

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

**Regular Meeting**

**Monday, May 24, 2021, 2:00 p.m.**

**Gold Coast Health Plan, 711 East Daily Drive, Community Room  
Camarillo, CA 93010**

**Executive Order N-25-20**

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

**Conference ID Number: 970 753 492#**

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

**AGENDA**

**CALL TO ORDER**

**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 should complete and submit a Speaker Card.

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](mailto:ask@goldchp.org). If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

**CONSENT**

**1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of April 27, 2021.**

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

**RECOMMENDATION:** Approve the minutes of April 26, 2021.

**2. Resolution Extension through June 28, 2021**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Adopt Resolution No. 2021-007 to extend the duration of authority empowered in the CEO through June 28, 2021.

**3. Health Equity/Diversity & Inclusion Information**

Staff: Ted Bagley, Interim Chief Diversity Officer

RECOMMENDATION: Receive and file the information as presented.

**UPDATES**

**4. HSP MediTrac Go-Live Update**

Staff: Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Receive and file the update.

**5. Supplier Diversity Process**

Staff: Bob Bushey, Procurement Officer

RECOMMENDATION: Receive and file the update.

**FORMAL ACTION**

**6. Resolution Recommendation for the Enterprise Transformation Project (ETP) Team**

Staff: Michael Murguia, Executive Director of Human Resources  
Nancy Wharfield, M.D., Chief Medical Officer  
Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Adopt Resolution No. 2021-008 as presented.

**7. LA Networks – Contract Award Approval**

Staff: Helen Miller, Senior Director of Information Technology

RECOMMENDATION: It is the Plan’s recommendation to award the purchase, maintenance, and ad-hoc services over a three-year term to the only responsive bidder, LA Networks. If the Commission desires to review this contract, it is available at Gold Coast Health Plan’s Finance Department.

**8. Conduent Contract Amendment**

Staff: Cathy Deubel Salenko, Health Counsel

**REPORTS**

**9. Chief Executive Officer (CEO) Report**

Staff: Margaret Tatar, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

**10. Chief Medical Officer (CMO) Report**

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the report.

**11. Chief Diversity Officer (CDO) Report**

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

**12. Executive Director of Human Resources (H.R.) Report**

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

**CLOSED SESSION**

**13. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**

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

## **ADJOURNMENT**

Unless otherwise determined by the Commission, the next meeting will be held at 2:00 P.M. on June 28, 2021 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

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**Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Commission 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 3 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 of the Board  
**DATE:** May 24, 2021  
**SUBJECT:** Meeting Minutes of April 26, 2021 Regular Commission Meeting

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENT:**

Copy of Minutes for the April 26, 2021 Regular Commission Meeting.

**Ventura County Medi-Cal Managed Care Commission  
(VCOMMCC)  
dba Gold Coast Health Plan (GCHP)  
April 26, 2021 Regular Meeting Minutes**

**CALL TO ORDER**

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

**ROLL CALL**

Present: Commissioners Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Scott Underwood, M.D.

Absent: Commissioners Antonio Alatorre and Andrew Lane.

Attending the meeting for GCHP were Margaret Tatar, Chief Executive Officer, Nancy Wharfield, MD., Chief Medical Officer, Ted Bagley, Interim Chief Diversity Officer, Kashina Bishop, Chief Financial Officer, Michael Murguia Executive Director of Human Resources, Scott Campbell, General Counsel, Cathy Salenko, Health Care General Counsel, Marlen Torres, Executive Director of Strategy and External Affairs, Eileen Moscaritolo, HMA Consultant, and Robert Franco, Chief Compliance Officer.

Additional staff participating on the call: Anna Sproule, Vicki Wrighster, Dr. Anne Freese, Rachel Lambert, Helen Miller, Jamie Louwerens, Dr. Lupe Gonzalez, Kim Timmerman, Pauline Preciado, Luis Aguilar, Paula Cabral, Sandi Walker, Nicole Kanter, Susana Enriquez, Nicole Kanter, Bob Bushey, Kris Schmidt, Paula Bossoletti, Carolyn Harris, Adriana Sandoval, Debbie Rieger, and Lorraine Carrillo. BBK Representation: Scott Campbell, Cathy Salenko and Rich Egger

Ana Rangel, Interpreter.

Additional participants were Sal Lua, Shield Health Care, Conduent Representatives: Kadem Rajandra, Dave Bryan, Susan Shirley, Susan Miekle Pat Costa, Lisa Hopper and Conduent Legal Representative - Michael Calabrese.

## **PUBLIC COMMENT**

Dr. Sandra Aldana, representing the State Council on Developmental Disabilities emphasizing the importance of those with intellectual and physical disabilities to have equitable access to vaccines.

## **CONSENT**

### **1. Approval of Ventura County Medi-Cal Managed Care Regular Minutes of March 22, 2021.**

Staff: Maddie Gutierrez, MMC - Clerk of the Board

RECOMMENDATION: Approve the minutes of March 22, 2021

### **2. Resolution Extension through May 24, 2021**

Staff: Scott Campbell General Counsel

RECOMMENDATION: Adopt Resolution 2021-004 to extend the duration of authority empowered in the CEO through May 24, 2021.

### **3. Resolution 2021-005 Violence Against Minority Communities**

Staff: Ted Bagley, Chief Diversity Officer  
Scott Campbell, General Counsel

RECOMMENDATION: Staff requests the Commission approve Resolution 2021-005.

### **4. Resolution Adopting an Amended Conflict of Interest Code Pursuant to the Political Reform Act of 1974.**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Commission adopt Resolution No. 2021-006, adopting the amended Conflict of Interest Code pursuant to the Political Reform Act of 1974.

### **5. Investment Policy**

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the Investment Policy for a one-year period.

Commissioner Swenson motioned to approve agenda items 1 through 5. Commissioner Espinosa seconded.

AYES: Commissioners Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, and Scott Underwood, M.D.

NOES: None.

ABSENT: Commissioners Antonio Alatorre and Andrew Lane.

Commissioner Pupa declared the motion carried.

**Commissioner Alatorre joined the meeting at 2:12 p.m.**

## **UPDATES**

### **6. Strategic Planning Quarterly Update**

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

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

Marlen Torres, Executive Director of Strategy & External Affairs provided an update on the progress of goals and measures for the Strategic Plan. She reviewed Strategic Planning tactics and the status of the objectives. Thirty-four (34) goals and one hundred nine (109) measures were identified. She noted that each goal has multiple measures, and all measures must be completed. All are in progress and there is nothing overdue at this point.

Ms. Torres noted the Strategic Plan correlates to the budget. She also reviewed the major initiatives.

- I Solvency Action Plan (SAP),
- II System Conversion,
- III Cal-AIM and
- IV Pharmacy Rx and
- V Implementation of AHP Plan to Plan

Ms. Torres will have a dashboard complete by July/August and at that time the Strategic Planning AdHoc Committee will reconvene. Ms. Torres is requesting Commission feedback on a list of discussion questions she presented.

Commissioner Espinosa requested more information on objective 4. She requested more information be provided for item 2 – Identify pass through opportunities and reporting for errors and omissions. Ms. Torres responded that staff wants to ensure



that internal controls are catching issues. Commissioner Espinosa stated this is more internal than statewide. Ms. Torres responded yes, but she will follow up and report back to the commission when she receives confirmed information. Commissioner Espinosa had a question on the dashboard; she asked how many, and/or who were the vendors of color that GCHP has a collaborative business partnership with. Commissioner Espinosa stated she would like to add this item to tactics or completed measures. Ms. Torres will work with Chief Diversity Officer, Ted Bagley and Procurement Officer, Bob Bushey, to research the information requested and report back to the Commission. Commissioner Espinosa noted the framework for the Strategic Plan was great and easy to digest.

Commissioner Alatorre motioned to approve the Strategic Planning Quarterly Update. Commissioner Underwood seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, and Scott Underwood, M.D.

**NOES:** None.

**ABSENT:** Commissioner Andrew Lane.

Commissioner Pupa declared the motion carried.

## **7. Go-Live Update**

**Staff:** Anna Sproule, Senior Director of Operations  
Conduent Representatives

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

Anna Sproule, Senior Director of Operations introduced Conduent representatives; Pat Costa, Dave Bryan, Lisa Hopper, Susan Miekle and Susan Shirley. They will be presenting a PowerPoint on the implementation of the Enterprise Transformation Project (ETP) Go-Live. Ms. Costa stated the ETP is a high priority for Conduent and are fully committed. Ms. Costa they are in count-down to Go-Live in five (5) days. Go-Live will begin over the weekend. Mr. Dave Bryan noted Conduent has reviewed seventeen (17) packets of documents and criteria along with functionality and have had excellent test results. There is a checklist to move from the old system to the new system and everything is on schedule. Conduent is committed to success and delivery of a quality system. Steps will be verified, and the Command Center will start this weekend. The system is in place for tracking and check point meetings will be done to monitor progress. Staff has been added to Claims and the Call Center.

Commissioner Pupa asked about the commitment to resources. GCHP is providing resources as well. GCHP needs to have enough resources. Mr. Bryan stated all Conduent staff has been trained on the HSP system for daily work. The Call Center staff has a Frequently Asked Questions (FAQ) chart for referral, to answer questions. Issues are being identified and reported immediately.

Commissioner Pupa stated there are concerns on the GCHP Provider Portal and testing, as well as results. Mr. Bryan, Conduent Representative stated most clients use their own Provider Portal. GCHP is the first to use the provider portal. He noted that some log-on would be a big change to providers. It will require multiple log-on ID's. Conduent has looked at upgrades to minimize log-ons/passwords, and they are currently developing a solution. This has all been previewed with GCHP. The upgrade will be available in June/July. Commissioner Pupa stated it was not multiple log-ons, but hundreds of log-ons. It is not going to be easy to get logged on. She asked how we can assure providers and GCHP that providers won't be disrupted. It is troubling to Go-Live. The testing on the portal was done in the last two (2) weeks, she is concerned that claims will be disrupted. Mr. Bryan responded processes will be communicated this week. Claims can be submitted after they have logged on. He stated there is a temporary fix for this issue, Conduent will do extra manual work. Susan Shirley, Conduent representative, stated there were calls in the que and Conduent has been able to handle some, but not all. She went on to say that there will be a change in the process which will allow for callers to register.

Commissioner Cho asked if there was any pre-emptive effort prior or if all need to phone in to get information. Ms. Shirley stated GCHP has high touch philosophy. GCHP is working proactively providing a webinar, or providers can call the Call Center for access code. Commissioner Cho stated she would like to get more information off-line. She could not figure out her access code. Eileen Moscaritolo, HMA Consultant for GCHP stated that as of today, no providers have been able to register for the portal. The process has changed since the two webinars that were provided. Now every person needs multiple log-ons and at this point we have run out of resources available. Commissioner Alatorre asked for clarification, he asked if no providers have access to the portal. Ms. Moscaritolo stated she has asked for a report on how many have registered but the report was not available. Nancy Wharfield, M.D., Chief Medical Officer, stated the form of communication is different. Providers can't see things the manner they were used to, it takes time to do the work and is more time consuming. She stated she is concerned about the turn-around time, it seems we are not looking at a more efficient process. Commissioner Alatorre stated it seems we will not be ready May 3<sup>rd</sup>, there are too many issues with workarounds. Ms. Moscaritolo stated there is a concern with hand off from portal to medical managed system. Multiple log-ons does not satisfy HIPPA needs. Mr. Bryan stated the process is slow but is moving forward. All implementation of new systems has issues. Ms. Moscaritolo stated waiting is cumbersome for providers. Commissioner Swenson asked if it would be better to delay, to iron out issues. General Counsel, Scott Campbell stated these questions can be addressed in closed session.

Commissioner Johnson stated there is more than 1 item/issue: Provider Portal, testing three (3) days before Go-Live, and efficiency. Commissioner Atin asked why this Go-Live needs to be done on May 1, he asked why couldn't both parties wait until they are comfortable with the system. Conduent legal representative, Michael Calabrese, stated Conduent will be ready on May 1. Commissioner Johnson stated it is standard practice to be testing three (3) days before Go-Live. Mr. Bryan, Conduent representative stated depending on the priority, some changes will be done in the last week before go-live. Commissioner Johnson asked Mr. Bryan if in his opinion, was it good to Go-Live with no providers registered. Mr. Bryan stated it was not preferable. Commissioner Johnson asked how many providers had registered. Commissioner Cho stated physician sign-up as provider requires a lot of work.

Commissioner Alatorre stated that at CDCR they would not Go-Live. He stated that this has been delayed before, we can wait a few more months. He did not think we were ready. Mr. Bryan stated there are only two (2) small fixes that are outstanding. Everything else has been addressed and the system is ready. Ms. Moscaritolo stated that hopefully by July, we can do modified authorization. Commissioner Cho stated more time is needed to put providers in and give them access to convert over. Mr. Bryan stated there have been one hundred fifty (150) authorizations per day, he has additional staff who are working overtime for the Go-Live to go on the scheduled date. It is now up to the Commission if they want to delay the implementation.

Commissioner Johnson motioned to approve the Go-Live Update. Commissioner Pupa seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, and Scott Underwood, M.D.

**NOES:** None.

**ABSENT:** Commissioner Andrew Lane.

Commissioner Pupa declared the motion carried.

## **8. HSP MediTrac Update**

Staff: Eileen Moscaritolo, HMA Consultant

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

Eileen Moscaritolo stated the update she was going to present have already been discussed in the prior agenda item.

Commissioner Espinosa motioned to approve the HSP MediTrac Update. Commissioner Alatorre seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, and Scott Underwood, M.D.

**NOES:** None.

**ABSENT:** Commissioner Andrew Lane.

Commissioner Pupa declared the motion carried.

## **PRESENTATIONS**

### **9. Cal-AIM/In Lieu of Services (ILOS) / Enhanced Care Management (ECM) Presentation**

**Staff:** Marlen Torres, Executive Director of Strategy & External Affairs  
Pauline Preciado, Senior Director of Population Health & Equity

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

Marlen Torres, Executive Director of Strategy & External Affairs reviewed the Cal-AIM PowerPoint. Ms. Torres reviewed the previous approach, stake holder communications, noting that a meeting is scheduled for May with Ventura County leadership. She also reviewed the implementation timeline with various go-live dates. Ms. Torres noted the Knox Keene will start this summer and we will get the license by 2023. The Whole Person Care (WPC) Model shared by the County of Ventura Health Care Agency was shared with the Commission, as well as the types of care management which will have person centered approach, expanding the scope to address the needs of Mental Health Services.

Ms. Torres stated WPC will be phased in first and Enhanced Care Management (ECM) will be part of Phase II, six (6) months later. Incarceration population will be phased in last.

Pauline Preciado, Senior Director of Population Health & Equity presented In Lieu of Services (ILOS) DHCS list of Thirteen. Proposals for Services to address homelessness and housing, services for long-term well-being in home-like settings, as well as recuperative services were reviewed. Ms. Preciado reviewed the ECM Model of Care which is a person-centered approach. She noted the expanded scope will address the needs of Mental Health Services members. Ms. Preciado also reviewed the social interventions with additional layers of support.

Ms. Preciado reviewed the ECM Phases with Phase I beginning January of 2022. Phase II is scheduled for July of 2022 and Phase III scheduled for January of 2023.

Ms. Preciado then presented the GCHP current state in Ventura County and implementation plan. The division of responsibilities and ECM workflow were also reviewed. Project milestones beginning with Development of Governance Structure in April 2021 through the various phases and go-lives. The role of the advisory committee is to provide guidance from community partners, in conjunction with the proposed governance structure was reviewed.

Commissioner Espinosa noted that in 2017 there were newspaper articles on the limited beds for homeless that were discharge from the hospital, she asked how this will be assessed. Ms. Preciado stated that with this assessment we want to leverage with community partners and will work with these partners to build out the infrastructure. Ms. Torres stated this is a preliminary scan and we will go to the next level and make a determination on next steps.

Commissioner Swenson motioned to approve the Cal-AIM/ILOS/ECM presentation. Commissioner Alatorre seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, and Scott Underwood, M.D.

**NOES:** None.

**ABSENT:** Commissioner Andrew Lane.

Commissioner Pupa declared the motion carried.

## **FORMAL ACTION**

### **10. Quality Improvement Committee 2021 First Quarter Report**

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

**RECOMMENDATION:** Approve the 2021 QI Program Description and 2021 QI Work Plan as presented. Receive and file the complete report as presented.

Kim Timmerman, Director of Quality Improvement reviewed the first quarter Quality Improvement Committee report. Ms. Timmerman reviewed the Quality Improvement work plan. These reports include a strategy update, 2021 QI Program description, the 2021 QI work plan and the DHCS Preventive Services report.

The 2021 Quality Improvement Strategy includes member outreach programs, the assessment of priorities to determine focus areas based on low performance, disparities/ health equity, DHCS focus areas and COVID-19 return to care. There will also be continued access of provider report cards/care gaps reports. Improvement projects are one (1) – two (2) year projects. Ms. Timmerman reviewed the 2021 QI Program description updates and key purpose which includes mission, vision, and values. Purpose and scope, key program initiatives, the annual work plan and quality committees and subcommittees. The five objectives and metrics were reviewed.

Ms. Timmerman reviewed the DHCS preventive service report. This report is based on administrative data, the MCP rate report on preventive screening measures which includes lead screening in children, well-child visits in the first thirty (30) months of life and child & adolescent well-care visits.

Commissioner Atin motioned to approve the Quality Improvement Committee 2021 First Quarter Report. Commissioner Espinosa seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, and Scott Underwood, M.D.

**NOES:** None.

**ABSENT:** Commissioner Andrew Lane.

Commissioner Pupa declared the motion carried.

## **11. March 2021 Financial Statements**

Staff: Kashina Bishop, Chief Financial Officer

**RECOMMENDATION:** Staff recommends that the Commission approve the March 2021 financial package.

Chief Financial Officer, Kashina Bishop reviewed the March 2021 financial statements.

There is a net gain of \$6.6 million for the month of March with a fiscal year to date net gain of \$10.2 million. TNE is at 246% of the minimum required. Medical loss ratio is 93.1 % and administrative ratio is 5.4%

The target for our Solvency Action Plan (SAP) is 400-500% of required. We are currently at 246%. In August 2020 our TNE was at 192%, in February of 2021 our TNE was at 227%. CFO Bishop reviewed next steps for the Solvency Action Plan, which included categories, current focus, and annualized impact in savings. Currently we have a total annual savings of \$17.4 – 20.4 million.

CFO Bishop reviewed the Change Control Document (CCD) process and improvement.

CFO Bishop reviewed net premium revenue is \$677.0 million, over budget by \$70.0 million and 12 %. Revenue for Proposition 56 is \$22.8 million. Revenue for the pharmacy add-on is \$40.9 million. Membership trends were reviewed as well as medical expenses. FYTD health care costs are \$561.2 million and \$39.0 million over budget. Medical loss ratio is 93.9, which is a 1.6% budget variance. Directed payments are over budget by \$19.8 million, pharmacy expense is over budget by \$37.8 million. Inpatient medical expenses is under budget by \$5.4 million which is 4%, Long-term care expenses is over budget by \$3.7 million (4%), Outpatient expenses is currently under budget by \$5.2 million (11%), emergency room expenses is under budget by \$7.5 million (30%) and mental and behavioral health is over budget by \$3.6 million (19%).

Commissioner Pupa stated she was very happy to see TNE was 246%.

Commissioner Johnson motioned to approve the March 2021 Financials. Commissioner Atin seconded.

AYES: Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Dr. Sevet Johnson, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, and Scott Underwood, M.D.

NOES: None.

ABSENT: Commissioner Andrew Lane.

Commissioner Pupa declared the motion carried.

## **12. Conduent Contract Amendment**

Staff: Cathy Salenko, Health Counsel

**This item was a place holder and will be tabled for a future meeting.**

## **REPORTS**

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

Staff: Margaret Tatar, Chief Executive Officer

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

Chief Executive Officer, Margaret Tatar noted that DHCS has begun a 30-day public comment period for the Cal-AIM Section 1115 waiver, starting April 6 and ending May

6. GCHP will be submitting a comment letter to DHCS and will keep the Commission update on any new waiver developments.

CEO Tatar reviewed Federal Administrative Actions and Implications, as well as key legislative bills and implications. GCHP continues to support organizations in Ventura County and has awarded sponsorships this month in the amount of \$6,000. There is a list of various community meetings were attended.

CEO Tatar reviewed plan operations which includes membership, administrative member details, provider contracting updates which includes agreements, amendments, and letters of agreement (LOA). She moved onto Compliance Delegation Oversight, network operations department projects and grievance and appeals.

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

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the report.

Chief Medical Officer, Nancy Wharfield, M.D. shared the first meeting of Behavioral health integration pilot program for providers was held.

CMO Wharfield reviewed graphs on COVID status, tracking COVID related admissions, which includes statistics on inpatient volume, service request volume. Bed days chart was reviewed and average length of stay (inpatient) increased due to COVID related conditions.

CMO Wharfield asl reviewed top admitting diagnoses, readmission rates through the month of March. COVID is now #2 in the top 10.

Dr. Anne Freese, Director of Pharmacy, reviewed pharmacy benefit cost trends, prescriptions per member per month, prescriptions per utilizer per month and pharmacy cost trends. Dr. Freese has continued to monitor the opioid utilization of its member and reviewed graphs with general statistics. Currently there is a positive trend toward less prescriptions and lower doses of opioids for the membership.

#### **15. Chief Diversity Officer (CDO) Report**

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

Chief Diversity Officer, Ted Bagley, noted that the Resolution against hate crimes was prepared collaboratively by legal, CEO Tatar and himself. He informed the Commission that some black employees complained that they were not given the



same consideration (Black Lives Matter). CDO Bagley met with each black employee and explained the wording in the resolution – he noted the resolution covered all minorities.

CDO Bagley stated he attended the PAC meeting and will be meeting with CAC to discuss Health Equity Initiatives. He will present his findings to Commission at a future date.

## **16. Executive Director of Human Resources (H.R.) Report**

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

Executive Director of Human Resources, Michael Murguia, stated All Staff meetings are being held every other month. The meetings are surveyed, and attendance has increased. Communications continues to be a key focus area.

The Return to Work team held it's first meeting on April 2<sup>nd</sup>. A strategy is being developed, recommendations and will be presented to Commission prior to implementation.

Mr. Murguia noted there have been four (4) resignations, no terminations and one (1) workers comp case.

**The Commission went into Closed Session at 5:27 pm.**

### **CLOSED SESSION**

#### **17. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) Section 54956.9: One case.

#### **18. PUBLIC EMPLOYEE PERFORMANCE EVALUATION**

Title: Chief Executive Officer

### **ADJOURNMENT**

Commissioner Pupa adjourned the meeting at 7:07 p.m. With no reportable action in Closed Session.

Approved:

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Maddie Gutierrez, MMC  
Clerk to the Commission

## **AGENDA ITEM NO. 2**

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

**FROM:** Scott Campbell, General Counsel

**DATE:** May 24, 2021

**SUBJECT:** Adopt a Resolution to Renew Resolution No. 2021-004, to Extend the Duration of Authority Empowered in the CEO to issue Emergency Regulations and Take Action Related to the Outbreak of Coronavirus (“COVID-19”)

### **SUMMARY:**

Adopt Resolution No. 2021-007-to:

1. Extend the duration of authority granted to the CEO to issue emergency regulations and take action related to the outbreak of COVID-19.

### **BACKGROUND/DISCUSSION:**

COVID-19, which originated in Wuhan City, Hubei Province, China in December 2019, has resulted in an outbreak of respiratory illness causing symptoms of fever, coughing, and shortness of breath. Reported cases of COVID-19 have ranged from very mild to severe, including illness resulting in death. Since that time, confirmed COVID-19 infections have continued to increase in California, the United States, and internationally. To combat the spread of the disease Governor Newsom declared a State of Emergency on March 4, 2020. The State of Emergency adopted pursuant to the California Emergency Services Act, put into place additional resources and made directives meant to supplement local action in dealing with the crisis.

In the short period of time following the Governor’s proclamation, COVID-19 has rapidly spread through California necessitating more stringent action. On March 19, 2020, Governor Newsom issued Executive Order N-33-20 (commonly known as “Safer at Home”) ordering all residents to stay at home to slow the spread of COVID-19, except as needed to maintain continuity of operation of the federal critical infrastructure sectors.

The following day, the Ventura County Health Officer issued a County-wide “Stay Well at Home”, order, requiring all County residents to stay in their places of residence subject to certain exemptions set forth in the order.

Prompted by the increase of reported cases and deaths associated with COVID-19, the Commission adopted Resolution No. 2020-001 declaring a local emergency and empowering the interim CEO with the authority to issue emergency rules and regulations to protect the health

of Plan's members, staff, and providers. Specifically, section (2) of Resolution No. 2020-001 describes the emergency powers delegated to the CEO which include, but are not limited to: entering into agreements on behalf of the Plan, making and implementing personnel or other decisions, to take all actions necessary to obtain Federal and State emergency assistance, and implement preventive measures to preserve Plan activities and protect the health of Plan's members, staff and providers.

Normally under Government Code Section 8630, the Commission must review the need for continuing the local emergency once every sixty (60) days until the local governing body terminates the local emergency. However, under Governor Newsom's March 4, 2020, State of Emergency proclamation, that 60-day time period in section 8630 is waived for the duration of the statewide emergency. Pursuant to Resolution No. 2020-001, the Plan's Local Emergency proclamation and emergency authority vested in the CEO expired on April 27, 2020.

On April 27, 2020, the Commission adopted Resolution No. 2020-002 to renew Resolution No. 2020-001 to: (1) reiterate and renew the Plan's declaration of a Local Emergency through the duration of the Governor's State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and (2) to extend the duration of authority empowered in the CEO to issue emergency regulations and take action. Resolution No. 2020-002 expired on May 18, 2020.

On May 4, 2020, Governor Newsom issued Executive Order N-60-20, declaring that California is prepared to move into the early phase of "Stage 2" of California's Roadmap to Pandemic Resilience to permit the gradual reopening of lower risk businesses and open spaces commencing on Friday, May 8, 2020, with modifications. As the state moves forward with reopening of certain businesses and spaces, Executive Order N-60-20 directs the State Public Health Officer to establish criteria and procedures, as set forth in the order, to determine whether and how local jurisdictions may implement local measures that depart from statewide directives.

On May 18, 2020, the Commission adopted Resolution No. 2020-003 to renew and reiterate the enumerated powers granted to the CEO in Resolution No. 2020-002 above, and to: (1) authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and (2) extend the duration of authority empowered in the CEO to issue emergency regulations and take action. Resolution No. 2020-003 expired on June 22, 2020.

Since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th, October 26th, January 25th, February 22nd, March 22nd and more recently on April 26, 2021 by adopting Resolution No. 2021-004. Resolution No. 2021-004 expires today, May 24, 2021.

On August 28, 2020, the State Health Officer issued a new order that set forth a new framework intended to guide the gradual reopening of businesses and activities in the state while reducing the increased community spread of the disease. The framework is entitled, "California's Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe". Under this framework, every county in California is assigned to a tier based on how prevalent COVID-19 is in each county and the extent of community spread—Purple (Widespread), Red (Substantial), Orange (Moderate) and Yellow (Minimal). The color of each

respective tier indicates what sectors may reopen. As of the date of this staff report, Ventura County is in the Orange tier.

Recent state and county public health data demonstrates that the rate of COVID-19 community transmission, hospitalizations and testing positivity rates have substantially declined. There now exists several COVID-19 vaccines proven to help combat the disease and that are being made available to the public in phases. Additionally, Governor Newsom announced that as of April 15, 2021 approximately 60% of eligible Californians have received at least one dose of a COVID-19 vaccine. As a result, State health orders have loosened COVID-19 related restrictions to allow a growing number of establishments to resume operations. If the current positive trends continue, Governor Newsom has indicated that on June 15, 2021, most restrictions will be lifted. The CEO and Human Resources Director are evaluating how this will impact the Plan's back to work plans.

Although cases are declining and vaccines are progressively being made available to the general public, the disease can still spread rapidly through person-to-person contact and those in close proximity. Also, County case rates, hospitalizations and deaths are at moderate levels and more contagious variants are present in the County. Precautions such as the use of face coverings, and social distancing measures are thus still very important for curbing the virus's spread.

This resolution will continue to empower the CEO with the authority to issue orders and regulations necessary to prevent the further spread of the disease and protect the health and safety of Plan members and staff through June 28, 2021, the next regularly scheduled Commission meeting. The intent of this resolution is to balance the ability to continue the safe and efficient operations of the Plan during the global health pandemic. As State and County health orders evolve, the Plan's response should also evolve. Measures adopted to reduce the spread of COVID-19 amongst Commission staff may be rescinded when they are no longer needed in response to the pandemic. Pursuant to Resolution No. 2020-002, the Plan's Local Emergency proclamation shall remain effective through the duration of the Governor's State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last.

**RECOMMENDATION:**

1. Adopt Resolution No. 2021-007 to extend the duration of authority empowered in the CEO through June 28, 2021.

**ATTACHMENT:**

1. Resolution No. 2021-007.

## RESOLUTION NO.2021-007

### **A RESOLUTION OF THE VENTURA COUNTY MEDICAL MANAGED CARE COMMISSION, DOING BUSINESS AS THE GOLD COAST HEALTH PLAN ("PLAN"), TO RENEW AND RESTATE RESOLUTION NO. 2021-004 TO EXTEND THE DURATION OF AUTHORITY EMPOWERED IN THE INTERIM CHIEF EXECUTIVE OFFICER OR CHIEF EXECUTIVE OFFICER ("CEO") RELATED TO THE OUTBREAK OF CORONAVIRUS ("COVID-19")**

WHEREAS, all recitals in the Commission's Resolution Nos. 2020-001, 2020-002 2020-03, 2020-004, 2020-005, 2020-006 2020-007, 2021-001, 2021-002, 2021-003 and 2021-004 remain in effect and are incorporated herein by reference; and

WHEREAS, a severe acute respiratory illness caused by a novel (new) coronavirus, known as COVID-19, has spread globally and rapidly, resulting in severe illness and death around the world. The World Health Organization has described COVID-19 as a global pandemic; and

WHEREAS, on March 19, 2020, the Commission adopted Resolution No. 2020-001, proclaiming a local emergency pursuant to Government Code Sections 8630 and 8634, and empowered the CEO with the authority to issue rules and regulations to preserve Plan activities, protect the health and safety of its members staff and providers and prevent the further spread of COVID-19; and

WHEREAS, on April 27, 2020, the Commission adopted Resolution No. 2020-002 to: (1) renew and reiterate the declaration of a local emergency related to the outbreak of COVID-19 declared in Resolution No. 2020-001 to remain effective through the duration of the Governors' State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and (2) to extend the duration of authority empowered in the CEO through Resolution No. 2020-001 to May 18, 2020; and

WHEREAS, on May 18, 2020, the Commission adopted Resolution No. 2020-003 to renew the authority first granted to the CEO in Resolution No. 2020-001 to June 22, 2020 and to authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and

WHEREAS, since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th, October 26th, January 25th, February 22nd March 22nd and more recently on April 26 2021, by adopting Resolution No. 2021-004. Resolution No. 2021-004 expires today, May 24, 2021; and

WHEREAS, on August 28, 2020, the State Health Officer issued a new order that set forth a framework intended to guide the gradual reopening of businesses and activities in the state while reducing the increased community spread of the disease, entitled "California's Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe"; and

WHEREAS, under this framework, every county in California is assigned to a tier based on how prevalent COVID-19 is in each county and the extent of community spread—Purple (Widespread), Red (Substantial), Orange (Moderate) and Yellow (Minimal) and the color of each respective tier indicates what sectors may reopen. As of May 10, 2021 the County is in the Orange Tier; and

WHEREAS, unless renewed by the Commission, the delegation of authority empowered in the CEO, pursuant to Resolution No. 2021-004 shall expire today, May 24, 2021; and

WHEREAS, this resolution will continue to empower the CEO with the authority to issue orders and regulations necessary to prevent the further spread of the disease and protect the health and safety of Plan members and staff through June 28, 2021, the next regularly scheduled Commission meeting; and

WHEREAS, although cases are declining and vaccines are progressively being made available to the general public the disease can spread rapidly through person-to-person contact and those in close proximity. Also, rates are at moderate levels and more contagious variants are present in the County; and

WHEREAS, the imminent and proximate threat of introduction of COVID-19 in Commission staff workplaces continues to threaten the safety and health of Commission personnel; and

WHEREAS, under Article VIII of the Ventura County Medi-Cal Managed Care Commission aka Gold Coast Health Plan's (the "Plan's") bylaws, the CEO is responsible for coordinating day to day activities of the Ventura County Organized Health System, including implementing and enforcing all policies and procedures and assure compliance with all applicable federal and state laws, rules and regulations; and

WHEREAS, California Welfare and Institutions Code section 14087.53(b) provides that all rights, powers, duties, privileges, and immunities of the County of Ventura are vested in the Plan's Commission; and

WHEREAS, California Government Code section 8630 permits the Plan's Commissioners, acting with the County of Ventura's powers, to declare the existence of a local emergency to protect and preserve the public welfare of Plan's members, staff and providers when they are affected or likely to be affected by a public calamity; and

WHEREAS, the Plan is a public entity pursuant to Welfare and Institutions Code section 14087.54 and as such, the Plan may empower the CEO with the authority under sections 8630 and 8634 to issue rules and regulations to prevent the spread of COVID-19 and preserve Plan activities and protect the health and safety of its members, staff and providers; and

NOW, THEREFORE, BE IT RESOLVED, by the Ventura County Medi-Cal Managed Care Commission as follows:

Section 1. Pursuant to California Government Code sections 8630 and 8634, the Commission adopted Resolution No. 2020-001 finding a local emergency exists caused by conditions or threatened conditions of COVID-19, which constitutes extreme peril to the health and safety of Plan's members, staff and providers.

Section 2. Resolution No. 2020-001 also empowered the CEO with the authority to furnish information, to promulgate orders and regulations necessary to provide for the protection of life and property pursuant to California Government Code sections 8630 and 8634, to enter into agreements, make and implement personnel or other decisions and to take all actions necessary to obtain Federal and State emergency assistance and to implement preventive measures and other actions necessary to preserve Plan activities and protect the health of Plan's members, staff and providers, including but not limited to the following:

A. Arrange alternate "telework" accommodations to allow Plan staff to work from home or remotely, as deemed necessary by the CEO, to limit the transfer of the disease.

- B. Help alleviate hardship suffered by Plan staff related to emergency conditions associated with the continued spread of the disease such as acting on near-term policies relating to sick leave for Plan staff most vulnerable to a severe case of COVID-19.
- C. Address and implement expectations issued by the California Department of Health Care Services ("DHCS") and the Centers for Medicare & Medicaid Services ("CMS") regarding new obligations to combat the pandemic.
- D. Coordinate with Plan staff to realign job duties, priorities, and new or revised obligations issued by DHCS and CMS.
- E. Take such action as reasonable and necessary under the circumstances to ensure the continued provision of services to members while prioritizing the Plan's obligations pursuant to the agreement between DHCS and the Plan ("Medi-Cal Agreement").
- F. Enter in to such agreements on behalf of the Plan as necessary or desirable, with advice of legal counsel, to carry out all actions authorized by the Commission in the Resolution.
- G. Authorize the CEO to implement and take such action on behalf of the Plan as the CEO may determine to be necessary or desirable, with advice of legal counsel, to carry out all actions authorized by the Commission in this Resolution.

Section 3. In Resolution 2020-001, the Commission further ordered that:

A. The Commission approves and ratifies the actions of the CEO and the Plan's staff heretofore taken which are in conformity with the intent and purposes of these resolutions.

B. Resolution No. 2020-001 expired on April 27, 2020.

Section 4. On April 27, 2020, the Commission adopted Resolution No. 2020-002 to:

A. Renew and reiterate the declaration of a local emergency related to the outbreak of COVID-19 to remain effective through the duration of the Governors' State of Emergency proclamation or when the Commission terminates its declaration of Local Emergency, whichever occurs last; and

B. To extend the duration of authority empowered in the CEO to issue emergency regulations related to the COVID-19 outbreak to May 18, 2020.

Section 5. The Commission adopted Resolution No. 2020-003 on May 18, 2020, to renew and reiterate the authority granted to the CEO approved in Resolution No. 2020-002 and to adopt the following additional emergency measures:

A. In addition to the authority granted to the CEO in Section 2, to authorize the CEO, with the advice counsel, to implement a staggered return to work program for Plan personnel; and

B. Extend the authority granted to the CEO through June 22, 2020.

Section 6. On May 4, 2020, California Governor, Gavin Newsom issued Executive order N-60-20, to modify its state-wide Safer at Home order and allow the state to move into Stage 2 of the reopening process to permit certain low risk businesses and open spaces to open with modifications. Executive Order N-60-20, also directs the State Public Health Officer to establish and criteria and procedures, as set forth in the order to determine how local jurisdictions may implement public health measures that depart from state-wide directives of the State Public Health Officer.

Section 7. Since the adoption of Resolution No. 2020-003, the Commission has renewed and reiterated the emergency powers granted to the CEO on July 27th, August 24th, September 28th, October 26th, January 25th, February 22nd, March 22nd and more recently on April 26, 2021, by adopting Resolution No. 2021-004. Resolution No. 2021-004 expires today, May 24, 2021.

Section 8. The Commission now seeks to renew and reiterate the authority granted to the CEO approved in Resolution No. 2021-004 through June 28, 2021.

Section 9. Unless renewed by the Commission, the delegation of authority empowered in the CEO, pursuant to this Resolution shall expire on June 28, 2021.

PASSED, APPROVED AND ADOPTED by the Ventura County Medi-Cal Managed Care Commission at a regular meeting on the 24th day of May2021, by the following vote:

AYE:

NAY:

ABSTAIN:

ABSENT:

\_\_\_\_\_  
Chair:

Attest:

\_\_\_\_\_  
Clerk of the Commission





### AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

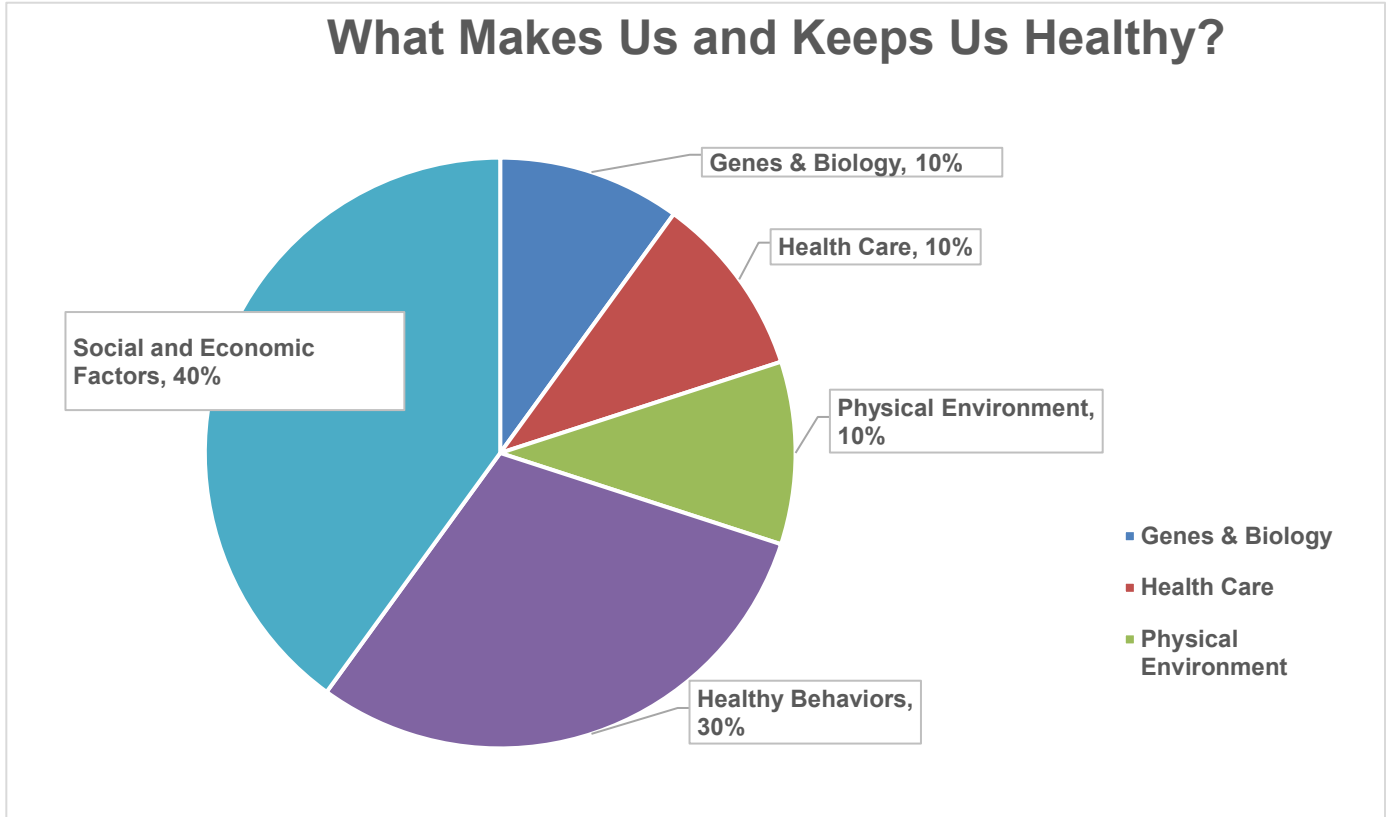
FROM: Ted Bagley, Chief Diversity Officer

DATE: May 24, 2021

SUBJECT: Health Equity Update

#### SUMMARY

Health Equity, sometimes referred to as health disparity, is defined as the difference in the equity of health and healthcare across different populations and cultures. Health Equity is different from health equality, as it refers to the absence of disparities in controllable or remediable aspects of health. It is not equity to simply provide every individual with the same resources; that would be equality. In order to achieve health equity, resources must be allocated based on an individual need-based principle. Equity is associated with certain social determinates of health particularly wealth, power, and prestige.



Individuals who have consistently been deprived of these three determinates are significantly disadvantaged from health inequities and face worse health outcomes than those who are able to access certain resources.

## **Recommendations/Concerns**

1. Based on research, finding inequities are not as difficult as solving them. The corrective infrastructure must have the power to make changes where needed. There has to be a legal advisory resource available to assist in driving change.
2. Develop, in partnership with the county, a summit made up of all the groups and cultures affected by health inequities in the county. We must target not what we think the problem is, but what those on the receiving end of the health disparities feel as major target areas. (Summit target date third quarter. Current state vs future state.)
3. This must be a joint effort between the County of Ventura and GCHP.
4. Access, transportation, language, and race seem to be the driving factors affecting equity based on my early research.
5. A discussion must be completed on budget and headcount for this effort to move forward.
6. How do we measure success? What will it look like? How to deal with racism issues on the part of medical staff? Corrective action channels identified.



**AGENDA ITEM NO. 4**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Eileen Moscaritolo, HMA Consultant  
DATE: May 24, 2021  
SUBJECT: HSP / MediTrac Go-Live Update

**VERBAL PRESENTATION**



## **AGENDA ITEM NO. 5**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Bob Bushey, Procurement Officer  
**DATE:** May 24, 2021  
**SUBJECT:** Supplier Diversity Process

### **SUMMARY**

The Gold Coast Health Plan's Supplier Diversity Process is a proactive business initiative which encourages the use of minority-owned, women-owned, veteran owned, LGBTQA-owned, service disabled-owned, historically underutilized business, and small business administration-defined concerns as suppliers.

### **RECOMMENDATION**

It is the intention of Gold Coast Health Plan to allow the above listed groups to participate, where appropriate, in vendor contracts supporting the needs of the organization. It is further our intention to identify and consider such organizations in line with normal operating procedures. The benefit of such a process is the promotion of new and diverse innovative ideas through the introduction of new products, services, and solutions. It would further provide multiple channels from which to procure goods and services as well as drives competition (price and service levels) between the current vendor population and new resources.

### **WHY DIVERSITY SUPPLIER MATTERS**

This type of process can be the cornerstone of any organization's success, assisting the organization to ethically and efficiently source products and services while maintaining financial goals, increasing member population, improving business objectives, and encouraging innovation.

Details of our processes are attached.



# Gold Coast Health Plan Supplier Diversity Process Established 2020

Integrity

Accountability

Collaboration

Trust

Respect

# Supplier Diversity

GCHP plans to increase participation of small minority, women and veteran-owned businesses: The GCHP Supplier Diversity Program reflects inclusion, promotes opportunity, values transparency and is a sound and strategic investment supporting the economic needs of Ventura County. The following is a list of specific activities GCHP will do to increase the diversity of businesses competing for business contracts and supplying goods and services to the Company.

- GCHP plans to support, and/or participate in outreach events with the M/WBE (minority/women business enterprises) community, public agencies, vendors, and industry association and organizations with the intent of increasing the participation & utilization of small, minority, women, and veteran-owned entities.
- It is Gold Coast Health Plan's objective to educate the internal GCHP buying community on how to find and utilize M/WBEs.

## Supplier Diversity (cont.)

- CDO will Sponsors Brown Bag Lunch Presentations with M/WBE vendor managers or Directors. We will nurture relationships with and support the services of the following minority and women business resource agencies and organizations: Small Business Administration, and National Association of Minority Contractors. Utilize project delivery models that optimize the identification and utilization of small business entities, disadvantaged business enterprises, minority and women-owned businesses.
- GCHP has developed the following strategies to obtain our goals: Utilize existing resource base to identify opportunities during RFP postings, perform targeted outreach prior to and during the solicitation and leverage partners for ongoing outreach. GCHP will also provide hands-on training on how to successfully complete RFP's.
- The CDO will perform continual outreach activities to ensure that M/WBEs are aware of opportunities at GCHP and understand what resources exist at GCHP to help M/WBEs succeed.

## Supplier Diversity (cont.)

- Partner with the area Chambers of Commerce locations to provide information to potential suppliers. Include M/WBE firms in competitively solicited “pools” from which GCHP departments may make purchases.
- Upon Plan requesting notification from area chambers about newly certified suppliers within our business scope, CDO will send a “welcome” letter to the businesses if appropriate. The intent of the letter will be to invite the business to provide information about their capabilities to assess opportunities for business with GCHP.

### **Supplier Diversity Best Practices**

1. Proactively identify contracting and procurement needs. This allows time to identify the availability of minority, women or veteran-owned firms and conduct outreach.



## Supplier Diversity (cont.)

2. The CDO will: Review OMWBE's (Office of Minority and women Business Enterprise) Directory of Certified Firms and the Department of Veteran Affairs' website to identify certified firms in your areas of need. • Businesses can identify themselves as seeking contracting opportunities and share their status as a small, minority, women- and/or veteran-owned businesses. Contact OMWBE if you need any help cross referencing your agency's purchasing or contracting needs with certified firms.
3. Procurement keeps an ongoing list of potential vendors which also identifies if a vendor has a WMBE status. If a business unit contacts us for a resource, we do refer to the list. Also, vendors from that list are invited to participate in our RFP's if the company offers the service or product that we seek.

## Supplier Diversity (cont.)

4. The CDO will Conduct outreach and targeted recruitment. Examples: Advertise contracting opportunities with OMWBE (as needed) or other organizations that regularly interact with small businesses owned by minorities, women and veterans. Attend small businesses events to make community aware of contracting opportunities. OMWBE's website is one source to find upcoming events. OMWBE currently subscribes to a specialized database that can perform these detail searches. Know where to refer a business that wants to be certified by OMWBE or DVA (Department of Veteran Affairs)
5. Monitor organization's spend with certified businesses to know what is working and allow for the adjustment of strategies to address shortfalls as needed.

# Supplier Diversity (cont.)

## Tracking

- Procurement will work with the business to facilitate opportunities.
- Procurement will track and monitor goals verses actuals.
- The overall responsibility for the development and maintaining of the process will fall with the CDO.

If there are questions concerning this policy, please direct them to Procurement 805-437-5530 [procurement@goldchp.org](mailto:procurement@goldchp.org) or to the Chief Diversity Officer 805-437-5758.

Procurement Signature \_\_\_\_\_

Chief Diversity Officer Signature \_\_\_\_\_

Effective Date 11/01/2019

GCHP doc. 1

## GCHP Women and Minority Business Enterprise, (WMBE) Spend January 2019 thru- April 2021

Row Labels	Count of Vendor Name					
Asian Pacific	12					
Black	1					
Disabled Veteran	2					
Hispanic	9					
Woman-owned	23					
<b>Grand Total</b>	<b>47</b>					

Row Labels	Sum of Invoice Amount					
Asian Pacific	\$968,003.09					
Black	\$694,648.90					
Disabled Veteran	\$14,653.50					
Hispanic	\$196,304.60					
Woman-owned	\$3,386,377.62					
<b>Grand Total</b>	<b>\$5,259,987.71</b>					

Sum of Invoice Amount

WMBE Spend Jan. 2019 - Apr. 2021

Legend: Asian Pacific, Black, Disabled Veteran, Hispanic, Woman-owned

Sum of Invoice Amount	Column Labels	Black	Disabled Veteran	Hispanic	Woman-owned	Grand Total
<b>Row Labels</b>	<b>Asian Pacific</b>					
Advanced Power Systems-A.P.S., Inc.					\$2,497.53	\$2,497.53
BIND, LDA					\$600.00	\$600.00
BKM Office Environments					\$47,301.40	\$47,301.40
BMAK, Inc dba Compuwave Inc.	\$296,704.74					\$296,704.74
Crossroads Staffing Services					\$290,814.86	\$290,814.86
Cumulus Broadcasting LLC					\$8,120.00	\$8,120.00
Debbie Rieger dba DR Management Services LLC					\$1,023,227.58	\$1,023,227.58
Dianne Swenson, RN, MBA					\$2,470.56	\$2,470.56
Edifecs, Inc.	\$419,773.35					\$419,773.35
Health Management Associates Inc.					\$1,786,752.63	\$1,786,752.63
Jason J. Kim, DBPundit	\$243,580.00					\$243,580.00
Karen Escalante-Dalton				\$6,875.00		\$6,875.00
Kelly Cleaning and Supplies, Inc.					\$20,839.00	\$20,839.00
Latino Media 24/7 LLC dba El Latino CC Newsp				\$899.00		\$899.00
Lazer Broadcasting Corporation				\$25,269.00		\$25,269.00
Leading Edge Training Systems, Inc.			\$4,000.00			\$4,000.00
Lisa & Associates Advertising Specialties					\$42,761.73	\$42,761.73
Mari M Ryan dba Ryan Consulting					\$3,346.25	\$3,346.25
Morgan Consulting Resources Inc					\$100,861.21	\$100,861.21
Nilesh H. Hingarh, MD, Inc.	\$7,875.00					\$7,875.00
Pro Solutions Group Inc.				\$57,261.60		\$57,261.60
Queen Kelly Corp dba Santa Paula Times					\$3,490.80	\$3,490.80
Sean Thomas Mitsutoshi Atcheson	\$70.00					\$70.00
Shooting Star Communications				\$1,350.00		\$1,350.00
Susan Heybl dba HR Coaching Tools					\$53,294.07	\$53,294.07
TBJ Consulting		\$694,648.90				\$694,648.90
Tevora Business Solutions, Inc.			\$10,653.50			\$10,653.50
The DME Consulting Group, Inc.				\$91,350.00		\$91,350.00
Vida Newspaper				\$13,300.00		\$13,300.00
<b>Grand Total</b>	<b>\$968,003.09</b>	<b>\$694,648.90</b>	<b>\$14,653.50</b>	<b>\$196,304.60</b>	<b>\$3,386,377.62</b>	<b>\$5,259,987.71</b>



**AGENDA ITEM NO. 6**

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

**FROM:** Michael Murguia, Executive Director of Human Resources  
Nancy Wharfield, M.D., Chief Medical Officer  
Eileen Moscaritolo, HMA Consultant

**DATE:** May 24, 2021

**SUBJECT:** Resolution in Recognition of GCHP Staff for the Enterprise Transformation Project (ETP)

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Resolution Recommendation for the Enterprise Transformation Project (ETP) Team  
Resolution 2021-008*

# Resolution Recommendation for the Enterprise Transformation Project Team

May 24, 2021

Michael Murguia  
Executive Director, Human Resources

Integrity

Accountability

Collaboration

Trust

Respect

# Enterprise Transformation Project (ETP) History

In 2018, Gold Coast Health Plan entered into a contract with its administrative services vendor, Conduent, to migrate to a new claims system. GCHP team members have supported the implementation over the past three years, contributing to testing, training, implementation, communications, and other related tasks.

## **ETP Team**

**More than one-third of GCHP's staff worked on the claims system conversion: 18 made significant contributions as core members of the team and 46 employees supported the project in various capacities.**



# ETP Team

## Core Team Members

- Anna Sproule
- Brittany Ludeman
- David Kirkpatrick
- Emirose Villareyes
- Helen Miller
- Judy Meraz
- June Bibi
- Luis Aguilar
- Mindy Zambrano
- Monica Hernandez
- Murray Borkan
- Nicole Kanter
- Rosario Melgoza
- Shannon Robledo
- Stacy Luney
- Thomas Cooper
- Veronica Esparza
- Vicki Wrighster

# ETP Team

## Support Team Members

- **Adrianna Valladolid**
- **Alex Gomez**
- **Aseneth Castor**
- **Barry Trefsgar**
- **Blanca Robles**
- **Brian Abbott**
- **Bunny Shank**
- **Dale Adrion**
- **Dom Asuncion**
- **Elena Aguayo**
- **Florida Pante**
- **Jeffrey Yarges**
- **Jenny Diaz (Magana)**
- **Jeppy Caliboso**
- **John Shi**

# ETP Team

## Support Team Members (continued)

- Karyn Spruill
- Kathleen Garner
- Kevin Ortloff
- Leslee Whaley
- Lorraine Ayala
- Lorri Whiteside
- Madeline Koga
- Maria Delgado
- Maria Najjar
- Marlin Wiley
- Meghal Zaveri
- Michael Abdon
- Michael Fish
- Michele Brown
- Michele Casey

# ETP Team

## Support Team Members (continued)

- Narvina Searle
- Nathan Jaskot
- Paula Bernal
- Raymond Reyes
- Rebecca Bridges
- Richard Duce
- Ross Norton
- Shyleen Sandoval
- Sonia Lopez
- Sonji Lopez
- Stacy Nava
- Susana Enriquez-Euyoque
- Suzzette Flores
- Tyla Gonzalez
- Valerie Hernandez

# ETP Team

## Support Team Members (continued)

### Operations/DSS/IT (Eileen Moscaritolo)

- Raymond Reyes: Provider Relations Representative I
- Richard Duce: DSS Analyst
- Ross Norton: IT Systems Administrator II
- Shyleen Sandoval: Provider Services Representative I
- Sonia Lopez: Provider Contracts Specialist
- Sonji Lopez: Senior Grievance & Appeals Specialist
- Stacy Nava: Member Services Representative I

### Communications (Margaret Tatar)

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

# Resolution Presentation

- The Resolution will be presented to the Commission for consideration at the May 24, 2021, meeting.
- Once adopted, the Resolution will be signed by VCMGCC Chair Dee Pupa and Clerk to the Commission Maddie Gutierrez.
- Framed Resolutions will be provided to each ETP team member along with a monetary award:
  - \$1,000 for Core members.
  - \$500 for Support members.

# Resolution Language

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

**Whereas,** Gold Coast Health Plan proudly serves more than 220,000 Medi-Cal beneficiaries in Ventura County through its network of primary care physicians, specialists, behavioral health providers, hospitals, and pharmacies, and

**Whereas,** To continue meeting the needs of its growing community of members and providers, Gold Coast Health Plan has evolved as an organization and invested in the implementation of new systems, and

**Whereas,** In 2018, Gold Coast Health Plan entered into an agreement with its Administrative Services Organization to migrate to a new claims platform, and

**Whereas,** A multi-functional team was assembled to implement the new system, known as the Enterprise Transformation Project, and

**Whereas,** The project team remained dedicated to the project and flexible throughout its three-year evolution, and

# Resolution Language (continued)

**Whereas,** The team continuously kept the project's impact to providers and members at the forefront of the work they performed, and

**Whereas,** On May 3, 2021, Gold Coast Health Plan began the implementation of the new claims system, and

**Whereas,** The team has faced numerous challenges related to the limited functionality of the new system, and

**Whereas,** More than one-quarter of the Gold Coast Health Plan's staff members have demonstrated their dedication to the success of the project through their hard work, and

**Now, Therefore, Be it Resolved,** that the Ventura County Medi-Cal Managed Care Commission honors the Gold Coast Health Plan team members for their extraordinary service to the Enterprise Transformation Project.



# Resolution

No. 2021-008

Commission Chair Dee Pupa  
Commission Vice Chair Jennifer Swenson

Commissioner Antonio Alatorre	Commissioner Laura Espinosa	Commissioner Gagan Pawar, MD
Commissioner Shawn Atin	Commissioner Sevet Johnson, PsyD	Commissioner Carmen Ramirez
Commissioner Theresa Cho, MD	Commissioner Andrew Lane	Commissioner Scott Underwood, DO



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

**Whereas,** Gold Coast Health Plan proudly serves more than 220,000 Medi-Cal beneficiaries in Ventura County through its network of primary care physicians, specialists, behavioral health providers, hospitals, and pharmacies, and

**Whereas,** To continue meeting the needs of its growing community of members and providers, Gold Coast Health Plan has evolved as an organization and invested in the implementation of new systems, and

**Whereas,** In 2018, Gold Coast Health Plan entered into an agreement with its Administrative Services Organization to migrate to a new claims platform, and

**Whereas,** A multi-functional team was assembled to implement the new system, known as the Enterprise Transformation Project, and

**Whereas,** The project team remained dedicated to the project and flexible throughout its three-year evolution, and

**Whereas,** The team continuously kept the project’s impact to providers and members at the forefront of the work they performed, and

**Whereas,** Team members balanced their work on this project with that of other projects and their day-to-day responsibilities, and

**Whereas,** On May 3, 2021, Gold Coast Health Plan began the implementation of the new claims system, and

**Whereas,** The team has faced numerous challenges related to the limited functionality of the new system, and

**Whereas,** More than one-quarter of the Gold Coast Health Plan’s staff members have demonstrated their dedication to the success of the project through their hard work, and

**Now, Therefore, Be It Resolved,** that the Ventura County Medi-Cal Managed Care Commission honors the Gold Coast Health Plan team members for their extraordinary service to the Enterprise Transformation Project.

\_\_\_\_\_  
Commission Chair

\_\_\_\_\_  
Clerk to the Commission



**Gold Coast Health Plan**<sup>SM</sup>  
A Public Entity





## **AGENDA ITEM NO. 7**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**From:** Helen Miller, Senior Director, Information Technology  
**Date:** May 24, 2021  
**Subject:** Contract Award Approval – LA Networks

### **SUMMARY:**

GCHP staff seek approval to award a contract to LA Networks for the purchase and support of Cisco network technology core infrastructure equipment.

### **BACKGROUND/DISCUSSION:**

GCHP's current core network technology infrastructure is approximately 10 years old as it was architected and installed shortly after the Plan opened for business. The useful life of a network's core routing and switching components is typically five to seven years; therefore, GCHP has extended and responsibly optimized our initial investment. The infrastructure is now dated, soon to be decertified for manufacturer maintenance/support, and deviates from best practices constraining GCHP's ability to be pro-active, agile, reliable, and responsive to frequently changing regulatory mandates plus healthcare industry and operational opportunities. Modernization will allow for continuous vendor support, new operational redundancy and resiliency, reduced risk associated with operating long-lived network assets, and enhanced capabilities allowing for future growth and expansion as GCHP continues to serve our members, providers, and community.

Cisco was selected as the manufacturer for GCHP's network technology infrastructure because:

- GCHP's information technology team has a combined total of 37 years of Cisco expertise enabling GCHP to bring network administration and support in-house; thus eliminating the continuation of 8+ years of outsourcing this scope of work and the need to upskill and/or hire additional IT resources
- Cisco is a market leader enabling GCHP to easily find qualified employees, contractors, and technical consulting services; their large customer base and market presence provides an extensive amount of publicly available resources for support
- Cisco integrates with GCHP's existing and planned infrastructure (e.g. firewalls, storage, telecommunications), via readily available 'how-to' documentation with nominal implementation overhead and subsequent administrative overhead
- GCHP's Network Operations Center (NOC) monitoring & alerting solution has more built-in integrations with Cisco hardware allowing for comprehensive security, performance, and troubleshooting with minimal customizations

- Gartner, a global research and advisory firm providing information, advice, and tools for leaders in IT, reports Cisco has:
  - A 71%, 5 out of 5-star review from Gartner Peer Insights ranking
  - The Gartner 'Peer Insights Customers' Choice 2020' distinction recognizing vendors and products which are highly rated by a vendor's customers
  - A large and global installed base, nearly one million customers, demonstrating that their products offer depth and breadth, covering nearly all usage scenarios

On April 22, 2021, the Plan publicly posted and issued Request For Quote, (“RFQ”) #GCHP04092021 to the following four, (4) Cisco Gold Level vendors requesting a proposal response due date of May 10, 2021:

1. LA Networks
2. CPI Solutions
3. Technoligent
4. Software House International

The Plan received one, (1) responsive bid from LA Network. The bid includes 34 equipment line items, one three-year support agreement, and hourly professional services rates for implementation services and on demand post-implementation architectural services. Individual equipment line item discounts range from 55% to 60% off Cisco manufacturer national retail pricing. Based on LA Networks formal quote discounts, GCHP has determined that LA Networks pricing is fair and reasonable for the RFQ’s products and quantities.

**FISCAL IMPACT:**

The three-year projected cost which includes the purchase, maintenance, and ad-hoc labor to install and maintain this network equipment is \$353,743 inclusive of a 7.5% contingency. The equipment, implementation, year one support, and contingency are included in GCHP’s current and commission approved FY 20-21 budget.

Description	Estimated Cost – 3 years
Equipment	\$170,924
Support, 3 years	\$ 79,740
Implementation Services	\$ 19,600
On demand post-implementation architecture services	\$ 58,800
Contingency, 7.5%	\$ 24,679
<b>Total, 3 years</b>	<b>\$353,743</b>

**RECOMMENDATION:**

It is the Plan’s recommendation to award the purchase, maintenance, and ad-hoc services over a three-year term to the only responsive bidder, LA Networks. If the Commission desires to review this contract, it is available at Gold Coast Health Plan’s Finance Department.



**AGENDA ITEM NO. 8**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Cathy Deubel Salenko, Health Counsel  
DATE: May 24, 2021  
SUBJECT: Conduent Contract Amendment

**VERBAL PRESENTATION**

**AGENDA ITEM NO. 9**

TO: Ventura County Medi-Cal Managed Care Commission  
 FROM: Margaret Tatar, Chief Executive Officer  
 DATE: May 24, 2021  
 SUBJECT: Chief Executive Officer Report

**I. EXTERNAL AFFAIRS:**

**The California May Budget Revision**

On Friday, May 14, 2021, Governor Newsom released his proposed FY 2021-22 budget May Revision. The budget includes \$207.7 billion (\$54.2 billion General Fund and \$153.5 billion other funds) for all health and human services programs. This does not include all pandemic response costs. The budget for pandemic response costs and efforts includes: \$12.3 billion.

The Medi-Cal budget is \$115.6 billion (\$21.5 billion General Fund) in 2020-21 and \$123.8 billion (\$27.6 billion) in 2021-22. The Budget assumes caseload growth as follows:

- a. 7.1 % from 2019-20 to 2020-21; and
- b. 6.6 % from 2020-21 to 2021-22.

Medi-Cal is projected to cover approximately 14.5 million Californians in 2021-22, over one-third of the state’s population.

The following chart summarizes the May 2021 May Revision:

<b>California State Budget (as of May 2021)</b>
1. Total Budget: <b>\$267.8 B</b> in 2021-22, including: <ul style="list-style-type: none"> <li>a. \$75.7B Surplus</li> <li>b. \$24.5B reserves/record high               <ul style="list-style-type: none"> <li>i. \$15.9B Rainy Day Fund Deposit</li> <li>ii. \$4.6B School Stabilization Reserve</li> <li>iii. \$3.4B Operating Reserves</li> <li>iv. \$450M Safety Net Reserve</li> </ul> </li> </ul>
2. \$207.7 billion (\$54.2 billion General Fund and \$13.5 billion other funds) for HHS programs <ul style="list-style-type: none"> <li>a. <b>\$123.8 billion (\$27.6 billion General Fund) for Medi-Cal in 2021-22</b></li> </ul>

<b>California State Budget (as of May 2021)</b>
3. Budget anticipates continued caseload growth in Medi-Cal – with a high of over <b>14M</b> over one-third of the state’s population
4. \$1.1 billion CalAIM <ul style="list-style-type: none"> <li>a. Medi-Cal transformation</li> <li>b. Target those with complex health needs that drive high costs</li> <li>c. Payment reform</li> <li>d. Single Data Registry</li> <li>e. Enhanced Case Management</li> <li>f. Housing related services</li> <li>g. Incentive payments</li> <li>h. Statewide Whole Person Care</li> </ul>
5. Homelessness <ul style="list-style-type: none"> <li>a. \$12B Biggest Homeless Housing Increase in CA History (65,000 people off the street) <ul style="list-style-type: none"> <li>i. \$7B Homekey-National Model-46,000 units</li> <li>ii. \$1.75B Build thousands of affordable homes</li> <li>iii. \$447M Student Homelessness</li> <li>iv. \$193M Encampment Strategies</li> <li>v. \$150M Project Roomkey</li> </ul> </li> </ul>
6. Medi-Cal eligibility Expansion --- The May Revision makes a significant ongoing \$1 billion (\$859 million General Fund) investment to <b>expand Medi-Cal coverage to undocumented adults aged 60 years and older, beginning in May of 2022.</b>
7. Extends the time for the Medi-Cal Rx transition at least until January 1, 2022
8. Population Health Management Services: One-time \$315 million (\$31.5 million GF) to provide population health management services that would centralize administrative and clinical data from the Department of Health Care Services, health plans, and providers.
9. Medi-Cal Providing Access and Transforming Health Payments (PATH): The May Revision includes one-time \$200 million (\$100 million GF) to build effective pre-release care justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30 days prior to release.
10. Five-Year Medi-Cal Eligibility Extension for Postpartum Individuals: The American Rescue Plan Act of 2021 allows states to receive federal funding if they extend Medi-Cal eligibility from 60 days to 12 months for most postpartum individuals, effective April 1, 2022 for up to five years. The May Revision includes \$90.5 million (\$45.3 million GF) in 2021-22 and \$362.2 million (\$181.1 million GF) annually between 2022-23 and 2027-28 to implement the extension.

<b>California State Budget (as of May 2021)</b>
<p>11. Doula Benefit: The May Revision includes \$403,000 (\$152,000 GF) in 2021-22 and approximately \$4.4 million (\$1.7 million GF) annually at full implementation to add doula services as a covered benefit in the Medi-Cal program, effective January 1, 2022.</p>
<p>12. Medically Tailored Meals: One-time funding of \$9.3 million GF to continue providing medically tailored meals in the period between the conclusion of the existing pilot program in 2021 and when medically tailored meals become available as an option for In-Lieu of Service (ILOS) under CalAIM.</p>
<p>13. California will receive \$27 billion Coronavirus State Fiscal Recovery Funds from the American Rescue Plan Act of 2021 (ARPA) totaling the federal stimulus funds for California to over \$275 billion.</p> <ul style="list-style-type: none"> <li>a. \$600 and \$500 one-time payments to taxpayers under income thresholds with dependents regardless of immigration status.</li> <li>b. \$2B Small Business COVID-19 Relief Grant Program</li> <li>c. \$7B over three years to expand broadband infrastructure, increase affordability, and enhance access to broadband for all Californians.</li> </ul>
<p>14. Proposition 56: The May Revision proposes to eliminate suspensions for Proposition 56 supplemental payment increases resulting in a cost of approximately \$550 million ongoing.</p>
<p>15. \$4B Transforming Children’s Behavioral Health:</p> <ul style="list-style-type: none"> <li>a. \$4B over four years</li> <li>b. 0-25 years of age</li> <li>c. Screening students-early identification</li> <li>d. Connecting Students-Students for substance abuse, stress, trauma, grief, and psychological disorders</li> <li>e. Develop interactive tools via virtual platforms</li> </ul>

<b>A. Federal</b>	<b>Implications</b>
<b>Executive Nominations (as of May 7,2021)</b>	
<p>Administrator of the Centers for Medicare and Medicaid Services, Chiquita Brooks-LaSure. Nomination on hold: Senate. Sen. John Cornyn (R-Texas) has placed a hold on the nomination of Brooks-LaSure due to the Administration's recent rejection of Texas' 1115 waiver extension, which was previously approved by the prior administration.</p>	<p>No impact to GCHP.</p>
<b>Congressional Action</b>	
<p>May 4, 2021 – House Hearing: Negotiating a Better Deal: Legislation to Lower the Cost of Prescription Drugs</p> <p>The House Energy &amp; Commerce Committee is considering the Elijah E. Cummings Lower Drug Costs Now Act, H.R. 3, and other legislation that would allow for a change in the way CMS is allowed to negotiate on the price of prescription drugs. H.R. 3 would provide the reforms to lower the cost of prescription drugs and use the savings to reinvest in the National Institutes of Health and improve drug review at the Food and Drug Administration.</p>	<p>No impact to GCHP.</p>
<b>A. State</b>	<b>Implications</b>
<b>Legislative Actions (as of May 7,2021)</b>	
<p>May 6, 2021 Senate Hearing: Budget and Fiscal Review Subcommittee no. 3 on health and human services:</p> <p>Issues: Department of Health Care Access and Information (HCAI) &amp; Office of Health Care Affordability. The TBL for the Office of Health Care Affordability was updated to bring it in line with amendments made to AB 1130. The Governor's Office proposes that the Office of Statewide Health Planning and Development reorganize to absorb the HCAI. The reorganization includes transferring the Office of Rural Health and the J-1 Visa Waiver Program from the state Department of Health Care Services (DHCS) to the new department.</p>	<p>No impact to GCHP.</p>



<b>State Legislature Bills</b>	
<b>California Advancing and Innovating Medi-Cal (CalAIM)</b>	
<p>SB 256 (Pan D) Medi-Cal: covered benefits. Introduced: Jan. 26, 2021 Status: Passed Assembly Health, Ayes 11. Noes 0. April 28, 2021 to Appropriations. Next hearing May 10, 2021.</p> <p>Summary: Establishes the CalAIM Act to require the state Department of Health Care Services (DHCS) to seek federal approval for, and implement, waivers for the CalAIM initiative in accordance with the CalAIM Terms and Conditions and consistent with existing federal law. Requires DHCS to implement the Population Health Management, Enhanced Care Management (ECM), In Lieu of Services (ILOS), and Incentive Payments components of the CalAIM initiative.</p>	<p>GCHP is laying the foundation for contracting with the ECM provider and analyzing the ILOS options for feasibility. This bill will allow GCHP to work closer with community-based programs and provide an expanded whole-person approach to serving GCHP members.</p>
<p>AB 875 (Wood D) Medi-Cal: demonstration project. Introduced: Feb. 17, 2021 Status: Passed Assembly Health, Ayes 14. Noes 0. May 5, 2021 to Appropriations. Next hearing May 10, 2021.</p> <p>A similar companion bill to SB 256, this bill would extend the payment methodologies in CalAIM. The bill would modify reimbursement methodologies for designated public hospitals, as prescribed.</p>	<p>Ventura County Medical Center (VCMC) would be eligible to receive global payments that are calculated using a value-based point methodology based on the health care that they provide to the uninsured.</p>
<p>AB 1160 (Rubio D) Medically supportive food. Introduced: Feb. 18, 2021 Status: Waiting to be heard in Assembly Health</p> <p>Summary: Similar to the ILOS benefit, authorizes Managed Care Plans (MCPs) to provide medically tailored meals to enrollees. The bill would authorize DHCS to implement this provision by various means, including plan or provider bulletins.</p>	<p>This bill would create a new benefit for GCHP members.</p>
<b>Medi-Cal</b>	
<p>AB 4 (Arambula D) Medi-Cal: eligibility. Introduced: Dec. 7, 2020 Status: Passed Assembly Health, Ayes 11. Noes 3. April 14, 2021 to Appropriations.</p> <p>Summary: Extends eligibility for full-scope Medi-Cal benefits to undocumented adults who are 26 years of age or older who are otherwise eligible except for their immigration status.</p>	<p>Potential increase in GCHP membership.</p>

<b>Medi-Cal</b>	
<p>AB 470 (Carrillo D) Medi-Cal: Eligibility. Introduced: Feb. 8, 2021 Status: Passed Assembly Health, Ayes 12. Noes 0. April 6, 2021 to Appropriations.</p> <p>Summary: Repeals the Medi-Cal “asset test” by prohibiting resources like property from being used to determine eligibility.</p>	<p>Potential increase in GCHP membership.</p>
<p>SB 56 (Durazo D) Medi-Cal: eligibility. Introduced: Dec. 7, 2020 Status: Placed on the Appropriations Suspense File. March 22, 2021</p> <p>Summary: Effective July 1, 2022, this bill would extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older and who are otherwise eligible for those benefits except for their immigration status.</p>	<p>Potential increase in GCHP membership.</p>
<b>Behavioral Health</b>	
<p>AB 383 (Salas D) Mental health: older adults. Introduced: Feb. 2, 2021 Status: Passed Assembly Health Ayes 15. Noes 0 April 20, 2021 to Appropriations.</p> <p>Summary: Would establish within DHCS an Older Adult Mental Health Services Administrator to oversee mental health services for older adults.</p>	<p>No direct implications for GCHP at this time.</p>
<b>Health Information Exchange (HIE)</b>	
<p>AB 1131 (Wood D) Health information exchange. Introduced: Feb. 18, 2021 Status: April 7, 2021 passed Health, Ayes 13. Noes 1. Referred to Appropriations.</p> <p>Summary: This bill establishes a statewide “health information network (HIN),” governed by an independent board. The board would: select an operator for data warehousing, integrate and exchange infrastructure for health information for care and treatment, as well as the exchange of data for purposes of public health reporting and broader analyses of health disparities.</p>	<p>This bill could create a statewide HIE to facilitate data sharing for GCHP related to its members. The HIE would support the electronic exchange of health information among, and aggregate and integrate data from, multiple sources within Ventura County’s service area. The bill is supported by Manifest Medex, an HIE vendor.</p>

<b>Telehealth</b>	
<p>AB 32 Telehealth Introduced: Dec. 7, 2020 Status: April 28, 2021 Ayes 13. Noes 0. Referred to Appropriations.</p> <p>This bill expands the definition of synchronous interaction for purposes of telehealth to include audio-video, audio-only and other virtual communication. Requires health plans and insurers to reimburse for audio-video, audio-only, and other virtual communication on the same basis and to the same extent that the plan/insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.</p>	<p>Potential to increase access for members to all services that can be provided via telehealth. The bill could influence costs due to reimbursements being fixed at the same rate as in-person visits.</p>
<b>Health Equity</b>	
<p>SB 17 Office of Racial Equity. Introduced: Dec. 7, 2020 Status: Passed Judiciary Committee, Ayes 8. Noes 1. Referred to Appropriations.</p> <p>Summary: This bill establishes the Office of Racial Equity, which would develop statewide guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.</p>	<p>No direct implications for GCHP.</p>

### A. Community Relations-Sponsorships

GCHP continues its support of Ventura County organizations through sponsorships. Sponsorships are awarded to community-based organizations that serve Medi-Cal members and vulnerable populations. Below is a table summarizing the sponsorships awarded this month:

<b>Name of Organization</b>	<b>Description</b>	<b>Amount</b>
Harbor House	Harbor House serves homeless individuals and those living in poverty by working to address lack of housing, food insecurity, addiction, mental illness, and abuse. The sponsorship will go toward the organization's "Daily Meal Program".	\$1,000

Name of Organization	Description	Amount
Action VC	Action VC is a non-profit organization that works with low-income seniors and persons with disabilities to assist them with home improvements and home safety projects. The sponsorship will go toward their annual project "Love VC" to continue to provide seniors with home repairs and wheelchair ramps.	\$1,000
Ventura County Family Justice Center Foundation	Ventura County Family Justice Center Foundation provides services that supports and improves the lives of those impacted by family violence and trauma. The sponsorship will go toward their annual event "Hope Camp" an evidence-base camping and mentoring program for Ventura County children exposed to violence and abuse.	\$1,000
<b>TOTAL</b>		<b>\$3,000</b>

## B. Community Relations – Community Meetings

The Community Relations team actively participates in collaborative meetings, council meetings, and informational sessions via virtual platforms to connect with our community partners and discuss bringing awareness and services to the most vulnerable Medi-Cal beneficiaries. In addition, we share information about community concerns and brainstorm ideas on sharing resources with our communities. Below you can find more information about our efforts:

Name of Organization	Description	Date
Simi Valley Neighborhood Council Region #4	The Council offers residents an opportunity to voice their concerns, provide input to city government, and develop ideas and recommendations on various topics.	April 20, 2021
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 bridge 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.	May 5, 2021

Name of Organization	Description	Date
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and bring presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.	May 5, 2021
Inter-Neighborhood Council Organization (INCO) meeting	The INCO serves as an advocacy group for each neighborhood in the City of Oxnard. INCO helps the neighborhood councils communicate with the Oxnard City Council and address the concerns of the community.	May 5, 2021
City of Santa Paula Senior Advisory Council	Santa Paula residents serve as advocates for people ages 60 and up with a mission to bring awareness to issues that impact senior living and family caregivers.	May 6, 2021
Simi Valley Neighborhood Council Region #1	The council offers residents an opportunity to voice their concerns, provide input to city government, and develop ideas and recommendations on various topics.	May 6, 2021
Simi Valley Council on Aging	The Council on Aging is an advisory body to the City Council that serves to support programs and services providing seniors with maximum independence, safety, and quality of life.	May 10, 2021
Simi Valley Neighborhood Council Region #2	The council offers residents an opportunity to voice their concerns, provide input to city government, and develop ideas and recommendations on various topics.	May 11, 2021
Multi-Unit Smoke-Free Task Force	The monthly task force meeting looks for ways to engage the community to create a smoke-free environment in multi-unit housing for Ventura County residents.	May 13, 2021
City of Oxnard Community Relations Commission	The Community Relations Commission is responsible for promoting understanding and respect among all racial, religious, and ethnic groups. The goal of the commission is to identify and advise the City Council on problems of discrimination in the community and to promote better human relations among all city residents.	May 17, 2021

Name of Organization	Description	Date
VC ASH	VC ASH is a coalition formed by community partners to share resources, ideas on ways to help prevent and reduce smoking in Ventura County. The coalition focuses on de-normalization of tobacco and e-cigarette use in Ventura County by providing leadership and facilitating community mobilization to educate, advocate, and develop policy.	May 20, 2021
<b>Total number of community meetings</b>		<b>11</b>

### C. Community Relations – Building Community Newsletter

The newsletter highlights GCHP's contributions to the community, along with services and resources available to members. It also serves as a platform to inform community partners about GCHP's initiatives, upcoming projects, and opportunities for collaboration. We welcome newsletter content, including event highlights, from our partners. To read our latest issue, visit our Community Relations [page](#).

## II. Provider Network Operations:

### A. Membership

	VCMC	CLINICAS	CMH	PCP-OTHER	DIGNITY	ADMIN MEMBERS	NOT ASSIGNED	KAISER
Apr-21	84,615	41,942	31,720	5,811	6,140	16,256	4,070	6,440
Mar-21	84,132	41,686	31,496	4,965	6,036	16,028	3,927	6,326
Feb-21	83,624	41,478	31,284	5,138	5,944	15,606	4,051	6,249

#### Notes:

1. The 2020 Admin Member numbers will differ from the member numbers below as both reports represent different snapshots of eligibility.
2. Unassigned members are those who have not been assigned to a PCP and have 30 days to choose one. If a member does not choose a PCP, GCHP will assign one to them.

### Administrative Member Details

Category	April 2021
Total Administrative Members	40,966
Share of Cost	1,672
Long Term Care	733
BCCTP	80
Hospice (REST-SVS)	128
Out of Area (Not in Ventura)	639
Other Health Care	
DUALS (A, AB, ABD, AD, B, BD)	25,147
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	15,210

#### NOTE:

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

**METHODOLOGY**

The criteria used to identify members for this report was vetted and confirmed in collaboration with the Member Services Department. Admin members for this report were identified as anyone with active coverage with the benefit code ADM01. Additional criteria is as follows:

- Share of Cost (SOC-AMT) > zeros
  - AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
- LTC members identified by AID codes 13, 23, and 63.
- BCCTP members identified by AID codes 0M, 0N,0P, and 0W.
- Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.
- Out of Area members were identified by the following zip codes:
  - 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
  - If no residential address, the mailing address for this determination
- Other commercial insurance was identified by a current record of commercial insurance for the member.

**B. Provider Contracting Update:**

GCHP works with providers through:

1. **Agreements:** Newly negotiated contracts between GCHP and a provider.
2. **Amendments:** Updates to existing Agreements.
3. **Interim Letters of Agreement:** Agreements created for providers who have applied for Medi-Cal enrollment but have not been approved. Once Medi-Cal enrollment has been approved and the provider has been credentialed by GCHP, the provider will enter into an Agreement with GCHP. Also used for Out-of-Area providers who are Medi-Cal enrolled to meet DHCS Out-of-Network contracting requirements.
4. **Letters of Agreement (LOA):** Member-specific negotiated agreements with non-contracted GCHP providers.

From April 1-30, 2021, the following contracting actions were taken:

<b>Contract Amendments - Total: 4</b>		
<b>Provider</b>	<b>Specialty</b>	<b>Action Taken</b>
Ventura Orthopedic Medical Group Inc	Physical Therapy	Two Amendments: <ol style="list-style-type: none"> <li>1. Termination of three therapists and addition of one therapist.</li> <li>2. Addition of servicing location.</li> <li>3.</li> </ol>



<b>Provider</b>	<b>Specialty</b>	<b>Action Taken</b>
Second Chance Hearing	Audiology & Hearing aids	Termination of current servicing location. Addition of Interim LOA to the contract to add new servicing location while it is pending Medi-Cal enrollment.
<b>Provider</b>	<b>Specialty</b>	<b>Action Taken</b>
Raymond Pierson, MD	Physical Medicine & Rehabilitation	Updated NPI from Type 1 to Type 2. Previously there were 2 professionals under this group, now Dr Pierson is the only professional.
<b>Letters of Agreement – Total: 4</b>		
<b>Provider</b>	<b>Specialty</b>	<b>Action Taken</b>
Antelope Valley Hospital	Hospital	Member diagnosed with Calculus of Kidney in need of kidney stone removal. In-network Urologist only has privileges at out-of-network-facility.
Beacon Dialysis Center	Dialysis	Extension of previous LOA. Member traveled to New York without medications and was hospitalized. Member must wait for a portable O2 machine before he can fly back home.
Arise Congregate Living Inc.	Skilled Nursing	Extension of previous LOA. Homeless member unable to care for himself and denied admission to LTC facilities in Ventura County due to behavioral issues. Purpose of LOA was to change from Level I to Level II. Member now receiving wound care treatment and physical therapy services.
Arise Congregate Living Inc.	Skilled Nursing	Extension of previous LOA. Member denied admission to facilities in Ventura County due to past history and legal issues. Purpose of LOA was to change from Level III to Level I.

## Network Operations Department Projects

Project	Status
<p>BetterDoctor: BetterDoctor is a product that performs outreach to providers to gather and update provider demographic information. This is an ongoing initiative.</p>	<p>Network Operations continues to meet weekly with Quest Analytics. In April 2021, the team verified demographic information from BetterDoctor:</p> <ol style="list-style-type: none"> <li>1. 200 provider records were reviewed</li> </ol>
<p>Provider Contracting and Credentialing Management System (PCCM): Referred to as eVIPs, this software will allow consolidation of contracting, credentialing, and provider information management activities. The project is scheduled to be implemented in the 2<sup>nd</sup> Quarter of 2021.</p>	<p>The Network Operations team is working on the following processes:</p> <ol style="list-style-type: none"> <li>1. Desk-level Procedures</li> <li>2. Dynamic Import Utility (DIU) - Roster Import Training</li> <li>3. Data Corrections / Maintenance</li> <li>4. eApply Overview</li> <li>5. eSearch Overview</li> <li>6. Reporting requirements review and revisions</li> <li>7. UAT Testing complete</li> <li>8. UAT Testing for Provider Directory</li> </ol>
<p>HSP Provider Portal Trainings</p>	<p>Provider Relations performed the following network educations on the HSP Provider Portal:</p> <ol style="list-style-type: none"> <li>1. Two network-wide provider trainings</li> <li>2. Four large provider partner trainings</li> <li>3. Updated Provider Registration User Guide</li> <li>4. Created a video overview of the Provider Registration User Guide</li> </ol>

**Provider Additions: April 2021 – 27 Total**

Provider Type	In-Area Providers	Out-of-Area Providers
Midlevel	0	1
PCP	1	0
Specialist	14	11
Specialist-Hospitalist	0	0
<b>Total</b>	<b>15</b>	<b>12</b>

**Provider Terminations: April 2021 – 9 Total**

Provider Type	In-Area Providers	Out-of-Area Providers
Midlevel	1	0
PCP	0	0
Specialist	3	4
Specialist-Hospitalist	0	1
<b>Total</b>	<b>4</b>	<b>5</b>

The provider terminations have no impact on member access and availability. Of note, the specialist terminations are primarily associated with tertiary adult and pediatric academic medical centers where interns, residents, and fellows have finished with their clinical rotations.

**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:

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

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

Compliance will continue to monitor all CAPs. GCHP’s goal is to ensure compliance is achieved and sustained by its delegates. It is a DHCS requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during

the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and audits conducted, and corrective action plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility plans have in oversight of delegates.

The table below includes audits and CAPs that are open and closed. Closed audits are removed after being reported to the Commission. The table reflects activity from April 15 – May 7, 2021.

Delegation Oversight					
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
Beacon	2020 Annual Claims Audit	Open	4/21/2020	Under CAP	CAP issued 6/15/2020
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	CAP issued 1/20/2021
VTS	2021 Call Center Audit	Open	Pending	NA	Audit complete, CAP Pending
CMHS	2021 Annual Credentialing Recredentialing Audit	Closed	3/10/2021	4/19/2021	CAP items resolved and audit closed on 4/19/2021
USC	2021 Annual Credentialing Recredentialing Audit	Closed	NA	NA	No findings, Audit completed on 5/4/2021

Privacy & Security CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	Security Findings CAP July 2020	Closed	7/31/2020	5/7/2021	
Conduent	Annual Vendor Security Risk Assessment 2020	Open	9/22/2020	N/A	4 findings remain open
Conduent	Call Center Recordings Website	Open	1/06/2021	N/A	
Operational CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	February 2021 Service Level Agreements	Open	4/15/2021	N/A	
Conduent	IKA Inventory, KWIK Queue, APL 21-002	Open	4/28/2021	N/A	
Conduent	HSP Provider Portal	Open	4/29/2021	N/A	

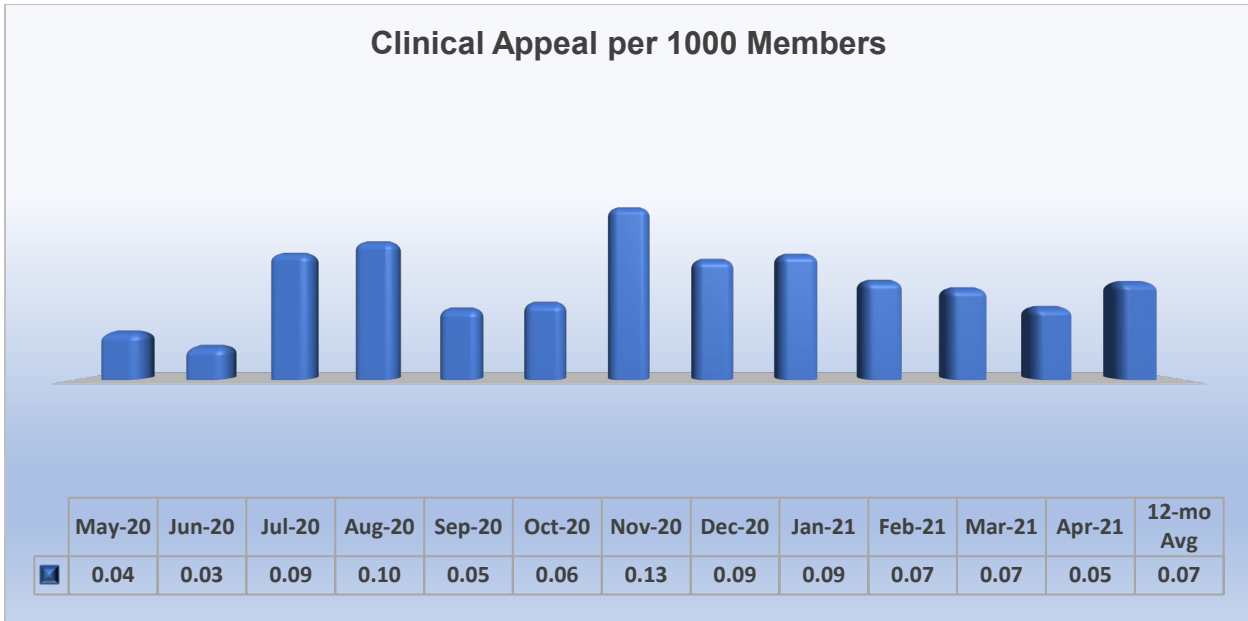
### III. GRIEVANCE AND APPEALS



#### **Member Grievances per 1,000 Members**

The data shows GCHP’s volume of grievances is low in comparison to the number of enrolled members. The 12-month average of enrollees is 219,884, with an average annual grievance rate of .21 grievances per 1,000 members.

In April 2021, there were 46 member grievances. The top reason was “Quality of Care” due to a delay in care.



**Clinical Appeals per 1,000 Members**

The data comparison volume is based on the 12-month average of .07 appeals per 1,000 members.

In April 2021, GCHP received 12 clinical appeals:

1. Six were overturned
2. Five were upheld
3. One is still in review

**RECOMMENDATION:**

Receive and File



**AGENDA ITEM NO. 10**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Nancy Wharfield, M.D., Chief Medical Officer  
DATE: May 24, 2021  
SUBJECT: Chief Medical Officer Report

**COVID-19 Vaccine Outreach to Homebound Members**

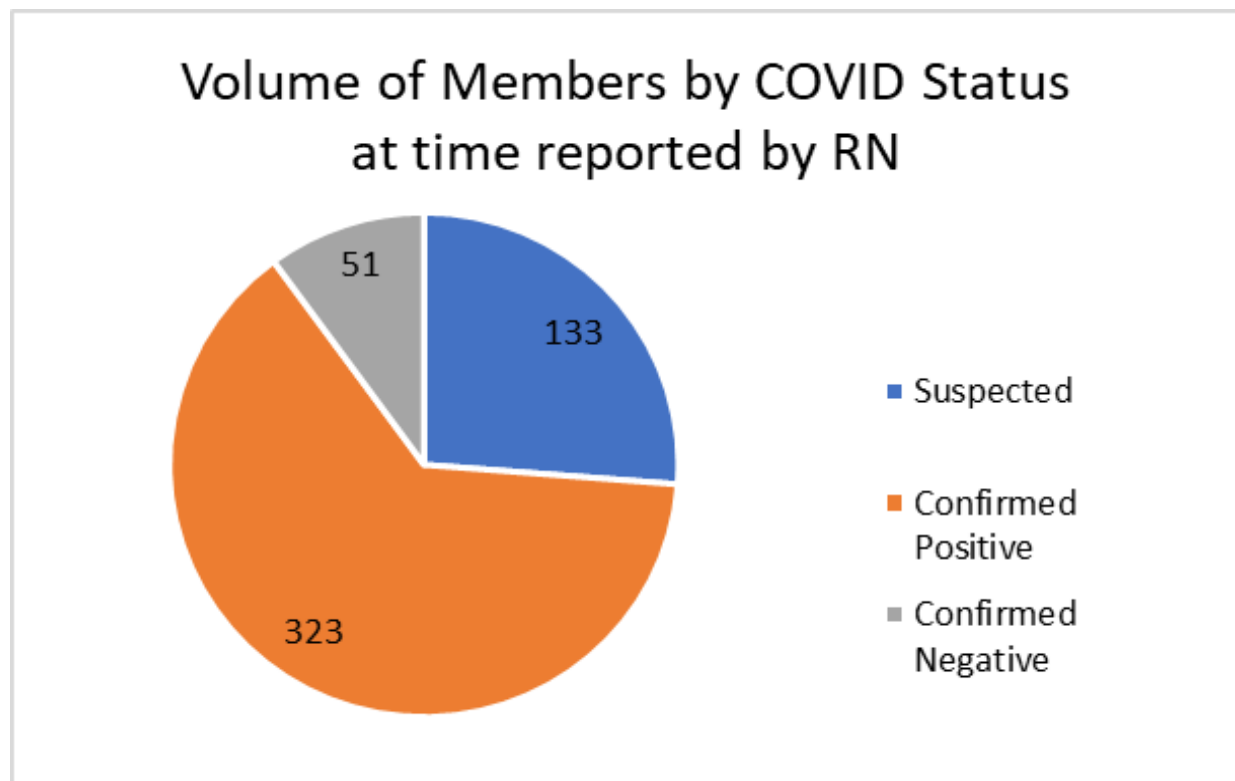
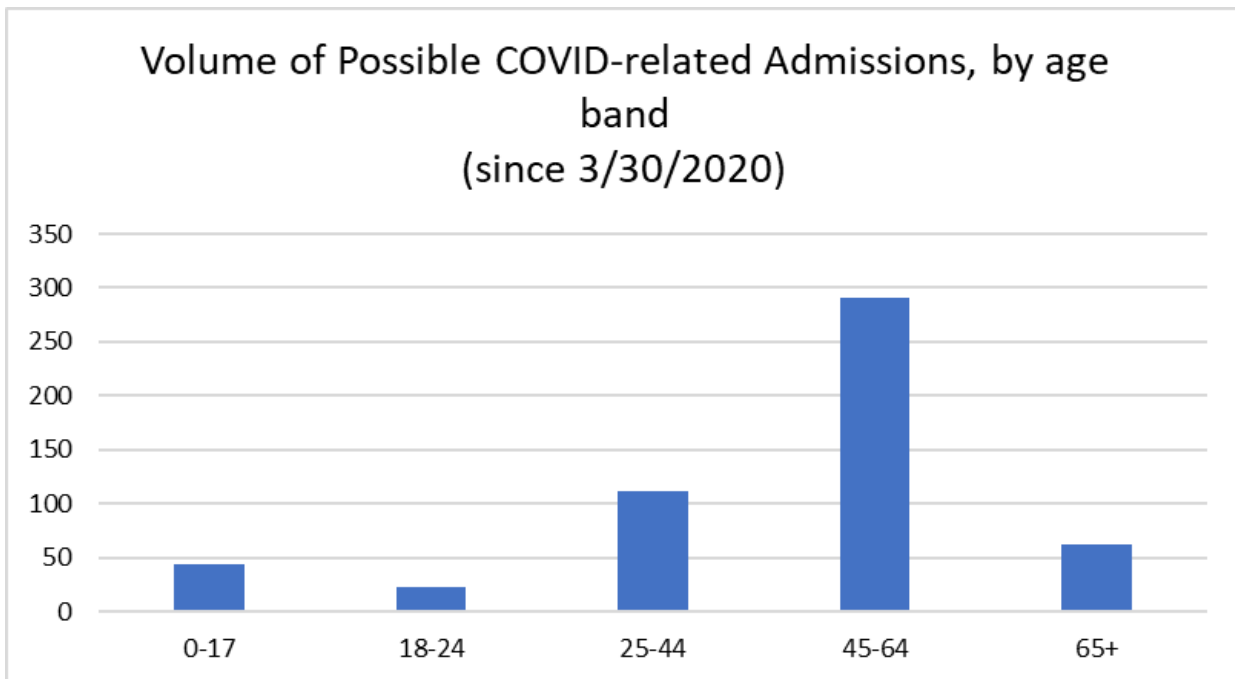
Gold Coast Health Plan (“GCHP”) staff are analyzing claims and diagnostic code data to identify members who may be homebound. Staff will perform telephonic outreach to ascertain whether these members would like an in-home vaccination. Members desiring in-home vaccination will have an appointment facilitated through the California Department of Public Health (“CDPH”) MyTurn appointment system. Staff will also assist members in making an appointment for a clinic-based vaccine, locating a walk-in clinic, and arranging transportation if the member prefers. Additionally, GCHP staff continue to collaborate with community partners who serve our most vulnerable members to ensure they receive any support needed to access vaccination appointments.

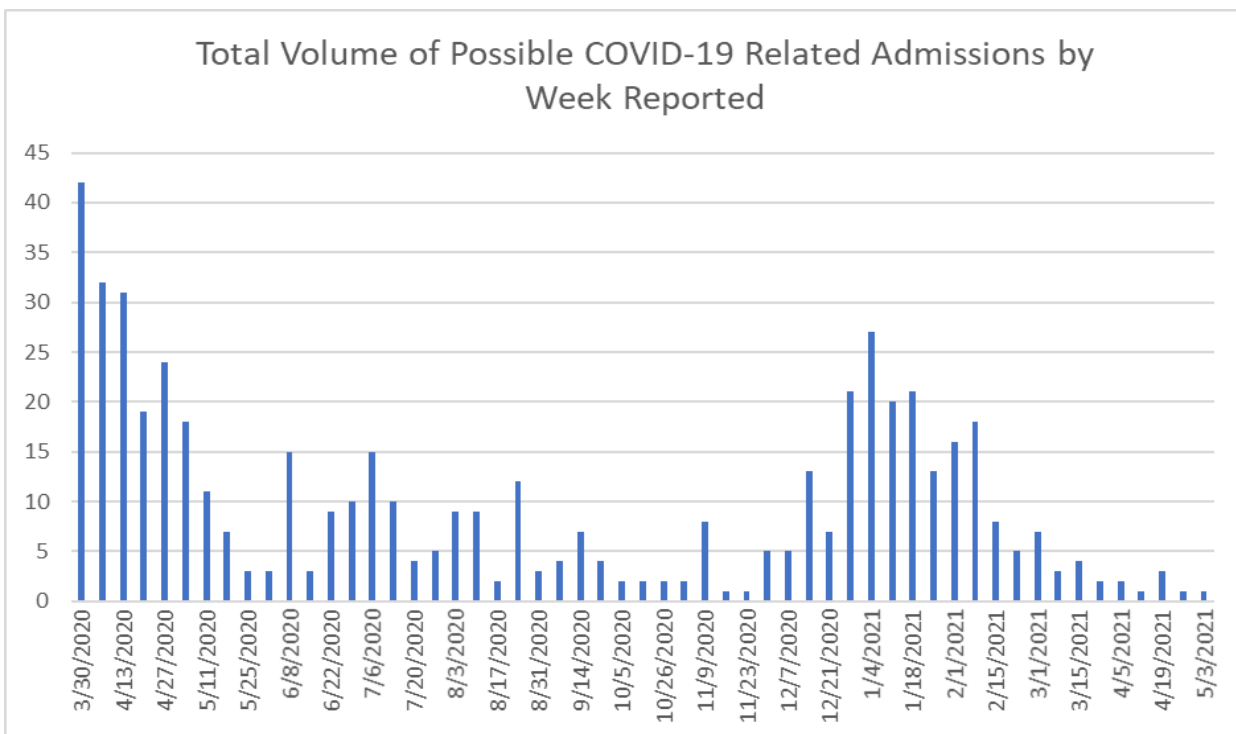
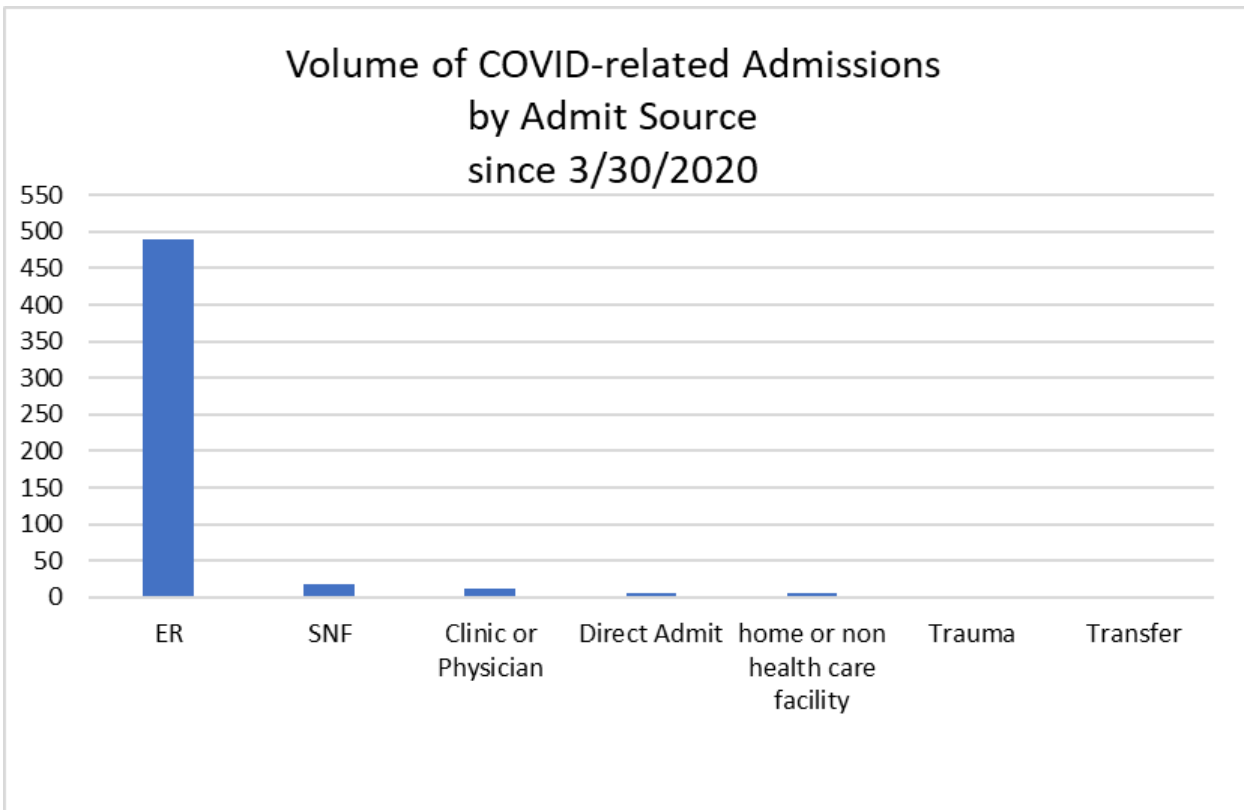
**Utilization Update**

**COVID-19 Related Admissions**

GCHP staff have reported 532 COVID-19 related admissions to the Department of Health Care Services (“DHCS”) as of May 12, 2021. Most admissions are in the 45-64 year old age group followed by the 25-44 year old age group. Most (64%) inpatients are confirmed COVID-19 positive at the time of admission. Nearly all (92%) admissions result from an emergency room visit. Inpatient admissions have generally declined from the most recent peak in early January 2021.

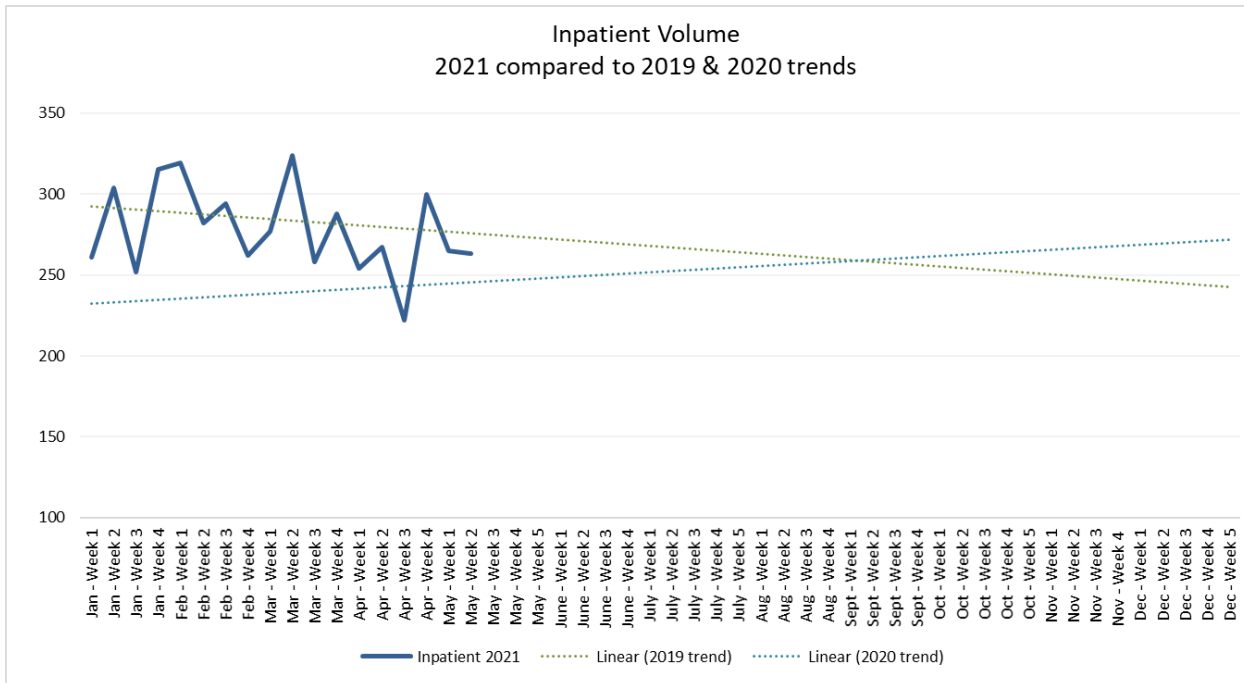




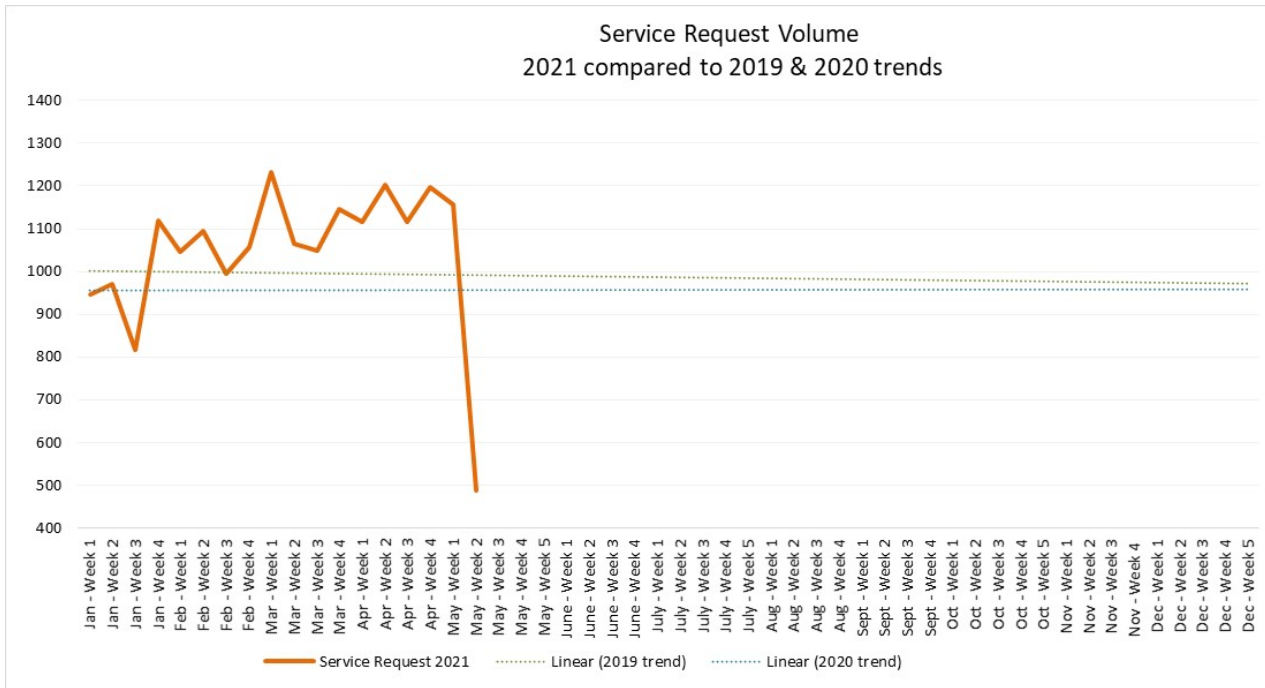


## Inpatient and Outpatient Service Requests

Inpatient volume for CY2021 is closely mirroring pre-COVID-19 CY2019 trends.

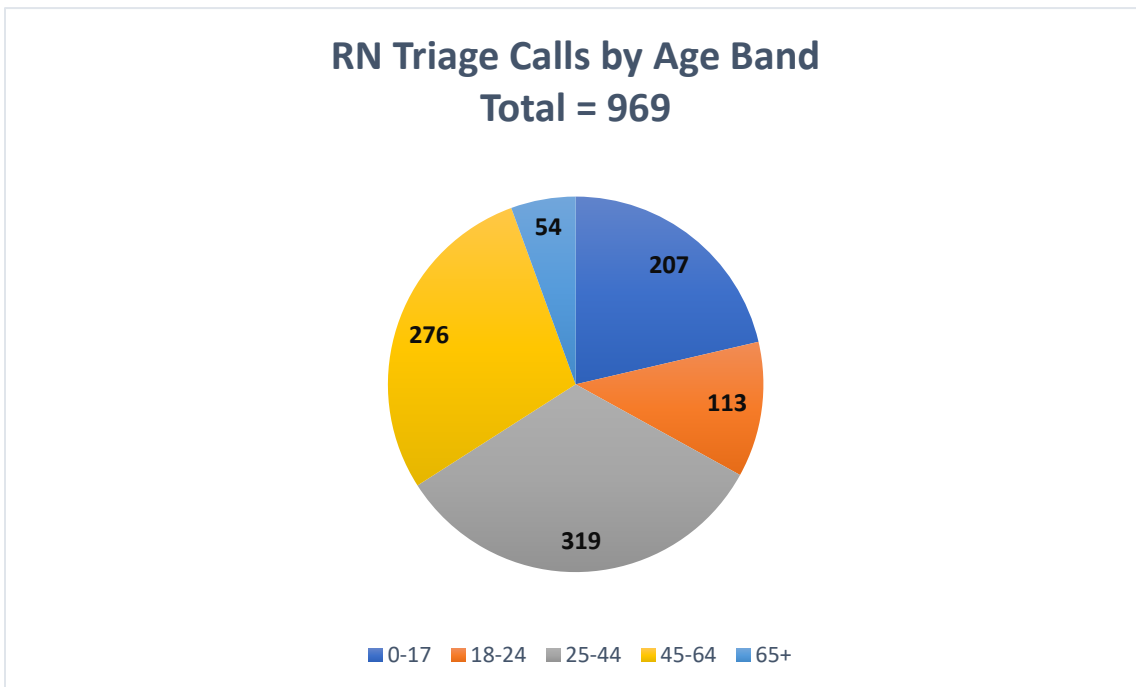


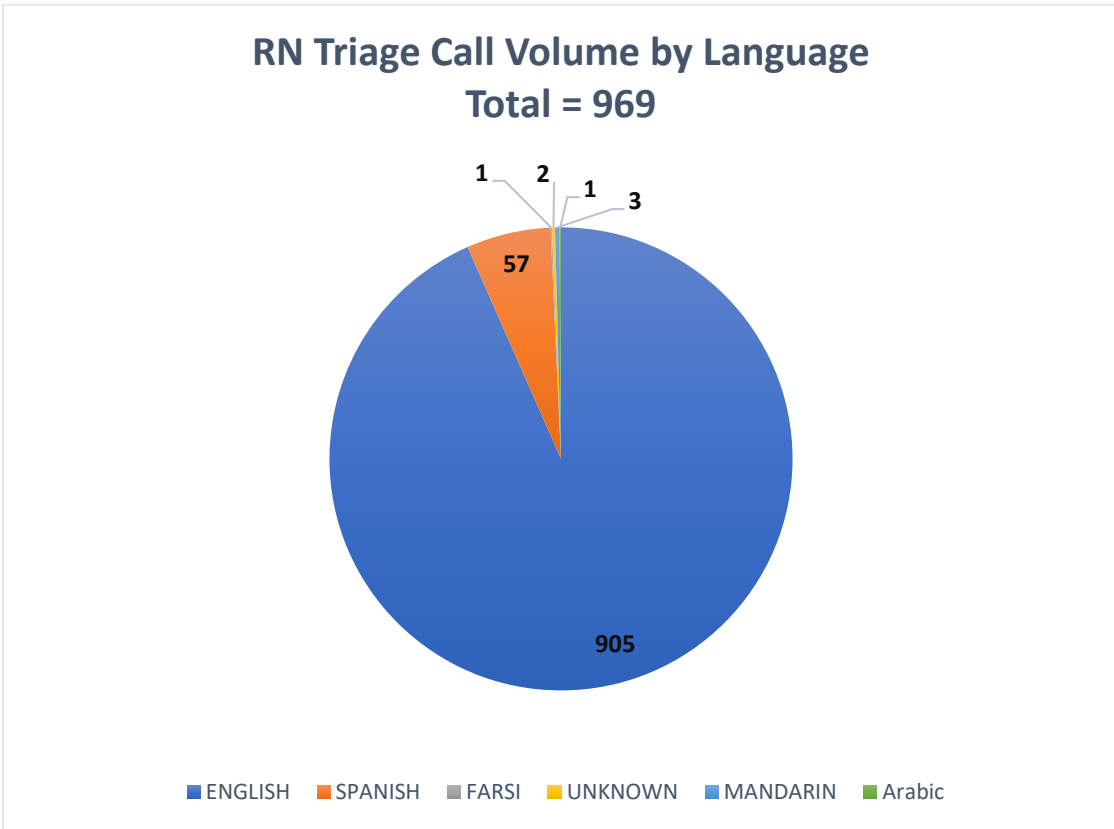
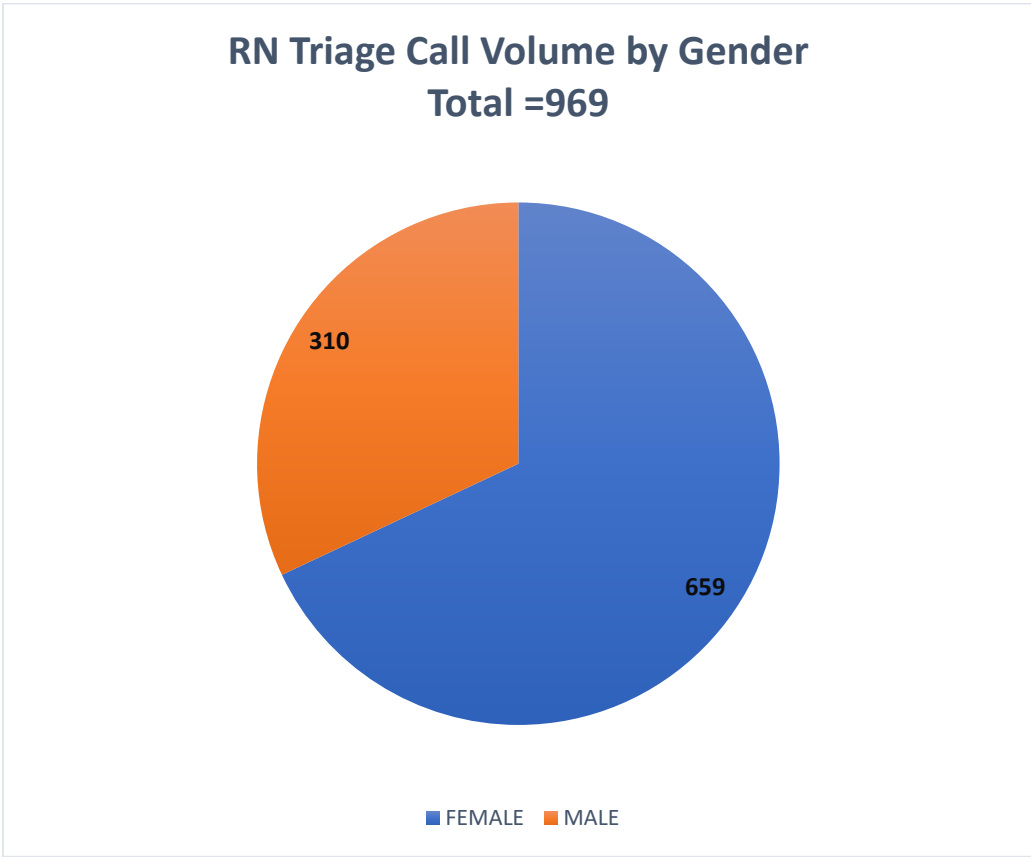
Outpatient service requests have generally been increasing since January 2021 and show a different trend from both CY2019 and CY2020. This is explained by an increase in membership and pent up demand for services after the peak of the pandemic. The precipitous drop off seen in the second week of May reflects provider portal changes experienced with the system conversion. The graph reflects a delay in cases created by the Health Services team as providers made a switch from portal submissions to faxed submissions.



## Nurse Advice Line

There have been over 3,200 calls to the GCHP nurse advice line since its inception in March 2020. Most calls come from members in the 25-44 year old age group followed by 45-64 and 0-17 year old age bands. Most calls (68%) are from women and most (93%) are from members who speak English. Call volume peaked in June and July of CY2020 with a second peak in December 2020.

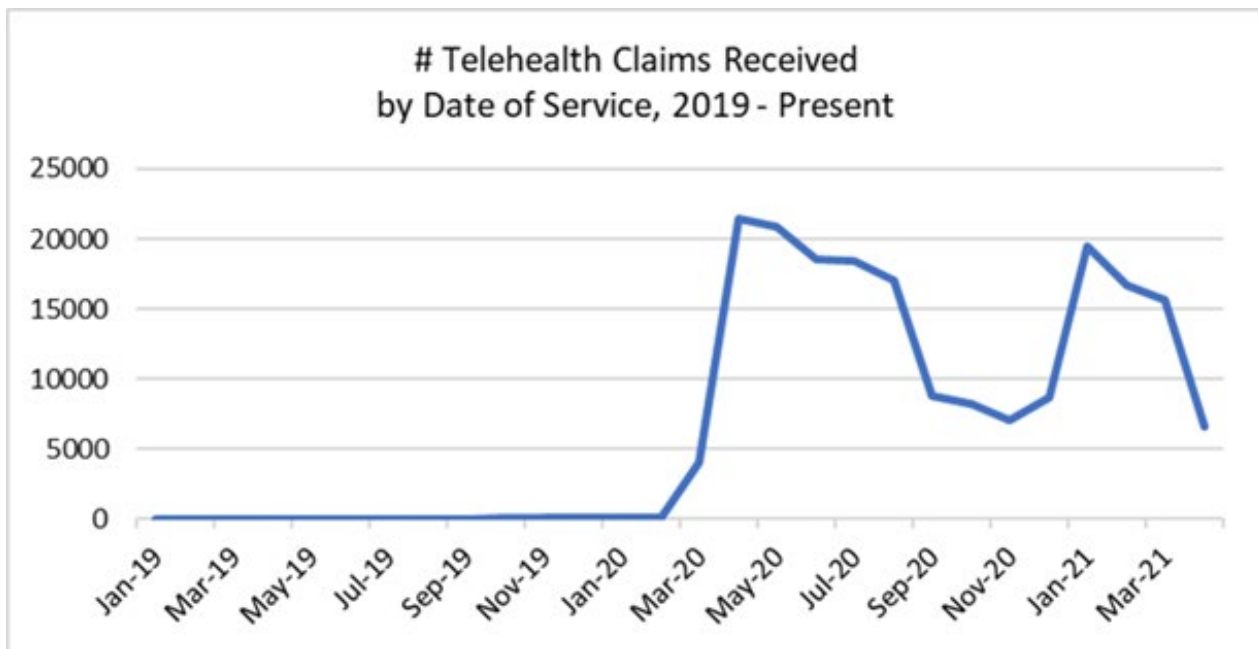




**Telemedicine Utilization**

Telemedicine continues to provide an important access point for our members. The following graph illustrates the dramatic uptick in utilization of telemedicine at the beginning of the pandemic. Federal and state telemedicine policies were relaxed during the pandemic and this enabled continued access to care and contributed to a steep reduction in no-show rates at clinics.

It will be important for both video and especially telephonic modalities to continue to be supported after the public emergency ends. Phone visits offer clear advantages to Medi-Cal members who lack computers or smart phones, can't afford broadband, or have fallen behind in digital literacy. A 2020 California Health Care Foundation survey found that 46% of people of color who received care did so with a phone visit compared with 30% of White respondents. Among the people of color who participated in the survey, 64% said that they'd prefer a phone or video visit over an in-person visit in the future compared to 45% of White respondents.



**Pharmacy Hot Topics**

**Medi-Cal Rx**

Medi-Cal Rx is currently on an indefinite hold by DHCS. Further information is expected to be released in May 2021 and information will be shared verbally with the commission if available at the May commission meeting.

## Pharmacy Benefits Manager (“PBM”) Contract Amendment

The PBM amendment that was previously discussed and subsequently approved by the commission has been fully executed by both GCHP and OptumRx. This amendment codifies the pricing for the 5<sup>th</sup> service year (6/1/2021 to 5/31/2022) and provides additional flexibility to GCHP to accommodate any further extensions of the Medi-Cal Rx implementation date.

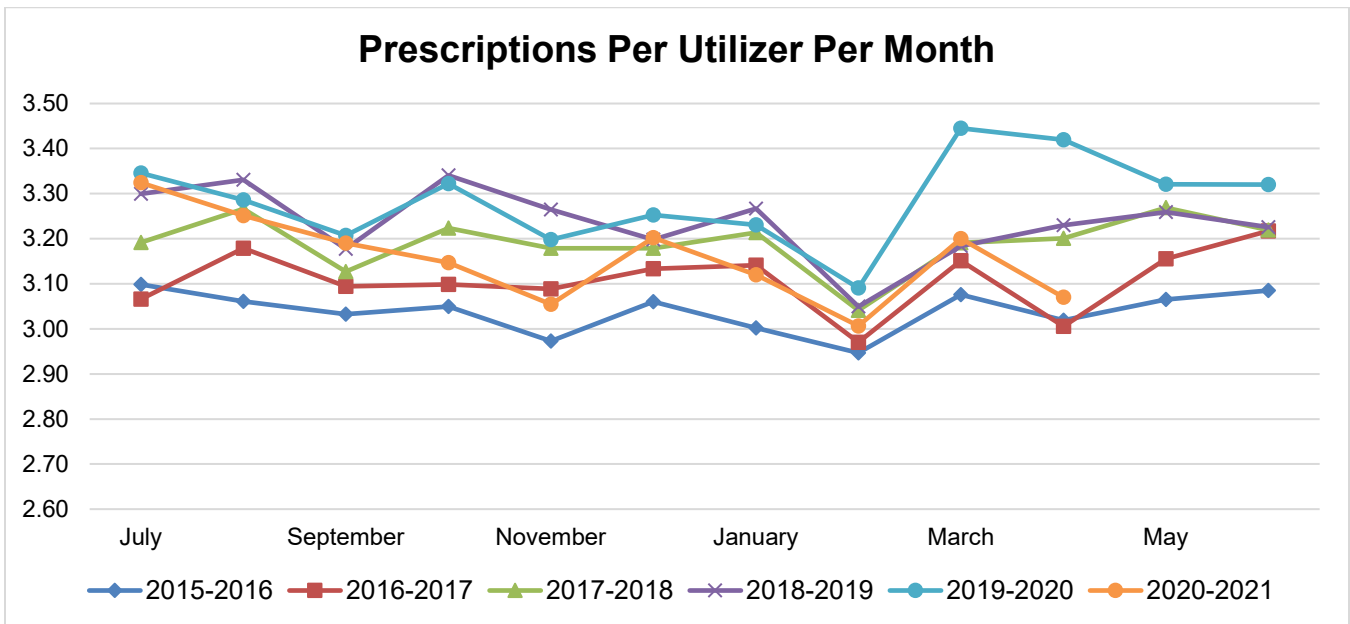
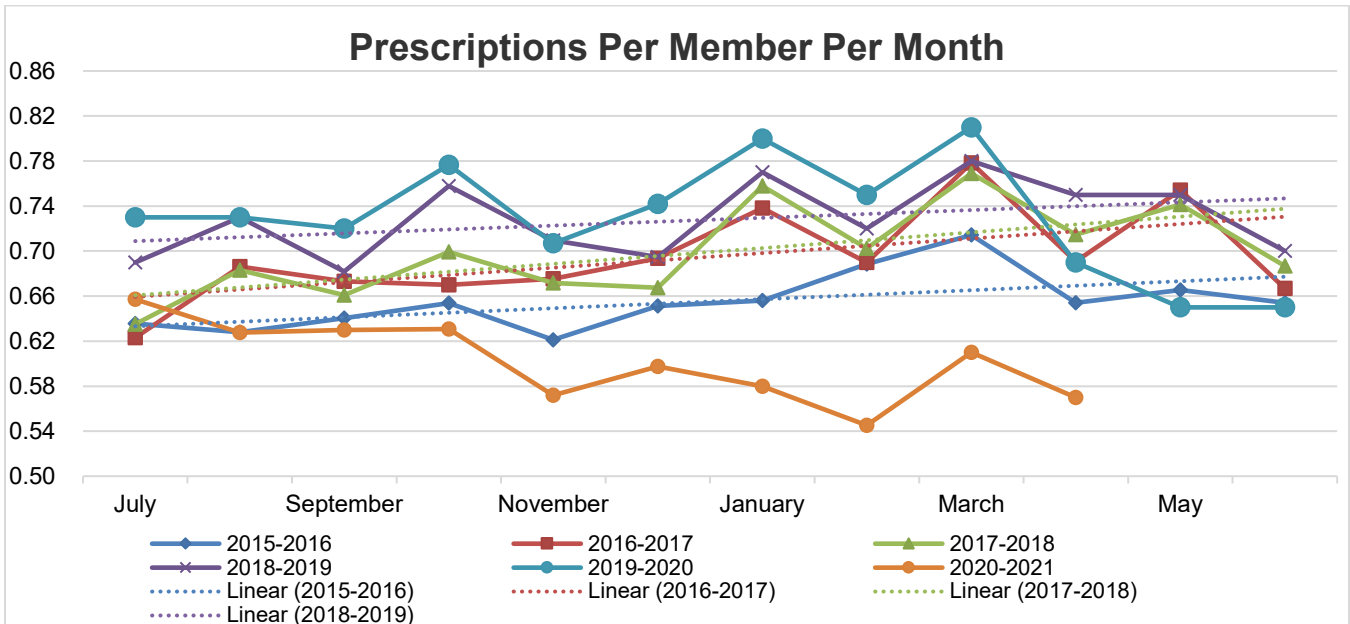
### **Pharmacy Benefit Cost Trends**

Gold Coast Health Plan’s (GCHP) pharmacy trend shows in overall price increase of 3.28% from April 2020 to April 2021; this is still an increase from the prior year, but does represent a significant departure from prior increases of greater than 10%. When looking at the per member per month costs (PMPM), the PMPM has decreased approximately 8.35% since its peak in March 2020. Pharmacy trend is impacted by unit cost increases, utilization, and the drug mix. Pharmacy costs are predicted to experience double digit increases (>10%) each year from now until 2025. GCHP’s trends are in-line with state and national data that is also experiencing significant increases in pharmacy costs. Impact from COVID-19 is expected to increase costs further.

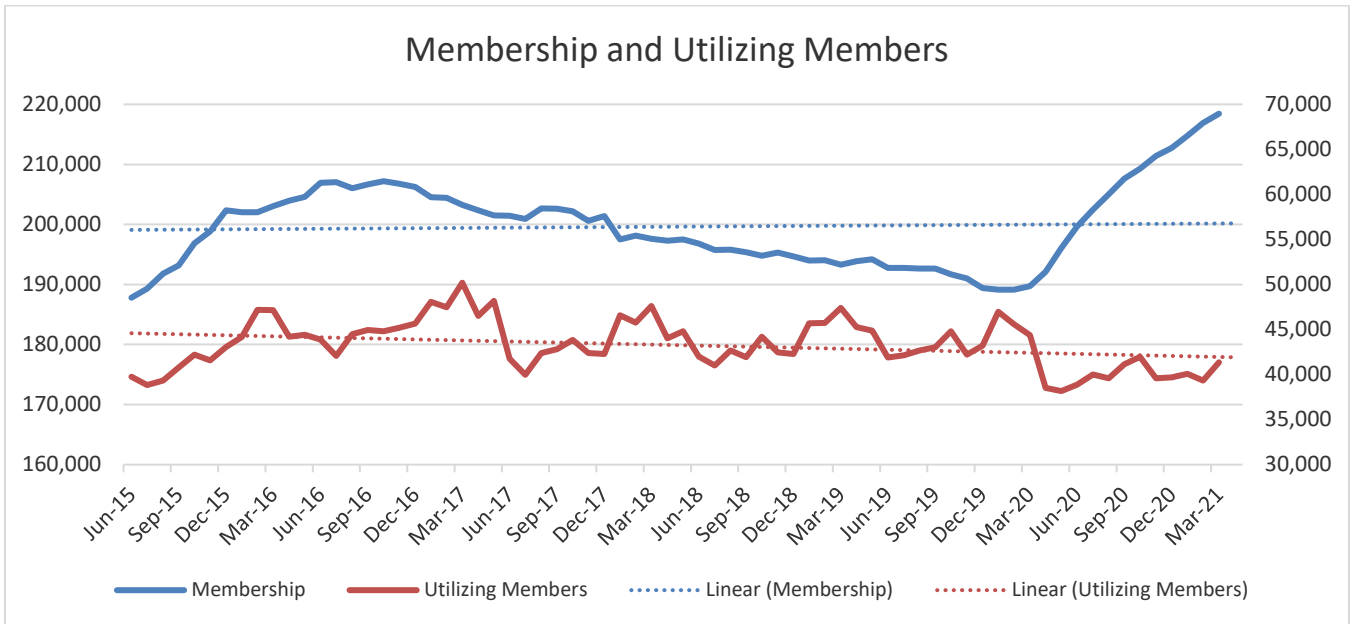
### *GCHP Annual Trend Data*

#### Utilization Trends:

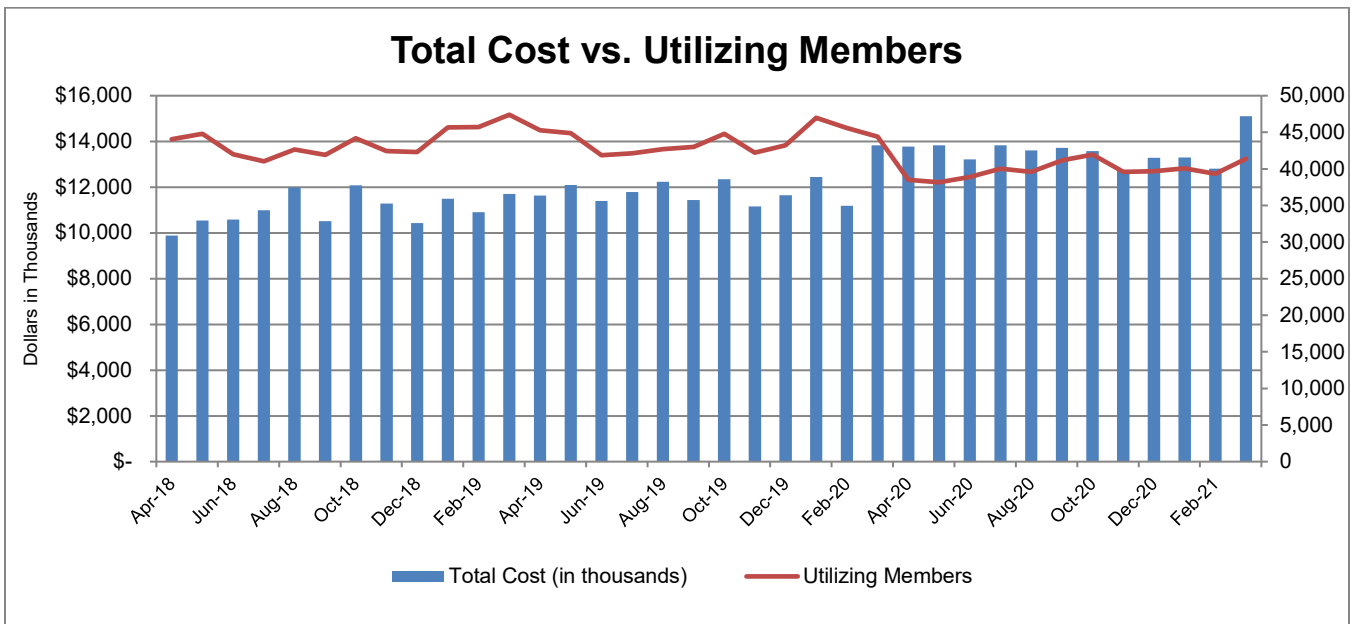
Through March 2020, GCHP’s utilization was increasing as demonstrated by the number of members using prescriptions and the number of prescriptions each member is using while GCHP’s total membership continued to decline. However, the impact of COVID-19 has caused an increase in membership and the utilization of extended day supplies which suppress the view of increased utilization. The new graph showing scripts per utilizer gives a new view of the increased utilization. GCHP will be continuously monitoring the impact of COVID-19 and the increased membership.

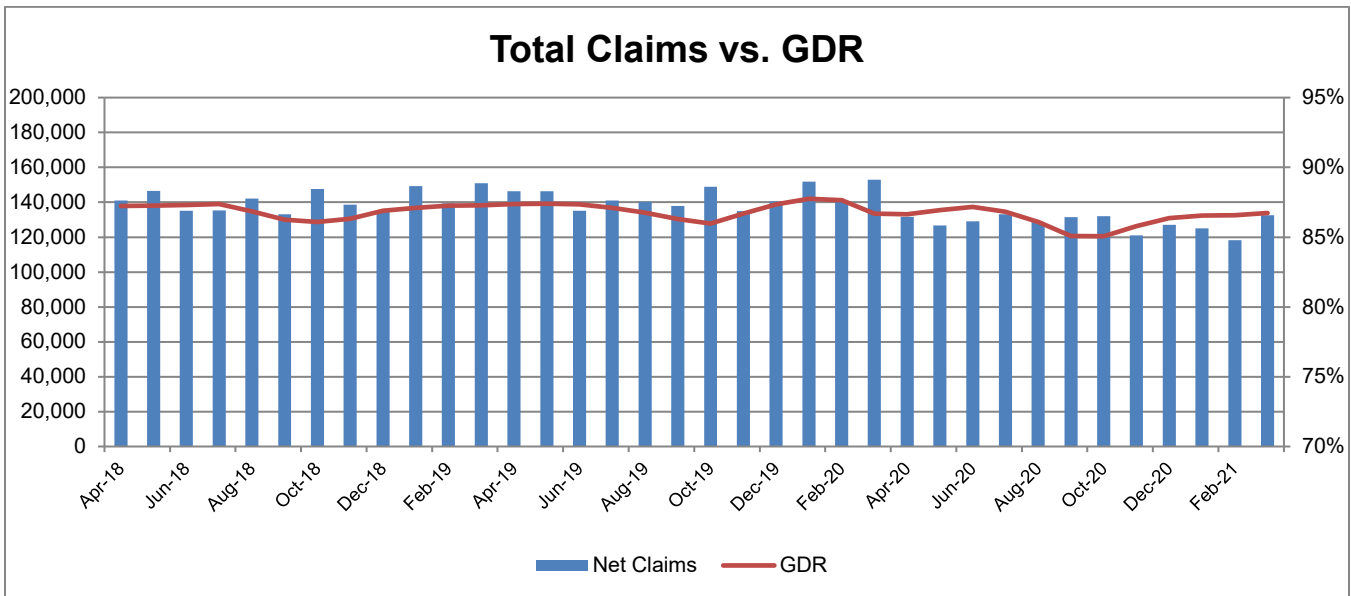
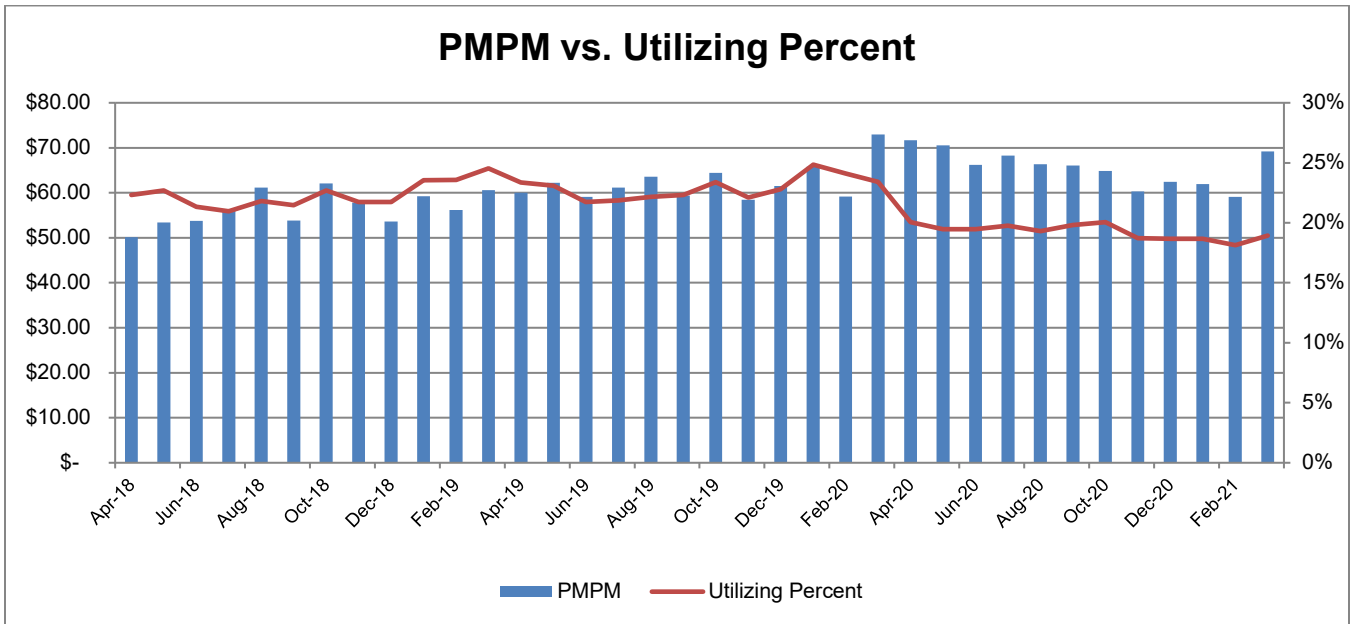




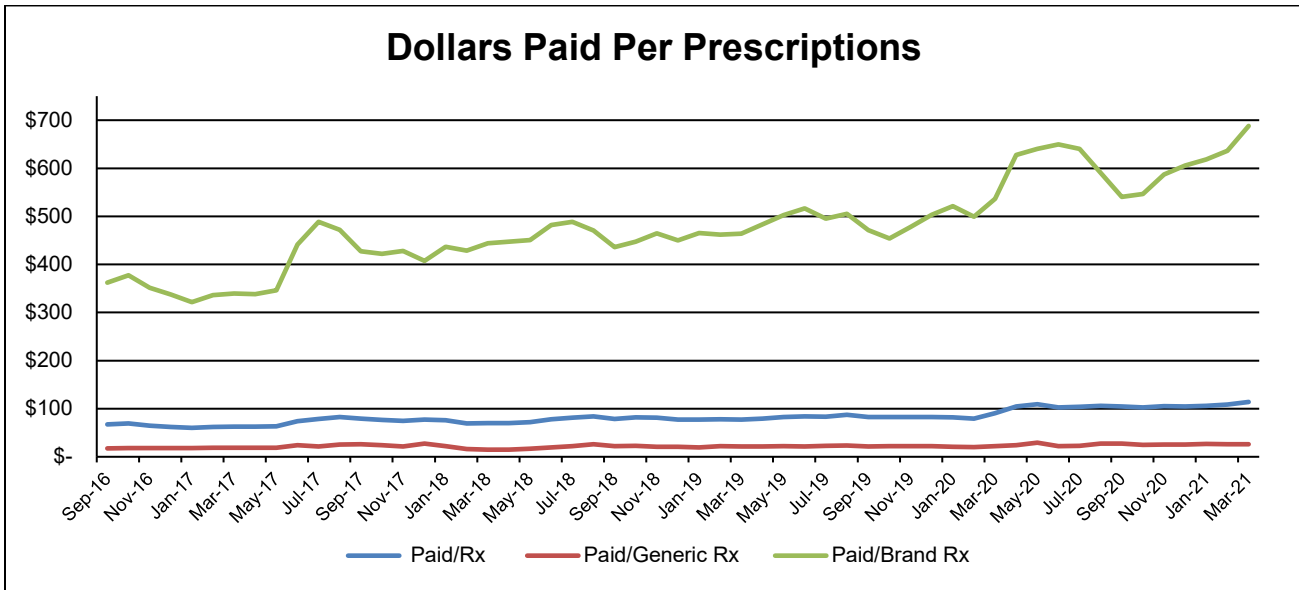


**Pharmacy Monthly Cost Trends:**



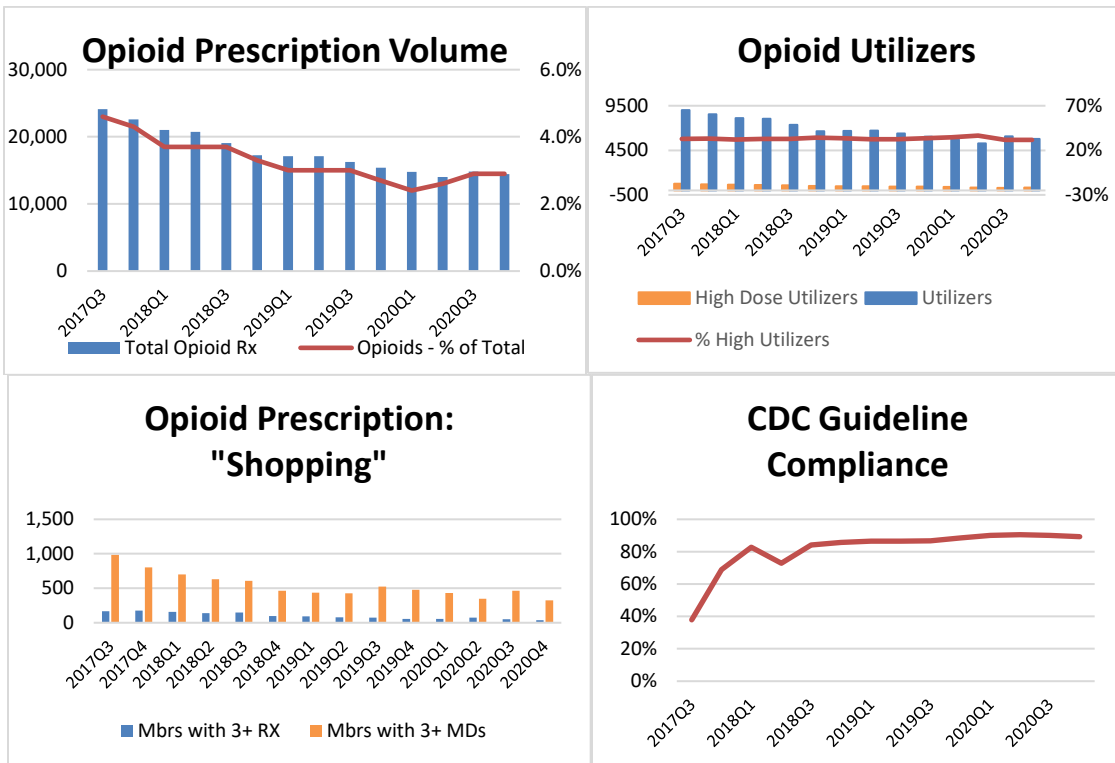


\*Claim totals prior to June 2017 are adjusted to reflect net claims.



### Pharmacy Opioid Utilization Statistics

GCHP continues to monitor the opioid utilization of its members and below are graphs showing some general stats that are often used to track and compare utilization. In general, GCHP continues to see a positive trend toward less prescriptions and lower doses of opioids for the membership.

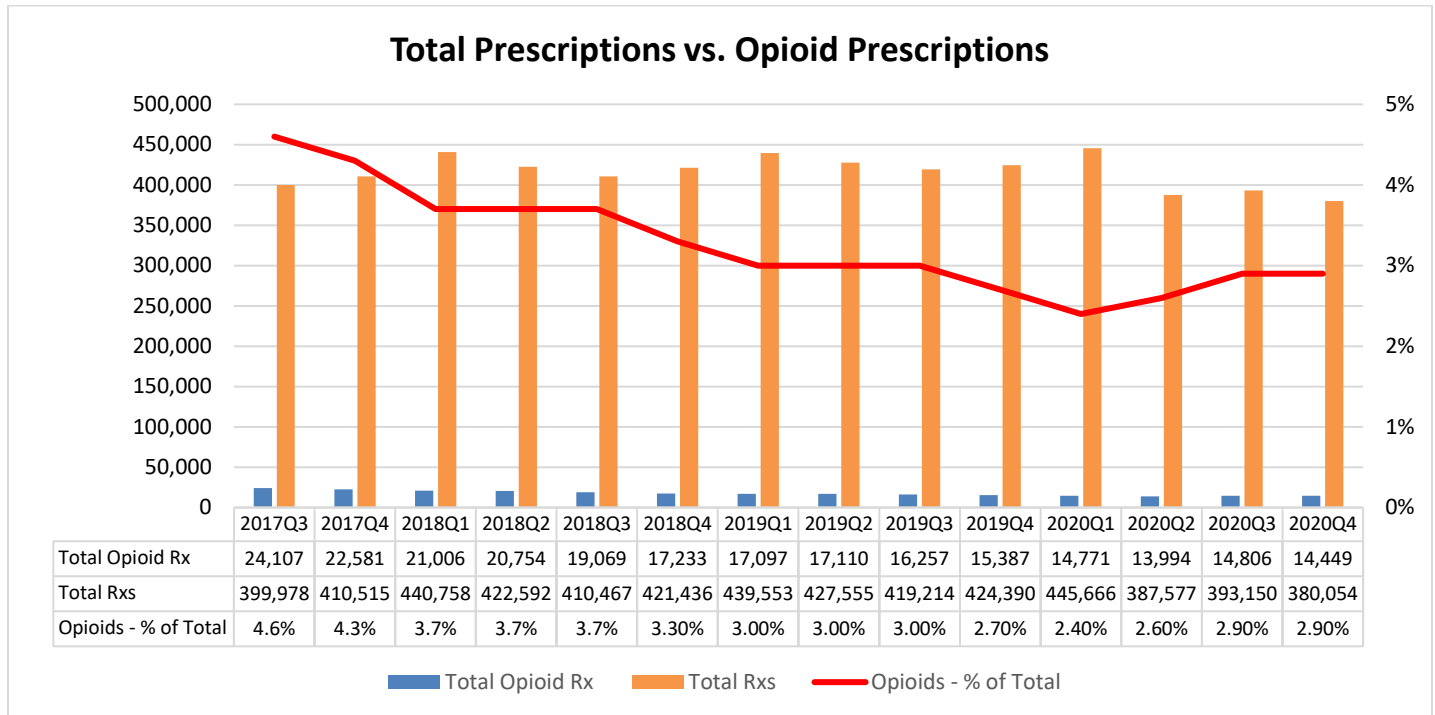


**Definitions and Notes:**

High Dose Utilizers: utilizers using greater than 90 mg MEDD

High Utilizers: utilizers filling greater than 3 prescriptions in 120 days

Prescribers are identified by unique NPIs and not office locations.



**Abbreviation Key:**

PMPM: Per member per month

PUPM: Per utilizer per month

GDR: Generic dispensing rate

COHS: County Organized Health System

KPI: Key Performance indicators

RxPMPM: Prescriptions per member per month

Pharmacy utilization data is compiled from multiple sources including the pharmacy benefits manager (PBM) monthly reports, GCHP’s ASO operational membership counts, and invoice data. The data shown is through the end of March 2021. The data has been pulled during the first two weeks of April which increases the likelihood of adjustments. Minor changes, of up to 10% of the script counts, may occur to the data going forward due to the potential of claim reversals, claim adjustments from audits, and/or member reimbursement requests.



**AGENDA ITEM NO. 11**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Ted Bagley, Interim Chief Diversity Officer  
DATE: May 24, 2021  
SUBJECT: Interim Chief Diversity Officer Report

**Actions:**

**1. Community Relations**

- Continue to meet with community organizations related to criminal justice reform.
- Selected to the scholarship selection board at Cal Lutheran University.
- Meeting with and presenting the Health Equity initiative to the CAC (Community Action Council)

**2. Case Investigations**

- No new cases submitted during the month of April.

**3. Diversity Activities**

- Meetings held with sub-committees within the diversity and Inclusion Council for the purpose of assigning a team to prepare for the recognition of Asian American Heritage Month as well as Jewish American Heritage Month. several community leaders.
- Added another member to our Diversity Council after experiencing some rotation.
- Continue to coordinate with Phin Xaypangna, Ventura County Executive Officer for Diversity and Inclusion on the health equity initiatives.
- Met with Police Chief Jim Fryhoff of Moorpark, California to continue discussions around police reform.
- Only two internal discussions on diversity issues that were solved within the department.

- Suggested adding Equity to the Diversity title making it Diversity, Inclusion and Equity (DI&E) Council.

#### **4. Focus of Contractor Diversity**

- In looking at diversity of our contractors, I would like to focus on BBK (Best Best & Krieger and their diversity efforts. Please see attached. Very impressive diversity efforts on the part of the company.

## A Fabric of Diversity

Best Best & Krieger LLP's culture is one that respects differences and recognizes unique perspectives. BB&K is committed to recruiting, hiring, developing and promoting attorneys and staff of diverse backgrounds. Doing so makes good sense for our firm and our clients.

BB&K's attorneys and staff represent a wide range of personal experiences, countries of origin, ages, religions and gender. This is reflected in the national recognitions we regularly receive for our diverse workforce.

### American Lawyer Media

- No. 9 for Firms with the Highest Percentage of Minority Attorneys (2020)
- No. 7 for Firms with the Highest Percentage of Minority Attorneys (2019)
- No. 5 for Firms with the Highest Percentage of Minority Partners (2018)
- No. 4 for Firms with the Highest Percentage of Hispanic Attorneys (2018)
- No. 2 in California for Law Firms with the Most Women (2018)
- No. 1 for Equity Partner Diversity (2017)

### Law360

- No. 5 for Diversity Among Firms with 101-250 Attorneys (2020)
- No. 4 for Most Minority Equity Partners Among Firms with 101-250 Attorneys (2020)
- No. 7 for Female Attorneys and Equity Partners
- No. 2 for Best Mid-Size Law Firms for Diversity (2019)
- No. 2 for Best Mid-Size Law Firms for Minority Equity Partners (2019)
- No. 4 for Best Mid-Size Law Firms for Minority Attorneys (2019)
- No. 6 for Best Mid-Size Law Firms for Female Attorneys (2019)
- No. 1 for Best Mid-Size Law Firms for Women and Minorities (2018)
- No. 1 for Best Mid-Size Law Firms for Minority Attorneys (2018)

- No. 2 for Best Mid-Size Law Firms for Minority Equity Partners (2018)
- No. 4 for Best Mid-Size Law Firms for Women (2018)
- No. 4 for Best Mid-Size Law Firms for Female Partners (2018)

### National Law Journal

- No. 14 on the Women in Law Scorecard (2020)
- No. 13 on the Women in Law Scorecard (2019)
- No. 7 on the NLJ 500 Women's Scorecard (2018)
- No. 34 on the NLJ LGBT Scorecard (2018)

Within our firm, this means working in a diverse environment that reflects the communities, organizations, businesses and individuals we represent, fostering mutual respect and collaboration.

The value of diversity for our clients comes from the melding of differing experiences, cultures, talents, viewpoints and styles to drive creative and innovative solutions. Our diversity allows us to leverage different perspectives to approach complex legal issues in a way that provides the best outcome for our clients.

With those goals in mind, BB&K encourages qualified applicants of every race, religious creed, color, national origin, ancestry, non-job related physical disability or medical condition, marital status, sex or sexual orientation to apply for employment with the firm.

### First Year Law Student Diversity Fellowship / Scholarship Program

BB&K is pleased to offer a First Year Law Student Diversity Fellowship/Scholarship Program. This program will provide the recipient with a paid summer associate position in one of our participating offices. To qualify for the \$7,500 academic scholarship, the recipient student selected must be invited and must return to BB&K for its second year summer program. The \$7,500 scholarship will be paid following completion of the student's second summer with BB&K.



## **AGENDA ITEM NO. 12**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Michael Murguia, Executive Director of Human Resources  
DATE: May 24, 2021  
SUBJECT: Human Resources Report

### **Human Resources Activities**

We are in the process of transforming our HR Service Model (visual model attached below). Our mission is to serve all our Gold Coast Health Plan employees. We have designed a service model that will allow us to be more responsive and efficient to our employees' needs.

### **Employee and Management Support**

In the center of the pyramid, you see our HR Business Partner team in Rachel Segovia and Lisa Sanchez. They, along with myself, are the **Employee Facing Team - the front office**. Rachel and Lisa split support of our organizations and are the first point of contact. As the complexity of these situations increase, Rachel and Lisa reach out to me for my support and guidance. We are here for Employee questions and concerns and to also support management as needed.

### **Back Office – Recruiting, HR Processes, HR Policies and Compensation Support**

To the left of the pyramid you see the **Back Office** with Charu Chhabra and Nataly Avila who manage the back-office support for recruitment; they also support continuous improvement for all HR processes, updating all HR policies and compensation support. Their roles are to support the front office and all the needs of Rachel and Lisa.

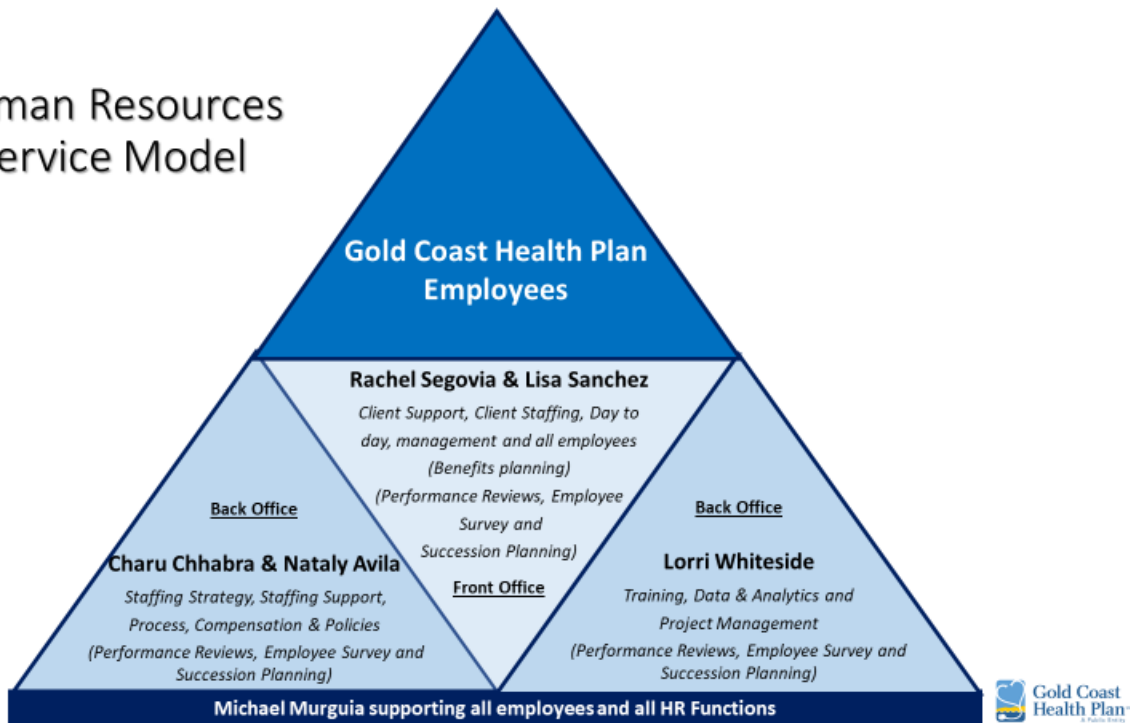
### **Back Office Employee Training, Data Analytics and Project Management**

To the right of the pyramid you see Lorri Whiteside, who supports all of Gold Coast for all training needs. She also compiles our Data Analytics for reports on hiring, Employee turnover, Employee Relations, and other key metrics in Human Resources. Lorri designs our Project Management of our repeatable programs like Performance Reviews, Succession Planning and Employee Surveys. Lorri also supports our Employee facing team for any needs they have in support of employees and management.

I complete the HR service Model pyramid and go wherever my team needs me in support of our Gold Coast Health Plan employees.



## Human Resources Service Model



### Return to Work Task Team

Our Return to Work Task team has been paused due to all of our key projects over the last 30 days. We will reconvene on May 17<sup>th</sup>. We set a goal to develop our Return to Work Strategy by August of this year. These recommendations will be presented to our Commission for approval prior to implementation. Our first step will be to survey all employees and seek their preference to return to our work location or remain working from home. Once this data is analyzed, we will work with functional leaders and see what may be possible with our priority being our service to our members.

We have had one resignation, no terminations, and one new Workers Compensation case since our last update on April 26, 2021

## **Facilities / Office Updates**

GCHP Facilities' team is dedicated to planning a return to the office when conditions allow. The team continues to meet and evaluate:

- 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 Proxyclick system is working very well
- Protocols for a return to the office, including taking temperatures
- Making any necessary modifications to improve air quality inside the buildings