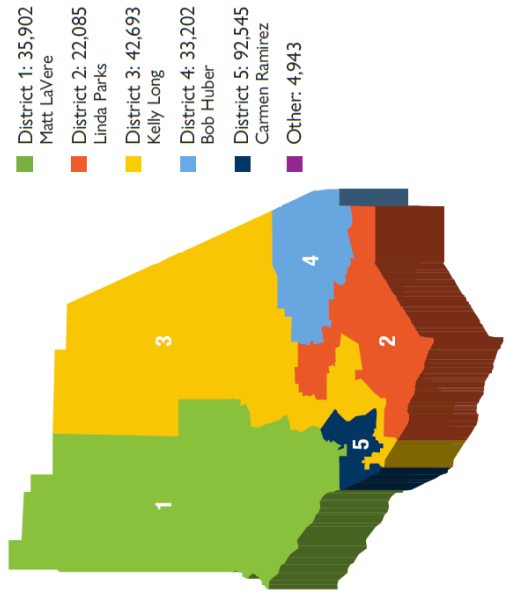
Why It Matters

Members **231,370**



SPD: Seniors and Persons with Disabilities
Duals: Dually Eligible for Medicare and Medi-Cal

Membership by Supervisorial District



(Gold Coast Health Plan, 2022)

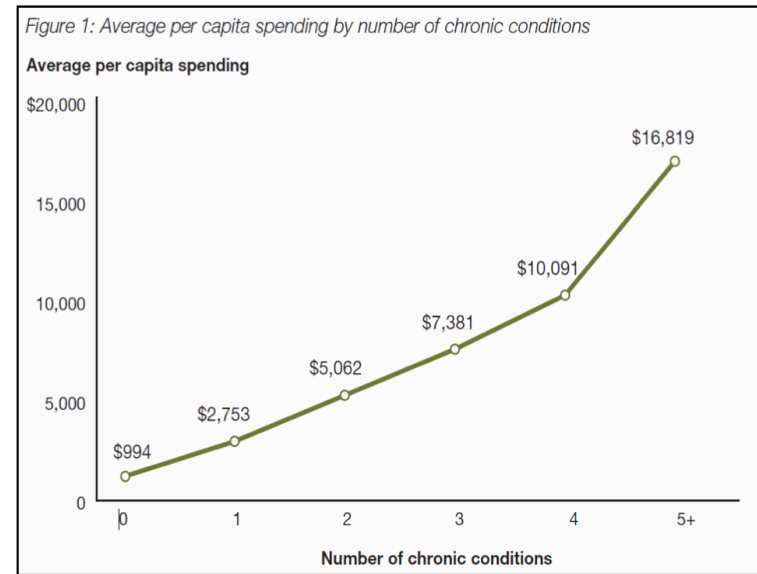
Why It Matters

Relationship Between Health Care Costs and Chronic Conditions

- The primary business of health care today is managing chronic conditions
- Approximately 75% of all health care expenditures are for chronic conditions
- A typical Medicare patient has 4 chronic conditions and will see 7 doctors (including 5 specialists) in 5 different practices in a year*
- 40% of Medicare patients have 7 or more chronic conditions and are likely to see 11 physicians in 7 different practices in a year (and it is not unusual for a patient to see 15-20 different doctors, along with other caregivers, in a year)*

- The cost of care is closely correlated with the number of chronic conditions

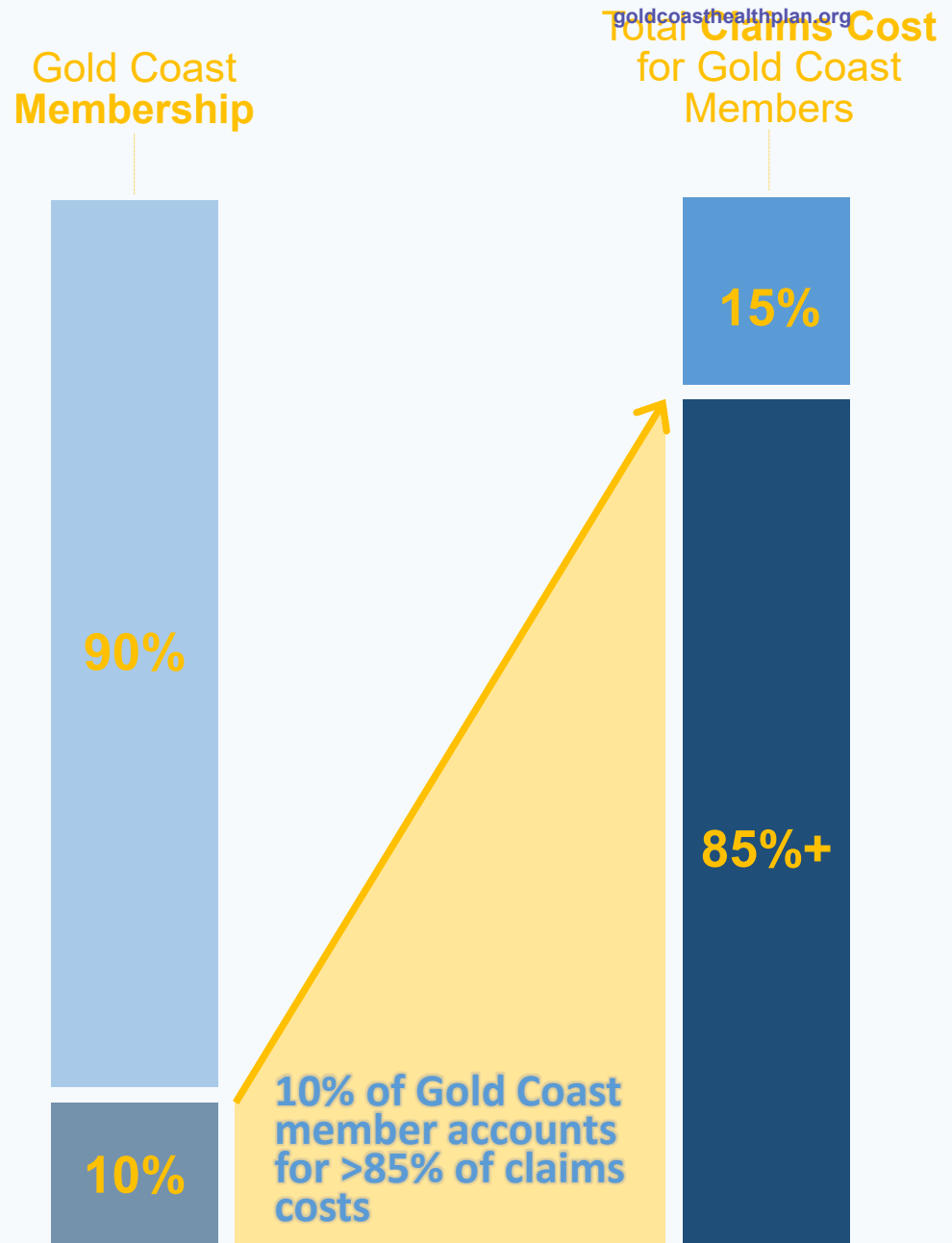
*NEJM 2007; 356:1130-1139



Why It Matters

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

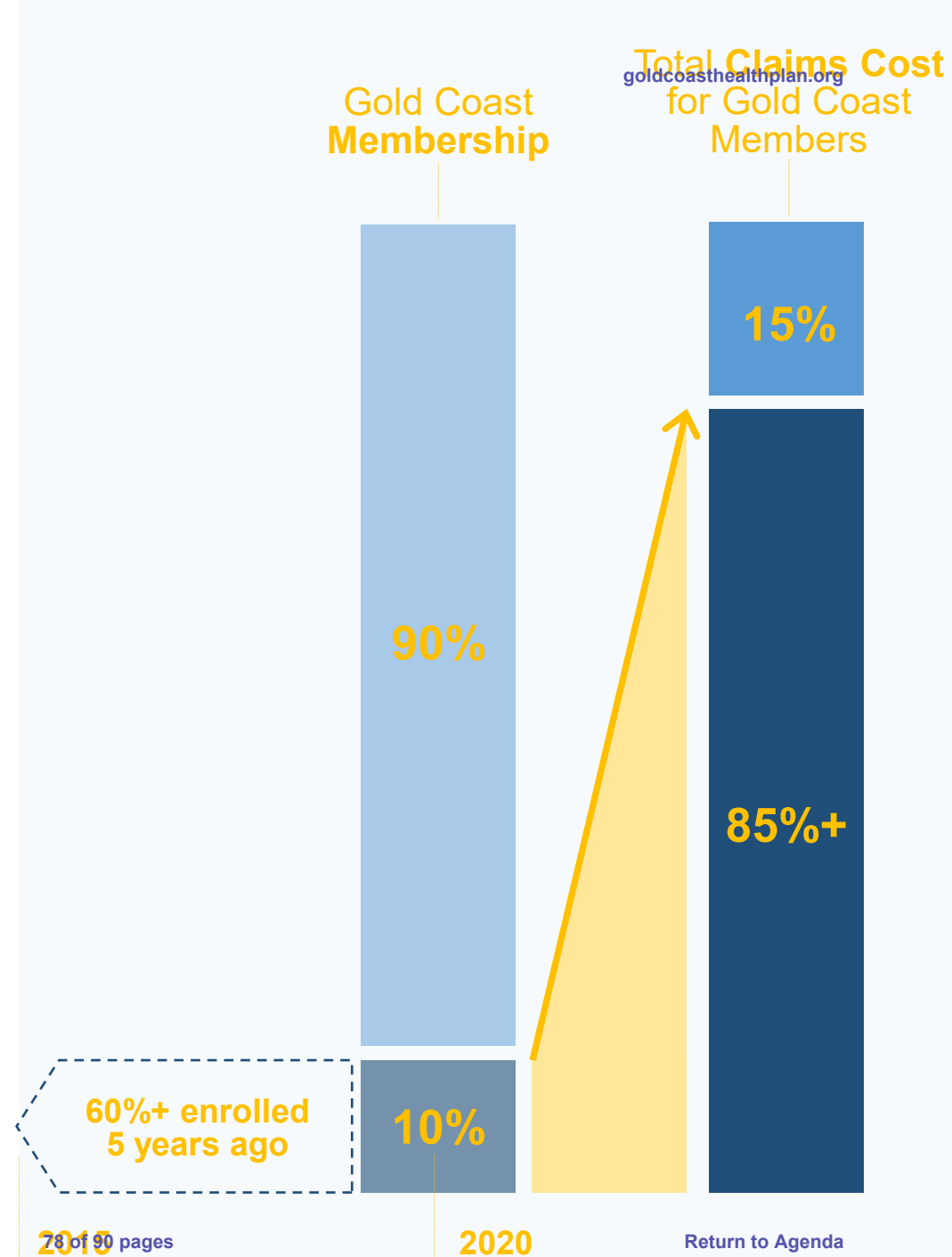
1. Improve life and lifespan for these individuals (and communities);
2. Increase satisfaction with care for these individuals, families and caregivers;
3. Improve the healthcare system for all (not just these individuals); and
4. Reduce costs and cost growth, thereby allowing for greater value-based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



Why It Matters

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).



This Moment Matters

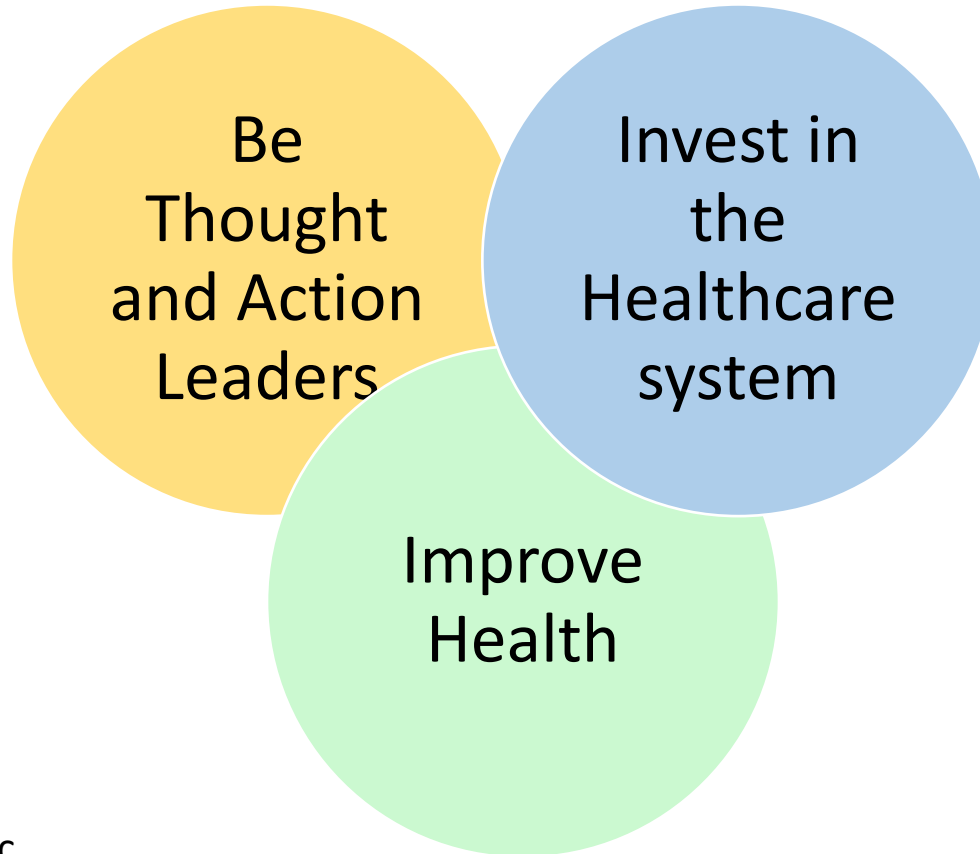


1. Medi-Cal is transforming rapidly through CalAIM, the 2024 procurement and other dynamics.
2. The imperative to improve the health and healthcare for persons living with chronic conditions and for the most vulnerable has always been with us at GCHP (purpose, founding, mission).
3. GCHP needs to lead (thought and action leadership) to ensure the best for Ventura County, our Medi-Cal members and our healthcare system through meaningful partnership with our partners.

Why We Rise to the Challenge



Invest in technology platforms



1-5 VC Residents
1-2 VC Children
1-8 VC Seniors



Develop leading edge programs to address chronic conditions



Maximize incentives to invest in the delivery system

Need to Focus on the Foundation goldcoasthealthplan.org



Major Areas of Focus



Member and Community Experience

Putting the Member and Ventura County Community FIRST in our plans and priorities



Better Health

Positive impact to Ventura County health and wellbeing



TNE & Maximum Incentives

For financial strength and to invest in the delivery system



Quality and Value-Based Healthcare

Positive impact to Ventura County healthcare system



Cal AIM

ECM/CS expansion, roll out and readiness; Incentive Payment Program (“IPP”)



People & Culture

Build organization and skillset; Employee engagement and employer of choice



Compliance

Successful exit from DHCS in Conduent situation; Oversight implementation; Cal AIM and STCs



Operations

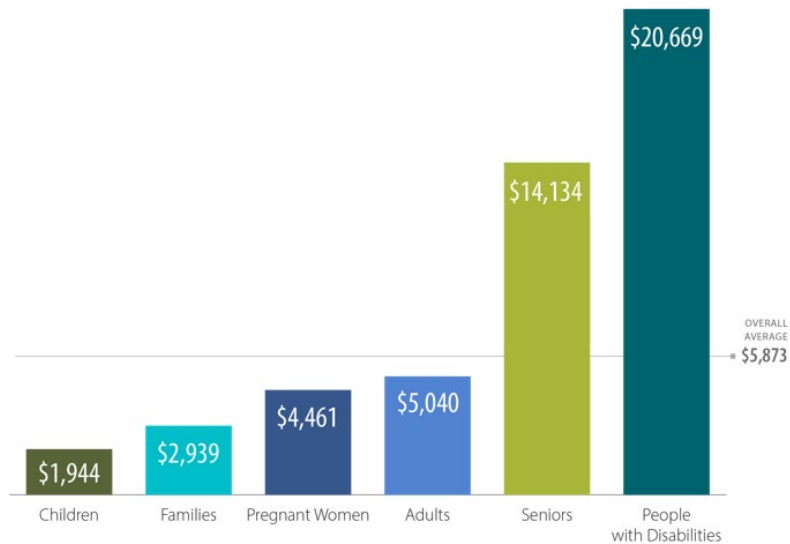
Prepare plan for future operations; launch procurement

Q&A

Appendix

Medi-Cal Cost Breakdown

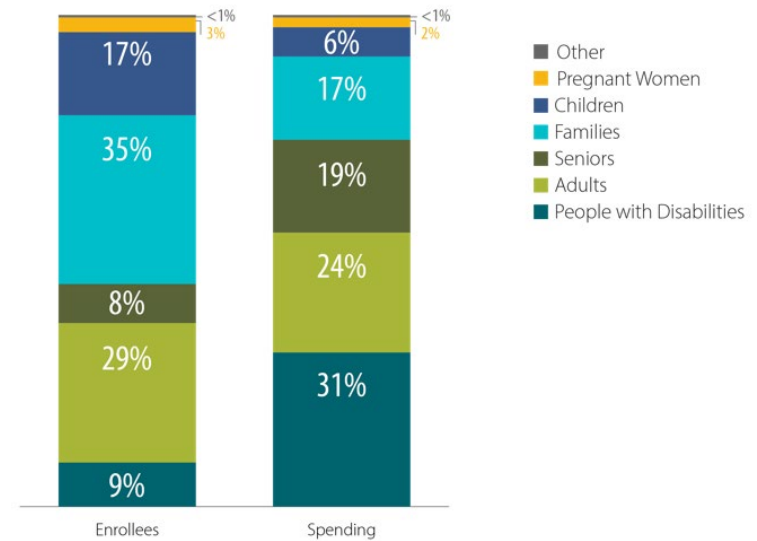
Medi-Cal Annual Spending per Eligible Enrollee FY 2019–20



Notes: Figures presented are estimates for FY 2019–20 calculated as of May 2020 and reflect annual spending. Reported values exclude Hospital Presumptive Eligibility and other aid codes totaling 0.3% of enrollees. For additional information about Medi-Cal spending on maternity care, please see CHCF's report *Maternity Care and Paying for Maternity Services*.
Source: "Fiscal Year 2019-20 Cost per Eligible Based on May 2020 Estimate," in *Medi-Cal May 2020 Local Assistance Estimate for Fiscal Years 2019–20 and 2020–21* (PDF), California Dept. of Health Care Services.

CALIFORNIA HEALTH CARE FOUNDATION

Medi-Cal Enrollees and Spending by Eligibility Category, FY 2019–20

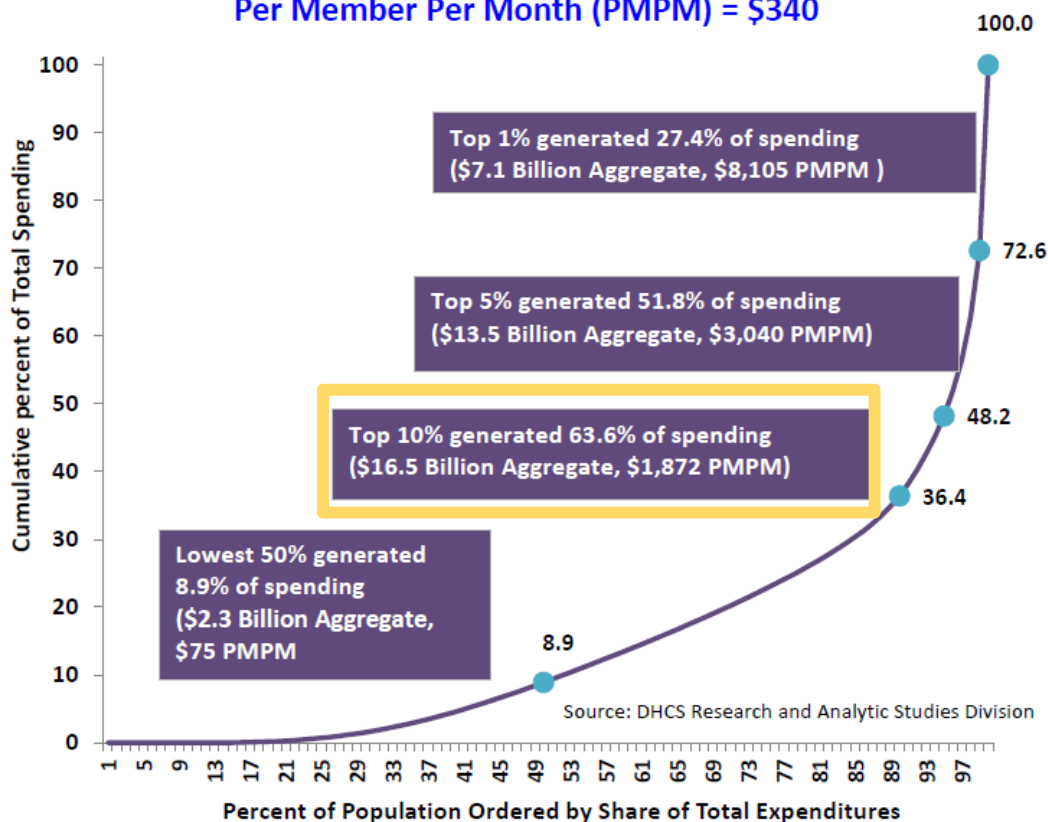


Notes: Figures presented are estimates for FY 2019–20 calculated as of May 2020. Other includes Hospital Presumptive Eligibility and other aid codes. For additional information about Medi-Cal spending on maternity care, please see CHCF's report *Maternity Care and Paying for Maternity Services*.
Source: "Fiscal Year 2019-20 Cost per Eligible Based on May 2020 Estimate," in *Medi-Cal May 2020 Local Assistance Estimate for Fiscal Years 2019–20 and 2020–21* (PDF), California Dept. of Health Care Services.

CALIFORNIA HEALTH CARE FOUNDATION

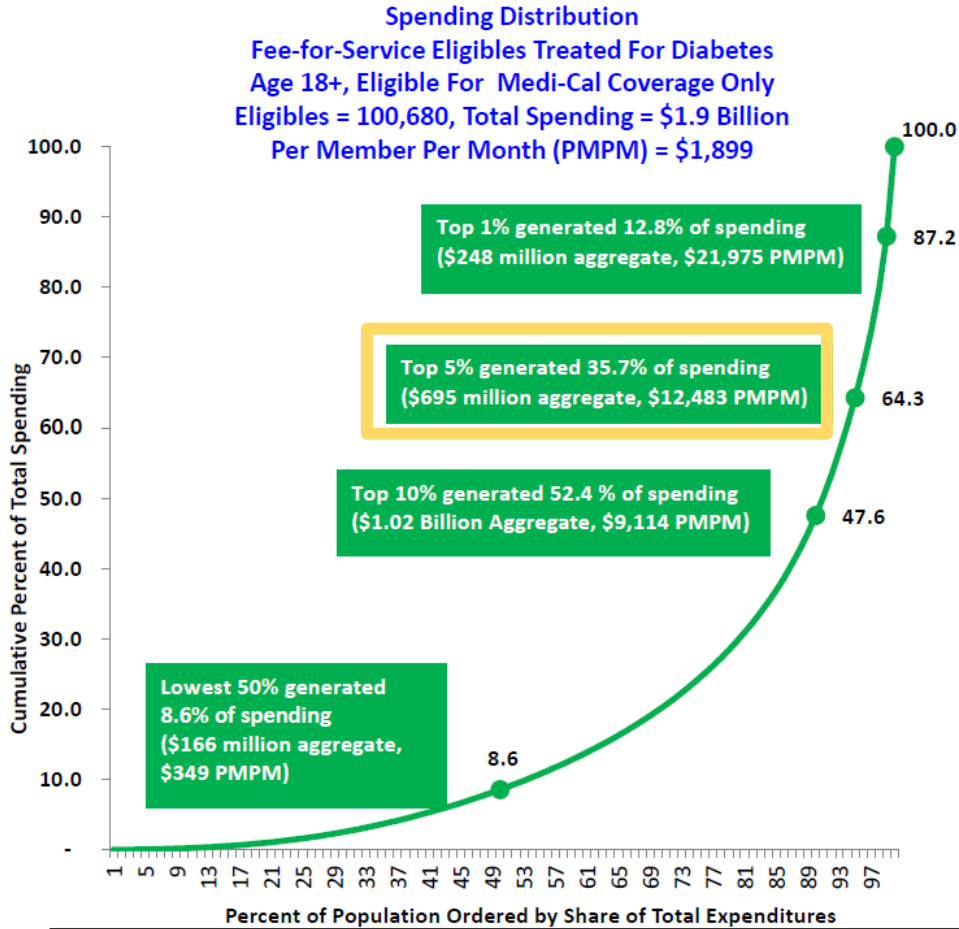
Analysis of High Utilizers of Medi-Cal Services

Distribution of Spending Among Medi-Cal Eligibles
 Individuals Eligible For Medi-Cal Only
 Participating In FFS, FFS_MC, MC
 Eligibles = 7,914,215, Total Spending = \$26 Billion
 Per Member Per Month (PMPM) = \$340



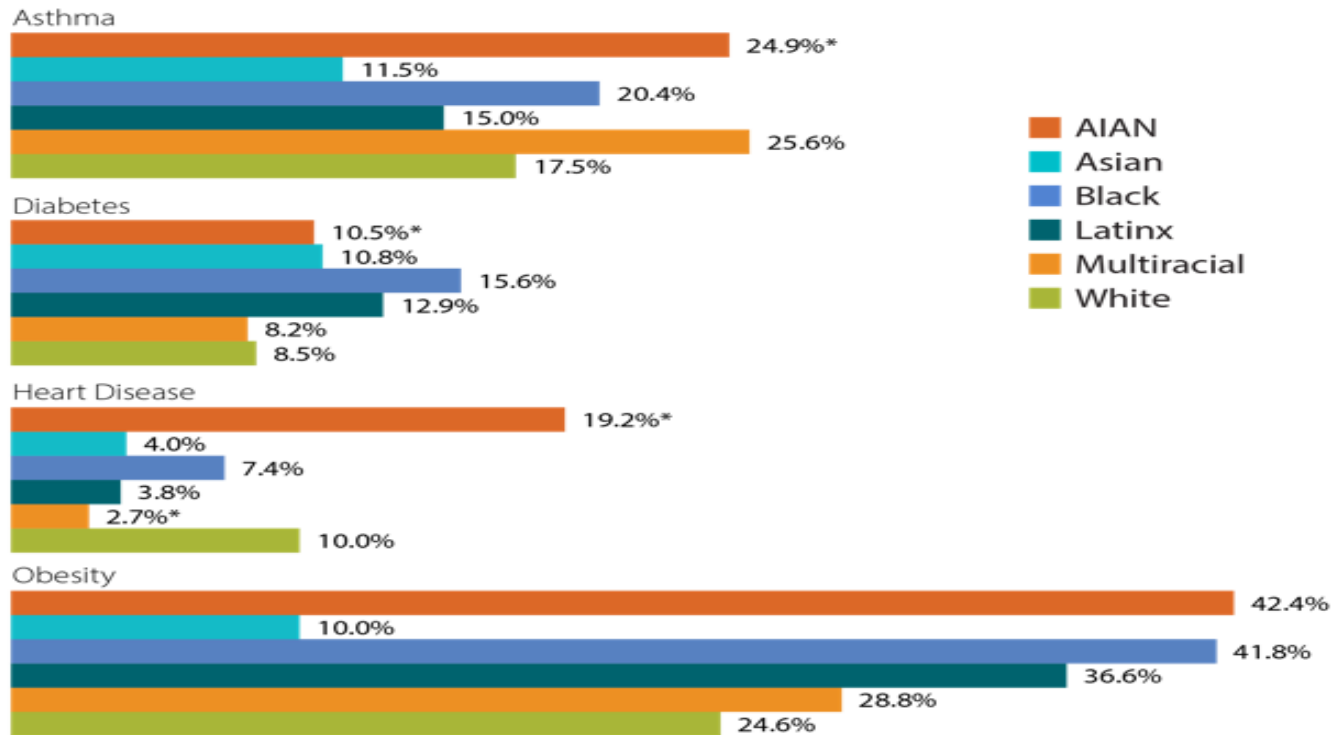
- A Small percentage of member's account for a large share of Medi-Cal total spending.
- **Ten percent of Medi-Cal's population accounted for approximately 64% of total spending on individuals eligible for Medi-Cal only.**
- **Most costly 1% of the Medi-Cal eligible only population accounted for 27% of all spending. While the costliest 5% accounted for over half of all spending on Medi-Cal only individuals.**
- At least 50% of the population accounted for just 9% of total spending.

Analysis of High Utilizers of Medi-Cal Services (Diabetes)



Addressing Health Equity in Medi-Cal

Adults with Chronic Conditions, by Race/Ethnicity California, 2020



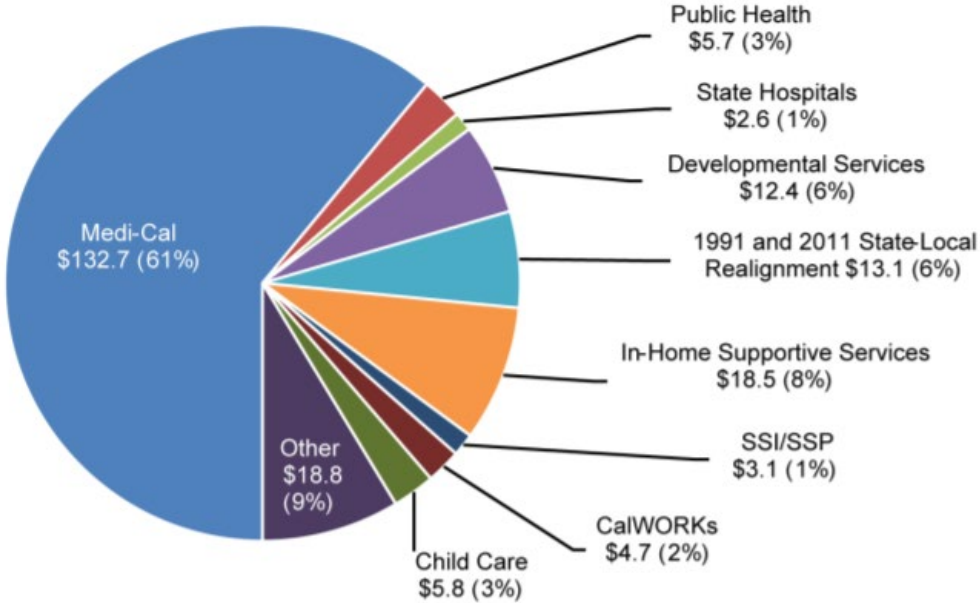
* Statistically unstable.

Notes: Diabetes, asthma, and heart disease are percentage of those ever diagnosed. AIAN is American Indian and Alaska Native. Source uses African American and Two or more races. Data for Native Hawaiian and Pacific Islander are not shown.

Source: "AskCHIS," UCLA Center for Health Policy Research, accessed October 7, 2021.

Governor Newsom's FY 2022-23 Proposed Budget

Health and Human Services Proposed 2022 -23 Funding ^{1/}
All Funds
 (Dollars in Billions)



^{1/}Totals \$217.5 billion for support, local assistance, and capital outlay. This figure includes reimbursements of \$20.3 billion and excludes \$2,520,000 in Proposition 98 funding in the Department of Developmental Services and Department of Social Services budgets and county funds that do not flow through the state budget.
 Note: Numbers may not add due to rounding.

References

1. Finocchio et al. (2021). Medi-Cal Facts and Figures: Essential Source of Coverage for Millions. *The California Health Care Foundation*. <https://www.chcf.org/wp-content/uploads/2021/08/MediCalFactsFiguresAlmanac2021.pdf>
2. Gold Coast Health Plan. (2022). *Fast Facts About Us*. <https://www.goldcoasthealthplan.org/about-us/fast-facts/>
3. Johnson et al. (2022). The 2022-23 Budget: Analysis of the Medi-Cal Budget. *The Legislative Analyst's Office*. <https://lao.ca.gov/reports/2022/4522/medi-cal-budget-020922.pdf>
4. The California Department of Finance. *Budget Summary: Health and Human Services*. <https://www.ebudget.ca.gov/2022-23/pdf/BudgetSummary/HealthandHumanServices.pdf>
5. The California Department of Health Care Services. (2022). *Medi-Cal COVID-19 Vaccinations*. <https://www.dhcs.ca.gov/Documents/COVID-19/DHCS-COVID-19-Vaccine-Stats.pdf>
6. Thomas and Valentine (2021). Health Disparities by Race and Ethnicity in California: Pattern of Inequity. *The California Health Care Foundation*. <https://www.chcf.org/wp-content/uploads/2021/10/DisparitiesAlmanacRaceEthnicity2021.pdf>
7. Ventura County Recovers. (2022). <https://www.venturacountyrecovers.org/>
8. Watkins, J. (2015). Understanding Medi-Cal's High-Cost Populations. *The California Health Care Foundation*. <https://www.chcf.org/event/data-symposium-and-webinar-on-high-utilizers-of-medi-cal-services/#related-links-and-downloads>