

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

Special Meeting

Monday, November 20, 2023 2:00 p.m.

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: 692 717 354#

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

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

AGENDA

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 County 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. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of October 30, 2023.

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Approval of 2024 Commission Meeting Schedule

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the 2024 Commission meeting calendar as presented.

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 AB 361 will promote and protect the public's health, safety and welfare.

4. Local Agency Signature Authorization Form

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: The Chief Executive Officer requests the authority to complete and file the Local Agency Signature Authorization form, as indicated, on behalf of the Commission.

PRESENTATIONS

5. Medi-Cal Continuous Coverage Grant Awardees

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

RECOMMENDATION Receive and file the presentation.

FORMAL ACTION

6. Revised Provider Advisor Committee Charter

Staff: Marlen Torres, Executive Director of Strategies & External Affairs
Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: GCHP's management team recommends that the Commission approved the revised PAC Charter. The revised PAC Charter will be shared at the next meeting will take place on Tuesday, December 5, 2023.

7. Provider Advisory Committee (PAC) Approval of Members

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

RECOMMENDATION: GCHP's management team recommends that the two (2) individuals be approved by the Commission as new PAC members. Once approved by the Commission, they will be contacted of their official appointment. The next meeting will take place on Tuesday, December 5, 2023.

8. Financials Update

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive and file the financials update as presented.

9. Contract Approval – KP LLC., Print and Fulfillment Services

Staff: Alan Torres, Chief Information & System Modernization Officer

RECOMMENDATION It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a contract with KP LLC. The term of the contract will be 7 months of implementation and 5 years of services commencing December 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$18M

10. HealthEdge – Contract Amendment

Staff: Alan Torres, Chief Information & System Modernization Officer

RECOMMENDATION: It is the Plan's recommendation Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute this contract amendment with HealthEdge. The term of the contract will be 6 years and 9 months commencing October 1, 2023, and expiring on June 30, 2030, for an amount not to exceed \$3.3M.

11. Contract Approval – Optum Insight

Staff: Alan Torres, Chief Information & System Modernization Officer

RECOMMENDATION: It is the Plan's recommendation that the Ventura County Medi-Cal Managed Commission authorize the CEO to execute the associated software schedules with Optum Insight for this software. The term of the license will be October 1, 2023, until June 30, 2030, for an amount not to exceed \$9M.

12. Contract Approval – TTEC Government Solutions, LLC., Call Center Software

Staff: Alan Torres, Chief Information & System Modernization Officer

RECOMMENDATION: It is the Plan's the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a contract with TTEC Government Solutions. The term of the contract will be 3 years with 2 one-year renewal options commencing December 1, 2023, and expiring on March 31, 2029, for an amount not to exceed \$1.2M.

13. Recuperative Care Expansion Project

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: The Plan recommends that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute the grant funding agreement with the County to assist with the development of these capital projects so as to expand the capacity for recuperative care services within the County.

14. Funding Increase – Wellth Behavioral Economics Application Contract

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: It is the Plan's recommendation that the Commission recommend that the Ventura County Medi-Cal Managed Care authorize the CEO to increase the budget for the Wellth contract from \$700,000 to \$2,323,446.

REPORTS

15. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report

16. Human Resources (H.R.) Report

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance Officer

RECOMMENDATION: Receive and file the report

ADJOURNMENT

The next meeting will be on December 14, 2023, Strategic Planning Retreat which will be held at Residence Inn by Marriott located at 2101 W. Vineyard Ave. Oxnard, CA 93036 (River Ridge Ballroom)

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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: Maddie Gutierrez, MMC, Clerk for the Commission
DATE: November 20, 2023
SUBJECT: Special Meeting Minutes of October 30, 2023

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of special commission meeting minutes of October 30, 2023.

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
Commission Meeting
Special Meeting via Teleconference & In Person**

October 30, 2023

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 2:02 pm. in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Melissa Livingston, Dee Pupa, Sara Sanchez, and Scott Underwood, D.O.

Absent: Commissioners Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, 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, Chief of Human Resources, Felix Nunez, M.D., Chief Medical Officer, Robert Franco, Chief Compliance Officer, Ted Bagley, Chief Diversity Officer, Sara Dersch, Chief Financial Officer, Eve Gelb, Chief Innovation Officer, Susana Enriquez-Euyoque, Leeann Habte of BBK Law, and Scott Campbell, General Counsel.

Also in attendance were the following GCHP Staff: Anna Sproule, Bob Bushey, Vicki Wrighster, Kim Timmerman, Rachel Lambert, Nicole Kanter, Kris Schmidt, Mayra Hernandez, Lisbet Hernandez, Lucy Marrero, Josephine Gallella, Victoria Warner, Don Harbart, Pauline Preciado, Shivany Pillay, Alison Armstrong, Sergio Cendejas, Shannon Robledo, David Tovar, Lupe Harrión, Paula Cabral, and Sandi Walker.

Guest: Tracy Gallaher, Kimberly Sokoloff, and Stelian Damu of Moss Adams

PUBLIC COMMENT

None.



CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of September 25, 2023, and special meeting minutes of October 19, 2023.**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

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 AB 361 will promote and protect the public's health, safety, and welfare.

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

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Melissa Livingston, Dee Pupa, Sara Sanchez, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, and Jennifer Swenson

The clerk declared the motion carried.

Commissioner Jennifer Swenson joined the meeting at 2:05 p.m.

3. **Addition of New Provider Advisory Committee (PAC) Members**

Staff: Erik Cho, Chief Policy & Program Officer
Marlen Torres, Executive Director of Strategy & External Affairs
Vicki Wrighster, Senior Director, Provider Network Operations

RECOMMENDATION: GCHP's management team recommends that the three (3) individuals recommended be approved by the Commission as new PAC members. Once approved by the Commission, they will be contacted of their official appointment.



Executive Director of Strategy & External Affairs, Marlen Torres gave a brief overview of Consent Item 3. Ms. Torres stated that earlier in the year, the Provider Advisory Committee (PAC) was suspended due to the influx of committee members needing to drop off due to a variety of reasons. Staff is currently working to re-build the committee with 11 members as required in the charter and bylaws. Erik Cho, Chief Policy & Program Officer, Vicki Wrighster, Senior Director, Provider Network Operations, and Ms. Torres have been working to recruit new members for this committee. Prior to suspending the committee, staff worked with the PAC AdHoc committee to revise the charter.

Supervisor Vianey Lopez joined the meeting at 2:10 p.m.

CPPO Cho noted there is a strong slate of additions to the PAC and will be presenting new members at the November commission meeting., along with the new draft charter. He noted that staff is seeking good representation for this committee. Continued member selection is ongoing, and seats still need to be filled. A diverse panel is being built for the new PAC. Vital input from the new PAC will have appositve impact on new programs coming to GCHP. There will also be regular engagement between the PAC and the Commission. Bi-annual reports from PAC will be presented to the Commission. CPPO Cho asked Commission to feel free to submit names for the committee.

Ms. Torres stated there is a goal to get the committee meetings started before the end of the year.

Commissioner Pupa stated the providers are “the meat and potatoes” and she is glad the committee will start up again.

Commissioner Livingston motioned to approve Consent item 3. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Melissa Livingston, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Supervisor Vianey Lopez, and Anna Monroy

The clerk declared the motion carried.

Commissioner Pupa moved Formal Action agenda Item 8 to be presented prior to Presentations as listed on the agenda.



FORMAL ACTION

8. Moss Adams 2022/23 Financial Audit Results

Staff: Sara Dersch, Chief Financial Officer
Stelian Damu, Moss Adams Representative
Kimberly Sokoloff, Moss Adams Representative

RECOMMENDATION: Accept and file the audit results as presented.

Chief Financial Officer, Sara Dersch, thanked her team and noted they have been instrumental in helping complete the audit on time. She thanked Moss Adams for their diligent work.

CFO Dersch introduced Moss Adams representatives, Kimberly Sokoloff and Stelian Damu.

Mr. Damu shared the audit results. He stated he and Ms. Sokoloff would review the audit findings. He reviewed scope of services for year ending June 30, of 2023. Mr. Damu noted that the audit results had been presented to the Executive Finance Committee on October 26, 2023.

Ms. Sokoloff reviewed audit risks and incremental audit procedures. As part of the audit requirement, Moss Adams must identify the aspects of a financial audit risks. There is no vulnerability for the organization. Due to the nature of these areas; the magnitude of the dollars, such as capitation revenue which drives the statement of operations, along with level of judgement and estimation involved in the medical claims liability, these are areas where expanded audit procedures and performed. Incremental audit procedures are done. She noted that there are new programs, such as CalAIM, and understand managements accounting policy as it relates to onboarding new state programs. Cash receipts are also reviewed. The procedures have been outlined, and there were no findings. Ms. Sokoloff noted that in medical claims liability internal controls are reviewed over medical claims processing, along with liability estimation process, which involves Conduent. She noted that in the past years audit presentations there were findings from time to time in getting sufficient information from Conduent. Last year there was a significant deficiency in controls as Conduent was not able to produce a formal report that it normally produces yearly. This year, Conduent did produce the SAC1 report as required. And it was provided in a timely manner, and Moss Adams was able to incorporate it into their audit approach. Therefore, it is no longer a finding for the 2022/23 audit. CFO Dersch stated it is the first time in five years that there has not been a claims finding in the audit. CFO Dersch congratulated the Claims Teams.

For Medical Claims liability, Moss Adams performs their own independent calculations of expectations, and review the outsource actuaries' model and it is helpful to engage in discussions with the actuaries to understand significant assumptions or model changes



made in the current year. Actual claim payments are reviewed, and two different analyses are done. Current year claim payments are compared to prior year. There was some divergence in 2021/22, due to the pandemic and was common in most health plans across the state. It was difficult to predict utilization. Results are materially accurate. The liability that is recorded is within what is expected.

Ms. Sokoloff reviewed Moss Adams responsibility regarding financial statements under audit standards. They conduct the audit in accordance with standards accepted in the U.S. GAAS, and they exercise professional judgement and maintain professional skepticism throughout the audit.

Internal controls are outlined, and Ms. Sokoloff noted there were no control findings. She did note that there are new accounting standards. Last year operating leases that had been expensed every year were required to present value remaining future committed payments for operative leases, and place that value amount as an asset and liability. This year, GAASB 96 required the same accounting for subscription-based IT arrangements. This required management to do the same process as with leases. It is challenging to obtain inventory of software arrangements that meet the criteria. Both Moss Adams and the finance team worked through the process. Commissioner Corwin asked about leases, he asked if there was a change in present value approach. Ms. Sokoloff stated it is the same as last year and there was no significant difference. There are many IT arrangements/contracts, and needs to be pieced together for multiyear agreements, which is different from operating agreements.

Ms. Sokoloff noted there were no significant unusual transactions identified. No significant difficulties were encountered during the audit. There were no disagreements with management. There were no circumstances that affected the form and content of the audit report and there were no other findings or issues arising from the audit report. She also noted there were no uncorrected misstatements identified as a result of the audit. The audit report will be submitted to Commission, and it will be unmodified.

Ms. Sokoloff reviewed the copy of the full management representation letter and stated it is available upon request.

Commissioner Pupa thanked Moss Adams and CFO Dersch and her Finance Team for all their hard work in putting this report together and a thorough presentation.

Commissioner Corwin motioned to approve Agenda Item 8, Audit Results. Commissioner Abbas seconded the motion.



Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Melissa Livingston, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Supervisor Vianey Lopez, and Anna Monroy

The clerk declared the motion carried.

PRESENTATIONS

4. Redetermination Grant Award Presentation

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

RECOMMENDATION: Receive and file the presentation.

Executive Director of Strategy & External Affairs, Marlen Torres gave an overview of the Continuous Coverage Enrollment Navigator Program. She noted that GCHP has been partnering with community partners. The goal is to reach and assist diverse populations with their redetermination.

The purpose of the Request for Applications is to solicit applications from organizations who will participate in the Enrollment Navigator Program. The focus on targeted populations is to assist with applications for redetermination, retention assistance, and assist with trouble shooting and accessing health care services. Ms. Torres reviewed the required metrics, which included geographic representation, duties and responsibilities of key staff were reviewed.

Ms. Torres reviewed the grant timeline and the grants application process. She noted it is a one-year grant program. The grants will be awarded October 31, 2023. Ms. Torres named the awardees: Mixteco Indigena Community Organizing Project (MICOP), Interface Children and Family Services, and El Concilio Family Services. The following organizations still need to answer some questions in order to be awarded: National Health Foundation, Camarillo HealthCare District, and Community Action of Ventura County.

Commissioner Atin stated this was a great presentation and it was a worthy cause. He asked if there will be a review for effectiveness and if progress would be monitored. Ms. Torres stated information will be collected to ensure they meet their marks and in six months she will present an update to the Commission.



Commissioner Atin motioned to approve Agenda Item 4, Redetermination Grant Award Presentation. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Melissa Livingston, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Supervisor Vianey Lopez, and Anna Monroy

The clerk declared the motion carried.

5. Improving Quality through a Model of Care

Staff: Eve Gelb, Chief Innovation Officer
Felix L. Nuñez, M.D., Chief Medical Officer
Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the presentation.

Chief Innovation Officer, Eve Gelb stated Chief Medical Officer, Felix Nunez, M.D., would begin the presentation. CMO Nunez stated that we need to work toward meeting member needs and excel in the quality of care for our members. He noted that NCQA and CMS is enforcing the importance of the Model of Care (MOC). The Model of Care will help to successfully build and operate the D-SNP program by 2026.

Three specific principles for MOC were reviewed. The concept of the MOC is to work as one team with one plan. We look to becoming the best, as well as stay aligned on our goals and initiative.

Chief Innovation Officer, Eve Gelb stated NCQA provides a road map for our organization's MOC through a set of standards. She reviewed the standard, element, and factor for the NCQA Model of Care. She stated that we are advancing GCHP as a modern health plan. She reviewed "readiness" – building core operating platform, the Launch -creating sustained high performances, and Mission Accomplished - we have achieved our goals and are successful. CIO Gelb noted that our community relations run deep, and we have a solid good start. We need to hear the voice of our members. We need to coordinate care through care management. Our staff needs to understand who our population is and be knowledgeable of that population. We are currently collecting health risk assessments. CIO Gelb noted that we need to tighten up our workflow. Care coordination is how we serve and care for our members. Our Provider Network must be engaged and needs to specialize in meeting the needs of the population. We need to build capacity through training materials, tracking tools, etc.



Through accountability we measure quality and outcomes. We will get feedback through assessment of satisfaction in order to make things better. We need to build more structures. We need to have an integrated model. CIO Gelb noted lots of progress is being done. We need to build our model around member needs, and we need to achieve outcomes.

CPPO Cho reviewed the Wellth program. He noted that we are working with leading industry partners. Our focus is on physical and behavioral health. Prior to the launch of Wellth less than 40% of our members were taking their medications consistently. He noted that 89% of our members are now checking in to the Wellth Program Engagement, and it is a good start.

We also have the Quality Incentive for Provider Performance Improvement, and more PCPs are being added. CPPO Cho stated we will have already accomplished a lot.

Ms. Gelb reviewed what is next. She reviewed what has already been launched and what is on the “launching pad.” Chief Information Officer, Alan Torres noted that we are building investments, and delivering value. We can store health risk assessments, and use data for care coordination, and individualized care plans are necessary. CIO Gelb noted that care plans can change, and we need to include new needs.

CMO Nunez noted that NCQA is a critical element accelerating our work. We need to determine if we are adequately meeting the needs of our members.

Commissioner Pupa stated the blueprint concept is good and NCQA is a great opportunity.

Commissioner Laura Espinosa arrived at the meeting at 3:30p.m.

Commissioner Pupa stated that it is unique to work together as a team.

FORMAL ACTION

Agenda item 6 has been tabled.

6. Contract Approval – KP LLC., Print and Fulfillment Services

Staff: Alan Torres, Chief Information & System Modernization Officer

RECOMMENDATION: It is recommended that the Commission approve awarding a competitively bid contract for Print and Fulfillment Services to KP LLC.



7. Quality Improvement Committee 2023 Third Quarter Report

Staff: Felix L. Nuñez, MD, MPH, Chief Medical Officer
Kim Timmerman, Sr. Director of Quality Improvement

Kim Timmerman reviewed the findings for the Third Quarter Quality Improvement Committee report. She reviewed the quality improvement evaluation and the five objectives.

RECOMMENDATION: Approve the 2022 QI Program Evaluation. Receive and file the complete report as presented. She reviewed which measures were met, which were not met, and rates of improvement. She stated there were 15 objectives where goals were met, 6 objectives that had partially met goals, and 7 objectives that did not meet the goals. Ms. Timmerman reviewed next steps, including priority metrics added to the QI workplan for continued improvement focus. We will also assess barriers to goal achievement and intervention refinement needed.

Ms. Timmerman noted that Healthcare Quality Week is October 15 – 21. This is a recognition of the impact that healthcare professionals and providers. Several clinics were recognized.

Ms. Timmerman also reviewed MCAS Dashboard as well the MCAS Push. Commissioner Pupa stated the strategy to measurements is a lot of work, even on incremental improvement. Supervisor Lopez stated the level of detail was good and the dashboard puts everything in perspective.

Supervisor Lopez asked about after hours availability. Vicki Wrihster stated providers are responsible for after hour access. Voice mail must be in primary languages (English/Spanish). If there is a “Live Person/After hours Service” they are responsible for getting information and refer to the provider. Commissioner Abbas asked how we will work toward optimum performance. Ms. Timmerman stated the Provider Incentive Program shares report cards. All are aware of performance, and they can see where areas of performance can improve. CIO Gelb noted the dashboard helps understand there is inequity across entire population. CMO Nunez noted that data is key. We need to get data into the right hands at the right time. In building capabilities we provide timely accurate data. Commissioner Espinosa asked if dates coincide with state mandates. Ms. Wrihster stated DHCS requirements are followed.

Commissioner Espinosa motioned to approve the QI 3rd Quarter Report. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.



NOES: None.

ABSENT: Commissioner Anna Monroy

The clerk declared the motion carried.

9. August Financials

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the August 2023 financial packages.

Chief Financial Officer, Sara Dersch, stated that transparency is key. There will be specific metrics on healthcare costs and utilization will be premiered at the November meeting. CFO Dersch noted that we have no surprises in our August financials. She noted that membership and revenue are where we expected, as are medical costs. She stated that MLR is at 87% due to one extra claim cycle. Year-to-date the MLR runs at 80%. There are also budget timing variances along with QIPP which was a couple of months late in getting started.

CFO Dersch stated then general administrative expenses will be addressed in the revised budget. There will be more detail on the project pipeline in the next month. She noted that our balance is healthy. Current results do not yet show any disenrollment due to redetermination, but there will be recommendations presented next month. CFO Dersch stated operating gain is \$2.1M less than expected. Net Income YTD is \$18.3M. She reviewed the Long-Term Care (LTC) trend and SNP expenses and PMPMs. There is a new State legislation that we will reimbursements at 100% of the Medi-Cal fee schedule. She also reviewed graphs, and noted in the middle of 2021, inpatient costs started to decline. From a cash perspective, we have approximately \$483M in the bank at the end of August. \$121M in Medi-Cal reserves. Cash investments are listed.

Commissioner Corwin asked why the capitation rate was up 34%. CFO Dersch stated she would research and get an answer. She will present a revised budget in January and will have much more information at that time.

Commissioner Pupa stated that she believes the information that will be presented in November will please the Commission.

Commissioner Corwin motioned to approve the August financials. Commissioner Atin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Laura Espinosa, Melissa Livingston, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioner Anna Monroy

The clerk declared the motion carried.

Commissioner Pupa asked the Commission if they agreed to accept and file the CEO, CMO, and HR reports as presented.

REPORTS

10. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report

11. Chief Medical Officer (CMO) Report

Staff: Felix L. Nuñez, MD, MPH, Chief Medical Officer

RECOMMENDATION: Receive and file the report

12. Human Resources (H.R.) Report

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance Officer

RECOMMENDATION: Receive and file the report

Commissioner Abbas motioned to approve Agenda Items 10, 11, and 12. Commissioner Atin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Melissa Livingston, Dee Pupa, Sara Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Supervisor Vianey Lopez, and Anna Monroy

The clerk declared the motion carried.

ADJOURNMENT

The meeting was adjourned at 4:49 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Maddie Gutierrez, MMC – Clerk to the Commission
DATE: November 20, 2023
SUBJECT: Adoption of Commission Meeting Schedule for 2024,

SUMMARY:

This item will establish dates for the Ventura County Medi-Cal Managed Care Commission (Commission) meetings for 2024. The following schedule has monthly regular meetings.

Regular Commission Meetings

Time: 2:00 – 5:00 pm

Dates: Monday, January 22, 2024
Monday, February 26, 2024
Monday, April 22, 2024
Monday, May 27, 2024
Monday, June 24, 2024
Monday, August 26, 2024
Monday, September 23, 2024
Monday, October 28, 2024
Monday, November 25, 2024
Thursday, December 12, 2024 (Strategic Planning Retreat)

RECOMMENDATION:

Approve the 2024 Commission meeting calendar as presented.

ATTACHMENT:

Copy of the 2024 Commission meeting calendar.



Commission Reg Meeting 2P
Strategic Planning Retreat
March and July are dark months

2024
Commission Meetings

January						
Su	M	Tu	W	Th	F	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			

February						
Su	M	Tu	W	Th	F	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		

March						
Su	M	Tu	W	Th	F	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						

April						
Su	M	Tu	W	Th	F	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				

May						
Su	M	Tu	W	Th	F	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	

June						
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						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						

July						
Su	M	Tu	W	Th	F	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			

August						
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September						
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This meeting will begin at 6PM

October						
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December						
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29	30	31				

AGENDA ITEM NO. 3

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

FROM: Scott Campbell, General Counsel

DATE: November 20, 2023

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

SUMMARY/RECOMMENDATION

At their October 30, 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. In recent months both the rate of persons testing positive remains high, with a 6.5% positivity rate. Covid-19 hospitalizations continue to be over 200 each day and an average of 14 people die from Covid-19 each day according to the most recent statistics from the state dashboard. 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:

None as the state legislature has altered the required findings to continue to meet remotely and as of January 1, 2024, absent declaration of a public emergency, remote meetings without posting notices at each location will not be allowed.

ATTACHMENT:

None.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: November 20, 2023

SUBJECT: Authorization Request to Ventura County Auditor-Controller

Gold Coast Health Plan (GCHP) has funds invested with the Ventura County Treasury, as per the Commission approved investment policy that will be reviewed with the Commission during the FY 2023-24 budget reforecast and update (January 2024). The Ventura County Auditor-Controller Office provides a variety of financial reports (annual reports, trial balances) to GCHP on these investments. It is normal course operations that the GCHP Chief Financial Officer (CFO) be able to receive these reports directly from the Auditor-Controller Office, to handle certain transactional matters, and to inquire on these investments.

To effectuate this customary access for GCHP CFO Sara Dersch, I must file an authorization request (see the accompanying Ventura County Auditor-Controller signature Authorization Local Agencies form). This form will authorize the Auditor-Controller, Jeffery S. Burgh, to provide the following to Ms. Dersch:

- Annual/monthly reports and special reports
- Receipt of approved checks
- Cash Receipts and deposit approvals
- Journal Vouchers approvals

I respectfully request the authority to complete and file this form, as indicated, on behalf of the Commission.

**COUNTY OF VENTURA
AUDITOR-CONTROLLER
SIGNATURE AUTHORIZATION
LOCAL AGENCIES**

TO: JEFFERY S. BURGH, Auditor-Controller

Date: _____

FROM:

Special District Name

Manager Name

VCFMS Fund & Department

Address

SUBJECT: AUTHORIZED SIGNATURES FOR FISCAL YEAR: AllCheck if Address Change: ☐**I. The following individuals are authorized to sign for specified documents for our department. (Circle letters for document, see *key below)**

1. _____ Signature	_____ Name and Title	A B C D E F
2. _____ Signature	_____ Name and Title	A B C D E F
3. _____ Signature	_____ Name and Title	A B C D E F
4. _____ Signature	_____ Name and Title	A B C D E F
5. _____ Signature	_____ Name and Title	A B C D E F

* Key: A - To receive blank checks B - To receive approved checks C - Cash Receipts and deposit approvals
D - Journal Vouchers approvals E - To sign checks (also see II below) F - To approve issuance of check from Fund

II. Specify number of signatures required on local agency signed checks:
☐ - One ☐ - Two

Special, please explain: _____

III. Monthly reports should be distributed to the following email addresses:

sdersch@goldchp.org

APPROVAL:

Signature authorized by the Board

Nicholas Liguori

Name

11/20/23

Date

805-910-8807

Telephone No.

Return to:
Jeffery S. Burgh, Auditor-Controller
800 South Victoria Avenue
Ventura, CA 93009-1540
Attn: Financial Planning

☐ Supersedes existing lists☐ In addition, to existing lists.



AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Marlen Torres, Executive Director of Strategy & External Affairs
DATE: November 20, 2023
SUBJECT: Medi-Cal Continuous Coverage Grant Awardees

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Medi-Cal Continuous Coverage Grant Awardees

Medi-Cal Continuous Coverage Grant Awardees

Monday, November 20, 2023

Marlen Torres
Executive Director, Strategy and External Affairs

Agenda

1. Continuous Coverage Enrollment Navigator Program Overview

2. Process and Timeline

3. Selection of Awardees

4. Total Funding Awarded

Enrollment Navigator Program (ENP)

GCHP's Enrollment Navigator Program is a partnership with community-based organizations across Ventura County that have experience in reaching and assisting diverse populations and have demonstrated success in retention and enrollment of Medi-Cal eligible beneficiaries.



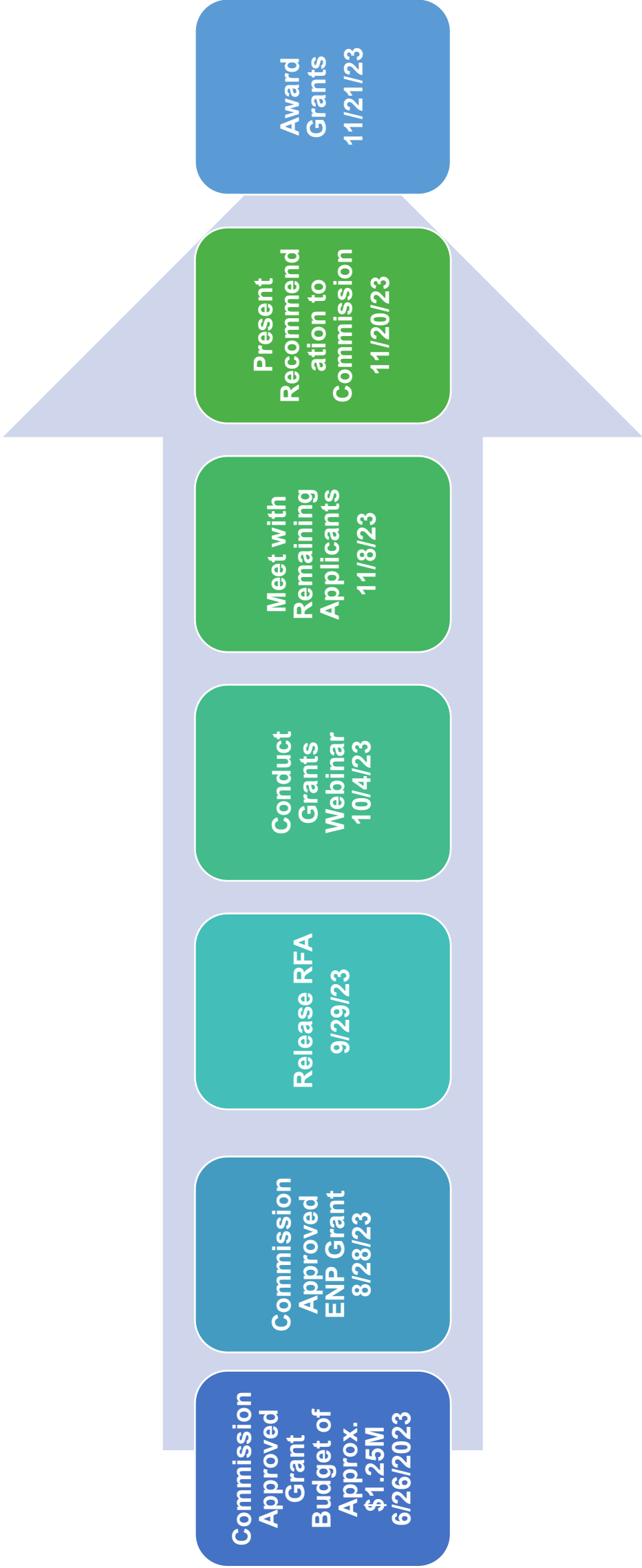
ENP Participant Eligibility

Be a 501(c)(3) tax-exempt organization with a 509(a) designation indicating that the organization is not a private foundation, or

Be a public or government entity, and

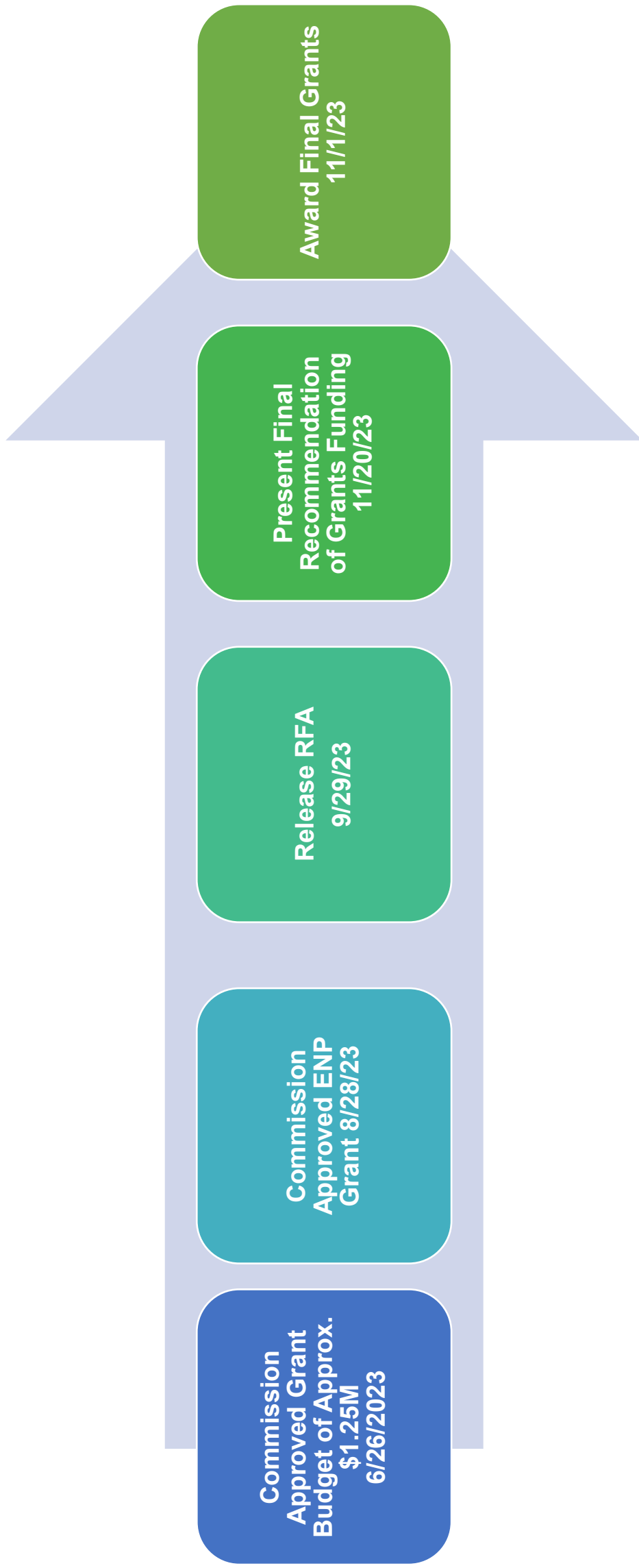
Provide high quality health care and/or health enhancing supportive services primarily to Medi-Cal recipients and to other medically indigent populations within Ventura County.

Grants Timeline



Grant Contract Period: Calendar Year 2023-24
Project begin date: November 1, 2023

Grants Timeline



Grant Contract Period: Calendar Year 2023-24
Project begin date: November 1, 2023

Selection of Awardees

Community Based Organization	Summary	Geographic Area Served	Populations of Focus	Grantee Metrics	Award Amount
National Health Foundation (NHF)	Founded in 1973, the NHF currently serves as a provider of recuperative care services for individuals experiencing homelessness. NHF's Recuperative Care is a Housing-First/Low-Barrier model of interim housing for those experiencing homelessness recently discharged from a hospital but still in need of recuperation from an acute medical condition.	Ventura County including Simi Valley and Thousand Oaks	Persons with Mental Health Disorders Persons with Substance use Disorders Needs Aged Persons Persons with Limited English Proficiency Justice Involved Individuals	Current Proposal: <ul style="list-style-type: none">• Increase GCHP enrollment numbers by NHF by 25%• Assist with 1,250 redeterminations with a follow up in first 30 days• Prescreen 200 unhoused individuals annually – enroll 50 onsite• 75% of unhoused at the recuperative care program complete redetermination GCHP Proposal: Support with modification. Work with NHF to modify metrics based on funding amount.	\$200,000
Community Action of Ventura County	Community Action of Ventura County is a proud member of a nationwide network that comprises more than 1,000 Community Action Agencies (CAAs), commitment to providing anti-poverty services.	Oxnard Santa Clara Valley (Santa Paula, Fillmore, and Piru) Ojai East County (Simi Valley)	Aged Persons Persons who are Homeless, Young People of Color; Immigrants & Families of Mixed Immigration Status, Persons with Limited English Proficiency, Justice Involved Individuals; Low- Wage Workers and their Families and Dependents	Current Proposal: <ul style="list-style-type: none">• Outreach to 500 individuals per month with an increase of 10% every month• Increase enrollments by 10% month over month GCHP Proposal: Support with modification. Work with CAVC with NHF to modify metrics based on funding amount.	\$270,000
Camarillo Health Care District	Local public agency established in 1969. Camarillo Health Care District is recognized throughout California and the nation as an innovative champion of wellness and aging services.	Camarillo Somis Las Posas and Santa Rosa Valley	Aged Persons Persons with Disabilities	Current proposal: <ul style="list-style-type: none">• Outreach to 75 members on a quarterly basis and 1:1 follow-ups with 45 individuals.• Outreach and educations to 12 PCPs, 3 adult day programs, 8 faith-based orgs, Library, and Senior Center GCHP Proposal: Do not fund due to program constraints.	\$0

Summary of Awardees

Organization	Grant Award Amount
Community Action of Ventura County	\$270,000
El Concilio	\$250,197
Interface Children and Family Services	\$209,535
Mixteco Indigena Community Organizing Project (MICOP)	\$318,000
National Health Foundation	\$200,000
Total ENP Grant Awards	\$1,247,732

Appendix

Request for Applications (RFA) Overview

The purpose of this RFA is to solicit applications from interested organizations to participate in GCHP's Enrollment Navigator Program (ENP) to support Medi-Cal retention and enrollment goals.

- During the COVID-19 pandemic, Medi-Cal disenrollments were postponed, allowing new and existing Medi-Cal beneficiaries to stay on Medi-Cal.
- On April 1, 2023, normal processes to redetermine Medi-Cal eligibility began impacting vulnerable populations the most.

The RFA is a critical mechanism in administering and delivering support to hard-to-reach, underserved, and vulnerable populations with targeted activities for retention and enrollment goals.

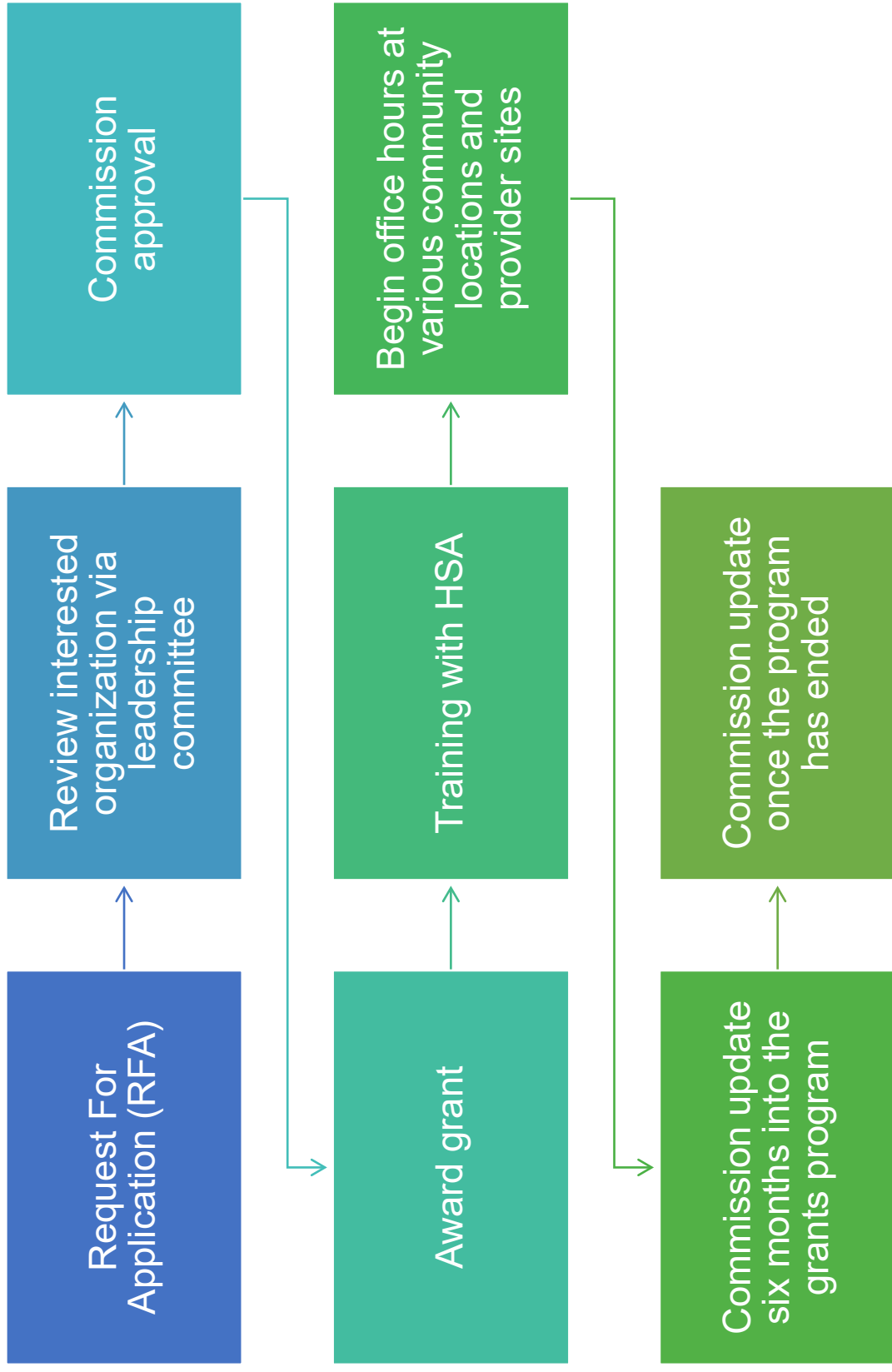
- Focus on targeted populations with:
 - Application Assistance
 - Retention Assistance
 - Outreach and education activities
 - Assistance with trouble shooting and accessing health care services

Request for Applications (RFA) Overview (cont.)

Metrics

- Select one to three populations of focus listed above and clearly articulate their experience with the selected population(s) of focus.
- Identify the population and the geographic area targeted by the proposed project.
- Identify the specific strategies that will be implemented to address the populations of focus.
- Demonstrate how a majority of the individuals that will benefit from the proposed project will be GCHP members.
- Explain how the proposed strategies will be implemented over the course of 12 months.
- Identify the expected outcomes that it seeks to attain through the proposed project.
- Provide specific, measurable, attainable, realistic, and time-based goals and objectives.
- Outline the duties and responsibilities of key staff who will be implementing the proposed project.
- Describe how it will assess progress towards attainment of the grant goals and objectives.

Community Organizations Grants Application Process



AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Executive Director, Strategy & External Affairs
Erik Cho, Chief Policy & Program Officer

DATE: November 20, 2023

SUBJECT: Revised Provider Advisor Committee Charter

SUMMARY:

Last Fall, the Provider Advisory Committee (PAC) convened an Adhoc Committee to review and revise the existing Committee Charter. The committee was comprised of David Fein (former PAC Chair), Katy Krul (Oxnard Family Circle Adult Day Health Center), and Pablo Velez (Amigo Baby) and met several times with Mr. Cho and Ms. Torres to propose revisions to the Charter. The Adhoc Committee was unable to present its final recommendation to the PAC because the PAC lost its quorum and was temporarily suspended.

The revisions consist of the following:

1. Increase the numbers of PAC members from 11 to 13.
2. Updated the purpose of the charter to include providing feedback on GCHP's Model of Care, improving access to quality care, and feedback on GCHP membership.
3. Provide greater clarity on PAC responsibilities.
4. Selection of a Committee Chair and Vice Chair.
5. PAC membership terms.
6. PAC membership enhancement to include non-traditional providers.

Attached you will find the original charter, the redline charter with the Adhoc Committee's recommendation and the proposed additional changes discussed at the October 30 Commission meeting, and the clean version of the revised charter.

RECOMMENDATION:

GCHP's management team recommends that the Commission approved the revised PAC Charter. The revised PAC Charter will be shared at the next meeting will take place on Tuesday, December 5, 2023.

**Committee Charter:
Provider Advisory Committee**

Committee Purpose

Pursuant to the Bylaws, the Ventura County Medi-Cal Managed Care Commission (VCMCC) enabling ordinance 4409 (April 2010) shall establish a Provider Advisory Committee (PAC) whose members can provide expertise relative to their respective specialties. The PAC, at a minimum, will meet quarterly and make recommendations, review policies and programs, explore issues and discuss how ~~GCHP~~^{the plan} may best fulfill its mission. The PAC offers a forum for Providers and Practitioners to provide input and advice to Gold Coast Health Plan leadership. ~~The PAC offers a forum for Providers and Practitioners to provide input and advice to the Gold Coast Health Plan (GCHP) leadership.~~

The PAC's mission is to provide feedback and recommendations on GCHP's membership needs, Model of Care, understand programmatic changes (regulatory, business, current and anticipated) and the managed care industry (local, state and national), and research by the health plan discuss local, state, or national issues focusing on enhancing access to care and theregarding the relationships and interactions between ~~PP~~^{Providers} and GCHP to enhance member care. These issues include improving health care, and clinical quality, and improving communications, relations, and cooperation between ~~Providers~~^{Providers} and GCHP. GCHP leadership may utilize information gained from the PAC to make recommendations or address issues brought forth by the Commission. ~~GCHP leadership may utilize information gained from the PAC to make recommendations or address issues with the GCHP Governing Board.~~

Responsibilities

The following responsibilities shall serve as a guide, with the understanding that the PAC may carry out additional functions as may be appropriate ~~in light of considering a~~ changing business landscape, regulatory, legal, and/or other conditions. The PAC shall also carry out any other responsibilities delegated to it by the Commission from time to time.

- ~~1.)~~^{1.} Address clinical and administrative topics that affect interactions between ~~PP~~^{Providers} and GCHP.
- ~~2.)~~^{2.} Discuss local, state, and national issues related to enhancing member care.
- ~~3.~~^{3.} Provide input on health care services of GCHP.
- ~~4.~~^{4.} Provide input on the program design and structures of the provider Quality incentives, Grant programs, and value based payments to improve access to care for members and quality measures.

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5. Provide input on GCHP's Model of Care design and structures of member incentives and healthcare programs aimed at increasing member engagement in health/wellness, healthcare, and adherence to treatment.
- 3)6. Provide input on GCHP membership to better understand their needs, barriers, and priorities.
- 4)7. Provide input on the coordination of services between networks of GCHP.
- 5)8. Improve communications, relations, and cooperation between ~~P~~providers and GCHP.
- 6)9. Provide expertise to GCHP relative to a PAC member's area of practice.
- 7)10. GCHP budget review updates. ~~GCHP budget review.~~
- 8)11. Changes to programs that impact Providers, such as Health Education, contracting, DHCS guidance, etc. ~~Changes to programs that impact Providers, such as Health Education, contracting, etc.~~
12. Benefit changes and interpretation. ~~Benefit changes and interpretation.~~
- 9)13. The Chair and Vice Chair will present to the Commission at least on an annual basis.

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Meetings

Regular meetings of the PAC shall be scheduled quarterly. Additional special (ad hoc) meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chair, or a majority of the members of the PAC. PAC meeting dates are scheduled one (1) year in advance. ~~PAC meeting dates are scheduled one (1) year in advance.~~

Members

The ~~VCMHC determined the~~ PAC will consist of ~~thirteen~~ eleven (13) ~~GCHP Providers or Practitioners (11) GCHP Providers or Practitioners~~ members with one dedicated seat with no limitation of terms representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members, with the exception of the designated VCHCA seat position, would serve a two-year term, serve up to three term~~terms have no term limits~~ and individuals could apply for re-appointment if they haven't met their term limits. The ~~thirteen~~ eleven voting members would represent various professional disciplines and/or constituencies, which include: allied health services, durable medical equipment, pharmacies, community clinics, hospitals, long-term care, non-physician medical practitioners, nurses, physician, and traditional / safety net, transportation, behavioral health, and community based organizations.

PAC Membership

- 1) ~~One (1) VCHCA~~
- 2) ~~One (1) Physician participating in Primary Care Providers (PCP)~~



- ~~3) Two (2) hospital representatives~~
- ~~4) One (1) allied health service provider~~
- ~~5) One (1) community clinic provider or practitioner~~
- ~~6) One (1) long term care provider~~
- ~~7) One (1) non-physician medical practitioner~~
- ~~8) One (1) nurse~~
- ~~9) One (1) traditional or safety net provider~~
- ~~10) One (1) practicing member from the Behavioral Health discipline~~

The Chief Policy and Program Office and the Executive Director, Strategy and External Affairs will serve as the Principal Executive Sponsors for the PAC. In addition, the following GCHP staff will be available at each meeting or may include a designee on a limited as-needed basis: GCHP staff that will be available at each meeting will be:

- ~~1) Chief Executive Officer (CEO), or designee~~
- ~~2) Chief Diversity Officer, or designee~~
- ~~3) Chief Medical Officer (CMO), or designee~~
- ~~4) Chief Operating Officer (COO), or designee~~
- ~~5) Chief Financial Officer (CFO), or designee~~
- ~~6) Chief Compliance Officer, or designee~~
- ~~7) Chief Program and Policy Officer~~
- ~~8) Chief Information and System Modernization Officer~~
- ~~9) Chief Innovation Officer~~
- ~~10) Chief Human Resources and Organizational Performance Officer~~
- ~~11) Senior Director of Network Operations/Provider Relations, or designee~~
- ~~12) Executive Director, Strategy and External Affairs, or designee~~
- ~~13) Director, Behavioral Health and Social Programs~~

Membership Chair and Vice Chair Selection Process

1. Nomination Process

- a. To establish a nomination ad hoc subcommittee, the PGAC chairperson or vice-chair shall ask three to four members to serve on the ad hoc subcommittee. PAC members who are being considered for reappointment, cannot participate in the nomination ad hoc subcommittee.

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2. Prior to the PAC nomination ad hoc subcommittee meeting: At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation.

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3. The PAC nomination ad hoc subcommittee shall:

- i. Review, evaluate and select a prospective chairperson, vice-chair, and a candidate for each of the open seats.
- ii. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice-chair, and a candidate for each of the expiring seats using the attendance record if relevant, and the prospective candidate's references.

PAC Selection and Approval Process for Chairperson, Vice-Chair, and PAC Candidates

- a. On a biannual basis, PAC shall select a Chairperson and Vice-Chair from its membership to coincide with the biannual recruitment and nomination process.
 - i. The PAC Chairperson and Vice-Chair may serve one-year terms with two term extensions with a vote taken by the PAC members annually.
 - ii. The PAC Chairperson or Vice-Chair may be removed by a majority vote from GCHP's Commission.
- b. Upon selection of a recommendation for a Chairperson, Vice-Chair and a slate of Candidates, the ad hoc subcommittee shall forward its recommendation to the PAC for consideration.
- c. Following consideration, the PACs recommended slate of new Candidates shall be submitted to GCHP Commission for review and final approval.
- d. Following GCHP's Commission approval of PAC's recommendation, the new PAC members' terms shall be effective at the next regular meeting.
- e. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the immediately following PAC meeting.
- f. GCHP shall provide new PAC members with a new PAC member orientation including information on past meetings.

Membership Responsibilities

The Chair shall:

1. Preside at all PAC meetings
2. Work with GCHP staff to develop the PAC regular meeting agendas
3. Report at least on annual basis to the Commission

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4. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

The Vice Chair shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson
2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon
3. Attend PAC meetings on a regular basis

Membership

1. Attend PAC meetings on a regular basis
2. Give feedback on topics presented by GCHP staff at PAC meetings
3. Serve in ad hoc meetings as determined by the Chair

~~**Membership requirements/limits—ex: cannot be in ligation with GCHP, must be in good standing, etc.~~

~~**How are members removed? Does the CEO have the power to remove someone from PAC?~~

~~** How do we handle vacant seats?~~

~~** How are the Chair and Vice Chair selected?~~

Meeting Procedures

The PAC will meet on a quarterly basis. Meeting dates and times will be specified a year in advance. Meetings of the PAC shall be open and public pursuant to the Ralph M. Brown Act (Gov. Code § 54950 et seq.)

Voting and Quorum: The ~~thirteeneleven~~ voting PAC Members represent various professional disciplines. The presence of a majority of the PAC Members, shall constitute a quorum.

The PAC may invite other individuals, such as members of management, auditors, or

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**Gold Coast
Health Plan**SM
A Public Entity

www.goldcoasthealthplan.org

other experts or consultants to attend meetings and provide pertinent information relating to an agenda item, as necessary.

The ~~Clerk of the Board~~Clerk of the Board is responsible for notifying members of the dates and times of meetings and preparing a record of the Committee's meetings.

DRAFT

Committee Charter: Provider Advisory Committee

Committee Purpose

Pursuant to the Bylaws, the Ventura County Medi-Cal Managed Care Commission (VCMCC) enabling ordinance 4409 (April 2010) shall establish a Provider Advisory Committee (PAC) whose members can provide expertise relative to their respective specialties. The PAC, at a minimum, will meet quarterly and make recommendations, review policies and programs, explore issues and discuss how Gold Coast Health Plan (GCHP) may best fulfill its mission. The PAC offers a forum for Providers and Practitioners to provide input and advice to GCHP leadership.

The PAC's mission is to provide feedback and recommendations on GCHP's membership needs, Model of Care, understand programmatic changes (regulatory, business, current and anticipated) and the managed care industry (local, state and national), and research by the health plan focusing on enhancing access to care and the relationships and interactions between Providers and GCHP to enhance member care. These issues include improving health care, and clinical quality, and improving communications, relations, and cooperation between Providers and GCHP. GCHP leadership may utilize information gained from the PAC to make recommendations or address issues brought forth by the Commission.

Responsibilities

The following responsibilities shall serve as a guide, with the understanding that the PAC may carry out additional functions as may be appropriate considering a changing business landscape, regulatory, legal, and/or other conditions. The PAC shall also carry out any other responsibilities delegated to it by the Commission from time to time.

1. Address clinical and administrative topics that affect interactions between Providers and GCHP.
2. Discuss local, state, and national issues related to enhancing member care.
3. Provide input on health care services of GCHP.
4. Provide input on the program design and structures of the provider Quality incentives, Grant programs, and value-based payments to improve access to care for members and quality measures.
5. Provide input on GCHP's Model of Care design and structures of member incentives and healthcare programs aimed at increasing member engagement in health/wellness, healthcare, and adherence to treatment.
6. Provide input on GCHP membership to better understand their needs, barriers, and priorities.



7. Provide input on the coordination of services between networks of GCHP.
8. Improve communications, relations, and cooperation between Providers and GCHP.
9. Provide expertise to GCHP relative to a PAC member's area of practice.
10. Review GCHP budget updates.
11. Changes to programs that impact Providers, such as Health Education, contracting, DHCS guidance, etc.
12. Benefit changes and interpretation.
13. The Chair and Vice Chair will present to the Commission at least on an annual basis.

Meetings

Regular meetings of the PAC shall be scheduled quarterly. Additional special (ad hoc) meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chair, or a majority of the members of the PAC. PAC meeting dates are scheduled one (1) year in advance.

Members

The PAC will consist of thirteen (13) GCHP Providers or Practitioners members with one dedicated seat with no limitation of terms representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members, with the exception of the designated VCHCA seat position, would serve a two-year term, up to three terms and individuals could apply for re-appointment if they haven't met their term limits. The thirteen voting members would represent various professional disciplines and/or constituencies, which include: allied health services, durable medical equipment, pharmacies, community clinics, hospitals, long-term care, non-physician medical practitioners, nurses, physician, and traditional / safety net, transportation, behavioral health, and community-based organizations / non-traditional providers.

The Chief Policy and Program Officer and the Executive Director, Strategy and External Affairs will serve as the Executive Sponsors of the PAC. In addition, the following GCHP staff will be available at each meeting or may include a designee on a limited as-needed basis:

1. Chief Executive Officer
2. Chief Diversity Officer
3. Chief Medical Officer
4. Chief Financial Officer
5. Chief Compliance Officer
6. Chief Program and Policy Officer



7. Chief Information and System Modernization Officer
8. Chief Innovation Officer
9. Chief Human Resources and Organizational Performance Officer
10. Executive Director, Strategy and External Affairs
11. Senior Director of Network Operations

Membership Chair and Vice Chair Selection Process

1. Nomination Process
 - a. To establish a nomination ad hoc subcommittee, the PAC chairperson or vice-chair shall ask three to four members to serve on the ad hoc subcommittee. PAC members who are being considered for reappointment, cannot participate in the nomination ad hoc subcommittee.
2. Prior to the PAC nomination ad hoc subcommittee meeting: At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation.
3. The PAC nomination ad hoc subcommittee shall:
 - i. Review, evaluate and select a prospective chairperson, vice-chair, and a candidate for each of the open seats.
 - ii. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice-chair, and a candidate for each of the expiring seats using the attendance record if relevant, and the prospective candidate's references.

PAC Selection and Approval Process for Chairperson, Vice-Chair, and PAC Candidates

- a. On a biannual basis, PAC shall select a Chairperson and Vice-Chair from its membership to coincide with the biannual recruitment and nomination process.
 - i. The PAC Chairperson and Vice-Chair may serve one-year terms with two term extensions with a vote taken by the PAC members annually.
 - ii. The PAC Chairperson or Vice-Chair may be removed by a majority vote from GCHP's Commission.
- b. Upon selection of a recommendation for a Chairperson, Vice-Chair and a slate of Candidates, the ad hoc subcommittee shall forward its recommendation to the PAC for consideration.
- c. Following consideration, the PACs recommended slate of new Candidates shall be submitted to GCHP Commission for review and final approval.



- d. Following GCHP's Commission approval of PAC's recommendation, the new PAC members' terms shall be effective at the next regular meeting.
- e. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the immediately following PAC meeting.
- f. GCHP shall provide new PAC members with a new PAC member orientation including information on past meetings.

Membership Responsibilities

The Chair shall:

1. Preside at all PAC meetings.
2. Work with GCHP Executive Sponsors staff to develop the PAC regular meeting agendas.
3. Report at least on annual basis to the Commission.
4. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

The Vice Chair shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson.
2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.
3. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.

Membership shall:

1. Attend PAC meetings on a regular basis and can only have up to three (3) unexcused absences.
2. Give feedback on topics presented by GCHP staff at PAC meetings.
3. Serve in ad hoc meetings as determined by the Chair.

Meeting Procedures

The PAC will meet on a quarterly basis. Meeting dates and times will be specified a year in advance. Meetings of the PAC shall be open and public pursuant to the Ralph M. Brown Act (Gov. Code § 54950 et seq.)



Voting and Quorum: The thirteen voting PAC Members represent various professional disciplines. The presence of a majority of the PAC Members, shall constitute a quorum.

The PAC may invite other individuals, such as members of management, auditors, or other experts or consultants to attend meetings and provide pertinent information relating to an agenda item, as necessary.

The Clerk of the Board is responsible for notifying members of the dates and times of meetings and preparing a record of the Committee's meetings.

DRAFT

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Executive Director, Strategy & External Affairs
Erik Cho, Chief Policy & Program Officer

DATE: November 20, 2023

SUBJECT: Addition of New Provider Advisory Committee (PAC) Members

SUMMARY:

Gold Coast Health Plan (GCHP) has been actively recruiting new members to join the PAC as it currently is comprised of four out of 11 required members. Last month, Ms. Torres, Mr. Cho and Ms. Wrighster made the recommendation to add three new members with the commitment to additional members to the November 20 meeting. Thus, the reviewing committee is recommending the following individuals to join the PAC:

1. **Amelia Breckenridge, MD, Ventura County Health Care Agency:** In her current role, Dr. Breckenridge serves as the Medical Director for the Fillmore Family Medical Group, Santa Paula Medical Clinic, Santa Paula Hospital Clinic, and Santa Paula West Clinic. In addition to executing her administrative role, she continues to care for patients. Finally, Dr. Breckenridge is a member of the Ventura County Chapter California Family Physicians.
2. **Claudia Gallard, Operations Director, Clinicas del Camino Real (CDCR):** Ms. Gallard has extensive experience working in Federally Qualified Health Centers specifically in Operations Billing, Clinical Workflows, Licensing, Emergency Planning and Response, and Government Programs. For over 30 years Ms. Gallard has developed and implemented operational strategies for CDCR. Finally, Ms. Gallard has worked with the following regulatory agencies: Joint Commission, California Department of Public Health, Health Resources and Services Administration, National Committee for Quality Assurance, and Managed Care Plans.

RECOMMENDATION:

GCHP's management team recommends that the two (2) individuals be approved by the Commission as new PAC members. Once approved by the Commission, they will be contacted of their official appointment. The next meeting will take place on Tuesday, December 5, 2023.



AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, Chief Financial Officer

DATE: November 20, 2023

SUBJECT: Financials Update

VERBAL PRESENTATION

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information & System Modernization Officer

DATE: November 20, 2023

SUBJECT: Contract Approval – KP LLC., Print and Fulfillment Services

Executive Summary

With this item, GCHP staff seeks Commission approval to award the print and fulfillment services contract to KP LLC, a contractor with vast experience in this service who was selected through a competitive bid process. The contract amount will replace the current agreement with Conduent and will be in an amount not to exceed \$18M.

BACKGROUND/DISCUSSION

The Commission has authorized GCHP staff to undertake improvements throughout the Plan to improve medical care and outcomes and become a leader in the delivery of health care services to members. The specific initiative relative to this request was to survey the marketplace through a competitive bidding process, (RFP 7), for Print and Fulfillment Services, (Reference Table 1 below) These services will be aligned with the modernized capabilities of the new HealthEdge Health Rules Core Administration. The scope of services for this contract is as follows: printing and fulfillment of documents that are generated out of the Health Edge Rules Core Administration platform such as: printing and fulfillment of documents that are generated out of the Health Edge Rules Core Administration platform such as: Member ID Cards, Member Welcome Kits, member mailings, claims and payment materials, ad-hoc letters, authorizations and all other Medical Management related letters. GCHP staff is asking that the Executive Finance Committee recommend that the Commission award a competitively bid contract for print and fulfillment services in an amount not to exceed \$18M.

Table 1

RFP 1	EDI Services
RFP 2	Core Claims Processing Software
RFP 3	Medical Management Software
RFP 4	Provider and Member Portal Software
RFP 5	BPO (Claims Processing Services)
RFP 6	Mailroom and Claims Editing Services
RFP 7	Print and Fulfillment Services
RFP 8	Call Center Software/Technology
RFP 9	Customer Relationship Management (CRM Software/Technology

Procurement Background

On May 10, 2023, staff issued a Request For Proposal, (RFP) for Print and Fulfillment Services to the following 16 vendors:

Advanced Color Graphics	Orange County Direct mail OCDM
KP LLC	Zelis
RR Donnelley	Change Healthcare/Optum
The DOT Corporation	Netmark Business
National Printing	Catalyst Solutions
Spectra Integration	Conduent
Command Companies	Coffey Communications
InfoSend	O'Neil Printing

The RFP was also posted on GCHP's website. Set forth below is the schedule utilized for the RFP.

Event	Date	Time (If applicable)
RFP Released	5/10/2023	
Intent to Propose Notification Due By	5/16/2023	5pm, PT
Questions Due	5/22/2023	5pm, PT
Questions Answered	5/26/2023	
Proposal Due Date	7/5/2023*	5pm, PT
Short List Established and Contractual Discussions Begin	8/1/2023	

GCHP received ten (10) responsive proposals. A cross functional evaluation team was formed with representation from IT, (2 team members), Operations, (4 team members), Communications, (1 team member) and Procurement, (1 team member) to evaluate the

proposals. Using predetermined evaluation criteria and weights, the team scored each proposal from the RFP's qualitative and quantitative requirements.

The scoring results from the evaluation team using a blend of onshore and offshore resources is as follows:

Evaluation Matrix Scores (High to Low):

Rank	Vendor	Score
1	Conduent	53.68
2	KP	51.51
3	RR Donnelley	50.69
4	Netmark Business Services	49.93
5	Advantage Color Graphics	47.40
6	Command Print	45.61
7	O'Neil Digital Solutions	44.16
8	Change HealthCare	43.94
9	Dot Printing	32.98
10	National Graphics	27.59

Contract Negotiations

The team developed a short of the top 3 scoring vendors, which included, Conduent, KP and RR Donnelley. Contractual negotiations commenced immediately with all 3 vendors. KP's contractual changes were minimal while Conduent and RR Donnelley's Proposal response included a significant number of changes and many in very critical area's such as limits of liability, insurance limits, warranties, information security protections, indemnification, etc. Conduent and RR Donnelley were both asked to make another attempt to minimize changes. They both responded with updated documents, but the contractual risks associated with these agreements remained higher than those with KP. . Concurrently, GCHP conducted satisfactory reference checks with KP customers, San Francisco Health Plan (Medi-Cal plan in SF) and Covered CA and finalized contractual documents with minimal changes to GCHP's Business Associate Agreement, Master Services Agreement, and Statement of Work to include all of GCHP's required service level measurements.

Pricing

The current contract for Operational Print and Fulfillment is with Conduent, GCHP's BPO vendor. The pricing schema under this contract is in a Per Member Per Month (PMPM) format and PMPM pricing is based on number of Members and other factors. The PMPM is not allocated by service type uniformly, nor does the contract break out print on a per piece basis. There is not enough detail or transparency in this format to accurately show actual Operational Print and Fulfillment

costs. For Collateral Print, the 2022 spend with the incumbent vendor, Coffey Print, was \$584,778. In the new environment, KP has provided pricing of \$393,547, a savings of 32%.

Note: The total 5-year pricing below represents *post* Proposal final negotiated pricing with KP and the pricing listed in the RR Donnelley and Conduent proposals. In addition to the total costs for print and fulfillment, an estimated \$2.8M per year is budgeted for postage. Postage costs are paid as a “pass-through” cost that is paid to the vendor at the same cost the vendor pays. Postage is *not* included within the below print costs.

KP	\$16,984,657
RR Donnelley	\$16,592,563
Conduent	\$20,935,393

GCHP concluded negotiations and finalized a contract that is acceptable to GCHP and Proposers were notified of the recommendation to award the contract to KP LLC. GCHP has notified the respective vendors of its recommendation to award the contract to KP LLC (KP).

KP’s Overall Value and Reason for Recommendation

Although Conduent had an overall higher evaluation score, it was the most expensive, GCHP staff is recommending the contract be awarded to KP for several reasons. GCHP staff reached agreement with KP first on price and terms of the contract. KP has a long history of creating workflow and portal-based solutions for healthcare companies. They are experts at solving complex business problems using print, direct Mail, fulfillment, email, document automation, geocoding, and more. KP’s solutions include easy-to-use tools for data management, automating documents, and multichannel outputs - all using the industry’s highest levels of security and compliance certifications. Lastly, given KP’s experience working with other California Medi-Cal Plans, GCHP is confident that KP understands the business and provides best in class services and capabilities. Further, as described above, Conduent and RR Donnelley insisted on including terms in the contracts that were significantly less favorable than the terms agreed to by KP. Other factors include:

- **KP’s Operational experience**
 - Proven experience delivering print and fulfillment processing best practices.
 - Years of experience in the area of business process monitoring.
 - Years of experience supporting other Medi-Cal health plans in California
- **Document Automation**
 - KP continues to invest in best-of-class technology and workflow solutions for processing and managing complex incoming data for transformation to printed or digital delivery such as solutions for the print, mail, cleansing, digital delivery and fulfillment of customer communications.

- **IT Security**

- KP has passed GCHP's Security Risk Assessment. The proposed KP agreement includes a business associate agreement that incorporates stringent privacy and security standards for vendors who handle Protected Health Information, as established by the Department of Health Care Services. KP also indemnifies GCHP for the liability and costs associated any breach of PHI and agrees to carry insurance coverage of \$5 million privacy liability and network security or cyberliability insurance per occurrence and in the aggregate annually, plus \$5 million umbrella coverage.

FISCAL IMPACT:

The total cost over the projected useful life of the 7-month implementation period and 5-year agreement (12/1/2024 - 6/30/2029) is projected to not exceed \$18M, which includes a six percent contingency, should for example, membership increase, GCHP need additional third-party integrations beyond the current known scope, or if regulatory mandates for printed materials change. This is at or below fair market value and based on fair and open competition.

The '23/24 fiscal budget period projected costs are \$23,479.

RECOMMENDATION:

It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a contract with KP LLC. The term of the contract will be 7 months of implementation and 5 years of services commencing December 1, 2023, and expiring on June 30, 2029, for an amount not to exceed \$18M.

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

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information & System Modernization Officer

DATE: November 20, 2023

SUBJECT: Contract Amendment - HealthEdge

BACKGROUND/DISCUSSION:

Executive Summary

The Plan and HealthEdge identified the need for additional and necessary technical components for the Plans environment of HealthEdge's cloud infrastructure. Without these needed technical components GCHP would not be able to support electronic claims processing, price and pay claims, and support GCHP's ability to provide timely and accurate claims reporting via GCHP's new data warehouse capability.

By this request, GCHP staff is asking that the Commission approve the requested change order for \$3.3 M for services necessary to support the implementation of the HealthEdge core administration platform and support GCHP's claims processing.

Master Agreement Amendment

HealthEdge is seeking approximately \$45k month for technical infrastructure costs associated with hosting the Optum claims pricing software, replicating of data from the HealthEdge platform into the GCHP new data warehouse and to add a VPN (Virtual Private Networks) connection for Edifec files which will allow Edifecs to process electronic enrollments and claims in real-time with the HealthEdge platform. A virtual private network is a connection between two computers that are isolated from all others. That's why it's private: nobody else can access the network and see what's happening. All of these components will reside and be managed in HealthEdge's cloud environment.

The hosting of the Optum claims pricing software and the VPN connections are part of the existing Conduent contract (included in the overall PMPM charges) and exist within the Conduent's cloud environment. These hosting responsibilities are transitioning to HealthEdge's cloud environment and are required to run the day-to-day core administration business. The requirement to support data replication of claims data from HealthEdge to GCHP's new modern data warehouse is needed to address the timeliness and quality of the claims data that is needed to support the claims operations reporting department. This requirement will address two significant issues we have today with the claims data we receive from Conduent. First, we receive the core data from Conduent every 24 – 28 hours and this service level agreement (SLA)

has been a challenge for Conduent to meet. Second, the data we receive often has data quality issues in the areas of Encounters and claims payment information to name a few. These data issues have been exacerbated with the platform conversion that took place in 2021 and we are still feeling the impacts of this change. One example of the data issue GCHP has experienced is with claims payment information not having the correct payment transaction type. The transaction type field indicates if a claims payment has been paid, voided, etc. The incorrect setting of this field impacted GCHP's ability to accurately support its monthly IBNR (Incurred but not received) report which is used to determine the monthly net profit from operations. This requirement will also advance GCHP's data strategy by allowing data to flow near-real time to GCHP's provider and member portals, medical management platform, and new CRM capability. In addition, data will flow to external entities such as Inovalon to support near-real time reporting and analytical capabilities. The requirements to support Claims pricing, electronic enrollment and Claims processing, and data replication were all part of the RFP and implementation discussions conducted with all vendors. What was not known at that time were the associated costs to support the technical infrastructure requirements for data replication, connectivity support with Edifecs and the hosting of the Optum claims pricer product. At the time of execution of the HealthEdge contract we did not know the data sizing requirements (data volumes, etc) to replicate the data from the HealthEdge environment to GCHP's data warehouse. Edifecs was not yet contracted so HealthEdge and GCHP did not know the number of VPN connections needed to support electronic enrollment and claims processing. Finally, contract negotiations with Optum had not completed, so HealthEdge and GCHP did not know the number of servers needed, in the HealthEdge cloud environment, to support the Optum claims pricing capability.

We did not go to market for these cloud infrastructure capabilities because these are functions typically supported by the SaaS vendor because these are part of the core claims processing system. Today it's Conduent, in the future it would be HealthEdge.

The infrastructure related costs, for Optum claims pricing and VPN connections, are rolled into the PMPM costs of the existing Conduent contract. GCHP does not have visibility to Conduent's technical infrastructure environment. So, comparing it to our current spend is very difficult to identify. Also, Conduent does not support the data replication into our data warehouse in real-time today. So, this would not be priced in today's Conduent solution and PMP costs.

- 1) Costs for Optum claims pricing and VPN connections are part of the existing Conduent PMPM costs and transferring exactly to what we pay today - \$2.3m
- 2) Costs for the data replication is \$1M over 9 months of implementation and 6 years of production support.

The one-time installation fee is \$46,650 and the projected monthly recurring infrastructure cost over the term to include an annual COLA is \$45,735.

FISCAL IMPACT:

The total cost over the projected 9 months of implementation support and 6-year production support period (10/1/2023 - 6/30/2030) is projected to not exceed \$3.3M. This will bring the total contract value with HealthEdge to \$22.8M:

Approved contract amount	- \$19.5M
Change Order amount	- \$ 3.3M

Total contract amount	- \$22.8M

The '23/24 fiscal budget period projected costs are \$33,454.

RECOMMENDATION:

It is the Plan's recommendation Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute this contract amendment with HealthEdge. The term of the contract will be 6 years and 9 months commencing October 1, 2023, and expiring on June 30, 2030, for an amount not to exceed \$3.3M.

Future implementation changes will be presented if we exceed the originally approved amount.

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

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information & System Modernization Officer

DATE: November 20, 2023

SUBJECT: Contract Approval – Optum Insight

Executive Summary

By this request, GCHP staff is asking that the Commission approve an amendment of a contract with Optum Insight for claims editing software that is currently used to assist process claims by Conduent so that such software can continue to be used by HealthEdge when it takes over claims processing from Conduent. The contract also authorizes HealthEdge to use the software during the implementation phase, which will occur prior to the July 1, 2023 go live date. The total license cost is a not to exceed amount of \$9M.

BACKGROUND/DISCUSSION:

The Commission has authorized GCHP staff to undertake improvements throughout the Plan to improve medical care and outcomes and become a leader in the delivery of health care services to members. Through the process, the Commission has selected HealthEdge to replace Conduent for claims processing services. As part of Conduent's work, it relies upon claims editing software licenses provided by Optum Insight. The Plan desires to continue using these licenses. This software is currently hosted with Conduent through licenses and those licenses expire on 6/30/24. The Plan requires the ability to run these licenses in two locations through the transition from the Conduent claims system to HealthEdge, such that Conduent can continue processing claims and HealthEdge can begin onboarding the process of transitioning claims processing. Effective July 1, 2024, the Plan will only require licensing this software for use with HealthEdge. GCHP staff is asking that the Commission approve a contract for these Optum licenses in an amount not to exceed \$9M. As the cost of these licenses is included in the costs currently paid to Conduent, it is difficult to ascertain the exact increase in costs compared to what is paid now.

FISCAL IMPACT:

The total cost to license this software until 6/30/2030 is projected to not exceed \$9M.

The impact to the '23/24 fiscal budget is \$9,117.

RECOMMENDATION:

It is the Plan's recommendation that the Ventura County Medi-Cal Managed Commission authorize the CEO to execute the associated software schedules with Optum Insight for this software. The term of the license will be October 1, 2023, until June 30, 2030, for an amount not to exceed \$9M.

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

AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information & System Modernization Officer

DATE: November 20, 2023

SUBJECT: Contract Approval – TTEC Government Solutions, LLC., Call Center Software

Executive Summary

GCHP staff is seeking approval from the Commission enter into a contract with TTEC Government Solutions, LLC for Call Center Software as part of the Enterprise Transformation project. The amount of the contract is a not to exceed amount of \$1.2M and this contract will replace the Conduent contract.

BACKGROUND/DISCUSSION:

The Commission has authorized GCHP staff to undertake improvements throughout the Plan to improve medical care and outcomes and become a leader in the delivery of health care services to members. This specific initiative relative to this request was to survey the marketplace through a competitive bidding process (RFP 8) for Call Center Software/Technology. (Reference Table 1 below) This technology will be aligned with the modernized capabilities of the new Health Edge Health Rules Core Administration and Casenet TruCare Medical Management software. This software will support the insourcing of provider and member inbound and outbound calls using GCHP customer service representatives. GCHP staff is asking that the Committee award a competitively bid contract for call center software in an amount not to exceed \$1.2M to TTEC Government Solutions, LLC.

Table 1

RFP 1	EDI Services
RFP 2	Core Claims Processing Software
RFP 3	Medical Management Software
RFP 4	Provider and Member Portal Software
RFP 5	BPO (Claims Processing Services)
RFP 6	Mailroom and Claims Editing Services
RFP 7	Print and Fulfillment Services
RFP 8	Call Center Software/Technology

RFP 9	Customer Relationship Management (CRM Software/Technology)
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Procurement Background

Lead by GCHP's Executive team On July 5, 2023, staff issued a Request For Proposal, (RFP) for Call Center Software directly to the following seven (7) vendors:

Ring Central MVP	AWS/ Amazon Connect
GoTo Connect	TalkDesk
8X8	Genesys
Avaya OneCloud	

The RFP was also posted on GCHP's website. Set forth below is the schedule utilized for the RFP.

Event	Date	Time (If applicable)
RFP Released	7/5/2023	
Intent to Propose Notification Due By	7/10/2023	5:00pm. PT
Questions Due	7/12/2023	5:00pm. PT
Questions Answered	7/19/2023	TBD
Proposal Due Date	8/7/2023	5:00pm. PT
Short List Established and Contractual Discussions Begin	8/15/2023	
Short List – Product Demo		Scheduled for the week of the 8/21

GCHP received three (3) responsive proposals. A cross functional evaluation team was formed with representation from IT, (2 team members), Operations, (3 team members) and Procurement, (1 team member) to evaluate the proposals. Using predetermined evaluation criteria and weights, the team scored each proposal from the RFP's qualitative and quantitative requirements.

The scoring results from the evaluation team are as follows:

Evaluation Matrix Scores (High to Low):

Vendor	Qualitative Score	Quantitative Score	Overall Score
GoTo	46.83	16.49	63.32
Genesys/TTEC	54.69	4.76	59.76
CSS*	47.34	4.76	52.10

*Proposal was from the public posting

Contract Negotiations

With only three responsive Proposals, the team agreed to move forward with further discussions and clarifications from all three. From that due diligence, the team determined that the GoTo proposed software did not have the full breadth and depth of functionality required and that CSS's proposed software represented functionality and costs well beyond the requirements of the RFP. The team concurrently had similar discussions with TTEC Government Solutions (TTEC) who is a Genesys assigned System Integrator, (SI) and determined that their proposed software meets the requirements and expectations of the RFP and concurrently concluded positive reference checks with two of TTEC customers, LifeCare Assurance Company and Tandem Diabetes.

Note: The post Proposal implementation plus 5-year recurring subscription service cost, and projected telecom fees is below:

GoTo	\$ 862,584
Genesys/TTEC	\$1,115,837
CSS	\$1,318,483

GCHP concluded negotiations and finalized a contract that is acceptable to GCHP and Proposers were notified of the recommendation to award the contract to TTEC Government Solutions.

Genesys/TTEC's Overall Value and Reason for Recommendation

GCHP staff is recommending the contract be awarded to Genesys/ TTEC for several reasons. First, prior to our evaluation it was known that Genesys rates well in most all of the critical capabilities in Gartner's research for Call Center as a Service (CCaaS) which resulted in a top-tier position in all of the use cases (data as of July 21, 2023). They are also a company headquartered in California. TTEC is one of their most utilized and experienced SI's in implementing the Genesys platform. GCHP staff found the capabilities described through their RFP response to be aligned with their actual demonstrated capabilities in both their product demonstrations and with thorough review of existing clients in our reference checks with entities aligned with requirements like GCHP.

Genesys Qualitative Benefits:

As we continue to transform the member experience to bring them closer to care, the Genesys CCaaS platform is most aligned with our strategic vision and to execute that member experience journey within our contact center. A thorough review of their technical capabilities and infrastructure used to support the CCaaS platform was done by GCHP IT Executives and staff to insure it aligns with and exceeds GCHP requirements.

Technical Benefits:

- **Scalability:** Genesys CCaaS is highly scalable, allowing GCHP to easily adjust capacity based on service demands without significant infrastructure changes.
- **Multichannel Support:** Genesys CCaaS offers seamless support for all communication channels (voice, chat, email, SMS, etc.) enabling GCHP to meet members and providers unique demands where they prefer to communicate.
- **AI-Powered Features:** Genesys leverages AI and machine learning for features like sentiment analysis, and predictive routing, which assist in improving member interactions.
- **Integration Capabilities:** Genesys easily integrates with standard connectors to both CRM vendors as well as other GCHP business systems, facilitating a unified member view and efficient data sharing.
- **Global Presence:** With a worldwide data center footprint, Genesys CCaaS ensures low-latency access and compliance with regional data regulations.
- **Reliability:** Genesys offers high availability and redundancy, reducing downtime and ensuring business continuity.
- **Security:** Robust security measures protect member data, including encryption, access controls, and compliance with industry standards.
- **Analytics and Reporting:** Comprehensive reporting and analytics tools provide insights into member interactions and agent performance, aiding data-driven decision-making.

Operational/Functional Benefits:

- **Cost-Efficiency:** Genesys CCaaS is a subscription-based service, eliminating the need for upfront hardware investments and reducing total cost of ownership.
- **Rapid Deployment:** Quick implementation allows GCHP respond nimbly to market changes and meet member needs and demands more efficiently.
- **Remote Work Enablement:** Genesys CCaaS supports remote or distributed agent teams (multi-site), ensuring flexibility and continuity in the face of unforeseen disruptions.
- **Agent Productivity:** Features like screen pop-ups, agent scripting, and knowledge bases enhance agent efficiency and member satisfaction.
- **Member Self-Service:** The platform supports interactive voice response (IVR) and other advanced features to automate routine inquiries, reducing the workload on agents.
- **Quality Management:** Genesys CCaaS includes tools for monitoring and coaching agents, ensuring consistent service quality.
- **Compliance:** Built-in compliance tools help GCHP to remain compliant and meet regulatory requirements, reducing legal and financial risks.
- **Personalization Capabilities:** Genesys CCaaS enables personalized member interactions. Agents are provided with a 360-degree member view, allowing them to tailor responses and recommendations based on the member's history and preferences. This personalization can lead to increased member satisfaction and quality of service, bringing members closer to care.

- **Predictive Routing:** The Genesys CCaaS platform uses predictive routing to match members with the most appropriate agents, ensuring that members are connected to the right resource from the start. This reduces call transfer rates, wait times, and frustration, ultimately leading to a better member experience.

FISCAL IMPACT:

The total cost over the projected 64-month period, assuming renewals, (12/1/2023 - 3/31/2029) is projected to not exceed \$1.2M. This is at or below fair market value and based on fair and open competition.

RECOMMENDATION:

It is the Plan's the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a contract with TTEC Government Solutions. The term of the contract will be 3 years with 2 one-year renewal options commencing December 1, 2023, and expiring on March 31, 2029, for an amount not to exceed \$1.2M.

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

AGENDA ITEM NO. 13

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Erik Cho, Chief Policy & Programs Officer

DATE: November 20, 2023

SUBJECT: Recuperative Care Expansion Project

Executive Summary

- GCHP seeks approval to invest \$10 million of Housing and Homelessness Incentive Program (“HHIP”) dollars that GCHP received from the Department of Health Care Services (DHCS) to expand Recuperative Care capacity by 125 recuperative care beds in Ventura County which is needed for GCHP members.
 - HHIP funding is to be used to address social determinants of health and health disparities, make investments and progress toward addressing homelessness, and keep people housed.
 - HHIP funding for Recuperative Care facilities would be part of a \$43 million investment by the Ventura County Board of Supervisors and the State of California. GCHP is partnering with the County of Ventura to bolster existing projects to expand and connect social and health services for all eligible GCHP members.
 - The current 32-bed Recuperative Care location has limited time funding.
- Recuperative Care services provide short-term residential care, up to 90 days, and connection to health and social services for all GCHP members who no longer meet medical necessity for hospitalization but need additional time to convalesce.
 - Based on average monthly discharge data from all local hospitals, 125 beds can meet the need for Recuperative Care beds, but the current capacity of 32 beds falls short.
 - Recuperative Care Expansion will assist GCHP in closing the Managed Care Accountability Set (“MCAS”) quality gaps by ensuring members are engaged after acute and inpatient stays to improve post-discharge follow-up, medications, and the necessary supports to improve continuity of care.
- GCHP’s HHIP funding supports the renovation of two facilities for a total of 125 recuperative care beds.
 - First facility: 1400 Vanguard Drive, Oxnard, includes permanent supportive housing and recuperative care beds.
 - Second facility: 2323 Knoll Drive, Ventura, will house 50 recuperative care beds and administrative services.
- According to the Hospital Association of Southern California (“HASC”), a hospital can significantly reduce the costs (about \$1,200 per day) associated with caring for homeless inpatients by transitioning them to recuperative care.

BACKGROUND/DISCUSSION:

Project Summary

Through this request, GCHP staff is asking that the Ventura County Medi-Cal Managed Care Commission approve a \$10 million grant award to the County of Ventura (the “County”) Chief Executive Office to expand capacity for recuperative care services within the County. The proposed funding will contribute to the planning, design, and construction costs of two facilities, which will ultimately house a total of 125 recuperative care beds. GCHP is utilizing HHIP funds, allocated to the Plan through DHCS through earned incentives for investments related to engagement with the County’s Continuum of Care (“CoC”) and addressing issues of homelessness. DHCS, through HHIP, encourages Managed Care Plans who participate in the program to make significant investments in addressing homelessness and keeping people housed. GCHP’s \$10 million investment is part of a larger \$43 million investment by the County of Ventura and the State of California. According to the 2023 point in time homeless count, 2,441 adults and children were counted as homeless in Ventura County. There are approximately 5,000 individuals in the County’s Homeless Management Information System, a more accurate reflection of the actual needs of persons experiencing homelessness countywide.

The first facility’s location is at 1400 Vanguard Drive in the City of Oxnard in the 5th District. It includes an approximately 78,000 square-foot building on seven acres and is commonly known as the Vanguard Building. In October 2022, the County began to accept proposals from development and operating partners to convert and operate two County-owned parcels into a Permanent Supportive Housing (PSH)/recuperative care project. The Vanguard Building project comprises approximately 320 permanent supportive housing units, 75 recuperative care beds, and a healthcare clinic.

The second facility’s location is 2323 Knoll Drive in the City of Ventura, the former home of the Ventura County Health Care Agency. Part of the building is currently used as a year-round emergency homeless shelter, also owned by the County. The building has four floors: the first floor will continue to operate as a homeless shelter, the second and third floors will be used for 50 recuperative care beds, and the fourth floor will be used for the administration of the services.

Recuperative Care Services

Expanding access to recuperative care, also known as medical respite care, is a priority for GCHP. Recuperative care is a California Advancing and Innovating Medi-Cal (“CalAIM”) Community Support that provides short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. Recuperative care is an allowable Community Support if it is necessary to achieve or maintain medical stability and prevent hospital admission or re-admission. Under the recuperative care Community Support, individuals are able to remain in the recuperative care setting for up to 90

days of continuous duration. GCHP currently offers Recuperative Care as a Community Support to all members who qualify regardless of network assignment or hospital discharge. Members in Recuperative Care are offered connections to care coordination and multiple supportive services during their stays.

GCHP's current capacity for Recuperative Care is 32 beds, however, funding for the current allotment of beds is estimated to close by 2025 due to federal and state allocations sunseting. Demand for Recuperative Care services has exceeded the local capacity since the program's inception. Based on the number of average monthly discharges from all local hospitals, 125 beds can meet the need for Recuperative Care beds. When GCHP members access Recuperative Care and a suite of supportive services, they not only see improved health outcomes, but Recuperative Care also results in fewer hospital readmissions, long-term stability, and an increased likelihood of independence. The Illumination Foundation, a Recuperative Care provider in Orange County, estimates that the cost of 1.5 days in the hospital approximately equals an entire month of recuperative care for a homeless patient.

Summary of Funding Sources

Because CalAIM's Community Supports funding does not include funding for building modification or building rehabilitation, GCHP is utilizing funding directly earned through the Department of Health Care Services' ("DHCS") Housing and Homelessness Incentive Program for this project. HHIP funding is intended to reduce and prevent homelessness and to ensure that Medi-Cal managed care plans, such as GCHP, develop the necessary capacity and partnerships to connect their members to needed housing services. HHIP funding comes from both State and federal dollars through DHCS. GCHP collaborated with the Ventura County CoC to develop this proposal to ensure funds could be maximized for a significant impact on GCHP's membership and Ventura County's Homeless population.

In September 2022, GCHP submitted its HHIP Investment Plan to DHCS, demonstrating its plan for achieving measures and targets across the course of the HHIP in collaboration with the County. In its Investment Plan, GCHP included a recuperative care investment activity that would support the expansion of recuperative care beds in the County to assist individuals who are homeless or experiencing unstable living conditions, thereby addressing the County's insufficient number of beds for its population. DHCS approved GCHP's Investment Plan.

FINANCIAL IMPACT:

The total anticipated cost of the project will not exceed \$10 million. Funds will be allocated by GCHP directly from the funds received through the HHIP. GCHP will provide the County with two one-time payments: (1) \$7,500,000 within 60 calendar days after the Effective Date; and (2) \$2,500,000 60 calendar days after GCHP receives the second disbursement of HHIP funds from DHCS (expected in Q2 of 2024). The County is required to use the funds solely as intended.

RECOMMENDATION:

The Plan recommends that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute the grant funding agreement with the County to assist with the development of these capital projects so as to expand the capacity for recuperative care services within the County.

ATTACHMENTS:

N/A

Recuperative Care Expansion

Monday, November 20, 2023

Erik Cho,
Chef Policy and Programs Officer

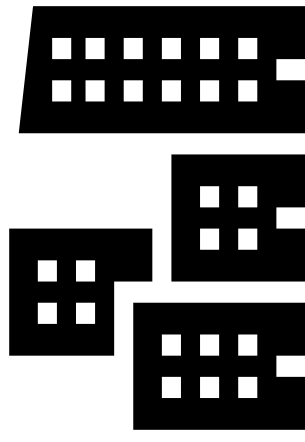
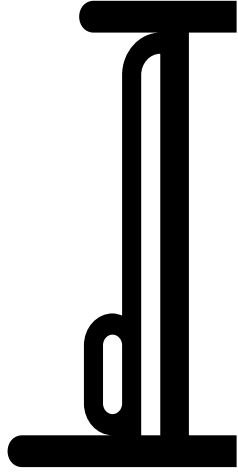
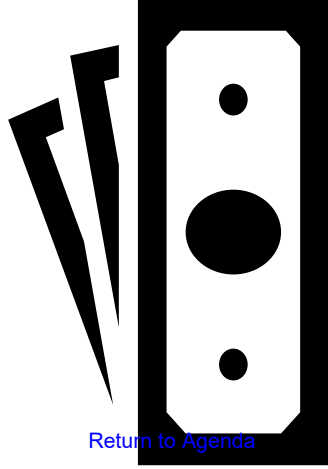
Recuperative Care – a key element of GCHP’s Model of Care focused on connecting vulnerable members with the right care.

- DHCS funding aimed at addressing unique healthcare challenges facing Medi-Cal members living with unstable living situations or homelessness.
- Recuperative care is short-term residential care for homeless individuals who no longer require hospitalization but need an environment supportive of recovery. It is a proven solution to reduce unnecessary readmissions.
- With the land and the experience, Ventura County is the best positioned partner to develop and operate effective recuperative care at the scale needed for GCHP membership.

**\$10 MILLION
INVESTMENT**

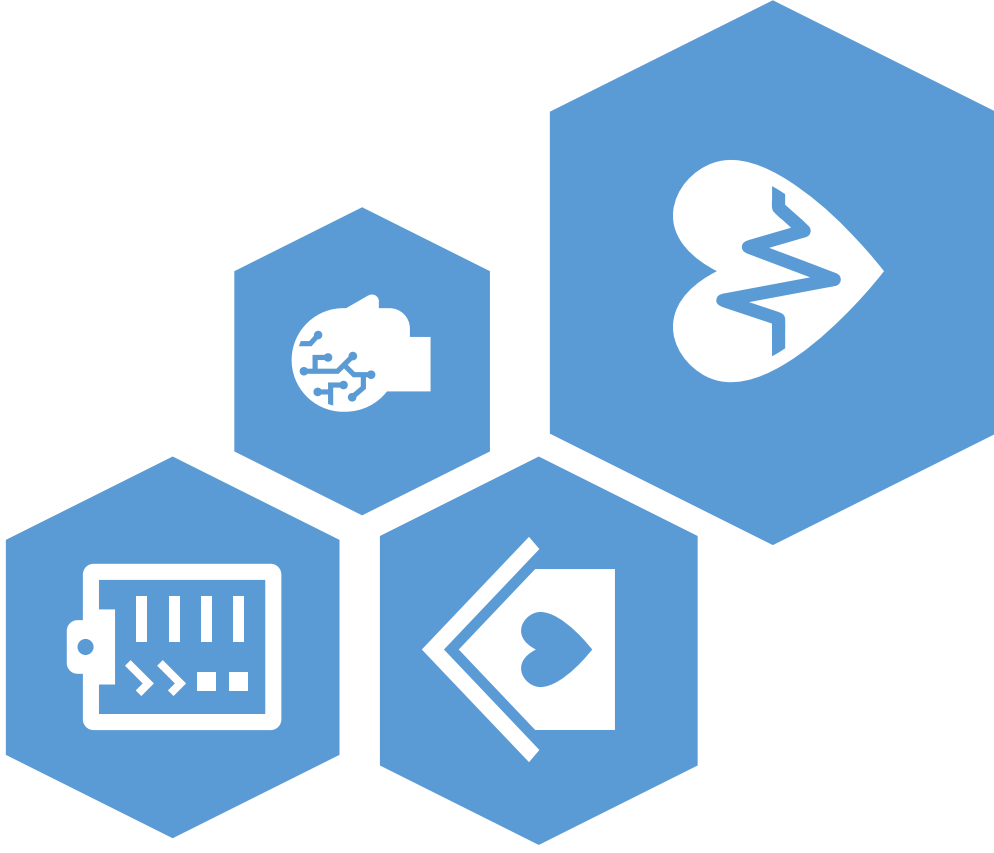
**125
Recuperative
Care Beds**

**OXNARD
AND VENTURA
PROPERTIES**



Recuperative Care Expansion

- HHIP funding is used to address social drivers of health (SDOH) and decrease health disparities. HHIP assists Plans to make investments and progress toward addressing homelessness, and keep people housed.
- HHIP funding for Recuperative Care facilities would be part of a \$43 million investment by the Ventura County Board of Supervisors and the State of California.
- GCHP is partnering with the County of Ventura to bolster existing projects to expand and connect social and health services for all eligible GCHP members.



What is Recuperative Care?

- Short-term residential care for individuals who no longer require hospitalization, but still need to heal
- Addresses housing instability and promotes recovery after acute care
- Allows patients to continue accessing care and social services
- Bridge program between hospital and emergency departments and homeless shelters that do not offer medical care
- 90-day limitation on continuous duration



Why increase Recuporative Care Capacity?

- The current Recuperative Care location has limited funding and only 32 total beds.
- GCHP and HASC estimates there are an average of ~96 discharges monthly for unhoused members from all local hospitals.
- By increasing the local capacity GCHP is expected to meet the demand for all GCHP members who stay between 30 and 45 days.
- Increasing the number of beds will allow GCHP to flex some of the beds for Short Term Post Hospitalization Housing (STPHH), for members who need additional time to recuperate.

Estimated Capacity			
# of Beds	32	125	
# of Bed Days	11,680	45,625	
30 day stay (GCHP auth period)	389	1,521	
% of estimated need	33.6%	131%	
45 day average stay	260	1,014	
% of estimated need	22.4%	87%	
60 day average stay	195	760	
% of estimated need	16.8%	66%	
90 day (Medi-Cal max) stay	130	507	
% of estimated need	11.2%	44%	
180 day (STPHH Medi-Cal max) stay	65	253	
% of estimated need	5.6%	22%	

Why Recuperative Care?

- 28% average reduction in hospital days for chronically homeless individuals (4.24 vs. 5.88)
- Reduction in health care costs of \$62,504 per person per year, versus \$25,925 (a difference of \$36,579)
- Estimated savings of \$18,000 to \$48,000 per patient stay



1. [A Pilot Study of the Impact of Housing First–Supported Housing for Intensive Users of Medical Hospitalization and Sobering Services](#)
2. [Program evaluation of a recuperative care pilot project](#)

Recuperative Care Expansion



Vanguard Drive, Oxnard

78,000 square-foot building, 7-acre
location

75 beds Recuperative Care

~320 Permanent Supportive Housing
Units

Healthcare Clinic for homeless
individuals



Knoll Drive, Ventura

50 beds Recuperative Care

Co-located with the Mercy House
Emergency Homeless Shelter

Recuperative Care Expansion

- The total commitment by GCHP to the project will not exceed \$10 million
 - Funding contributes to architecture and engineering services as well as to the construction of the facilities.
 - The County of Ventura is allocating about \$5.9 million in project funding, in addition to the \$10 million GCHP funding, for Recuperative Care facilities.
- The Vanguard Building total cost is estimated at \$43 million, with funding from the Ventura County Board of Supervisors and State of California.
 - Funding by the BOS was approved on June 6, 2023.
 - The BOS will meet to approve GCHP's funding on 12/7/2023.
 - All GCHP funds will be allocated from incentive dollars earned through the Housing and Homelessness Incentive Program (HHIP)
- Two one-time payments:
 - \$7,500,000 in 2023
 - \$2,500,000 in 2024



AGENDA ITEM NO. 14

TO: Ventura County Medi-Cal Managed Commission

FROM: Erik Cho, Chief Policy & Programs Officer

DATE: November 20, 2023

SUBJECT: Funding Increase – Wellth Behavioral Economics Application Contract

Executive Summary

- GCHP has engaged Wellth to employ an innovative approach to digitally engaging and incentivizing our Members with multiple chronic conditions through behavioral economics to support them in their journey to improved health and wellness. Members receive financial benefits by accomplishing tasks, making medical appointments, or engaging in health care activities.
- GCHP seeks to expand the program with Wellth given the success of the program, quick adoption by GCHP members and impact it will have on improving the health of our membership.
- Wellth was able to enroll over 1,400 Members in the program within the first two months of program launch.
- Initial engagement data shows that 89% of our Members are engaging in their daily check-ins with the application and engagement is higher for Spanish speakers (92%).
- Based upon initial program engagement success, GCHP would like to expand enrollment to launch a quality program focused on care gap closure for up to 6,500 total enrollment in this fiscal year and an additional 5,000 Members in future fiscal years if expected program outcomes are met.

BACKGROUND/DISCUSSION:

Project Background

In our continued commitment to implement a model of care and work with leading industry partners, GCHP is the first Medi-Cal plan to engage with Wellth, the leading digital behavior change company that empowers patients to prioritize their health and manage chronic conditions. Wellth will help GCHP meet our strategic goals of empowering Members to engage with their care and implementing programs and services to address their needs.

GCHP has engaged Wellth to employ an innovative approach to digitally engaging and incentivizing our Members with multiple chronic conditions through behavioral economics to

support them in their journey to improved health and wellness. Wellth looks holistically at Members' health needs in their care journey and ensures Members can earn rewards and incentives for building health behaviors that lead to long term improved health outcomes. This includes incentivizing daily behaviors like taking medications, eating healthy meals, checking blood glucose or blood pressure as well as one-time annual actions (getting A1c checked, breast cancer screening, cervical cancer screening, etc.) and opportunities for data collection (health risk assessment completion, social determinants of health challenge screeners, race/ethnicity data collection). As members engage in such services, they receive financial rewards through a credit card they can use for their purchases. The more they accomplish with their care, the more they can earn, up to \$500 for each member.

Wellth has a dedicated outreach and engagement team that walks the Members through every step of the enrollment process so that they can begin their journey towards improved health through engagement with the application. As Members are prompted through the application to answer questions about barriers to accessing healthcare services and supports, they are provided with direct contact information for our Health Education team who may help to facilitate scheduling an appointment for preventive services or make a referral to our Care Management team for those Members needing extra support. Initial program engagement has been highly successful, therefore, GCHP is proposing a phased approach to program expansion.

Phase 1: Utilization Program

The Wellth pilot focusing on Members with chronic conditions and high utilization patterns launched on September 12, 2023. In just 7 weeks, Wellth has been able to enroll more than 1,400 Members on the application. Initial data on Member engagement can be found below.

- Overall engagement with the application for GCHP Member is 89%; 92% for Spanish speaking Members and 87% for English speaking Members.
- 1/3 of the activated Members are Spanish speakers.
- 71% of activated Members have 3+ chronic conditions (most prevalent listed below)
 - Hypertension (73% of Members)
 - Diabetes (56% of Members)
 - CKD (40% of Members)
- As of 10/31/23, Members have earned \$16,712 in rewards for demonstrating care plan adherence by engaging in their daily check-ins to promote healthy behaviors.
- 88% of Members at >80%+ adherence to their daily Wellth check ins.

Proposed outcomes for the utilization program include reductions in inpatient days, readmission days, and emergency department visits. Evaluation of outcomes for the utilization program will be available in April 2024. Improved utilization outcomes from an Arizona based Medicaid plan 7 months post Wellth implementation include:

- 41% reduction in inpatient days per Member per month
- 45% reduction in readmission days per Member per month

- 19% reduction in emergency room visits per Member per month

Phase 2: Launch New Quality Focused Program

Because of the initial success for the Wellth utilization program focusing on Members with chronic conditions, staff engaged Wellth in discussions on how GCHP could encourage Members to access preventive health screenings and other healthcare services tracked as part of the Managed Care Accountability Set (MCAS). Wellth has previously utilized behavioral science and economics to support MCAS gap closure for a Medicaid program in Arizona with improvements in Members in compliance ranging from 7.9% to 20.3% per measure. Wellth is working to co-design a program with GCHP staff customized to address those MCAS measures for which GCHP is held to minimum performance level.

The new quality focused program will enroll up to 3,800 Members based upon the following enrollment criteria:

- 18+ years
- Full scope Medi-Cal
- Taking at least one medication
- Not currently enrolled in the Wellth utilization program
- Has 2+ care gaps

Initial program outcomes related to the quality focused program will include medication adherence as well as improvements in care gap closure for Hemoglobin A1c Control for Patients with Diabetes (HBD), Breast Cancer Screening (BCS) and Cervical Cancer Screening (CCS). If the program launches by December of 2023, initial program outcome data will be available in June 2024.

Phase 3 and 4: Evaluation of Program Data

GCHP staff will continue enrolling Members with chronic conditions in the utilization program until enrollment reaches 1,499 Members. For the quality focused program, over 3,800 Members were identified with two or more gaps in care who meet enrollment criteria for the quality focused program. This number will increase as the 2024 MCAS measurement year begins. An additional 6,700 Members were identified with at least one care gap who meet enrollment criteria. GCHP staff has requested approval through the Department of Health Care Services (DHCS) to expand the Wellth program by 10,500 Members.

During Phase 3 of program implementation and evaluation, in April 2024, there will be a decision on whether or not to enroll an additional 1,200 Members in one of the two Wellth programs. Initial outcome evaluation data on reductions in inpatient days, readmission days, and emergency department visits will be available for the utilization program as well as Member satisfaction data. Initial engagement data on the quality focused program will also be available

for review. GCHP staff will determine how to allocate those 1,200 Members based upon this evaluation.

During Phase 4, in June 2024, outcome data on medication adherence as well as improvements in care gap closure for Hemoglobin A1c Control for Patients with Diabetes (HBD), Breast Cancer Screening (BCS) and Cervical Cancer Screening (CCS) will be available for the quality focused program. After consideration of the evaluation for the quality focused program, GCHP will determine whether or not to continue to grow the engagement with Wellth and how to allocate the remaining 5,500 Members between one of the two Wellth programs.

We have sought DHCS approval for the expansion of the Wellth program and any such expansion is contingent on DHCS approval.

Procurement Background

The Wellth contract was approved through the FY 2023-24 budgeting process with \$700K allocated from the CalAIM portfolio budget. This contract went through internal legal review and external review and approval by the Department of Health Care Services (DHCS) as part of the Mobile Application review process.

Wellth was selected through a sole source procurement because of the shared risk model Wellth has developed for program implementation and the urgent need to address supporting GCHP's goals to close care gaps and improve membership's overall health. Wellth has a "fees for success" model where Wellth earns fees for successfully getting members activated onto the platform (\$100 per Member) and monthly fees tied to Member's adherence to their care plans (\$20 per Member to Wellth and up to \$40 in incentives to the Member). Their activation rate for enrolling Members in the program ranges between 15-25% which is well above industry standards.

FISCAL IMPACT:

Wellth has agreed to add the quality focused program using the same shared cost model under the current DHCS approved contract and scope of work with no required modifications. Through expansion of the utilization focused program up to 1,499 Members and adding the quality focused program with up to 5,000 Members, it is estimated that the total cost for this fiscal year with an average of 87% engagement for up to 6,500 Members would be \$2,323,446.

The Parties entered into a 3-year Master Agreement on June 13, 2023, supported by a SOW that allowed GCHP to begin a pilot with Wellth with a minimum of 1,000 Members to determine if the program would improve outcomes for GCHP's membership. GCHP staff plans to conduct a thorough program evaluation to assess outcomes for both the utilization and quality programs in June of 2024. If the evaluation supports the expansion to up to 12,000 Members, the annual budget for the remainder of the Wellth contract is estimated to be \$6,903,478. These costs are all anticipated to be categorized under Medical Loss Ratio (MLR). Also, costs are very likely to

be offset by savings realized through decreased inappropriate emergency room use or hospitalization per improvements Wellth has seen in similar programs.

RECOMMENDATION:

It is the Plan's recommendation that the Commission recommend that the Ventura County Medical Managed Care authorize the CEO to increase the budget for the Wellth contract from \$700,000 to \$2,323,446.

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

Gold Coast Health Plan

Wellth Program Update

November 20, 2023

Review: Our Data Driven Focus

Over **13%** of our top 10% have had
no Rx claims in the last 3 months.

Studies show that of those who do fill their prescriptions, **only 40%** will adhere to their medication regimen.*



- We must advance management of acute/ chronic conditions.
- We must improve linkages to and retention of care and medication adherence.

Program Participation Data

The Wellth & Gold Coast Health Plan program had a smooth program launch and is showing extremely strong member engagement and activations in the first two months of the program.

The excellent uptake and engagement is expected to translate to reductions in high-cost utilization, improvements to clinical values, and boosts to proportion of days covered (PDC) which will be reviewed in the coming months pending claims data.

Program Participation Data



Activated Members

1,458



Wellth Program
Engagement Rate

88%



Progress towards
Activation Goal
(Goal: 1,499 members)

97%



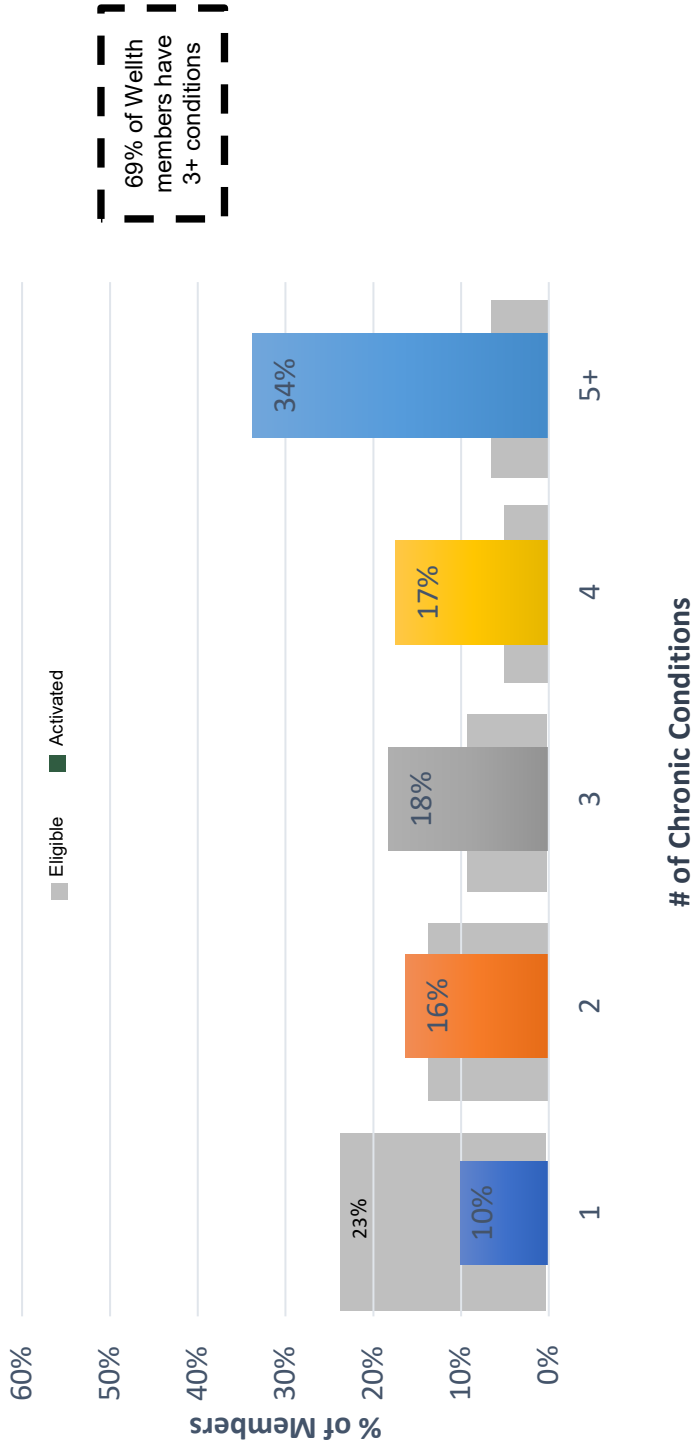
Activated Members with
3+ Chronic Diseases

69%

Wellth Program Participation by Chronic Conditions

Wellth enrollment approach targets the highest-risk, most complex members. **Around two-thirds of all enrolled members have 3+ chronic conditions.**

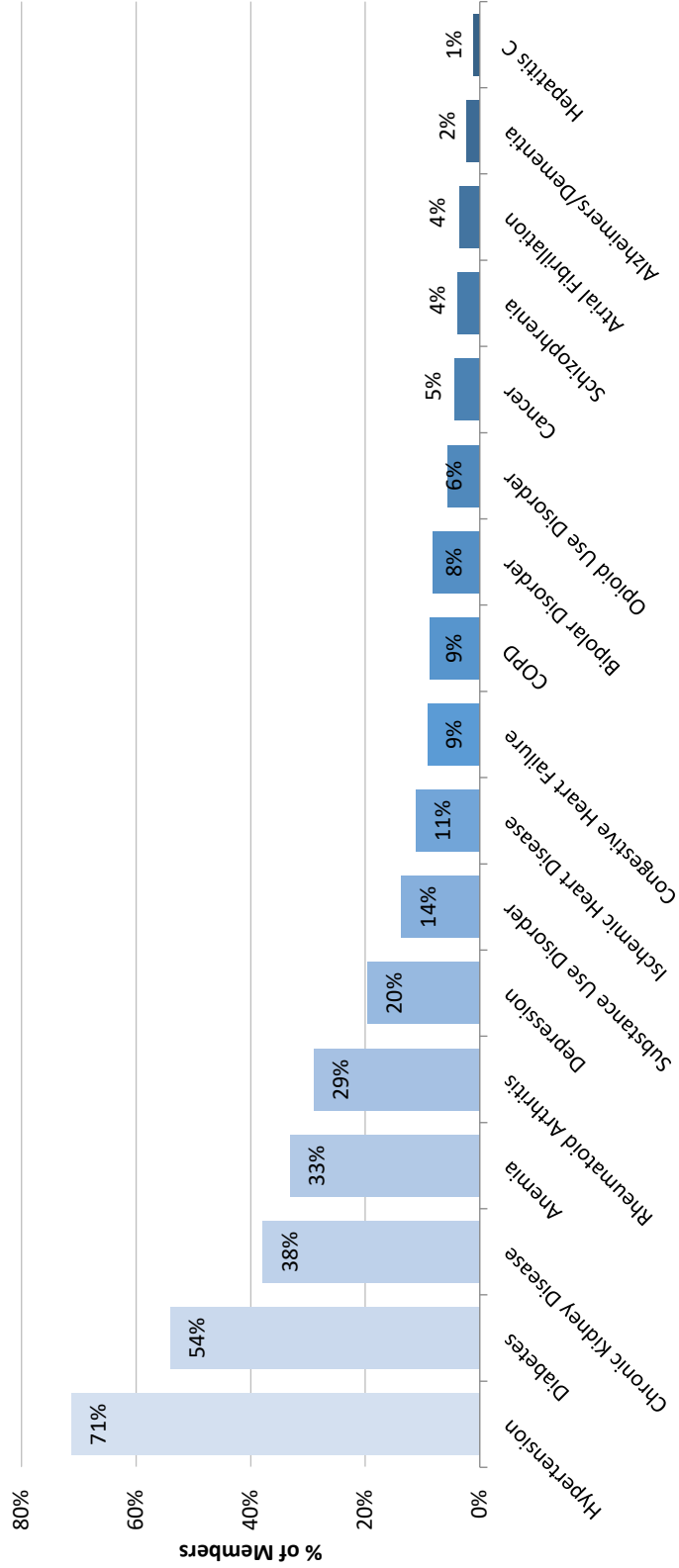
Eligible and Activated Members by Number of Chronic Conditions



Prevalence Among Activated Members

Members are managing a range of physical and behavioral health conditions. Nearly all members have cardiometabolic diseases, with particularly high rates of hypertension and diabetes.

Prevalence of Conditions among Activated Members



Newly Proposed Quality Focused Program

- 1 18+ years
- 2 Full scope Medi-Cal
- 3 2+ Care Gaps
- 4 Taking at least 1 medication
- 5 Not currently enrolled in Wellth Utilization Program

Phased Program Launch

Phase 1

- Timeline: In Progress
- Target Enrollment of 1,499 with Chronic Conditions
- Outcomes Focused on Decreased Utilization

Phase 2

- Timeline: Launch QI Program in December 2023
- Target Enrollment of 3,800 with 2+ care gaps
- Outcomes Focused on Medication Adherence and Gap Closure

Phase 3

- Timeline: April 2024
- Target Enrollment of up to 1,200 additional Members
- Evaluate Outcome data for Utilization and Engagement data for QI

Phase 4

- Timeline: June 2024 for next FY
- Target Enrollment of up to 5,550 additional Members
- Evaluate Outcomes for both programs to determine allocation

Questions

AGENDA ITEM NO. 15

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: November 20, 2023

SUBJECT: Chief Executive Officer (CEO) Report

I. External Affairs

A. Federal Updates

U.S. House Speaker elected; government funding a priority

Rep. Mike Johnson (R-La.) was elected as the next Speaker of the U.S. House of Representatives after four other nominees either failed to gain enough votes to secure the speakership or backed out prior to voting. Speaker Johnson has served four terms in Congress and previously led the Republican Study Commission where he drafted the group's health care plan in 2019. The 2019 plan proposed repealing and replacing the Affordable Care Act and included a cap on federal Medicaid funds and the creation of high-risk pools rather than guaranteeing coverage for people with pre-existing conditions. These previous policies may provide insight into the Speaker's health priorities, but given the current dynamics among House Republicans, it may be difficult to build consensus on the issue.

The election of the speaker allows normal business to resume in the House. They must address several national priorities, including allocations for conflicts overseas and passing a funding package to avert a government shut down prior to the Nov. 17, 2023, expiration of the current Continuing Resolution (CR). Speaker Johnson has indicated that avoiding a shutdown is his first priority as House speaker and that he will seek to pass single-subject bills, rather than an omnibus spending bill.

White House policy staff discusses redetermination efforts with Medicaid plans, including Gold Coast Health Plan (GCHP)

As Medicaid redeterminations continue nationwide, there is growing interest among policymakers to hear stakeholder feedback, identify best practices, and determine which flexibilities are effective and should be considered for permanent implementation. On Oct. 25, 2023, Gold Coast Health Plan (GCHP) Government Relations Team participated in a collaborative discussion with the White House Special Assistant to the President and other Medicaid health plans to share redetermination experiences, the impact of flexibilities on renewal activities, and support making certain flexibilities permanent after the conclusion of

the Public Health Emergency (PHE) unwinding period. GCHP was also highlighted in the Association for Community Affiliated Plans' (ACAP) "[Stay Covered](#)" campaign as an example of the innovative and extraordinary efforts managed care plans are taking to ensure members submit their redetermination information and retain coverage. Although the flexibilities currently in place are temporary during the PHE, there is broad support for the permanency of certain activities, including reducing administrative burdens associated with updating enrollee information and allowing text messaging as a form of communication to members.

B. Redetermination Update

The Kaiser Family Foundation (KFF) [reports](#) that as of Nov. 1, 2023, at least 10 million Medicaid enrollees have been disenrolled from coverage nationwide. Procedural reasons continue to be the leading cause of disenrollments. Based on the recent data, KFF reports that of completed applications, California has a 27% disenrollment rate with 88% of those disenrollments due to procedural reasons, such as not returning redetermination packets or failure to complete the renewal process. According to the DHCS [August Unwinding Dashboard](#), Ventura County's disenrollment rate is 25% with 85% of those disenrollments due to procedural reasons. To help mitigate disenrollments for procedural reasons, CMS has made several state waivers available. Many states, including California, have applied for and received approval for various flexibilities. CMS recently approved two additional waivers in California aimed at easing administrative and procedural burdens during the renewal process. Recent waivers include accepting the self-attestation of income at renewal rather than requiring documentation to explain any discrepancies and flexibility to allow the county to verify missing or pending information without having to wait for the return of the ex parte renewal packet forms.

The Centers for Medicare and Medicaid Services (CMS) waiver approvals [tracker](#) shows that as of Nov. 1, 2023, CMS has approved 370 waivers in 52 states and territories; 13 waivers have been approved in California.

C. State Regulatory Updates

State Department of Health Care Services (DHCS) continues to release updated program and initiative guidance in advance of 2024

As the year-end approaches, the state Department of Health Care Services (DHCS) continues to release guidance in anticipation of 2024 effective dates for several initiatives. In early October, DHCS [released](#) the updated 2024 Medi-Cal Managed Care Plan (MCP) Transition Policy Guide (Policy Guide) that includes new MCP Transition Monitoring and Oversight Policy requirements, new transition-related requirements, and incentive program updates in preparation for the direct contract transition of members to Kaiser on Jan. 1, 2024. GCHP is expecting approximately 7,000 members to transition to Kaiser in 2024 under the direct contract model. GCHP's Government Relations Team continues to communicate to the business as revisions and updates are released.

In addition to MCP program changes and transitions, stakeholders across California, including health plans and providers, are preparing for the Jan. 31 2024, requirement to share health

and social services data under the Data Exchange Framework (DxF). The DxF is an agreement across health systems and providers to share information safely and securely. To facilitate the data exchange, the Center for Data Insights and Innovation (CDII) recently [announced](#) the designation of nine Quality Health Information Organizations (QHIOs) to support secure statewide data exchange under the DxF. GCHP is continuing planning and implementation in anticipation of the Jan. 31, 2024, go-live date.

Implementation efforts continue on a number of other initiatives taking effect in 2024. DHCS recently released the [Adult Expansion Toolkit](#) for the Adult Expansion of Medicaid for eligible adults ages 26–49 in anticipation of the Jan. 1, 2024, changes. Additionally, DHCS continues to work with stakeholders on the implementation of the Justice-Involved Initiative. Recent changes to the go-live date for pre-release services (pushed to Oct. 1, 2024) provide an additional six months for entities to prepare for a warm hand-off between pre- and post-release Enhanced Care Management (ECM) services.

The Government Relations Team continues to monitor state regulatory activity and communicate policy revisions and releases to the business.

All Plan Letters (APLs)

DHCS proposes sanctions for failure to meet quality benchmarks

DHCS recently released draft APL 23-012 Enforcement Actions: Administrative and Monetary Sanctions and extended the initial one-week public comment window to two weeks. The draft APL proposes significant changes through a new “Quality Enforcement Actions” provision that subjects Managed Care Plans (MCPs) to enforcement actions for quality performance measure rates that fall below the designated national benchmarks established by the Healthcare Effectiveness Data and Information Set (HEDIS) minimum performance levels (MPLs) or failing to exceed the MPL within the four Managed Care Accountability Set (MCAS) domains (children’s health, reproductive health and cancer prevention, chronic disease management, and behavioral health). The draft APL applies tiered sanctions for failing to meet MPLs but does not take into account whether a plan is meeting high performance levels (HPLs) on other measures. The proposed methodologies raise several concerns as the imposed sanctions would take needed resources away from plans that are working to build quality programs and meet quality metrics.

GCHP’s trade association, Local Health Plans of California (LHPC), submitted feedback to DHCS recommending that DHCS allow more time prior to finalizing the APL and facilitate a deliberative process that thinks through the broader framework and methodology for implementation. GCHP continues to participate in LHPC discussions to develop alternate proposals that balance the quality achievements of health plans with those metrics that fall below benchmarks.

D. State Legislative Update

State Legislative Activity

Changes to the Mental Health Services Act signed into law; behavioral health bond measure up to voters

[Senate Bill 326](#), enacted this session, renames the Mental Health Services Act (MHSA) to the “Behavioral Health Services Act,” and includes significant changes to the MHSA including funding and reserve changes, new reporting parameters, oversight advancements, and the creation of housing intervention and early intervention programs. Also enacted this session,

[Assembly Bill 531](#) creates the “Behavioral Health Infrastructure Bond Act of 2024,” which authorizes \$6.38 billion in general obligation (GO) bonds to support permanent housing and behavioral health treatment for at-risk populations including veterans and homeless individuals. The bond measure is subject to voter approval on the March 5, 2024, statewide primary election ballot. If approved, the bond funds would make substantial funding available to important behavioral health programs and supports in Ventura County and statewide.

Prior authorization bill fails in state legislature; likely to be reintroduced in 2024 session

Policymakers’ increased focus on prior authorizations (PA) has resulted in numerous states, including California, introducing legislation to restrict health plans’ ability to apply PA or waive PA for providers with a determined percentage of requests approved, also known as “gold-carding.” Recent efforts to pass a gold-carding bill in California were unsuccessful, but we expect the issue to remain a point of focus in the upcoming legislative session.

GCHP recently responded to a survey conducted by the Association of Community Affiliated Plans (ACAP), in which plans were asked to share their experiences with PA, including rates of denial, administrative issues, regulatory constraints, etc. The survey, also shared with our trade association, LHPC, will help level set industry approaches, identify opportunities for alignment, and be used to develop industry consensus on priorities and best practices.

Gov. Gavin Newsom takes final action on passed legislation; legislature set to reconvene Jan. 3, 2024

The last day for Gov. Gavin Newsom to sign or veto bills passed by the legislature was Oct. 14, 2023. Gov. Newsom received approximately 1,100 bills during this year’s legislative cycle, which encompassed a variety of topics including workforce, public safety, education, climate change, housing, civil liberties, voter rights, and health care. The Governor signed a majority of bills passed by the legislature into law and vetoed over 140 bills. A primary reason cited for veto decisions was the current budget deficit in California and the need for the state to be fiscally responsible and limit unaccounted costs; other reasons provided for a veto outcome included that some bills were redundant or implemented new processes too abruptly.

The Governor signed numerous health care-related bills that seek to expand access to critical services and care, increase wages for health care workers, and move the state toward universal health care. The legislature is set to reconvene on Jan. 3, 2024, when we anticipate continued efforts to restrict prior authorizations, increase access to care, and promote equity in the delivery of health care.

Below is a list of priority bills that the Government Relations Team has been tracking. The bills are divided into two categories: Signed by the Governor and Vetoed by the Governor.

Signed by the Governor		
Bill Number	Summary	GCHP Impact(s)
AB 425 (Alvarez) Medi-Cal: Pharmacogenomic Testing	AB 425 establishes pharmacogenomic testing as a separate covered benefit under Medi-Cal, based on federal approval and financial participation.	GCHP will be required to cover pharmacogenomic testing, subject to utilization controls. This bill will ensure that pharmacogenomic testing is its own covered benefit under Medi-Cal.
SB 326 (Eggman) The Behavioral Health Services Act	SB 326 renames the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) and modernizes BHSA through increased accountability, oversight, and the expansion of BHSA funds to treat substance use disorders (SUDs).	GCHP covers outpatient mental health services for mild-to-moderate cases, while Ventura County is in charge of specialty mental health services (SMHS) and SUD treatment. The modernization of county behavioral health programs (CBHPs) will help ensure that GCHP members have greater access to quality and timely county mental health and SUD services.
Vetoed by the Governor		
Bill Number	Summary	
AB 719 (Boerner) Medi-Cal: Nonmedical and Nonemergency Medical Transportation	AB 719 mandates MCPs to contract with public paratransit operators. <i>*Note: GCHP's trade association, Local Health Plans of California (LHPC) submitted a letter in opposition of this bill citing the overly prescriptive nature of the requirements.</i>	
AB 1202 (Lackey) Medi-Cal: Health Care Services Data: Children and Pregnant or Postpartum Persons	AB 1202 mandates that each MCP must inform DHCS of the number and geographic distribution of Medi-Cal providers necessary for a plan's compliance with time, distance, and appointment standards for pediatric primary care.	
AB 1085 (Maienschein) Medi-Cal: Housing Support Services	This bill requires DHCS to seek federal approval and financial participation to make housing support services a Medi-Cal benefit for Californians; this must occur no earlier than Jan. 1, 2025, and no later than July 1, 2026.	

E. 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 November:

Organization	Description	Amount
Insure the Uninsured Project (ITUP)	ITUP promotes innovative and workable policy solutions that expand health care access and improve the health of all Californians. The sponsorship will support the “28 th Annual Conference” that brings together prominent health leaders, experts, and advocates to reimagine the delivery of health care, foster inclusivity, and to pave the way for a healthier future for all Californians.	\$3,500
Ventura County Medical Resource Foundation (VCMRF)	VCMRF serves to improve access to needed health care for the most vulnerable and underserved residents of Ventura County. The sponsorship will go toward the “2024 Tauber/Fainer, MD Ventura County Community Health Care Awards,” a fundraising event to provide free dental and vision services for low-income children and seniors.	\$2,000
TOTAL		\$5,500

F. Community Relations: Community Meetings and Events

In October and November, 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 engage in dialogue about how to raise awareness about services for the most vulnerable Medi-Cal beneficiaries.

Organization	Description	Date
One Step a La Vez Food Distribution	One Step a La Vez hosts its bi-monthly food distribution where participants receive a food box and learn about community resources that are available to them.	Oct. 11, 2023
		Oct. 25, 2023

Organization	Description	Date
Poder Popular Food Distribution / Medi-Cal Renewal Workshop	Poder Popular hosts a weekly food distribution where community organizations share information and resources. GCHP team members were onsite to provide resources and answer questions about the Medi-Cal renewal forms.	Oct. 12, 2023
		Oct. 19, 2023
		Oct. 26, 2023
		Nov. 2, 2023
Promotoras y Promotores Foundation (PyPF) Mujeres Brindando Bienestar	The “Mujeres Brindando Bienestar” conference raised awareness about women’s breast health and promoted early detection, prevention, and helped participants schedule their routine appointments.	Oct. 13, 2023
Mercy House Fall Festival and Hygiene Drive	The Fall Festival and Hygiene Drive shared community resources and provided hygiene products that includes body wash, deodorant, toothbrush, etc. GCHP team members were onsite to provide resources and answer questions about Medi-Cal renewals.	Oct. 13, 2023
Piru Neighborhood Council (PNC) Piru Food Distribution	PNC promotes better living conditions, better education, and improved housing. Its monthly food pantry distribution provides Ventura County residents with food boxes and community resources.	Oct. 18, 2023
Ventura County Child Support 2nd Annual Trunk or Treat Extravaganza	The Trunk or Treat Extravaganza is a fun and safe family event. Community organizations shared information and resources with participants while they enjoyed the Halloween displays.	Oct. 18, 2023
City of Santa Paula Santa Paula Social Service Coalition	The Santa Paula Social Services Coalition connects the community to resources and focuses on networking, education, marketing, outreach, community awareness, and events.	Oct. 19, 2023
Promotoras y Promotores Foundation (PyPF) Ventura College Marketplace	The PyPF Marketplace is a family resource fair. Various community organizations share resources and information with participants at Ventura College. GCHP staff shared information about Medi-Cal renewals and answered questions.	Oct. 21, 2023
		Nov. 4, 2023

Organization	Description	Date
Oxnard Police Department Halloween Trunk or Treat Spooktacular	The Halloween Trunk or Treat Spooktacular is a fun and safe family event. Community organizations shared information and resources with participants while they enjoyed the Halloween displays.	Oct. 23, 2023
Oxnard Adult School Community Service Fair	The Community Service Fair at the Oxnard Adult School gave participants an opportunity to learn about the community resources that are available to them.	Oct. 24, 2023
Adelante Comunidad Conejo Open-Air Marketplace	At the Open-Air Marketplace, community organizations share resources and information with participants.	Oct. 28, 2023
Indivisible Ventura Swap Meet Justice	Swap Meet Justice is a citizen and family resource fair. Various community organizations share resources and information with attendees at Oxnard College. GCHP team members provided resources and answered questions about Medi-Cal renewals.	Oct. 29, 2023
One Step a La Vez Circle of Care	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 where community leaders share resources, network, and promote community events.	Nov. 1, 2023
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and invite presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.	Nov. 1, 2023

Organization	Description	Date
Partnership for Safe Families Strengthening Families Collaborative Meeting	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 to share resources, announcements, and community events.	Nov. 1, 2023
Total community meetings and events		20

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	KAISER	ADMIN MEMBERS	NOT ASSIGNED
Oct-23	91,039	49,022	34,657	7,136	5,047	6,972	50,183	2,125
Sep-23	91,541	49,437	34,945	7,188	5,113	7,037	51,003	2,531
Aug-23	93,242	50,319	35,510	7,249	5,181	7,098	52,307	2,528

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	Oct 2023
Total Administrative Members	50,183
Share of Cost (SOC)	635
Long-Term Care (LTC)	718
Breast and Cervical Cancer Treatment Program (BCCTP)	114
Hospice (REST-SVS)	30
Out of Area (Not in Ventura County)	384
DUALS (A, AB, ABD, AD, B, BD)	27,053
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	22,770

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 Annual Network Certification (ANC) and Subcontractor Network Certification (SNC) administered by the state Department of Health Care Services (DHCS) launched in October. In the 2022 ANC, DHCS attempted to utilize ArcGIS, a mapping and spatial analysis software, to measure the compliance of Managed Care Plans (MCP) with time or distance requirements. It was later rescinded.

For this year's ANC, DHCS requested that MCPs test the ArcGIS populations points as a preliminary step in the 2023 ANC by completing an ArcGIS - ANC Time or Distance Analysis Review. GCHP was successful in using the ArcGIS populations points to measure its provider network and membership against the DHCS time or distance standards. In addition to testing the populations points, PNO completed a 274 Data Quality validation and submitted a SNC Landscape Analysis template. DHCS is expected to release the next phase of the ANC and SNC in the latter part of Q4 2023.

DHCS has several ongoing provider network readiness assessments which they use to monitor an MCP's network for newly launched covered services. In October, PNO submitted readiness deliverables for the Quarterly Skilled Nursing Facility (SNF) Readiness Template, the Trio Benefit Monitoring Template for Community Health Worker (CHW), Doula Services and Dyadic Services, and the Delegation Landscape Template.

In addition to the network readiness assessment deliverables, PNO submitted regulatory deliverables for Operational Readiness and the Quarterly Monitoring Report Template (QMRT).

Other notable deliverables and collaborations include:

- Regulatory: Rate Development Template (RDT)
- Regulatory: Major Organ Transplant (MOT) report
- GCHP: Utilization Management Committee quarterly report
- Regulatory: APL 23-029, Memorandum of Understanding (MOU) Requirements for Medi-Cal MCPs and Third-Party Entities, a mandate to update MOU templates
- GCHP: HealthPayer Core System Implementation
- GCHP: Provider Portal
- GCHP: Provider Directory configuration to include doula providers

As part of PNO's initiative to stay connected and improve Provider Relations, Joint Operations Meetings (JOM) were held for Durable Medical Equipment (DME) providers and Primary Care Physicians. Additionally, in Q2 2023, PNO conducted 127 provider site visits and 140 provider orientations.

As part of PNO's initiative to improve provider access, PNO added Durable Medical Equipment (DME), General Surgeon and Home Health providers to the GCHP network. Additionally, PNO is performing targeted outreach for, DME – diabetic shoes & inserts, doula services, Intermediate Care Facility – Developmentally Disabled (ICF-DD), pediatric subacute facilities and SNFs.

The team continues to support and provide deliverables for DHCS program initiatives, NCQA accreditation, DHCS Operational Readiness, company projects, provider contracting, updates to policies and procedures, provider onboarding, and communications.

Provider Network Developments: Oct. 1-31,2023

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	Count
Durable Medical Equipment (DME)	1
General Surgeon	1
Home Health	1

Additional Network Developments:

- Additions:104
- Terminations:27

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

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	Network Additions		Total Counts
	Aug-23	Sept-23	
Hospitals:	0	0	25
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers:	145	80	6,417
Primary Care Providers (PCPs) & Mid-levels	6	3	488
Specialists	139	76	5,252
Hospitalists	0	1	677
Ancillary:	6	40	1,069

Ambulatory Surgery Center (ASC)	0	0	7
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	0	3	98
Home Health	0	0	25
Hospice	0	0	23
Laboratory	0	0	40
Optometry	0	2	98
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	0	0	146
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	6	35	476

C. Delegation Oversight

Gold Coast Health Plan (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 subcontractors
- 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. 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 state Department of Health Care Services (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.

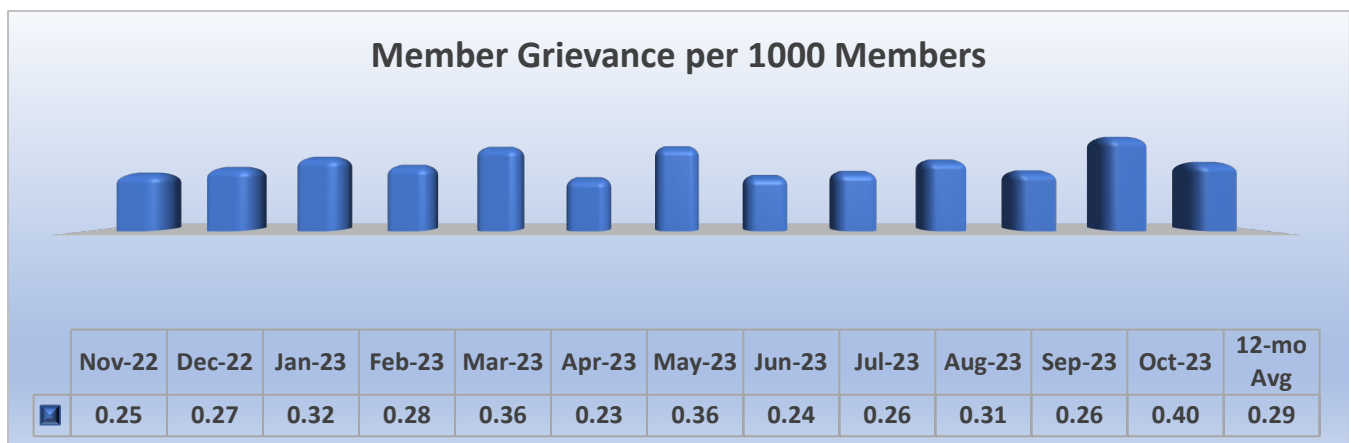
The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through Oct. 31, 2023.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2022 Annual Claims Audit	Open	6/22/2022	Under CAP	N/A
Carelon	2023 Claims Audit	Open	5/11/2022	Under CAP	N/A
Carelon	Annual Utilization Management (UM), Quality Improvement (QI), Cultural & Linguistic (C&L) Services, Member Rights & Responsibilities (R&R) Audit	Closed	8/31/2023	10/5/2023	N/A
Carelon	2023 Annual Call Center Audit	Open	9/14/2023	N/A	N/A
Clinicas del Camino Real (CDCR)	Annual UM Audit	Closed	7/5/2023	9/19/2023	N/A
CDCR	Quarterly UM Audit – Q3 2023	Open	8/25/2023	Under CAP	N/A
CDCR	2022 Annual Claims Audit	Closed	5/5/2023	9/21/2023	N/A
CDCR	2023 Quarterly Focused Claim Audit	Open	9/7/2023	Under CAP	N/A
City of Hope	2023 Annual Credentialing and Recredentialing Audit	Closed	N/A	N/A	Audit Closed on 8/3/2023 – No deficiencies found
Conduent	2017 Annual Claims Audit	Closed	12/28/2017	11/7/2023	End of contract as of 7/1/2024
Conduent	2022 Annual Claims Audit	Open	8/31/2022	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	2023 Annual Claims Audit	Open	8/1/2023	Under CAP	N/A
Conduent	2023 Annual Call Center Audit	Scheduled	N/A	N/A	N/A
VSP	2022 Annual Claims Audit	Open	12/7/2022	Under CAP	N/A
VSP	2023 Annual QI, C&L Audit	Closed	7/27/2023	10/27/2023	N/A
Ventura Transit System (VTS)	2023 Focused Call Center Audit	Open	TBD	N/A	N/A
VTS	2023 Quarterly Audit – Credentialing and Subcontracting	Open	5/11/2023	Under CAP	N/A
VTS	2022 Annual Non-Medical Transportation (NMT) / Non-Emergency Medical Transportation (NEMT) Audit	Open	11/17/2022	Under CAP	N/A
VTS	2022 Annual Call Center Audit	Open	5/26/2022	Under CAP	N/A
VTS	2022 Focused Call Center Audit	Open	10/27/2022	Under CAP	N/A
VTS	NMT Scheduling Grievances CAP	Open	5/6/2022	Under CAP	N/A
VTS	Subcontracting CAP	Open	7/22/2022	Under CAP	N/A
Privacy & Security CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
N/A	N/A	N/A	N/A	N/A	N/A

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

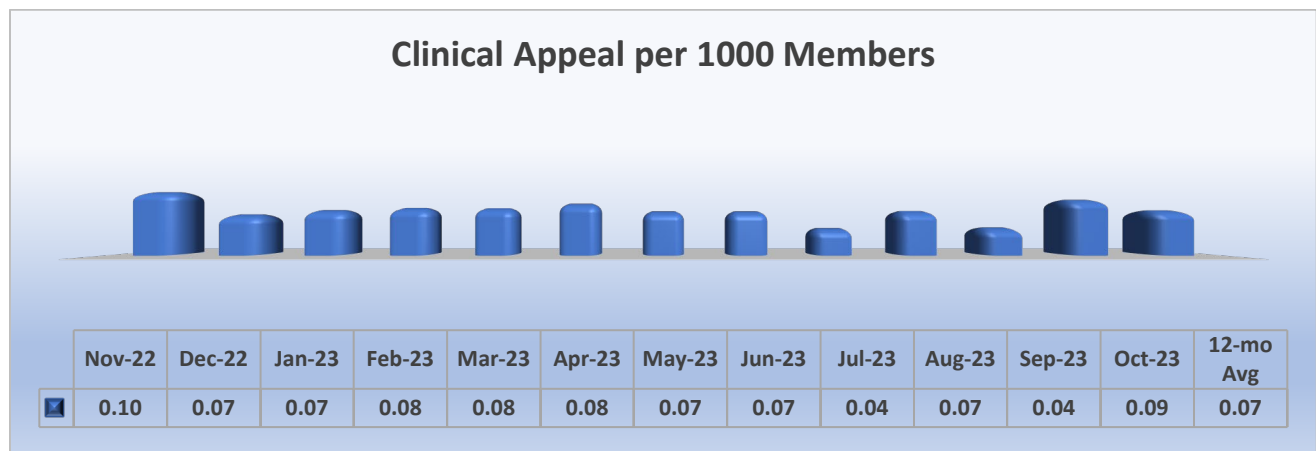
D. GRIEVANCE AND APPEALS



Member Grievances per 1,000 Members

The data show GCHP's volume of grievances has continued to increase. In October, GCHP received 100 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 251,226, with an average annual grievance rate of .29 grievances per 1,000 members.

In Oct. 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 .07 appeals per 1,000 members.

In Oct. 2023, GCHP received 22 clinical appeals:

1. 11 were overturned
2. Three were upheld
3. Three were withdrawn
4. Five are in progress

RECOMMENDATION:

Accept and file.

AGENDA ITEM NO. 16

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Paul Aguilar, Chief Human Resources & Organization Performance Officer

DATE: November 20, 2023

SUBJECT: Human Resources (H.R.) Report

Human Resources Activities

The Human Resource team continues to focus on enabling the organization to achieve our number one priority, which is to improve quality. Our efforts are centered around (1) aligning our employees to our business priorities, via our new performance management process and (2) ensuring we are acquiring the right talent to deliver on these priorities. Below is a summary of the October activities.

Organization: During October we filled 13 requisitions, which increased our overall headcount to 303 roles. The average time to fill these roles were 50/days. In addition, we have 14 offers accepted, with start dates in November. Twenty, or 74% of the positions are direct operational or member/provider service roles and we have also added key leadership to support our greatly enhanced Quality partnerships with providers and initial hires for D-SNP readiness. Below is a list of the new roles by function:

Function	October Hires		Nov Hires Not Yet Started	
	Count	%age	Count	%age
Quality Improvement			3	21%
Care Management	2	15%	2	14%
Utilization Management	2	15%	1	7%
Member Services	2	15%	1	7%
Govt / Community Relations	2	15%		
Health Services			3	21%
Provider Network Ops			2	14%
Information Technology	2	15%		
Finance & Accounting	1	8%	1	7%
Human Resources			1	7%
Compliance	1	8%		
Executive	1	8%		
Total	13		14	

Attrition: During October we had one voluntary resignation. Our attrition for the last twelve months remains low at 5.40%.

Engagement: In October, the Diversity Team sponsored National Coming Out Day event to create awareness, allyship and support for our employees and members. Another successful event held was the Benefit Fair held on November 8th, where we had 180 employees participate.

Organization Performance: As communicated earlier, we launched our new Performance Management Program in July. Our management team successfully cascaded organization goals to their teams, so that all employees are aligned to these goals and understood their impact on these priorities. We had 95% of our employee complete individual goals. All of these efforts have created “one team” alignment to our business priorities and will drive great results. The HR team is now preparing for Mid-Year reviews, where managers will hold “check-in” feedback discussions with their teams to discuss progress on goals. Mid-year Review training will be provided to both Managers and Employees to prepare for these discussions.

Diversity Demographics (Fiscal Year YTD 2023/24)

The attached Diversity Analysis provides an overview of our demographics. As reported above, we have 302 employees, of which 72% are female and 28% are male. From an ethnicity perspective, the organization is well balanced representation across all job levels. In addition, the Executive Team is a diverse group, with the additions of two female executive added to the team this fiscal year.

RECOMMENDATION:

Accept and file.

Gold Coast Health Plan Diversity Data

As of 10/31/2023

Human Resources

Integrity

Accountability

Collaboration

Trust

Respect

Employee Ethnicity, Gender, and Job Level

- Diverse Executive Team
- Recently added two female executive leaders
- Well balanced diverse representation at all Job Levels

Employee Ethnicity		Female	Male	Total	Percentage of Company
Hispanic or Latino		101	22	123	40.6%
White		56	34	90	29.7%
Asian		30	16	46	15.2%
Black or African American		18	9	27	8.9%
Two or more races (Not Hispanic or Latino)		10	3	13	4.3%
Native Hawaiian or Other Pacific Islander		2	1	3	1.0%
American Indian or Alaska Native		1	0	1	0.3%
Total		218	85	303	
Percentage of Total		72%	28%		

Job Level	Female		Male		Total	Ethnicity Groups							
	Count	%	Count	%	Total	Hispanic or Latino	White	Asian	Black or African American	Two or more races	Native Hawaiian or other Pacific Islander	American Indian or Alaska Native	Total
Executive Team	3	30%	7	70%	10	5	3	1	1	0	0	0	10
Director	14	64%	8	36%	22	6	10	2	3	0	1	0	22
Manager	23	77%	7	23%	30	7	12	4	4	1	1	1	30
Pro-Exempt	111	70%	48	30%	159	48	54	35	16	5	1	0	159
IC - Hourly	67	82%	15	18%	82	57	11	4	3	7	0	0	82
Total	218	72%	85	28%	303	123	90	46	27	13	3	1	303
Percentage Total						41%	30%	15%	9%	4%	1%	0%	