

**Joint Meeting of the  
Ventura County Medi-Cal Managed Care Commission (VCMMCC)  
dba Gold Coast Health Plan and the Compliance Oversight Committee**

**Regular Meeting**

**Monday May 22, 2023 2:00 p.m.**

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

The meeting is being held virtually pursuant to AB 361.

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

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

**Conference ID Number: 340 396 901#**

**Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234**

<p>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.</p>
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**AGENDA**

**CLERK ANNOUNCEMENT**

All public is welcome to call into the conference call number listed on this agenda and follow along for all items listed in Open Session by opening the GCHP website and going to **About Us > Ventura Country Medi-Cal Managed Care Commission > Scroll down to Commission Meeting Agenda Packets and Minutes**

**CALL TO ORDER**

**INTERPRETER ANNOUNCEMENT**

**ROLL CALL**

## **PUBLIC COMMENT**

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

Persons wishing to address VCMMCC and Committee 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 and Committee.

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

## **CONSENT**

### **1. Resolution 2023-003 thanking Dr. Nancy Wharfield for her service to Gold Coast Health Plan (GCHP)**

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Staff requests that the Commission approve Resolution 2023-003

### **2. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of April 24, 2023**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of April 24, 2023.

### **3. Findings to Continue to Hold Remote Teleconference/Virtual Commission and Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Committee and Commission should make the findings and determine that teleconferencing under AB361 will promote and protect the public's health, safety and welfare.

## **PRESENTATIONS**

### **4. Discussion of 2023-2024 Budget**

Staff: Nick Liguori, Chief Executive Officer

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

## **FORMAL ACTION**

### **5. Contract Approval – Reeder & Associates – Chief Financial Officer Recruitment**

Staff: Michael Murguia, Executive Director of Human Resources

**RECOMMENDATION:** It is the Plan's recommendation to approve the Reeder & Associates contract.

### **6. April 2023 Financials**

Staff: Nick Liguori, Chief Executive Officer

**RECOMMENDATION:** Staff requests that the Commission approve the April 2023 financial package.

## **REPORTS**

### **7. Chief Executive Officer (CEO) Report**

Staff: Nick Liguori, Chief Executive Officer

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

### **8. Chief Information Officer (CIO) Report**

Staff: Alan Torres, Chief Information Officer

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

## **9. Chief Compliance Officer (CCO) Report**

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the report

## **CLOSED SESSION**

### **10. PUBLIC EMPLOYEE APPOINTMENT**

Title: Chief Financial Officer

Pursuant to Govt. Code section 54957(b)(1)

### **11. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9 of Govt. Code: One case.

## **ADJOURNMENT**

Date and location of the next meeting to be determined at the June 12, 2023, special Commission Meeting.

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

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

**AGENDA ITEM NO. 1**

**TO:** Ventura County Medi-Cal Managed Care Commission

**FROM:** Nick Liguori, Chief Executive Officer

**DATE:** May 22, 2023

**SUBJECT:** Resolution 2023-003 thanking Dr. Nancy Wharfield for her service to Gold Coast Health Plan (GCHP)

**SUMMARY:**

The Ventura County Medi-Cal Managed Care Commission thanks Dr. Nancy Wharfield for her exemplary service to Gold Coast Health Plan as she retires as Chief Medical Officer.

**RECOMMENDATION:**

Staff requests that the Commission approve Resolution 2023-003.

**ATTACHMENTS:**

Resolution 2023-003

## **Resolution No. 2023-003**

**The following resolution is being issued by the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan to thank Dr. Nancy Wharfield for her exemplary service to Gold Coast Health Plan as she retires as Chief Medical Officer.**

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

**Whereas**, Gold Coast Health Plan proudly serves more than 255,000 Medi-Cal beneficiaries in Ventura County through its network of primary care physicians, specialists, behavioral health providers, and hospitals, and

**Whereas**, Gold Coast Health Plan is governed by the Ventura County Medi-Cal Managed Care Commission, which is comprised of 12 members representing public and private health care providers and the community, and

**Whereas**, On July 14, 2011, Dr. Nancy Wharfield joined Gold Coast Health Plan, and

**Whereas**, Throughout her nearly 12 years with Gold Coast Health Plan, Dr. Wharfield held progressive roles as a medical case reviewer, Associate Chief Medical Officer, and Chief Medical Officer, and

**Whereas**, Dr. Wharfield had an integral role in building the Health Services Department from a small group of contracted staff to a well-resourced team that encompassed Care Management, Utilization Management, Quality Improvement, Health Education, Population Health, and Pharmacy, and

**Whereas**, Dr. Wharfield led with a member-first focus and worked tirelessly to ensure that programs and services were implemented in the way that would best serve Gold Coast Health Plan’s most vulnerable members, and

**Whereas**, The clinical, operational, organizational, and strategic leadership that Dr. Wharfield provided is the foundation on which the Gold Coast Health Plan of the future is being built, and

**Whereas**, Gold Coast Health Plan is better equipped to achieve the best health outcomes possible, create the greatest access to quality healthcare, and provide a superior experience for the members and communities it serves because of Dr. Wharfield’s leadership, and

**Now, Therefore, Be It**

**RESOLVED**, that the Ventura County Medi-Cal Managed Care Commission and Gold Coast Health Plan express immense gratitude for Dr. Wharfield's extraordinary leadership and dedication to Gold Coast Health Plan for nearly all of the 12 years that it has been in operation; and be it further

**RESOLVED**, that the Ventura County Medi-Cal Managed Care Commission and Gold Coast Health Plan congratulate Dr. Wharfield on her retirement and commend her for a lifetime of work in service of others.

Passed, Approved, and Adopted by the Ventura County Medi-Cal Managed Care Commission at a regular meeting on the 22<sup>nd</sup> day of May, 2023, by the following vote:

AYE:

NAY:

ABSTAIN:

ABSENT:

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Commission Chair

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Clerk of the Commission

## **AGENDA ITEM NO. 2**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Maddie Gutierrez, MMC, Clerk for the Commission  
DATE: May 22, 2023  
SUBJECT: Regular Commission Meeting Minutes of April 24, 2023

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENT:**

Copy of Minutes for the April 24, 2023, Regular Commission Meeting.

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

**April 24, 2023**

**CALL TO ORDER**

Committee Chair Dee Pupa called the meeting to order at 2:02 pm in person and via teleconference. The Clerk of the Board was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

**INTERPRETER ANNOUNCEMENT**

Lourdes Campbell, interpreter, gave her announcement for non-English speakers.

**OATH OF OFFICE**

Melissa Livingston took her Oath of Office.

**ROLL CALL**

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood, D.O.

Absent: Commissioners Anna Monroy, Sara Sanchez, and Jennifer Swenson.

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Alan Torres, Chief Information Officer, CPPO Erik Cho, Marlen Torres, Executive Director, Strategy and External Affairs, Paul Aguilar, Executive Director, Human Resources, Felix Nunez, M.D., Chief Medical Officer, Robert Franco, Chief Compliance Officer, Ted Bagley, Chief Diversity Officer, Susana Enriquez-Euyoque, Leeann Habte, and Scott Campbell, General Counsel.

Also in attendance were the following GCHP Staff: Anna Sproule, Nicole Kanter, Veronica Estrada, Kent Ichida, Rachel Lambert, Adriana Sandoval, Lisbet Hernandez, Lucy Marrero, Lupe Gonzalez, Mayra Hernandez, David Tovar, Lily Yip, Vicki Wrighster, Kim Timmerman, Kris Schmidt, Michael Mitchell, Pauline Preciado, David Kirkpatrick, Shivani Pillay, Lupe Harrion, and Paula Cabral.

Ventura County Guest: Tracy Gallagher, from Supervisor Lopez office.

## **PUBLIC COMMENT**

Jessica Hahn stated she is a member with disabilities. She stated she has been denied treatment and feels neglected by GCHP. Ms. Hahn stated her issues have “fallen through the gaps.” She is in pain at all times. She is requesting that services be provided to her. Ms. Hahn stated that the ECM program has “kicked her out” and she has not received care management. She stated her quality of life is being compromised. She also stated that there has been no follow up since her last public comment. She also stated she does not have access to her medical records and is requesting they be released to her immediately.

Legal Counsel, Scott Campbell, stated that a GCHP representative will contact Ms. Hahn. CMO Nunez stated he will ensure that Ms. Hahn is contacted.

## **CONSENT**

1. **Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of January 23, 2023, and Special Commission meeting minutes of February 6, 2023.**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of January 23, 2023, and Special Commission meeting of February 6, 2023.

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

STAFF: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Committee and Commission should make the findings and determine that teleconferencing under AB361 will promote and protect the public’s health, safety, and welfare.

Commissioner Corwin motioned to approve Consent items 1 and 2. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston (on agenda item 2 only), Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood, D.O.

NOES: None.

ABSTAIN: Commissioner Melissa Livingston abstained from the vote on agenda item 1.



ABSENT: Commissioners Anna Monroy, Sara Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.

### **UPDATES**

#### **3. Member Incentive Program Growth**

Staff: Felix I. Nunez, M.D., Chief Medical Officer  
Susana Enriquez-Euyoque, Director of Communications  
Kim Timmerman, Sr. Director of Quality Improvement

**RECOMMENDATION:** GCHP recommends Commission Support of GCHP's member incentive program and its continued growth.

The Clerk announced this item was tabled.

### **PRESENTATIONS**

#### **4. Keeping Our Medi-Cal Members Enrolled in Coverage**

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

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

Marlen Torres, Executive Director of Strategy & External Affairs, stated the presentation involved a variety of GCHP staff. Ms. Torres reviewed the Outreach strategy and gave a brief overview.

Ms. Torres reviewed the imperatives: 1) Implement a unified communications campaign, 2) Equip partners with information and resources, and 3) utilize data-driven methods to engage members who are at risk of losing coverage.

The goals are: 1) Support Medi-Cal renewals and newly eligible individuals, 2) raise awareness on the need to renew coverage and support members to do so, and 3) engage community and provider network to increase outreach.

Ms. Torres reviewed the Regulatory Guidance timeline. She stated DHCS has asked that we commence redeterminations in Ventura County beginning April 24<sup>th</sup>. We must remind members to update their contact information so they can receive their packets in a timely manner. She noted that non-English speakers are having a hard time for enrollment. We are currently using a variety of methods to do outreach in this community. Ms. Torres thanked the County for their input and support in these efforts.

There is a Two-Phase approach: the launch of the Ambassador Program, which will ensure individuals get information on eligibility requirements, and the renewal phase,



which assists in keeping information up to date. We want members to get support in order to complete packet and submit in a timely manner.

Susana Enriquez-Euyoque, Director of Communications reviewed Phase I, which includes communication channels. GCHP will use the GCHP website, radio, television, as well as FaceBook live segments, and print in order to expose the County to the enrollment information. These events will be part of a month-to-month blast to members and providers. If members miss the deadline, we can work with members on how to continue coverage. GCHP will also participate in community events and have information for the public. Ms. Torres stated that we must also engage community leaders, and our advisory committees will also be engaged and asked to share information.

Vicki Wrighster, Sr. Director of Network Operations, reviewed how the Plan is working to engage providers. She noted there is a provider newsletter, provider orientations, email blasts, and visits to sites. We will align with HASC and support assistors. We are looking for the best options to get information out to our members. We want providers to encourage our members to complete their packets.

Anna Sproule, Executive Director of Operations stated both the Call Center and Member Services have received training to help members enroll on the website. On this website they can complete their renewal and update their information. GCHP is sharing information with Ventura County Human Services Agency when we receive updated information. We are also adding the updated information to the call center IVR to remind members to update their contact information and complete renewal forms.

Ms. Sproule noted that we are currently waiting on approval of the script for automated calls as well as for text messages. This type of communication will begin in May.

Commissioner Espinosa asked if there was certified training for staff on pre-determinations. Ms. Sproule stated staff is not certified. Commissioner Espinosa asked Ms. Torres if members who have received the initial packet ignore it, and instead submit the yellow packet. Ms. Torres replied if anyone submitted paperwork during the public health emergency it was accepted, if they have not submitted, they need to complete and submit the yellow packet. Commissioner Pupa asked Ms. Torres if providers have materials in their office. Ms. Torres stated there is information and posters provided to the providers.

Commissioner Pupa thanked the team for their efforts.

Commissioner Corwin motioned to approve agenda item 4. Commissioner Abbas seconded the motion.



Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Anna Monroy, Sara Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.

### **FORMAL ACTION**

#### **5. Quality Improvement Committee 2023 First Quarter Report**

Staff: Felix L. Nunez, M.D., MPH, Chief Medical Officer

**RECOMMENDATION:** Approve the 2023 Quality Improvement and Health Equity Transformation Program Description (QIHETPD) and 2023 Quality Improvement and Health Equity Transformation Work Plan (QIHETWP) as presented. Receive and file the complete report as presented.

CMO Nunez introduced Kim Timmerman, Sr. Director of Quality Improvement. Ms. Timmerman would give the QI first quarter report. There are two items which need documented approval: 2023 Quality Improvement & Health Equity transformation Program Description, and 2023 Quality Improvement & Health Equity Transformation Work Plan.

Ms. Timmerman noted incorporated focus on: Health Equity, Key Functional Areas, and resources supporting the QIHET Program. Ms. Timmerman reviewed each of the focus areas. There is an emphasis on children's preventive care, material health outcomes and behavioral health. Ms. Timmerman also reviewed QIHETPD resources such as quality improvement, IT analytic support, health education and behavioral health practitioner.

Ms. Timmerman also reviewed the transformation work plan. She noted the work plan title change from Quality Improvement Work Plan to Quality Improvement and Health Equity Transformation Work Plan. She reviewed DHCS managed care plan and readiness transition planning for 2024.

The five objectives (which remain the same) for the 2023 QI and Health Equity Transformation Work Plan updates were reviewed. Ms. Timmerman presented the metrics for each of the five objectives. She noted there is a HEDIS compliance audit which added metrics for focus on performance identifying interventions. Ms. Timmerman also reviewed the metrics that were removed. She noted there is a specific focus based on recent CAP scores.



Commissioner Espinosa asked why the adverse childhood screening had been removed. Ms. Timmerman stated it continues to be monitored but there a more targeted focus on resources.

Commissioner Abbas motioned to approve agenda item 5. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

**AYES:** Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood, D.O.

**NOES:** None.

**ABSENT:** Commissioners Anna Monroy, Sara Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.

## **6. February and March 2023 Financials**

Staff: Jamie Louwerens, Sr. Director of Finance

**RECOMMENDATION:** Staff requests that the commission approve the February and March 2023 financial package.

CEO Liguori stated he would present the financials report. He stated that he would be presenting his own set of financial slides. He stated he would focus on three aspects of financial performance: 1) essential that the CEO deeply understand the drivers of financial performance, 2) ensure that the understanding exists at the executive level. We must have the management controls and programs to achieve the combination of growing impact and long-term financial sustainability, and 3) to ensure strong financial management while searching for a new Chief Financial Officer.

CEO Liguori noted the same trends of our growing surplus as in prior months are clear. There have been three years of sound rate increases, averaging 5%. He stated there are three factors which have contributed to the gains seen: 1) IBNR, 2) the impact of the public health emergency (PHE), and 3) release of conservative claims estimates.

CEO Liguori reviewed the income and reserve history of the organization. He noted the reserve growth over the past two years is due to rate increases and the PHE. He stated that a period of uncertainty is coming. There are three keynotes in the budget which will be the focus: 1) redetermination will show a decline in membership as well as revenue, and the underlying risks are more acute. 2) 7,000 of our members will become Kaiser members and will leave GCHP by 1/1/2024, and 3) rate environment will be challenging



over the next two years. Advocacy and effective care, cost and quality management will become a priority. We will have quality driven rates by 2026 per DHCS. This will be favorable to high performing plans and a great risk for low performing plans. The concern now is how will premiums develop after the PHE. For a period of time, due to the PHE, there was a suspension of redetermination. Approximately 20,000 of our members have other insurance and will not redetermine with us. These 20,000 members will leave GCHP next year. The current information from our actuaries shows the forecast is biased to a decrease in rates for 2024 CY and 2025 will be the bigger risk. The concern is that healthier members will leave GCHP and chronic users, approximately 10% will then become 20% and our medical expense ratio will change. If we lose 27,000 members, our medical expense ratio will go up from 7.2% to 8.9%. CEO Liguori reviewed various scenarios for medical expense ratio. Currently the MLR is 76% and could go up to 89%. He did note that 85% MLR is required. He stated we want our member to get the care they need.

CEO Liguori reviewed current reserve guidelines, which are Commission set (500%), and "free" surplus (above the 500%). GCHP wants to deploy the surplus funds to the provider delivery system. We need to give providers incentives, and fund activities. We are currently reviewing provider reimbursement rates.

We planned for the PHE to end in October, which would not be a fiscal impact this fiscal year. Enrollment is currently high but will change. We are now currently planning the modernization of the health plan and there will be implementation costs. We are also planning for the start-up of D-SNP, and we also want to give providers incentives. We are also currently reviewing and updating provider reimbursement rates.

CEO Liguori moved onto give a quick financial summary. February net gain was \$26.8 million, March net gain was \$20.4 million. The fiscal year to date net gain is \$135.2 million. TNE is 974% of the minimum required. Medical loss ratio is 74.9% and administrative ratio is 7.2%.

Commissioner Pupa stated is she concerned about reserves in IBNR. The reduction of IBNR reduces income even more. She is concerned about claw-backs and working to get monies in the hands of providers. There is a concern for the future. Our costs have not kept pace with rates. Commissioner Atin stated he agreed with Commissioner Pupa. He asked what TNE will look like if there is a premium decrease and population decrease. He asked if there was a guess-timate on where TNE might be. CEO Liguori stated the information will be included in the budget packet.

Commissioner Atin motioned to approve agenda item 6. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Anna Monroy, Sara Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.

## **REPORTS**

### **7. Chief Executive Officer (CEO) Report**

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

### **8. Chief Medical Officer (CMO) Report**

Staff: Felix Nunez, M.D, Chief Medical Officer

RECOMMENDATION: Receive and file the report.

### **9. Human Resources (H.R.) Report**

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

Commissioner Corwin motioned to approve agenda items 7 through 9. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Anna Monroy, Sara Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.



**CLOSED SESSION**

**10. PUBLIC EMPLOYMENT**

Title: Chief Financial Officer

**11. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9:  
One case.

**ADJOURNMENT**

General Counsel, Scott Campbell stated there was no reportable action.  
The meeting was adjourned at 4:59 p.m.

Approved:

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Maddie Gutierrez, MMC  
Clerk to the Commission

### **AGENDA ITEM NO. 3**

**TO:** Ventura County Medi-Cal Managed Care Commission and Compliance Oversight Committee

**FROM:** Scott Campbell, General Counsel

**DATE:** May 22, 2023

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

#### **SUMMARY/RECOMMENDATION:**

At their April 24, 2023 joint meeting, the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) and the Compliance Oversight Committee (“Committee”) adopted findings to continue to meet remotely pursuant to Assembly Bill 361. To continue this practice, it is required, that the Commission and Committee determine that they have considered the facts of the COVID-19 state of emergency in deciding to continue to have teleconference meetings under AB 361 and that state officials have imposed or recommended measures to promote social distancing in connection with COVID-19 and that as a result of these considerations and findings, meeting in person or pursuant to traditional teleconferencing rules would impose risks to the health or safety of attendees and that teleconference meetings under AB 361 should continue.

#### **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. AB 361 provides an exception to these procedures in order to allow for fully virtual meetings during and after proclaimed emergencies, including the COVID-19 pandemic. Now that the state and county state of emergency declarations are over, the Commission and Committee may continue to meet remotely pursuant to AB 361 if it makes both of the following findings:

- The Commission and Committee have reconsidered the circumstances of the prior states of emergencies; and
- State officials continue to impose or recommend measures to promote social distancing.

COVID-19 continues to present a threat to the health and safety of Commission and Committee members, and its personnel. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection and the vaccinations have not proven successful in stemming the spread of COVID-19. According to the State of California's COVID-19 Dashboard, updated on May 11, 2023, there are an average of 1034 new cases statewide each day, 16 new cases in Ventura County, and an average of 9 deaths statewide per day. Additionally, several Commissioners and 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. Further, on February 3, 2023, a new set of non-emergency COVID-19 prevention regulations were issued by Cal/OSHA which carry over some of the same requirements imposed by earlier regulations, including social distancing measures. These new measures will continue to be imposed, unless changed, until February 3, 2025. Thus, facts supporting the continued findings exist.

As such, it is recommended that the Committee and Commission should make the findings and determine that teleconferencing under AB 361 will promote and protect the public's health, safety and welfare.

#### **CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:**

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

#### **FOLLOW UP ACTION:**

That the Commission and Committee make the findings under AB361 at their joint special meeting of June 12, 2023, meeting.

#### **ATTACHMENT:**

None.



**AGENDA ITEM NO. 4**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Nick Liguori, Chief Executive Officer  
DATE: May 22, 2023  
SUBJECT: Discussion of 2023-2024 Budget

**PowerPoint with  
Verbal Presentation**

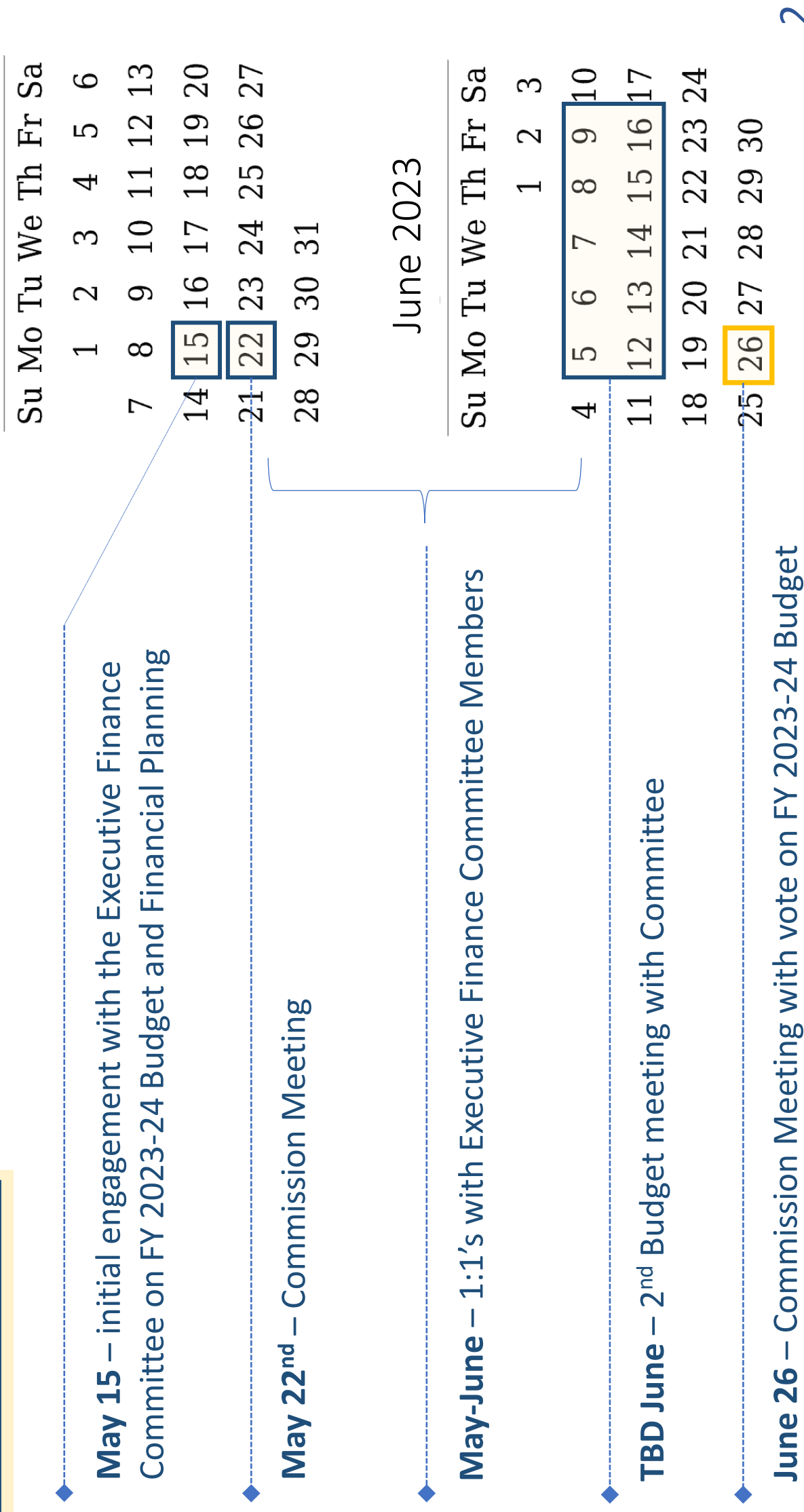
**ATTACHMENTS:**

*The Way Forward*

# The Way Forward

*Today we continue meaningfully engaging with the Commission on the  
2023-24 Budget and Long-Term Financial Planning*

# FY 2023-24 Budget Timeline



January 2024

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

TBD January 2024 Executive Finance Committee Meeting

TBD January 2024 Commission Meeting

GCHP MANAGEMENT, IN CONSULTING WITH THE EXECUTIVE FINANCE COMMITTEE, PROPOSES TO ENHANCE THE ANNUAL BUDGET PROCESS BY INCLUDING A FORMAL AND STRUCTURES MID-YEAR REFORECAST AND BUDGET PERFORMANCE REVIEW STEP. THIS WOULD INVOLVE THE FOLLOWING, AT LEAST :

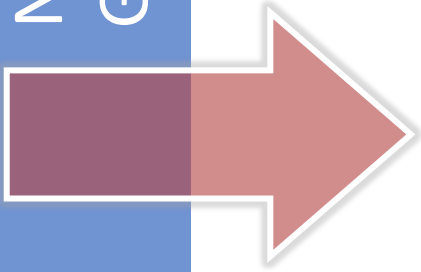
1. AN IN-DEPTH REPORT ON THE ACTUAL VS BUDGET PERFORMANCE OF THE PLAN.
2. MANAGEMENT ANALYSIS OF THE DRIVERS OF PERFORMANCE AND DEVELOPING TRENDS.
3. MANAGEMENT ANALYSIS OF DEVELOPING INDUSTRY, MARKET, AND REGULATORY CONDITIONS.

PURPOSE OF TODAY’S MEETING: GCHP MANAGEMENT PRESENTATIONS ARE DESIGNED TO PROVIDE DECISION SUPPORT CONTEXT AND INFORMATION FOR YOUR REVIEW OF THE FY 2023-24 BUDGET

OUTLINE OF TOPICS FOR TODAY

- ✓ Review and decide on process and timetable for FY 2023-24 Budget
- ✓ Proposed financial bases for FY 2023-24 Budget
- ✓ Proposed plan for managing current “Free Surplus”
- ✓ Proposed Provider Quality Incentive Pool and Program and Member Engagement Plan

# Financial Basis of the 2023-24 Budget

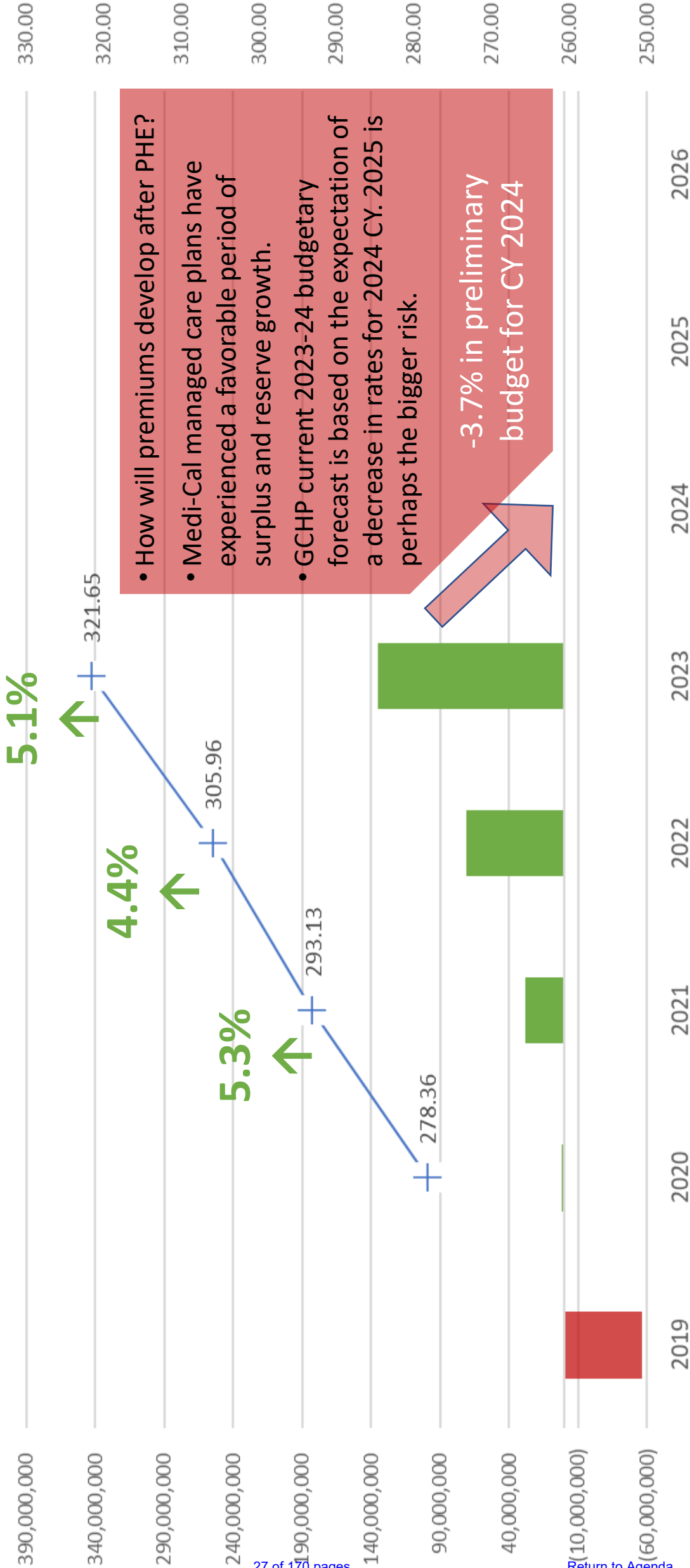


Near-term expectation: downward industry pressure on premium rates.  
GCHP: a rate decrease is anticipated for CY 2024, with uncertainty beyond.

- Introduction of Kyle Edrington and Edrington Health Consulting – role in Medi-Cal Industry and history with GCHP.
- Insight to DHCS/Mercer thinking for Medi-Cal industry rates for 2024-2025 period.
- High-level review of GCHP PMPM rate modeling for 2024 – what is driving premium PMPM decrease – utilization vs unit cost.
- High-level review of GCHP aggregate revenue for 2024 – impact of redetermination and Kaiser transition.
- How wide-ranging are the scenarios – *what can account for significant budget variance on rates.*
- IP reserving and conservatism release – *what can be said about FY 2023-24.*
- Launching independent advocacy by GCHP – one need for advocacy is around provider rate increases being applied today and the need to account for this sooner than the 30-month lag.

# Context for GCHP Future Budgeting and Financial Planning

## Premium Rates



# Membership

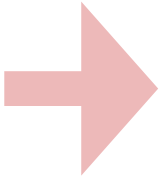


Membership declines due to redetermination and Kaiser Direct Medi-Cal, grows due 2024 expansion of full scope Medi-Cal coverage to adults ages 26 - 49 who do not have a satisfactory immigration status.

Membership as of May 2023 = ~255,000  
Preliminary thinking for FY 2023-24 Budget is that year end enrollment will be in range of 205,000 to 215,000 (~15-20% decline).

There is now and will continue to be uncertainty about enrollment in the market. One thing that is clearer, 25,000 GCHP members with other health insurance and 7,000 Kaiser electees seem highly likely to exit. We are working now to model the timing and size of increase from the newly eligible.

### Revenue



Premium revenue will decline due to net enrollment decreases, expected rate decrease impact (~3.7% in CY 2024) in the second half of the fiscal year, and an anticipated 1% Quality Withhold.

Estimated premium revenue for FY 2022-23 = ~\$1.07B  
Preliminary calculations for FY 2023-24 Budget = ~\$900M.

GCHP Management will lead independent advocacy for premium rates that account for underlying medical risk (that remains after redetermination) and increasing provider spend (long-delayed reimbursement rate updates and quality incentives).

### Medical costs



Medical expenses are expected to grow, despite a considerable decrease in membership and anticipated premium rate decrease.

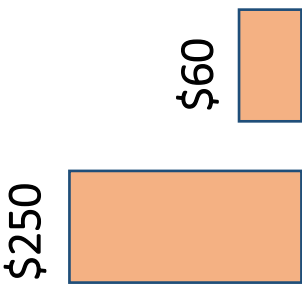
Projected medical cost for FY 2022-23 = ~\$760M  
Preliminary estimates for FY 2023-24 Budget = ~\$885M.

This is driven by increasing reimbursement rates, anticipated Quality incentive spend, expected retention of the high cost/utilizing members who need the most services, and the expected disenrollment (via redetermination) of a large group of low/non-utilizers.



## MORE LIKELY TO DISENROLL

- >25k GCHP members are reported to have “other health insurance” by DHCS in the monthly enrollment roster.
- In addition to this being a COB concern now, we expect these individuals to likely disenroll through the redetermination process as we reasonably assess this group as being largely composed of those with employer coverage.
- Cost profile of these 25k: ~\$60 PMPM (over past 18 months)
- Cost profile of GCHP overall: ~\$240-260 PMPM range



## MORE LIKELY TO BE RETAINED

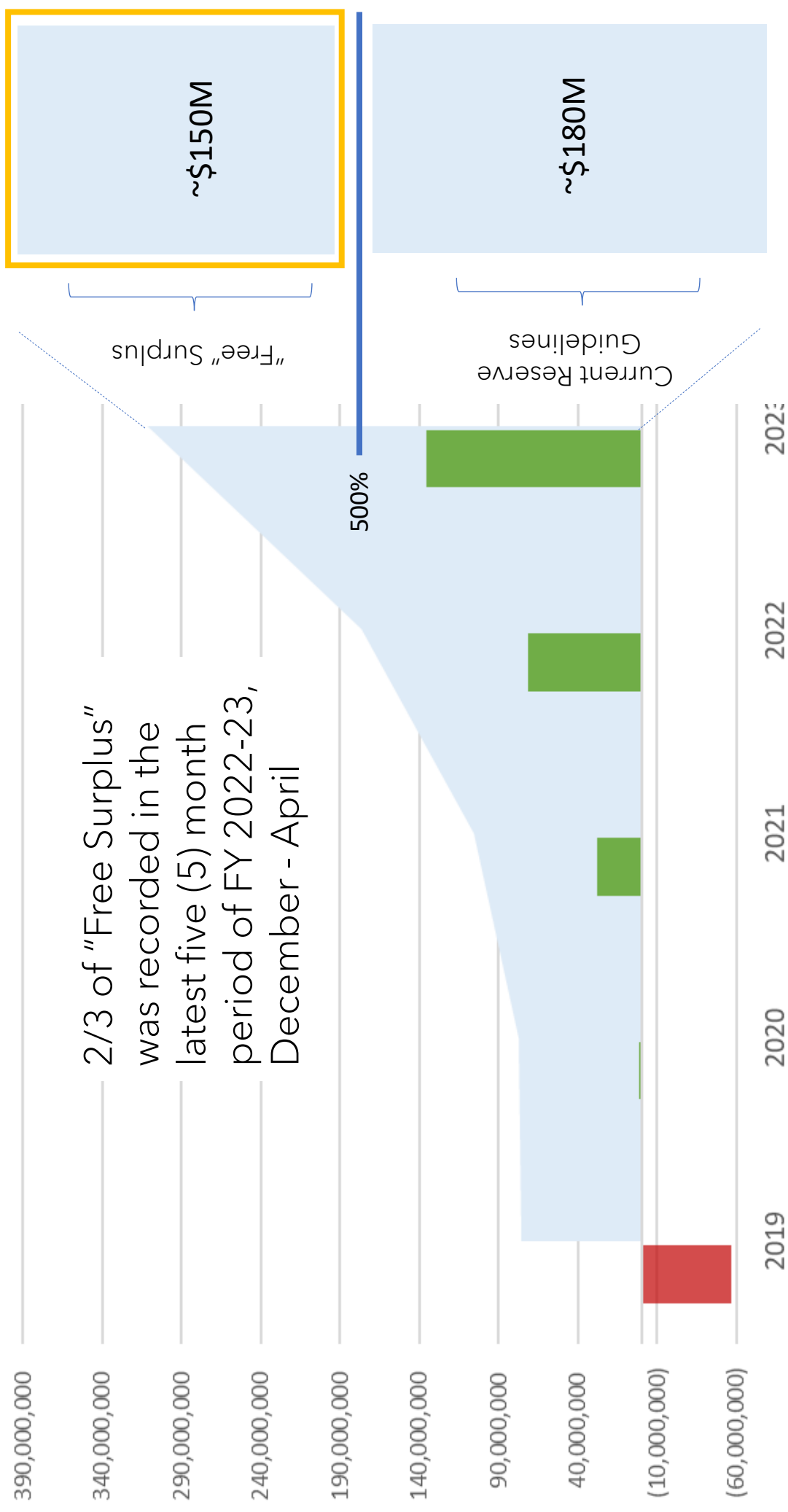
- ~25k GCHP members account for nearly all controllable medical expenses (referred to as the “Top 10%”).
- ~60% have 5+ chronic conditions.
- >60% have co-occurring behavioral health conditions. When accounting for under-diagnosis, this is likely significantly higher.
- ~2/3 have been with GCHP since 2015, or earlier.



# Managing “Free” Surplus

Provider Funding  
Modernizing the Health Plan  
Readying for Dually Eligible Special Needs Plan

# Current Reserve Guidelines and "Free" Surplus



Modernizing the Health Plan

Additional implementation costs of Commission approved "Operations of the Future" Plan and Portfolio

~\$20M

D-SNP Financial and Operational Readiness

DHCS requirement to operate Medicare/Medi-Cal plan for low-income seniors  
Initial "start up" losses + operational readiness + reserves

~\$35M

Provider Quality Incentive Pool & Program

Quality Improvement Investment Funding to Providers → Quality is our Mission  
Our shared imperative and the only way forward → **deliver Value for Medi-Cal funds**

Updating Provider Reimbursement Rates

~\$95M

GCHP is reviewing and updating all provider reimbursement rates  
Financial impact and sustainability modelling has been key.  
A comprehensive review and updating will be completed this year. I will report on the completion of this in a mid-year budget report and re-forecast.

✦ GCHP Management is developing a policy to govern future spend down of "free surplus" for Executive Finance Committee review in June.

"Free" Surplus  
34 of 170 pages

# Advancing GCHP as a High-Quality Health Plan

Investments in FY 2023-24 Budget  
Provider Incentives and Funding  
Member Engagement and Incentives  
Role of the Health Plan

## FOCUS OF FY 2022-23

VISION – ANALYSIS – PLANNING – FOUNDATION  
WORK – LAUNCH PIONEERING PROGRAMS

### **Developed Quality Improvement organization, added key resources, and added leading-edge consulting support**

- Added QM nursing staff and resources for program/population analytics.
- Cutting edge Inovalon member health and healthcare data system will help advance care management and program design and integrate these capabilities with Quality improvement initiatives.
- Through the selection of The Mihalik Group, a boutique consultancy with market-leading know how in NCQA/HEDIS/Quality performance, GCHP has advanced NCQA readiness efforts and greatly accelerated the development of a comprehensive and detailed Quality Improvement Work Plan.

### **Develop contracts and payment/program structures of a pioneering Provider Quality Incentive Pool and Program**

- GCHP now has a standard-setting Provider Quality Incentive Pool and Program that will provide substantial performance-based funding and program support to enable the healthcare delivery system to continuously improve Access and Quality for Medi-Cal members.
- Quality contracting efforts have begun and will advance rapidly with our largest primary care providers.

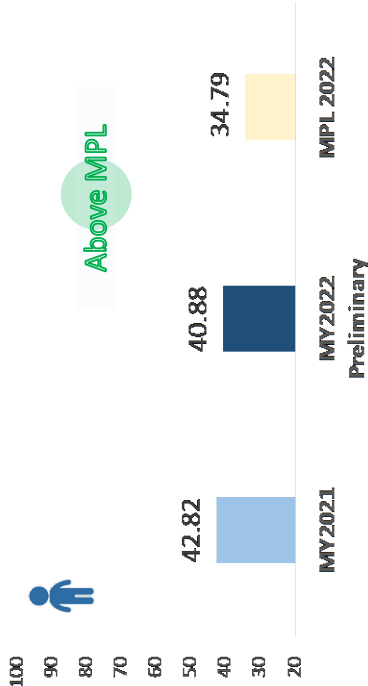
**We must maintain the momentum and pace of development and the level of investments, and we should strive to innovate (not just being good at the basics, new and improved capabilities).**

BUILDING A QUALITY FOUNDATION – MY 2022

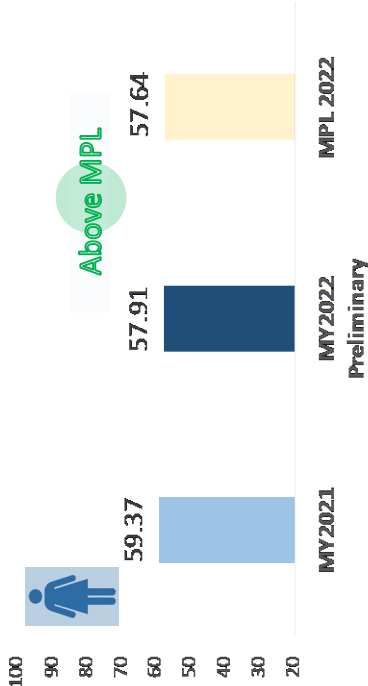
- **HYBRID MEASURES** COMBINE CLAIMS/ENCOUNTERS WITH DATA ABSTRACTED FROM MEMBER RECORDS
- **EHR/RECORDS** ARE MATERIAL TO FULL CAPTURE OF CARE
- ALL BETTER THAN MPL (50<sup>TH</sup> PERCENTILE); 3 IN 75-90<sup>TH</sup>; SCORES ARE FINALIZED NEXT MONTH AND CAN INCREASE
- AIM FOR MY 2023 IS TO ACHIEVE 75-90<sup>TH</sup> PERCENTILE FOR ALL HYBRID MEASURES; EHR FEEDS ARE KEY

— H Y B R I D M E A S U R E S —

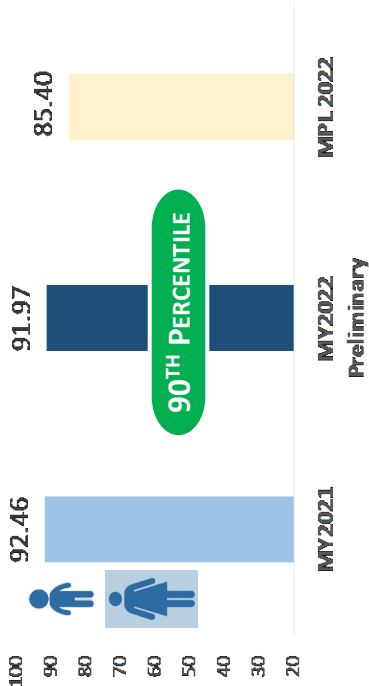
Childhood Immunization Status (CIS-10)



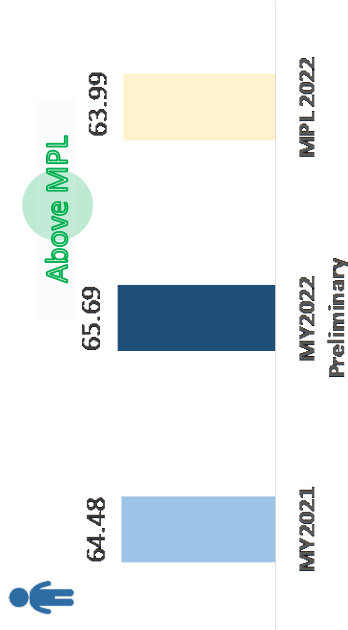
Cervical Cancer Screening (CCS)



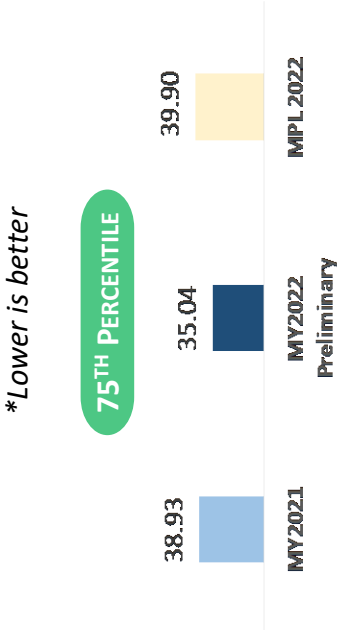
Timely Prenatal Care (PPC-Pre)



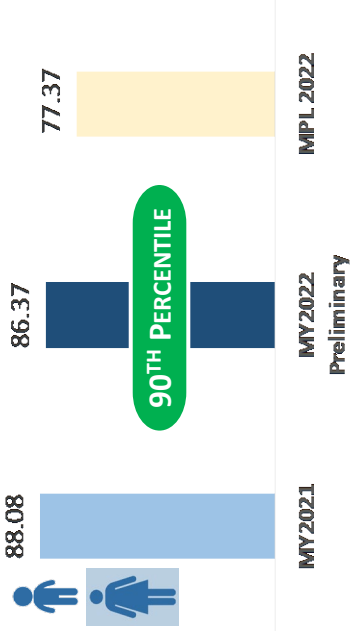
Lead Screening in Children (LSC)



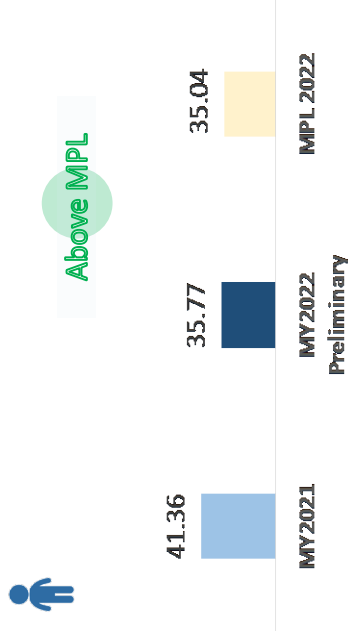
Hemoglobin A1c Control for Patients with Diabetes HbA1c Poor Control (>9.0%) (HBD)



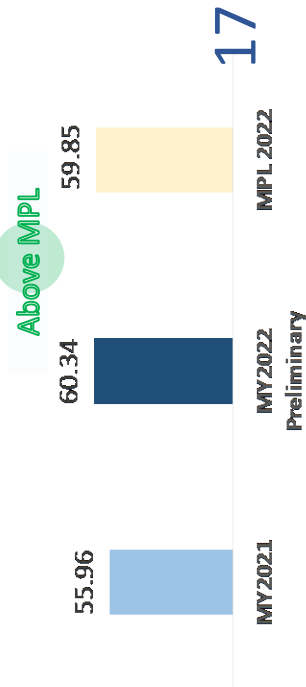
Timely Postpartum Care (PPC-Post)



Immunizations for Adolescents (IMA-2)



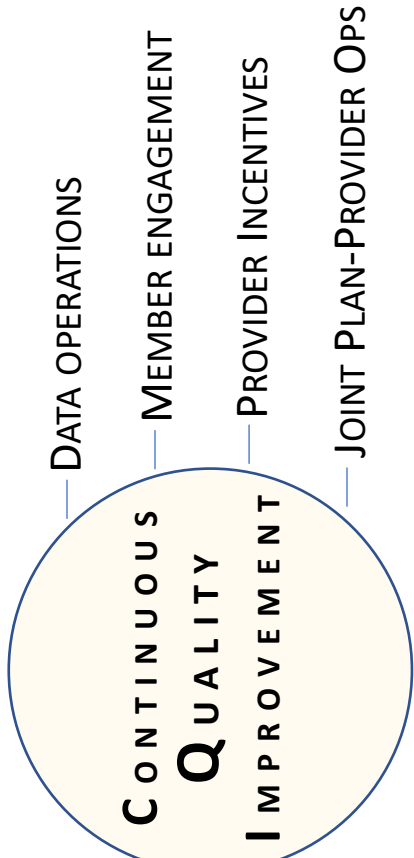
Controlling High Blood Pressure (CBP)



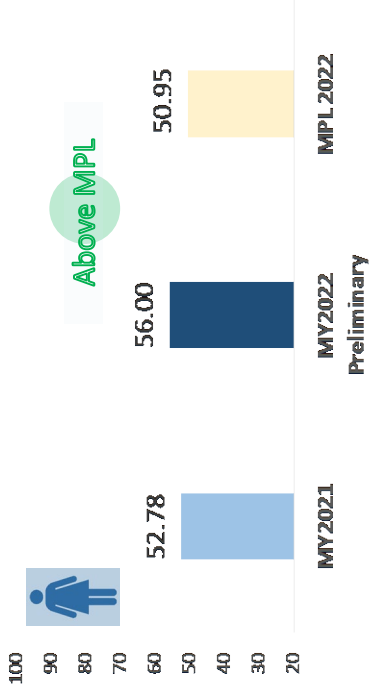
BUILDING A QUALITY FOUNDATION — MY 2022

- ADMINISTRATIVE MEASURES DEPEND ON CLAIMS/ENCOUNTERS SUBMITTED BY PROVIDERS
- COMPLETE AND TIMELY ENCOUNTERS ARE ESSENTIAL
- 5 OF 7 IMPROVED; 3 OF 7 ABOVE MPL
- AIM FOR MY 2023 IS TO ACHIEVE 50TH PERCENTILE FOR ALL ADMINISTRATIVE MEASURES; CARE ACCESS/AVAILABILITY IS KEY

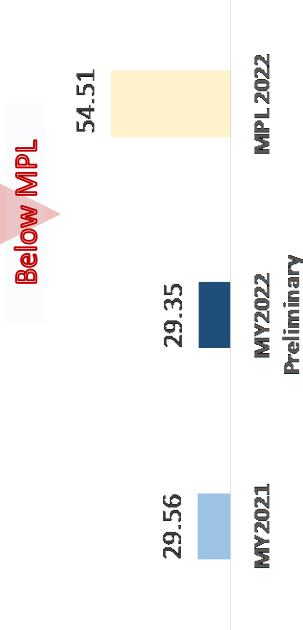
— ADMINISTRATIVE MEASURES —



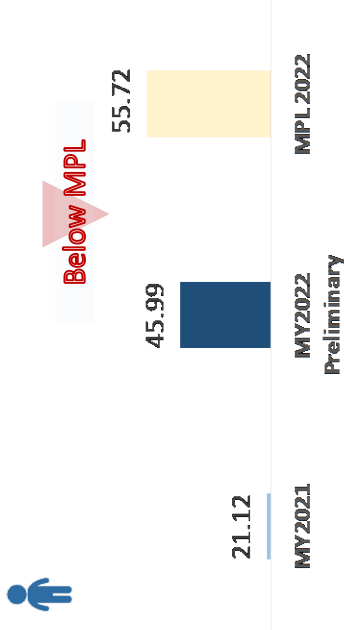
Breast Cancer Screening (BCS)



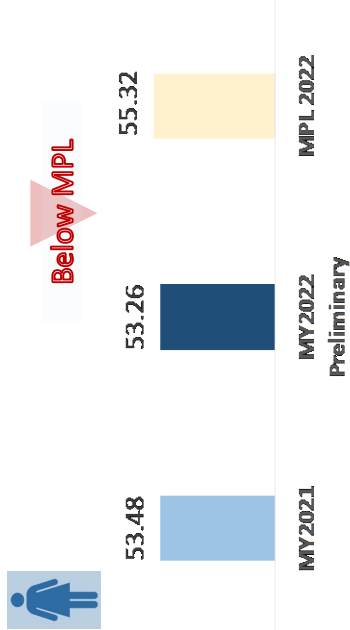
Follow Up After ED Visit for Mental Illness (FUM)



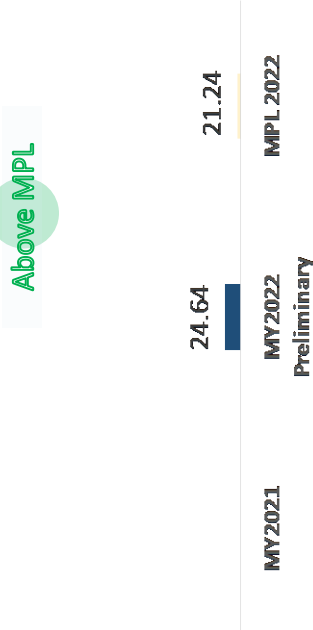
Well Child First 15 Months Six or more visits (WCC-15)



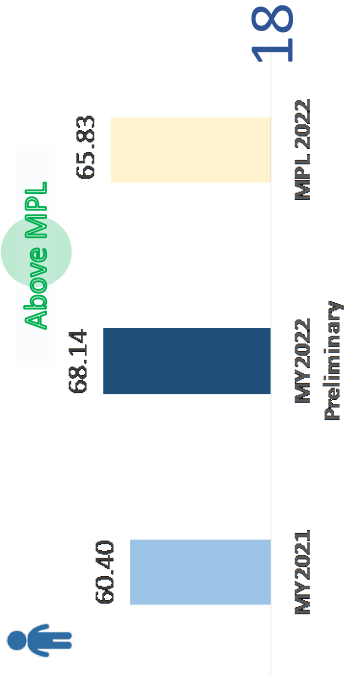
Chlamydia Screening in Women (CHL)



Follow Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)



Well Child 15 to 30 months 2 or more visits (WCC-30)



**GCHP has created a program with funding levels that catalyze increased action, partnership, and progress now.**

- A significant portion of the funding will be available early in the program, to allow for investments to initiate improvement efforts.
- The program framework will be standard across our network.
- Incentives for MCAS performance will directly affect the quality scores for which GCHP is held accountable.

**\$50,000,000**

*At least*

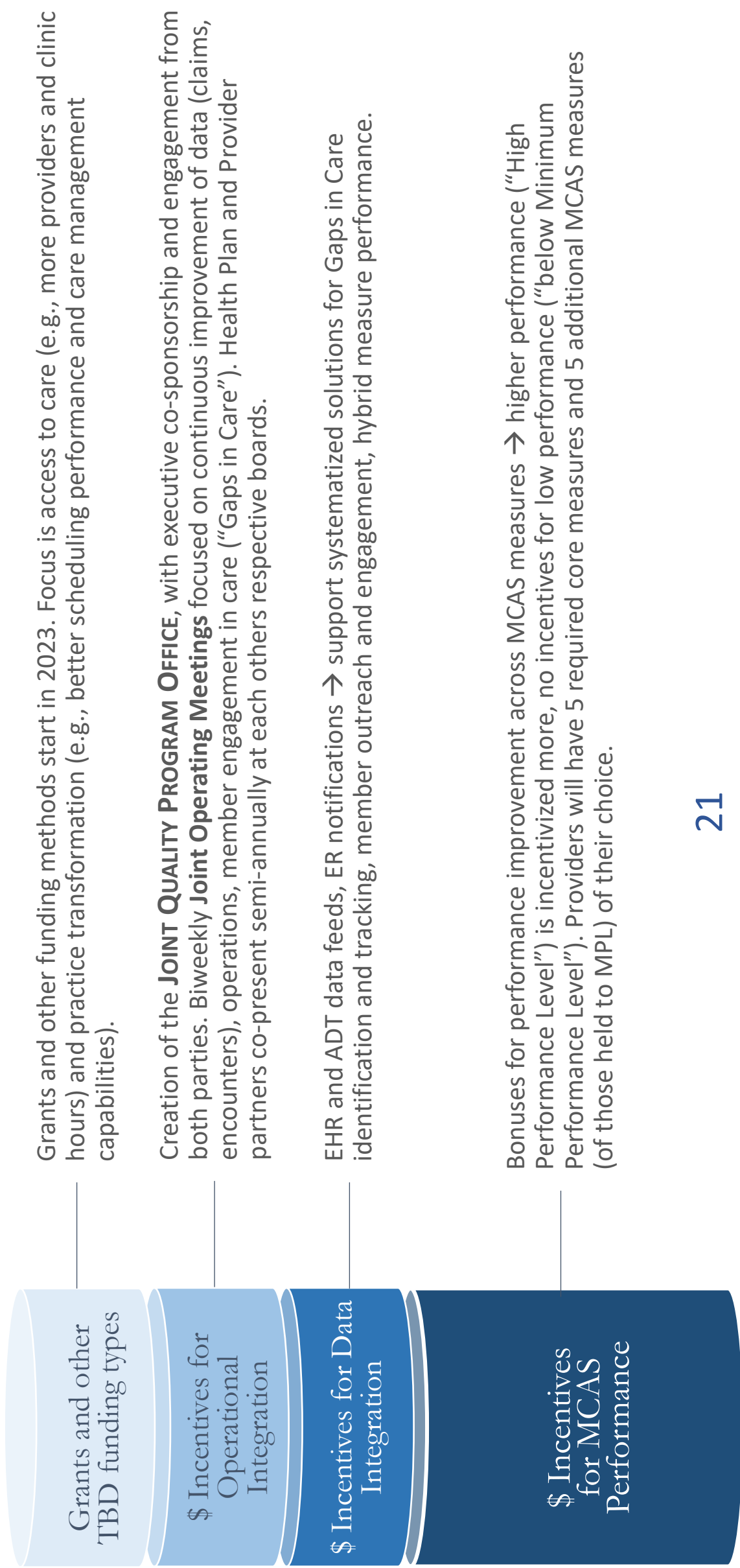
## **Q U A L I T Y   I N C E N T I V E   P O O L   A N D   P R O G R A M**

**GCHP Investment in Provider Quality Performance**

**2023-2025 Funding**

# Leading the Way to Quality – GCHP’s Quality Incentive Pool and Program

## *Program structures that support providers across the quality spectrum*



Up to  
\$25,000,000

ACCESS AND PRACTICE TRANSFORMATION

GCHP Investment in Provider Quality Performance

2023-2025 Funding | Grants and Other Vehicles | Network-Wide Availability

Provider Recruitment  
and Retention

Timely Appointments

Health Disparities

Cultural and linguistic  
needs...and more...

\*Pending final legal review and DHCS approval

# Advancing GCHP as a High-Quality Health Plan

Investments in FY 2023-24 Budget  
Provider Incentive Funding and Program  
Member Engagement and Incentives  
Role of the Health Plan



## Why does the Member Engagement matter?

- Decades of industry research and results show that more engaged members = more appropriate care, less skipped care and tests = better health outcomes (and higher Quality) = better experience with health and healthcare = more motivation to remain in care and adhere to Rx/Tx, and more.
- Nationwide, 60% of health plan members have sought support or guidance from their health plan and been “frustrated” by the experience (Wellframe 2020 Health Plan Member Engagement Survey).
- Multiple nationwide industry reports point to 80% of members with chronic conditions are dissatisfied with the services/supports for managing conditions from their Medicaid managed care plan.
- Nationwide, 60% of health plan members surveyed think a lot of the information and care they receive from their health plans is “too generic and not personalized to me.” (JD Powers, 2021)
- More engaged members: 5-10x less likely to have an unnecessary inpatient admission. (CareSource multi-state analysis and report on members with multiple chronic conditions, 2018)
- More engaged members: 4x more likely to adhere to Rx treatment.

# Why Does Member Engagement Matter?



✦ Engage the member in their health and healthcare → unnecessary Care and Cost goes down, Quality goes up

✦ Level 4 is a truly member-centered, culturally-adapted healthcare organization that has fully developed capabilities to deliver member engagement in – and improve experience with – health and health care.

✦ High performing health plans play a vital role in member outreach and linkage/retention in care. External community-based outreach and services workers and outbound member services are essential.

✦ Health plans must invest in providers and achieve significant changes in the culture and operations of provider systems aimed at improved patient engagement.

## EXHIBIT 2

### Predicted Per Capita Costs of Patients by Patient Activation Level

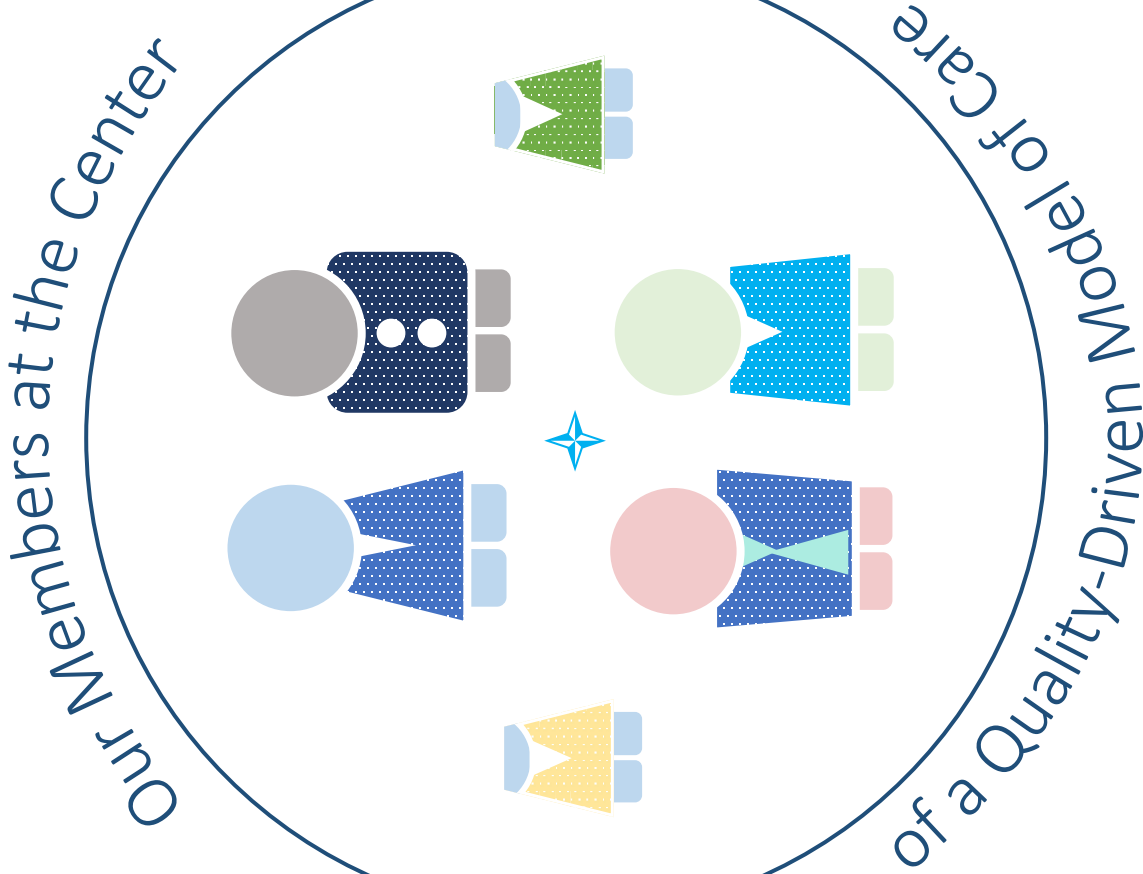
2010 patient activation level	Predicted per capita billed costs (\$)	Ratio of predicted costs relative to level 4 PAM
Level 1 (lowest)	966**	1.21**
Level 2	840	1.05
Level 3	783	0.97
Level 4 (highest)	799	17% less unnecessary care and lower cost

**SOURCE** Judith H. Hibbard, Jessica Greene, and Valerie Overton, "Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' Scores," *Health Affairs* 32, no. 2 (2013): 216–22. **NOTES** Authors' analysis of Fairview Health Services billing and electronic health record data, January–June 2011. Inpatient and pharmacy costs were not included. PAM is Patient Activation Measure. \*\* $p < 0.05$

# Bringing a Member-Centered Health Plan to Life



Gold Coast  
Health Plan<sup>SV</sup>  
A Public Entity



## IMPROVING MEMBER INCENTIVES

GCHP-WELLTH PILOT IS THE FIRST OF ITS KIND IN MEDI-CAL, RECOGNIZED AS “INNOVATIVE” BY DHCS.

## MEMBER OUTREACH AND LINKAGE TO CARE

GCHP IS PARTNERING WITH EXPERT OUTREACH VENDORS TO LINK MEMBERS WITH NEEDED CARE MANAGEMENT AND COMMUNITY SUPPORTS.

MEDICALLY TAILORED MEALS IS A RECENT EXAMPLE. GCHP IN-HOUSE SERVICE CAPABILITIES OF THE FUTURE WILL FOCUS ON GETTING MEMBERS INTO CARE THEY NEED AND HELPING THEM STAY IN CARE.

## INTEGRATED CARE TEAMS

GCHP MUST SCALE UP PEOPLE, OPERATIONS, AND TECHNOLOGIES TO MEET NEEDS OF LARGE AND GROWING CHRONIC CONDITION POPULATION.

## TRANSPORTATION IS KEY TO ENGAGEMENT

GCHP IS PARTNERING WITH AN EXPERT LOGISTICS/TRANSPORTATION FIRM ON THE DESIGN OF A HIGH PERFORMING MEDI-CAL TRANSPORTATION SYSTEM IN VENTURA COUNTY. WE PROVIDE >210,000 TRIPS A YEAR — FOR ~4,000 HIGH NEED MEMBERS. MORE MEMBERS SHOULD USE THIS SERVICE — EDUCATION AND IMPROVEMENTS ARE NEEDED.

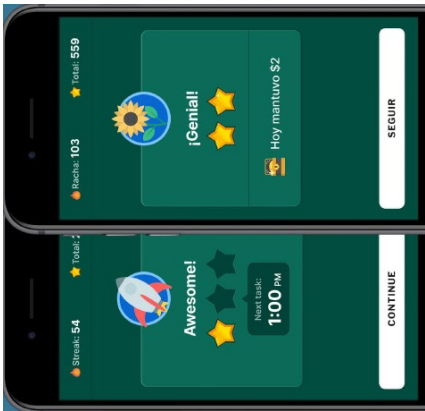
## Member Incentives Through Behavioral Science and Economics

Target Population: 18+ years, multiple chronic conditions, history of non-adherence using care gaps, and undesirable utilization patterns.

Initial Pilot: Identify 15K eligible members with initial enrollment of 1K

Incentive: Members can earn up to \$30/month

Objectives: Wellth drives health engagement, medication management and adherence, and closure of key care gaps, which has led to greater health equity and a decrease in high-cost utilization



# Update on Redetermination

# Appendix

# Executive Finance Committee Role

GCHP support needed from Committee in the FY 2023-23 Budget process:

-  Review and monitor “economic performance” with focus on FY 2022-23 and FY 2023-24 Budget development.
-  Review and establish “basic tenants” of and plan to update provider payments and spend down surplus.
-  Review and recommend “provider incentive program structure.”
-  Review and recommend “investment strategy.”
-  Develop long-term and short-term business plans for review and approval by the Commission.

- THE GOLD COAST HEALTH PLAN EXECUTIVE TEAM APPRECIATES AND RESPECTS THE VITALLY IMPORTANT GOVERNANCE ROLE OF THE EXECUTIVE FINANCE COMMITTEE (“COMMITTEE”) IN THE DEVELOPMENT AND MONITORING OF OUR BUDGETS AND PLANS.
- THE CEO AND EXECUTIVE TEAM PROPOSES TO ENGAGE THE COMMITTEE ✓ EARLIER IN THE BUDGET PROCESS, ✓ MORE OFTEN, AND ✓ WITH GREATER BREADTH AND DEPTH OF INFORMATION TO PROVIDE THE BEST SUPPORT TO THE COMMITTEE AS IT DISCHARGES ITS FIDUCIARY DUTY. THIS IS A BEST PRACTICE FOR A COMPANY WITH THE SIZE AND COMPLEXITY OF OUR BUSINESS, PROGRAMS, CHALLENGES, OPPORTUNITIES, AND RISKS.

# Review of FY 2022-23 Budget Investments

*FY 2022-23 was a year of foundation building for GCHP → new and expanded capabilities, the launch of the “Operations of the Future,” new modernized skills and systems for data and analysis, development of people/skills and much-needed positions, investments in members and providers and staff, and beyond.*

*This vital work has begun to drive GCHP toward a future of sustained high quality and growing impact on the health and healthcare of members and communities we serve (VISION AND MISSION).*

# Operations of the Future

# Operations of the Future – Current Progress

*This is how our investment added value to our organization*

*Building a high performing IT organization via People, Process, and Technology which will allow us to modernize and transform Operations....*

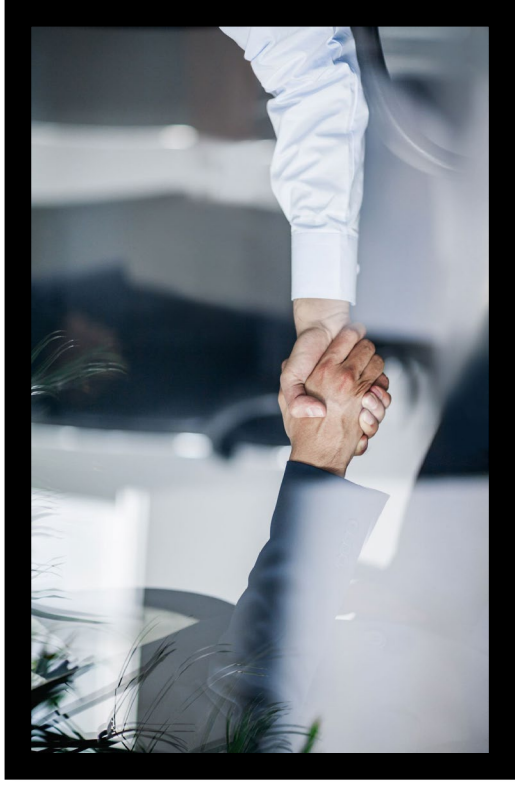
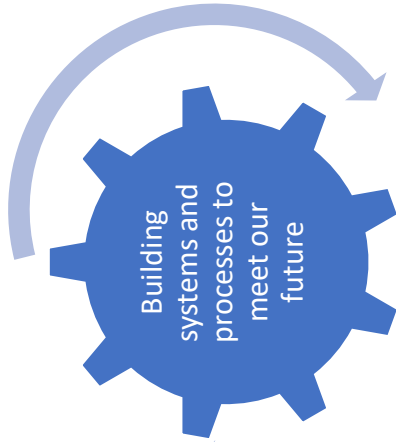
- A New Testing Organization
- A New Application Architecture Organization
- Our Development Teams Supporting Our New Data Warehouse Capability
- Providing Stability With Our Current Processes



# Operations of the Future

***We Developed A Strategy And Are Now Executing And Delivering Value***

- Project management staff to support the project portfolio demand
- Business Systems Analysts to support the Operations of the Future program
- Critical experienced leadership added



# Operations of the Future

***“...think of the difference between tactical and strategic oversight as the difference between doing things right and doing the right things. Both are required.” - Bruce Schneier***

- Operational Oversight staff to support continuous monitoring of plan delegates’ performance which allows for:
  - Identification of potential performance risk.
  - Ensure regulatory and contractual compliance through expedited feedback processes.
  - Streamlined reporting processes to track findings, recommendations and corrective action plans.

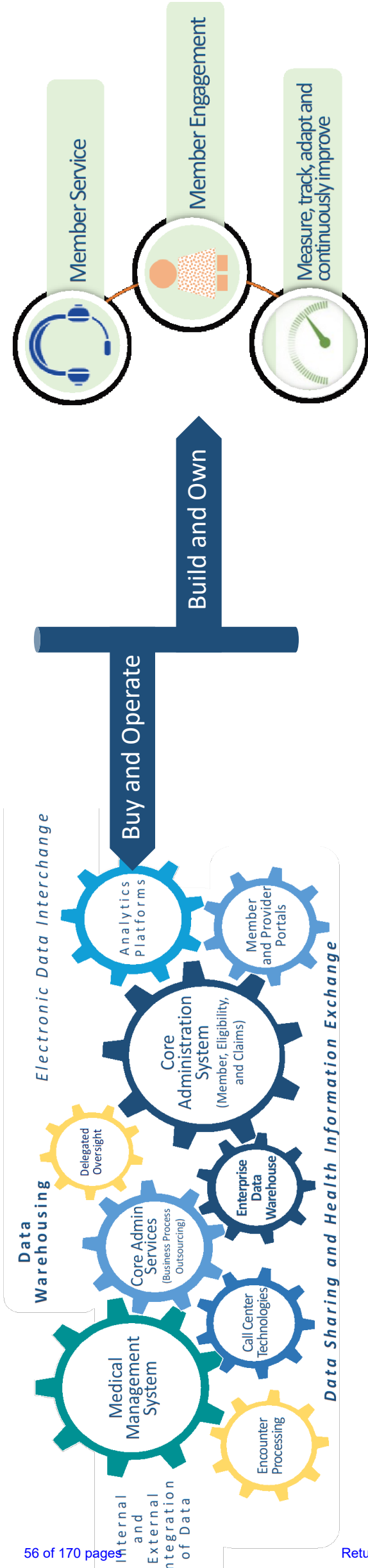


# Operations of the Future

GCHP MANAGEMENT HAS COMPLETED MAJOR STEPS IN PROCUREMENT PLAN – CORE ADMIN SYSTEM, MED MANAGEMENT SYSTEM, ELECTRONIC DATA INTERCHANGE, AND PORTALS. ALL RFPs WILL BE COMPLETED BY SUMMER 2023. IMPLEMENTATIONS ARE NOW UNDERWAY. INTERNAL MEMBER/PROVIDER SERVICE BUILD OUT IS A PRIORITY IN THE SECOND HALF OF FY 2023-24.

## Commission Approved Plan for Procurement

## Commission Approved Plan for Internal Capabilities

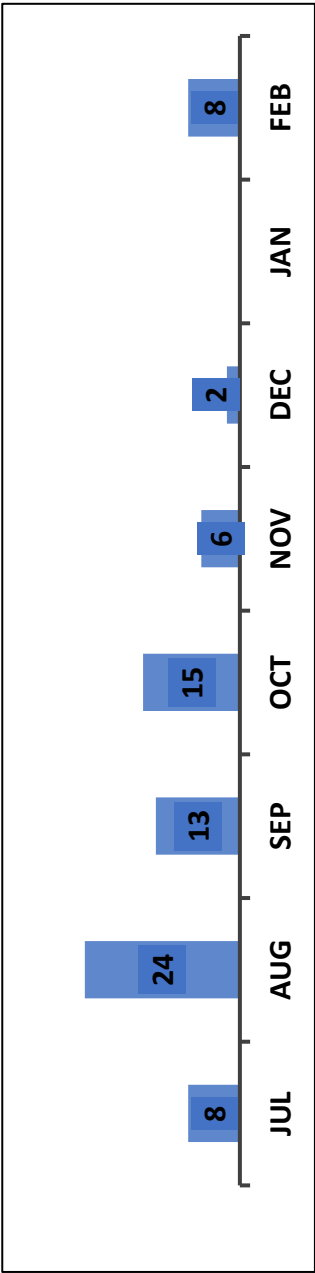


# Organization of the Future

# Organization of the Future

## Upgraded Our Recruiting Strategy And We Delivered Excellent Results!

- All Budgeted HC opened in **30 days**
- **90%** Headcount of filled in six months
- Average days to fill **74 days**
- Strengthen Industry Experience
- **29%** of hires Employee Referral Program
- Lowered Search Firm Reliance (**6 hires**)
- Employees engaged – remained **95%** staffed  
( **Current attrition rate is 5.5%** )

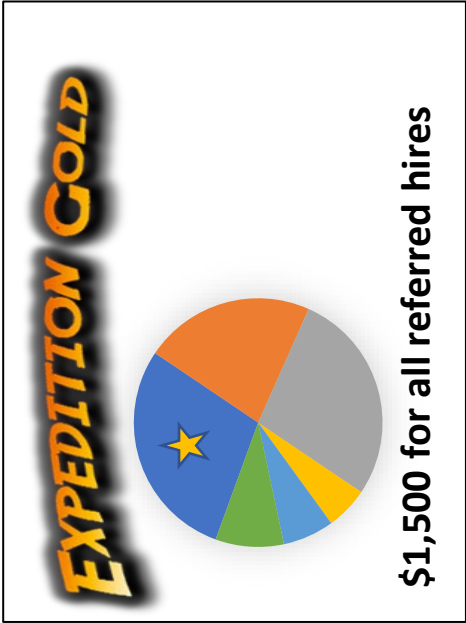
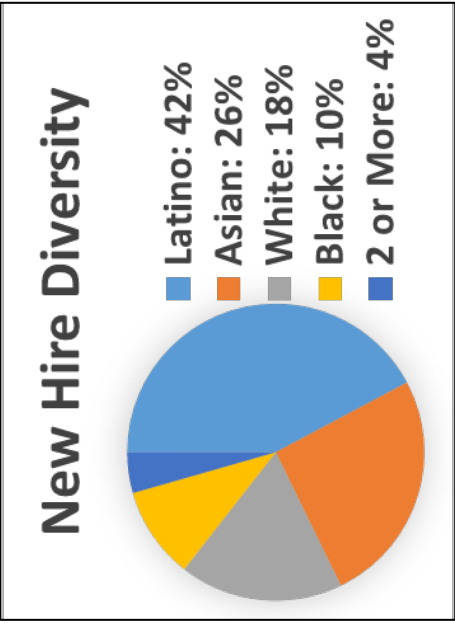


58 of 170 pages

Teamwork and Partnership



Ensured diversity:  
64% Females 36% Males



[Return to Agenda](#)

# Positions Added –Skill/Capacity Gained

## *Model of Care and Operations of the Future Investments*

- Enhance Health Services Capabilities
  - Member engagement and experience
  - Quality – improving health, healthcare, and the member experience
  - Quality Data and Analytics
- Build Policy & Programs Capabilities
  - Product development and Program management
  - Provider experience, perspective and insights
- Major IT Investments
  - A New Testing Organization
  - A New Application Architecture Organization
  - New Data Warehouse Capability
  - Providing Stability With Our Current Processes
  - Processes Report – analysis, metrics, operations

Our current and future challenges require investment in **capabilities/capacities/skillsets**.  
In FY 2022-23 we began to advance GCHP in the following areas.

- |  |   |
|--|---|
| 1) Advocacy  | 12) Modern operational technologies and systems                       |
| 2) Analysis (business, performance, population, etc.) → data driven decisions and priorities | 13) Product development and management                                |
| 3) Chronic conditions and SDOH program expertise   | 14) Program development and management                                |
| 4) Communications  | 15) Project management and performance improvement                    |
| 5) Delegation and internal oversight   | 16) Provider experience, perspective and insights                     |
| 6) Diversity and equity  | 17) Strategic planning – capabilities, mindset and practices          |
| 7) Financial analysis and management   | 18) Quality – improving health, healthcare, and the member experience |
| 8) Innovation and creative problem solving   | 19) Report – analysis, metrics, operations                            |
| 9) Integrated data, technology and core health plan operations                               | 20) Value based payment and performance                               |
| 10) Member engagement and experience   |   |
| 11) Modern data warehouse and data systems   |   |

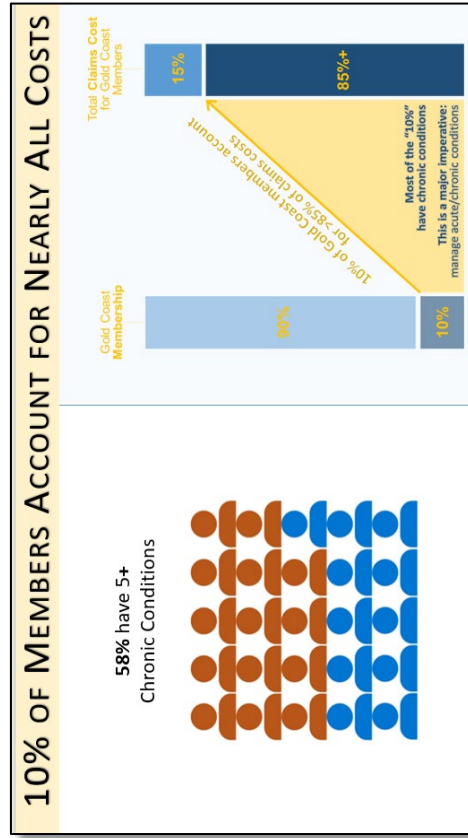
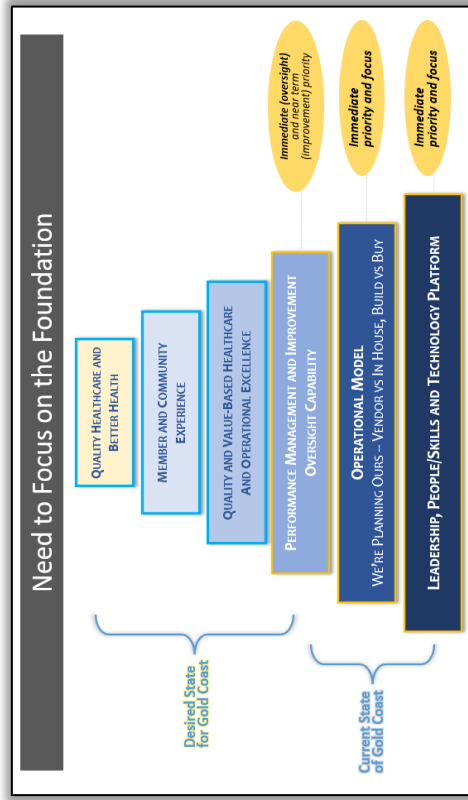
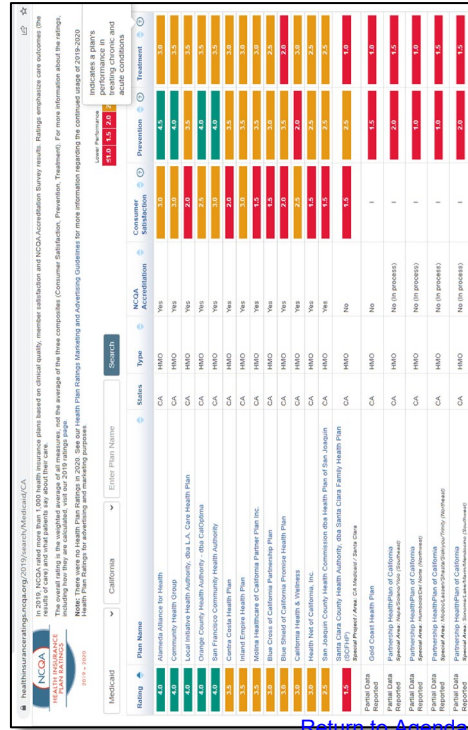
# "ORGANIZATION OF THE FUTURE:" DEVELOPING HIGH PERFORMING LEADERSHIP

# 1<sup>ST</sup> HALF OF 2022

# A VISION FOR GOLD COAST HEALTH PLAN OF THE FUTURE AND SUSTAINED MISSION ACHIEVEMENT

Gold Coast Health Plan Leadership performed a thorough strategic analysis: what we were vs what we need to be.

- Analyzed current and future regulatory and market forces. How is our business different tomorrow and how do we best position and prepare for success?
- Analyzed current-state health plan performance (financial, operational, organizational, technological) and ability to achieve our Mission → developed a robust plan for achieving long term sustained Mission success.
- Built a state-of-the-art member data system (Inovalon) → empowering us to develop data-based and member-centered plans.
- Created a “Vision for the Future” and secured full approval and support from our Commission.



# “ORGANIZATION OF THE FUTURE:” DEVELOPING HIGH PERFORMING LEADERSHIP

1<sup>ST</sup> HALF OF 2022

GOALS AND YEAR 1 BUDGET FOR HEALTH PLAN TRANSFORMATION

Gold Coast Health Plan leadership developed a broad-based “Plan” (goals, strategies, and workplans) to compliantly achieve better health, better healthcare, and a superior experience for the members we serve. This Multi-Year Plan served as the basis for the FY 2022-23 Budget and is that for the FY 2023-24 Budget.

The Plan will transform our capabilities across the board – Clinical, Compliance, Operational, Organizational, and Technological capabilities – to industry standards, and beyond. The Plan will also ensure we maintain financial strength for the long term, while we invest in the transformation of our capabilities and ready for the future.

### Major Goal Areas

<b>Better Health</b> Positive impact to Ventura County health and wellbeing	<b>Quality and Value-Based Healthcare</b> Positive impact to Ventura County healthcare system
<b>Financial Strength</b> Maintaining our financial strength through maximum operational efficiency, while ensuring readiness for sustained investments in our future	<b>Member and Community Experience</b> Putting the Members, Providers and Ventura County communities FIRST in our Plans and Priorities
<b>Cal AIM</b> EDMICS expansion, roll out and readiness; Incentive Payment Program (“IPP”); Student Behavioral Health Program (“SBHP”); Housing and Homelessness Incentive Program (“HHIP”)	<b>People &amp; Culture</b> Build organization and skillset for the future; Drive up employee engagement and satisfaction (“Employer of Choice”)
<b>Compliance</b> Corporate Integrity Agreement implementation; Compliance and Operational Readiness for 2024 Contract; Successful exit from DHCS Claims CAP; Concurrent situation; Delegation oversight implementation	<b>Operations and Technology</b> Prepare plan for future operations, launch procurement

Imperative	Create an operating platform “of excellence”
Objective	Build a modern operational model that enables best-in-class performance and enhanced service at similar cost
Goals and Measures	<div>Goal #1 : Build the operating model for the future<ul style="list-style-type: none"><li>Support Conduent/HSP transition</li><li>Define future-state operating model</li><li>Identify capabilities (Buy-Build)</li></ul><div>Q2 2022:<ul style="list-style-type: none"><li>Complete the cross-functional process of planning the operational model of the future in April 2022 (“Plan”);</li><li>2022 meeting; and</li><li>Begin RFP/procurement for any “buy” in Plan by August 2022.</li></ul></div></div>

“ORGANIZATION OF THE FUTURE:” DEVELOPING HIGH PERFORMING LEADERSHIP

BY YEAR END 2022

GOALS TRANSLATED TO DETAILED WORK PLANS;  
LEADERSHIP OPERATING REVIEWS

We are advancing Goals-Focused Leadership by instituting new practices and tools. Operating Reviews are in-depth, multi-hour monthly engagements between cross-functional goal teams and the executives who are accountable for supporting the success of each goal. Status reports are shorter meetings focused on what’s next, what’s needed for success. Operating Review Reports are posted to Compass (GCHP Intranet). Some Operating Reviews are recorded and available to all staff.

Don Harbert, an expert consultant, has managed our rapid development and supports our continuous improvement of this work.

Operating Review: Operations of the Future – Core Admin					
Goal	Prioritized Milestones (Oct.-Dec.)	Barrier(s)/Ask	Deliverables	Start Date	Accountable Person
Build the operating model for the future – Core Admin	Complete RFP procurement for: • RFP 2 – Core Admin • RFP 3 – Medical Management • RFP 4 – Digital	Barrier: None Mitigation: None Ask: None Risk: None	• Identify RFPs for Technology • Evaluate intent to bid by 11/7/22 • Complete Demos by 11/24/22 • Present to Commission Final Contracts 1/15 • Route contracts for internal GCHP approvals and finalization by 1/30/23	8/1/22	Bob Buehry
Build the operating model for the future – Core Admin	Create HL Requirements for: • RFP 5 – BPO, Mailroom/Imaging, Print/Fulfillment • RFP 6 – Call Center	Barrier: Need additional resources Mitigation: Identify vendor to support RFPs by TBD date identified in overall implementation schedule Ask: Approve vendor Risk: Limited availability to support RFPs and impact of bandwidth issues	• Support RFP Preparation activities for remaining RFPs by TBD date identified in RFP schedule • Create project charter - Scope, Goals, Success Metrics • Define roles and responsibilities - RACI • Define program governance structure • Create a Communication Plan • Create a staffing plan including ITT's & Contractors	TBD	Alan Torres Bob Buehry Anna Sprengle
Build the operating model for the future – Core Admin	Complete Program Charter	Barrier: None Ask: None Mitigation: None Risk: None	• Create project charter - Scope, Goals, Success Metrics • Define roles and responsibilities - RACI • Define program governance structure • Create a Communication Plan • Create a staffing plan including ITT's & Contractors	10/17/22	Josephine Gallala
Build the operating model for the future – Core Admin	Complete Current State – Technical Assessment (HSP/Medtrac/Evax/Porta/ID/IDSS, etc)	Barrier: Will need SME support in the PNO area Mitigation: Will work with Erik & Vicki Ask: Limited availability to support RFPs and impact of bandwidth issues Risk: None	• Document current state architecture • Create business process Impact Heatmap • What's changing • Create System/Application Impact Map • Document data flow - data lineage • Document data gaps - what are we not getting today • Document data quality issues • Document data configuration	9/1/22	Chris Dolan

# Status Report: Operations of the Future

11/7/2023

Goals:					
Build the operating model for the future					
Sponsor: Implementational/Strategic					
Supporting Team: ERM, Marketing, Finance, HR, IT, Legal, Compliance, Risk, Security, Sustainability, and Business Development					
Goal	90 Day Milestones (Oct-Dec 2023)	Start	End	% Complete	Status
1. RFP 1 - EDI	EDI Implementation	8/1/22	2/28/23	64%	🟢
2. RFP 2 - Core Admin	Core Admin Implementation	8/1/22	2/28/23	88%	🟢
3. RFP 3 - Med Management	Med Management Implementation	8/1/22	3/3/23	31%	🟡
4. RFP 4 - Print	Print Implementation	8/1/22	10/1/23	74%	🟢
5. RFP 5 - BPO	BPO Implementation	8/1/22	4/1/23	74%	🟢
6. RFP 6 - Mailroom/Imaging	Mailroom/Imaging Implementation	10/23/23	6/1/23	8%	🔴
7. RFP 7 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
8. RFP 8 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
9. RFP 9 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
10. RFP 10 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
11. RFP 11 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
12. RFP 12 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
13. RFP 13 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
14. RFP 14 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
15. RFP 15 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
16. RFP 16 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
17. RFP 17 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
18. RFP 18 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
19. RFP 19 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
20. RFP 20 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
21. RFP 21 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
22. RFP 22 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
23. RFP 23 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
24. RFP 24 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
25. RFP 25 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
26. RFP 26 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
27. RFP 27 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
28. RFP 28 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
29. RFP 29 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
30. RFP 30 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
31. RFP 31 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
32. RFP 32 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
33. RFP 33 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
34. RFP 34 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
35. RFP 35 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
36. RFP 36 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
37. RFP 37 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
38. RFP 38 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
39. RFP 39 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
40. RFP 40 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
41. RFP 41 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
42. RFP 42 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
43. RFP 43 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
44. RFP 44 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
45. RFP 45 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
46. RFP 46 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
47. RFP 47 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
48. RFP 48 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
49. RFP 49 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
50. RFP 50 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
51. RFP 51 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
52. RFP 52 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
53. RFP 53 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
54. RFP 54 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
55. RFP 55 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
56. RFP 56 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
57. RFP 57 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
58. RFP 58 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
59. RFP 59 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
60. RFP 60 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
61. RFP 61 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
62. RFP 62 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
63. RFP 63 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
64. RFP 64 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
65. RFP 65 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
66. RFP 66 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
67. RFP 67 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
68. RFP 68 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
69. RFP 69 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
70. RFP 70 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
71. RFP 71 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
72. RFP 72 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
73. RFP 73 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
74. RFP 74 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
75. RFP 75 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
76. RFP 76 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
77. RFP 77 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
78. RFP 78 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
79. RFP 79 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
80. RFP 80 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
81. RFP 81 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
82. RFP 82 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
83. RFP 83 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
84. RFP 84 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
85. RFP 85 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
86. RFP 86 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
87. RFP 87 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
88. RFP 88 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
89. RFP 89 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
90. RFP 90 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
91. RFP 91 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
92. RFP 92 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
93. RFP 93 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
94. RFP 94 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
95. RFP 95 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
96. RFP 96 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
97. RFP 97 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
98. RFP 98 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
99. RFP 99 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
100. RFP 100 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
101. RFP 101 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
102. RFP 102 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
103. RFP 103 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
104. RFP 104 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
105. RFP 105 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
106. RFP 106 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
107. RFP 107 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
108. RFP 108 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
109. RFP 109 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
110. RFP 110 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
111. RFP 111 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
112. RFP 112 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
113. RFP 113 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
114. RFP 114 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
115. RFP 115 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
116. RFP 116 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
117. RFP 117 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
118. RFP 118 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
119. RFP 119 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
120. RFP 120 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
121. RFP 121 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
122. RFP 122 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
123. RFP 123 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
124. RFP 124 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
125. RFP 125 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
126. RFP 126 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
127. RFP 127 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
128. RFP 128 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
129. RFP 129 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
130. RFP 130 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
131. RFP 131 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
132. RFP 132 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
133. RFP 133 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
134. RFP 134 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
135. RFP 135 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
136. RFP 136 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
137. RFP 137 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
138. RFP 138 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
139. RFP 139 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
140. RFP 140 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
141. RFP 141 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
142. RFP 142 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
143. RFP 143 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
144. RFP 144 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
145. RFP 145 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
146. RFP 146 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
147. RFP 147 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
148. RFP 148 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
149. RFP 149 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
150. RFP 150 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
151. RFP 151 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
152. RFP 152 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
153. RFP 153 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
154. RFP 154 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
155. RFP 155 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
156. RFP 156 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
157. RFP 157 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
158. RFP 158 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
159. RFP 159 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
160. RFP 160 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
161. RFP 161 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
162. RFP 162 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
163. RFP 163 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
164. RFP 164 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
165. RFP 165 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
166. RFP 166 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
167. RFP 167 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
168. RFP 168 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
169. RFP 169 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
170. RFP 170 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
171. RFP 171 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
172. RFP 172 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
173. RFP 173 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
174. RFP 174 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
175. RFP 175 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
176. RFP 176 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
177. RFP 177 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
178. RFP 178 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	🔴
179. RFP 179 - Call Center	Call Center Implementation	2/1/2023	6/1/23	8%	



# Incentive Criteria: “Tranches” Year 1

DHCS “Minimum Performance Level” (MPL) – performance below is sanctioned in 2023  
DHCS “High Performance Level” (HPL) – 90<sup>th</sup> percentile [comment about 2024 Contract]



CRITERIA & REQUIREMENTS				
PERFORMANCE TRANCHE	At or Above HPL	At or Below MPL*	Improvement** From Prior Year Baseline	% of Quality Bonus
High	2 or more	0	and ≥ 5	100%
High-Mid	1 or more	0	and ≥ 5	75%
Mid	0	0	and ≥ 5	50%
Mid-Low	0	1 or 2	and ≥ 5	25%
Low	0	3 or more	or ≥ 6 decline	0%

\*See Year 1 Gap Closure Methodology  
\*\*Measures other than those accounted for in HPL and MPL counts.



# Incentive Criteria: “Tranches” Year 2

DHCS “Minimum Performance Level” (MPL) – performance below is sanctioned in 2023  
DHCS “High Performance Level” (HPL) – 90<sup>th</sup> percentile [new standard in the 2024 Contract]



CRITERIA & REQUIREMENTS				
PERFORMANCE TRANCHE	At or Above HPL	At or Below MPL*	Improvement** From Prior Year Baseline	% of Quality Bonus
High	3 <i>or more</i>	0 and	≥ 5	100%
High-Mid	2 <i>or more</i>	0 and	≥ 5	75%
Mid	0	0 and	≥ 5	50%
Mid-Low	0	1 <i>or</i> 2 and	≥ 5	25%
Low	0	3 <i>or more</i> and or	≥ 6 decline	0%

\*See Year 1 Gap Closure Methodology  
\*\*Measures other than those accounted for in HPL and MPL counts.

GCHP understands that certain measures for each Provider are well behind MCAS MPL and are difficult to move significantly in a short period of time. These measures still require improvement, so we are offering a flexible solution.

- In Year 1, the Provider may choose 2 core metrics for which achievement of the Gap Closure Methodology will be considered sufficient for not being considered in the “At or Below MPL” category.
- In Year 2, the Provider may choose 1 core metric for which achievement of the Gap Closure Methodology will be considered sufficient for not being considered in the “At or Below MPL” category.

## Gap Closure Methodology

The “Gap” is defined as the difference between the Provider’s end of prior year performance and the HPL for the prior year. The target setting methodology is a 10.0 percent gap closure.

An example of the 10 percent Gap Closure Target Setting Methodology is as follows:

- 10% gap closure between CY 2022 Performance (Baseline) and CY 2022 MCAS HPL
  - Example: MCAS Measure X
    - HPL Benchmark: 70.0%
    - Baseline: 55.0%
  - Gap:  $70\% - 55\% = 15\%$
  - 10% of 15% = 1.5%
  - $55\% + 1.5\% = 56.5\%$
  - Target: 56.5%

## **AGENDA ITEM NO. 5**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Michael Murguia, Executive Director Human Resources

DATE: May 22, 2023

SUBJECT: Contract Approval – Reeder & Associates – Chief Financial Officer Recruitment

**SUMMARY:** Gold Coast Health Plan (GCHP) management seeks approval of a contract with Reeder & Associates (Reeder) to complete an executive recruitment for the Chief Financial Officer position

**BACKGROUND/DISCUSSION:** Gold Coast Health Plan (GCHP) management received approval from the Commission at the January 9, 2023 Special Meeting to initiate an executive search with Morgan Resources Consulting (Morgan) for the Chief Financial Officer position. Morgan and we immediately initiated the search. Despite this being a major search in an extraordinarily competitive era for executive search in the managed care industry, we expected to see significant progress by the eight week point in the form of an initial pre-qualified candidate pool. This did not materialize largely due to the combination of the unprecedented amount of search activity going on in the industry and the lack of successful targets within the Morgan candidate network – as we know, each search firm has different networks and shopping for a pre-qualified and active network is an important part of finding the right firm. We still believe Morgan is an excellent executive search partner and they continue to be successful for us in other searches, but decided it was in our best interest to move the CFO search to a different firm.

In March, we began contacting and interviewing other search firms. One firm that we focused on was Spencer Stuart, another excellent executive search firm, whom I had experience and a successful track record. Spencer Stuart has a division of search specializing in managed care plans and had done other searches with health plans in California. Unfortunately, after weeks of discussions and negotiations on our job description, salary range, and search costs we were not able to come to an agreement on terms with Spencer Stuart. It is particularly noteworthy that Spencer Stuart did not feel that it was likely that we could be successful within our salary range.

In April, we began interviewing another boutique managed care firm, Reeder & Associates (Reeder). We were connected with them through a working relationship that they have had with Nick Liguori, our CEO. In the interview, we learned that they were in – or had just completed – multiple CFO searches in Medicaid managed care, nationally. This is the way these searches go – you have to find the search partner that has the right network activated and engaged in order to accelerate a quality hiring process. In the brief period since, and with the anticipation

that we would have a finalized contract in place with Commission approval in May, Reeder has identified ten exceptional CFO candidates with the right qualifications in our salary range. We are now in the process of phone screens and initial in-person interviews. We believe that this candidate pool will yield a diverse finalist group of 2-3 candidates – qualified with Medicaid and preferably Medicare experience – for a full interview process with our executive team and with the Executive Finance Committee in June.

This request is principally for approval to transition from the Morgan contract to a Reeder contract. GCHP is in mutual agreement with Morgan about the termination of the contract. Reeder fees are in line with the prior Morgan terms. As with the Morgan contract, the cost of the Reeder search will exceed the CEO's signature authority and we are asking for your approval.

**FISCAL IMPACT:** Approximately \$130,000 for the contract with Reeder. The contract with Morgan Resources Consulting, which will be terminated.

**RECOMMENDATION:**

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

## **AGENDA ITEM NO. 6**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: May 22, 2023

SUBJECT: April 2023 Fiscal Year to Date Financials

### **SUMMARY:**

Staff is presenting the attached April 2023 fiscal year-to-date (“FYTD”) financial statements of Gold Coast Health Plan (“GCHP”) for review and approval.

### **BACKGROUND/DISCUSSION:**

The staff has prepared the April 2023 unaudited FYTD financial packages, including statements of financial position, statement of revenues and expenses, changes in net assets, statement of cash flows and schedule of investments and cash balances.

#### **Financial Overview:**

GCHP experienced gains of \$14.1 million for April 2023. As of April 30<sup>st</sup>, GCHP is favorable to the budget estimates by \$104.0 million. The favorability is due to medical expense estimates that are currently less than budget by \$85.7 million, Non-Operating Gains (Interest Income) by \$7.0 million and revenue favorable by \$11.4 million.

#### **Financial Report:**

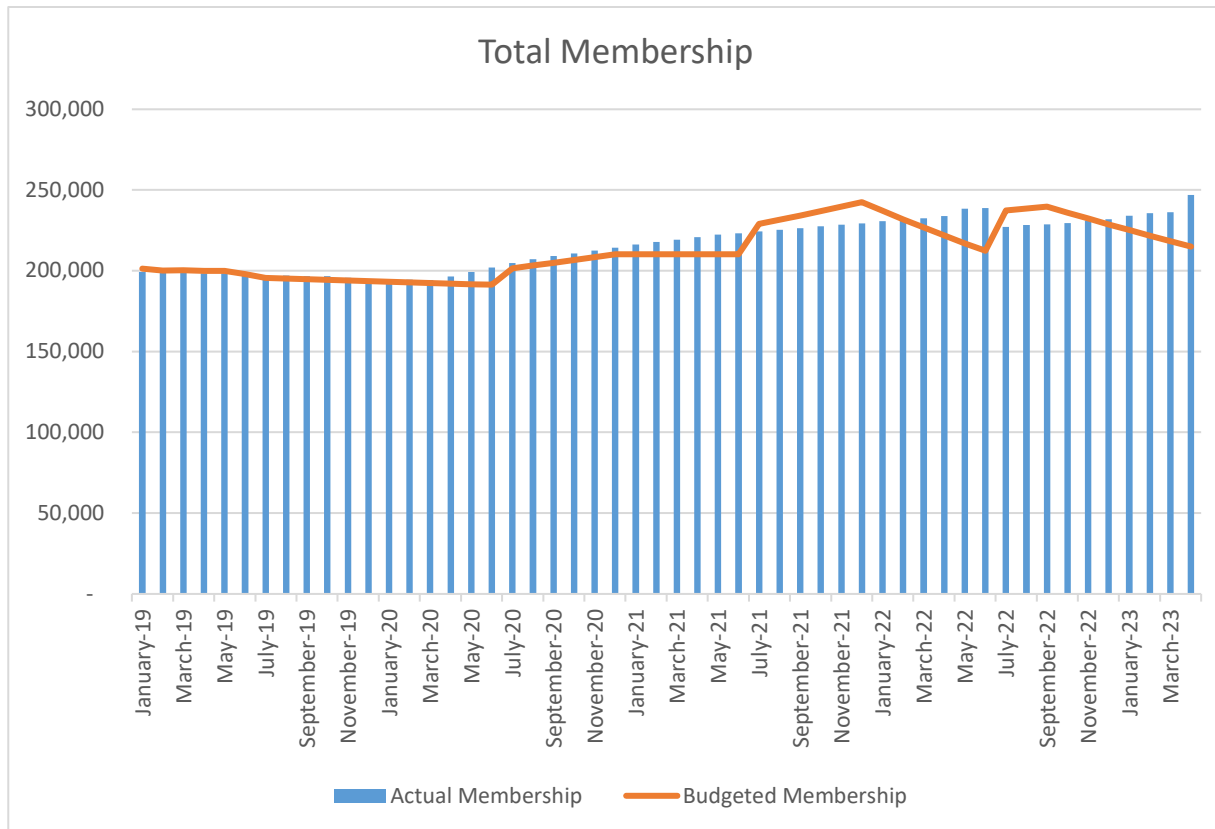
GCHP is reporting net gains of \$14.1 million for the month of April 2023 respectively.

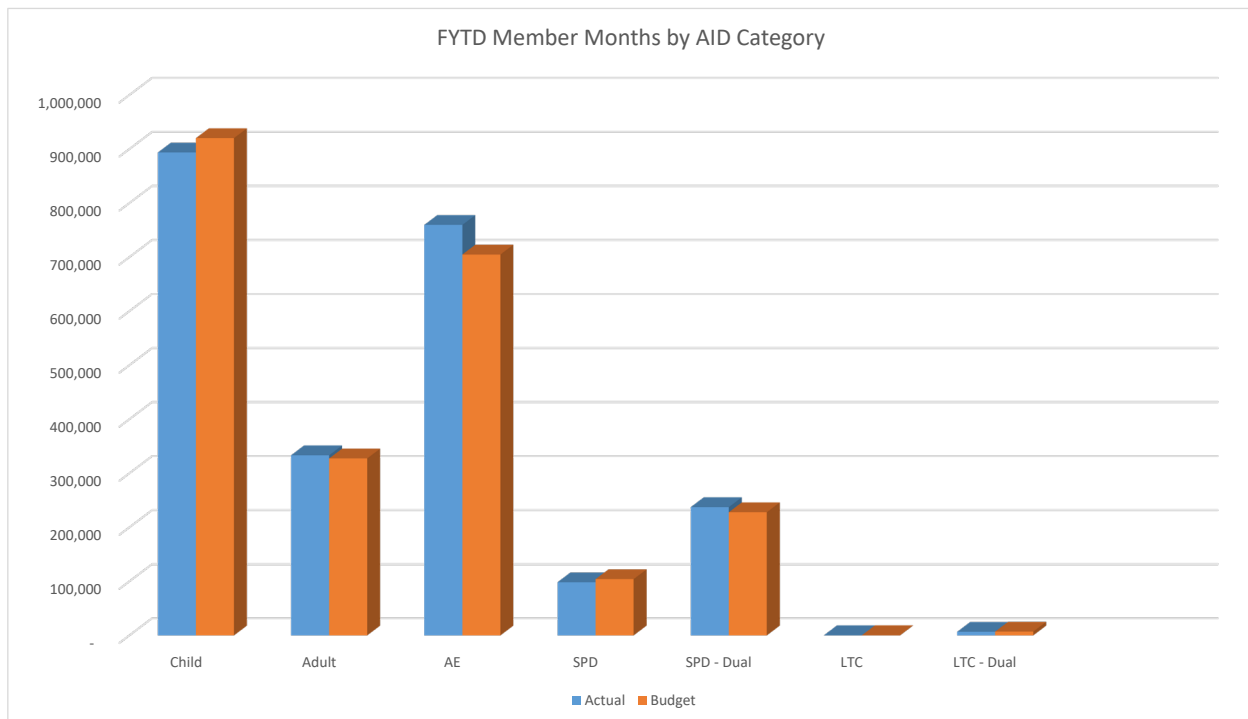
#### **April 2023 FYTD Highlights:**

1. Net gain of \$149.3 million, a \$104.0 million favorable budget variance.
2. FYTD net revenue is \$825.4 million, \$11.4 million higher than budget.
3. FYTD Cost of health care is \$622.4 million, \$85.7 million lower than budget.
4. The medical loss ratio is 75.4% of revenue, 11.6% under budget.
5. FYTD administrative expenses are \$60.8 million, \$0.0 million under budget.
6. The administrative cost ratio is 7.4%, 0.1% under budget.
7. Current membership for April 2023 is 251,798.

8. Tangible Net Equity is \$325.9 million which represents approximately 145 days of operating expenses in reserve and 983% of the required amount by the State.

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





### Revenue

FYTD Net Premium revenue is \$825.4 million; \$11.4 million and 1.4% favorable budget variance. Variance is primarily due to new CY2023 base rates ~\$19.4 million and maternity revenue ~\$0.5 million offset by unfavorable ECM risk corridor adjustment of ~(\$4.4) million not in budget, timing of incentive revenue budgeted of ~(\$2.6) million, MCO tax revenue net of tax unfavorable to budget ~(\$1.5) million

### Health Care Costs

FYTD Health care costs are \$622.4 million; a \$85.7 million and 12.0% favorable budget variance. The primary driver is lower inpatient medical expenses. The moratorium on redeterminations due to the Public Health Emergency (PHE) has resulted in increased membership with a significant mix of members being low/non-utilizers of services which has led to less healthcare costs than what was anticipated when the budget was established a year ago.

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

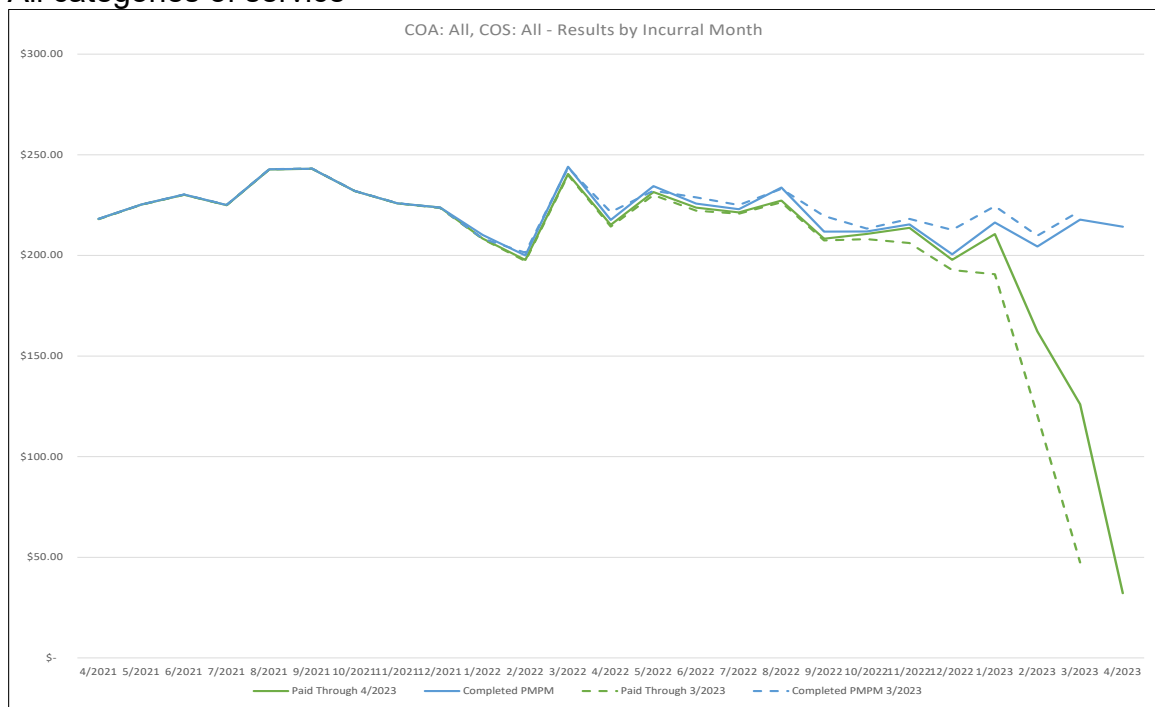
Trend factors consistent with RDT (2-4%) and projections based on COA/COS combinations getting back to CY2019 level where appropriate with the exception of mental health expenses (maintaining COVID levels in budget).

Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as “Incurred but Not Paid” (IBNP)

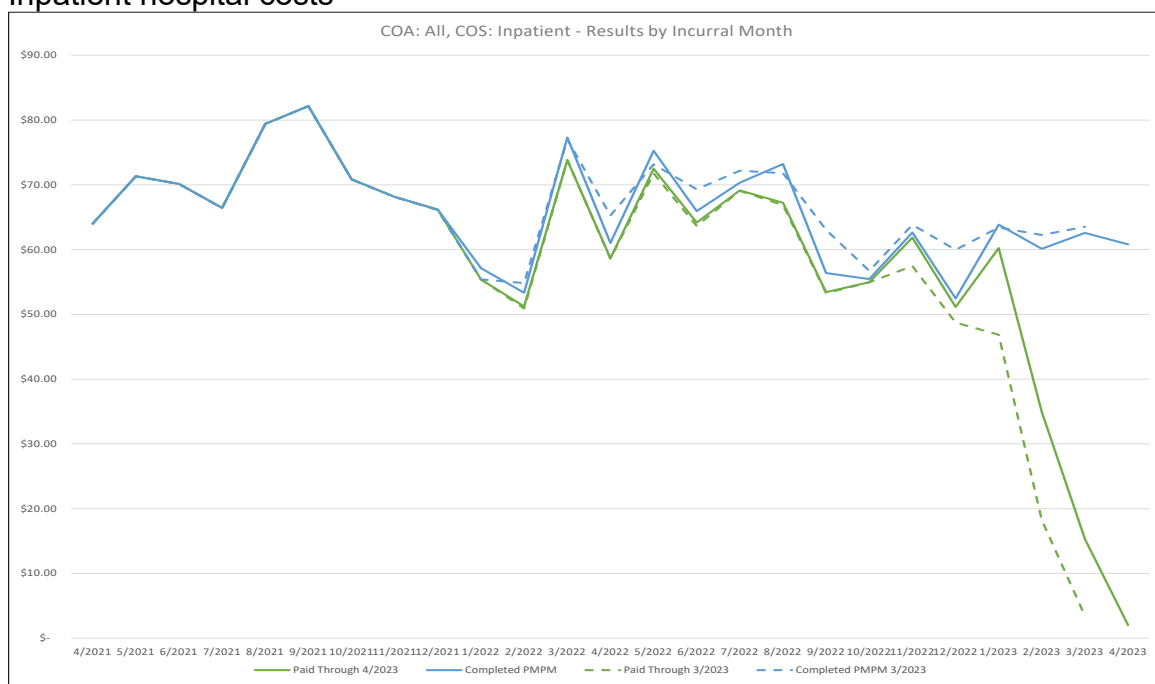
and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred but Not Reported and Claims Payable.

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

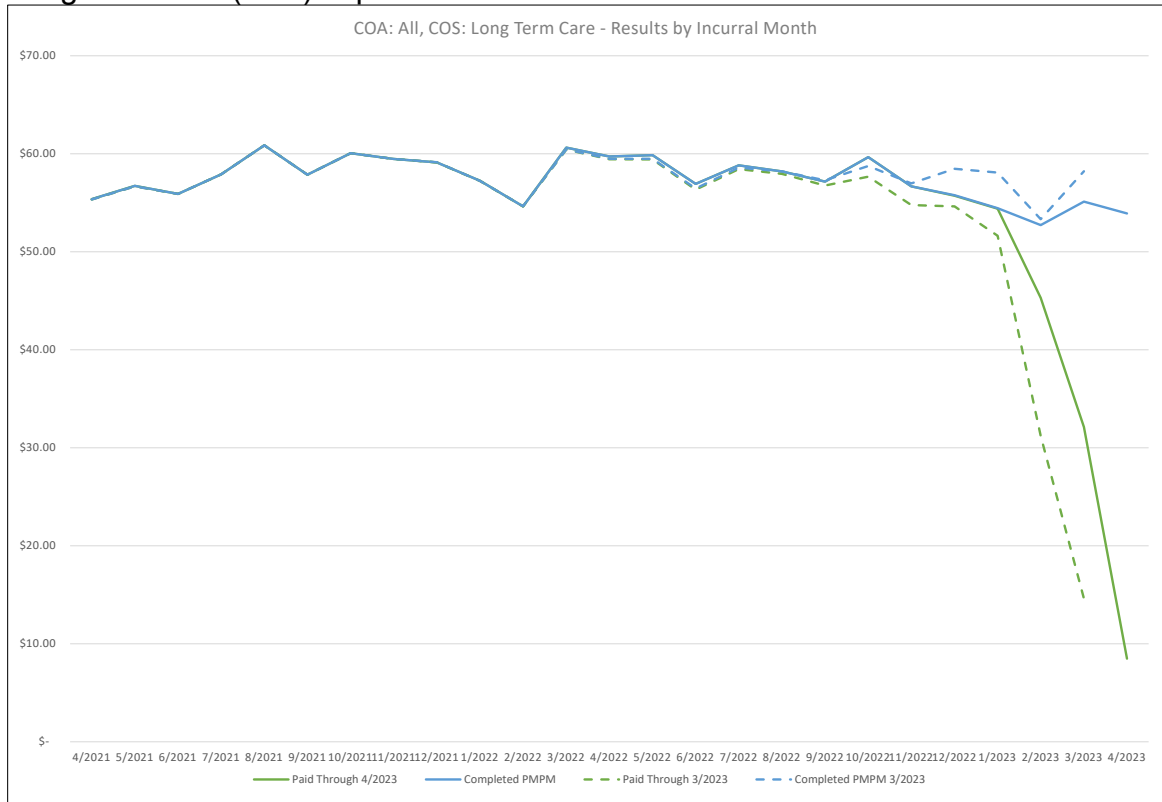
### 1. All categories of service



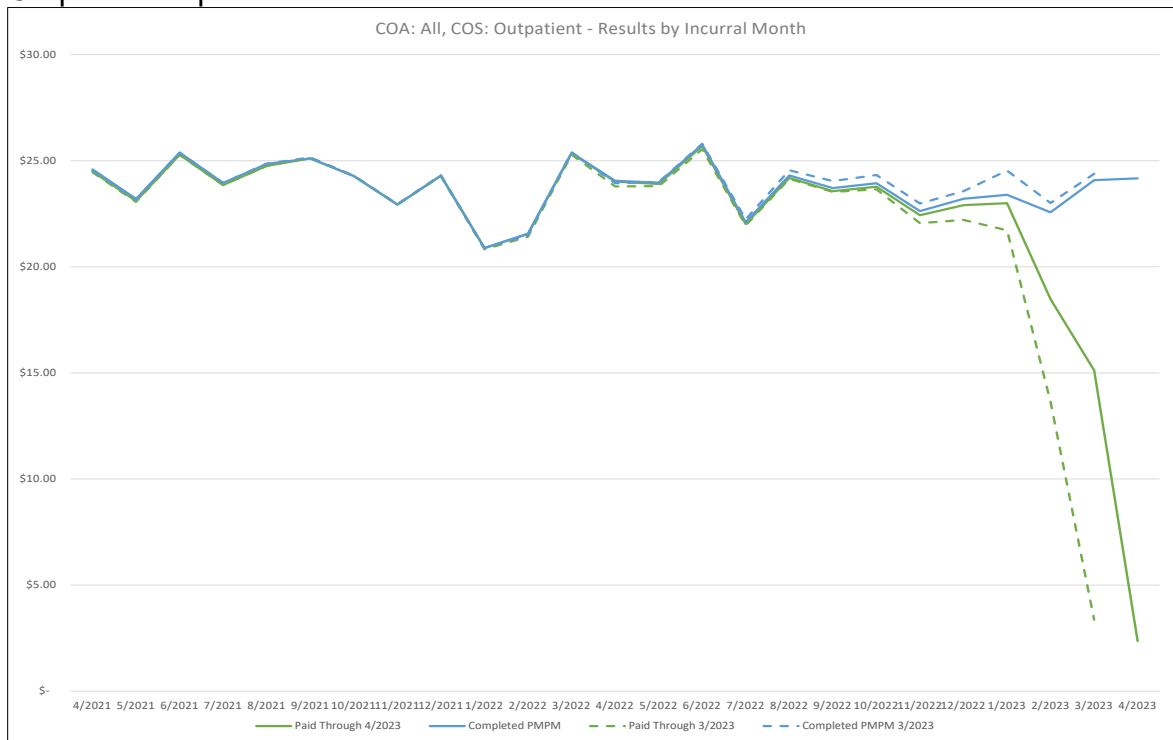
### 2. Inpatient hospital costs



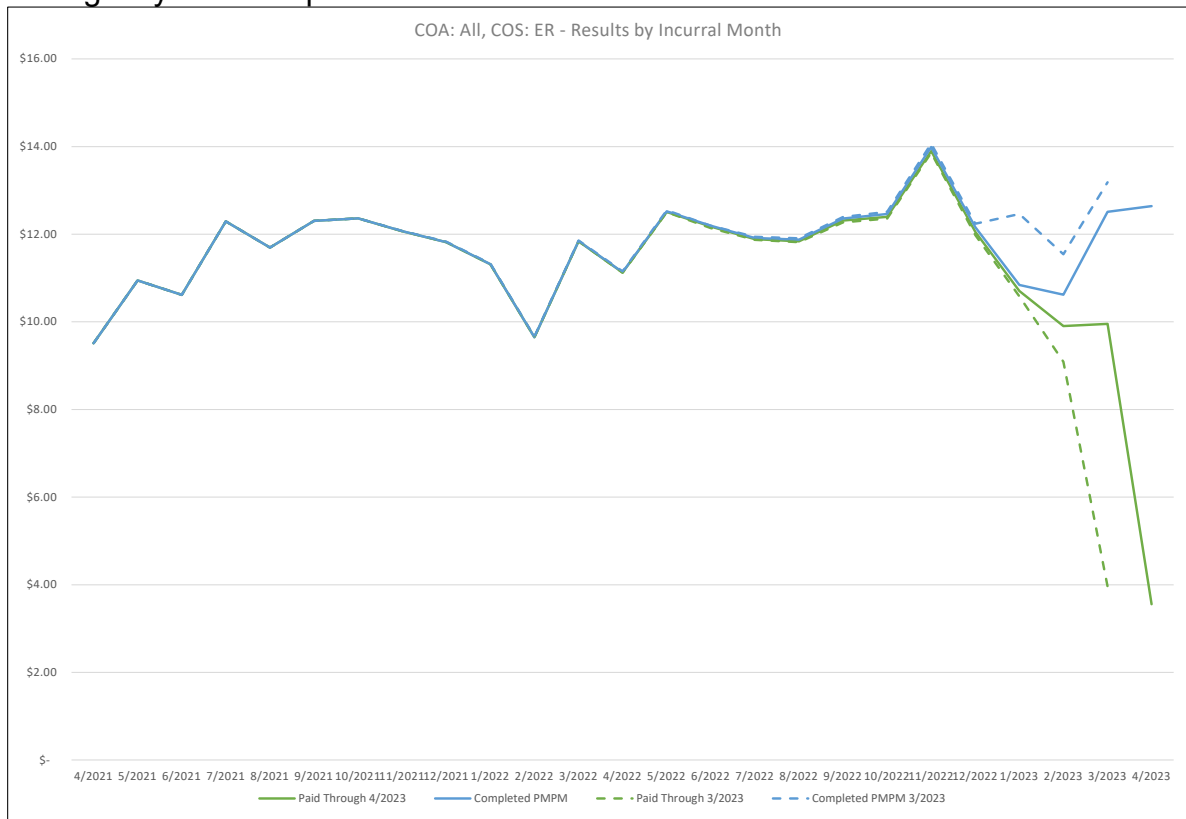
### 3. Long term care (LTC) expenses



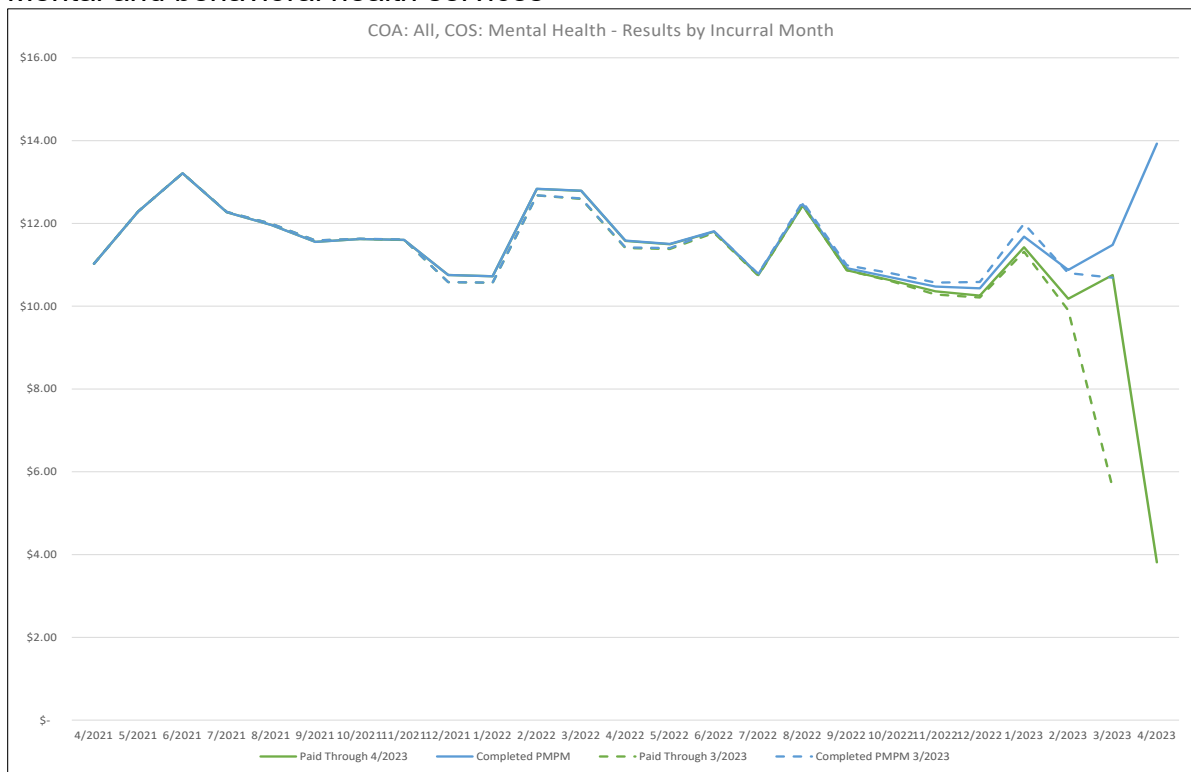
### 4. Outpatient expenses



## 5. Emergency Room expenses



## 6. Mental and behavioral health services



## Administrative Expenses

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

For the fiscal year to date through April 2023, administrative costs were \$60.8 million, on-budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 7.4% versus 7.5% for budget.

## Cash and Short-Term Investment Portfolio

At April 30<sup>th</sup> the Plan had \$420.3 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool \$18.6 million; LAIF CA State \$40.7 million; Cal Trust \$35.7 million.

### SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value* April 30, 2023	Account Type
Local Agency Investment Fund (LAIF) <sup>1</sup>	\$ 40,693,939	investment
Ventura County Investment Pool <sup>2</sup>	\$ 18,581,902	investment
CalTrust	\$ 35,697,195	short-term investment
Bank of West	\$ 321,374,583	money market account
Pacific Premier	\$ 3,917,970	operating accounts
Mechanics Bank <sup>3</sup>	\$ -	operating accounts
Petty Cash	\$ 500	cash
<b>Investments and monies held by GCHP</b>	<b>\$ 420,266,089</b>	

	Apr-23	FYTD 22-23
<b>Local Agency Investment Fund (LAIF)</b>		
Beginning Balance	\$ 40,693,939	\$ 40,269,787
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	-	424,152
Quarterly Interest Adjustment	-	-
<b>Current Market Value</b>	<b>\$ 40,693,939</b>	<b>\$ 40,693,939</b>
<b>Ventura County Investment Pool</b>		
Beginning Balance	\$ 18,528,528	\$ 18,377,308
Transfer of funds to LAIF	-	-
Interest Received	53,373	204,594
<b>Current Market Value</b>	<b>\$ 18,581,902</b>	<b>\$ 18,581,902</b>

## Medi-Cal Receivable

At April 30<sup>th</sup> the Plan had \$102.6 million in Medi-Cal Receivables due from the DHCS.

**RECOMMENDATION:**

Staff requests that the Commission approve the April 2023 financial packages.

**ATTACHMENT:**

April 2023 Financial Package



**FINANCIAL PACKAGE**  
For the month ended April 30, 2023

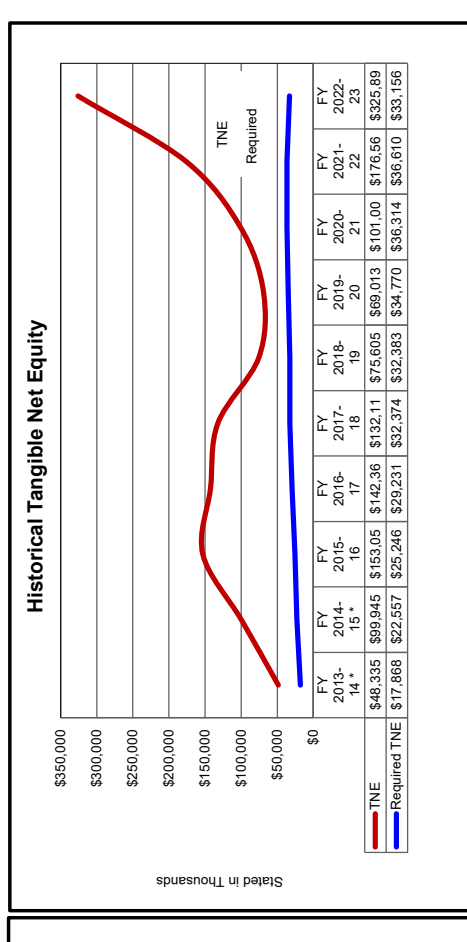
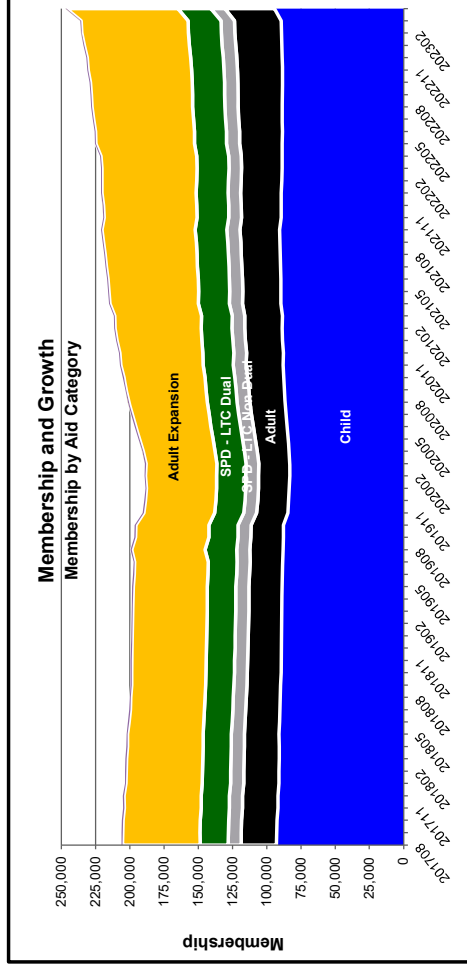
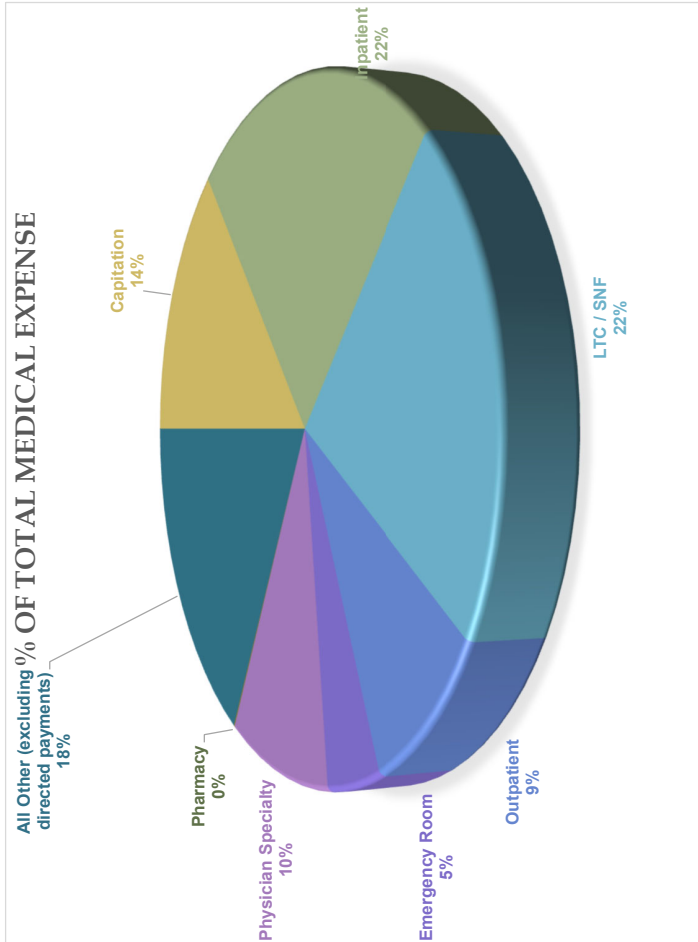
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- Executive Dashboard
- Statement of Financial Position
- Statement of Revenues, Expenses and Changes in Net Assets
- Statement of Cash Flows
- Schedule of Investments & Cash Balances

**Gold Coast Health Plan**  
Executive Dashboard as of April 30, 2023

	FYTD 22/23 Budget*	FYTD 22/23 Actual	FYTD 21/22 Actual	FY 20/21 Actual
Average Enrollment	229,251	246,304	229,367	213,547
PMPM Revenue	\$ 364.40	\$ 335.12	\$ 347.72	\$ 358.22
<b>Medical Expenses</b>				
Capitation	\$ 32.95	\$ 33.91	\$ 32.44	\$ 34.03
Inpatient	\$ 78.23	\$ 54.39	\$ 68.62	\$ 66.52
LTC / SNF	\$ 48.81	\$ 53.88	\$ 59.92	\$ 55.42
Outpatient	\$ 26.89	\$ 22.80	\$ 22.59	\$ 23.16
Emergency Room	\$ 12.59	\$ 11.50	\$ 10.80	\$ 9.25
Physician Specialty	\$ 27.30	\$ 23.25	\$ 22.49	\$ 25.71
Provider Incentives	\$ 2.34	\$ (0.18)	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ 29.71	\$ 62.07
All Other (excluding directed payments)	\$ 42.05	\$ 42.36	\$ 45.41	\$ 43.20
Total Per Member Per Month	\$ 271.15	\$ 241.92	\$ 291.97	\$ 319.36
Medical Loss Ratio	86.1%	75.1%	86.9%	92.1%
Total Administrative Expenses	\$ 60,784,742	\$ 60,795,158	\$ 53,680,738	\$ 49,637,603
% of Revenue	7.5%	7.4%	5.6%	5.4%
TNE	\$ 218,364,770	\$ 325,893,791	\$ 180,480,257	\$ 100,999,994
Required TNE	\$ 33,386,024	\$ 33,156,353	\$ 36,609,789	\$ 36,313,908
% of Required	654%	983%	493%	278%

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



# STATEMENT OF FINANCIAL POSITION

	04/30/23	03/31/23	02/28/23
<b>ASSETS</b>			
<b>Current Assets:</b>			
<b>Total Cash and Cash Equivalents</b>	<b>325,293,055</b>	<b>301,176,251</b>	<b>285,892,678</b>
<b>Total Short-Term Investments</b>	<b>94,973,035</b>	<b>94,771,491</b>	<b>94,618,232</b>
Medi-Cal Receivable	102,588,961	94,498,491	99,602,061
Interest Receivable	380,186	346,127	241,865
Provider Receivable	622,882	588,448	1,354,311
Other Receivables	169,509	126,993	241,507
<b>Total Accounts Receivable</b>	<b>103,761,538</b>	<b>95,560,060</b>	<b>101,439,743</b>
Total Prepaid Accounts	6,523,660	6,626,388	3,287,590
Total Other Current Assets	135,560	135,560	135,560
<b>Total Current Assets</b>	<b>530,686,848</b>	<b>498,269,750</b>	<b>485,373,803</b>
<b>Total Fixed Assets</b>	<b>5,889,376</b>	<b>6,002,484</b>	<b>6,144,265</b>
<b>Total Assets</b>	<b>\$ 536,576,224</b>	<b>\$ 504,272,234</b>	<b>\$ 491,518,069</b>
<b>LIABILITIES &amp; NET ASSETS</b>			
<b>Current Liabilities:</b>			
Incurred But Not Reported	\$ 95,816,024	\$ 87,339,457	\$ 90,791,350
Claims Payable	11,710,588	12,638,276	22,371,500
Capitation Payable	7,283,431	8,523,112	8,412,986
Physician Payable	28,147,641	25,590,196	24,253,312
DHCS - Reserve for Capitation Recoup	29,078,645	28,496,136	27,855,935
Lease Payable- ROU	1,292,763	1,285,346	1,278,062
Accounts Payable	5,025,239	1,190,606	1,578,384
Accrued ACS	3,807,357	3,365,645	3,365,645
Accrued Provider Incentives/Reserve	8,675,154	8,577,469	8,496,565
Accrued Expenses	4,541,024	7,927,759	3,173,195
Accrued Payroll Expense	2,530,364	2,561,580	3,492,988
<b>Total Current Liabilities</b>	<b>205,815,691</b>	<b>187,495,582</b>	<b>195,069,922</b>
<b>Long-Term Liabilities:</b>			
Lease Payable - NonCurrent - ROU	4,866,742	4,980,137	5,089,357
<b>Total Long-Term Liabilities</b>	<b>4,866,742</b>	<b>4,980,137</b>	<b>5,089,357</b>
<b>Total Liabilities</b>	<b>210,682,433</b>	<b>192,475,719</b>	<b>200,159,279</b>
<b>Net Assets:</b>			
Beginning Net Assets	176,562,922	176,562,922	176,562,922
Total Increase / (Decrease in Unrestricted Net Assets)	149,330,869	135,233,592	114,795,868
<b>Total Net Assets</b>	<b>325,893,791</b>	<b>311,796,515</b>	<b>291,358,790</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 536,576,224</b>	<b>\$ 504,272,234</b>	<b>\$ 491,518,069</b>

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS**  
**FOR MONTH ENDED April 30, 2023**

	April 2023		April 2023 Year-To-Date		Variance Fav / (Unfav)	Variance %	April 2023 Year-To-Date		Variance Fav / (Unfav)	Variance %		
	Actual		Budget				Actual				Budget	
	251,798		2,292,512				2,463,037				170,525	
Membership (includes retro members)												
Revenue												
Premium	\$	95,603,945	\$	879,509,307	\$	890,571,647	\$	(11,062,340)	\$	(31.39)		
Reserve for Cap Requirements		-		-		-		-		0%		
Incentive Revenue		-		4,405,886		6,960,944		(2,555,058)		-37%		
MCO Premium Tax		(7,907,460)		(58,512,576)		(83,520,035)		25,007,458		-30%		
Total Net Premium		87,696,485		825,402,616		814,012,556		11,390,060		1.4%		
Other Revenue:												
Miscellaneous Income		135		795		-		795		0%		
Total Other Revenue		135		795		-		795		0%		
Total Revenue		87,696,620		825,403,411		814,012,556		11,390,855		1%		
Medical Expenses:												
Capitation		7,076,013		80,637,257		81,146,700		509,443		1%		
PCP, Specialty, Kaiser, NEMT & Vision		349,390		2,888,140		6,870,199		3,982,059		58%		
ECM		7,425,403		83,525,398		88,016,899		4,491,502		5%		
Total Capitation												
FFS Claims Expenses:												
Inpatient		12,642,438		133,974,900		192,684,500		58,709,601		30%		
LTC / SNF		15,922,846		132,720,423		120,223,545		(12,496,878)		-10%		
Outpatient		6,520,548		56,154,213		66,229,962		10,075,749		15%		
Laboratory and Radiology		564,892		7,749,852		7,946,530		196,678		2%		
Directed Payments - Provider		3,997,640		26,540,196		20,346,639		(6,193,557)		-30%		
Emergency Room		2,420,464		28,325,456		30,998,133		2,672,677		9%		
Physician Specialty		6,257,481		57,271,771		67,245,347		9,973,576		15%		
Primary Care Physician		2,310,129		21,859,121		25,089,435		3,230,314		13%		
Home & Community Based Services		1,973,753		18,599,251		24,583,637		5,984,386		24%		
Applied Behavioral Analysis/Mental Health Services		3,928,572		26,983,403		29,764,717		2,781,314		9%		
Pharmacy		(452,803)		(454,456)		-		454,456		0%		
Adult Expansion Reserve		-		-		-		-		0%		
Provider Reserve / Provider Incentives		81,289		1,880,343		5,758,513		3,878,170		67%		
Other Medical Professional		275,487		2,891,255		3,808,949		917,694		24%		
Other Medical Care		-		-		-		-		0%		
Other Fee For Service		1,483,483		8,793,206		10,482,875		1,689,669		16%		
Transportation		260,525		1,838,600		1,889,595		50,995		3%		
Total Claims		58,186,543		525,127,533		607,052,376		81,924,842		13%		
Medical & Care Management Expense		1,577,011		16,534,057		15,646,606		(887,451)		-6%		
Reinsurance		365,581		1,282,003		894,919		(387,084)		-43%		
Claims Recoveries		(218,771)		(4,065,502)		(3,545,836)		519,666		-15%		
Sub-total		1,723,821		13,750,557		12,995,688		(754,869)		-6%		
Total Cost of Health Care		67,335,766		622,403,489		708,064,963		85,661,475		12%		
Contribution Margin		20,360,854		202,999,923		105,947,593		97,052,330		92%		
General & Administrative Expenses:												
Salaries, Wages & Employee Benefits		3,593,503		35,031,811		30,831,339		(4,200,472)		-14%		
Training, Conference & Travel		28,080		176,516		559,197		382,681		68%		
Outside Services		2,893,375		23,605,537		23,199,221		(406,316)		-2%		
Professional Services		722,541		4,394,266		4,146,449		(247,817)		-6%		
Occupancy, Supplies, Insurance & Others		914,416		8,285,166		9,603,668		1,318,501		14%		
Care Management ReClass to Medical		(1,567,648)		(16,417,191)		(15,646,606)		770,586		-5%		
G&A Expenses		6,584,268		55,076,104		52,693,267		(2,382,837)		-5%		
Project Portfolio		795,642		5,719,053		8,091,475		2,372,421		29%		
Total G&A Expenses		7,379,910		60,795,158		60,784,742		(10,416)		0%		
Total Operating Gain / (Loss)		12,980,944		142,204,765		45,162,851		97,041,914		215%		
Non Operating												
Revenues - Interest		1,116,333		7,126,104		134,333		6,991,771		5205%		
Gain/(Loss) on Sale of Asset		-		-		-		-		0%		
Total Non-Operating		1,116,333		7,126,104		134,333		6,991,771		5205%		
Total Increase / (Decrease) in Unrestricted Net Assets		\$ 14,097,277		\$ 149,330,869		\$ 45,297,184		\$ 104,033,685		230%		

<b>STATEMENT OF CASH FLOWS</b>	<b>April 2023</b>	<b>FYTD 22-23</b>
<b>Cash Flows Provided By Operating Activities</b>		
Net Income (Loss)	\$ 14,097,277	\$ 149,330,869
<b>Adjustments to reconciled net income to net cash provided by operating activities</b>		
Depreciation on fixed assets	140,376	1,437,860
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
<b>Changes in Operating Assets and Liabilities</b>		
Accounts Receivable	(8,201,478)	(2,361,382)
Prepaid Expenses	102,728	(4,376,119)
Accrued Expense and Accounts Payable	1,546,005	11,110,969
Claims Payable	390,077	(11,964,717)
MCO Tax liability	7,907,460	(13,658,340)
IBNR	8,476,567	(8,643,157)
<b>Net Cash Provided by (Used in) Operating Activities</b>	<u>24,459,012</u>	<u>120,875,982</u>
<b>Cash Flow Provided By Investing Activities</b>		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(201,544)	(1,545,833)
Purchase of Property and Equipment	(27,269)	(237,534)
<b>Net Cash (Used In) Provided by Investing Activities</b>	<u>(228,813)</u>	<u>(1,783,367)</u>
<b>Cash Flow Provided By Financing Activities</b>		
Lease Payable - ROU	(113,395)	(1,079,415)
<b>Net Cash Used In Financing Activities</b>	<u>(113,395)</u>	<u>(1,079,415)</u>
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	24,116,804	118,013,199
<b>Cash and Cash Equivalents, Beginning of Period</b>	<u>301,176,250</u>	<u>207,279,855</u>
<b>Cash and Cash Equivalents, End of Period</b>	<u><u>325,293,055</u></u>	<u><u>325,293,055</u></u>

## SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value*	
	April 30, 2023	Account Type
Local Agency Investment Fund (LAIF) <sup>1</sup>	\$ 40,693,939	investment
Ventura County Investment Pool <sup>2</sup>	\$ 18,581,902	investment
CalTrust	\$ 35,697,195	short-term investment
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Petty Cash	\$ 500	cash
<b>Investments and monies held by GCHP</b>	<b>\$ 420,266,089</b>	

	Apr-23	FYTD 22-23
<b>Local Agency Investment Fund (LAIF)</b>		
Beginning Balance	\$ 40,693,939	\$ 40,269,787
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	-	424,152
Quarterly Interest Adjustment	-	-
<b>Current Market Value</b>	<b>\$ 40,693,939</b>	<b>\$ 40,693,939</b>
	-	-
<b>Ventura County Investment Pool</b>		
Beginning Balance	\$ 18,528,528	\$ 18,377,308
Transfer of funds to LAIF	-	-
Interest Received	53,373	204,594
<b>Current Market Value</b>	<b>\$ 18,581,902</b>	<b>\$ 18,581,902</b>
	-	-

\*Source of valuation is monthly statements

### Notes:

<sup>1</sup> This program offers local agencies the opportunity to participate in a major portfolio, which invests hundreds of millions of dollars, using the investment expertise of the State Treasurer's Office investment staff at no additional cost to the taxpayer. The LAIF is part of the Pooled Money Investment Account (PMIA). The PMIA began in 1955 and oversight is provided by the Pooled Money Investment Board (PMIB) and an in-house Investment Committee. The PMIB members are the State Treasurer, Director of Finance, and State Controller. All securities are purchased under the authority of Government Code Section 16430 and 16480.4. The State Treasurer's Office takes delivery of all securities purchased on a delivery versus payment basis using a third party custodian. All investments are made on behalf of the Ventura County Treasury Portfolio for local public governments, agencies, and school districts within Ventura County. Steven Hintz, Ventura County Treasurer-Tax Collector, actively manages the pool by performing ongoing analysis of investment opportunities, and by planning, coordinating, and controlling the investment activities in accordance with the California Government Code and with the county's internal investment guidelines. This is done in order to meet cash flow needs and to ensure the safety and liquidity of all investments. Wells Fargo Bank N.A. serves as custodian for the pool's investments.

The Ventura County Treasury Portfolio provides safety of principal, liquidity and a competitive rate of return. Investments are comprised of securities that are very creditworthy, low risk and liquid. The pool's investment strategy is to maintain a very creditworthy, laddered portfolio that is sufficiently liquid in order to meet participants' cash flow needs. The portfolio is typically comprised of U.S. agency securities and high-quality short-term instruments, resulting in a relatively short-weighted average maturity. The pool's liquidity is further enhanced by its high percentage (60% to 70% or more) of holdings in securities that mature in 180 days

<sup>3</sup> These accounts are currently in the process of being closed and balances will be transferred to Pacific Premier Bank

# **Financial Statements**

## ***April 2023***

**Nick Liguori**  
**Chief Executive Officer**

**May 22, 2023**

# Financial Overview



Apr-2023 NET GAIN      \$ 14.1M  
SFY22-23 FYTD NET GAIN \$149.3M



TNE is \$325.9M and 983% of the  
minimum required



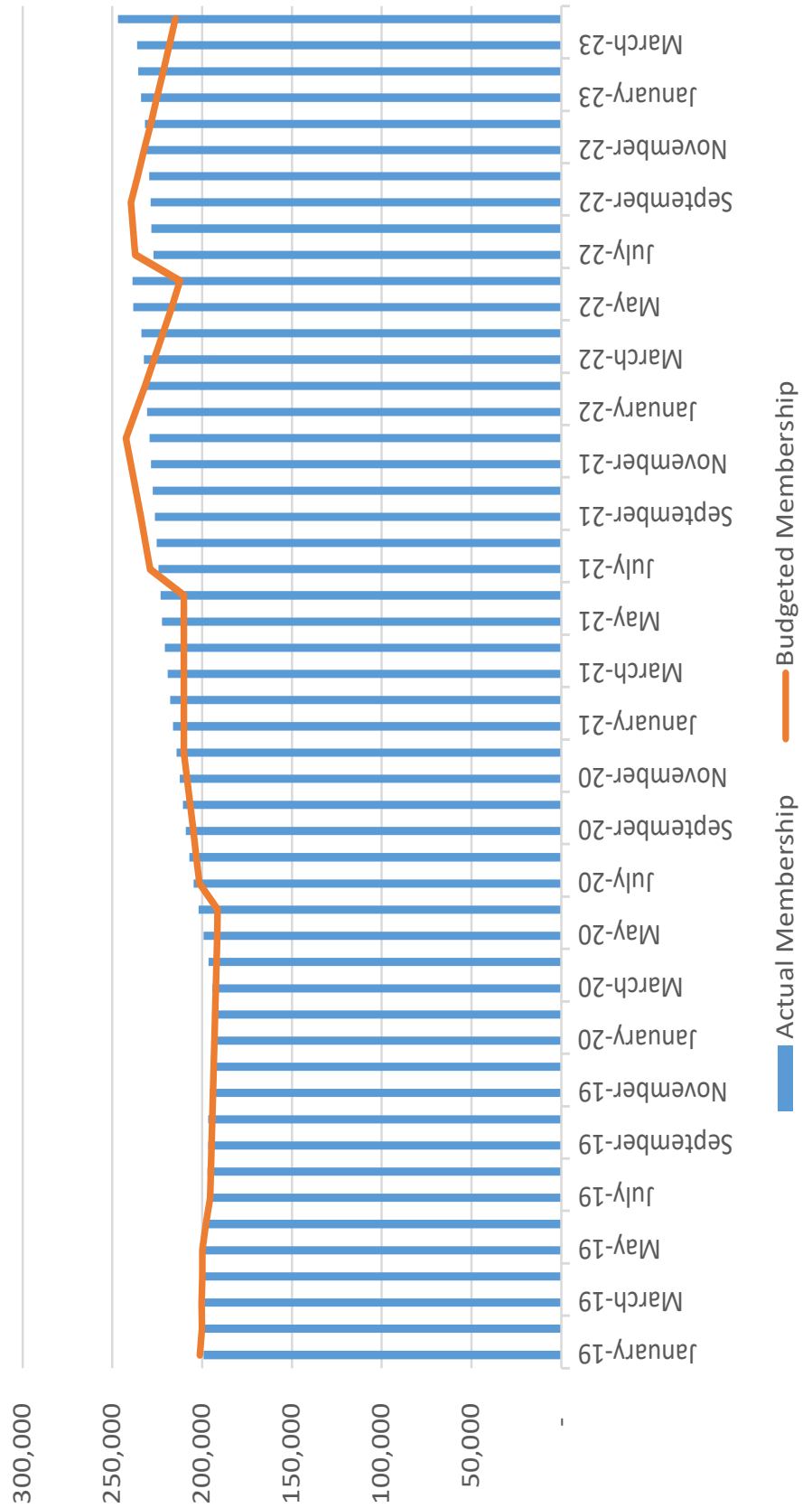
YTD MEDICAL LOSS RATIO    75.4%



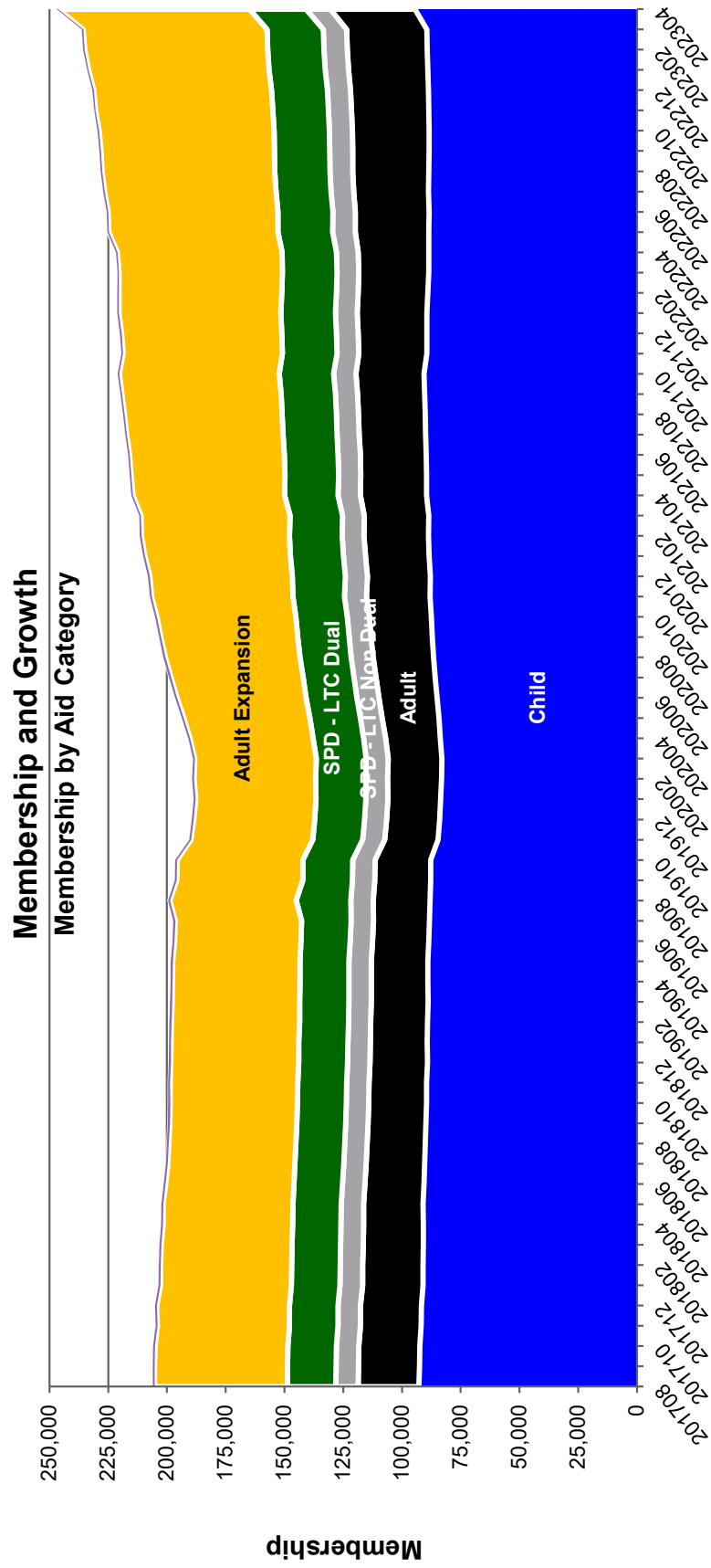
YTD ADMIN EXPENSE RATIO    7.4%

# Membership Trends

Total Membership



# Membership Trends



# Revenue

FYTD net premium revenue is \$825.4 million favorable to budget by \$11.4 million primarily due to:

1. \$19.4M CY2023 rates more favorable than budgeted
2. \$0.5M- maternity supplemental revenue favorable to budget

Offset by:

3. \$4.4M- ECM Risk Corridor adjustments not in budget
4. \$2.6M- timing of vaccine incentives and CalAIM incentive receipts versus budget.
5. \$1.5M- MCO Tax unfavorable to budget

# Medical Expenses

FYTD Health care costs are \$622.4 million and \$85.7 million and 12% under budget.

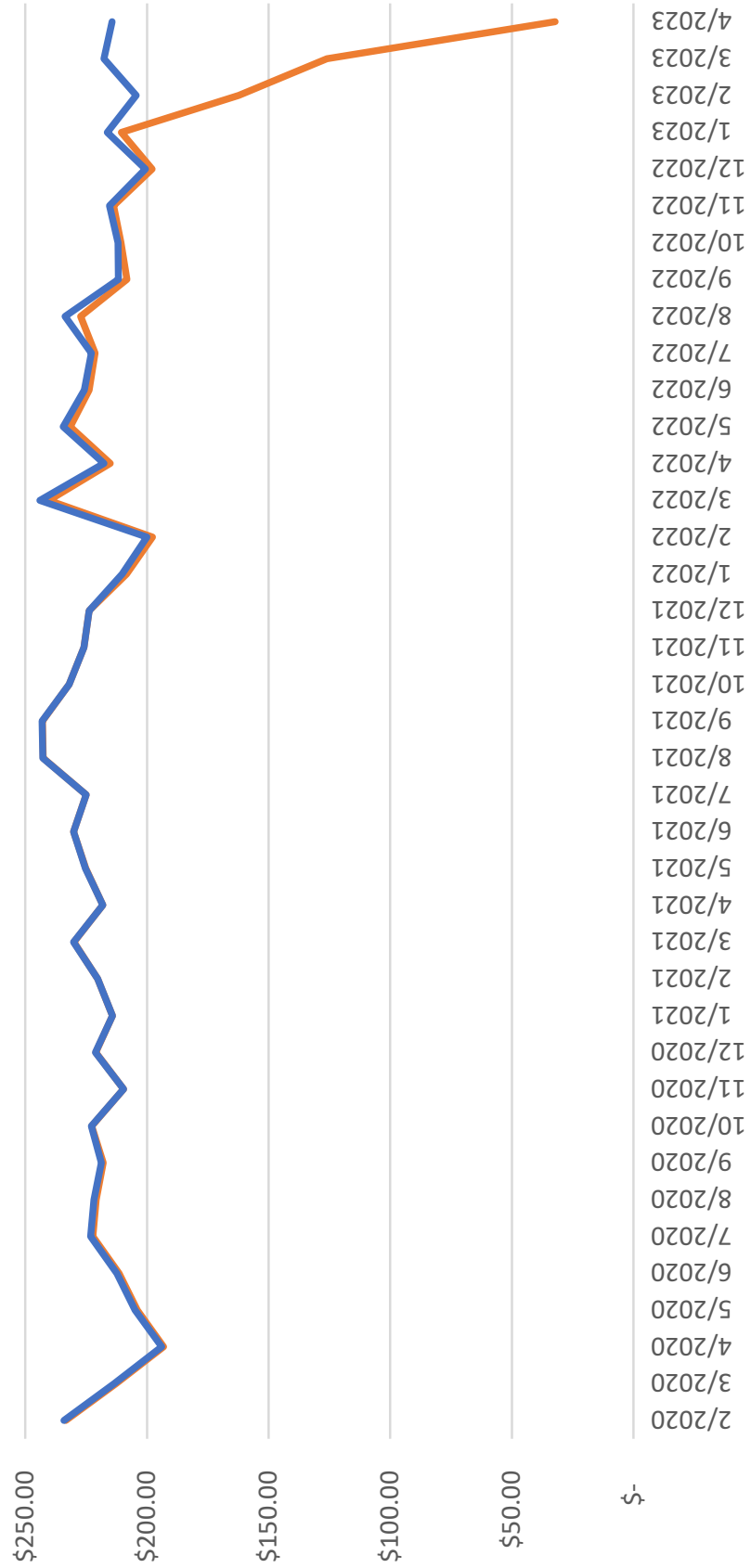
Medical loss ratio is 75.4%, a 11.6% favorable budget variance.

Continuation of PHE through 2022 and pause on redeterminations has led to a significant increase in membership with a less acute total population as compared to how we budgeted our medical expenses for FY22-23.

# Medical Expense Reserve

## Incurred But Not Paid (IBNP)

Total Completed PMPM v Paid PMPM

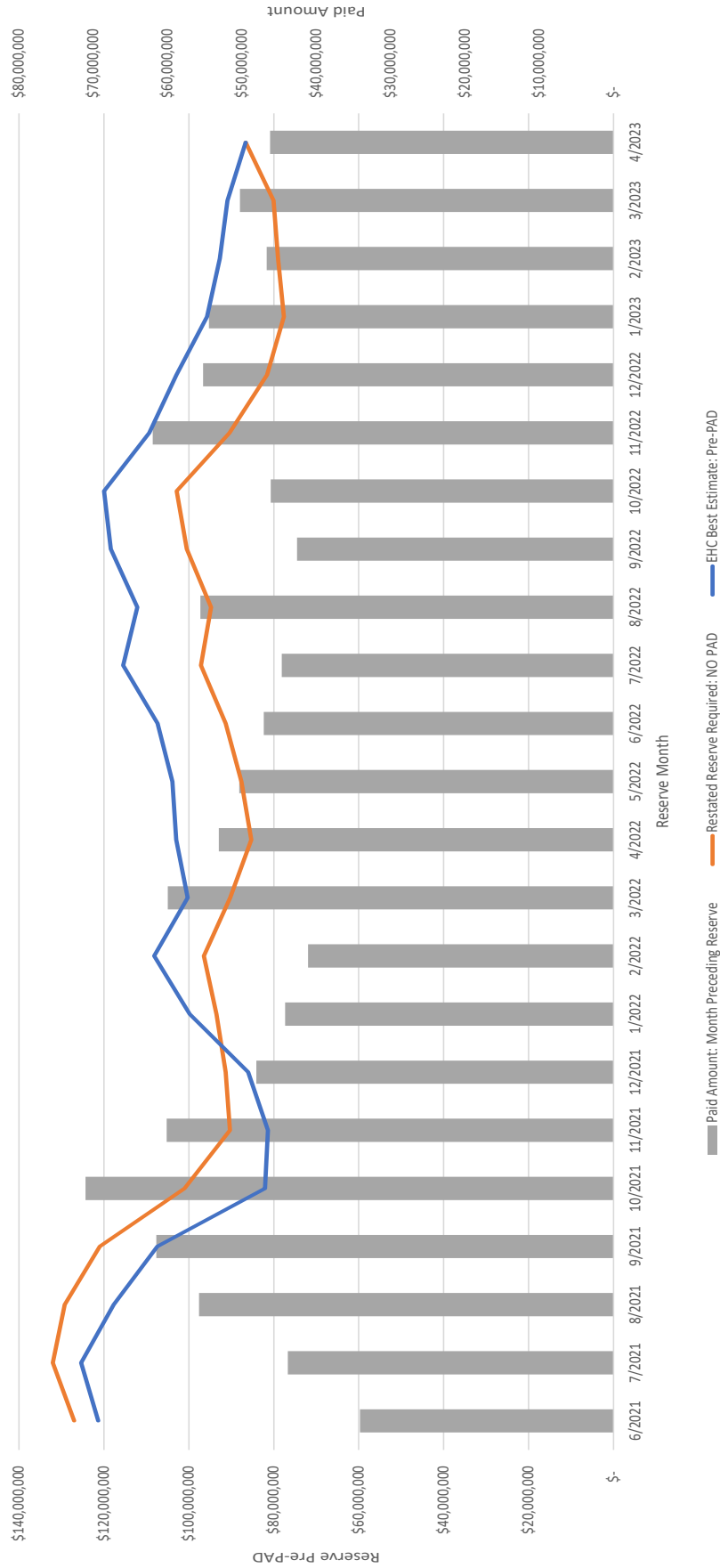


Comparison of Complete Estimates and Paid Data

# Medical Expense Reserve

## Incurred But Not Paid (IBNP)

Historical Reserve Summary



## Overview of Historical Reserve and Reasonableness of IBNP Estimates

# Administrative Expenses

For the fiscal year-to-date period through April 2023, administrative costs were \$60.8 million and on-budget.

As a percentage of revenue, the administrative cost ratio (or ACR) was 7.4% versus 7.5% for budget.

# Financial Statement Summary

	March 2023	April 2023	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	\$ 88,709,790	\$ 87,696,485	\$ 825,402,616	\$ 814,012,556	\$ 11,390,060
Health Care Costs	62,549,786	67,335,766	622,403,489	708,064,963	(85,661,475)
<b>Medical Loss Ratio</b>			<b>75.4%</b>	<b>87.0%</b>	
Administrative Expenses	6,817,434	7,379,910	60,795,158	60,784,742	10,416
<b>Administrative Ratio</b>			<b>7.4%</b>	<b>7.3%</b>	
Non-Operating Revenue/(Expense)	1,095,154	1,116,468	7,126,899	134,333	6,992,566
Total Increase/(Decrease) in Net Assets	\$ 20,437,725	\$ 14,097,277	\$ 149,330,869	\$ 45,297,184	\$ 104,033,685
Cash and Investments		\$ 420,266,090			
GCHP TNE		\$ 325,893,791			
Required TNE		\$ 33,156,353			
<b>% of Required</b>		<b>983%</b>			

# Questions?

Staff requests the Commission approve the unaudited financial statements for April 2023.

## **AGENDA ITEM NO. 7**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: May 22, 2023

SUBJECT: Chief Executive Officer (CEO) Report

### **I. EXTERNAL AFFAIRS:**

#### **A. State Budget**

The Administration recently released the May Revise, which is the updated budget proposal for FY 2023-24. As noted in the January proposed budget, California faces a significant budget deficit in 2023-24. In January, the estimated budget deficit for 2023-24 was \$22.5 billion; however, the budget shortfall has increased by approximately \$9.3 billion.

The current \$31.5 billion budget gap is the difference between projected state revenues and the estimated current baseline of spending on services. According to Gov. Gavin Newsom, the increasing budget problem is due to the nature of California's progressive tax structure and reliance on higher income earners during times of economic volatility. To balance the budget and lessen the financial strain on the state, the Administration is opting for spending reductions and pullbacks, funding delays and shifts, and the withdrawal of \$450 million from the state's Safety Net Reserve.

Investment in Health and Human Services (HHS) initiatives and Departments – including the state Department of Health Care Services (DHCS) – continue to be a priority for the Administration. HHS is one of the only state agencies that is not negatively impacted by the projected budget deficit. The May Revise includes a total of \$245.7 billion (\$73.3 billion General Fund) for HHS, which is a \$1.7 billion increase from the January proposed General Fund budget and a 16.9% increase from 2022-23 General Fund expenditures.

The May Revise proposes a total Medi-Cal budget of \$151.2 billion (\$37.6 billion General Fund), or 62% of the HHS funding. This is a \$12.3 billion increase in total Medi-Cal funding expenditures, but a \$1.1 billion decrease in General Fund compared to the Jan. 2023-24 proposed budget. The majority of the increase in Medi-Cal expenditures is due to the combined impacts of federal government one-time repayments, loss of increased federal funding due to the ending of continuous coverage requirement and public health emergency (PHE), and the expansion of Medi-Cal for undocumented Californians between ages 26 to 49. As reflected in the federal Consolidated Appropriations Act of 2023, the timeline for the ending

of enhanced Federal Medical Assistance Percentage (FMAP) – the percentage of funding each state receives from the Centers for Medicare & Medicaid Services (CMS) for its Medicaid expenditures – will occur in the below phases:

- 6.2% enhanced match through March 31, 2023
- 5% enhanced match April 1, 2023, through June 30, 2023
- 2.5% enhanced match July 1, 2023, through Sept. 30, 2023
- 1.5% enhanced match Oct. 1, 2023, through Dec. 31, 2023

The major adjustment in the May Revision is the reinstatement of the Managed Care Organization (MCO) tax and the subsequent Medi-Cal provider rate increases. Although the MCO tax was anticipated, there are some notable takeaways with the MCO timeline, structure, and goals.

- Once implemented, the MCO tax will become retroactively effective from April 1, 2023, through Dec. 31, 2026. The state estimates \$19.4 billion in funding, which will help leverage federal funds to support Medi-Cal, offset State General Fund spending, and ensure seamless and uninterrupted access to Medi-Cal services and care for recipients.
- From the \$19.4 billion, \$11.1 billion will be used to increase and improve Medi-Cal access, quality of care, and programmatic equity. Starting Jan. 1, 2024, the May Revision proposes \$237 million (\$98 million General Fund) in 2023-24 and \$580 million (\$240 million General Fund) each year after to increase rates for primary care, obstetric care, and non-specialty mental health provider services. The Administration is proposing increasing provider rates to at least 87.5% of Medicare rates, as required for Designated State Health Program (DSHP) federal approval.
- The main goals of the new MCO tax are to increase capacity of primary care, maternal care, and non-specialty behavioral health care through managed health care plans.
- Currently, there are some concerns that the re-establishment of the MCO tax will have financial consequences on consumers. During the May Revision press conference, Secretary Mark Ghaly dispelled those concerns and noted how the impact to consumers will be minimized. If there is a passthrough on premiums, it will be mere cents and the consumers will not significantly shelter the monetary burden of the MCO tax.

Below is a high-level analysis of key revisions made to the state budget that impact the Medi-Cal program:

Medi-Cal Highlights	January Budget	May Revise	Potential Impact to GCHP
Designated State Health Program and Rate Increases	<p>\$22.7M (\$8.6M GF) in 2023-24 and \$57.1M (\$21.7M GF) This funding is expected to be available due to savings from the anticipated federal reauthorization of the Designated State Health Program funding to cover the costs of the Projects for Assistance in Transition from Homelessness (PATH) and CalAIM justice initiatives.</p> <p>Primary care and obstetric care provider increases. The Administration will continue to evaluate the need for additional targeted provider rate increases in the May Revision.</p>	<p>Proposed \$237M (\$98M GF) in 2023-24 and \$589M (\$240M GF) annually thereafter to increase rates to at least 87.5% of Medicare rates for primary care, obstetric care (including doulas), and non-specialty mental health services.</p>	<p>Increasing reimbursement rates for providers of primary care, obstetric care (including doulas), and non-specialty mental health services helps promote access to needed care and may increase the number of Medi-Cal enrolled providers.</p>
CalAIM Justice-Involved Initiative	<p>\$109.7M (\$39.1 M GF) in FY 2023-24 for the CalAIM inmate pre-release program.</p> <p>Will cover a targeted set of Medi-Cal services during a 90-day period prior to release to support successful community re-entry.</p>	<p>\$3.3M one-time (\$200M GF) in 2023-24, \$4.5M GF 2024-25, and \$3.7M in 2025-2026 GF) for CA Correctional Health Care Services to develop an IT system to support the Medi-Cal billing process.</p> <p>The implementation of the system, in conjunction with the CalAIM Justice-Involved Initiative, will enable the</p>	<p>GCHP needs to make sure services are coordinated under Enhanced Care Management (ECM) and/or Community Supports (CS). DHCS has recently released a proposal to address pre-release care coordination between managed care plans and correctional facilities. The proposal seeks to create a pathway for ECM providers to transition care post-</p>

Medi-Cal Highlights	January Budget	May Revise	Potential Impact to GCHP
		state to draw down federal reimbursement for certain health-related services provided to incarcerated individuals prior to their release.	release and bill for services rendered as an ECM pre-release.
California's Behavioral Health Community-Based Continuum (CalBH-CBC) Demonstration (waiver)	<p>\$6.1B (\$314M GF, \$175M Mental Health Services Fund, \$2.1B Medi-Cal County Behavioral Health Fund, and \$3.5B federal funds) over five years.</p> <p>Effective Jan. 1, 2024, a CalBH-CBC Demonstration will be implemented.</p>	<p>This proposal was modified to the BH-CONNECT Demonstration proposal for federal approval in the summer of 2023 with implementation beginning no sooner than Jan. 1, 2024. The demonstration would expand behavioral health services for Medi-Cal members living with serious mental illness and serious emotional disturbance with a focus on children and youth, those at risk of homelessness, and justice-involved individuals.</p> <p>The May Revision fiscal impact for DHCS and Department of Social Services over the five years of the waiver is estimated to be \$6.1B total funds, \$306.2M GF. The DHCS budget includes \$6B (\$185M GF, \$87.5M Mental Health Services Fund, \$2.1B Medi-Cal County Behavioral Health Fund, and \$3.6B federal funds) over five years to implement BH-CONNECT.</p>	<p>A critical part of CalAIM, the demonstration includes statewide and county opt-in components to expand behavioral health services and strengthen the continuum of mental health services.</p> <p>BH-CONNECT includes targeted workforce development investments for a diverse behavioral health workforce. Addressing the BH workforce needs will help GCHP members access these critical services.</p>

Medi-Cal Highlights	January Budget	May Revise	Potential Impact to GCHP
CalAIM Transitional Rent Waiver Amendment	<p>\$17.9M (\$6.3M GF) in 2025-26</p> <p>There will be a new CS option that allows MCOs to pay for up to six months of rent or temporary housing to eligible individuals experiencing homelessness or at risk of homelessness and transitioning out of institutional levels of care, a correctional facility, or the foster care system and who are at risk of inpatient hospitalization or emergency department visits.</p>	<p>The transitional rent Waiver Amendment was removed from the May budget proposal to address the budget shortfall. The May Revision reflects \$367.5M in proposed housing reductions and \$345M in deferrals.</p> <p>The May revise includes \$500M one-time Mental Health Services Fund in 2023-24 in lieu of GF for the Behavioral Health Bridge Housing Program.</p> <p>The May Revision shifts \$817M GF from 2022-23 to the next three fiscal years to reflect updated programmatic timelines. The May Revision maintains the \$1.5B augmentation for the Behavioral Health Bridge Housing Program.</p>	<p>Housing insecurity impacts many GCHP Members. Funding for the Behavioral Health Bridge Housing Program will provide needed supports to members, as many experiencing homelessness or at risk of becoming unhoused face mental health issues.</p> <p>It is noted that if there is sufficient GF in Jan. 2024, \$350M of the reductions will be restored; however, it is unclear whether the transitional rent waiver would be included in the housing programs.</p>

## B. Proposed Federal Regulations

The Centers for Medicare & Medicaid Services (CMS) released two proposed rules on April 27, 2023, directed at both Medicaid Managed Care and fee-for-service delivery plans. The proposed rules, “Ensuring Access to Medicaid Services” and “Medicaid and Children’s Health Insurance Program Managed Care Access, Finance, and Quality,” contains significant updates to the Medicaid Program and addresses issues related to access to care, quality assessment, payment, and home and community-based services (HCBS). These rules reflect the increased focus on access to services, quality improvements and transparency that we are seeing at the state and federal level. Comments on these proposed rules are due to CMS on July 3, 2023.

If finalized, GCHP will be required to implement many new processes, including compliance with maximum wait times for primary care, obstetrics and gynecology, and substance use disorder appointments, fee-for-service rate transparency, ensuring that at least 80% of Medicaid payments for personal care, homemaker, and home health aide services be spent on compensation for the direct care workforce, and comply with standardized reporting requirements related to health and safety, beneficiary service plans and assessments, access, and quality of care.

Policy Issue	Proposed MCP Requirements	State Requirements & Enforcement
<b>Network Adequacy and Provider Directories</b>	Establishes maximum wait times for primary care, obstetrics and gynecology, and substance use disorder appointments beginning three years after the effective date of the rule.	Requires states to conduct annual secret shopper surveys to validate MCP's compliance with: <ul style="list-style-type: none"> <li>• Appointment wait times</li> <li>• Provider directory accuracy</li> </ul> Requires states to implement improvement plans for MCPs with access issues.
<b>Provider Rates Transparency</b>	Increases transparency of rates paid to providers.	Requires states to submit an annual payment analysis comparing MCP payment rates for certain services as a proportion of Medicare's payment rate and, for certain Home and Community Based Services (HCBS), the state's Medicaid state plan payment rate. <p>Requires states to publish average hourly rates paid to direct care workers.</p>
<b>Home and Community-based Services (HCBS)</b>	At least 80% of Medicaid payments for personal care, homemaker, and home health aide services be spent on compensation for direct care workers (as opposed to administrative overhead or profit).	Establishes a strategy or oversight, monitoring, quality assurance and quality improvement for HCBS programs.

Policy Issue	Proposed MCP Requirements	State Requirements & Enforcement
	<p>Requires managed care plans to demonstrate that functional needs assessments are conducted at least annually for at least 90% of members enrolled in HCBS waiver programs, and that updates are made to person-centered service plans based on the assessment results.</p> <p>Proposes establishing timeliness of access measures for certain HCBS and strengthening necessary safeguards to ensure health and welfare and promote health equity for people receiving HCBS.</p>	
<b>Medical Care Advisory Committees (MCAC)</b>	Modifies the MCAC structure to support more meaningful and accessible engagement by all committee members, emphasizing Medicaid beneficiaries.	Creates a new State Beneficiary Advisory Group with crossover to the newly restructured MCAC designed to elevate the voices of Medicaid beneficiaries.
<b>Enrollee Experience Survey</b>	If finalized, this information is likely to be made available to members through increased website transparency requirements.	States would have to conduct an annual enrollee experience survey for each managed care plan to gather input directly from enrollees.
<b>Quality Rating System (QRS) for Medicaid and Children's Health Insurance</b>	GCHP will need to track and report on quality measures under the new QRS.	Increases opportunities for public engagement in states' managed care quality strategies by requiring states to make strategies available for public comment before they are approved and after they have been implemented to determine how successful they were.

Policy Issue	Proposed MCP Requirements	State Requirements & Enforcement
<b>Program (CHIP)</b>		Establishes a Medicaid and CHIP Quality Rating System (MAC QRS), including an initial set of mandatory measures, and requires states to implement MAC QRS sites where beneficiaries can compare plans based on quality, provider network, and other factors.
<b>State directed payments (SDP)</b>	Requires MCPs to submit actual expenditures and revenues for state directed payments as part of their medical loss ratio (MLR) reports to states and requires plans to report identified or recovered overpayments to states within 10 business days.	Removes barriers for states seeking to implement certain SDPs and establishes new SDP reporting requirements for states.
<b>In-lieu-of services (ILOS) – also known as Community Supports</b>	Establishes additional documentation and monitoring requirements for ILOS.  Limits total ILOS costs to 5% of total capitation payment in Medicaid and CHIP.	Clarifies that ILOS can be used as a substitute for or to reduce the future need for a state plan service or setting, to better enable states and plans to use ILOS authority for medically appropriate and cost-effective health-related social supports.

### C. State Regulatory Activity

The state Department of Health Care Services (DHCS) has issued 15 All Plan Letters (APLs) in the first quarter of 2023 in the form of new and revised APLs, as well as several draft APLs for public comment. The recent APLs include guidance surrounding the end of the Public Health Emergency, increasing access to services, and newly proposed requirements reflecting the state's heightened focus on health equity. As DHCS seeks to increase access to and awareness of services through regulatory updates, they are also proposing requirements that ensure MCPs are positioned to operate in a manner that takes members' diverse needs into consideration, as demonstrated in the two APLs outlined below:

1. **APL 23-005 “Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) for Medi-Cal Members Under the Age of 21”:** Focuses on rebranding EPSDT services to “Medi-Cal for Kids and Teens”

and increasing member and provider awareness of available services and supports. In accordance with the APL, beginning June 1, 2023, all GCHP Members ages 0-21 will be mailed updated materials that reflect the rebranded program and aim to increase awareness of available services. Additionally, the APL requires plans to conduct standardized training for providers on EPSDT services beginning in 2024. Internal planning is underway to ensure compliance with these requirements.

2. **Draft APL 23-XXX “Diversity, Equity, and Inclusion (DEI) Training Program Requirements”**: Sets forth new requirements for MCPs to establish and maintain a DEI Training Program. Upon finalization, GCHP will be required to develop a DEI training program that encompasses sensitivity, diversity, cultural competency, and health equity trainings for all employees, contracted staff, and network providers. MCPs will also be required to have a dedicated Chief Health Equity Officer to oversee the DEI training program, review all training materials, ensure content is up-to-date, evidence-based, and includes best practices for serving members and potential members that are specific to GCHP’s reporting units. GCHP is actively planning for these requirements in anticipation of the release of the final APL.

#### **D. State Legislative Activity**

The Government Relations Team continues to attend legislative and budget hearings, monitor proposed legislation that may impact GCHP members, and track Medi-Cal and health care priorities of the state Legislature.

While monitoring these activities, oversight of health plans remains a main area of focus in hearings and pending bills. Recent budget hearings have focused on the increased supervision of state agencies including the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) to ensure that prior funding approved by the Legislature is used efficiently and effectively to mitigate disparities in California’s health care system. The Legislature has increased its oversight of DHCS and DMHC and simultaneously, DHCS and DMHC are increasing their monitoring and regulation of commercial and local health plans by requesting additional personnel and funding during the budget hearing process.

As detailed in the list below, proposed legislation targets network adequacy, time and distance standards, prior authorization, and Medi-Cal covered services to push for seamless and timely access to medically necessary services and care for Californians. This legislative activity aligns with the federal focus on increasing Medicaid access (CMS-2439-P; CMS 2442-P) and prior authorization (87 FR 76238) detailed in recent regulations proposed by CMS as well as state-level DHCS regulatory guidance on network access (APL 23-001) and prior authorization of services (APL 23-009). Current regulatory policy and proposed legislative policy indicate larger state priorities to ensure that Californians have timely access to care and that providers have the ability to administer covered services and medically necessary care to members without delays.

The Government Relations Team will continue to closely monitor proposed legislative bills that may impact GCHP members and/or operations. Below is a list of priority bills that the team is currently tracking. The deadline for bills to pass out of their house of origin is June 2, 2023. We will continue to update this list as bills move through the state Senate and Assembly.

Bill Number	Summary	GCHP Impacts
<b>SB 299 (Eggman) Medi-Cal: Redetermination</b>	SB 299 amends existing law and would remove “loss of contact with a beneficiary, as evidenced by the return of mail,” as a circumstance requiring prompt redetermination and would delete the requirement for a county to send a notice of action terminating eligibility if the prepopulated form is returned and the purpose for the redetermination is loss of contact with the beneficiary.	<p>The Ventura County Human Services Agency resumed redeterminations on April 1, 2023, in accordance with State and Federal law.</p> <p>This bill provides protections for Medi-Cal beneficiaries to ensure coverage is not terminated based on returned mail indicating the mail could not be delivered to the intended recipient or when there is no forwarding address available. SB 299 will help reduce barriers to maintaining continuous Medi-Cal coverage for members.</p>
<b>AB 1202 (Lackey) Medi-Cal: Time or Distance Standards - Children’s Health Care Services</b>	<p>AB 1202 mandates that each Medi-Cal managed care plan (MCP) must inform the state Department of Health Care Services (DHCS) of the number and geographic distribution of Medi-Cal providers necessary for a plan’s compliance with time and distance standards for pediatric primary care by Jan. 1, 2025.</p> <p>DHCS is required to create a report on the data, findings, and recommendations and submit the report to the Legislature by Jan. 1, 2026.</p>	<p>This bill adds GCHP reporting requirements related to time and distance standards for pediatric primary care. Reporting would be due Jan. 1, 2025, as currently drafted.</p> <p>AB 1202 aligns with current DHCS priorities; DHCS recently issued guidance (APL 23-001) on the Annual Network Certification (ANC), which strengthens the requirements for MCPs to submit current statistics on the composition of providers and information on whether the MCP network provides all medically necessary services for its membership.</p>

Bill Number	Summary	GCHP Impacts
<b>AB 236 (Holden) Health Care Coverage: Provider Directories</b>	AB 236 mandates health care plans to ensure provider directories are up-to-date and accurate on an annual basis. Plans will be mandated to delete erroneous information and ensure their directory is 60% accurate by Jan. 1, 2024, and 95% accurate by Jan. 1, 2027. Beginning July 1, 2024, plans are required to remove providers from the directory if plans have not financially compensated that provider in the prior year, with some limited exceptions. Failure to meet deadlines and inaccurate provider listings will result in monetary penalties for the plan.	<p>This bill requires plans with Knox-Keene licensure to implement additional processes to review and update provider directories beginning Jan. 1, 2024. This bill complements APL 23-001, which supports network adequacy efforts by increasing the capacity of network providers and ensuring time and distance standards are met for all medically necessary services.</p> <p>GCHP is compliant with existing provider directory requirements including providing a current and continuously updated directory of network providers. Upon becoming Knox-Keene licensed, GCHP would need to build additional processes to routinely pull data on providers who have not been financially compensated in the prior year and remove those providers from the provider directory.</p>
<b>AB 425 (Alvarez) Medi-Cal: Pharmacogenomic Testing</b>	Although Medi-Cal covers biomarker testing, AB 425 would establish pharmacogenomic testing as a separate covered benefit under Medi-Cal and specify the conditions necessary to access this benefit including if a medication is being used or considered to treat a Medi-Cal beneficiary and is known clinically to have a gene-drug or drug-drug-gene reaction. By proactively employing evidence-based technologies to determine how an individual's genetics interact with certain medications, there is expected to be less harmful drug reactions.	<p>GCHP will be required to cover pharmacogenomic testing, subject to utilization controls. Currently, all Medi-Cal beneficiaries have coverage for biomarker testing, which includes pharmacogenomics testing. This bill will ensure that pharmacogenomic testing is its own covered benefit under Medi-Cal.</p> <p>According to the California Health Benefits Review Program (CHBRP) analysis, the fiscal impact of this new benefit on the state is between \$17.6 million and \$54.2 million (General Fund and federal funds) and there is expected to be significant cost offsets through less emergency room visits and hospital admissions.</p>

Bill Number	Summary	GCHP Impacts
<b>AB 586 (Calderon) Medi-Cal: Community Supports - Climate Change or Environmental Remediation Devices</b>	AB 586 adds climate change or environmental remediation devices as an additional Community Support under the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Examples of devices include air conditioners, electric heaters, and backup power sources.	<p>The inclusion of climate change or environmental remediation devices provides GCHP with additional flexibility in offering Community Supports to members.</p> <p>Currently, GCHP offers environmental accessibility adaptations which include physical modifications, such as stairlifts, ramps, and widened doorways to increase accessibility in the home. Through personal homemaker services, GCHP aids with daily living activities including bathing, feeding, and dressing for eligible members. Climate change remediation would further assist members and provide access to heating, cooling, air quality control, and generators to help during extreme weather and other climate occurrences.</p>
<b>AB 1085 (Maienschein) Medi-Cal: Housing Support Services</b>	Within six months of completion of an independent network capacity study, this bill requires DHCS to seek federal approval to make housing support services a Medi-Cal benefit for Californians. If the study finds insufficient network adequacy, DHCS must provide recommendations for building capacity and a timeline for implementation.	<p>GCHP currently offers:</p> <ul style="list-style-type: none"> <li>• Housing deposits, which are one-time funding for security deposits, first month's utilities, and home health care equipment.</li> <li>• Housing tenancy and sustaining services, which include education on money management and maintaining housing.</li> <li>• Housing transition navigation, which encompasses assistance with identifying and acquiring housing.</li> </ul> <p>Additional federal funding for housing supports may increase funding streams available to GCHP to expand these services for at-risk members and ensure the complex needs of members are met.</p>

Bill Number	Summary	GCHP Impacts
<b>AB 1338 (Petrie-Norris) Medi-Cal: Community Supports</b>	AB 1338 requires DHCS to seek federal approval and add fitness, physical activity, recreational sports, and mental wellness memberships as an additional Community Support under the California Advancing and Innovating Medi-Cal (CalAIM) initiative that MCPs may elect and offer to members.	AB 1338 enhances other Community Supports that GCHP currently offers. GCHP provides medically supportive food for eligible members following hospitalization, as well as personal homemaker services, which includes meal preparation and money management. This new Community Support will assist with whole-person health as well as reduce costs for members, as memberships to fitness and mental wellness centers are typically costly.
<b>SB 598 (Skinner) Health Care Coverage: Prior Authorization</b>	SB 598 restricts a health care plan or insurer from requiring a contracted provider with at least 36 months of contracting history to acquire prior authorization (PA) for covered services if the plan or insurer approved or would have approved a minimum of 90% of all PA requests in the last one-year contract period. The bill also creates standards for the PA exemption and outlines details for process, rescission, and appeal.	<p>SB 598 will impact all plans that are regulated by the state Department of Managed Health Care (DMHC) and insurers that are overseen by the California Department of Insurance (CDI). Medi-Cal managed care plans (MCPs) are included in this bill, but only to the extent permissive under federal law.</p> <p>This relates to the recent Centers for Medicare &amp; Medicaid Services (CMS) proposed rule (87 FR 76238) that would require significant updates to prior authorization standards to ensure patient access to medically appropriate care.</p> <p>If enacted, SB 598 would require GCHP to align prior authorization protocols with the revised state and federal requirements. GCHP will continue to monitor federal and state PA requirements as there continues to be an increased focus on streamlining the process for stakeholders.</p>

Bill Number	Summary	GCHP Impacts
<b>SB 324 (Limón) Health Care Coverage: Endometriosis</b>	SB 324 restricts a health plan, insurer, and the Medi-Cal program from mandating prior authorization or any pre-claim review for clinically necessary treatment for endometriosis, as determined by the treating physician and consistent with evidence-based clinical procedures.	<p>If enacted, GCHP will need to update current processes and guidelines to reflect coverage of these services without prior authorization.</p> <p>GCHP may incur increased costs, as the removal of prior authorization may lead to increased utilization of treatment for endometriosis and providers prescribing and/or administering endometriosis treatment. Exact numbers and costs are unspecified at this time; the fiscal impact of the bill on GCHP is subject to utilization.</p>
<b>AB 55 (Rodriguez) Medi-Cal: Workforce Adjustment for Ground Ambulance</b>	AB 55 establishes a “workforce adjustment” additional payment for ground ambulance providers that meet specified workforce standard requirements. Additionally, this bill would require DHCS to direct Medi-Cal plans to implement a value-based purchasing model that provides reimbursement for network providers that meet the workforce standard requirement and furnishes ambulance transport services.	If enacted, this bill would require GCHP to establish a value-based purchasing model in accordance with the specifications detailed by DHCS and administer the workforce adjustment payment for applicable Providers.

## A. Community Relations: Sponsorships

Through its sponsorship program, GCHP continues to support the efforts of community-based organizations in Ventura County to help Medi-Cal members and other vulnerable populations. The following organizations were awarded in April:

Organization	Description	Amount
Autism Society Ventura County	The Autism Society Ventura County serves to promote lifelong access and opportunity for all individuals within the autism spectrum and their families. This sponsorship supported the “11th Annual Aut2Run.” Funds raised will benefit services and supports for those affected by Autism in Ventura County.	\$500
United Way of Ventura County	United Way of Ventura County serves to improve lives by inspiring and mobilizing the power and resources of our community. The sponsorship will go toward the “2023 Women United Education Awards,” a luncheon that is dedicated to helping low-income single mothers out of poverty who are pursuing a higher education.	\$3,000
Community Action of Ventura County	Community Action of Ventura County serves to help our community establish pathways out of poverty through advocacy, partnerships, and services that promote dignity and self-sufficiency. The sponsorship will support “40 Years of Action,” an event that will support food distributions, showers and laundry services, utility payment assistance, trainings and workshops, diaper, and formula distributions.	\$1,000
Oxnard Police Community Foundation	The Oxnard Police Community Foundation serves to improve the quality of life for Oxnard residents by encouraging engagement between police and the community. The sponsorship supported the “8th Annual Sergeant Ron Helus Ride for the Blue” that will provide resources, wellness trainings and to support the brave first responders of Ventura County.	\$1,000
<b>TOTAL</b>		<b>\$5,500</b>

## **B. Community Relations: Community Meetings and Events**

In April and May, the Community Relations team participated in various collaborative meetings and community events. The purpose of these events is to connect with our community partners and members to discuss how to raise awareness about services for the most vulnerable Medi-Cal beneficiaries.

Organization	Description	Date
Promotoras y Promotores Foundation (PyPF) <b>Garcia Market</b>	A tabling event where community organizations share resources and information to participants in the “La Colonia” neighborhood of Oxnard.	April 16, 2023
Housing Authority of the City of Oxnard <b>Cesar Chavez March</b>	The Cesar Chavez March honored the activist who improved working conditions of farm laborers. The march began at Cesar Chavez Elementary School and ended with a food distribution and a resource fair where community organizations shared information and resources.	April 16, 2023
Tierra Vista Elementary <b>Open House</b>	The Open House is an event for parents / guardians to connect with the school and engage with community organizations. Participants learned about the community resources available to them.	April 26, 2023
Poder Popular <b>Dia del Nino y de la Mama</b>	Poder Popular celebrated “El Dia del Nino y de la Mama” in Santa Paula. Various community organizations shared resources and information with participants.	April 29, 2023
Ventura County Health Care Agency and Proyecto Esperanza <b>Day of the Child and Community Resource Fair</b>	The Ventura County Health Care Agency, in collaboration with Proyecto Esperanza, hosted the “Day of the Child and Community Resource Fair” event in Santa Paula. Various organizations provided families with health screenings, community resources, a food distribution.	April 30, 2023
Oxnard Police Department <b>Outreach Coordinators meeting</b>	Community partners shared resources, promote outreach events, and invited presenters to educate participants. The goal of the meeting is to bring community awareness and resources to Ventura County residents.	May 3, 2023
Partnership for Safe Families <b>Strengthening Families Collaborative Meeting</b>	The Partnership for Safe Families & Communities of Ventura County is a collaborative non-profit organization providing inter-agency coordination, networking, advocacy, and public awareness. The collaborative meeting engages parents and community representatives in sharing resources, announcements, and community events.	May 3, 2023

Organization	Description	Date
One Step A la Vez <b>Circle of Care</b>	One Step A La Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13- to 19-year-olds and bridging the gaps of inequality while cultivating healthy individuals and community. Circle of Care is a monthly meeting with community leaders to share resources, network, and promote community events.	May 3, 2023
Ventura County Behavioral Health Department, Ventura County Office of Education, and BRITE <b>Empower Up 2023</b>	The 2 <sup>nd</sup> Annual Empower Up event focused on empowering young people in our community to prioritize their mental health through a day consisting of youth keynote speakers, artistic performances, and community connections to resources.	May 4, 2023
Mar Vista Elementary School <b>Open House</b>	The Open House was an event for parents / guardians to connect with the school and engage with community organizations. Participants learned about the community resources available to them.	May 4, 2023
Rancho Campana High School <b>Resource Fair</b>	Rancho Campana hosted its first resource fair, where they promoted cultural awareness and celebrated Cinco de Mayo with music and food. Various community organizations provided resources to students and faculty members.	May 5, 2023
Oxnard Community College <b>OC Family Festival</b>	A family-friendly event that includes a kid's play and activity area, carnival games, live music, and dance at Oxnard College. Various community organizations shared information and resources to participants.	May 7, 2023
<b>Total community meetings and events</b>		<b>12</b>

### C. Community Relations: Medi-Cal Continuous Coverage Initiative

The Community Relations Team has engaged in various activities to share information with the community about Medi-Cal redeterminations commencing. The team informed community members about updating their contact information and reporting any changes to the Ventura County's Human Services Agency (HSA). Additionally, the team reminded community members that renewal packets will be sent via mail if HSA is unable to process the renewals automatically using available information. The team also provided warm handoffs to HSA's

Assisters to help community members with renewal questions and/or complete their renewal forms.

## II. PLAN OPERATIONS

### A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP- OTHER	KAISER	AHP	ADMIN MEMBERS	NOT ASSIGNED
Apr -23	92,784	50,025	35,300	7,076	5,141	7,002	-	51,721	3,152
Mar-23	92,181	40,807	35,078	6,998	5,151	6,933	9,062	51,459	2,863
Feb-23	91,710	40,450	34,908	6,958	5,168	6,885	9,081	51,236	3,348

#### NOTE:

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

### Administrative Member Details

Category	April 2023
Total Administrative Members	51,721
Share of Cost (SOC)	625
Long-Term Care (LTC)	704
Breast and Cervical Cancer Treatment Program (BCCTP)	77
Hospice (REST-SVS)	24
Out of Area (Not in Ventura County)	489
<b>Other Health Care Coverage</b>	
DUALS (A, AB, ABD, AD, B, BD)	27,080
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	24,060

#### NOTE:

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

### METHODOLOGY

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

- Share of Cost (SOC-AMT) > zeros
  - AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
- LTC members identified by AID codes 13, 23, and 63.
- BCCTP members identified by AID codes 0M, 0N, 0P, and 0W.
- Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.
- Out of Area members were identified by the following zip codes:

- a. Ventura Zip Codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
  - b. If no residential address, the mailing address is used for this determination.
6. Other commercial insurance was identified by a current record of commercial insurance for the member.

## **B. Provider Contracting Update:**

### **Provider Network Contracting Initiatives**

#### **Provider Network Operations (PNO)**

The state Department of Health Care Services (DHCS) instituted a new APL 23-006, Delegation and Subcontractor Network Certification (SNC). The purpose of this APL is to provide health plans with guidance on the requirements for delegation and monitoring of subcontractors. A subcontractor is an individual or entity that has a subcontractor agreement with a Managed Care Plan (MCP) that relates directly or indirectly to the performance of the MCP's obligations under its contract with DHCS. PNO completed the SNC in April for the Reporting Year (RY) 2022. The SNC is similar to the Annual Network Certification, but requires health plans to ensure that their subcontractor's network meet the required network adequacy standards.

In addition, the PNO Team conducted a Skilled Nursing Facility (SNF) readiness review. In Jan. 2023, DHCS required all MCPs to cover Long-Term Care (LTC) SNF for members. Prior to Jan. 1, 2023, the SNF benefit was only covered by County Organized Health System (COHS) and Coordinated Care Initiative (CCI) MCPs. Although GCHP already covered the SNF benefit, DHCS required GCHP to participate in a review of SNF network readiness requirements. SNF readiness includes quarterly SNF monitoring reporting via authorizations and non-par agreements, and being contracted with a minimum of 60% of the licensed SNFs in our service area of Ventura County. GCHP contracts with a majority of licensed SNFs in Ventura County.

#### **Provider Network Developments: April 1-30, 2023**

<b>Provider Additions Fulfilling Network Gaps</b>	<b>Count</b>
No provider additions	0
<b>Provider Network Full Terminations</b>	<b>Count</b>
Nurse Practitioners	2
Physical Therapists	1
Critical Care Medicine	1
Cardiovascular Disease	1
General Surgery	1

*Additional Network Developments:*

- Additions: 46
- Terminations: 30

Note: The majority of providers were hospital-based, tertiary and ancillary providers; no significant impact to the network.

<b>GCHP Provider Network Additions and Total Counts by Provider Type</b>			
<b>Provider Type</b>	<b>Network Additions</b>		<b>Total Counts</b>
	<b>Feb-23</b>	<b>Mar-23</b>	
<b>Hospitals:</b>	<b>0</b>	<b>0</b>	<b>25</b>
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
<b>Providers:</b>	<b>20</b>	<b>37</b>	<b>5,364</b>
Primary Care Providers (PCPs) & Mid-levels	6	6	457
Specialists	14	31	4,740
Hospitalists	0	0	167
<b>Ancillary:</b>	<b>1</b>	<b>1</b>	<b>595</b>
Ambulatory Surgery Center (ASC)	0	0	7
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	0	0	92
Home Health	0	0	25
Hospice	0	0	23
Laboratory	0	0	40
Optometry	1	1	93
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	0	0	139
Radiology / Imaging	0	0	60
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	0	0	82
Behavioral Health	0	16	395

### C. Delegation Oversight

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

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

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

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

The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through April 30, 2023.

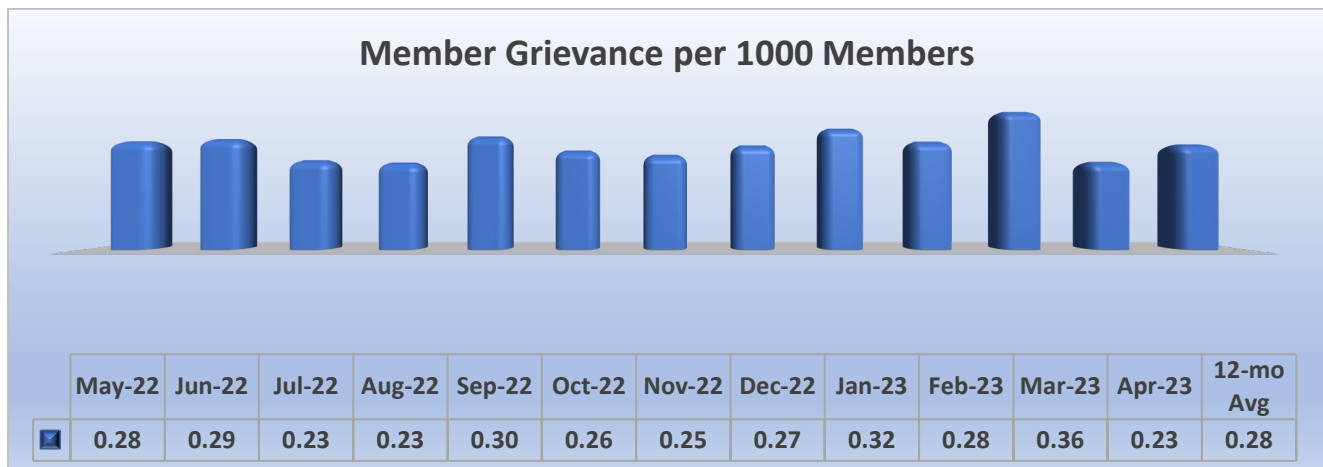
Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2022 Annual Claims Audit	Open	6/22/2022	Under CAP	
Carelon	2022 Call Center Audit	Closed	8/31/2022	3/10/2023	All CAP Items resolved.
Carelon	2023 Claims Audit	Scheduled	N/A	N/A	
Carelon	Quarterly Utilization Management Audit	Scheduled	N/A	N/A	
CDCR	Quarterly Utilization Management Audit	Open	3/13/2023	Under CAP	
CDCR	2022 Annual Claims Audit	Open	5/5/2023	Under CAP	

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
CDCR	2023 Annual UM, QI, C&L, G&A Audit	Scheduled	N/A	N/A	
CDCR	2023 Annual Call Center Audit	In progress	N/A	N/A	
CMHS	2023 Annual Credentialing and Recredentialing Audit	Closed	2/22/2023	4/11/2023	All CAP items resolved.
Conduent	2017 Annual Claims Audit	Open	12/28/2017	Under CAP	Issue will not be resolved until new claims platform conversion
Conduent	2022 Annual Claims Audit	Open	8/31/2022	Under CAP	
UCLA Medical Group	2023 Focused Credentialing and Recredentialing Audit	In progress	N/A	N/A	
USC Care Medical Group	2023 Annual Credentialing and Recredentialing Audit	In progress	N/A	N/A	
VCMC	2023 Annual Credentialing and Recredentialing Audit	Closed	N/A	N/A	Audit Completed; No Findings
VSP	2022 Annual Claims Audit	Open	12/7/2022	Under CAP	
VSP	2023 Annual QI, C&L Audit	Scheduled	N/A	N/A	
VTS	2023 Annual Call Center Audit	In progress	N/A	N/A	

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VTS	2023 Quarterly Audit – Credentialing and Subcontracting	In progress	N/A	N/A	
VTS	2022 Annual NMT/NEMT Audit	Open	11/17/2022	Under CAP	
VTS	2022 Call Center Audit	Open	5/26/2022	Under CAP	
VTS	2022 Call Center Focused Audit	Open	10/27/2022	N/A	
VTS	NMT Scheduling Grievances CAP	Open	5/6/2022	Under CAP	
VTS	Subcontracting CAP	Open	7/22/2022	Under CAP	
<b>Privacy &amp; Security CAPs</b>					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
N/A	N/A	N/A	N/A	N/A	N/A
<b>Operational CAPs</b>					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	IKA Inventory, KWIK Queue, APL 21-002	Open	4/28/2021	N/A	IKA Inventory and KWIK Queue Findings Closed
Conduent	Sept. 23, 2021 CAP	Open	9/23/2021	N/A	
Conduent	Oct. 2021 CAPs	Open	11/22/2021	N/A	
Conduent	Nov. 2021 SLA	Open	1/28/2022	N/A	

Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	Jan. 2021 Contract Deficiencies	Open	2/4/2022	N/A	
Conduent	Dec. 2021 Contract Deficiencies	Open	2/11/2022	N/A	
Conduent	March 2022 SLA Deficiencies & Findings	Open	3/11/2022	N/A	
Conduent	Jan. 2022 SLA CAP	Open	3/25/2022	N/A	
Conduent	Feb. 2022 SLA CAP	Open	4/15/2022	N/A	
Conduent	March 2022 SLA CAP	Open	6/17/2022	N/A	

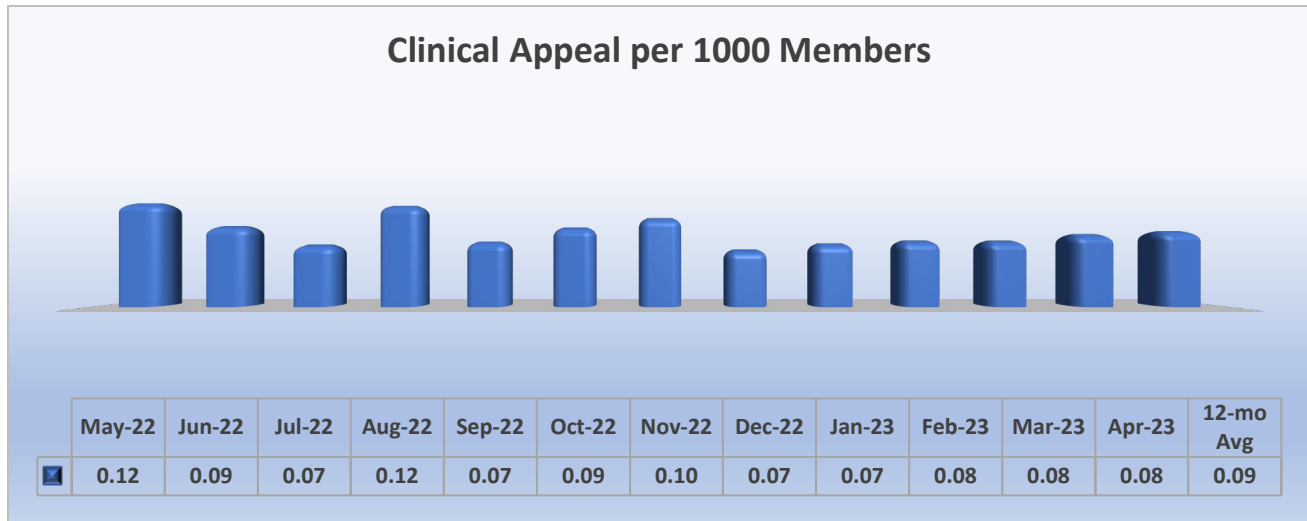
#### D. GRIEVANCE AND APPEALS



#### Member Grievances per 1,000 Members

The data show GCHP's volume of grievances has decreased. In April, GCHP received 58 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 253,314, with an average annual grievance rate of .28 grievances per 1,000 members.

In April 2023, the top reason reported was “Quality of Care,” which is related to member concerns about the care they received from their providers.



### Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .09 appeals per 1,000 members.

In April 2023, GCHP received 21 clinical appeals:

1. Four were overturned
2. Seven were upheld
3. Four were withdrawn
4. Six were in progress

### RECOMMENDATION:

Receive and file the report.

## AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information Officer

DATE: May 22, 2023

SUBJECT: Chief Information Officer (CIO) Report – Information Technology

This is the Gold Coast Information Technology dashboard which is created on a weekly basis with focus on the following areas:

### **Portfolio Update**

The Portfolio is comprised of projects considered as the highest priority work and strategic investments of the organization. They are managed together as a portfolio of work, to ensure proper prioritization, best use of resources and successful delivery. The Portfolio is aligned with GCHP strategic goals and exists to achieve these goals.

Current Project Status:	On Track	At Risk	Off Track
1. CalAIM Long term commitment to transform Medi-Cal into more equitable, coordinated and person-centered program, helping maximize health and life trajectory.	✓		
2. Operations of the Future – All Components Aligned with our goal to modernize technology solutions for our core administrative functions and medical management that enables GCHP to achieve administrative operations excellence and meet its mission.	✓		
3. Data Warehouse Modernization Aligned with our goal to modernize technology solutions that ensure data is accurate, reliable and timely enabling critical data analytics and data - based business decisions.	✓		
4. Revamp Backup and DR Solution : GCHP has removed four vendor relationships and replaced with a single one. This enables GCHP to have all backups centralized and DR effective.	✓		

5. Move Critical Systems into Azure : GCHP is moving all on-premise server/application systems to the Azure cloud. This mitigates multiple issues regarding reliability/redundancy (Power, ISP, access, etc.)	✓		
6. Conference Room A/V Rebuild : GCHP will be rebuilding the entire conference room setup for its Community Room. This entails more cameras, microphones, and online functionality. On track but waiting for opportune time to begin construction.		✓	

#### Completed Projects:

1. <b>Firewall and Network Migration</b> : GCHP has recently upgraded its firewalls and network topology to reduce congestion and provide better performance to its routing and internet functionality. Future functionalities are being developed and tested since this dependency has been met.
2. Built new <b>Azure Event Logging</b> Facility : GCHP has been moving towards a full cloud infrastructure and have placed in necessary cloud-capable log and alerting facilities to react to events and alert our teams of any potential issues.
3. Built a <b>peripheral and accessory ordering</b> platform : Now that we're three years into working from home and GCHP is using a hybrid working experience, we have built a reseller portal for our staff to go into and order equipment they need to have a complete WFH office. This fills a gap between our staff not having a similar setup as they did in the office. Also, all stipends distributed by HR have been dissolved.
4. <b>eVips Phase 2</b> – Completed upgrade to sPayer that provides additional key functionalities for our contracted provider population.
5. <b>Operations of the Future</b> – Completed RFP Procurement process for Core Admin, Medical Management including the start of implementation: Initiation, Discovery phases of the project.
6. <b>Data Warehouse Modernization</b> – Completed Project Initiation & Architecture including current state analysis, discovery of data sources, data feeds and data reporting & analytics needs and design of future state architecture.
7. <b>CalAIM 2022 Program</b> – Completed required submissions and earned Incentives for Incentive Payment Program (IPP), Housing & Homelessness (HHIP), Student Behavioral Health Incentive Programs (SBHIP). Implemented Enhanced Care Management and Community Supports for 2022 Populations of Focus. Completed submission of required Population Health Management Program Readiness and preparedness for launch.

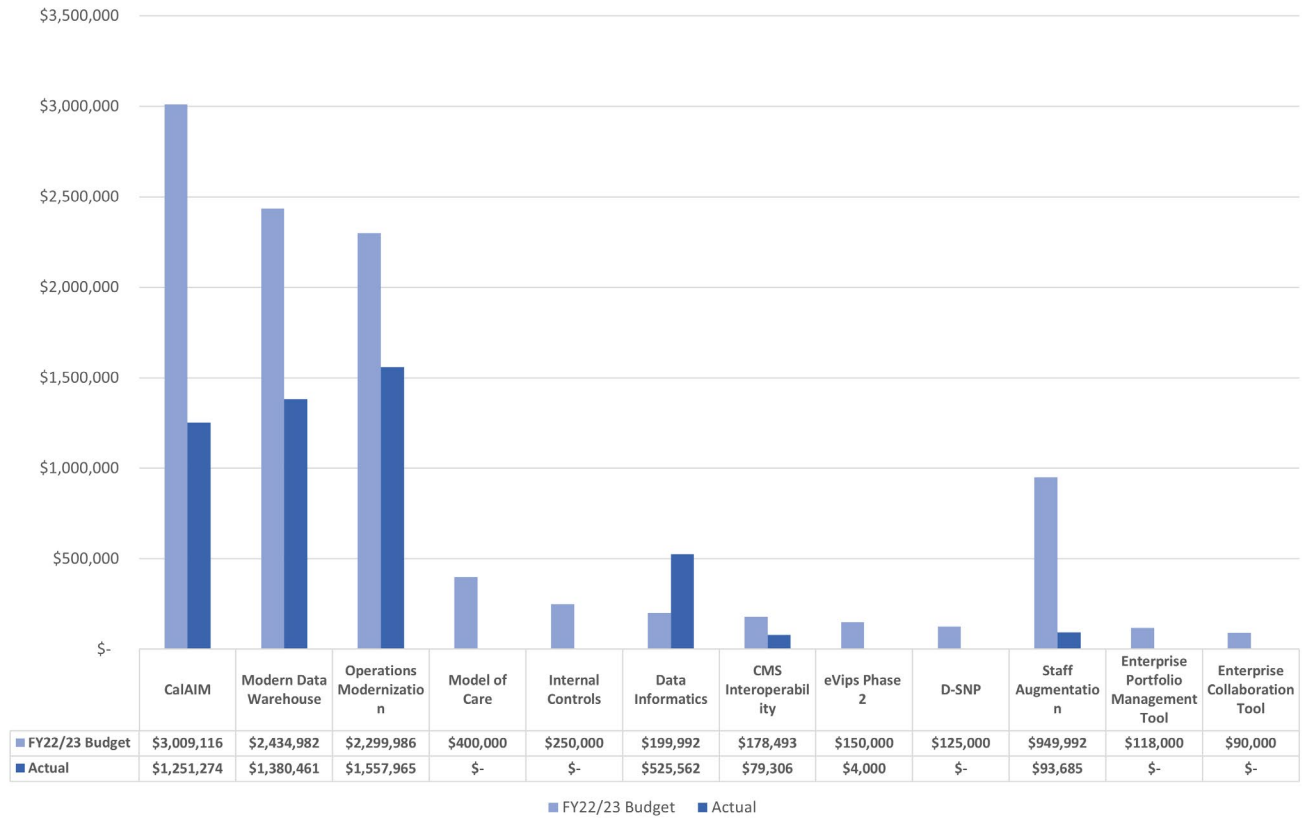
#### Upcoming Projects:

1. <b>Member Redetermination</b> – Aligned with our goal to ensure continuous coverage for our members, this program will implement unified communications campaign (newspaper, radio, digital advertisements), and outreach to where our members are and support them through the member renewal process.
2. <b>Clinical Data Ingestion</b> – Aligned with our goal to modernize technology solutions and support our quality goals, this program will engage an experienced vendor partner to ingest clinical data and enable critical data analytics and data -based business decisions.
3. <b>CalAIM and Model of Care Initiatives</b> for 2023 – 2024 will continue the transformation work to implement Enhanced Care Management & Community Supports for new populations of focus, Population Health Management, earning Incentives through IPP, HHIP, SBHIP. Implement changes in our care delivery processes improving member health outcomes and member experience.
4. <b>NCQA Health Plan &amp; Health Equity Accreditation and Quality Improvement Initiatives</b> will complete required remediation work, submit application for accreditation by 2024, prepare to submit evidence of accreditation by 2025 for GCHP to achieve accreditation by 2026.
5. <b>SSLVPN Deployment</b> (replaces current solution) – Post firewall and network migrations, this new functionality is being tested to replace our existing VPN with a new and robust client. This will drastically increase our users bandwidth and provide a faster and more reliable VPN experience.
6. <b>Windows 11 Build/Test/Deployment</b> – GCHP IT staff is building and testing Windows 11 with full integration into Microsoft 365/Azure. Functionality will be similar to our current Win10 operating systems, but will allow GCHP to decommission our internal “Goldcoast.com” domain – to which we do not own and is problematic.

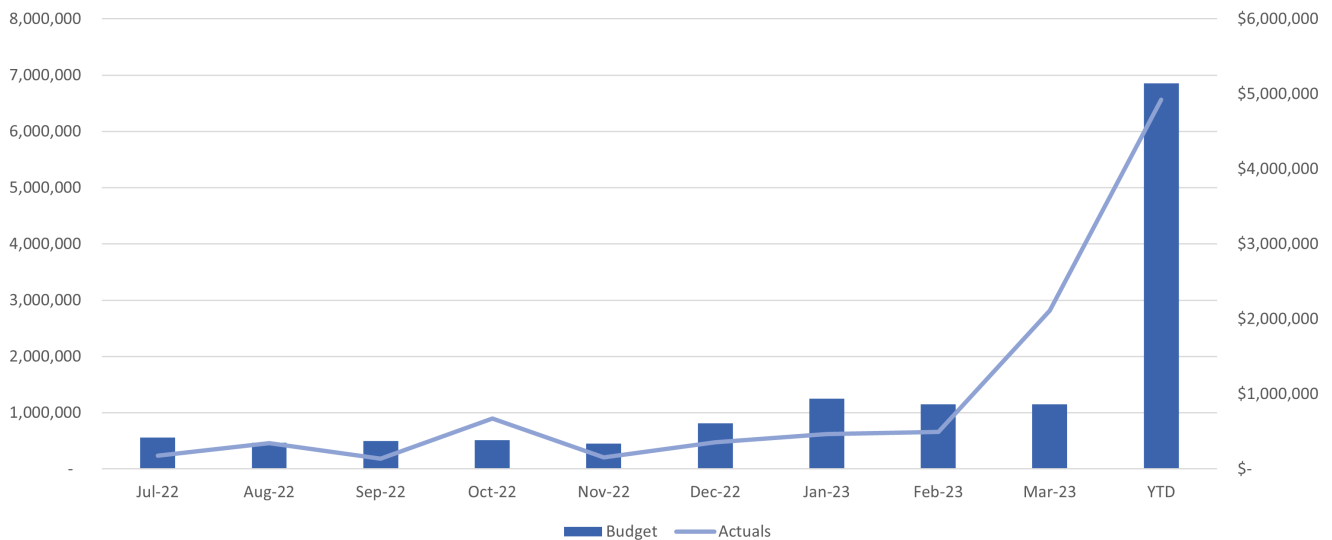
Several invoices for Operations of the Future, for HealthEdge and TruCare, have not yet hit our actuals. They will show up in next month’s actuals.

See graph on next page (By Program as of March 31, 2023)

**By Program  
as of March 31 2023**



**As of March 31 2023**



## **GCHP Infrastructure Performance Metrics**

These are the metrics GCHP uses to monitor the health and performance of it's physical computer infrastructure which supports the entire GCHP organization.

<b>Critical KPI's (Key Performance Indicators)</b>	<b>Results</b>	<b>Comments</b>
1. GCHP Availability -Target 99.5% : GCHP has only had one incident concerning power interruptions which minimally affected our staff. A planned outage for the network migration also impacted this score.	99.77%	Outside of planned events, GCHP maintained availability/accessibility with a slight loss during a power issue.
2. HSP Production Availability – Target 99.5% This is the up-time available of the HSP systems that support our core claims administration operations teams.	99.58%	
3. IT Ticket SLA – Target 95% : GCHP IT service/support tickets are well maintained and do not go past their 3 day KPI – with few exceptions.	99.0%	
4. Security Training – Target 95% : GCHP provides two security training course and two phish tests per month. KPI's show our users learn and avoid phishing techniques well above the average. The remaining 6% generally is cause by new staff who are assigned training before their start date – which will show incomplete.	94.0%	On track to meet a target of 95%
5. Encounters Submission – Target 100% This is the scorecard/grade we receive from DHCS on our monthly encounter submissions	TBD	Haven't received DHCS Encounters Scorecard for Q1 2023
6. OS/Application Updates – Target 98% : GCHP employs WSUS, InTune App Deploy, SSMS, and PatchMyPc to ensure all applications are updated and kept current.	98.2%	100% is not achievable due to 3 <sup>rd</sup> party application release cycles. However, GCHP patches all endpoints weekly, and all server systems monthly.

### **Encounters Submission**

DHCS has not yet released the 1<sup>st</sup> Quarter Report Card. Based on past experience, I would not expect to see the report until closer to the end of the month.

It was determined that Gold Coast was not receiving encounter files from Clinicas or AHP beginning in October 2022. This followed a system-change thereafter which their mapping was no longer properly generating files. Work was done with Clinicas and AHP, including Senior Management, to assist them in getting their system properly configured to submit the ANSI 837 files. This effected over 62,000 encounters. We continue to work closely with Clinicas to ensure timely submissions are being made.

### **Information Security Update:**

Information Security continues to stay abreast to current threats and positions itself to prevent any exploitation. Cloud services and security training remain in the forefront of these preventative measures. Recently, InfoSec Operations has invested in EDR (endpoint detection and response) tools to ensure a swift recovery from any malware or ransomware attacks. Combined with existing and highly modified preventative mechanisms, GCHP's security posturing remains strong. We have also completely rebuilt our backup and recovery strategy which involves a complete on-premises and cloud backup solution as well as a robust disaster recovery process. GCHP has recently been assessed by a third-party security firm, an annual process, and the results of those tests show GCHP is taking all the necessary precautions and has placed appropriate security measures to prevent current day attacks. Information and network security is ever evolving and we adjust the security measures as new attacks methods are discovered.

**AGENDA ITEM NO. 9**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Robert Franco, Chief Compliance Officer

DATE: May 22, 2023

SUBJECT: Chief Compliance Officer (CCO) Report

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*DHCS Medical Audit 2023  
Commission Compliance Update*

# DHCS Medical Audit 2023

Robert Franco  
Chief Compliance Officer

# What is a DHCS Medical Audit

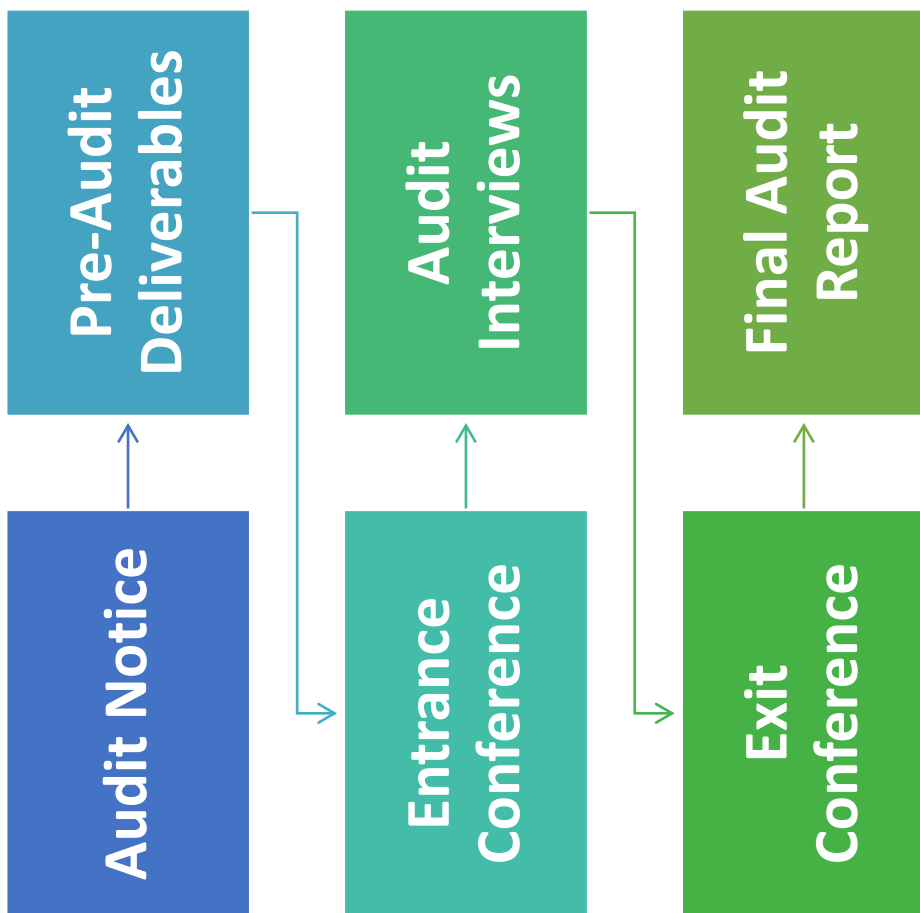
The DHCS Medical Audit will consist of an evaluation of Gold Coast Health Plan's compliance with its contract and regulations in the areas of

1. Utilization management,
2. Case management and coordination of care,
3. Availability and accessibility,
4. Member's rights,
5. Quality management, and
6. Administrative and organizational capacity.

## 2023 Highlights

- New Audit Team
- Review Period June 1, 2022 – May 31, 2023
- Entrance Conference July 31, 2023,
- Onsite Audit begins July 31, 2023 – August 11, 2023

# AUDIT PROCESS



# AUDIT PROCESS continued...

## Audit Notice

Received May 9, 2023

Received by Compliance and communicated to leadership.

## Pre-Audit Deliverables

**Due to Compliance June 2, 2023**

Compliance will coordinate pre-audit responses and deliverables to DHCS.

Business owners will provide deliverables via designated shared site/link by date provided.

# AUDIT PROCESS continued...

## Entrance Conference



Monday, July 31, 2023

## Audit Interviews

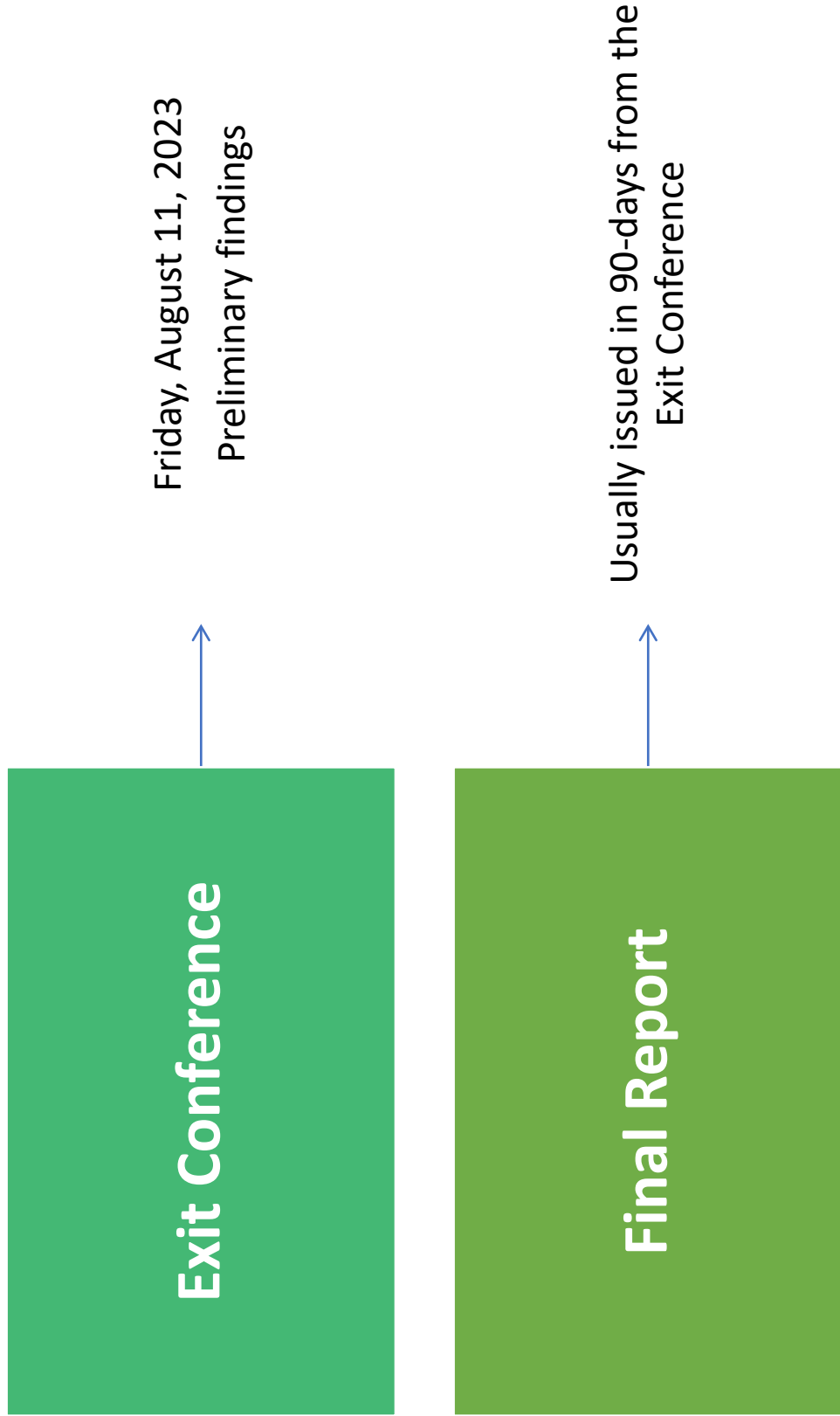


Interviews will be conducted with the following:

- Medical Director,
- Director of Quality Management,
- Director of Utilization Management,
- Member Services Manager,
- Provider Relations Manager,
- Health Education Coordinator,
- Grievance Coordinator,
- and other staff as necessary.

The audit will also involve medical record review and may include interviews with network providers.

# AUDIT PROCESS continued...

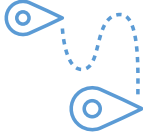


# Risk Areas



## **New Audit Team**

Potentially longer interviews to  
provide additional context



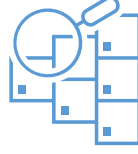
## **Two simultaneous Audits**

Full Medical Audit  
Focused Transportation and  
Behavioral Health



## **New Benefit Administration**

ECM, CS etc.  
LTC Transition (non-COHS)



## **Prior Year Findings**

New Provider Training  
Transportation (2 findings)  
Blood Lead Screening (2 findings)

# Next Steps

	Review	Schedule internal follow up meetings to review prior year findings
	Revisit	Revisit DHCS Focus Audit deliverables for Transportation and Behavioral Health
	Refresh and launch	Refresh and launch company wide Audit Readiness Roadshow
	Communications	Develop internal and external communication plan regarding the DHCS Medical Audit
	Meet	Meet with New DHCS Audit Team
	Update	Begin updating Pre-Audit Documentation deliverables



# Questions

# Commission Compliance Update

Robert Franco, Chief Compliance Officer

# Overview

- ☐ Privacy Incident Report
- ☐ Compliance Training Results
- ☐ Ethics Training Report
- ☐ Fraud, Waste, and Abuse
- ☐ Compliance Updates
- ☐ DO Audit Timeline
- ☐ Internal Audit Timeline
- ☐ Q & A

# Privacy Incident Report

# Privacy Incidents

GCHP is required under state and federal laws to notify individuals of any event that compromises the confidentiality of protected health information (“PHI”) and personally identifiable information (“PII”). Any reported privacy incident related to PHI and PII is investigated and determined if any impermissible access, use, or disclosure of confidential information occurred according to the standards under Privacy Program Policy *HI-020 Privacy Incident Reporting, Investigations, and Mitigation* and *HI-025 Breach Determination and Notification*.

The following is a summary of the reported privacy incidents and the outcomes of the investigations by the GCHP Compliance Department for Quarter 4, 2022 reporting period.

## 4<sup>th</sup> Quarter Privacy Incident Findings 2022 (October-December)

- A total of 9 privacy incidents were reported in the 4<sup>th</sup> Quarter of 2022, which averaged 3 privacy incidents a month during the quarter.
  - This was a 36% decrease for total of incidents that occurred from the 2<sup>nd</sup> Quarter of 2022. (14 Privacy Incidents in 3<sup>rd</sup> Qtr. 2022)
- One (1) privacy breach occurred that required notification to affected member(s) occurred during the 4<sup>th</sup> Quarter.
- Unauthorized Disclosure – Claim Process (78%) and Misdirected Email/Fax (22%) were the primary category for confirmed privacy incidents during the 4<sup>th</sup> Quarter reporting period (See Confirmed Privacy Incidents by Incident Category Type Chart).
- Business Associates caused privacy incidents was at 89% and GCHP caused privacy incidents was at 11% during the 4<sup>th</sup> Quarter (See Privacy Incidents by Source of Privacy Incident Chart).

## 2022 Privacy Incident Findings

- There were a total of 61 privacy incidents in 2022, which averaged 15 privacy incidents a quarter.
- This was an increase of 9% from 2021, where we had 56 privacy incidents reported.
- In 2022, there was 1 privacy breach that required notification to affected members, which was a decrease from 3 in 2021.

# Privacy Incidents *cont'd*

## HIPAA Breach Notification Case Summary (4<sup>th</sup> Quarter 2022)

### **UM Fax Breach**

An employee with the UM department faxed an outpatient authorization letter to an unknown person. The contents of the email contained the member's name, member's ID number, member's date of birth, physician's name, procedure codes and dates of service. GCHP provided notification to DHCS and provided a breach notification letter to the affected Medi-Cal member.

Affected Members: 1

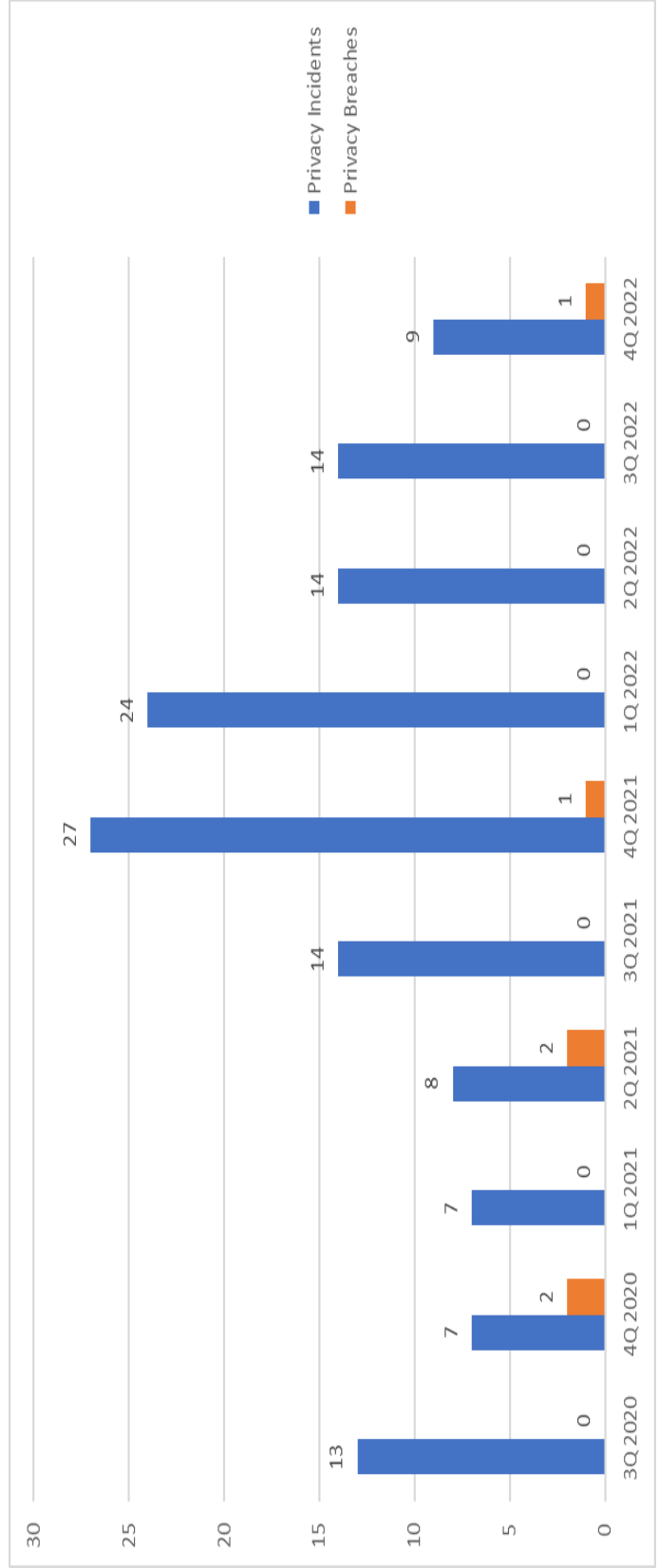
Breach Mitigation: Management for the UM Department trained staff on appropriate security measures and provided discipline.

HHS-OCR Notification: GCHP reported the incident to the Secretary of Health and Human Services (HHS) on February 6, 2023.

# Privacy Incidents *cont'd*

## Summary of Total Privacy Incidents 2021-2022

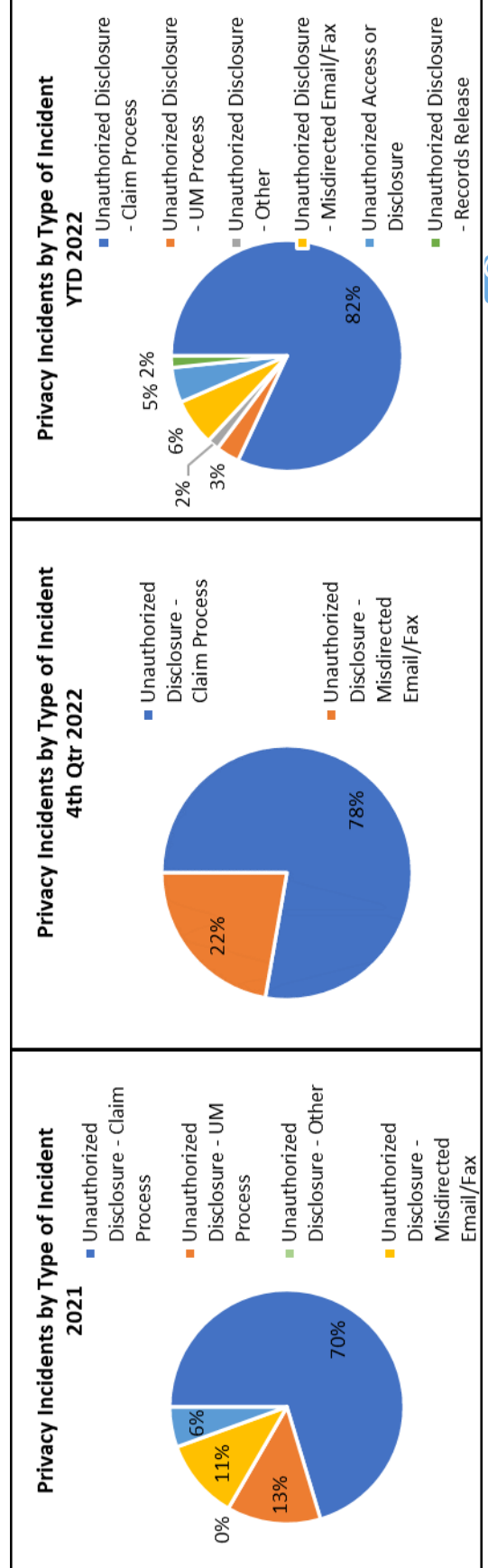
	2021					2022				
	1Q	2Q	3Q	4Q	Total	1Q	2Q	3Q	4Q	Total
Total Privacy Incidents Reported	7	8	14	27	56	24	14	14	9	61
Total Privacy Incidents with Breach Notification	0	2	0	1	3	0	0	0	1	1



\*Reporting period – Q4 – October 2022 thru December 2022

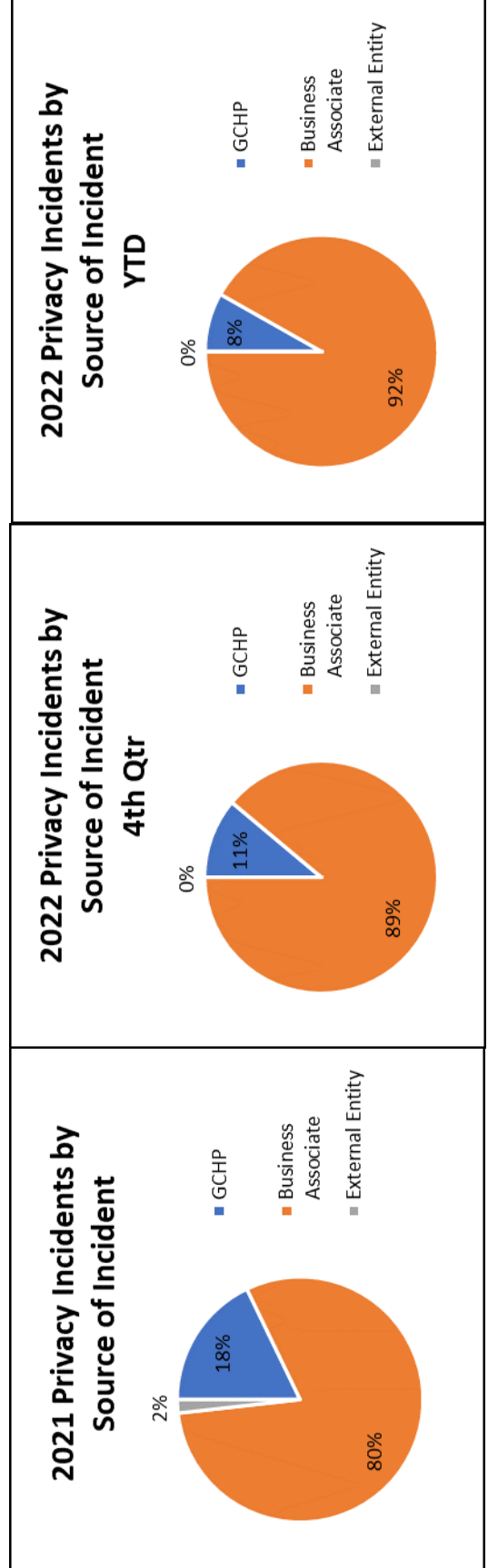
# Privacy Incidents *cont'd*

Confirmed Privacy Incidents by Incident Category Type 2021 - 2022						
Column1	Unauthorized Disclosure - Claim Process	Unauthorized Disclosure - UMI Process	Unauthorized Disclosure - Other	Unauthorized Disclosure - Misdirected Email/Fax	Unauthorized Access or Disclosure	Unauthorized Disclosure - Records Release
2021						
1st Quarter	5	1	0	1	0	0
2nd Quarter	4	0	0	2	2	0
3rd Quarter	8	3	0	1	0	1
4th Quarter	21	3	0	2	1	0
Totals	38	7	0	6	3	0
2022						
1st Quarter	20	2	0	0	2	0
2nd Quarter	10	0	1	1	1	1
3rd Quarter	13	0	0	1	0	0
4th Quarter	7	0	0	2	0	0
Totals	50	2	1	4	3	1



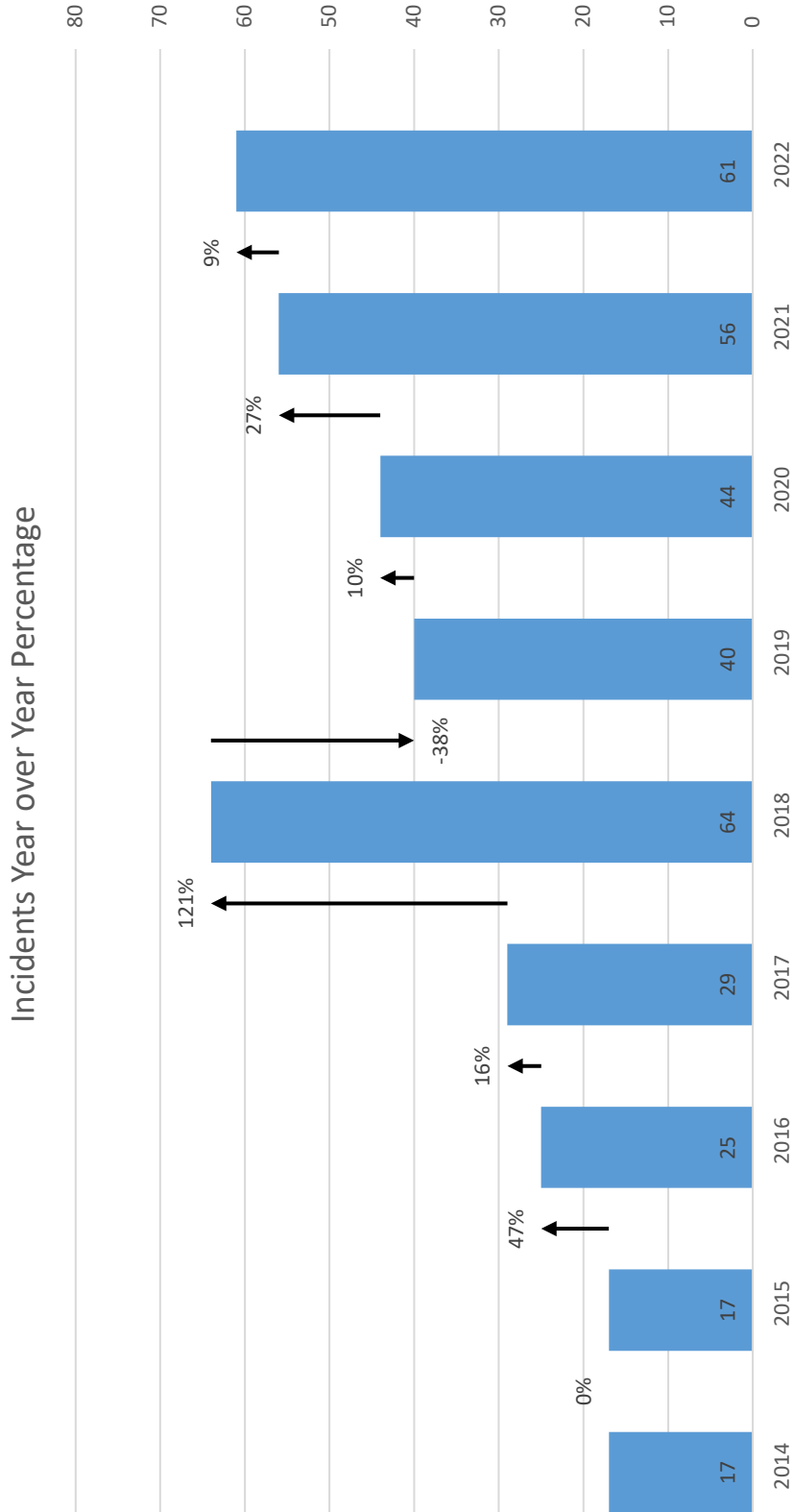
# Privacy Incidents *cont'd*

Confirmed Privacy Incidents by Source of Privacy Incident 2021 - 2022			
	GCHP	Business Associate	External Entity
2021			
1st Quarter	2	5	0
2nd Quarter	2	5	1
3rd Quarter	3	11	0
4th Quarter	3	24	0
2021 Totals	10	45	1
2022			
1st Quarter	2	22	0
2nd Quarter	1	13	0
3rd Quarter	1	13	0
4th Quarter	1	8	0
2022 Totals	5	56	0



\*Reporting period – Q4 October 2022 thru December 2022

# Privacy Incidents *cont'd*



# Privacy *cont'd*

Pharmacy reviews system access to the Medi-Cal Rx Pharmacy Claim System to ensure employees accessing data are authorized

Pharmacy Reporting - 2022						
Column1	Members Accessed	Non-GCHP Members Accessed	Non-GCHP MCP Access	RX Department Access	CM Department Access	G&A Department Access
<b>2022</b>						
1st Quarter	728	0	8	648	72	0
2nd Quarter	353	0	0	331	22	0
3rd Quarter	186	0	0	174	12	0
4th Quarter	119	0	0	61	58	0
<b>Totals</b>	<b>1386</b>	<b>0</b>	<b>8</b>	<b>1214</b>	<b>164</b>	<b>0</b>

\*Reporting period – Q4 October 2022 thru December 2022

# Compliance Training Results

# Compliance Training Results

## Introduction

In accordance with Gold Coast Health Plan (GCHP) regulatory and contractual obligations, GCHP provides initial and ongoing annual training on the Health Insurance Portability and Accountability Act (HIPAA), Healthcare Fraud, Waste and Abuse (FWA) as it pertains to managed care, and GCHP Code of Conduct training. The required compliance training courses are provided to workforce members (permanent and temporary) and commissioners through the Litmos online learning management system. The GCHP compliance department monitors and tracks completion of the all the required compliance training courses in the Litmos platform.

## New Hires:

All new and temporary employees need to complete the compliance courses for Privacy & Security, FWA, and the GCHP Code of Conduct within their first thirty (30) days of employment.

## Annual Training:

After taking the initial required training courses, workforce members are also required to take annual refresher training on Privacy & Security, FWA, and the GCHP Code of Conduct. The annual training for workforce members with hire dates prior to May 1, 2022 will be assigned later in the year.

# Compliance Training Results – *Cont'd*

## Compliance Training Status

### 2022 New Workforce Member Training:

All trainings were completed for new hires in Q4, 2022, however, some were not completed timely.

- Overall, the completed on-time percentage was at 86% for the quarter.

### 2022 Annual Compliance Training:

The 2022 annual compliance training was assigned in Q4, 2022.

# Compliance Training Results – Cont'd

4th Quarter 2022 (October - December)				
	Workforce Assigned	Completed on Time	Completed on Time %	Workforce Past Due
Code of Conduct	27	23	85.2%	4
Healthcare FWA	27	24	88.9%	3
Privacy & Security	27	23	85.2%	4

2022 Compliance Training Completion Rates - New Workforce				
	Q1	Q2	Q3	Q4
Total Courses Assigned	48	39	99	81
Completed on Time	46	39	93	70
Completed on Time %	95.8%	100.0%	93.5%	86.4%
				93.9%

# AB 1234 – Ethics Training

# AB 1234 – Ethics Training

In accordance with Assembly Bill (AB) 1234, adopted in 2005, states that all local governmental officials, such as the Commissioners, Committee Members and designated employees must receive at least two hours of ethics training every two years. The Ventura Medi-Cal Managed Care Commission dba Gold Coast Health Plan (GCHP) meets the criteria as defined above.

The ethics training must be completed within three months from first day of service and every two years thereafter per GCHP policy. AB 1234 requires training to be completed within one year from first day of service; GCHP's policy is stricter and is adhered as such. Ethics training is also required by GCHP's Code of Conduct.

GCHP coordinates training for all new hires, committee members and commissioners through the Fair Political Practice Commission's (FPPC) website. The ethics training requirement may also be satisfied if a commissioner, committee members or designated employee provides a copy of a certificate issued from another source within the past two years.

Training logs and certificates are tracked by GCHP's Compliance Department

# AB 1234 – Ethics Training *cont'd*

AB 1234 Ethics Training					
Total Trainings Q3 and Q4 2022	Type		Timeliness		
	Renewal	New filers	Completed Timely	In Process	Past Due
<b>Ventura County Medi-Cal Managed Care Commission Members</b>					
• 2 Commissioners	2	0	2	0	0
<b>Provider Advisory Committee and Cal AIM Committee</b>					
• 5 Committee Members	1	4	4	0	1
<b>Designated Employees</b>					
• 25 Designated Employees and Consultants	6	19	20	0	5

# AB 1234 – Ethics Training *cont'd*

## Q3 and Q4

### **Commissioner Status**

- Two commissioners who were due for renewal both completed their training timely.

### **Committee Members**

- One Provider Advisory Committee member was due for renewal and completed their training timely.
- Four new Cal AIM committee members and three of them completed their training timely.

### **Designated Employees Status**

- Nineteen new designated employees. All completed their training timely.
- Six of the designated employees were up for renewal, five of them completed their trainings late and one of them completed their training timely.

# AB 1234 – Ethics Training *cont'd*

## **Definitions**

Committee members: members of any committee, which must comply with the Ralph M. Brown Act.

Designated employee: any employee who is required to file Form-700 Statements of Economic Interest by the Gold Coast Health Plan's Conflict of Interest Code, as amended from time to time.

## **Category Definitions**

Renewal: Commissioners, Committee Members or designated employees who have a previous AB 1234 certificate on file.

New Filer: New commissioners or committee members who have been sworn into a Ralph M. Brown Act committee, or a designated position which requires a Form 700 filing, either for a new hire or promotion.

Completed Timely: Commissioners, Committee Members and designated employees who completed the ethics training within three months of the first day of service.

Past Due: Commissioners, Committee Members and designated employees who completed the ethics training past the three months of first day of service or, have yet to complete it.

# Fraud, Waste, and Abuse

# Fraud, Waste, and Abuse

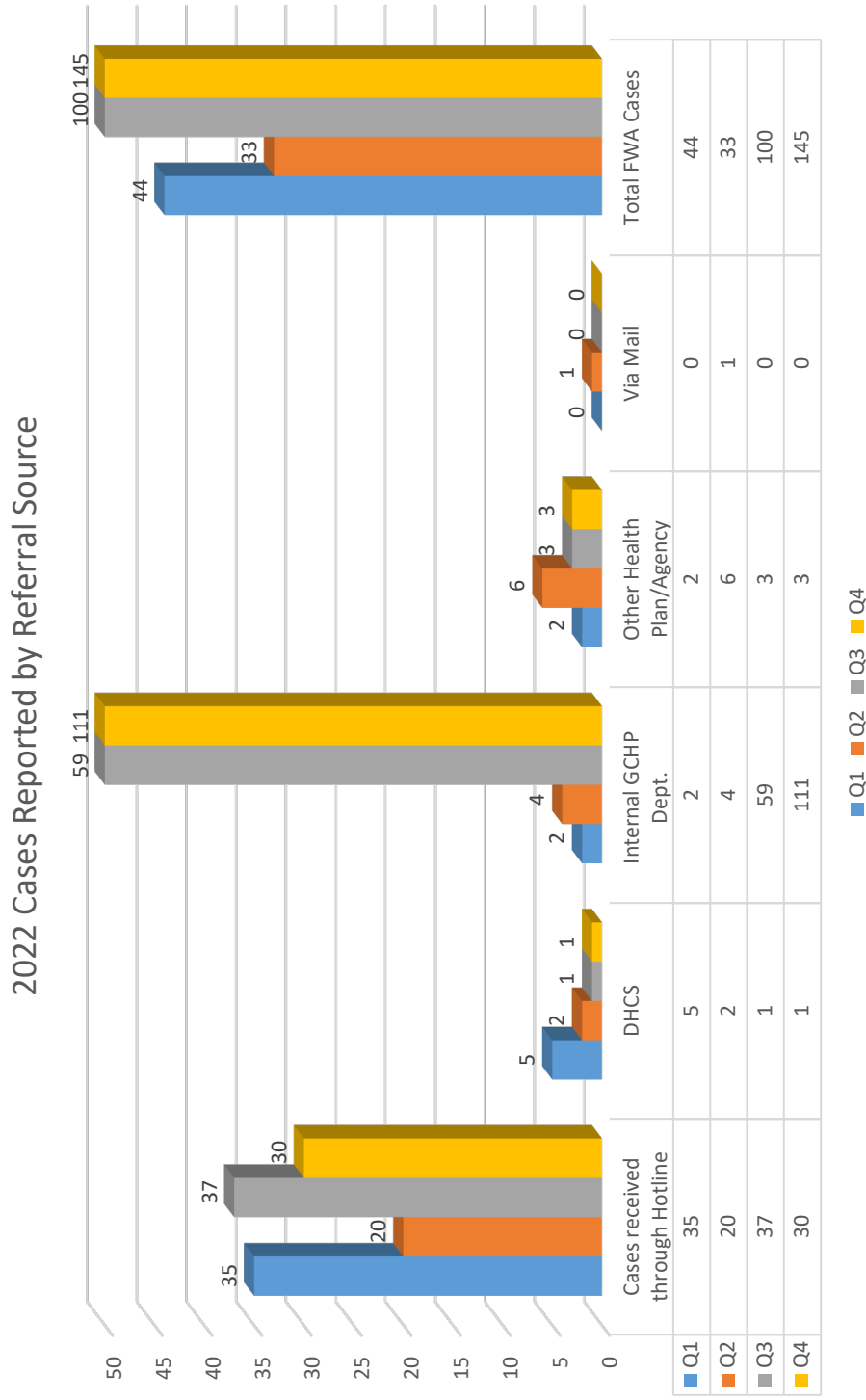
## Background:

The compliance department reviews all potential fraud, waste and abuse (FWA) cases received by Gold Coast Health Plan (GCHP). In addition, in the event **a member's GCHP member card is stolen or lost**, the compliance department, in collaboration with the claims department, **monitors the member's claims for six (6) months to ensure the member's information is not utilized to obtain services fraudulently**. **GCHP is contractually required to report all suspected fraud, waste or abuse to the Department of Health Care Services (DHCS) within ten (10) working days.**

GCHP compliance staff conducts an initial review of the case. If FWA is suspected by compliance staff, the compliance team initiates a preliminary investigation and prepares the DHCS report. If the case is determined not to be fraud, waste or abuse related, it will be triaged to the appropriate department (i.e., grievance and appeals, claims) or an external agency (i.e., Department of Health and Human Services Agency). GCHP compliance staff documents the outcome of all cases regardless of type to ensure the issues are resolved and or reported when applicable.

# Fraud, Waste, and Abuse – cont'd

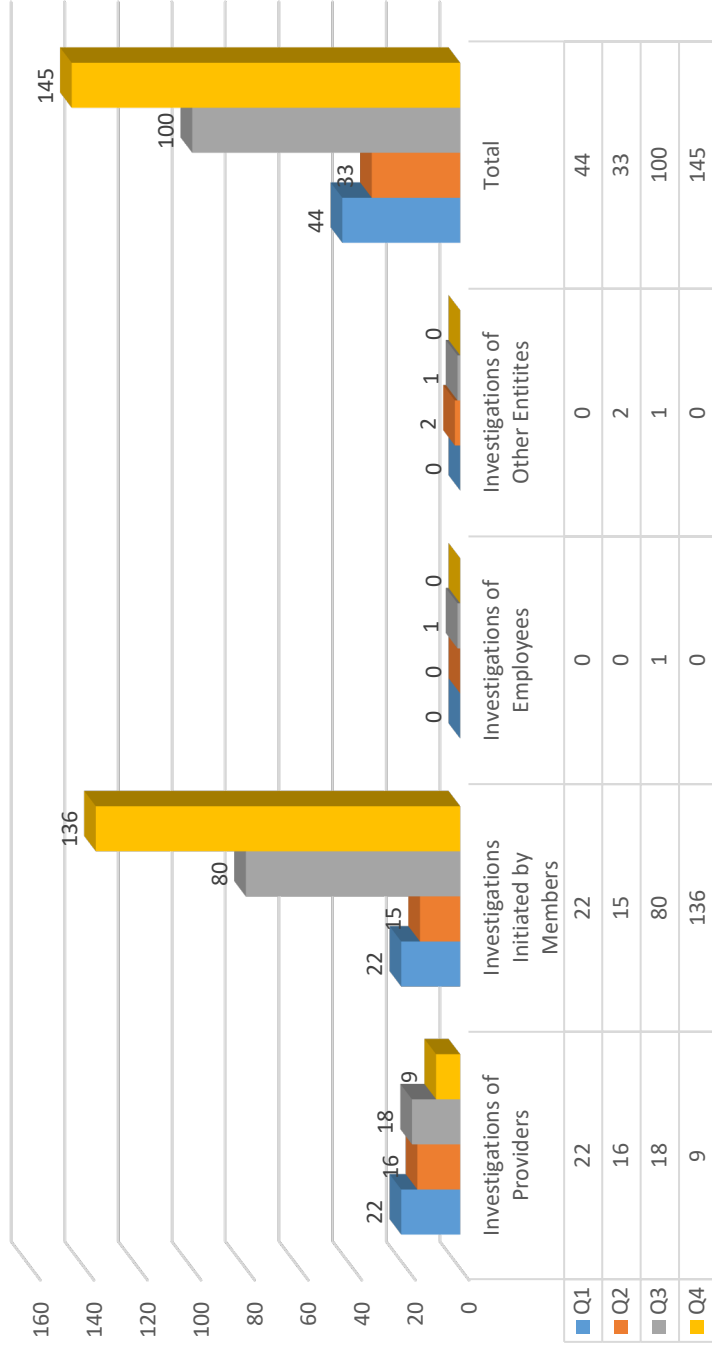
The following information reflects the Referral Source for 2022 FWA Cases.



# Fraud, Waste, and Abuse – cont'd

The following information relates to potential FWA (Fraud Waste & Abuse) cases GCHP received throughout calendar year (CY-2022):

2022 FWA Cases



■ Q1 ■ Q2 ■ Q3 ■ Q4

# Fraud, Waste, and Abuse – cont'd

\* Note: Potential FWA allegations can be routed to multiple departments and involve several subjects.

**Q4 Results: A total of 145 cases received**

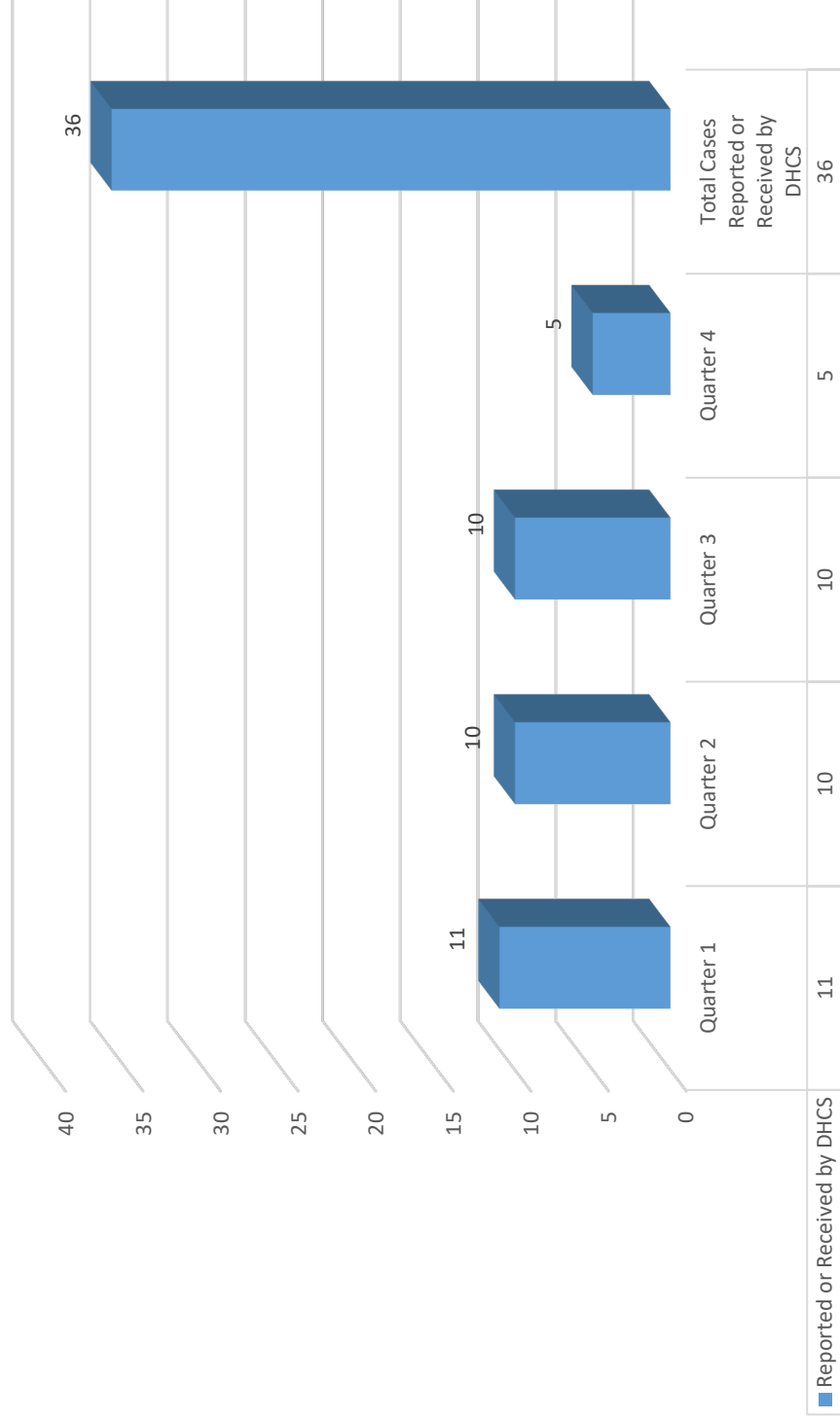
# of Cases	Case Type
5	Cases sent or received by DHCS.
129	Allegations were due to the member(s) having lost their insurance card or being a victim of theft, i.e., stolen purse, or wallet.
4	Allegations were due to the member receiving an EOB or letter they did not understand.
4	Anonymous allegations were received.
1	Allegation of member wanting compensation due to GCHP June 2018 breach.
2	Determined not to be fraud, waste or abuse related.

GCHP Compliance continues to advocate for the reporting of potential FWA cases by utilizing a variety of methods including, but not limited to providing FWA wallet cards to members who walk-in to the office, discussing FWA and reporting mechanisms in new member orientations, and providing information and an opportunity to report on the GCHP website. GCHP employees receive an annual FWA training, and further resources and guidance are made available to employees and departments upon request.

# Fraud, Waste, and Abuse – cont'd

FWA Cases Reported to DHCS or DHCS has asked GCHP to investigate

FWA Cases Reported or Received by DHCS - Quarter 2022



■ Reported or Received by...

# Fraud, Waste, and Abuse – cont'd

**Five (05) allegations were cases submitted or received by the DHCS PIU Unit as potential FWA.**

Compliance received a total of one (1) case that is being investigated at the request of the DHCS. The case is closed.

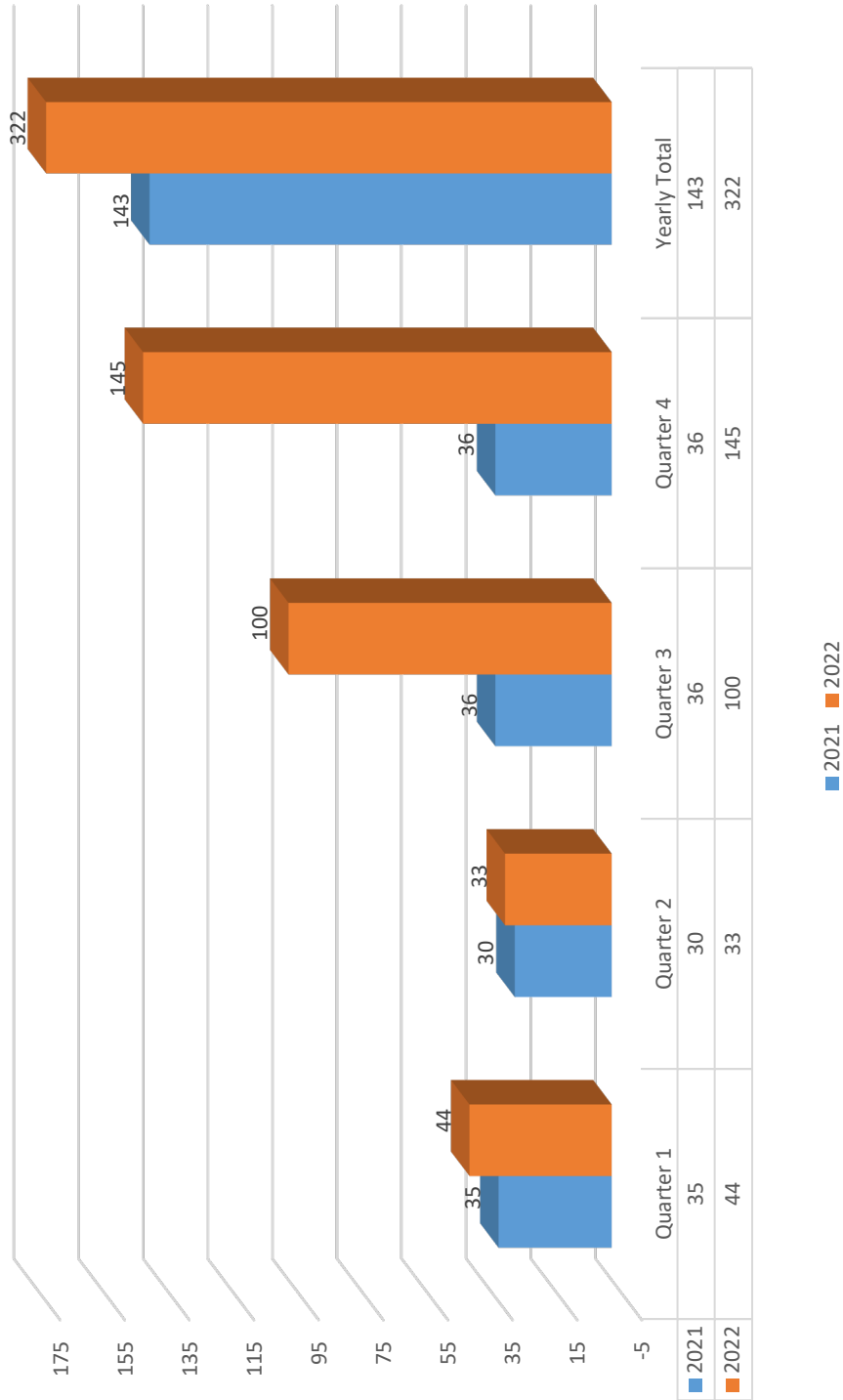
Compliance was notified by Beacon Health Options of three (3) cases with allegations of overpayment/incorrect billing of services and codes. The cases remain open.

Compliance was notified of one (1) case by a member who received an EOB letter that GCHP was being billed for DME that member did not receive. The case remains open.

# Fraud, Waste, and Abuse – cont'd

Year by year comparison for 2021 & 2022

FWA Case Volume Comparison by Year



# Compliance Updates

# Compliance Update

- CIA Updates
  - Organizational Training is completed
  - Formal Disclosure of Substantial Overpayment
  - In receipt of the Independent Review Organization's (IRO) Questionnaire. Meeting is forthcoming
  - Risk Assessment and Program in development
  - Annual Management Certification of Compliance Meetings will be scheduled shortly

# Compliance Update

- 2023 DHCS Medical Audit
  - Review Period: June 1, 2022 – May 31, 2023
  - Audit Dates: July 31, 2023 – August 11, 2023
  - Entrance Conference: July 31, 2023
- 2023 Year Audit Risks
  - New Audit Team
  - Transportation
  - Behavior Health
  - ECM/CS – Implementation and Oversight
  - Year end APL Integration

# 2023 Compliance Audit Timelines

# 2023 DO Audit Timeline

Legend	Complete	In Progress	Projected	Quarterly	Monthly

Delegates	Jan	Feb	March	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
<b>Claims</b>															
1 AHP	Quarterly /Claims			Quarterly /Claims	Annual		Quarterly /Claims			Quarterly /Claims			Quarterly /Claims		
2 Specialty (CDCR)	Quarterly /Claims			Quarterly /Claims			Quarterly /Claims			Quarterly /Claims	Annual		Quarterly /Claims		
3 Vision (VSP)									Annual						
4 MBHO (Beacon)				Annual			Annual	Annual							
5 Conduent															
6 Kaiser (TBD)															
<b>Call Center</b>															
1 MBHO (Beacon)							Annual					Annual			
2 Conduent															
3 NEMT (VTS)			Annual/ Timely Access				Focused Audit								
4 AHP (Americas Health Plan)											Annual				
5 Clinicas (CDCR)			Annual												
<b>C&amp;L</b>															
1 Beacon							Annual								
2 VSP					Annual										
<b>UM</b>															
1 Specialty (CDCR)	Quarterly			Annual			Quarterly			Quarterly					
2 MBHO (Beacon)	Quarterly			Quarterly			Annual			Quarterly					
3 NEMT (VTS)															
<b>QI</b>															
1 Vision (VSP)					Annual										
2 MBHO (Beacon)							Annual								
<b>RR</b>															
1 MBHO (Beacon)							Annual								
<b>NEMT</b>															
1 NEMT (VTS)										Annual/ Reimbursements					
<b>Credentialing</b>															
1 VCMC			Annual										Annual		
2 CDCR		Annual											Annual		
3 CMHS	Annual												Annual		
4 COH							Annual								
5 CHLA								Annual							
6 Cedars								Annual							
7 USC			Annual												Annual
8 UCLA (Deemed)															
9 AHP												Annual			
10 VTS		Quarter/Ori vers and C&L (Interpreter s during rides and phone calls)					Quarter/Sub- Contracts			Quarter/PCR Forms and written consent for a minor		Annual	Quarter/Door to Door Forms		

# Internal Audit Timeline

2023 Audit Timeline												
Department	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Provider Relations												
1 Access and Avail.												
Health Services												
2 Case Management												
Utilization Management												
3 Utilization Management												
Operations												
4 Claims												
Operations												
5 Grievance and Appeals												
Quality Improvement												
6 Credentialing												
Finance												
7 Process Review												
Transportation												
8 Process Review												
IT												
9 Payment Distribution												

# Q & A

Thank you!  
The Compliance Team