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

Regular Meeting
Monday November 21, 2022 2:00 p.m.
Due to the public health emergency, the Community Room at Gold Coast Health Plan is currently closed to the public.
The meeting is being held virtually pursuant to AB 361.
Members of the public can participate using the Conference Call Number below.

Conference Call Number: 1-805-324-7279
Conference ID Number: 438 062 340#
Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

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

AGENDA

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

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

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

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of October 24, 2022.

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of October 24, 2022.

2. Adoption of Schedule for 2023 Commission, including special meetings to comply with AB 361

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the 2023 VCMMCC Commission meeting calendar as presented.

3. Joint Findings of the Commission and Committee to Continue to Hold Remote Teleconference Meetings Pursuant to Assembly Bill 361.

Staff: Scott Campbell, General Counsel

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

UPDATES

4. Understanding Our Membership: Advancing Data to Support Our Members

Staff: Gold Coast Health Plan Leadership Team

RECOMMENDATION: Receive and file the update

5. Status of AmericasHealth Plan (AHP) Pilot Program

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the update

FORMAL ACTION

6. Cotiviti Contract

Staff: Susana Enriquez-Euyoque, Director of Communications

RECOMMENDATION: GCHP recommends approval of Service Order No. 5, with a contract term of Dec. 1, 2022, until Nov. 30, 2023, and a not-to-exceed cost of $225,000.

7. Quality Improvement Committee – 2022 Third/Fourth Quarter Report

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

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the 2021 QI Evaluation as presented and receive and file the complete report as presented.

8. October 2022 Financials

Staff: Kashina Bishop, Chief Financial Officer

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

REPORTS

9. Chief Executive Officer Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

10. Human Resources Report

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

CLOSED SESSION

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

12. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: Two cases.

ADJOURNMENT

Date and location of the next meeting to be determined at the December 15, 2022, Strategic Planning Retreat

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 21, 2022

SUBJECT: Regular Commission Meeting Minutes of October 24,2022

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Minutes for the October 24, 2022, Regular Commission Meetings.

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

October 24`, 2022

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 2:04 pm via teleconference. The Clerk of the Board was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

INTERPRETER ANNOUNCEMENT

Ana Rangel, interpreter, gave her announcement for non-English speakers.

ROLL CALL

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, and Dee Pupa

Absent: Commissioners Shawn Atin, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

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

Additional staff participating on the call: Anna Sproule, Lupe Gonzales, Susanna Enriquez-Euyoque, Vicki Wrighster, Nicole Kanter, Rachel Lambert, Josephine Gallella, Adriana Sandoval, Victoria Warner, David Tovar, Mayra Hernandez, Lucy Marrero, Veronica Estrada, Jaime Louwerens, Lisbet Hernandez, David Kirkpatrick, Michael Mitchell, Cecilia Reyes, and Paula Cabral.

Moss Adams Representatives: Kimberly Sokoloff, and Stelian Damu

Inovalon Representatives: Daniel Wang, Carlos Turner, Tom Laughlin, Robert McCartt, Reggie Morgan, Robert Wychulis, and Madison H. Skaggs

Public: Cynthia Salas, Barry Zimmerman, and Ross Hooper

PUBLIC COMMENT

Dr. Sandra Aldana stated she had heard from members in the community that are having difficulties in securing services. She suggested setting up a program where authorizations are streamlined so if someone has a primary care physician with one group and needs the care of a specialist from another group, that the authorizations run sequentially instead of one at a time. The authorization takes 10 days to run through one system, and then second authorization runs an additional 10 days through another system. It continues to delay services for members and causes gaps in service. There is also an issue with non-medical transportation for children for out of area appointments. There is a lack of coordination, and it should be seamless.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of September 26, 2022.

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of September 26, 2022.

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

Staff: Scott Campbell, General Counsel

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

3. Approval of Credentials / Peer Review Committee Members

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

RECOMMENDATION: Approve Kellie Zaylor, D.O. as an active member of the Credentials / Peer Review Committee.

Commissioner Espinosa motioned to approve Consent items 1, 2, and 3. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, and Dee Pupa

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

UPDATES

4. Understanding our Membership: Turning Data into Action

Staff: Gold Coast Health Plan Leadership Team

RECOMMENDATION: Receive and file the update.

CEO Liguori stated he appreciated the Commission for their support. He stated GCHP is years behind in technology, and we are working on developing data driven technology and developing healthcare services. We are working on a solution with Inovalon, who is assisting us in creating a data warehouse.

CPPO Erik Cho introduced the team from Inovalon. Bob Wychulis, former President of Inovalon thanked the Commission for the opportunity to share a demonstration. Inovalon reviewed the GCHP approach. He noted the data will be used to develop a Model of Care plan and utilize the data to manage healthcare for a value-use perspective. Dollars will be used efficiently in bettering the outcomes for those being served.

Inovalon team member, Daniel Wang, stated he has been working with GCHP He reviewed key milestones and deliverables, along with clinical gaps and social determinants of health. The goal is to create a “Healthcare Data Lake” for GCHP this will longitudinally link, normalize, and validate clinical and claims data, delivering a complete, current patient profile. Commissioner Abbas asked where Inovalon got the data for social determinants. Mr. Wang explained they get data through Axion data sets. Commissioner Espinosa asked if Axiom gathered the data from local public health and how is it focused on Ventura County. She noted that local public health annually publishes data. Mr. Wang stated the information is a variety of census information and is broken down by zip code, income brackets. Axiom does data transformation, which is normalized and reportable.

Tom Laughlin gave a product demonstration, reviewed the data lake, and sources to leverage studies used to improve care. Commissioner Pupa asked if the household income is pulled from the application. Mr. Laughlin stated the information is not on specific patients. The data is from median income in neighborhoods. Commissioner Abbas aske how many data items used to do predictive analysis. Mr. Laughlin responded they can get specific information and report back. Inovalon has developed over 1,200 analytical measures in order to maintain compliance.

Commissioner Espinosa noted that 20% did not live in poverty but noted that many of our members pay over 30% of their income on rent. CPPO Cho noted the numbers are not helpful, they are broad numbers. We need to determine our population in need. Public health needs assessment needs to look at other sources as well. We need to combine data to get a better understanding. CEO Liguori stated this information gives us insight and the capacity to utilize and identify high utilizers. Commissioner Corwin stated this is an advantage. Commissioner Pupa stated this data helps align interventions with successful outcomes for our members

Commissioner Monroy motioned to approve agenda Item 4. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, and Dee Pupa

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

Commissioner Scott Underwood, D.O. joined the meeting at 2:14 p.m.

FORMAL ACTION

5. Corporate Integrity Agreement Presentation/Standing Compliance Oversight Committee

Staff: Robert Franco, Chief Compliance Officer
Leeann Habte, Esq. of BBK Law

RECOMMENDATION: Staff requests that the Commission rename the Reimbursement Compliance Committee as the Compliance Oversight Committee and approve it as a standing committee of the Commission, with the responsibility of overseeing the GCHP Compliance functions regarding the Corporate Integrity Agreement and providing general oversight

Chief Compliance Officer, Robert Franco reviewed the Corporate Integrity Agreement (CIA) and what it means for GCHP. He noted there will be increased oversight of compliance. He reviewed what must happen in the first 90 days: training for the Compliance Oversight Committee, implementation of new or revised policies and procedures, and develop a review process for contracts. We will engage an independent review organization, develop and implement an internal risk assessment and submit an

implementation report to the OIG within 120 days. After the first 90 days there will be an annual compliance report to the OIG, an annual MLR review report- which will be done by an independent review organization and submitted to the OIG and the Compliance Oversight Committee will meet quarterly to provide oversight.

CCO Franco stated that staff also requests to change the name of this committee from Reimbursement Compliance Committee to Compliance Oversight Committee. General Counsel, Scott Campbell noted that many of these requirements in the CIA are duplicate to the Know-Keene license requirements. The Plan is also requesting an additional member to this committee. Commissioner Pupa volunteered.

Commissioner Espinosa motioned to approve agenda item 5, Corporate Integrity Agreement Presentation/Standing Compliance Oversight Committee. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.

6. Contract Approval – Inovalon, Scope of Work (SOW) 6 and the Extension of SOW's 2, 4, & 5

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: The Plan recommends the Commission approve the extension of Inovalon's SOW's 2,4,5 and 6 until December 31, 2024, with a not-to-exceed amount of $4,433,952.

Chief Policy & Program Officer, Erik Cho reviewed the contract. CEO Liguori noted that incremental costs have already been budgeted. Inovalon also gives HEDIS support.

Commissioner Pupa stated this is an investment in our membership, which will help keep members out of hospitals, and urgent care facilities. Commissioner Corwin asked how much of SOW 6 is implementation versus subscription. He asked if HEDIS is for 30 months. CPPO Cho replied yes. Commissioner Corwin stated everything should then sync up. Commissioner Abbas asked about on-going expenses. CFO Bishop stated the cost will be approximately $60,000 per month. Commissioner Abbas asked if there was a PMPM cost. CPPO Cho stated everything is included in the overall number. CFO Bishop stated the PMPM is approximately 21 cents PMPM. Implementation is $200,000

and annually will be $32,000. Commissioner Abbas asked for total cost. Commissioner Corwin stated he estimated $90,000 per month. Chief Information Officer, Alan Torres stated once built and moving forward cost will stay the same. He noted it is in budget for this year and next year.

Commissioner Abbas motioned to approve agenda item 6, Contract Approval – Inovalon, Scope of Work (SOW) 6 and the Extension of SOW's 2, 4, & 5. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.

7. Netmark Business Services, LLC – Master Agreement for Temporary Services Extension

Staff: Anna Sproule, Executive Director of Operations reviewed the contract extension. She stated we need to be timely and accurate with claims processing. To do this, we need to continue with Netmark support, and she is requesting an extension of the agreement through December 31, 2022.

RECOMMENDATION: GCHP staff recommend that the Commission approve and delegate to the CEO the authority to execute an amendment with Netmark Business Services, LLC to extend the agreement term through December 31, 2022.

Commissioner Espinosa motioned to approve agenda item 7, Netmark Business Services, LLC – Master Agreement for Temporary Services Extension. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.

8. FY 2021-22 Audit Results (Presented by Moss Adams)

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff recommends that the Commission approve the audited financial statements as of and for the year ended June 30, 2022.

Chief Financial Officer, Kashina Bishop reviewed the summary of the end of year results. We had a net gain of $71.1 million and TNE is 482% of the required. CFO Bishop thanked

CFO Bishop introduced Moss Adams representatives Stelian Damu and Kimberly Sokoloff. Mr. Damu reviewed key items and updates, as well as the external audit done. Mr. Damu stated no management bias was found and he reviewed the requirements for internal controls. There were no significant transactions found and no difficulties encountered during the audit. Moss Adams Rep, Kimberly Sokoloff review communications and stated there were no control gaps found in claims. Ms. Madison Skaggs noted that management uses a third party (Conduent) and there was no override of controls. She did note that Conduent did not provide a claims report, but no failures were identified.

It was noted that the OIG did impact financials, but there were no significant issues. Ms. Sokoloff noted Moss Adams was not aware of any actuaries outside of the CIA.

Commissioner Espinosa asked if staff consulted with outside CPAs. CFO Bishop responded that medical claims liability is on a monthly basis with Edmington. Mr. Damu stated management engages with outside support. Commissioner Corwin then asked why didn't Conduent do a sock audit. CFO Bishop stated they have been a challenge, but she hopes they abide by the timeline.

Ms. Sokoloff reviewed the risks that were identified are typical for a health plan. Commissioner Corwin asked if the Plan was going to do leased accounting. Ms. Sokoloff stated what will be done is similar to leased standard which will be effective in 2023. Commissioner Corwin asked for a name of the standard for IT. Ms. Sokoloff replied Gasby 96.

Commissioner Abbas motioned to approve agenda item 8, FY 2021-22 Audit Results. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Laura Espinosa, Anna Monroy, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Shawn Atin, Sarah Sanchez, and Jennifer Swenson.

The clerk declared the motion carried.

9. September 2022 Financials

Staff: Kashina Bishop, Chief Financial Officer

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

Chief Financial Officer, Kashina Bishop reviewed September 2022 financial statements. She noted the September net gain was $13.8 million. Fiscal Year to Date net gain is $27.1 million. TNE is 574% of the minimum required. Medical Loss Ration is 81.9% and Administrative Ratio is 6.6%. CFO Bishop reviewed financial risks of focus as well as the FYTD net premium revenue is $234.6 million, which is $4.4 million under budget.

Commissioner Pupa stated financials are a balancing act. When we gain month over month, that can be viewed as problematic. We are investing in ourselves, but we need to invest more on providers. Our expenses are not holding step with our revenue. CFO Bishop stated if we did rate increases to providers, we'd get in trouble at the end of the PHE. We have engaged with consultants with value-based investments, and they will help develop the program, but it is compounded by data constraints. We are getting there as fast as we can, and we have made progress this past month with the help of the consultant.

CFO Bishop reviewed membership trends, she noted membership will decline, which is an increase in risk. Current membership is 242,000.

Commissioner Corwin asked if IBNR models can lag. CFO Bishop stated members are healthier, we have not seen a significant increase, and it takes time to flow through the model.

CFO Bishop reviewed administrative expenses, health care costs, and medical expenses. She gave a final financial statement summary for the month.

Commissioner Corwin motioned to approve the September 2022 financials. Commissioner Monroy seconded the motion.

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Anna Monroy, and Dee Pupa.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

REPORTS

10. Chief Executive Officer (CEO) Report

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report

11. Chief Information Officer (CIO) Report

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: Receive and file the report

Commissioner Abbas motioned to approve agenda items 10, CEO Report & 11 CIO Report. Commissioner Monroy seconded the motion.

AYES: Commissioners Anwar Abbas, Shawn Atin, Allison Blaze, M.D., James Corwin, Anna Monroy, and Dee Pupa.

NOES: None.

ABSENT: Commissioners Laura Espinosa, Sarah Sanchez, Jennifer Swenson, and Scott Underwood, D.O.

The clerk declared the motion carried.

General Counsel, Scott Campbell stated there are two items for discussion. Agenda Item 12 has two cases but due to lack of quorum for one of the discussions on agenda item 12, only one case will be discussed. Agenda Item 13 will be discussed by all present.

CLOSED SESSION

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

13. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer

ADJOURNMENT

General Counsel Campbell stated there was no reportable action in Closed Session. The meeting was adjourned at 5:06 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 21, 2022

SUBJECT: Adoption of Schedule for 2023, including special meetings to comply with AB 361

SUMMARY:

This item will establish dates for the Ventura County Medi-Cal Managed Care Commission (Commission) meetings for 2023. If the Commission desires to continue to meet remotely as it has done for the last two years, the Commission has to meet every thirty days to make the findings under AB 361. The following schedule has monthly regular meetings. The other meetings will be special meetings which are expected to last 5 minutes unless there is a particular item that needs action at the special meeting and will consist of making the findings required by AB 361.

Regular Commission Meetings

Time: 2:00 – 5:00 pm

Dates:
Monday, January 23, 2023
Monday, February 20, 2032
Monday, April 17, 2023
Monday, May 22, 2022
Monday, June 19, 2022
Monday, August 21, 2023
Monday, September 18, 2023
Monday, October 23, 2023
Monday, November 20, 2023
Thursday, December 14, 2023 (Strategic Planning Retreat)

Special Commission Meetings

Time: 2:00 – 2:30 pm

Dates:
Monday, January 9, 2023
Monday, March 20, 2023
Monday, May 8, 2023
Monday, July 10, 2023
Monday, July 24, 2022
Monday October 9, 2023

RECOMMENDATION:

Approve the 2023 Commission meeting calendar as presented.

ATTACHMENT:

Copy of the 2023 Commission meeting calendar.

Gold Coast Health Plan℠
A Public Entity

2023
Commission & Exec. Finance Committee Meetings

- Commission Reg Meeting
- Commission Spec Meeting
- Strategic Planning Retreat

January

Su	M	Tu	W	Th	F	Sa
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29	30	31				

February

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March

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August

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September

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This meeting will begin at 6PM

October

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November

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December

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Return to Agenda

AGENDA ITEM NO. 3

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

FROM: Scott Campbell, General Counsel

DATE: November 21, 2022

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

SUMMARY/RECOMMENDATION:

At its May 23, 2022, regular meeting, the Ventura County Medi-Cal Managed Care Commission ("Commission") dba as Gold Coast Health Plan ("Plan") made findings pursuant to Assembly Bill 361 to continue to meet remotely. On October 21, 2022, at the meeting of the Compliance Oversight Committee ("Committee"), which was held virtually pursuant to Assembly Bill 361, and which was now deemed a standing Committee pursuant to the Corporate Integrity Agreement, the Committee expressed the desire to continue to meet remotely. To continue this practice, it is required, that the Commission and Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Commission in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, it is time to make the findings.

BACKGROUND/DISCUSSION:

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

Since March of 2020 and the issuance of Governor Newsom's Executive Order N-29-20, which suspended portions of the Brown Act relating to teleconferencing, the Commission and Committee have had virtual meetings without having to post the location of the legislative

body members attending virtually. Most public agencies have been holding public meetings using virtual platforms since this time. In June of 2021, Governor Newsom issued Executive Order N-08-21, which provided that the exceptions contained in EO N-29-20 would sunset on September 30, 2021.

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

Specific Findings Required under AB 361

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

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

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

COVID-19 continues to present an imminent threat to the health and safety of Commission and Committee members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. 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, as winter approaches, COVID-19 continues to spread through the county and world and social distancing requirements still exist. .

Re-Authorization is Required Within 30 Days

The Commission made the findings listed above for itself and Commission Committees at its October 25, 2021 and at its following meetings. The Committee met on October 21, 2022. Consistent with the provisions of Government Code Section 54953(e), the findings must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Commission and Committee desire to continue to meet remotely without having to post the location of each teleconference location, the Commission and Committee must find that the

COVID-19 emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Commission and Committee make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

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

FOLLOW UP ACTION:

That the Commission and Committee make the findings under AB361 at their joint December 15, 2022 meetings.

ATTACHMENT:

None.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Gold Coast Health Plan Leadership Team

DATE: November 21, 2022

SUBJECT: Understanding Our Membership: Advancing Data to Support Our Members

PowerPoint with Verbal Presentation

ATTACHMENTS:

Understanding Our Membership: Advancing Data to Support Our Members

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Understanding Data to Support Our Members

11/21/22

Return to Agenda

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Presentation Overview

- Data Analysis for the Highest Need Members with Diabetes and Cardiovascular Disease
- Strategic Interventions
- Moving the Model of Care Forward

Return to Agenda

Costliest Member Focus: Diabetes and Cardiovascular Disease

Return to Agenda

10% Costliest Members: ACG Risk score

ACG Risk Score	Diabetes	Cardiovascular Disease
0 - Non Utilizer	0%	0%
1 - Healthy Utilizer	3%	3%
2 - Low Utilizer	2%	3%
3 - Moderate Utilizer	37%	36%
4 - High Utilizer	32%	36%
5 - Very High Utilizer	26%	22%

About 2% are currently engaged in ECM

Note: Data criteria and acknowledgements in Appendix A.

Return to Agenda

10% Costliest Members: ACG Predictive Utilization

ACG Hospitilization Risk	Diabetes	Cardiovascular	Total in Top 10%
In-patient hospitalization in next 6 months (50% or greater probability)	46	87	102
In-patient hospitalization in next 12 months(50% or greater probability)	122	246	286

Note: Data criteria and acknowledgements in Appendix A.

Return to Agenda

10% Costliest Members: Outpatient Visits

188 Members with Diabetes Had No OP Visits

654 Members with Cardiovascular Disease Had No OP Visits

Return to Agenda

Note: Data criteria and acknowledgements in Appendix A.

Care Gaps:
10% Costliest Members with Diabetes

MCAS Measure	Members w. Care Gap
Comprehensive Diabetes Care Non-Medicare	3403
Controlling High Blood Pressure Non-Medicare	1551
Antidepressant Medication Management	417
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	46
Follow-Up After Emergency Department Visit for Mental Illness	34
Diabetes Monitoring for People With Diabetes and Schizophrenia	15

Note: Data criteria and acknowledgements in Appendix A.

Return to Agenda

Care Gaps:
10% Costliest Members with Cardiovascular Disease

MCAS Measure	Members w. Care Gap
Controlling High Blood Pressure Non-Medicare	2828
Antidepressant Medication Management	1155
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	200
Follow-Up After Emergency Department Visit for Mental Illness	196

Return to Agenda

Note: Data criteria and acknowledgements in Appendix A.

10% Costliest Members:
Underutilization of Pharmacy Benefits

1.6 claims per member per month

1.4 claims per member per month

Note: Data criteria and acknowledgements in Appendix A.

Return to Agenda

10% Costliest Members:
Underutilization of Pharmacy Benefits

No Rx claim in 12 months: 214

No Rx claim in 3 months: 624

19% had less than 12 fills in last year

No Rx claim in 12 months: 522

No Rx claim in 3 months: 1604

29% had less than 12 fills in last year.

Over **13%** have had **no Rx claims in the last 3 months.**

Note: Data criteria and acknowledgements in Appendix A.

Return to Agenda

10% Costliest Members: Medication Non-Adherence

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

87% GCHP Rx Fill-Rate

Only 35 in 100 GCHP members are filling Rx & taking it properly.

More than 30% of medicine-related hospital admissions occur due to medication nonadherence

Note: Data criteria and acknowledgements in Appendix A.

Return to Agenda

Strategic Interventions

Immediate Call to Action

- Targeted Member Outreach
- Medication Therapy Management (MTM)
- Integrated Care Teams (ICT)
- Enlist PCP support for member outreach
- Promoting BP Cuff Benefit
- DM Member Incentive Program
- Palliative Care Services

Future Planning

- CHW Benefit
- ECM/CS Expansion Planning
- Chronic Disease Management Programs
- Engagement Program
- Expanding Member Incentives

Return to Agenda

Moving the Model of Care Forward

December 15th Strategic Planning Retreat

- Targeted Interventions with Top 10% Cohort
- Chronic Disease Management Programs
- Engagement & Incentive Programs

Return to Agenda

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Population Needs Assessment (PNA)

Return to Agenda

2022 Population Needs Assessment (PNA) Report

- Demographic Information
- Health Conditions and Concerns
- Key Stakeholder Survey Findings
- Strategic Objectives
  - Intervention Strategies
  - Member Story
- Opportunities for Success

- 2022 PNA Report on the GCHP Website:
  - https://www.goldcoasthealthplan.org/health-resources/population-needs-assessment/

Return to Agenda

PNA - Key Findings

Top Health Conditions

- Cancer
- Diabetes health condition
- Heart disease/heart attack/stroke/hypertension
- Mental health

Top Health Concerns:

- Not enough times at doctors' offices/clinics
- Not enough behavioral (mental) health services nearby
- Not enough information about how to get healthy

Top Modalities to provide health education to members:

- Doctors/Clinics
- GCHP Website
- Family and/or Friends

Return to Agenda

2022 PNA Community Stakeholder Survey Responses

Areas of Focus

- Language
- Transportation
- Social Determinants of Health (SDOH)
- Outreach Engagement
- Mental Health Services

Return to Agenda

Access to Care

Key Barriers identified across all stakeholder groups

No access to appointments when needed

Lack of extended clinic hours

(such as evenings or weekends)

Being treated with respect

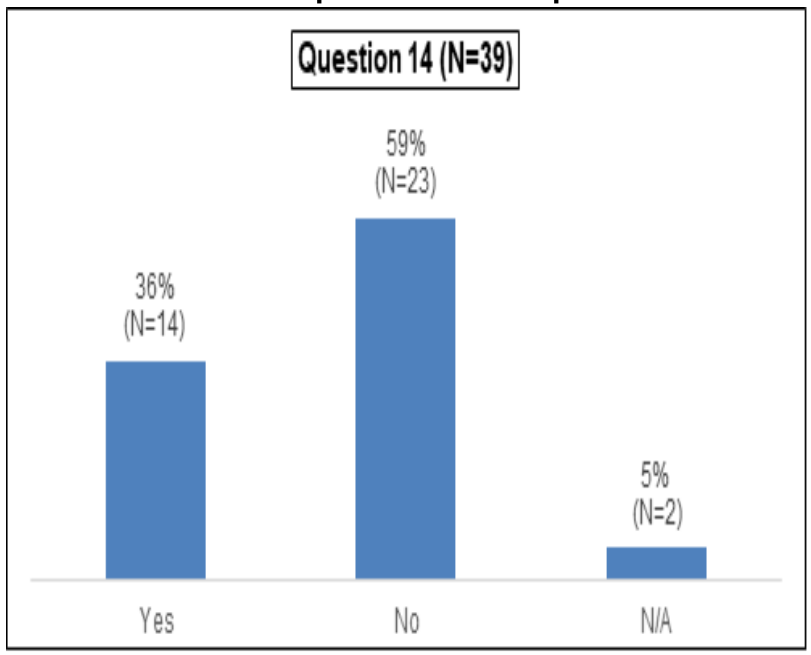
Return to Agenda

Access to BH services

Key Barriers identified across all stakeholder groups

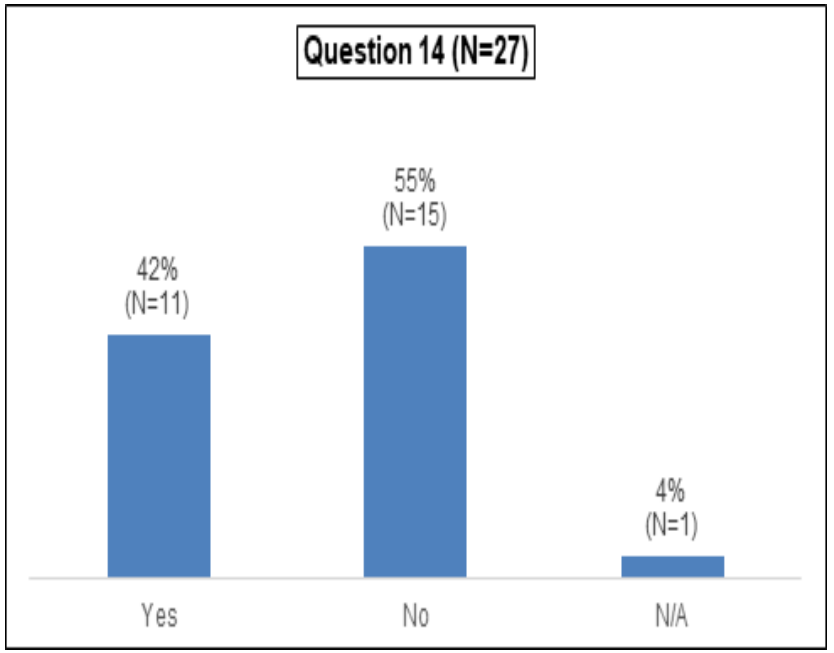
Adult

- 59% indicated that members do not know that GCHP offers behavioral health services
- 36% indicated that members were aware about this service
- 5% did not provide response



Child

- 55% did not know that GCHP offers behavioral health services
- 42% responses indicated that they were aware of this service
- 4% selected N/A as a response



Member Story- Overcome Barriers

- Chronic Disease Self-Management Program
- Telehealth Services (virtual or telephonic)
- Individual or Group Sessions
- English and Spanish Classes
- Addressing Behavioral Health of Loneliness and Isolation
- Active Engagement in Health Activities

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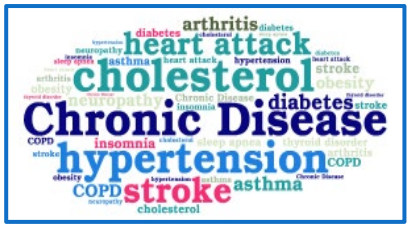
Strategic Objectives: Call to Action

Women's Health

- Breast Cancer Screening
- Chlamydia Screenings



Chronic Conditions

- Diabetes
- Hypertension
- Heart Disease
- Asthma

Heath Disparity

- Tobacco Screening
- Alcohol Screening
- Behavioral Health Use

Child Health

- Well-Care Visits
- Lead Screening
- Fluoride Varnish

Return to Agenda

Opportunities for Health Promotion

- ✓ Expand Provider Network
- ✓ Promote the Nurse Advice Line
- ✓ Promote Community Health Worker (CHW) Services
- ✓ Promote Behavioral Health Services
- ✓ Promote Language Assistance Services
- ✓ Expand Health Education Services in the Doctor's Offices and Health Fairs
- ✓ Partner with CBOs to promote GCHP Benefits and Services to Members

2022 PNA Report on the GCHP Website: https://www.goldcoasthealthplan.org/health-resources/population-needs-assessment/

Return to Agenda

Questions/Comments

Return to Agenda

Appendix A: Data Acknowledgements

- Source: Inovalon Data Lake.
- Eligible member data based on active membership between July 2021 and July 2022.
- Claims data included between October 2021 and September 2022.
- Full scope members only.
- Precision of numbers is subject to change due to ongoing improvements in business intelligence tools and validation processes.
- Medication Adherence Measures: An Overview", https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4619779/#B1.
- 2022 PNA Report on the GCHP Website: https://www.goldcoasthealthplan.org/health-resources/population-needs-assessment/

Return to Agenda

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Erik Cho, Chief Policy & Program Officer

DATE: November 21, 2022

SUBJECT: Status of AmericasHealth Plan (AHP) Pilot Program

PowerPoint with Verbal Presentation

ATTACHMENTS:

Status of AmericasHealth Plan (AHP) Pilot Program

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Status of AmericasHealth Pilot Program

November 21, 2022

Erik Cho
Chief Policy and Program Officer

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Overview

- **Periodic Commission Review Required by AHP Contract**
- **Timeline Review**
- **AHP Pilot Approval and Statement of Benefits**
- **Enrollment Trend**
- **Current Summit Meetings**

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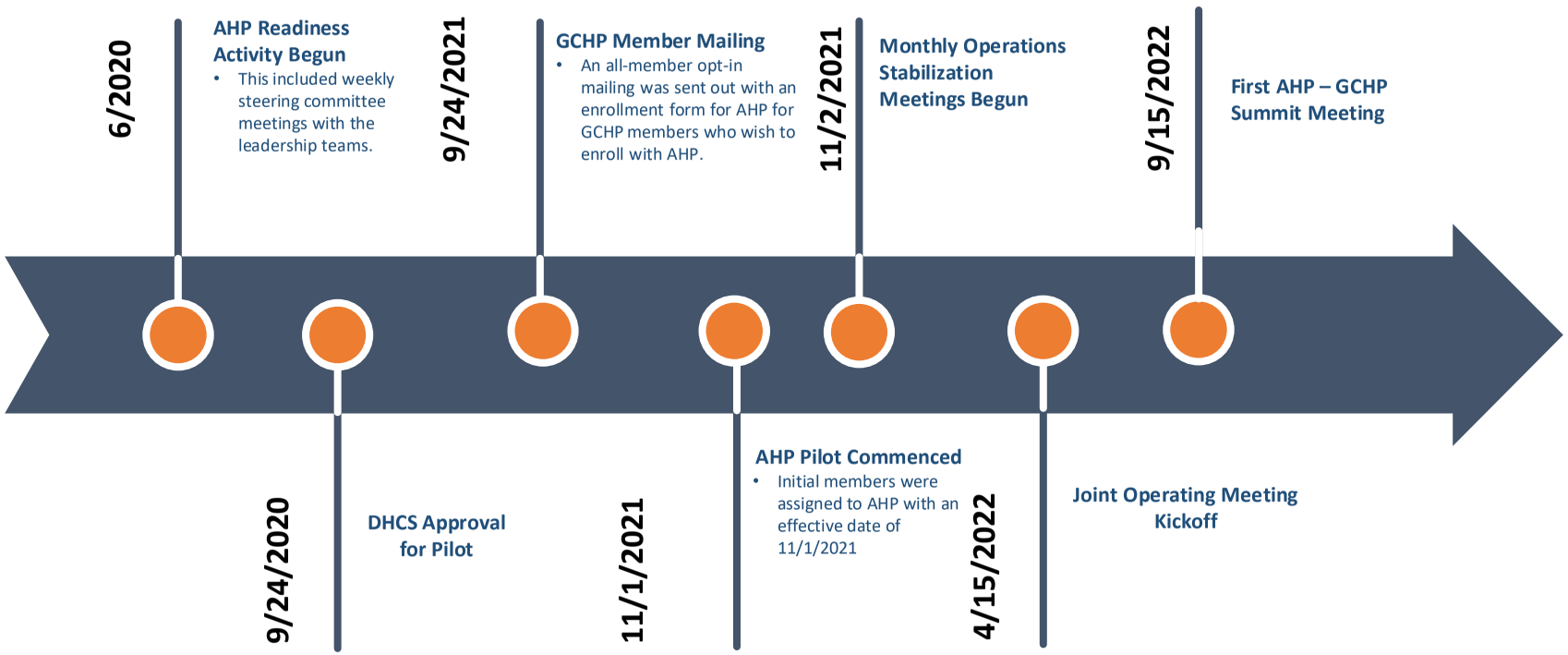
Timeline



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DHCS Approval

- **DHCS Approval Received 9/24/2020**
  - **Three-year limited-term pilot arrangement between GCHP and AHP.**
  - **AHP pilot is open to all GCHP members, including but not limited to members currently obtaining their primary care treatment through CDCR, the FQHC that wholly owns AHP.**
  - **Participation in the program will be capped.**
  - **GCHP remains accountable for all delegated functions and responsibilities and must ensure that its subcontracts satisfy the requirements set forth (by DHCS).**

Return to Agenda

Pilot Evaluation Criteria

- **Stated Benefits of the Pilot**
  - **AHP will bring the collaborative goal of creating a managed care platform that results in overall higher member satisfaction allowing members to receive timely access to comprehensive care through nationally recognized clinical programs. It is anticipated that AHP will improve members end to end experience.**
  - **AHP's operation of the Pilot will expand member choice, improve member satisfaction and improve members' overall quality of care. GCHP, as financial stewards, expects the economic benefit of passing on specified risk to AHP to assist in stabilizing GCHP's finances and preserving its reserves.**
- **AHP Evaluation Metrics**
  - **Adherence to DHCS requirements**
  - **18 Evaluation Metrics across the categories of Utilization, Pharmacy, Member Satisfaction, Care Management, and Network**
  - **Compliance with the Contract**

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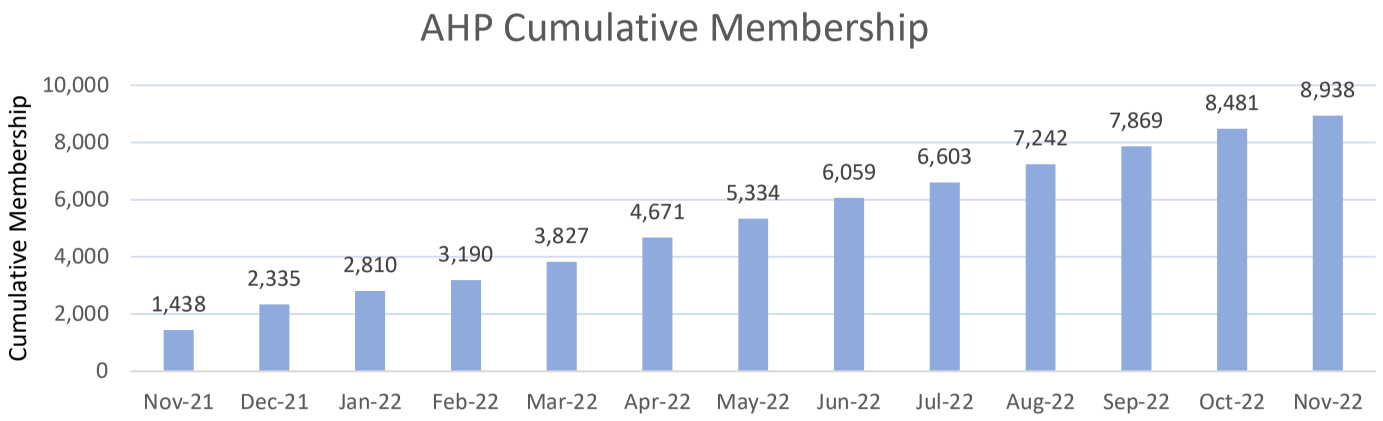
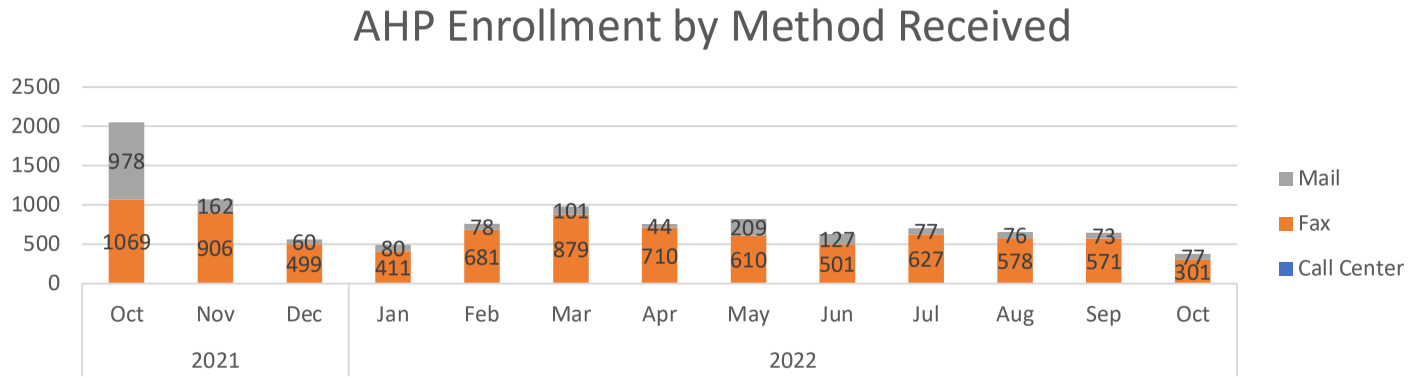
Enrollment





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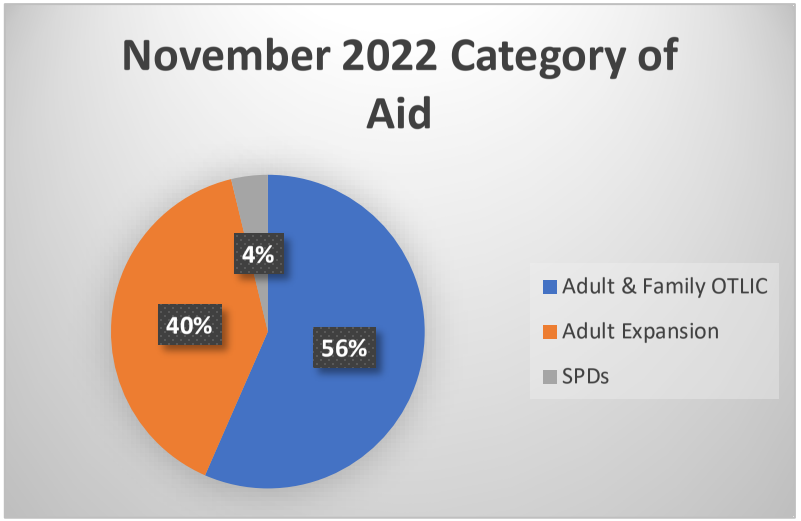
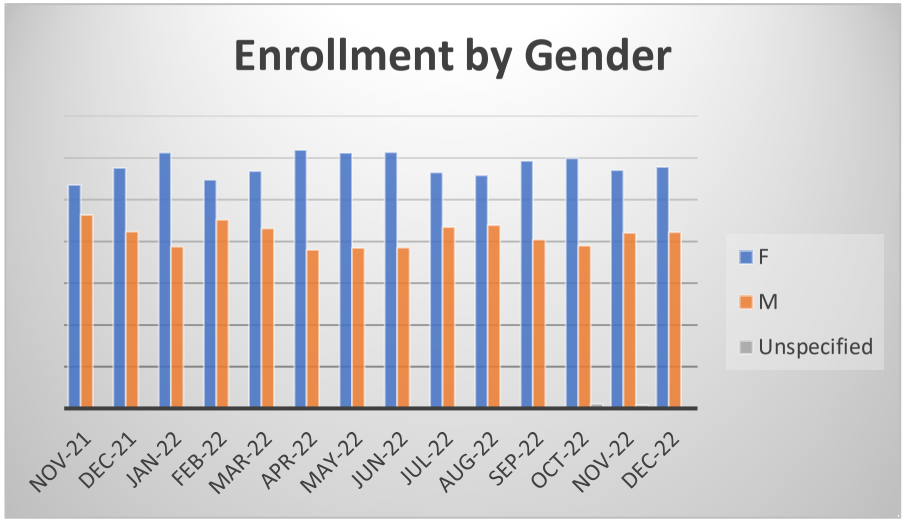
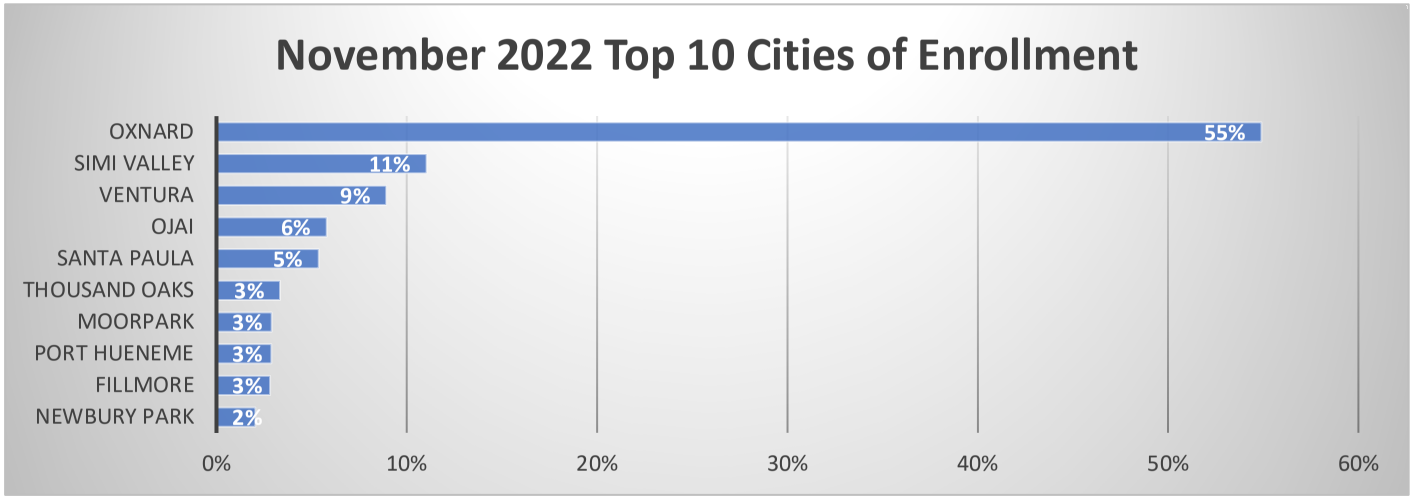
Enrollment Details







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Summit Meetings

- **GCHP and AHP have held in-person, half-day leadership meetings on 9/15/2022 and 10/15/2022 with multiple follow-up smaller group meetings.**

- **These meetings are intended to advance communication with the goal of both parties working collaboratively to manage to the contracted requirements and move toward outcomes that benefit members.**

Topics in Review

- **Completion of and progress toward stated contractual obligations**
    - **Financial**
      Legal and Administrative
      Covered Services
      Access
      Clinical Quality
      Reporting
- **AHP evaluation metrics**
    - **Sources for data for the metrics**
      Agreement to align Quality metrics directly to current MCAS
- **Discussion of current operational and financial challenges**

Return to Agenda

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AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Susana Enriquez-Euyoque, Director of Communications

DATE: November 21, 2022

SUBJECT: Cotiviti Contract

SUMMARY:

To help ensure eligible Medi-Cal beneficiaries retain their health care coverage when the Public Health Emergency ends – which is expected to happen in early 2023 – the state Department of Health Care Services (DHCS) instructed health plans to collaborate with counties to conduct outreach to members to remind them to return their redetermination packets to prevent a lapse in their coverage (APL 22-004, *"Strategic Approaches for Use by Managed Care Plans to Maximize Continuity of Coverage as Normal Eligibility and Enrollment Operations Resume"*).

Gold Coast Health Plan (GCHP) previously has contracted with Cotiviti to conduct member outreach campaigns via automated phone calls and text messages (IVR/SMS). The contract was awarded in 2019 following a competitive process. The new service order to promote continuous coverage is the fifth under this contract.

FINANCIAL IMPACT:

The funding for this initiative is currently in the FY 2022-23 budget and will continue into the FY 2023-24 budget.

RECOMMENDATION:

GCHP recommends approval of Service Order No. 5, with a contract term of Dec. 1, 2022, until Nov. 30, 2023, and a not-to-exceed cost of $225,000.

If the Commission desires to review this contract, it is available through GCHP's Finance Department.

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: November 21, 2022

SUBJECT: Quality Improvement Committee – 2022 Third/Fourth Quarter Report

SUMMARY:

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

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

APPROVAL ITEMS:

- 2021 Quality Improvement ("QI") Evaluation

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the 2021 QI Evaluation as presented and receive and file the complete report as presented.

ATTACHMENTS:

1) Timmerman, K., (2022). Quality Improvement, Ventura County Medi-Cal Managed Care Commission, Quality Improvement Committee Report – Q3/Q4 2022, Presentation Slides.

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Quality Improvement Committee Report Q3-Q4 2022

November 21, 2022

Kimberly Timmerman, MHA, CPHQ
Sr. Director, Quality Improvement

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Q3-Q4 2022 Quality Improvement Update

2021 Quality Improvement Evaluation

Approval Requested

2022-2023 DHCS Quality Improvement Requirements

Return to Agenda

Objective 1

Improve Quality and Safety of Clinical Care Services

Return to Agenda

Advanced Prevention: Tobacco Cessation

Goal: Increase member awareness of benefits of tobacco cessation and the rates of cessation interventions in members identified as tobacco users.

Metric(s)	Outcome
• 100% of identified smokers receive counseling and 32% receive cessation medication.	Not Met
Key Points: • 2021 Q4 Data: 37.7% of identified smokers were counseled but only 11.8% offered smoking cessation medication	

Advanced Prevention: Initial Health Assessment

Goal: Increase rates of Initial Health Assessment (IHA)/Individual Health Education Behavior Assessment (IHEBA) completion by providers.

Metric(s)	Outcome
All DHCS Requirements Met	Met
Key Points: • Per DHCS APL 20-004 IHA audits resumed 10/01/2021 • Q4 2021, the QI Department started scheduling IHA trainings with providers, assisted with reviewing barriers and implementing catch-up strategies	

Return to Agenda

Advanced Prevention: Adverse Childhood Experience

Goal: Promote awareness and increase adverse childhood experiences (ACE) screening rates for pediatric and adult members using a standardized screening tool.

Metric(s)	Outcome
• Increase ACE screenings by 2% over MY 2020 baseline rate.	Met

Key Points:
- ACE screenings increased 58.40% from 5459 in MY 2020 to 8647 in MY 2021
- Promoted ACE provider education campaigns (e.g., AAVC Lecture Series, Bridges to Resiliency)

Advanced Prevention: Lead Screening in Children

Goal: Promote awareness and increase the percentage of children who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday.

Metric(s)	Outcome
• Increase the administrative rate by 2%.	Not Met

Key Points:
- LSC rate decreased 4.94% points from 69.42% (MY 2020) to 64.48 (MY 2021)
- Distributed quarterly provider lead screening gap reports
- Provider and parent/guardian outreach campaigns: Pediatric telephone outreach campaign and articles in Winning Health and POB newsletters

Return to Agenda

Advance Prevention: COVID-19

Goal: Assess and develop interventions that promote member access to preventive health care services during the COVID-19 pandemic.

Metric(s)	Outcome
• Aim to minimize impact of COVID-19 on the provision of preventive health services, behavioral health services, and/or chronic disease care	Met

Key Points:

- Completed four preventive care outreach campaigns: Telephone outreach campaigns with Cotiviti and Care Management, and a DHCS preventive mail outreach campaign
- Launched a GCHP "Return to Care" webpage

Advance Prevention: Behavioral Health

Goal(s): Assess and develop interventions that promote member access to behavioral health care services.

Metric(s)	Outcome
• Meet or exceed 50th percentile on AMM, SSD, APM measures.	Met

Key Points:

- AMM, APM and SSD rates improved and met 50th %ile
- Behavioral Health Department began hosting quarterly BHI Convening meetings
- Behavioral health-themed gap reports distributed to providers: October 2021

Return to Agenda

MCAS Measure: Asthma Medication Ratio

Goal: Increase the percentage of members, 5-64 years of age with a diagnosis of persistent asthma, who had a ≥ 0.50 ratio of controller medications to total asthma medications during the measurement year.

Metric(s)	Outcome
• Increase MY 2021 AMR rate by 2%	Met

Key Points:

- AMR rate increased 2.70 % points from 48.20% (MY 2020) to 51.22% (MY 2021)
- Launched the asthma member incentive program
- GCHP-VCMC asthma outreach and member incentive pilot project
- Provider packet distribution Asthma Action Plan and member incentive: Oct. 2021

MCAS Measures: Childhood Immunization Status

Goal: Increase percentage of two-year old children who complete all required vaccines on or before their 2nd birthday.

Metric(s)	Outcome
• Meet or exceed the DHCS MPL (50th percentile)	Met

Key Points

- The CIS rate increased 3.16% points from 39.66% (MY 2020) to 42.82% (MY 2021)
- GCHP published well child health education flyer for 0–30-month-olds
- Two preventive care outreach campaigns: Summer 2021 and Fall 2021

Return to Agenda

MCAS Measure: Chlamydia Screening in Women

Goal: Increase the percentage of women, 16-24 years of age, who were identified as sexually active and who had at least one chlamydia screening during the measurement year.

Metric(s)	Outcome
• Meet or exceed DHCS MPL (50th percentile)	Not Met

Key Points:

- CHL rate increased 0.76% points from 52.72% (MY 2020) to 53.48% (MY 2021) but remained in the 25th percentile
- Women's health-themed gap reports distributed to providers: April 2021
- Preventive care outreach campaign: Fall 2021

MCAS Measure: Cervical Cancer Screening

Goal: Increase percentage of women, 21-64 years of age, who completed a cervical cancer screening.

Metric(s)	Outcome
• Meet or exceed DHCS MPL (50th percentile)	Met

Key Points:

- CCS rate increased 2.68% points from 56.69% (MY 2020) to 59.37% (MY 2021)
- Member incentive point-of-care distribution pilot project with VCMC
- Women's health-themed gap reports distributed to providers: April 2021
- Preventive care outreach campaign: Fall 2021

Return to Agenda

MCAS Measure: Developmental Screening in Children

Goal: Increase the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding, or on, their first, second or third birthday.

Metric(s)	Outcome
• Increase administrative rate by 2%	Met

Key Points:
- The DEV rate increased 3.55% points from 36.06% (MY 2020) to 39.58% (MY 2021)
- GCHP and CHDP partnership to increase developmental screenings
- Promoted Prop 56 provider incentives

MCAS Measure: Child & Adolescent Well-Care

Goal: Increase the percentage of members, 3-21 years of age, who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.

Metric(s)	Outcome
• Establish new administrative rate baseline.	Met

Key Points:
- Two preventive care outreach campaigns: Summer 2021 and Fall 2021
- GCHP published well child health education flyer for 3–21-year-olds

Return to Agenda

MCAS Measure: Well-Child Visits in the First 30 Months of Life (W30)

Goal: For children between 0 to 30 months of age

1. Increase the percentage of children with six or more well-care exams within the first 15 months of life.
2. Increase the percentage of 30-month-old children who had two or more well-child exams between 15 and 30 months of age.

Metric(s)	Outcome
• Establish new administrative rate baseline	Met

Key Points:

- Two preventive care outreach campaigns: Summer 2021 and Fall 2021
- GCHP published well child health education flyer for 0–30-month-olds
- Return to care promotions: GCHP webpage, member and provider communications

Return to Agenda

Quality Improvement Project: 2020-2021 DHCS Asthma Medication Ratio

Goal: Increase the percentage of members, 5-64 years of age with a diagnosis of persistent asthma, who had a ≥ 0.50 ratio of controller medications to total asthma medications during the measurement year.

Metric(s)	Outcome
• Increase MY 2021 AMR rate by 2%	Met

Key Points

- AMR rate increased 2.70 % points from 48.20% (MY 2020) to 51.22% (MY 2021)
- Improved care coordination by referring members to other GCHP services, such as the care management team
- Members benefited from the outreach and helped educate members on managing their asthma and the importance of annual screenings

Return to Agenda

Quality Improvement Projects: 2020-2021 DHCS COVID-19 QIP

Goal(s): Describe three interventions for increasing provision of preventive services, behavioral health services, and/or chronic disease care to members during the COVID-19 pandemic.

Activities:

- Completed the initial and final COVID-19 QIP submissions per the DHCS timeline.

Metric(s)	Outcome
• Implement interventions to increase provision of preventive services, behavioral health services, and/or chronic disease care to members during the COVID-19 pandemic.	Met

Key Points

- Submitted summaries for 11 GCHP COVID-19 interventions: 5 preventive care; 3 chronic disease care; 3 behavioral health.
- DHCS commended GCHP's level of community collaboration.

Return to Agenda

Objective 2

Improve Quality and Safety of Non-Clinical Care Services

Return to Agenda

Cultural & Linguistics Needs & Preferences

Goal: Ensure adequate resources to address the cultural, ethnic and linguistic needs of our members.

Metric(s)	Outcome
• Develop and implement action plan to provide members with available resources to meet cultural, ethnic and linguistic needs.	Met

Key Points

- Network Operations incorporated C&L education during new provider orientations.
- Health Education collaborated with Provider Network Operations to promote language assistance services in the POB, provider trainings and presentations, JOMs
- There was 4687 language assistance services provided in 2021

After Hours Availability

Goal: Members can reach a provider after hours.

Metric(s)	Outcome
• Standards met for minimum of 90% of providers	Partially Met

Key Points

- 4 of 6 metrics met the 90% benchmark
- PNO will meet with providers who did not meet benchmarks to provide education.

Return to Agenda

Primary and Specialty Care Access

Goal(s):

- **Primary Care**
  - Non-urgent primary care within 10 business days of request
  - Urgent care within 24 hours
- **Specialty Care**
  - Non-urgent specialty care appointment within 15 business days
  - Non-urgent ancillary services within 15 business days

Activities:

- Conduct surveys, monitor performance and implement CAPs as needed
- Monitor performance and complaints relating to member access for appointments/referrals

Metric(s)	Outcome
• Standards met for minimum of 90% of providers	Partially Met

Key Points

- Most PCP and specialty care access rates increased compared to 2019, but some rates did not meet the 90% benchmark
- PNO will meet with providers who did not meet benchmarks and provide education.

Return to Agenda

Network Adequacy

Goal: Network Adequacy as demonstrated by availability of practitioners

Activities:

- Conduct bi-annual ratio analysis and annual analysis for primary care and high-volume specialties
- Identify gaps and implement corrective action plan
- Monitor and report GeoAccess standards
- Develop process for network certification with ratios

Metric(s)	Outcome
• PCP-to-member ratios and Physician Supervision to NP/PA ratios • PCP located within 30 minutes or 10 miles • Core specialists located within 60 minutes or 30 miles • Hospitals located within 30 minutes • Develop process for network certification	Met

Key Points

- All ratios and distance requirements met
- GeoAccess Standard Request Template submitted to DHCS and approved
- GeoAccess assessments completed quarterly

Return to Agenda

Objective 3

Improve Member Safety

Return to Agenda

Facility Site Monitoring

Goal: Compliance with Facility Site Review and Physical Accessibility Review requirements

Metric(s)	Outcome
• Completed FSRs and PARs 100% on time	Met

Key Points

- Per DHCS guidance, resumed onsite FSRs 07/21/21. Developed catch-up strategy to complete past due FSRs
- Periodic Physical Accessibility Review (PARs) surveys completed in conjunction with FSRs.

Credentialing/Recredentialing

Goal: Implement a well-defined credentialing and recredentialing process for evaluating and selecting practitioners/providers to provide care to members

Metric(s)	Outcome
• 100% on Time	Met

Key Points

- Credentialing files were processed according to NCQA/DHCS and GCHP policy standards all metrics met benchmarks
- Collaborated on implementation of Provider Contracting/Credentialing Mgt system

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Pharmacy

Goal: Prevent increases in the statistics related to opioid use in GCHP members:

- Total number of users
- Total number of high dose users
- Concurrent users of benzodiazepines
- Concurrent users of antipsychotics

Metric(s)	Outcome
• Maintain performance compared to prior year and less than a 5% increase in each category	Met

Key Points:

- Total number of users: -3.82%
- Total number of high dose users: -17.55%
- Concurrent users of benzodiazepines: -19.17%
- Concurrent users of antipsychotics: -41.50%

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Objective 4

Assess and Improve Member Experience

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Member Access & Satisfaction

Goal: Assess member access, complaints and grievances, and satisfaction

Metric(s)	Outcome
Development and implementation of action plan to improve	Met

Key Points

- Grievance for quality of care and quality of services decreased in 2021
- Developed tracking log to manage member complaints, resolution and feedback
- Launched a CAHPS Workgroup in October 2021

Call Center Monitoring

Goal: Monitor Call Center metrics for average speed of answer, abandonment rate, phone quality

Metric(s)	Outcome
• ASA: 30 seconds or less; Abandonment Rate: 5% or less • Phone quality results: ≥ 95%	Partially Met

Key Points

- The ASA was not met for 7 months, and the abandonment rate was not met for 4 months. GCHP transitioned to a new core system in May 2021 and there was reduction in call center agents
- QA auditors were added to provide coaching and feedback

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Objective 5

Ensure Organizational Oversight of Delegated Activities

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Delegation Oversight

Goal: Complete delegation oversight for delegated activities: credentialing; quality improvement; utilization management; members' rights; and claims.

Metric(s)	Outcome
100% of all audits completed with CAPs closed timely	Met
Key Points • Quarterly delegation oversight completed for all delegated activities • CAPs issued were monitored for completion	

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2021 QI Work Plan Evaluation Summary

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2021 QI Work Plan Evaluation Summary

Objectives That Met Goals (19)

- Practice Guidelines
- Initial Health Assessments
- Adverse Childhood Experience Screening
- COVID-19
- Behavioral Health
- Asthma Medication Ratio
- Cervical Cancer Screening
- Child Immunization Status – Combo 10
- Developmental Screening in Children
- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- 2020-2021 Asthma Medication Ratio IP
- 2020-2021 COVID-19 QIP
- Cultural and Linguistics Needs & Preferences: Practitioner Availability
- Facility Site Monitoring
- Credentialing/Recredentialing
- Pharmacy
- Member Access and Satisfaction
- Delegation Oversight

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2021 QI Work Plan Evaluation Summary Cont.

Objectives That Partially Met Goals (3)

- Primary and Specialty Care Access
- After Hours Availability
- Call Center Monitoring

Objectives That Did Not Met Goals (3)

- Tobacco Cessation
- Lead Screening in Children
- Chlamydia Screening in Women

Objectives Still In-Process (5)

- 2021-2022 CDC-H9 IP
- 2021-2022 Women's Health SWOT
- 2021-2022 COVID-19 QIP
- 2020-2022 Cervical Cancer Screening (Ages 21-29) Health Equity PIP
- 2020-2022 Child and Adolescent Well-Care (Ages 12-17) PIP

Objectives On Hold Due to COVID-19 (1)

- Provider Satisfaction Survey

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2022-2023 DHCS Quality Improvement Requirements

- April 2022 - DHCS announced that it will impose sanctions on MCPs
  - For failure to meet the Minimum Performance level (MPL) for any MCAS measure
  - Corrective action plans
  - Financial sanctions
- Sanction calculations are based on:
  - Population impacted
  - Percentage gap below the MPL
  - Trends in past improvement
  - Overall financial impact on plans

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Quality Monitoring Performance Tiers

Tiers		Green Tier	Orange Tier	Red Tier
Triggers		One measure below the MPL, per domain	Two or more measures below the MPL in any one domain	Three or more measures in two or more domains
Quality Improvement requirements		• PDSA *Max of 3 PDSAs across domains for each MCP*	• PDSA • SWOT • Infant /Child CMS Affinity work (if applicable) *Max of 1 SWOT on any domain and 2 PDSAs for remaining triggered domains^*	• Quality Improvement MCP assessment and Strategic Plan • Executive leadership meeting every four (4) months • NC meetings prior to executive meetings

DHCS established accountability requirements based on a QI tiering system

For each MCP not meeting the MPL in 1+ measure(s) in a domain, the MCP will be placed in a quality monitoring tier

- GCHP has been designated the Orange Tier
  - Measures fell below the MPL in two domains:
    - Child/Adolescent Preventive Health
      - Well Child Visits 0-14 months, Well Child Visits 15-30 months, Well Child Visits 3-21 years
    - Women's/Maternal Health
      - Chlamydia Screening in Women & Breast Cancer Screening

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Q4 MCAS Push

- Data Completeness & Integration
  - Assessment/enhancement of data sources and mapping accuracy
- Proactive medical record abstraction
  - Administrative-only measures
- Member Outreach – Gaps in Care
  - Texting campaign
  - Engagement of internal teams
- New Member Incentives
  - Breast Cancer Screening
  - Diabetes Control (HbA1c)
- Provider Collaboration
  - INDICES Gaps in Care/rate reporting
  - Monthly & Quarterly Collaborative Meetings

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Questions?

Recommendation:

Approve the 2021 QI Program Evaluation

Thank you

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AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Kashina Bishop, Chief Financial Officer

DATE: November 21, 2022

SUBJECT: October 2022 Fiscal Year to Date Financials

SUMMARY:

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

BACKGROUND/DISCUSSION:

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

Financial Overview:

GCHP experienced gains of $13.9 million for October 2022. As of October 31st, GCHP is favorable to the budget estimates by $19.3 million. The favorability is due to medical expense estimates that are currently less than budget by $21.0 million, administrative and project expenses that are under budget by $2.2 million and Non-Operating Gains (Interest Income) of $1.5M offset by revenue that is unfavorable to budget by ($5.3M).

Financial Report:

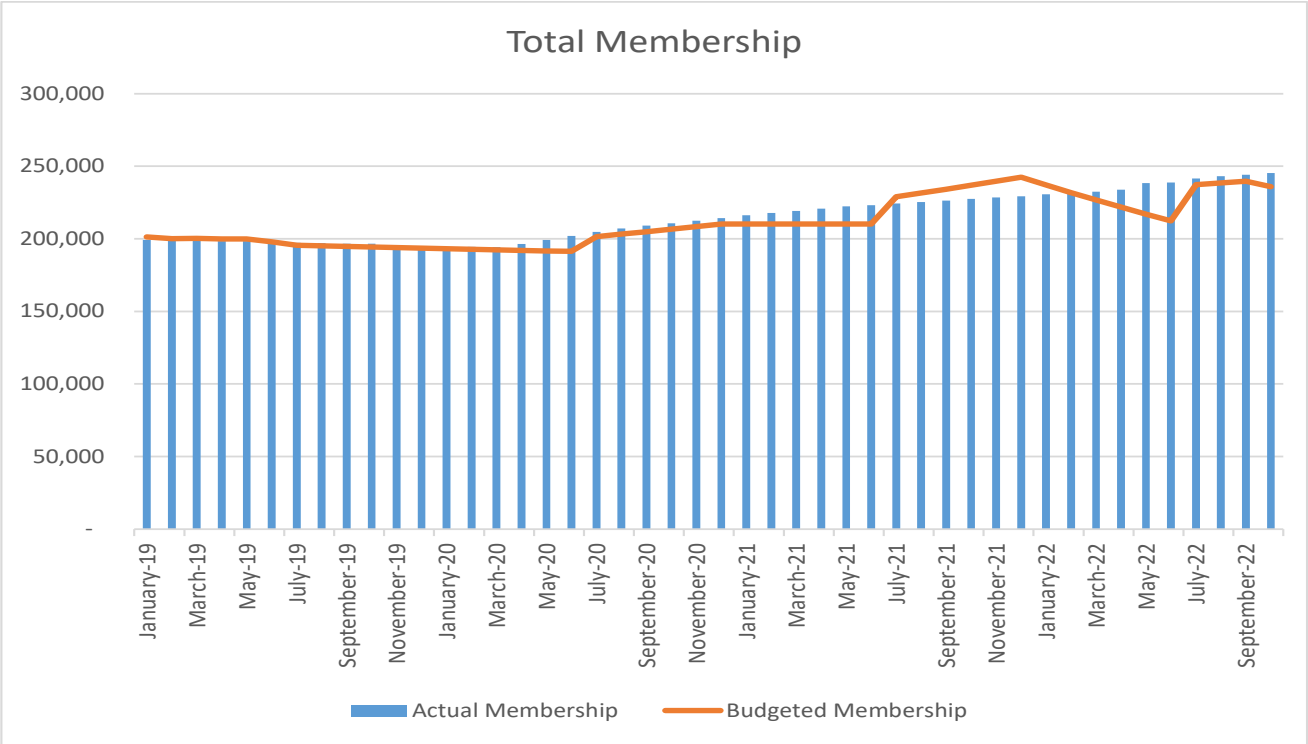
GCHP is reporting a net gain of $13.9 million for October 2022.

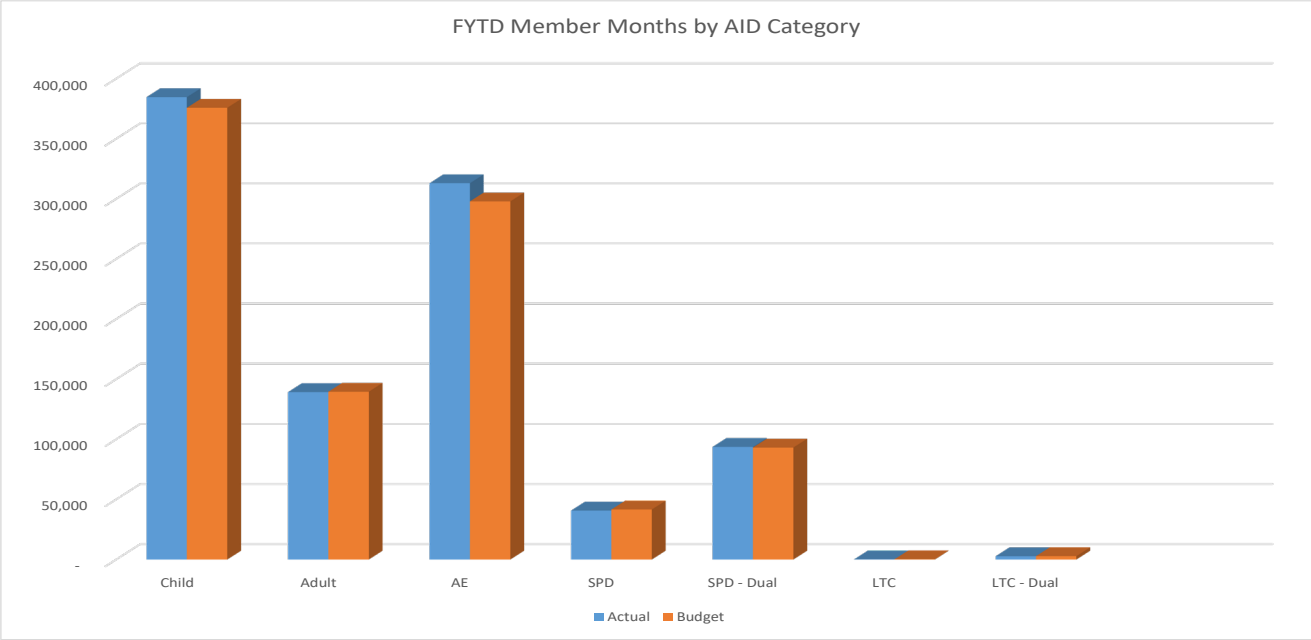
October 2022 FYTD Highlights:

1. Net gain of $41.0 million, a $19.3 million favorable budget variance.
2. FYTD net revenue is $313.8 million, ($5.3) million under budget.
3. FYTD Cost of Health Care is $252.8 million, $21.0 million under budget.
4. The medical loss ratio is 80.6% of revenue, 5.2% less than the budget.
5. FYTD administrative expenses are $21.5 million, $2.2 million under budget.
6. The administrative cost ratio is 6.9%, 0.6% under budget.

7. Current membership for October 2022 is 242,679.
8. Tangible Net Equity is $217.6 million which represents approximately 98 days of operating expenses in reserve and 668% of the required amount by the State.

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





Revenue

FYTD Net Premium revenue is $313.8 million; a ($5.3) million and (2.0%) unfavorable budget variance. Variance is primarily due to ECM risk corridor adjustment of ~$1.3M not in budget, timing of incentive revenue budgeted of ~$1.0M, higher actual MCO tax expense than budget ~$1.7M and lower BHT supplemental revenue than forecast of ~$2.0M.

Health Care Costs

FYTD Health care costs are $252.8 million; a $21.0 million and 8.0% favorable budget variance. The primary driver is lower inpatient medical expenses.

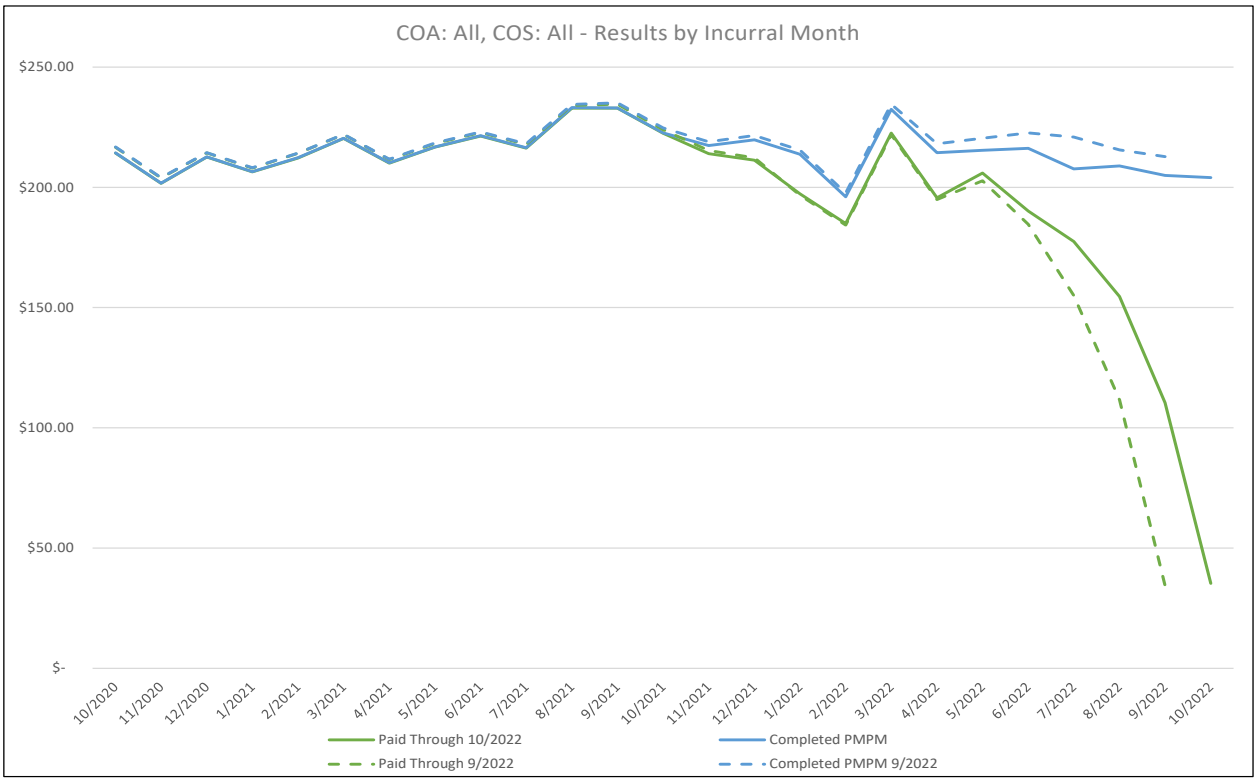
Due to the unknown impacts of the pandemic, the budget was established for CY2023 Medical Expenses projected based on FY20-21 (July 2020 – June 2021) RDT base data and CY21 experience respectively + estimated trend/prospective adjustment factors.

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

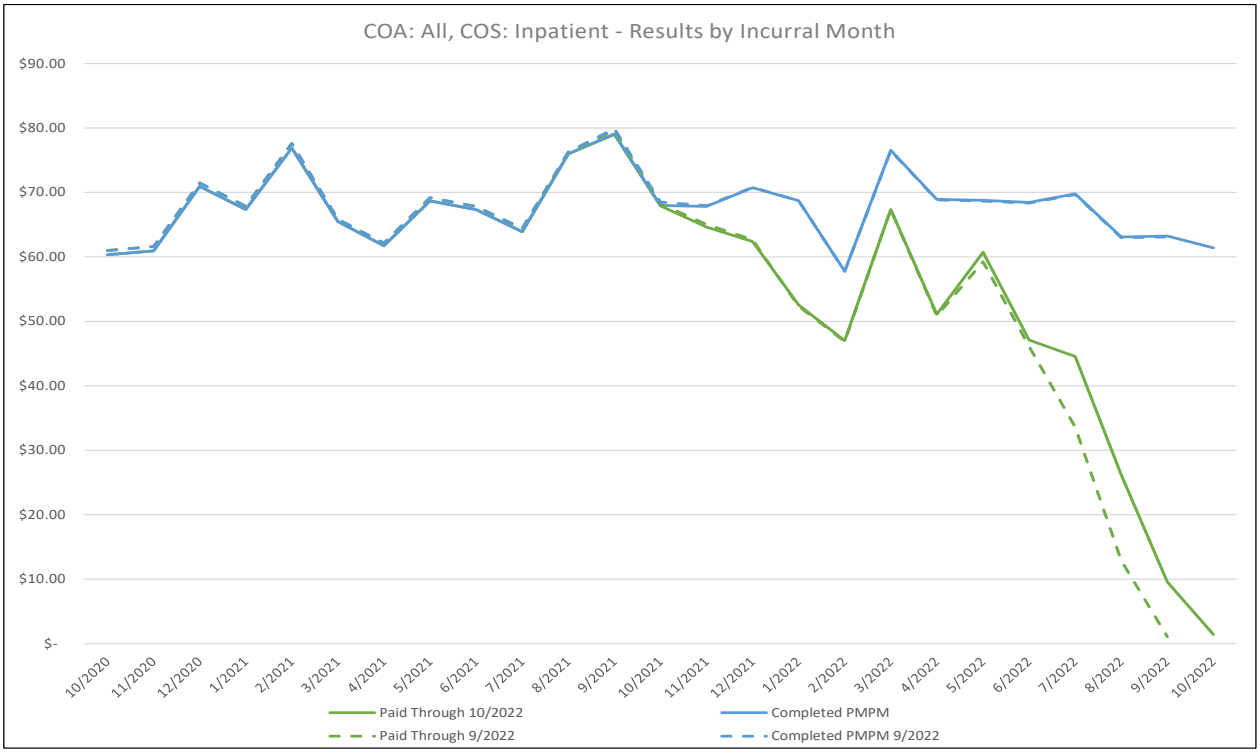
Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as “Incurred but Not Paid” (IBNP) and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred but Not Reported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

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

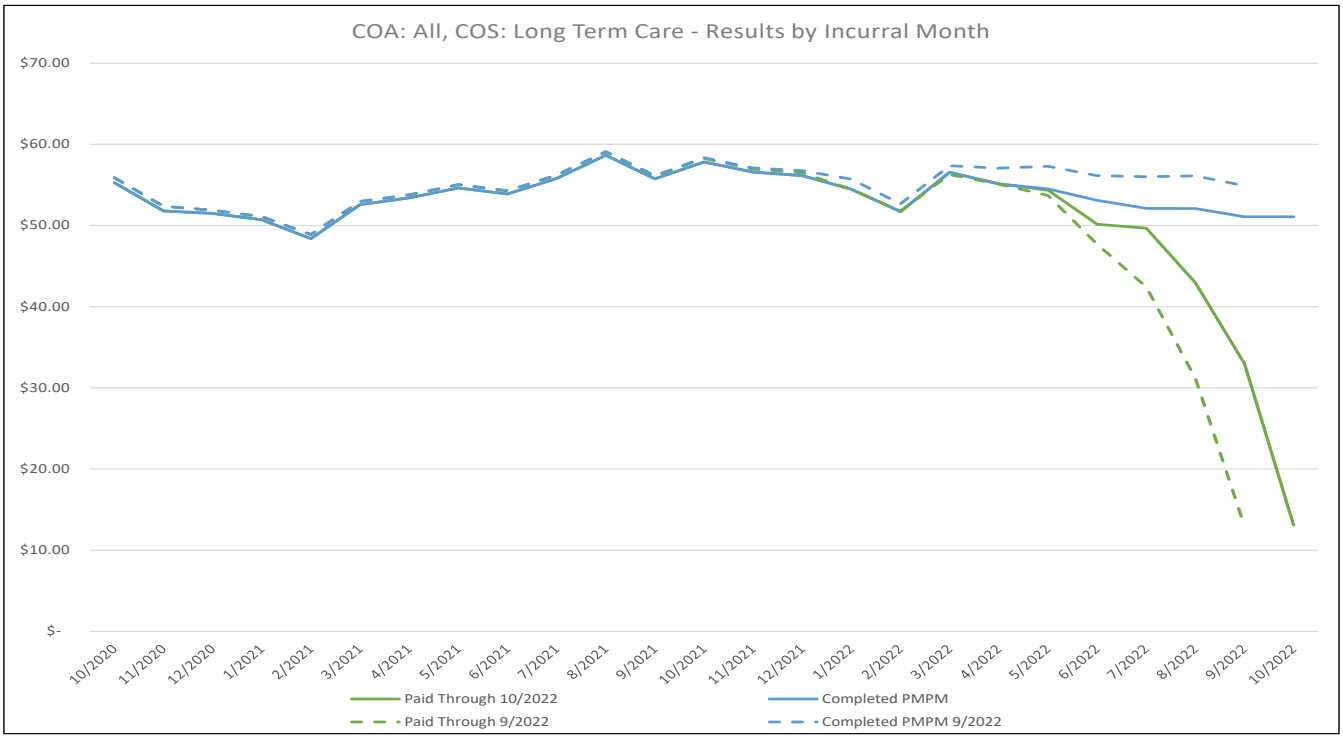
1. All categories of service



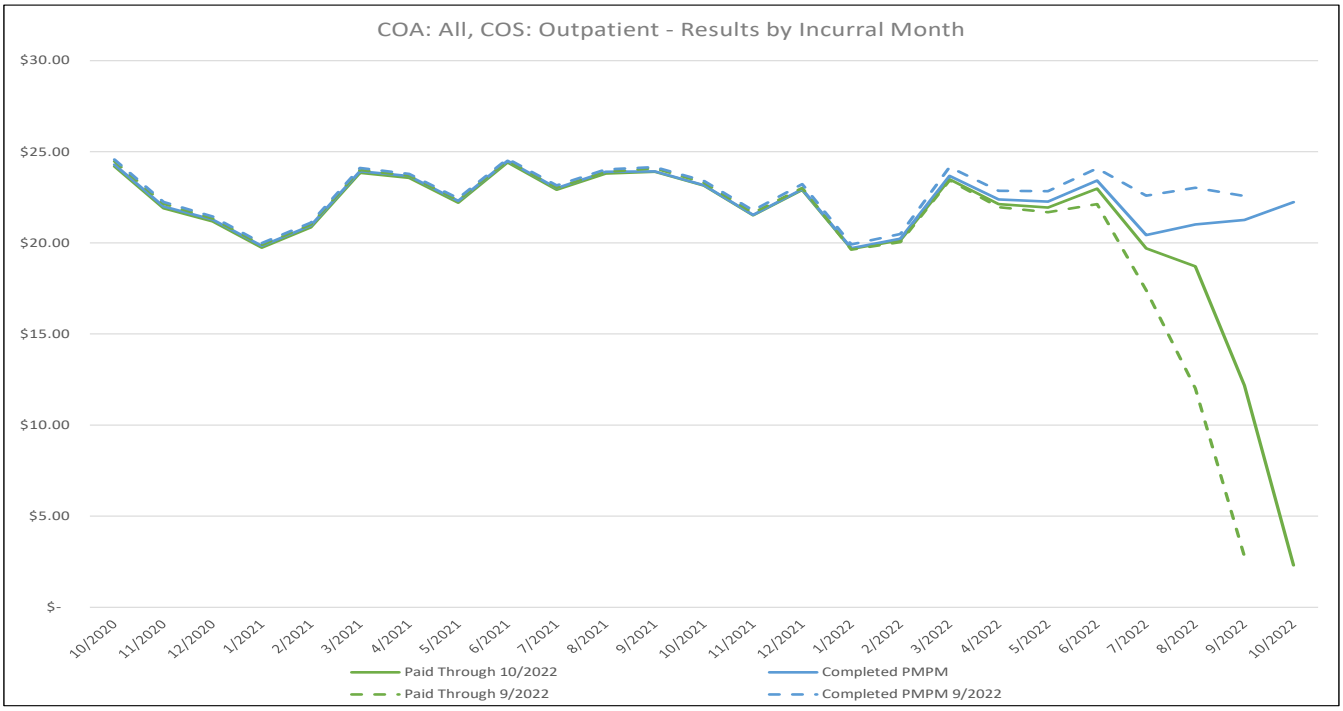
2. Inpatient hospital costs



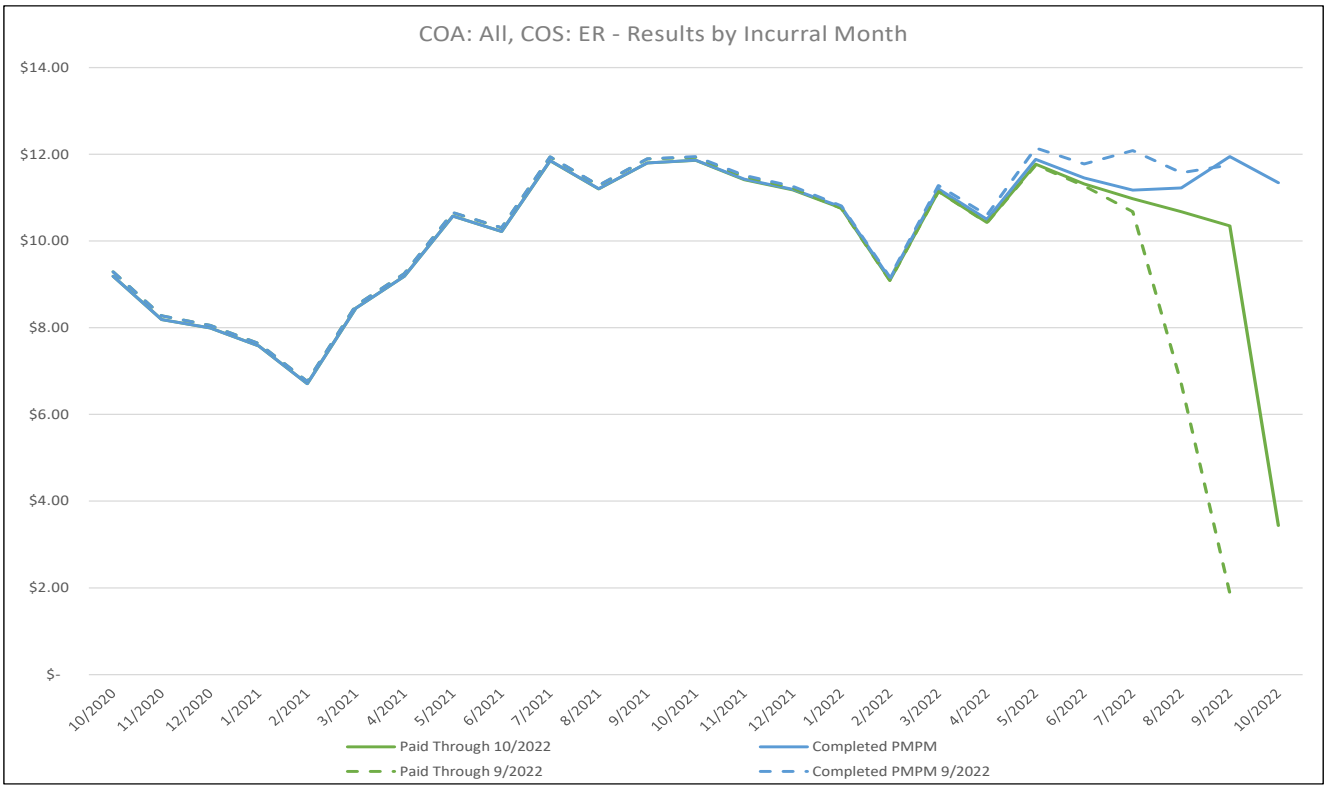
3. Long term care (LTC) expenses



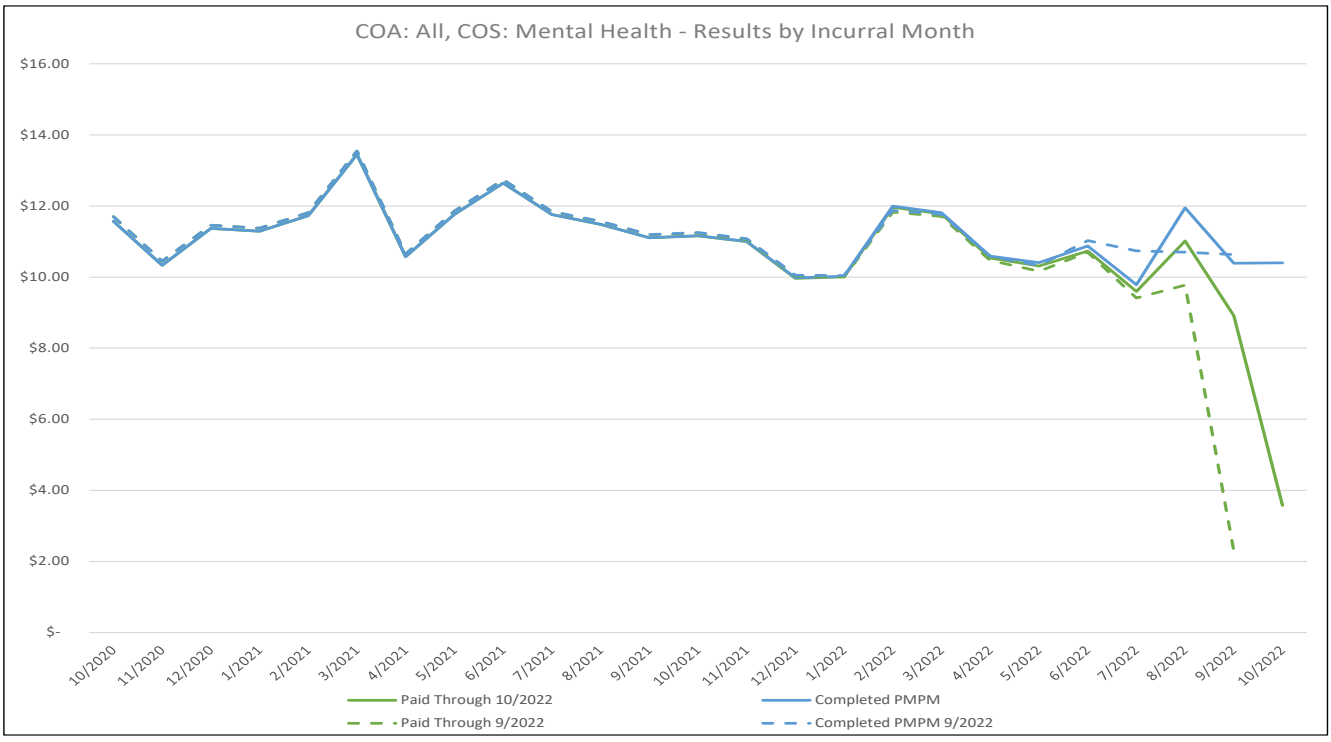
4. Outpatient expenses



5. Emergency Room expenses



6. Mental and behavioral health services



Administrative Expenses

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

For the fiscal year to date through October 2022, administrative costs were $21.5 million, $2.2 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 6.9% versus 7.4% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~$0.7M)
- *Outside Services*: primarily related to timing of Population Health Management (PHM) engagement campaign project expenses (~$0.8M)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation (~$0.9M)

Cash and Short-Term Investment Portfolio

At October 31st, the Plan had $329.9 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool $18.4 million; LAIF CA State $40.5 million; Cal Trust $34.9M.

SCHEDULE OF INVESTMENTS AND CASH BALANCES

	Market Value* October 31, 2022	Account Type
Local Agency Investment Fund (LAIF)[1]	$ 40,482,460	investment
Ventura County Investment Pool[2]	$ 18,441,057	investment
CalTrust	$ 34,880,278	short-term investment
Bank of West	$ 233,648,334	money market account
Pacific Premier	$ 2,484,782	operating accounts
Mechanics Bank[3]	$ -	operating accounts
Petty Cash	$ 500	cash
Investments and monies held by GCHP	***$ 329,937,411***	

	Oct-22	FYTD 22-23
Local Agency Investment Fund (LAIF)		
Beginning Balance	$ 40,345,180	$ 40,269,787
Transfer of Funds from Ventura County Investment Pool	-	-
Quarterly Interest Received	137,280	212,673
Quarterly Interest Adjustment	-	-
Current Market Value	**$ 40,482,460**	**$ 40,482,460**
	-	-
Ventura County Investment Pool		
Beginning Balance	$ 18,406,958	$ 18,377,308
Transfer of funds to LAIF	-	-
Interest Received	34,099	63,749
Current Market Value	**$ 18,441,057**	**$ 18,441,057**

Medi-Cal Receivable

At October 31st, the Plan had $98.1 million in Medi-Cal Receivables due from DHCS.

RECOMMENDATION:

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

CONCURRENCE:

N/A

ATTACHMENT:

October 2022 Financial Package

Gold Coast Health Plan℠
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FINANCIAL PACKAGE
For the month ended October 31, 2022

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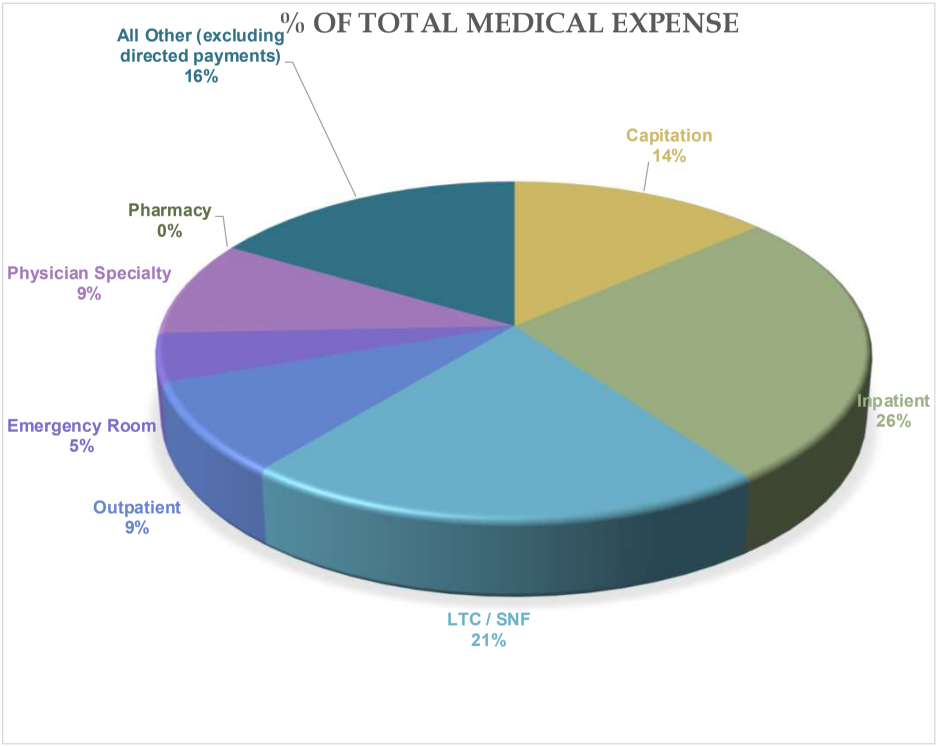
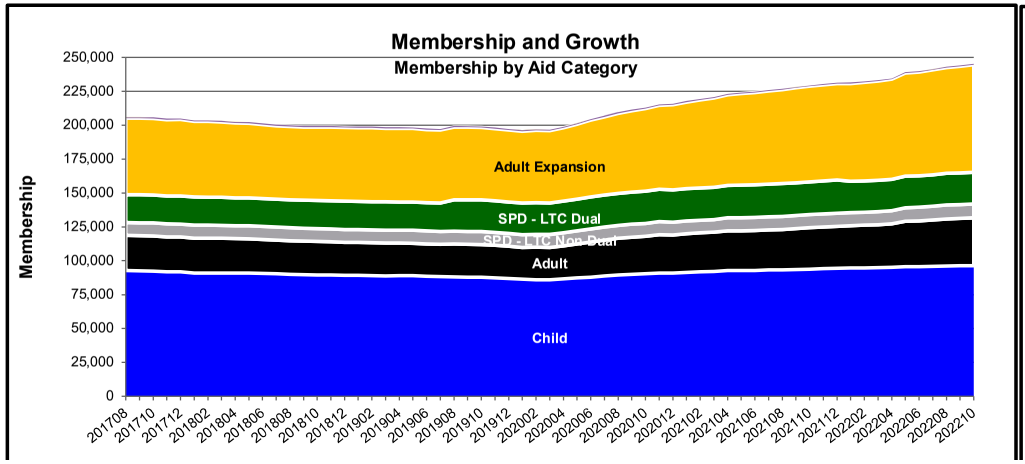
Gold Coast Health Plan

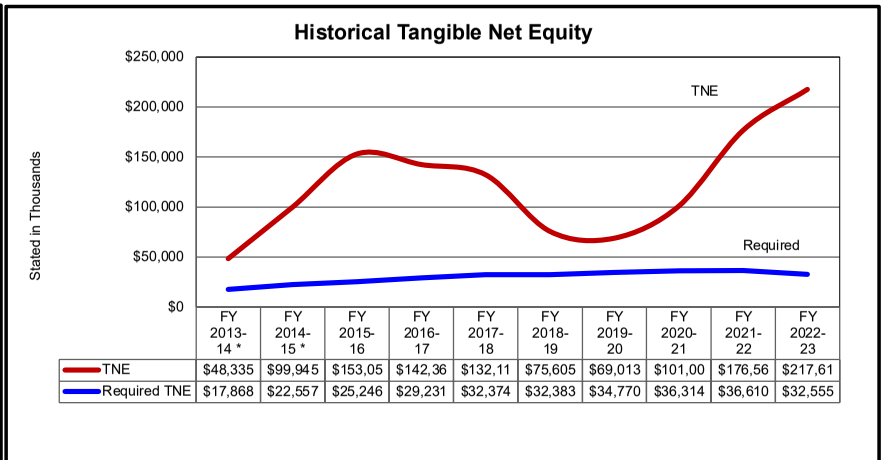
Executive Dashboard as of October 31, 2022

	FYTD 22/23 Budget*	FYTD 22/23 Actual	FYTD 21/22 Actual	FY 20/21 Actual
Average Enrollment	237,820	241,291	229,367	213,547
PMPM Revenue	$ 363.84	$ 325.10	$ 347.72	$ 358.22
Medical Expenses				
Capitation	$ 32.05	$ 34.33	$ 32.44	$ 34.03
Inpatient	$ 76.85	$ 66.94	$ 68.62	$ 66.52
LTC / SNF	$ 50.92	$ 52.88	$ 59.92	$ 55.42
Outpatient	$ 26.00	$ 22.26	$ 22.59	$ 23.16
Emergency Room	$ 12.02	$ 11.56	$ 10.80	$ 9.25
Physician Specialty	$ 26.22	$ 23.15	$ 22.49	$ 25.71
Provider incentives	$ 0.84	$ (0.00)	$ -	$ -
Pharmacy	$ -	$ -	$ 29.71	$ 62.07
All Other *(excluding directed payments)*	$ 41.43	$ 41.77	$ 45.41	$ 43.20
Total Per Member Per Month	$ 266.33	$ 252.87	$ 291.97	$ 319.36
Medical Loss Ratio	85.0%	80.2%	86.9%	92.1%
Total Administrative Expenses	$ 23,678,041	$ 21,494,483	$ 53,680,738	$ 49,637,603
% of Revenue	7.4%	6.9%	5.6%	5.4%
TNE	$ 210,905,330	$ 217,609,628	$ 180,480,257	$ 100,999,994
Required TNE	$ 33,658,772	$ 32,554,873	$ 36,609,789	$ 36,313,908
% of Required	627%	668%	493%	278%

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







	FY 2013-14 *	FY 2014-15 *	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
TNE	$48,335	$99,945	$153,05	$142,36	$132,11	$75,605	$69,013	$101,00	$176,56	$217,61
Required TNE	$17,868	$22,557	$25,246	$29,231	$32,374	$32,383	$34,770	$36,314	$36,610	$32,555

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STATEMENT OF FINANCIAL POSITION

	10/31/22	09/30/22	08/31/22
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	**236,133,618**	**235,575,663**	**220,703,046**
Total Short-Term Investments	**93,803,795**	**93,626,015**	**93,631,350**
Medi-Cal Receivable	98,085,359	95,862,421	93,224,963
Interest Receivable	67,200	104,113	69,408
Provider Receivable	624,582	605,357	592,396
Other Receivables	1,733,300	2,215,788	2,659,554
Total Accounts Receivable	**100,510,440**	**98,787,679**	**96,546,322**
Total Prepaid Accounts	2,979,268	3,447,427	3,662,652
Total Other Current Assets	135,560	135,560	135,560
Total Current Assets	**433,562,681**	**431,572,345**	**414,678,931**
Total Fixed Assets	**6,644,891**	**6,774,318**	**6,803,692**
Total Assets	**$ 440,207,571**	**$ 438,346,663**	**$ 421,482,624**
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	$ 118,443,922	$ 119,036,000	$ 112,894,803
Claims Payable	13,659,560	11,304,800	18,061,778
Capitation Payable	8,568,497	8,695,605	9,113,386
Physician Payable	24,968,156	21,520,385	26,599,813
DHCS - Reserve for Capitation Recoup	26,003,367	25,682,072	25,682,232
Lease Payable- ROU	1,252,740	1,247,351	1,241,985
Accounts Payable	2,732,295	3,382,000	344,107
Accrued ACS	1,851,270	1,852,911	3,596,624
Accrued Provider Incentives/Reserve	6,603,684	6,562,483	6,484,661
Accrued Pharmacy	-	-	9,953
Accrued Expenses	2,478,939	3,829,691	3,693,480
Accrued Premium Tax	7,907,460	23,722,380	15,814,920
Accrued Payroll Expense	2,606,557	2,186,698	2,306,122
Total Current Liabilities	**217,076,446**	**229,022,376**	**225,843,864**
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	-	-	-
Lease Payable - NonCurrent - ROU	5,521,498	5,628,359	5,734,755
Total Long-Term Liabilities	**5,521,498**	**5,628,359**	**5,734,755**
Total Liabilities	**222,597,944**	**234,650,735**	**231,578,619**
Net Assets:			
Beginning Net Assets	176,562,922	176,562,922	176,562,922
Total Increase / (Decrease in Unrestricted Net Assets)	41,046,706	27,133,006	13,341,083
Total Net Assets	**217,609,628**	**203,695,928**	**189,904,005**
Total Liabilities & Net Assets	**$ 440,207,571**	**$ 438,346,663**	**$ 421,482,624**

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

	October 2022	October 2022 Year-To-Date		Variance	Variance	October 2022 Year-To-Date		Variance
	Actual	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	242,679	965,164	951,281	13,883	1%	PMPM - FYTD		
Revenue								
Premium	$ 87,637,826	$ 347,507,608	$ 350,207,490	$ (2,699,882)	-1%	$ 360.05	$ 368.14	$ (8.09)
Reserve for Cap Requirements	-	-	-	-	0%	-	-	-
Incentive Revenue	-	-	957,278	(957,278)	-100%	-	1.01	(1.01)
MCO Premium Tax	(8,434,186)	(33,736,744)	(32,065,692)	(1,671,052)	5%	(34.95)	(33.71)	(1.25)
Total Net Premium	**79,203,640**	**313,770,864**	**319,099,076**	**(5,328,213)**	**-1.7%**	**325.10**	**335.44**	**(10.35)**
Other Revenue:								
Miscellaneous Income	120	285	-	285	0%	0.00	-	0.00
Total Other Revenue	120	285	-	285	0%	0.00	-	0.00
Total Revenue	**79,203,760**	**313,771,149**	**319,099,076**	**(5,327,928)**	**-2%**	**325.10**	**335.44**	**(10.35)**
Medical Expenses:								
Capitation								
PCP, Specialty, Kaiser, NEMT & Vision	8,368,639	32,060,686	30,930,642	(1,130,044)	-4%	33.22	32.51	(0.70)
ECM	281,769	1,068,570	2,641,320	1,572,750	60%	1.11	2.78	1.67
Total Capitation	8,650,409	33,129,256	33,571,962	442,706	1%	34.33	34.78	0.46
FFS Claims Expenses:								
Inpatient	16,637,908	64,605,223	74,176,456	9,571,232	13%	66.94	77.98	11.04
LTC / SNF	11,289,425	51,035,497	49,148,002	(1,887,495)	-4%	52.88	51.67	(1.21)
Outpatient	4,722,315	21,486,237	25,090,871	3,604,634	14%	22.26	26.38	4.11
Laboratory and Radiology	981,085	3,523,225	3,129,013	(394,212)	-13%	3.65	3.29	(0.36)
Directed Payments - Provider	2,189,651	8,701,618	7,939,078	(762,540)	-10%	9.02	8.35	(0.67)
Emergency Room	2,418,900	11,159,015	11,600,959	441,944	4%	11.56	12.20	0.63
Physician Specialty	5,004,576	22,339,276	25,304,621	2,965,345	12%	23.15	26.60	3.46
Primary Care Physician	1,773,211	8,159,955	9,635,821	1,475,866	15%	8.45	10.13	1.67
Home & Community Based Services	1,676,465	7,741,425	9,508,094	1,766,668	19%	8.02	10.00	1.97
Applied Behavioral Analysis/Mental Health Se	2,064,657	10,307,476	11,530,136	1,222,660	11%	10.68	12.12	1.44
Pharmacy	-	(1,653)	813,687	815,340	100%	(0.00)	0.86	0.86
Provider Reserve / Provider Incentives	78,701	310,911	813,687	502,775	62%	0.32	0.86	0.53
Other Medical Professional	197,021	1,106,518	1,426,293	319,775	22%	1.15	1.50	0.35
Other Fee For Service	914,017	3,259,407	4,028,261	768,854	19%	3.38	4.23	0.86
Transportation	115,003	774,017	725,370	(48,647)	-7%	0.80	0.76	(0.04)
Total Claims	50,062,934	214,508,148	234,870,346	20,362,198	9%	222.25	246.90	24.65
Medical & Care Management Expense	1,561,396	5,896,418	6,315,294	418,877	7%	6.11	6.64	0.53
Reinsurance	(582,014)	316,247	335,074	18,827	6%	0.33	0.35	0.02
Claims Recoveries	187,561	(1,084,119)	(1,317,927)	(233,808)	18%	(1.12)	(1.39)	(0.26)
Sub-total	1,166,943	5,128,545	5,332,441	203,896	4%	5.31	5.61	0.29
Total Cost of Health Care	**59,880,286**	**252,765,949**	**273,774,749**	**21,008,800**	**8%**	**260.78**	**285.02**	**24.24**
Contribution Margin	**19,323,474**	**61,005,200**	**45,324,327**	**15,680,873**	**35%**	**64.31**	**50.42**	**13.89**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	3,210,481	12,163,648	12,130,288	(33,361)	0%	12.60	12.75	0.15
Training, Conference & Travel	19,053	50,762	217,544	166,782	77%	0.05	0.23	0.18
Outside Services	2,196,710	8,900,982	9,778,223	877,240	9%	9.22	10.28	1.06
Professional Services	430,681	1,751,645	1,764,199	12,554	1%	1.81	1.85	0.04
Occupancy, Supplies, Insurance & Others	973,999	3,144,907	4,064,629	919,723	23%	3.26	4.27	1.01
Care Management Reclass to Medical	(1,552,189)	(5,852,918)	(6,315,294)	(462,376)	7%	(6.06)	(6.64)	(0.57)
G&A Expenses	5,278,734	20,159,025	21,639,588	1,480,563	7%	20.89	22.75	1.86
Project Portfolio	671,976	1,335,457	2,038,452	702,995	34%	1.38	2.14	0.76
Total G&A Expenses	**5,950,710**	**21,494,483**	**23,678,041**	**2,183,558**	**9%**	**22.27**	**24.89**	**2.62**
Total Operating Gain / (Loss)	**13,372,764**	**39,510,717**	**21,646,287**	**17,864,431**	**83%**	**42.04**	**25.53**	**16.51**
Non Operating								
Revenues - Interest	540,935	1,535,988	53,733	1,482,255	2759%	1.59	0.06	1.53
Gain/(Loss) on Sale of Asset	-	-	-	-	0%	-	-	-
Total Non-Operating	**540,935**	**1,535,988**	**53,733**	**1,482,255**	**2759%**	**1.59**	**0.06**	**1.53**
Total Increase / (Decrease) in Unrestricted Net Assets	**$ 13,913,699**	**$ 41,046,706**	**$ 21,700,020**	**$ 19,346,686**	**89%**	**$ 43.64**	**$ 25.59**	**$ 18.05**

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STATEMENT OF CASH FLOWS	October 2022	FYTD 22-23
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ 13,913,699	$ 41,046,706
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	148,452	582,862
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilites		
Accounts Receivable	(1,722,761)	889,716
Prepaid Expenses	468,159	(831,727)
Accrued Expense and Accounts Payable	(1,214,356)	(310,726)
Claims Payable	5,675,423	(11,910,164)
MCO Tax liablity	(15,814,920)	(13,658,340)
IBNR	(592,078)	13,984,740
Net Cash Provided by (Used in) Operating Activities	861,620	29,793,067
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(177,780)	(376,593)
Purchase of Property and Equipment	(19,024)	(138,051)
Net Cash (Used In) Provided by Investing Activities	(196,804)	(514,644)
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(106,861)	(424,660)
Net Cash Used In Financing Activities	(106,861)	(424,660)
Increase/(Decrease) in Cash and Cash Equivalents	557,955	28,853,762
Cash and Cash Equivalents, Beginning of Period	235,575,663	207,279,855
Cash and Cash Equivalents, End of Period	236,133,618	236,133,618

Gold Coast Health Plan℠
A Public Entity

October 2022 Financial Statements

November 21, 2022

Kashina Bishop
Chief Financial Officer

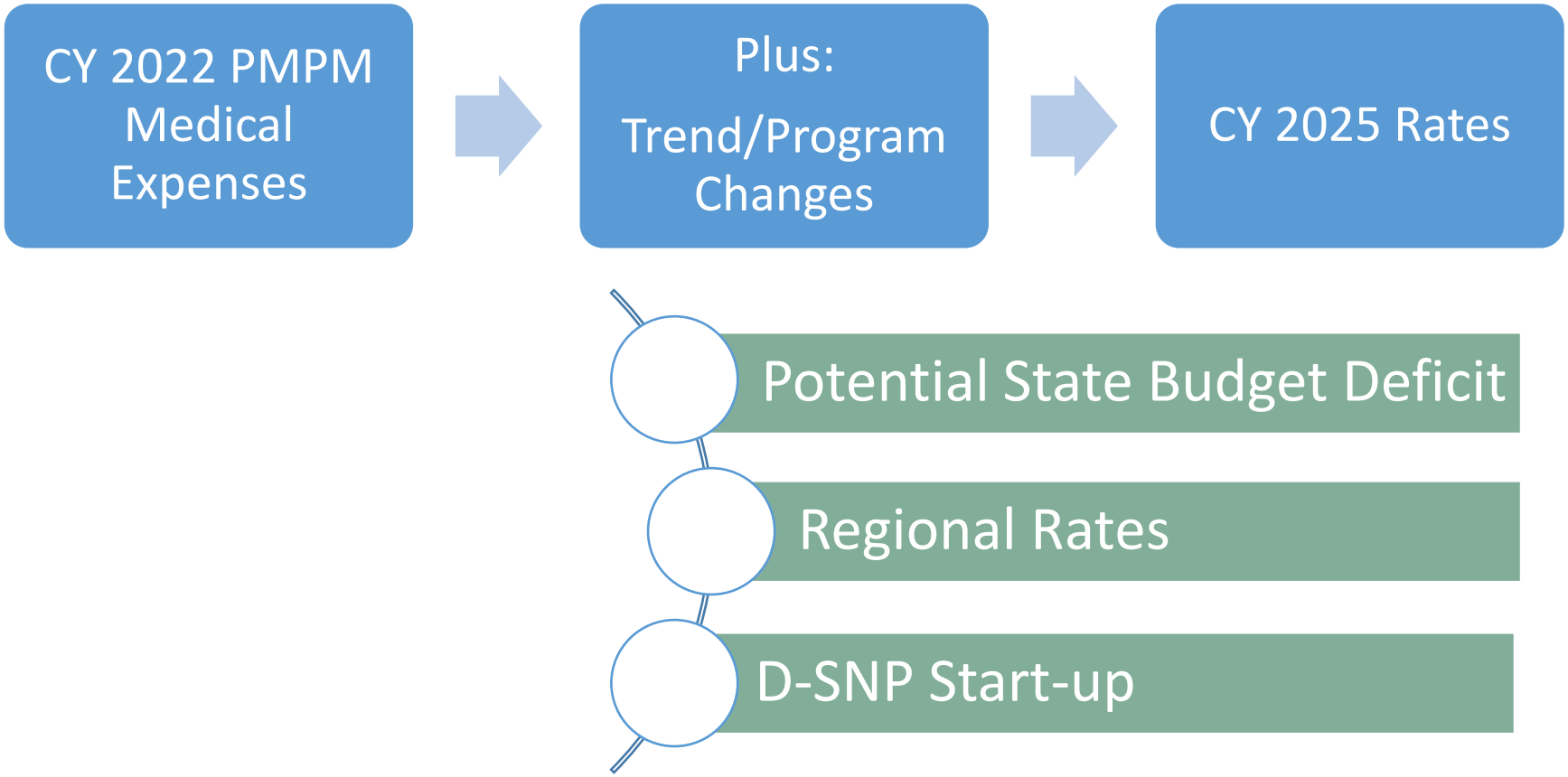
Integrity
Accountability
Collaboration
Trust
Respect

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

October 2022 Financial Overview:

October NET GAIN	$ 13.9 M
FYTD NET GAIN	$41.0 M
TNE is $217.6 M and 668% of the minimum required	
MEDICAL LOSS RATIO	80.2%
ADMINISTRATIVE RATIO	6.9%

Financial Risks of Focus – CY 2024/2025



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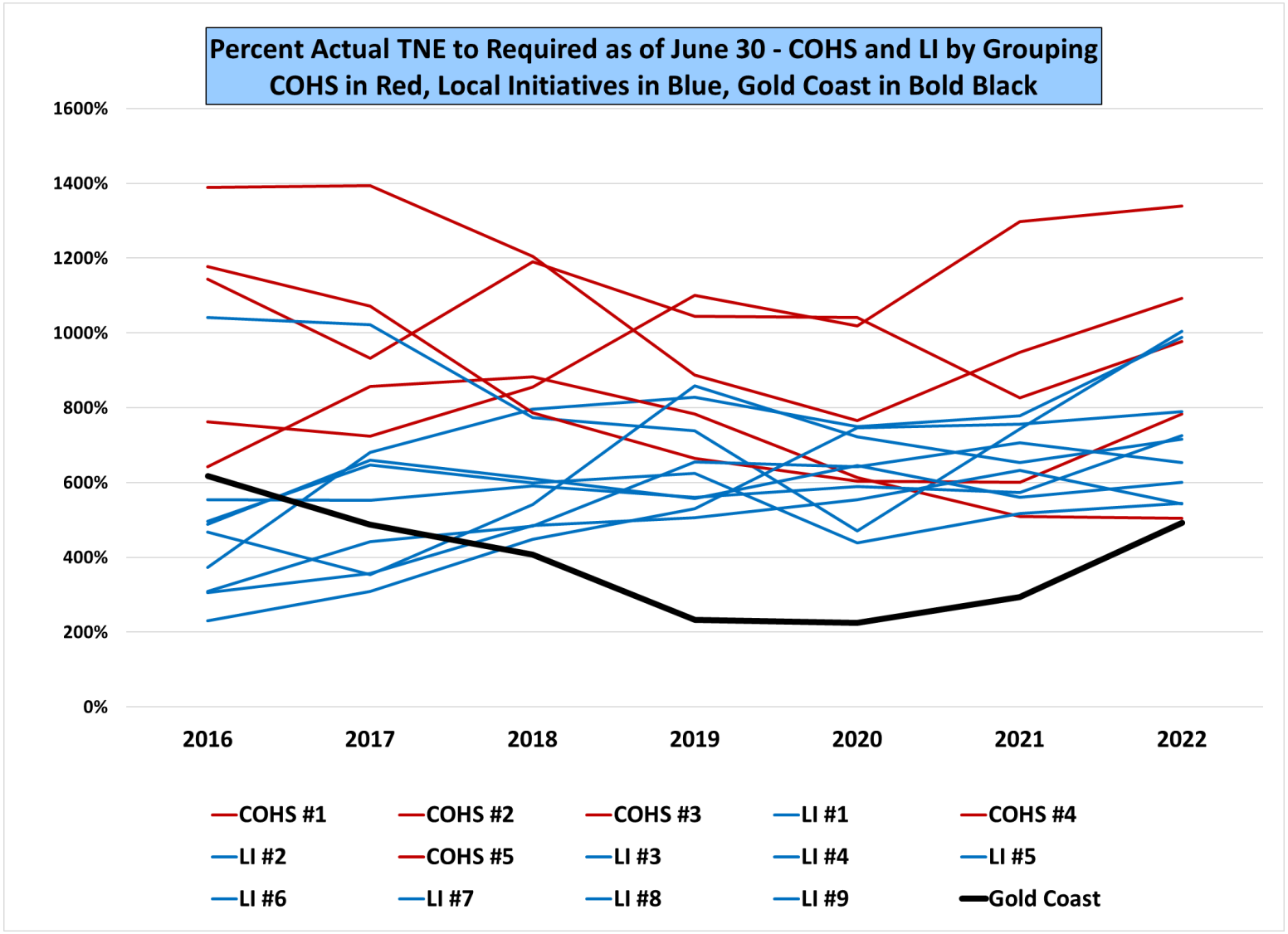
TNE Comparisons



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Revenue

FYTD Net Premium revenue is $313.8 million, under budget by $5.3 million (2%).

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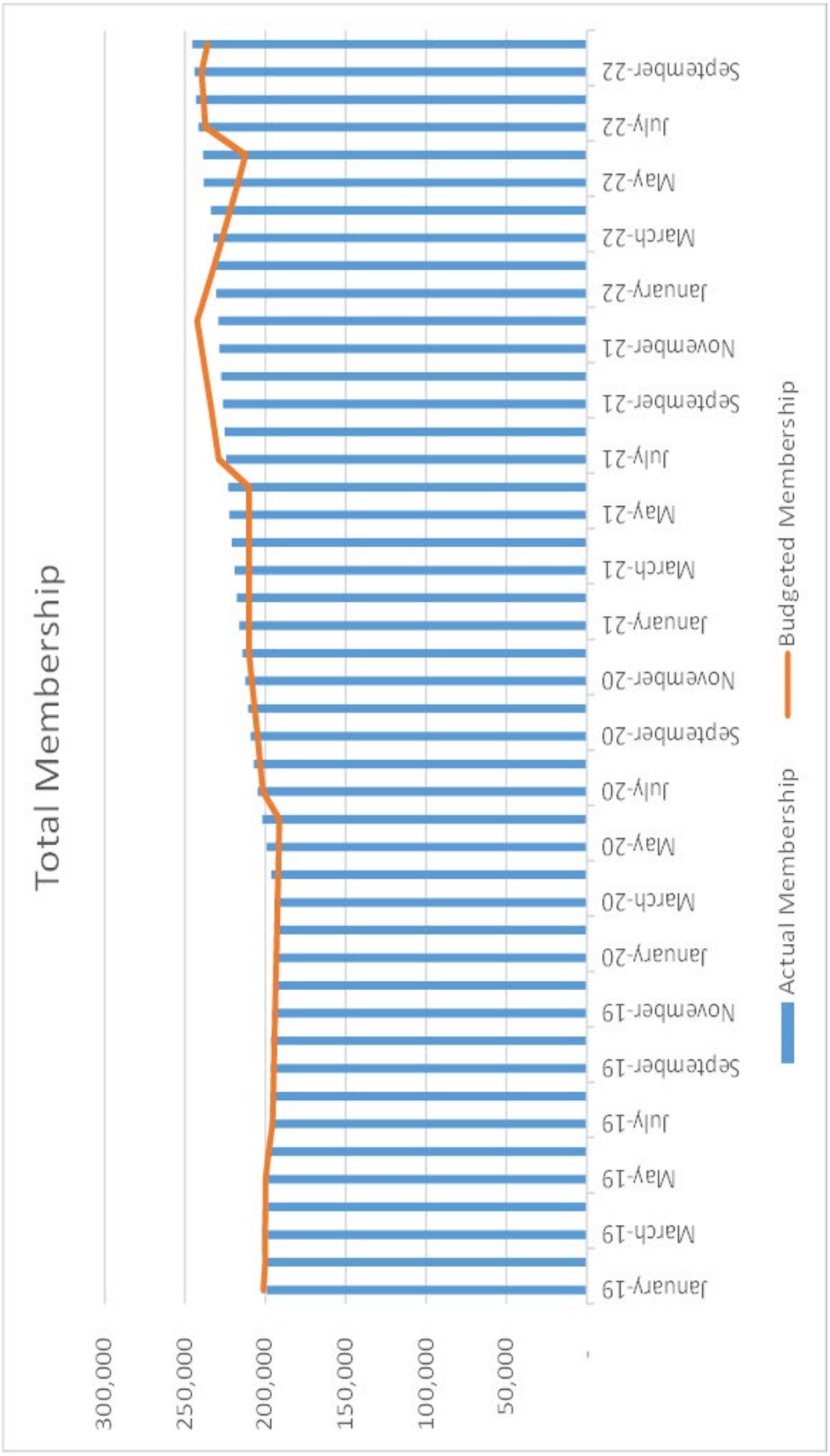
Membership trends



Medical Expense

FYTD Health care costs are $252.8 million and $21.0 million and 8% under budget.

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

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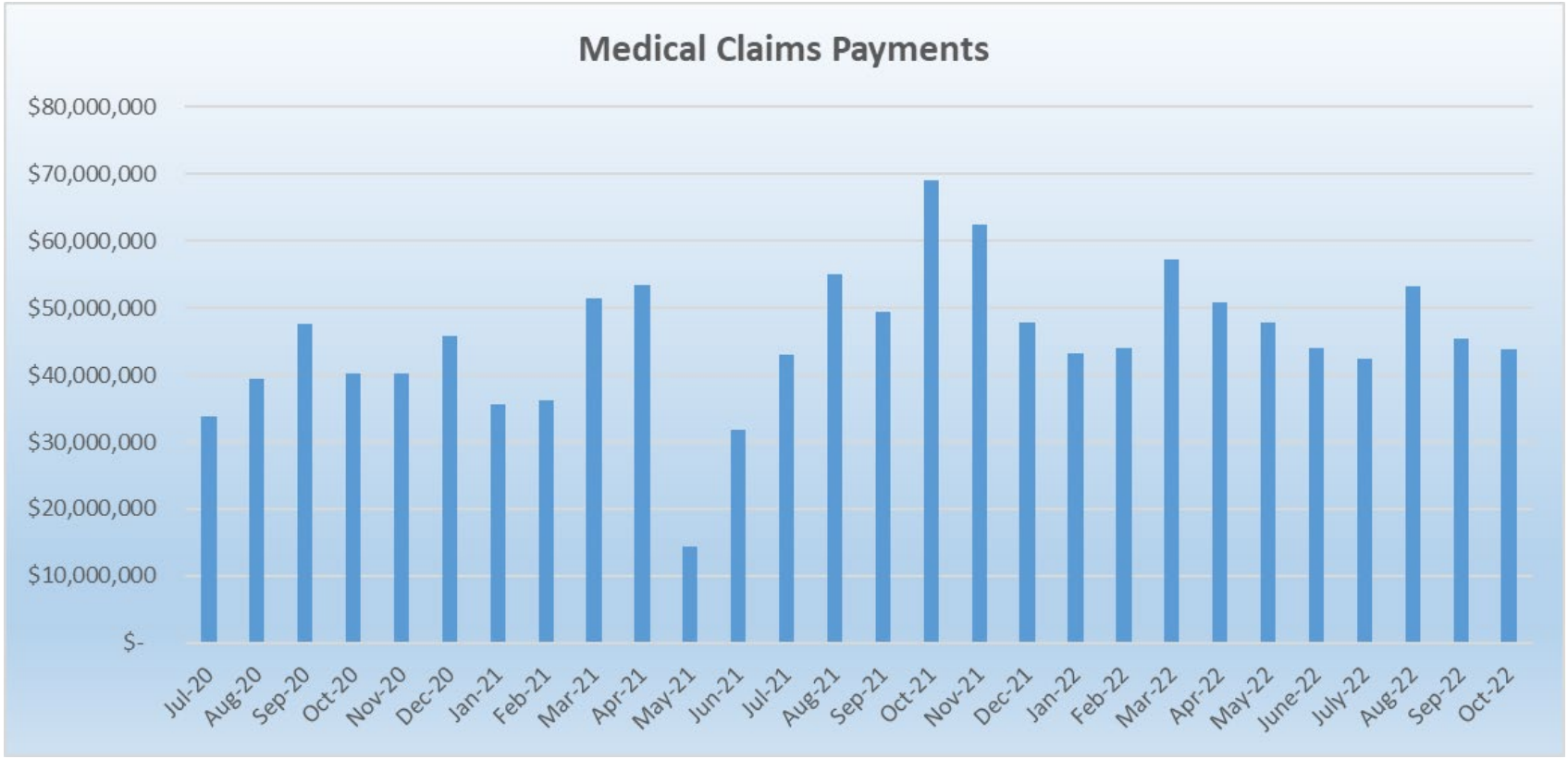
Claims Payments



Note: Average monthly claims file has increased only 9% since CY 2019, despite 25% increase in membership.

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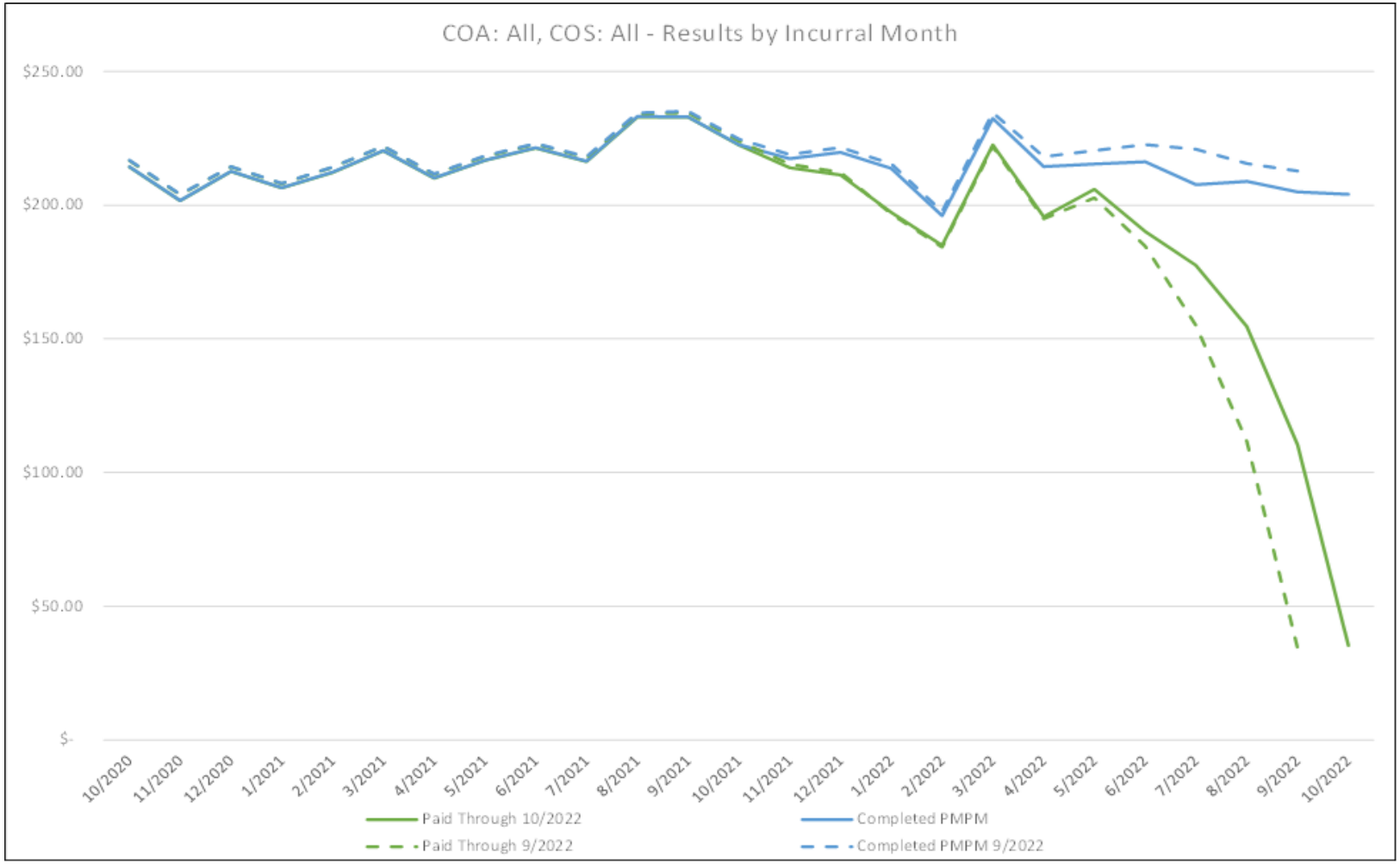
Incurred But Not Paid (IBNP) Medical Expense Reserve



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Administrative Expenses

For the fiscal year to date through October 2022, administrative costs were $21.5 million, $2.2 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 6.9% versus 7.4% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~$0.7M)
- *Outside Services*: primarily related to timing of Population Health Management (PHM) engagement campaign project expenses (~$0.8M)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation (~$0.9M)

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Financial Statement Summary

	October 2022	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	$ 79,203,640	$ 313,770,864	$ 319,099,076	$ (5,328,213)
Health Care Costs	59,880,286	252,765,949	273,774,749	(21,008,800)
Medical Loss Ratio		**80.6%**	**85.8%**	
Administrative Expenses	5,950,710	21,494,483	23,678,041	(2,183,558)
Administrative Ratio		**6.9%**	**7.3%**	
Non-Operating Revenue/(Expense)	541,055	1,536,273	53,733	1,482,541
Total Increase/(Decrease) in Net Assets	$ 13,913,699	$ 41,046,706	$ 21,700,020	$ 19,346,687
Cash and Investments	$ 329,937,413			
GCHP TNE	$ 217,609,628			
Required TNE	$ 32,554,873			
% of Required	**668%**			

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Questions?

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

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Gold Coast Health Plan℠
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AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: November 21, 2022

SUBJECT: Chief Executive Officer (CEO) Report

I. EXTERNAL AFFAIRS:

A. California Legislature:

Over the last month, the Government Affairs team has been analyzing the Legislative Bills that were signed by Gov. Gavin Newsom at the end of September. Below you will find a summary of signed legislation impacting the Medi-Cal program. Additional information will be shared as these Legislative Bills are implemented by GCHP via the guidance by the state Department of Health Care Services (DHCS).

Key Legislative Bills (as of Nov. 2, 2022)	Implications
SB 1473 (Pan): COVID-19 Testing and Treatment • Requires that health plans cover FDA-approved COVID-19 therapeutic treatment and out-of-network treatment for up to six months following the end of the federal Public Health Emergency (PHE). • Mandates that providers accept payment from health plans as payment in full and do not request remuneration from an enrollee or insured nor report adverse information to a consumer credit reporting agency.	GCHP must continue to follow requirements for the coverage of COVID-19-related diagnostic tests and vaccines for out-of-network providers.

Key Legislative Bills (as of Nov. 2, 2022)	Implications
AB 1929 (Gabriel): Medi-Cal Benefits – Violence Prevention Services • Includes violence-prevention services as a covered Medi-Cal benefit and defines violence prevention services as "evidence based, trauma informed, and culturally responsive preventive services" to reduce injury and harm and promote stabilization, recovery, and equitable outcomes.	There are no substantial impacts to GCHP, as violence prevention services are already included in the Community Health Workers and Promotores (CHW/P) All Plan Letter (APL 22-016) that GCHP must implement. The CHW State Plan Amendment (SPA #22-0001) also directly includes violence prevention services as a Medi-Cal CHW/P benefit.
AB 2697 (Aguiar-Curry): Medi-Cal CHW Services • Requires Medi-Cal Managed Care Plans (MCPs) to engage in outreach and education efforts to enrollees and providers regarding CHW/P services benefits such as eligibility and coverage. • MCPs must produce and distribute a list of providers that are able to refer individuals to CHW/P services and a list of contracted CHW/P entities that provide CHW/P services.	Some requirements for GCHP are met through the recently submitted CHW/P Integration Plan. DHCS is expected to issue further guidance, possibly through an amended APL 22-016 on the outreach and education requirements outlined in AB 2697.
SB 966 (Limón): Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Visits This bill relates to clinic visits and requires DHCS to gain federal approval and issue guidance for FQHCs to bill for services that are delivered by an associated clinical social worker (ACSWs) or associate marriage and family therapist (AMFTs) that are under the supervision of a licensed behavioral health provider.	This is current practice due to COVID-19 flexibilities and therefore, effects on GCHP are minimal. However, GCHP will need to be familiar with DHCS' request to make this policy permanent and answer potential questions from network FQHCs and RHCs.

Key Legislative Bills (as of Nov. 2, 2022)	Implications
SB 1207 (Portantino): Maternal and Pandemic-Related Mental Health Conditions • Requires health plans to develop a maternal mental health program that includes screening, diagnosis, treatment, and referral as quality measures; program parameters must be shared with providers. • Improves maternal mental health access and treatment, including coverage for doulas, training incentives for obstetric providers, and educational training for enrollees to understand the program.	SB 1207 specifically includes Medi-Cal MCPs. Upcoming guidance from DHCS is expected, especially for the new doula benefit. While waiting for new guidance, GCHP should update policies and procedures related to maternal health and mental health to fully incorporate the quality measures.
SB 1019 (Gonzalez): Medi-Cal MCPs Mental Health Benefits • MCPs are required to direct annual outreach and education for its enrollees and primary care providers regarding covered mental health benefits. • The outreach plan has to be approved by DHCS based on the MCP's Populations Needs Assessment (PNA) and MCP's analysis on mental health (MH) utilized services based on subpopulation. • SB 1019 includes specific requirements for an education strategy, which is rarely seen, and this strategy must be informed by the PNA.	GCHP must implement the new outreach requirements by Jan. 2025. There is expected DHCS stakeholder engagement to shape upcoming guidance regarding the more specific elements of MCP outreach and education. Because the education plan is informed by the PNA and the PNA is only due in 2025, there is anticipated timing issues for implementation.

Key Legislative Bills (as of Nov. 2, 2022)	Implications
SB 923 (Wiener): Gender Affirming Care • Requires all plan staff who are in contact with service delivery to complete cultural competency training on trans-inclusive health care for individuals who identify as transgender, gender diverse, or intersex (TGI). • All training curricula must be approved by the Department of Managed Health Care (DMHC); DMHC is also required to track, review, and report alleged discrimination complaints on the basis of gender identity. • Recommended training curriculum and quality standards will be forthcoming from the California Health and Human Services (CalHHS) through findings from a TGI working group.	GCHP cultural competency training for health plan staff must be updated based on the findings from the CalHHS TGI working group. GCHP also must add information in their provider directories regarding providers that offer gender-affirming services. Further guidance from DMHC and DHCS – especially regarding reporting individual allegations of discrimination – is expected. GCHP will have some time before incorporating the changes. The CalHHS working group recommendations are due March 1, 2024, and plans have until 2025 to implement.
SB 858 (Wiener): Health Care Service Plans – Discipline and Civil Penalties • Increases the penalty amounts for violations of civil liberties and gives DMHC the authority to levy monetary consequences based on the average rate of change in premium rates and enrollment every five years. • The penalty for not implementing independent medical review (IMR) decisions is doubled from $5,000 to $10,000 for health care service plans.	Although the exact impact on GCHP is not definite, GCHP should ensure that policies and procedures are updated and IMR and grievance findings are mitigated and incorporated in a timely and efficient manner to avoid monetary consequences from DMHC and DHCS. Both entities possess broad sanction authority and have the ability to impose duplicative penalties.

Key Legislative Bills (as of Nov. 2, 2022)	Implications
SB 225 (Wiener): Timely Access to Care • Requires health plans to incorporate timely access standards for quality assurance. Individuals must have access to timely appointments and the availability of PCPs, specialists, hospital care, and other health care. • SB 225 emphasizes equitable and timely access to care especially in regard to behavioral health.	GCHP must have a process in place to ensure compliance with SB 221 and there are anticipated workforce impacts as timely access standards are enforced. DHCS is likely to distribute an APL on follow-up appointments and timely access in the upcoming months. It is important to note that DMHC is anticipated to monitor and ensure plans are compliant, as SB 225 and SB 221 have mental health access as a focal point.
AB 2724 (Arambula): Medi-Cal - Alternate Health Care Service Plan Allows DHCS to enter in a direct contract with Kaiser in areas that Kaiser provides commercial coverage and mandates requirements to the same standard as other Medi-Cal managed care plans, with the exception of beneficiary enrollment.	GCHP and other local plans will have to wait for DHCS to determine and distribute a default enrollment process for Kaiser on a county-specific basis. In the meantime, GCHP should track DHCS' development of its Memorandum of Understanding (MOU) with Kaiser and requirements, including how Kaiser will leverage its provider network to ensure equitable and accessible services for non-Kaiser Medi-Cal enrollees. It is anticipated that the membership numbers for GCHP enrollees in the Kaiser provider network will increase, though the exact number is unknown.

Key Legislative Bills (as of Nov. 2, 2022)	Implications
AB 32 (Aguiar-Curry): Telehealth • Focuses on advancing additional provider flexibilities for those engaged in Medi-Cal telehealth. • Prohibits a new patient relationship through audio-only telehealth but allows for certain exceptions, such as broadband issues or lack of access to video capabilities.	GCHP should continue to remain abreast of discussions regarding telehealth expansion in Medi-Cal. Further guidance from DHCS regarding telehealth is anticipated later this fall as PHE flexibilities instituted during COVID-19 have become mostly permanent.
SB 987 (Portantino): California Cancer Care Equity Act • Requires all MCPs to make a good faith effort to contract with at least one National Cancer Institute (NCI)-designated comprehensive cancer center or academic cancer center for the provision of services to members with a complex cancer diagnosis. • If good faith contracting efforts are unsuccessful, MCP enrollees are still able to request a referral to receive services through an out-of-network cancer center.	GCHP will need to make a good faith effort to contract with at least one cancer center and must track and demonstrate that the good faith effort was made, in case DHCS requests further information regarding the status. GCHP must notify all enrollees of their right to request a referral to access care through an NCI-designed comprehensive cancer center, qualifying academic cancer center, or NCI Community Oncology Research Program (NCORP)-affiliated site if they possess a complex care diagnosis. Further DHCS compliance guidance is forthcoming.

Key Legislative Bills (as of Nov. 2, 2022)	Implications
AB 2449 (Rubio): Open Meetings - Local Agencies- Teleconferences • Allows members of legislative body or local agency to use teleconferencing without public accessibility and disclosure of location, under specific conditions. • Provides an exception to the current remote meeting requirements, which mandate that all teleconference locations should be open to the public and the legislative body must participate within the local agency jurisdiction.	GCHP and other MCPs must continue to use virtual meeting formats for meetings that fall under the Brown Act and ensure all meetings are in compliance with AB 2449.

B. Community Relations – Community Meetings and Events

In October, 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 to bring awareness and services to the most vulnerable Medi-Cal beneficiaries.

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.	Oct. 5, 2022
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and invite presenters to educate participants on various topics. The goal is to bring community awareness and resources to Ventura County residents.	Oct. 5, 2022

Organization	Description	Date
Circle of Care One Step A la Vez	One Step A La Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13 to 19-year-olds and bridging the gaps of inequality while cultivating healthy individuals and community. Circle of Care is a monthly meeting for community leaders to share resources, network, and promote community events.	Oct. 5, 2022
American Cancer Society Making Strides Against Breast Cancer 5K Walk	The annual “Making Strides Against Breast Cancer 5K Walk” at the Ventura Harbor supports individuals impacted by cancer by providing educational information, day-to-day help, and emotional support. Various organizations shared information and resources to participants.	Oct. 5, 2022
Promotoras y Promotores Health and Wellness Fair	The annual health and wellness fair at Ventura College is an event where community-based organizations share health information, community resources and provide free health screenings and COVID-19 vaccines to the community.	Oct. 15, 2022
Piru Neighborhood Council Piru Food Distribution	PNC's purpose is to promote better living conditions, better education, improved housing, and greater participation in the community by the people of Piru and vicinity. Their monthly food pantry distribution provides Ventura County residents with food boxes and community resources.	Oct. 19, 2022
Ventura County Community Development Corporation Family Financial Well-Being Collaborative	Ventura County Development Corporation focuses on empowering everyday people to build wealth through homeownership and education. Family Financial Well-being Collaborative is a meeting with community leaders to address the needs that impact low-to-moderate income households.	Oct. 27, 2022
Ventura County Department of Child Support Services Trunk or Treat	Trunk or Treat is a fun and safe family event. Community organizations share information and resources with participants while they enjoy the decorated trunks and Halloween displays.	Oct. 27, 2022

Organization	Description	Date
Adelante Comunidad Conejo Open-Air Marketplace	An open-air free marketplace / food pantry where community organizations share resources and information to participants.	Oct. 29, 2022
Indivisible Ventura Swap Meet Justice Citizen & Family Resource Fair	The Swap Meet Justice at Oxnard College is a citizen and family resource fair. Various community organizations share resources and information to participants.	Oct. 30, 2022
Total community meetings and events		**10**

C. Community Relations – Community Insight Coalition

The GCHP-led Community Insight Coalition comes together virtually to identify and address barriers members may have when accessing care and community resources. The goal of the coalition is to collaborate with our community partners and address shared challenges to strengthen our community.

At the Oct. 6, 2022, meeting, we discussed the 2022 Population Needs Assessment (PNA). We provided an overview of the PNA, which includes key demographic information, objectives, and community stakeholder engagement. Some key highlights include:

- Discussion of future partnerships with community-based organizations for GCHP-led health education workshops.
- Community partners expressed interest in partnering with GCHP to outreach and educate to the farmworker community.
- Shared community resources and information about upcoming community events.

The next meeting is scheduled for Dec. 1, 2022.

D. Community Advisory Committee Update

On Oct. 27, 2022, GCHP's Community Advisory Committee held its quarterly meeting. The committee welcomed a new member, Juana Quintal, who fills the member representative seat. The CAC heard updates regarding the Quality Improvement member engagement outreach efforts, CalAIM, and the Corporate Integrity Agreement.

The committee gave various recommendations of how to outreach to members regarding quality gaps. Paula Johnson, from the Arc of Ventura County, and Laurie Jordan, from the Rainbow Connection Family Resource Center, offered to work with the quality team to set up a mobile clinic and/or explore other outreach efforts to support quality efforts.

During the discussion about a current text message campaign encouraging members to complete medical screenings, Committee Chair Ruben Juarez, from the Ventura County Health Care Agency, stated that the concept of a reminder message was good. Vice Chair Pablo Velez, from Amigo Baby, noted that some members can't read or write and asked if there was an option to send audio messages. GCHP staff committed to following up with members to ensure that the information was accessible to them in their preferred language.

The next CAC meeting is scheduled for Jan. 2023. A summary of key meeting highlights will be shared with the Commission.

E. Strategic Planning Update

The Strategic Planning Ad hoc Committee met on Oct. 20, 2022. GCHP staff provided an overview on the work being done to operationalize the first-year goals of the five-year strategic plan. GCHP's leadership team is working with a consultant to set up an operational goals review process. A comprehensive update will be given to the Commission on Dec. 15, 2022, during the Strategic Planning Retreat.

GCHP staff shared that the Mission, Vision, and Core Values will be evaluated to determine if they still resonate with the direction GCHP is heading. Feedback from the Commissioners will be requested at the Strategic Planning Retreat.

The proposed theme for year two is "Understanding Our Members," focusing on the Voice of the Member, coupled with the Model of Care and Membership Data Analysis. Committee members agreed with the theme; however, beyond hearing the member, GCHP must structure the model of care with the goal of meeting member needs. In addition, follow-up with members needs to be conducted to show members that their feedback was heard and adopted when developing programs such as member incentives and chronic condition programs.

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	KAISER	AHP	ADMIN MEMBERS	NOT ASSIGNED
Oct-22	90,036	39,430	34,240	6,904	5,249	6,910	8,888	48,222	2,821
Sep-22	90,327	39,977	34,205	6,824	5,237	6,890	8,098	47,455	2,816
Aug-22	89,891	40,029	33,984	6,766	5,222	6,879	7,629	47,258	2,735

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	October 2022
Total Administrative Members	48,222
Share of Cost (SOC)	615
Long-Term Care (LTC)	697
Breast and Cervical Cancer Treatment Program (BCCTP)	84
Hospice (REST-SVS)	19
Out of Area (Not in Ventura County)	384
Other Health Care Coverage	
DUALS (A, AB, ABD, AD, B, BD)	26,125
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	21,702

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. The member 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 follow:

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

a. Ventura zip codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
b. If no residential address, the mailing address is used for this determination.

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) successfully completed an upgrade to its Provider Contracting and Credentialing Management (PCCM) system and went live on the sPayer cloud platform on Nov. 1, 2022. This upgrade was the final phase in the PCCM implementation, which puts PNO on the most updated version of software allowing access to software enhancements and fixes.

The state Department of Health Care Services (DHCS) made a major change to the 2022 Annual Network Certification (ANC) to standardize the population points used across all Managed Care Plans (MCP) for calculating provider network time or distance standards. Historically, MCPs used their own member and provider data; this year, DHCS calculated time or distance for MCPs using the new population points. This created challenges for many MCPs, resulting in DHCS dividing the ANC deliverables into two sets. The first ANC deliverable addresses our network adequacy for Mandatory Provider Types, Long Term Services and Support and hospitals; the second ANC deliverable will cover network adequacy for Primary Care Physicians and Specialists. PNO will complete the first set of deliverables in early November.

Our team continues to support and provide deliverables for DHCS program initiatives, GCHP projects, provider contracting, updates to policies and procedures, provider onboarding, and communications.

Provider Network Developments: Oct. 1-31, 2022

Provider Network Full Terminations	Count
Community-Based Adult Services (CBAS) Facility	1
Primary Care Provider (PCP)	1
Radiologists	8
Physical Therapist	1

Additional Network Developments:

- Additions
  - 26 total

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

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	**Network Additions**		**Total Counts**
	Aug-22	**Sept-22**	
Hospitals:	**0**	**0**	**25**
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers:	**22**	**48**	**5,218**
Primary Care Providers (PCPs) & Mid-levels	13	10	438
Specialists	65	34	4,612
Hospitalists	2	4	168
Ancillary:	**1**	**6**	**592**
Ambulatory Surgery Center (ASC)	0	0	8
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	0	0	93
Home Health	0	0	25
Hospice	1	1	24
Laboratory	0	0	41
Optometry	0	0	106
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	0	0	136
Radiology / Imaging	0	0	62
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	0	0	83
Behavioral Health	0	5	364

C. Compliance

Delegation Oversight

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

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

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

Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a requirement of the state Department of Health Care Services (DHCS) 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.

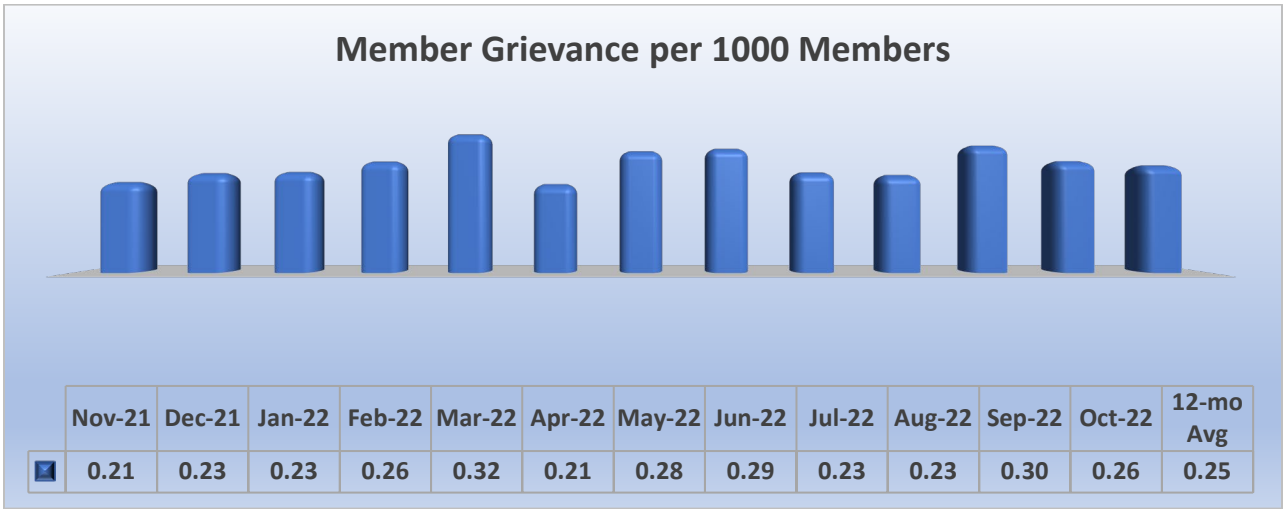
The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through Oct. 31, 2022.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
AHP	2022 Annual Claims Audit	Open	6/10/2022	Under CAP	
AHP	2022 Annual Credentialing and Recredentialing Audit	Scheduled			.
Beacon	2022 Annual Claims Audit	Open	6/22/2022	Under CAP	
Beacon	2022 Call Center Audit	Open	8/26/2022		
CDCR	Quarterly Utilization Management Audit	Open	11/1/2022	Under CAP	

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	2017 Annual Claims Audit	Open	12/28/2017	Under CAP	Issue will not be resolved until new claims platform conversion
Conduent	2021 Annual Claims Audit	Open	7/21/2021	Under CAP	
Conduent	2022 Annual Claims Audit	Open	8/31/2022	Under CAP	
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	
Conduent	2021 Call Center Audit	Open	2/25/2022	Under CAP	
Kaiser	2022 Annual Claims Audit	Closed	3/14/2022	9/13/2022	
VSP	2021 Annual Claims Audit	Closed	11/5/2021	10/06/2022	
VSP	2022 Annual Claims Audit	In Progress			
VTS	2021 Call Center Focused Audit	Open	2/2/2022	Under CAP	
VTS	2022 Call Center Audit	Open	5/26/2022	Under CAP	
VTS	2022 Call Center Focused Audit	Open	10/27/2022		
VTS	NMT Scheduling Grievances CAP	Open	5/6/2022	Under CAP	
VTS	Subcontracting CAP	Open	7/22/2022	Under CAP	
Privacy & Security CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
Conduent	Call Center Recordings Website	Open	1/6/2021	N/A	

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

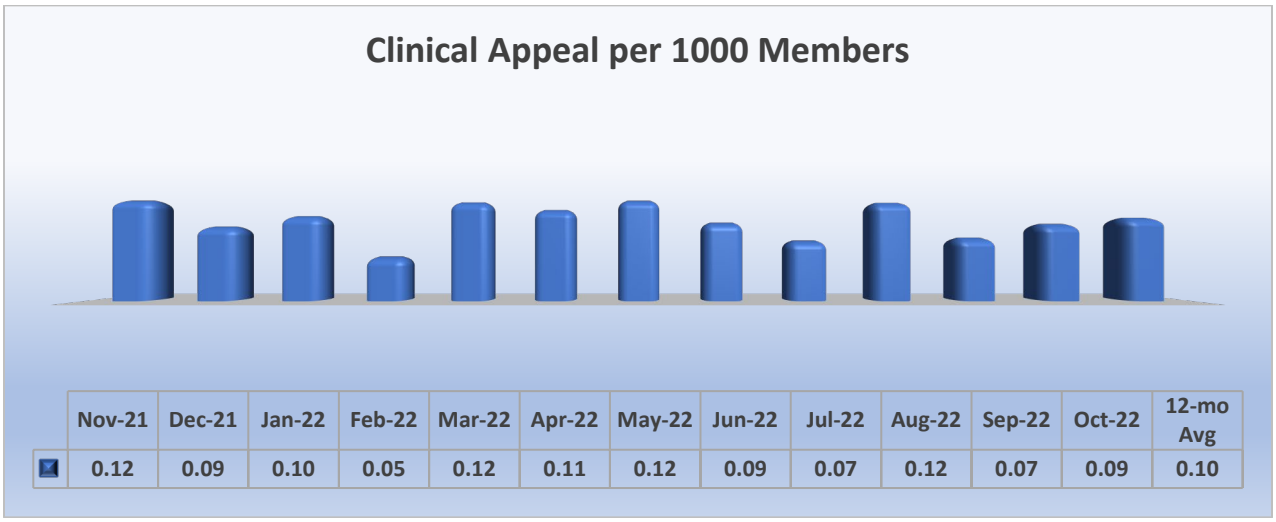
D. Grievance and Appeals



	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	12-mo Avg
	0.21	0.23	0.23	0.26	0.32	0.21	0.28	0.29	0.23	0.23	0.30	0.26	0.25

Member Grievances per 1,000 Members
The data show GCHP's volume of grievances has decreased slightly. In October, GCHP received 63 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 233,929, with an average annual grievance rate of .25 grievances per 1,000 members.

In Oct. 2022, the top reason reported was "Quality of Care," which is related to member concerns about the care they received from their providers.



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

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

In Oct. 2022, GCHP received 22 clinical appeals:

1. Eight were overturned
2. Seven were upheld
3. Seven are still in review

RECOMMENDATION:

Receive and file

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Michael Murguia, Executive Director of Human Resources

DATE: November 21, 2022

SUBJECT: Human Resources (H.R.) Report

SUMMARY:

Human Resources Activities

As the year progresses our recruiting is our most critical goal this year. We started this year of projected hires of 92 this number was a combination of budgeted hires and a forecasted attrition rate of 15%. We committed to meeting our hiring goal by March 1st, 2023. At this point of the year, we have hired 62 new employees and will meet our hiring goals sometime in in January. Our average time to fill our positions is 75 days. Our hiring managers have played a huge role in our hiring accomplishments.

We have also lowered our attrition rate over the past year from 15.2 % to 9.9%. While attrition is a fickle statistic, we have been having regular monthly All Staff Communications and implemented Employee Quarterly recognition awards we believe efforts like these have contributed to lower attrition. While we are very happy, we are exceeding our external hiring goals we have also focused our efforts on our employees positions and responsibilities. This has resulted in over 50 employee promotions since February of this year. Many of these efforts have also attributed to us retaining our employees and lowering our attrition rate.

On October 31st we wrapped up our 3-month special promotion event for our Employee Referral program where we increased our reward fee to $1,500 for any referral hired. The 3-month long promotion was a great success as it grew our total number of referrals to 46 and hires to 11.

We are striking Gold!!
Since July 1st
46 Referrals
11 Hires

In our continued efforts to retain our employees at Gold Coast we are conducting our second Compensation Study on all positions to ensure our current employees are paid at competitive rates and that our salary ranges are competitive to attract new talent. This analysis will be completed in mid-December and will reveal if any of our current employees' salaries will need adjusting based on new ranges. This was budgeted in our fiscal budget.

On November 9th we held our annual Benefits Fair. For the third year this was a virtual event coordinated through Zoom technology. This session overviewed all our benefits choices and offered several Wellness programs that focused on diet and other topics. The highlight of the Benefits Fair was our announcement that all benefits cost for employees will remain the same. This is the fourth year in a row that we have controlled any increases for benefits for our employees. This news was very well received by our employees who voiced their sincere appreciation. We view our ability to not increase benefits cost as a retention and engagement initiative for our employees.

We are currently developing a new Orientation process that will include a new Orientation presentation and a weeklong on boarding process for New Employees. After Orientation our weeklong On-boarding process will include a daily two-hour session and will cover things as our History, Our Future Strategy, Key Initiatives and goals, Our Culture and overview of functions. While this is in the design stages, we are planning on these on-boarding sessions to be hosted by various Leadership Employees. Currently our CEO is hosting a two-hour Welcome Session for all our new hires. This session has been very well received by our new hires and we are hoping to build upon this program in the future. This is a goal for HR this year and we are hoping to implement it in early 2023. We are also partnering with each functional area and developing a functional organization on boarding process. We are having some very strong results in our recruiting efforts and must invest in engaging and retaining our new employees as well.

Attrition and Case Update

We've had two voluntary resignations and no involuntary resignations since our September report. We have no new cases

Facilities / Office Updates

GCHP Facilities team is dedicated to keeping our facilities safe and always available for employee visits:

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

RECOMMENDATION:

Accept and file the report.
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