

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

Provider Advisory Committee (PAC)

Regular Meeting

Tuesday, December 6, 2022, 7:30 a.m.

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

The meeting is being held virtually pursuant to AB 361.

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

Conference Call Number: 1-805-324-7279

Conference ID Number: 624 256 332#

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

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

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

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

OPENING REMARKS

Mr. Nick Liguori, Chief Executive Officer

INTRODUCTION Introduction of new staff member: Felix Nunez, M.D., Associate Chief Medical Officer

CONSENT

- 1. Approval of Provider Advisory Committee (PAC) Regular Meeting Minutes of September 20, 2022, Special Meeting Minutes of October 4, 2022, November 1, 2022, and November 29, 2022.**

Staff: Maddie Gutierrez, MMC - Clerk of the Board

RECOMMENDATION: Approve the minutes as presented.

- 2. Approval of 2023 PAC Meeting Calendar**

Staff: Maddie Gutierrez, MMC - Clerk of the Board

RECOMMENDATION: Approve the 2023 meeting calendar as presented.

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

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

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

UPDATES

- 4. Pac AdHoc Committee Update**

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

RECOMMENDATION: Receive and file the update.

5. Corporate Integrity Agreement (CIA) Update

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the update.

6. 2022/23 Financials Update

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive and file the update

7. Using Data Analysis to Drive Interventions for our Highest Need Members.

Staff: Erik Cho, Chief Program & Policy Officer

RECOMMENDATION: Receive and file the update.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Date and location of the next meeting to be determined at the January 10, 2023, Special Meeting.

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

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

AGENDA ITEM NO. 1

TO: Provider Advisory Committee (PAC)
FROM: Maddie Gutierrez, MMC, Clerk of the Board
DATE: December 6, 2022
SUBJECT: Approval of the Provider Advisory Committee Meeting Regular Minutes of September 20, 2022 and special meeting minutes of October 4, 2022, November 1, 2022, and November 29, 2022.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the September 20, 2022 Provider Advisory Committee regular meeting minutes and special meeting minutes for October 4, 2022, November 1, 2022, August 2, 2022 and November 29, 2022.



**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee (PAC)
September 20, 2022**

CALL TO ORDER

Committee Chair David Fein, called the virtual meeting to order at 7:37 a.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

ROLL CALL

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

Absent: None.

Gold Coast Health Plan Staff in attendance: Nick Liguori, Chief Executive Officer, Marlen Torres, Executive Director of Strategy & External Affairs, and Rich Egger of BBK Law

PUBLIC COMMENT

None.

CONSENT

- 1. Approval of Provider Advisory Committee (PAC) Regular Meeting Minutes of June 7, 2022, Special Meeting Minutes of July 6, 2022, August 2, 2022, and August 23, 2022.**

Staff: Maddie Gutierrez, MMC – Clerk of the Board

RECOMMENDATION: Approve the minutes as presented

Committee member Masood Babaeian motioned to approve Agenda item 1 as presented. Committee member Will Grand seconded.

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

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

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

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

Committee Chair, David Fein asked if there were any AB361 updates. The Commission Clerk noted there are no anticipated in-person meetings yet.

Committee member Pablo Velez motioned to approve Agenda item 2 as presented. Committee member Katy Krul seconded.

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

FORMAL ACTION

3. Review of Provider Advisory Committee (PAC) Charter

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

RECOMMENDATION: Staff recommends that the charter be revised with input from a newly created PAC Ad Hoc Committee, comprised of 3 current PAC Members. The current PAC Chair will serve in the Ad Hoc Committee. This will ensure feedback from PAC members is gathered before the revised charter is voted on by the PAC committee at the next general meeting.

Marlen Torres, Executive Director of Strategy & External Affairs requested volunteers to create an AdHoc Committee to review and update the Charter. There are items in the Charter that might need to be incorporated. There is no listing for Chair and Vice

Chair. The AdHoc Committee would review and propose changes to the entire current committee.

The AdHoc Committee would consist of 3 current PAC members. The Clerk asked if everyone had an opportunity to review the current Charter and asked if anyone had any questions regarding the current Charter.

Committee Chair Fein stated the PAC should have more members. The Charter states there should be 11 members. Committee Chair Fein asked the group if they should first review the Charter and then address membership/ open seats. The clerk stated Rich Egger of BBK Law was present and could assist with answering questions. Mr. Egger stated the committee is currently functioning well. The AdHoc committee could review the Charter and recommend updates, as well as include application review for additional members if necessary. The AdHoc can either recommend more members or stay as is with 6 members.

4. PAC AdHoc Committee Volunteers

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

RECOMMENDATION: Staff requests three (3) Committee members volunteer to participate in the AdHoc Committee.

Committee Chair, David Fein stated the AdHoc committee would consist of three individuals. Mr. Fein will be part of the AdHoc and get 2 others to volunteers. The Clerk stated the AdHoc Committee would review and make update recommendations to the Charter and in addition, the same committee could review applications, discuss applicants, and make recommendations of selected members to be added to the committee. Committee member, Katy Krul volunteered to be on the PAC AdHoc committee. Dr. Pablo Velez also volunteered to be part of the AdHoc committee.

Ms. Torres asked committee chair, David Fein if he wanted the committee to only review the charter and later proceed with additional members or would he like for staff to launch member recruitment. Mr. Fein stated he would like both done simultaneously.

Committee member Sim Mandelbaum asked how many members are needed for a quorum if 11 members are needed. The Clerk stated currently there are 6 members so currently there would be 4 for a quorum. Mr. Mandelbaum asked if quorum was not based on unfilled seats. The clerk responded no. The quorum is based on current active members.

Committee member Fein asked if the PAC is meeting the needs of the health plan. The group does not get much feedback. The Clerk stated that both PAC and CAC present to the Commission and give the Commission feedback. Ms. Torres stated information from both committees are presented to the Commission in summary form in monthly reports.

Committee Chair Fein asked if items 3 and 4 needed separate votes or if they could be combined. The Clerk stated that both items could be done in one vote.

Committee Chair David Fein asked for a motion to review the PAC Charter and create the PAC AdHoc with 3 members to review the Charter and review potential applicants to fill vacant seats.

Committee member Will Garand motioned to approve Agenda items 3 & 4 as presented. Committee member Masood Babaeian seconded.

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

Ms. Torres noted the Clerk will contact the 3 AdHoc committee members to schedule meetings.

UPDATE

5. OIG Settlement

Staff: The Office of the General Counsel

RECOMMENDATION: Receive and file the update.

Mr. Rich Egger of BBK Law stated this item is to respond to questions from the last PAC meeting. Mr. Egger stated all parties negotiated the settlement. Each party negotiated payment and there is no indemnification.

Committee Chair Fein asked if the committee could ask questions. Mr. Egger stated he is not prepared nor intends to go too deeply into this item.

Committee Chair Fein stated he had questions but if speaking off-line would be best. Mr. Egger stated off-line would be better.

Committee member Masood Babaeian motioned to approve Agenda item 5. Committee member Sim Mandelbaum seconded.

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

NOES: None.

ABSENT: None.

Committee Chair David Fein declared the motion carried.

COMMENTS FROM COMMITTEE MEMBERS

Committee member Will Garand asked about a corporate integrity agreement (CIA) and for long is the agreement. Mr. Egger stated there is a CIA, and it is a five-year agreement which GCHP is in the process of implementing. Mr. Garand asked what it will entail and if there is any effect on people. Mr. Egger stated he could give a quick overview. The CIA will ensure that GCHP has certain internal training, outside review of contracts and payments and provisions for a Compliance Committee of the Commission to make sure the CIA agreement is adhered to. CEO Nick Liguori stated full details on the CIA will be reviewed at the next meeting. Mr. Garand asked if GCHP went forward resulting in fines, how does the CIA help. CEO Liguori stated the corporate integrity agreement is not the same matter to provide a response. GCHP's Chief Compliance Officer, who is the expert on the CIA and can answer more thoroughly. Mr. Garand stated the question was more based on practicality. He stated that everyone took a hit except for Community Memorial Hospital. He noted that if outside counsel gave advice to do something and then must pay out millions of dollars is tragic.

Committee Chair Fein asked if there is any reason or cause for concern from a provider or PAC perspective regarding the settlement affecting the Plan's ability to meet TNE or pay providers and take care of members. CEO Liguori stated the events took place seven years ago, all that Senior Executive staff is gone, and the Commission also had different members. This is a different GCHP Executive Team than seven years ago. Settlement terms were established about a year ago. Terms were reserved for payments, and it does not affect solvency, TNE or reserves. The greater concern is how to GCHP moves forward with strong contracts. GCHP's regulatory requirements are growing with higher standards. A highly compliant health plan is what GCHP thrives to be. GCHP must be highly compliant with strong contracts. There is a commitment that GCHP is on a path to deliver best possible outcomes. We need to create a superior member experience. We are looking to best practices and are building the health plan of the future. We are investing in the organization

and will be successful by partnering with provider partners. We will advance into a value-based payment structure and are building infrastructure. We are a new leadership team and a new Commission.

ADJOURNMENT

Committee member Pablo Velez motioned to adjourn. Committee member Masood Babaeian seconded.

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

NOES: None.

ABSENT: None.

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 8:19 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

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

CALL TO ORDER

Committee Chair David A. Fein called the virtual meeting to order at 7:30 a.m.

ROLL CALL

Present: Committee members: Masood Babaeian, David A. Fein, Will Garand, and Katy Krul.

Absent: Committee members: Sim Mandelbaum and Pablo Velez.

Gold Coast Staff in attendance: Marlen Torres, Executive Director of Strategy & External Affairs.

PUBLIC COMMENT

None.

CONSENT

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

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

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

Committee member Masood Babaeian motioned to approve Consent Item 1. Committee member Katy Krul seconded.

AYES: Masood Babaeian, David A. Fein, Will Garand, and Katy Krul.

NOES: None.

ABSENT: Sim Mandelbaum and Pablo Velez.

Clerk declared the motion carried.

COMMENTS FROM COMMITTEE MEMBERS

None.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:32 a.m.

Approved:

Maddie Gutierrez MMC
Clerk to the Commission

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

CALL TO ORDER

Committee Chair David A. Fein called the virtual meeting to order at 7:40 a.m.

ROLL CALL

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

Absent: Committee members: Masood Babeian and Pablo Velez.

Gold Coast Staff in attendance: CEO Nick Liguori and Deborah Munday.

PUBLIC COMMENT

None.

CEO Nick Liguori announced that at the next regular PAC meeting there would be a report on new capabilities. There will be a review of new data and analysis on the healthcare needs of our members. The team will focus on the response / solutions of healthcare via healthcare programs for chronic conditions, partnerships with providers, including quality incentives. This includes our approach to member engagement and member incentives.

Committee member Katy Krul requested financials be included in the presentation. CEO Liguori stated financials would be included.

CONSENT

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

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

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

Committee member Sim Mandelbaum motioned to approve Consent Item 1. Committee member Will Garand seconded.

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

NOES: None.

ABSENT: Masood Babeian and Pablo Velez.

Clerk declared the motion carried.

COMMENTS FROM COMMITTEE MEMBERS

None.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:44 a.m.

Approved:

Maddie Gutierrez MMC
Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee
Special Meeting
November 29, 2022**

CALL TO ORDER

Committee Chair David A. Fein called the virtual meeting to order at 7:30 a.m.

ROLL CALL

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

Absent: Committee members: Masood Babeian and Pablo Velez.

Gold Coast Staff in attendance: Marlen Torres, Executive Director of Strategy & External Affairs and Deborah Munday, Se. Exec. Assistant /Asst. Clerk to the Commission.

PUBLIC COMMENT

None.

CONSENT

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

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

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

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

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

NOES: None.

ABSENT: Will Garand and Sim Mandelbaum.

Clerk declared the motion carried.

COMMENTS FROM COMMITTEE MEMBERS

None.

ADJOURNMENT

With no further items to be addressed, Committee Chair David Fein motioned to adjourn the meeting at 7:32 a.m.

Approved:

Maddie Gutierrez MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Provider Advisory Committee
FROM: Maddie Gutierrez, MMC Clerk to the Commission
DATE: December 6, 2022
SUBJECT: Approval of the 2023 Provider Advisory Committee Meeting Calendar

SUMMARY:

This item will establish dates for the Provider Advisory Committee (Committee) meetings for 2023. In order to comply with AB 361, the Committee has to meet every thirty days to continue to have virtual meetings without posting at each location a Committee member will be present. The following schedule has quarterly regular meetings. The other meetings will be special meetings which are expected to last 5-10 minutes and will consist of making the findings required by AB 361.

Regular Provider Advisory Committee Meetings

Time: 7:30 am – 9:00 am

Dates: Tuesday, March 7, 2023
Tuesday, June 6, 2023
Tuesday, September 5, 2023
Tuesday, December 5, 2023

Special Provider Advisory Committee Meetings

Time: 7:30 am – 7:45 am

Dates: Tuesday, January 10, 2023
Tuesday, January 24, 2023
Tuesday, February 21, 2023
Tuesday, April 4, 2023
Tuesday, May 2, 2023
Wednesday, July 5, 2023
Tuesday, August 1, 2023
Tuesday, August 22, 2023
Tuesday, October 10, 2023
Wednesday, November 1, 2023
Tuesday, November 28, 2023

RECOMMENDATION:

Approve the 2023 Provider Advisory Committee meeting calendar as presented.

ATTACHMENTS:

Copy of 2023 Provider Advisory Committee Meeting Calendar.



2023

Provider Advisory Committee Meetings

PAC Regular Mtg, 7:30-9 AM
 PAC Special Mtg, 7:30-8 AM

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

February						
Su	M	Tu	W	Th	F	Sa
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26	27	28				

March						
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April						
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30						

May						
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21	22	23	24	25	26	27
28	29	30	31			

June						
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25	26	27	28	29	30	

July						
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23	24	25	26	27	28	29
30	31					

August						
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27	28	29	30	31		

September						
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24	25	26	27	28	29	30

October						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
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19	20	21	22	23	24	25
26	27	28	29	30		

December						
Su	M	Tu	W	Th	F	Sa
						1
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AGENDA ITEM NO. 3

TO: Provider Advisory Committee

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

DATE: December 6, 2022

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

SUMMARY/RECOMMENDATION:

At its May 24, 2022, meeting the Provider Advisory Committee (“Committee”) of the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) made findings pursuant to Assembly Bill 361 to continue to meet remotely. To continue this practice, it is required, that the Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Committee in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, it is time to remake the findings.

BACKGROUND/DISCUSSION:

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

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

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

Specific Findings Required under AB 361

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

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

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

Re-Authorization is Required Within 30 Days

The Committee made the findings listed above at its December 7, 2021, Committee meeting and again during its January 4, 2022, February 1, 2022, February 22, 2022, special Committee meetings, March 8, 2022 regular Committee meeting, April 5, May 5, May 24, special Committee meetings, June 7, 2022 regular committee meeting, July 6, 2022, August 2, 2022, August 23, 2022 special meeting, September 12, 2022 special meeting, September 20, 2022 regular meeting, October 4, 2022 special meeting, November 1, 2022 and November 29, 2022 special meetings. Consistent with the provisions of Government Code

Section 54953(e), the findings must be made every 30 days “after teleconferencing for the first time” under AB 361. Thus, if the Committee desires to continue to meet remotely without having to post the location of each teleconference location, the Committee must again find that the COVID-19 emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Committee make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

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

FOLLOW UP ACTION:

That the Committee make the findings under AB 361 at its January 10, 2023 special Committee meeting.

ATTACHMENT:

None.



AGENDA ITEM NO. 4

TO: Provider Advisory Committee (PAC)
FROM: Marlen Torres, Executive Director of Strategy & External Affairs
DATE: December 6, 2022
SUBJECT: PAC AdHoc Committee Update

VERBAL PRESENTATION



AGENDA ITEM NO. 5

TO: Provider Advisory Committee (PAC)
FROM: Robert Franco, Chief Compliance Officer
DATE: December 6, 2022
SUBJECT: Corporate Integrity Agreement (CIA) Update

VERBAL PRESENTATION



AGENDA ITEM NO. 6

TO: Provider Advisory Committee (PAC)
FROM: Kashina Bishop, Chief Financial Officer
DATE: December 6, 2022
SUBJECT: 2022/23 Financials Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Financials Update

October 2022 Financials Update

December 6, 2022

**Kashina Bishop
Chief Financial Officer**

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

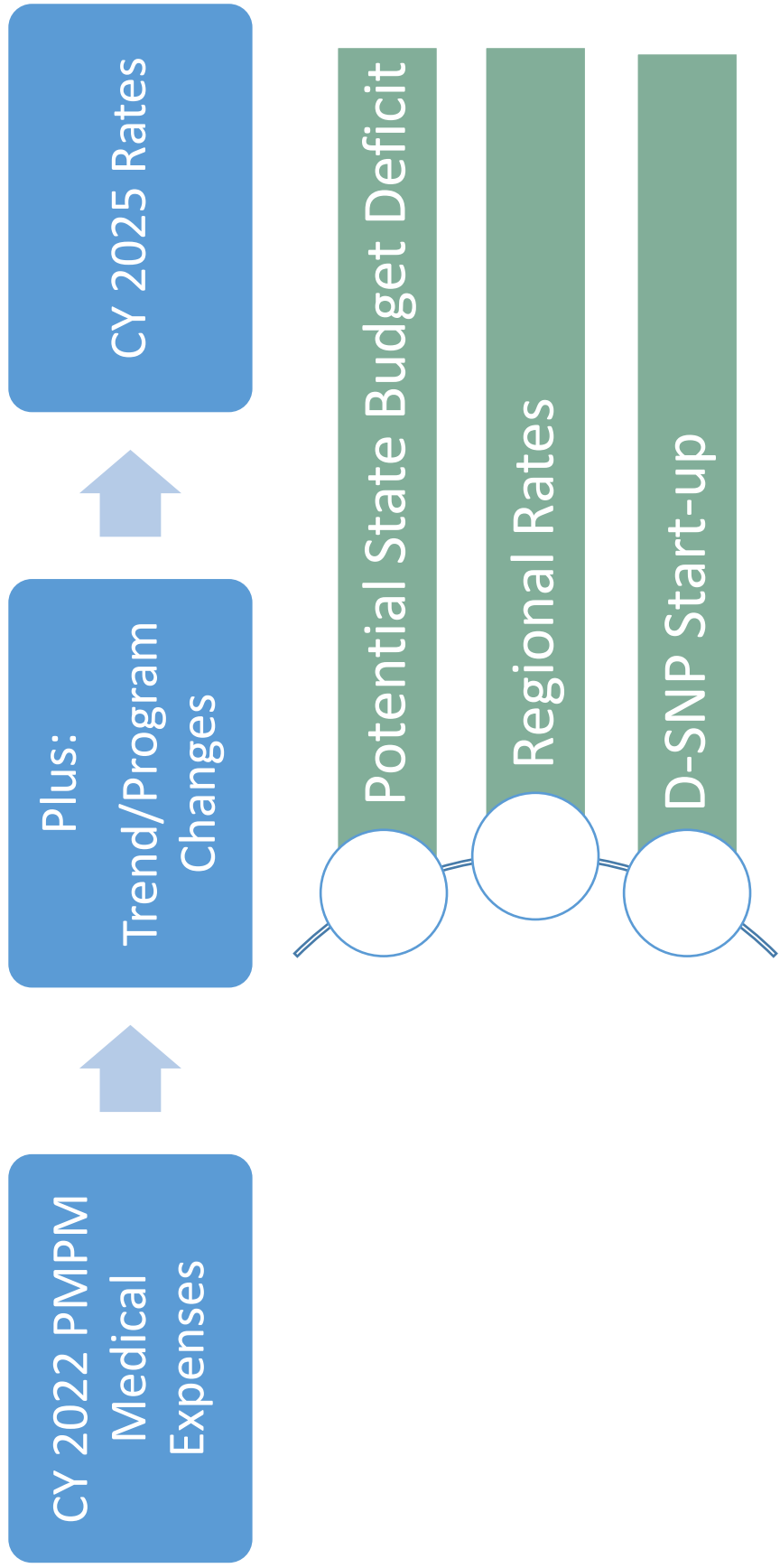


MEDICAL LOSS RATIO 80.2%



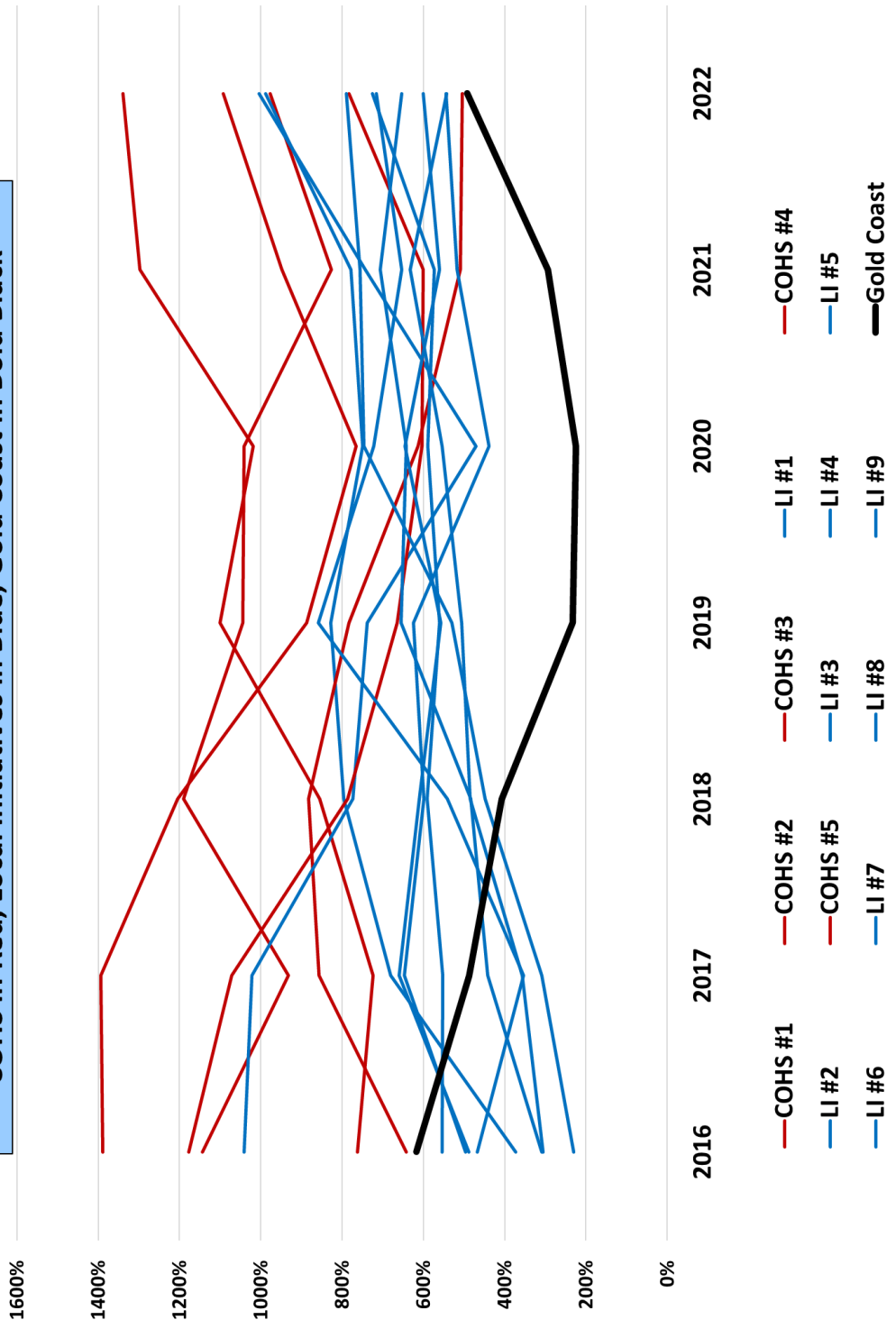
ADMINISTRATIVE RATIO 6.9%

Financial Risks of Focus – CY 2024/2025



TNE Comparisons

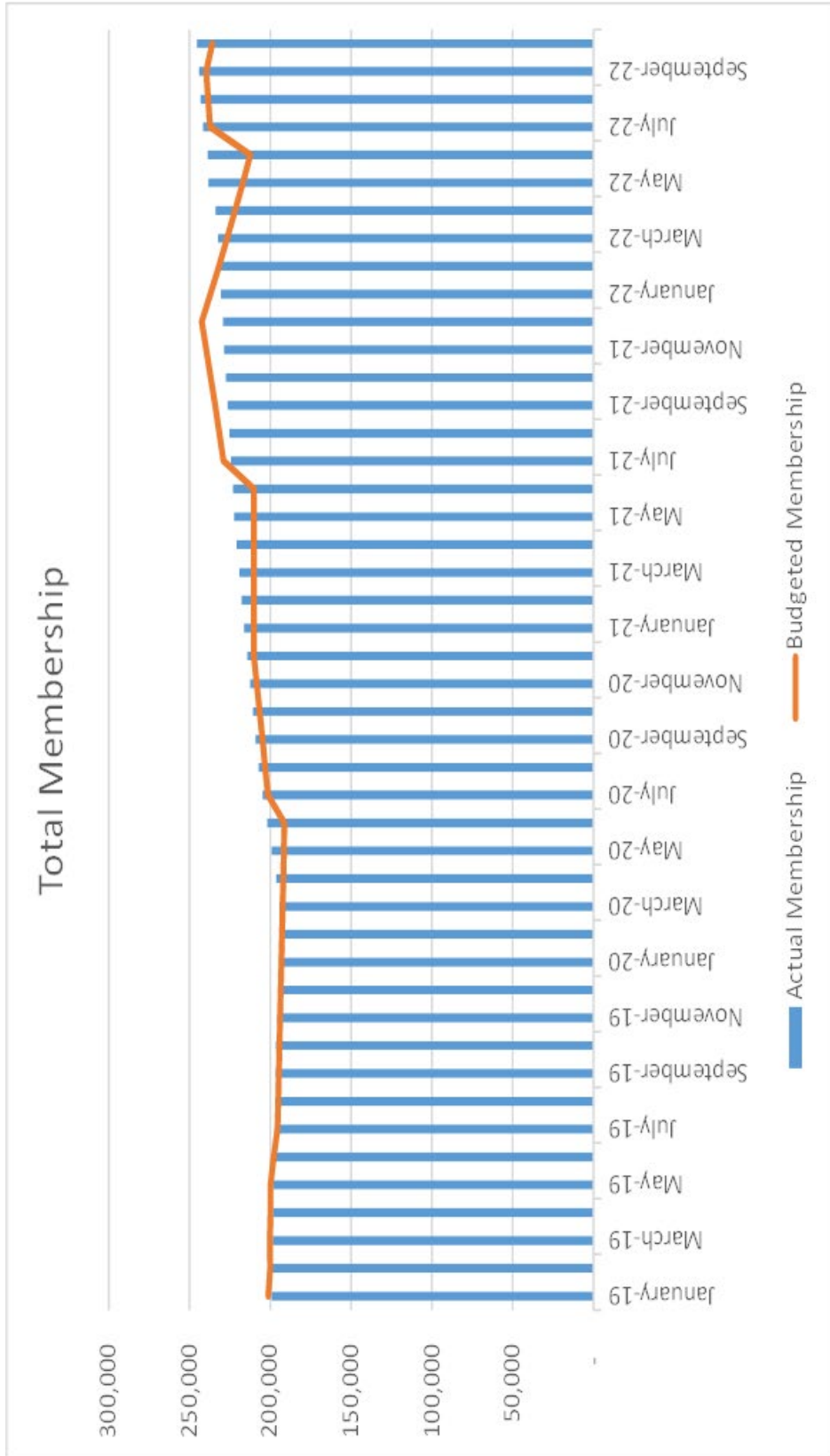
Percent Actual TNE to Required as of June 30 - COHS and LI by Grouping
 COHS in Red, Local Initiatives in Blue, Gold Coast in Bold Black



Revenue

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

Membership trends



Medical Expense

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

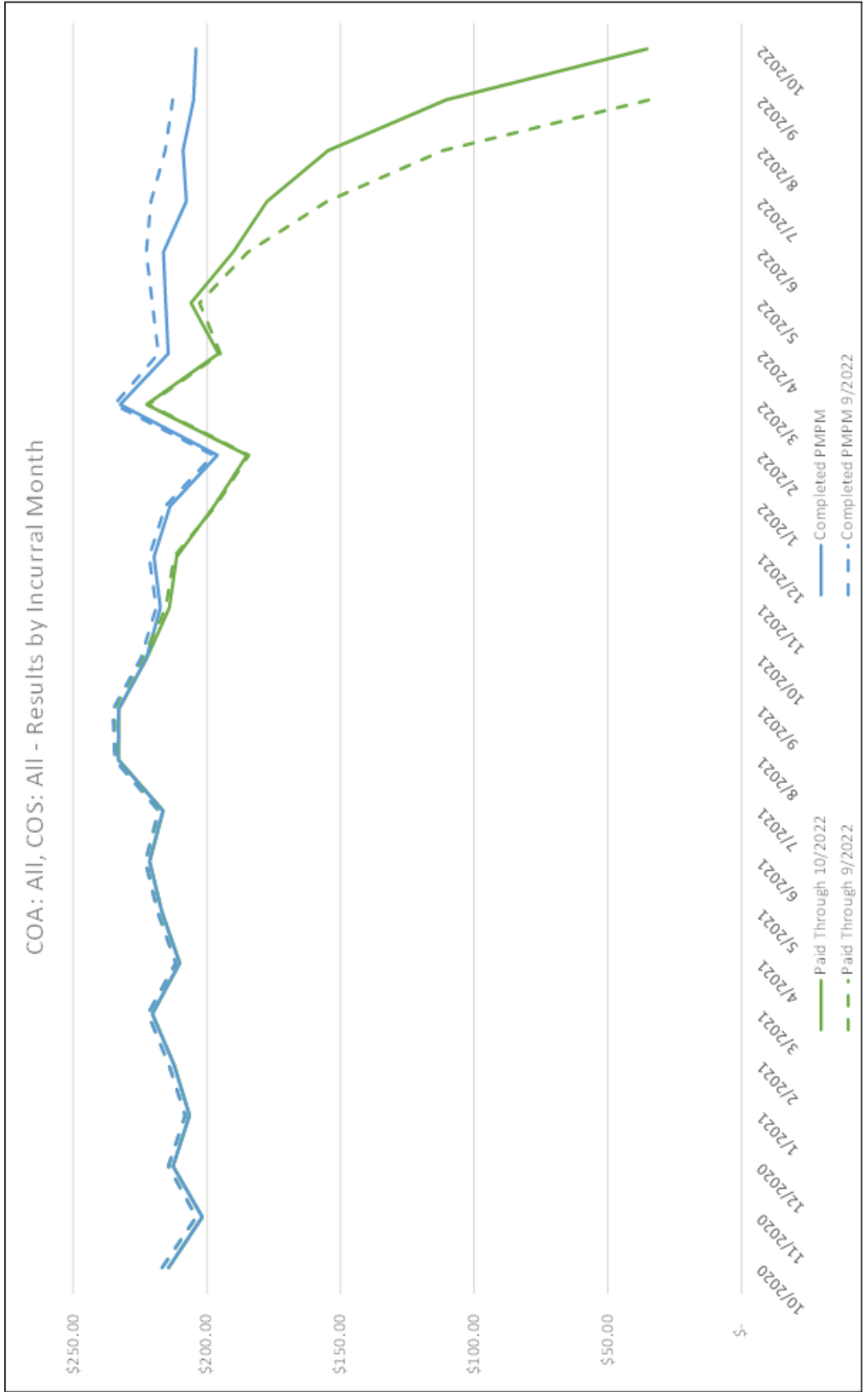
The budget for medical expenses was based on CY 2019 pmpm costs and trended forward. FYTD, actual pmpm costs are have not escalated to that level.

Claims Payments



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

Incurring But Not Paid (IBNP) Medical Expense Reserve



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)

Financial Statement Summary



	October 2022	FYTD	FYTD	Budget	Budget
		Actual			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%				

Questions?



AGENDA ITEM NO. 7

TO: Provider Advisory Committee (PAC)
FROM: Erik Cho, Chief Program & Policy Officer
DATE: December 6, 2022
SUBJECT: Using Data Analysis to Drive Interventions for Our Highest Need Members

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Using Data Analysis to Drive Interventions for our Highest Need Members

Gold Coast Health Plan

Using Data Analysis to Drive Interventions for our Highest Need Members

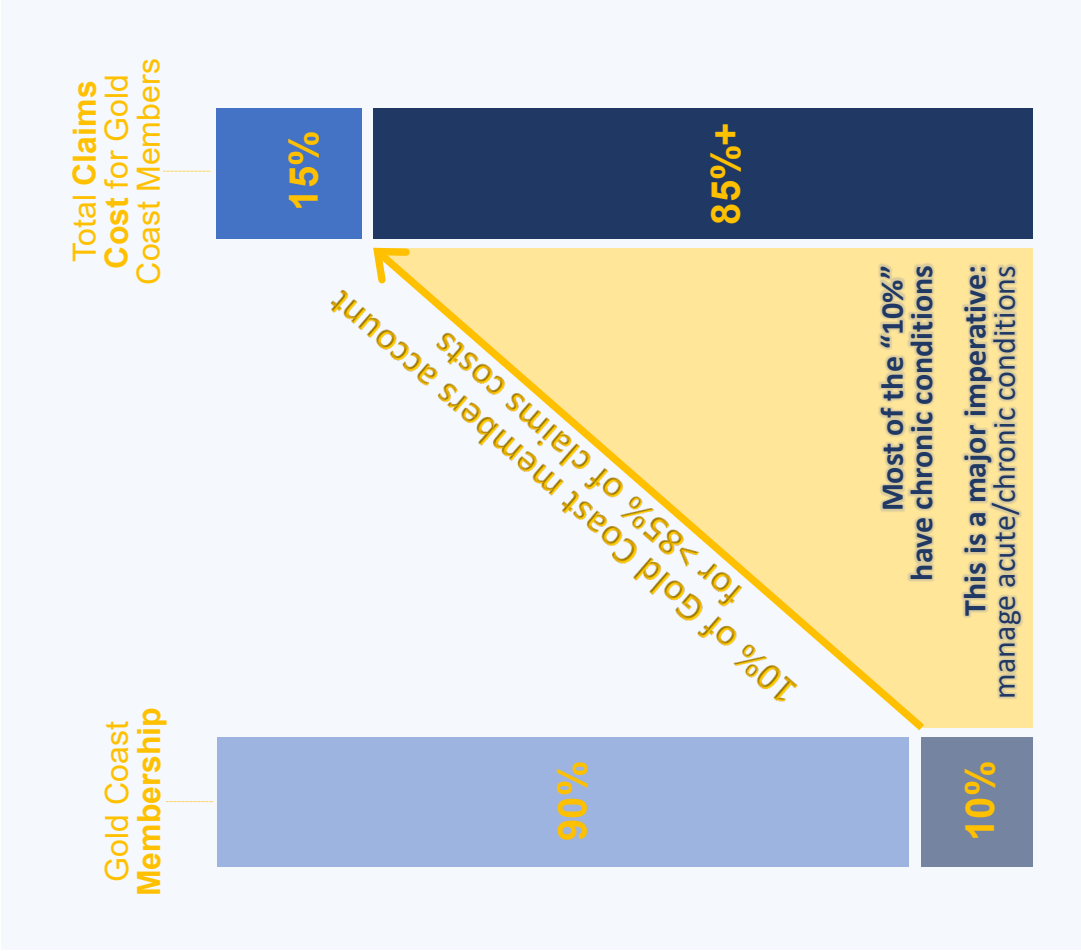
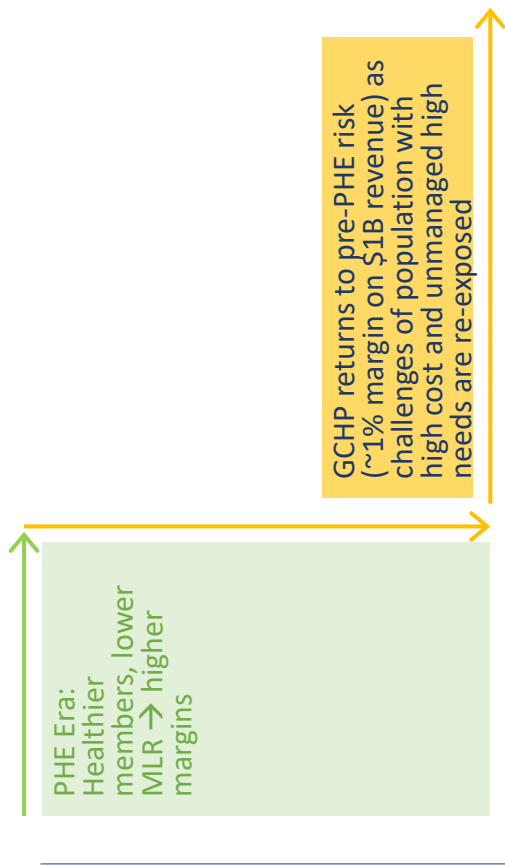
12/6/2022

Presentation Overview

- The Importance of Improving Health for High Need Members
- Data Analysis for the 10% Costliest Members
- Strategic Interventions, Both Immediate and Future



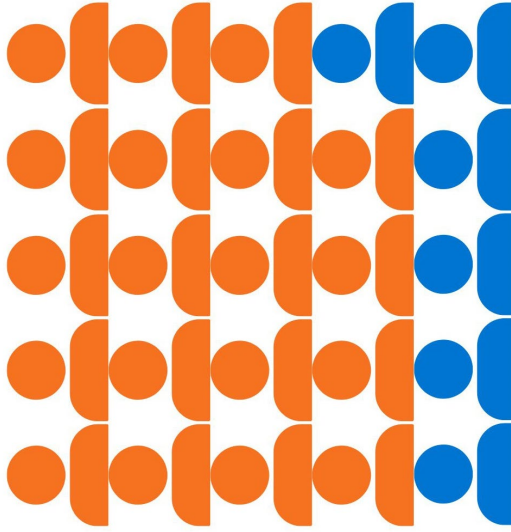
WHY DOES THIS MATTER?



10% COSTLIEST MEMBERS: COMORBIDITY PROFILE

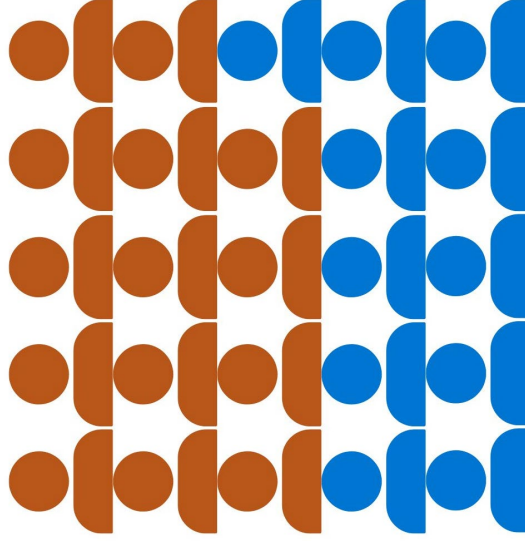
78% have 2+

Chronic Conditions



58% have 5+

Chronic Conditions

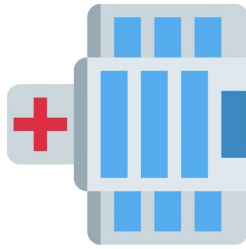


Note: Data criteria and acknowledgements in [Appendix A](#).

10% COSTLIEST MEMBERS: UTILIZATION



3X More Likely to
Visit ER



40X More Likely to
be Admitted to the
Hospital

Note: Data criteria and acknowledgements in [Appendix A](#).

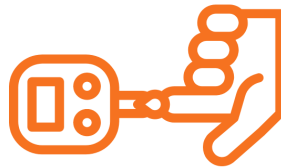
10% COSTLIEST MEMBERS: DISEASE PREVALENCE



Cardiovascular
Disease
55%



Mental Health
Conditions*
45%



Diabetes
21%



Asthma
18%

Note: Data criteria and acknowledgements in [Appendix A](#).

* Mental Health Conditions percentage only includes mild to moderate conditions

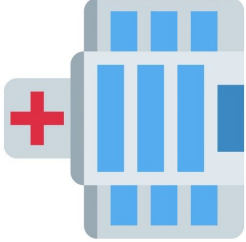
10% COSTLIEST MEMBERS: ACG RISK SCORE

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

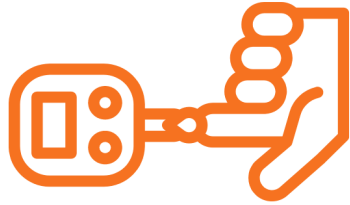
Note: Data criteria and acknowledgements in [Appendix A](#).

10% COSTLIEST MEMBERS: ACG PREDICTIVE UTILIZATION



ACG Hospitalization 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

10% COSTLIEST MEMBERS: OUTPATIENT VISITS

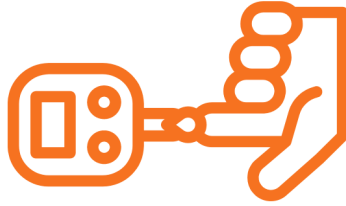


188 Members with
Diabetes Had No OP Visits



654 Members with
Cardiovascular Disease
Had No OP Visits

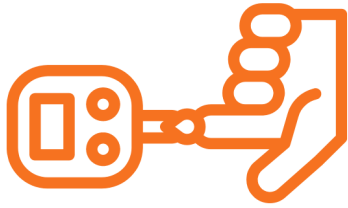
10% Costliest Members: Underutilization of Pharmacy Benefits



**1.6 claims per
member per month**

**1.4 claims per
member per month**

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

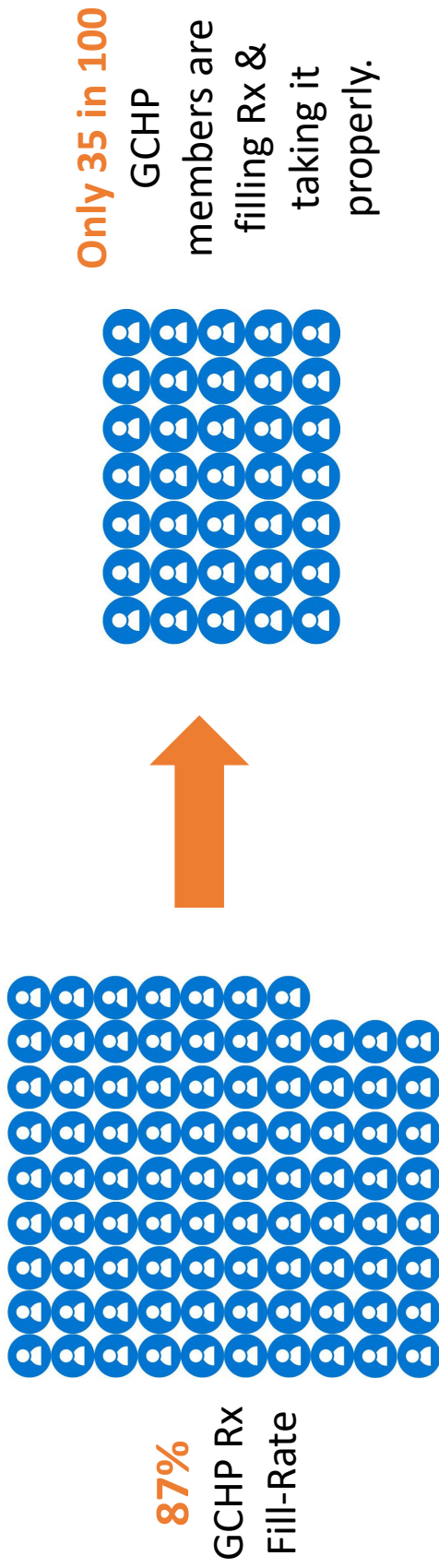
29% had less than 12 fills in last year.

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

Note: Data criteria and acknowledgements in [Appendix A](#).

10% Costliest Members: Medication Non-Adherence

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



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

Note: Data criteria and acknowledgements in [Appendix A](#).

Strategic Interventions

Immediate Call to Action

Targeted Member Outreach

Medically Tailored Meals

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

Integrity

Accountability

Collaboration

Trust

Respect

Questions

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/>