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

Community Advisory Committee Meeting

Regular Meeting  
Wednesday, November 20, 2019, 6:00 p.m.  
Gold Coast Health Plan, 711 East Daily Drive, Community Room  
Camarillo, CA 93010

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the Community Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

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

CONSENT

1. Approval of the Community Advisory Committee Meeting Regular Minutes of July 31, 2019.

   Staff: Maddie Gutierrez, CMC – Clerk to the Commission

   RECOMMENDATION: Approve the minutes.

2. Approval of 2020 CAC Meeting Calendar

   Staff: Maddie Gutierrez, CMC – Clerk to the Commission

   RECOMMENDATION: Approve the 2020 meeting calendar as presented.
REPORTS

3. Chief Executive Officer (CEO) Update
   Staff: Health Management Associates, Interim Chief Executive Officer

4. Government Relations & Community Affairs Update
   Staff: Marlen Torres, Director of Government Relations & Community Affairs

PRESENTATION

5. Quality Improvement Presentation
   Staff: Kim Timmerman, Quality Improvement Director

6. Overview of Interpreting Standards
   Staff: Lupe Gonzalez, PhD, MPH

7. California Advancing and Innovating Medi-Cal (CalAIM)
   Staff: Marlen Torres, Director of Government Relations & Community Affairs

DISCUSSION

8. Member Orientation Meetings
   Staff: Luis Aguilar, Member Services Manager

9. Community Relations Strategic Subcommittee Update
   Staff: Marlen Torres, Director of Government Relations & Community Affairs

COMMENTS FROM COMMITTEE MEMBERS

10. CAC Feedback / Roundtable
ADJOURNMENT

Unless otherwise determined by the Commission, the next regular meeting will be held on January 29, 2020 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

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

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.
AGENDA ITEM NO. 1

TO: Community Advisory Committee
FROM: Maddie Gutierrez, Clerk to the Commission
DATE: November 20, 2019
SUBJECT: Approval of the Community Advisory Committee Meeting Regular Minutes of July 31, 2019.

RECOMMENDATION:
Approve the minutes.

ATTACHMENTS:
Copy of the July 31, 2019 Community Advisory Committee regular meeting minutes.
CALL TO ORDER

CAC Committee Chair Rita Duarte-Weaver called the meeting to order at 4:05 p.m. at the offices of Gold Coast Health Plan (GCHP), 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Community Room. The Pledge of Allegiance was recited.

OATH OF OFFICE

Oath of office was administered to new CAC member Victoria Jump.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE
Rita Duarte-Weaver, Ventura County Public Health Department
Estelle Cervantes, Beneficiary Member
Norma Gomez, Mixteco Indigena Community Organizing Project
Paula Johnson, ARC of Ventura County
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Ruben Juarez, County Health Care Agency
Victoria Jump, Area Agency on the Aging
Pablo Velez, Amigo Baby

ABSENT COMMITTEE MEMBERS
Frisa Herrera, Casa Pacifica
Curtis Updike, County Human Services Agency (HSA)

Language interpreting and translating services provided by GCHP from Lourdes González Campbell and Associates.

PUBLIC COMMENT

None

CONSENT ITEMS

1. Approval of the Community Advisory Committee meeting minutes
   Regular meeting of April 24, 2019

   Committee Member Paula Johnson motioned to approve the meeting minutes of April 24, 2019. Committee Member Pablo Velez seconded the motion. The motion carried with the following vote:
AYES: Cervantes, Duarte-Weaver, Gomez, Herrera, Johnson, Jordan, Juarez, Velez
NOES  None
ABSTAIN: Jump
ABSENT: Herrera, Updike

DISCUSSION

2. Roundtable Discussion – Committee Members
   - Committee Member Estelle Cervantes reported on assisting her co-workers with Medi-Cal information.
   - Committee Member Norma Gomez stated that MICOP continues to work with the community, assisting them in obtaining healthcare.
   - Committee Member Paula Johnson asked for clarification on the Member Services phone number which was provided by Member Services Manager, Luis Aguilar.
   - Committee Member Ruben Juarez stated that transportation provided by Ventura Transit Systems is working well for his clients.
   - Committee Chair Duarte-Weaver reported that the Health Care for All (HCA) program continues to assist clients with Medi-Cal and other programs including the CalFresh program.
   - Committee Member Pablo Velez reported that after four years of planning, Amigo Baby now has a clinic for pediatric services in the county. He went on to say that they received their first request for GCHP to provide services for speech therapy. The clinic is open and hope to build a strong partnership with GCHP and support families.
   - Committee Member Laurie Jordan reported that GCHP and Rainbow Connection/TCRC have collaborated on a joint meeting to be held in Santa Paula on August 7, 2019. This is a chance to meet in a neutral spot, not in a doctor’s office, or here in a meeting, a chance to learn what they want to know about GCHP, in English and Spanish. We are grateful and appreciate the partnership. Luis Aguilar added that GCHP Member Services and Care Management will be there providing information for members.

3. Action Items
   Member Services Manager Luis Aguilar reported that at the last CAC meeting, six action items were identified, as listed in the meeting materials, and that all have been completed.

4. CAC review of new Member Rights and Responsibilities document
   Member Services Manager Luis Aguilar provided an example of the new Member Rights and Responsibilities brochure. This brochure was a collaborative piece with many departments at GCHP. He went on to say that GCHP asked for and received some of your feedback. We are now working on the style of the document. Options were displayed on the screen and CAC members were provided a handout showing a four-page document. Second option has a larger font size and is six pages each English and Spanish. There is also room to include important phone numbers along with the non-discrimination statements. Discussion was held about the uses for the new document. Committee member Laurie Jordan asked about the links in the document, suggesting the possible use of Quick Response (QR) codes in the document.

5. CAC recommendation of questions for member newsletter survey
   Public Relations Manager Susana Enriquez-Euyoque reports that GCHP is considering a survey to be placed in the next member newsletter. She provided history and information on the member newsletter and stated it is time to determine what our members think of the newsletter.
Possible questions include:

- What is your overall satisfaction with the newsletter?
- What do you typically do with this publication? Do you read it, skim it or discard it without reading?
- How satisfied are you with the language, content and the layout?

Ms. Enriquez-Euyoque asked for the CAC members thoughts on the newsletter. Committee Member Juarez stated working with the homeless, they provide members with all available, pertinent handouts. Committee Member Johnson stated that newsletters are distributed to all locations throughout Ventura County and are often used in The Arc advocacy groups. Committee Member Cervantes stated she supplies them to case managers at Many Mansions. Committee Chair Duarte-Weaver stated that when assisting clients they are provided newsletters and the Member Services brochure. She went on to say that during the past month, they helped 900 people with Medi-Cal alone and only three clients were eligible for Covered CA.

Discussion was held about the Provider Directory and access to current GCHP providers. Chief Administrative Officer (CAO) Melissa Scrymgeour indicated that the website experience is being updated to make it easier for online users.

Committee Member Velez stated that some topics are quite good, adults working on accident prevention that is very important for the families. He stated that when clients see information in a document, they now see that this is serious. GCHP is endorsing this cause and the clients realize the importance.

Committee Member Jordan suggested the addition of small one-line tips, quickies. Such as a question to ask at dinner or to suggest an activity to do with your child.

REPORTS

6. Report on Community Advisory Committee Report to Commission
Committee Chair Rita Duarte-Weaver provided a verbal report on the CAC presentation made to the Ventura County Medi-Cal Managed Care Commission (VCMMCC). Chair Duarte-Weaver stated that the report was well received. Commissioner Zaragoza was complementary. The request to have a CAC member on the Commission was not denied, stating that we must request it from the Board of Supervisors.

CAC members responded positively to making the request. CEO Villani stated that these requests are handled through the County CEO. As the meeting Chair, along with the co-signatures, a letter should be written a letter to Mike Powers making the request. The letter should contain the following elements. The Plan would endorse that possibility. From the Plan and the CAC’s perspective, this an important element in the Commission meetings. We would like to make a recommendation to the Board of Supervisors to modify the Bylaws for the VCMMCC. CEO Villani went on to say that timing is good now for a letter to Mike Powers to address the Bylaws, as there is a subcommittee being formed to review the Bylaws. Commissioner Zaragoza also said that the CAC should come back with updates on a regular basis, again, continuing to have your voice heard and the focus being on the member issues, what are their concerns, what are you seeing, hearing.
7. Government Relations Report

Marlen Torres, Director, Government and Community Relations highlighted major updates for the official state budget as presented in the meeting materials. Discussion was held regarding SB75 and the extending of medical benefits for undocumented adults age 20 to 26. CEO Villani stated that we have struggled finding different strategies to get the word out in the community that having coverage and sustaining coverage is very important. Mr. Villani asked how GCHP could partner with the CAC members to get the message out that it is important to stay enrolled in Medi-Cal and don't lose benefits. CAC members shared stories of members and their concerns about the public charge issue and re-enrollment.

Marlen Torres reported on the Community Health Investments Grants Program undertaken by GCHP two years ago when GCHP gave out $1.5 million to the community. The grants program focused on Social Determinants of Health. The three principals focused on were access to quality health care. Second was access to quality and affordable food options and the third was built environments. The grants committee was internal to GCHP. Overall the grants have come to an end, a few are still ongoing. The Area Agency on Aging has a grant that will come to an end sometime in the fall. The grant focused on seniors and fall prevention. Ms. Torres provided Information on some of the grants and the numbers of members affected by the grants. A video was shown highlighting the Kids and Families Together program who received a grant. CEO Villani stated that this was a program we are very proud of. At the point in time that this grant program took place the company was in a different financial position. He provided information on the sponsorship program and how to access them. CEO Villani stated that the Area Agency on the Agency was presented a grant outside of the initial grant program to work with members on a fall prevention program. Committee Member Victoria Jump provided information on the program and some results.

8. Gold Coast Health Plan Community Relations Strategic Plan

Director of Operations Chris Hodina stated at the last CAC meeting there was discussion about the Community Relations Strategic plan. CAC members replied that they wanted a voice in that plan, to be asked for their ideas and be included in the strategy. That plan was presented and reviewed in the meeting materials. Three CAC member volunteered to work on this sub-committee, Committee Members Paula Johnson, Estelle Cervantes and Rita Duarte-Weaver. Those recommendations or changes will be reported at the next CAC meeting. Director of Government and Community Relations Marlen Torres introduced the Community Relations team, Bryan Quijada and Adriana Sandoval-Jimenez stating that they will be out in the community, giving presentations continuing to educate the community on who GCHP is and what we do. CEO Villani stated that if there are events or activities you would like GCHP to participate in, Marlen Torres is the contact person.

9. Commission meeting August 26, 2019

Chris Hodina, Director of Operations stated that the next Commission meeting is being held on August 26, 2019. This meeting is being held at the Ventura County Government Center at 6:00 p.m. We had a request through the Commission meeting that we take our Commission meetings to where our members live and work instead of here in the Community Room. Please let any members know of this meeting location and time change. Meetings will be held in different locations over the next 18 months. Flyers will be sent to CAC members regarding this change.

Director of Operations Hodina stated that GCHP recently engaged in some three minute conversations on radio with Luis Aguilar as the speaker. These were done on the La Mexicana station at 9:10 am. Mr. Aguilar provided information on the plan, access, etc. At the last broadcast the topic was member orientation meetings and the upcoming commission meeting change. He
stated this is another avenue for us to connect with the community.

10. Chief Executive Officer (CEO) Report
CEO Dale Villani commented on the headlines in the newspaper regarding GCHP and the budget. He spoke about the approved budget which show a surplus of $1.5 million for the fiscal year. Mr. Villani talked about operational efficiencies that will take place. He went on to say that the article talks about the $43 million deficit to the fiscal year just ended. Some of that loss was tied to adjustments paid back to the state on different programs. $30 million of that was healthcare costs. Part of what we saw is that our membership has declined; and part of what we believe that the younger and healthier people have left the plan. Members who remain on the plan have been sicker. We have seen a higher intensity of services rendered this year. Other health plans have seen this similar sort of results in terms of the losses they took. We got a 12% increase on our rates from the state. That 12% increase us back to the breakeven point. CEO Villani provided further information on steps being taken.

PRESENTATIONS

11. Chief Diversity Officer (CDO) presentation
Ted Bagley, Chief Diversity Officer presented information on the role of the Chief Diversity Officer at GCHP. Mr. Bagley reviewed the slide presentation expanding on diversity, generations, etc. He also spoke about training sessions he is working on to present to the organization. Committee member Velez asked if Mr. Bagley was available to go to present to different organizations Mr. Bagley replied that yes he can.

ADJOURNMENT

Committee Chair motioned to adjourn the meeting, Committee Member Jump seconded the motion. Motion passed. Meeting adjourned at 5:50 p.m.

Submitted by Connie Harden

Approved by: ________________________________ Date: ________________
AGENDA ITEM NO. 2

TO: Community Advisory Committee
FROM: Maddie Gutierrez, Clerk to the Commission
DATE: November 20, 2019
SUBJECT: Approval of the 2020 Community Advisory Committee Meeting Calendar.

SUMMARY:
To establish the Community Advisory Committee (CAC) meeting dates for the 2020 calendar year.

RECOMMENDATION:
Approve the 2020 Community Advisory Committee (CAC) calendar as presented.

ATTACHMENTS:
Copy of the 2020 Community Advisory Committee meeting calendar.
AGENDA ITEM NO. 3

TO: Community Advisory Committee
FROM: Maddie Gutierrez, Clerk to the Commission
DATE: November 20, 2019
SUBJECT: Interim Chief Executive Officer (CEO) Update

Verbal Presentation

RECOMMENDATION:

Receive and file the CEO Update as presented.
AGENDA ITEM NO. 4

TO: Community Advisory Committee

FROM: Marlen Torres, Director, Government & Community Relations

DATE: November 20, 2019

SUBJECT: Government & Community Relations Update

Government Relations Update

Legislative Update

On October 13, Governor Newsom ended the 2019 Legislative Session when he took final action on over the 1,000 legislative bills that reached his desk, signing 870 bills into law. Governor Newsom vetoed 16.5 percent of bills he reviewed, a similar rate to Governor Brown in his last year in office. Below is the outcome of the legislative bills the Government Relations staff monitored this year.

Legislative Bills Approved:

- **AB 577 (Eggman) Health care coverage: maternal mental health.** This bill permits completion of covered services, for up to 12 months, for an individual who presents written documentation of being diagnosed with a maternal mental health condition to her health plan or health insurer when her provider is terminated, or when she is newly covered, if the provider agrees to the rate and terms and conditions of the health plan or policy.

- **AB 678 (Flora) Medi-Cal: podiatric services.** Prohibits a podiatrist from being required to submit a request for prior authorization for podiatric services rendered in either an outpatient or inpatient basis if a physician providing the same services is not required to submit prior authorization to the Department of Health Care Services (DHCS). Additionally, the 2019 Budget Act restored Medi-Cal optional benefits such as podiatric services, effective January 1, 2020. The Budget included approximately $13.8 million ($3.4 million General Fund) for podiatry in 2019-20. However, since 2016, GCHP has been covering podiatry for member out of plan reserves. Beginning in January 2020, GCHP will receive funding from DHCS to cover this benefit.

- **AB 781 (Mainschein) Medi-Cal: Family Respite Care.** Requires Medi-Cal coverage of pediatric day health care (PDHC) services to be provided at any time of the day and...
on any day of the week, so long as the total number of authorized hours is not exceeded, up to 23 hours per calendar day. AB 1004 (McCarty) Developmental Screening Services. This bill requires the inclusion of developmental screening services for individuals zero to three years of age in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit within the Medi-Cal program. This bill also specifies that these developmental screening services be provided according to the Bright Futures guidelines and recommendations established by the American Academy of Pediatrics. Additionally, the bill requires an external quality review organization to annually assess managed care plan compliance with the provision of developmental screenings, as specified, from July 1, 2020, to July 1, 2023.

- **AB 1642 (Wood) EPSDT Audit Findings & Managed Care Plan Sanctions.** This bill includes requirements for network adequacy reporting, alternative access, and managed care plan sanctions.

- **SB 569 (Stone) Controlled substances: prescriptions: declared local, state, or federal emergency.** This bill establishes prescription content requirements for a pharmacist to furnish a controlled substance without a standard prescription form during a declared state of emergency.

Legislative Bills Vetoed:

- **AB 318 (Chu) Translations and Readability.** This bill required field-testing by a native speaker of specific Medi-Cal beneficiary informing materials. Additionally, it required DHCS to implement field-testing beginning January 1, 2020 and develop a community workgroup no later than January 1, 2021.

- **AB 1175 (Wood) Medi-Cal Mental Health Services.** This bill pertains to Medi-Cal mental health services and coordination between county mental health plans and managed care plans. Plans were in support of AB 1175 as they believe it addressed the challenge of delivering coordinated care across siloed systems by requiring that Medi-Cal managed care plans and county mental health plans share information regarding their shared patients to improve treatment and coordination.

- **SB 503 (Pan) Delegation Oversight.** This bill outlined requirements for oversight of Medi-Cal managed care plan subcontractors, including a definition of subcontractor and specific auditing requirements.
COMMUNITY RELATIONS UPDATE

Sponsorships
Gold Coast Health Plan (GCHP) remains committed to supporting community-based organizations that serve our members with sponsorship opportunities. In September, GCHP awarded sponsorships to the following organizations:

- **FOOD Share**: A sponsorship was awarded to the 4th Annual Blue Jean Ball. Proceeds of the event go towards funding to feed children, families, and seniors in Ventura County.

- **American Heart Association**: A sponsorship was awarded to the Ventura County Heart walk. Proceeds of the event go towards continued scientific research, improve systems of care, and provide lifesaving tools to prevent heart disease and stroke. In addition, GCHP staff raised over $6,000 dollars to further support this cause, making it the top fundraising team.

- **CSU Channel Islands Foundation**: A sponsorship was awarded to the President’s Dinner. Proceeds of the event go towards providing students with scholarship opportunities, programs, new technology, facilities and equipment.

- **NAACP Ventura County Chapter**: A sponsorship was awarded to the Freedom Fund Banquet. The event raises funds to enable the organization to educate, advocate, and bring awareness programs to the Ventura County community.

- **Habitat for Humanity of Ventura County**: A sponsorship was awarded to the Hearts & Hammers Dinner and Auction. Proceeds of the event go towards creating affordable homeownership opportunities to low-income families.

- **American Cancer Society**: A sponsorship was awarded to the Making Strides Against Breast Cancer Walk. Proceeds of the event go towards funding innovative breast cancer research, providing free rides to chemotherapy appointments, and offering a 24/7 supportive helpline. Additionally, GCHP staff raised over $4,000 to further support this cause.
Community Events
The Community Relations team participated in several events this past month:

24th Annual Multicultural Festival
The 24th Annual Multicultural Festival, held in Oxnard, is an event that promotes understanding and respect among all racial, religious, and nationality groups. GCHP’s Chief Diversity Officer, Ted Bagley, sponsored the event and was in attendance. GCHP’s Diversity and Inclusion Council joined the Community Relations team at the GCHP booth and assisted community members. A GCHP member approached the booth and expressed his gratitude for having GCHP coverage and the excellent services GCHP provided him in the multiple surgeries he had. During the event, a Tri County Sentry journalist approached staff for an interview. Below you can find the link to the interview.

Tri-County Sentry: "Multicultural Festival celebrates many nations in Oxnard"

The Farmworker Resource Fair
The Farmworker Resource Fair, hosted by the America's Job Center of California, was an event for the agricultural community, information about county resources were available. Over 30 community-based organizations provided information of services available. Approximately, 620 people attended the event and over 275 community members visited our table. The team extended an invitation to our upcoming Member Benefit Information meeting and explained the benefits of our care management program.

Homeless Resource Fair
Staff participated in the Homeless Resource Fair hosted by the City of Oxnard’s Housing Authority. Over 20 community partners offered various health, behavioral, and homeless services. Participants were encouraged to enroll in the County of Ventura’s Coordinated Entry and Homeless Management Information System. The GCHP team offered information about our care management services and their role to assist them in locating social services, such as shelter, food pantries, mental health services, and coordinating transportation for medical care. The team also provided event participants with a kit consisting of a water bottle, first aid kit, and string backpack. Over 130 community members visited the table throughout the day. Several community members stated, “Gold Coast Health Plan, we love it".
Lemonwood Elementary Ribbon Cutting

On September 25, Lemonwood Elementary School held a celebratory ribbon cutting and back to school event with neighbors, community members, teachers, parents, and students. The event brought a large number of students and families living in Oxnard, the city with the highest concentration of GCHP membership. The Community Relations team engaged over 140 community members at the event.

Below is a table highlighting the other events the team participated in September.

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Organization/Event Sponsor(s)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Prevention Forum</td>
<td>Ventura County Area Agency on Aging</td>
<td>Oxnard</td>
</tr>
<tr>
<td>Strengthening Our Families</td>
<td>Oxnard School District</td>
<td>Oxnard</td>
</tr>
<tr>
<td>Day for Kids</td>
<td>Boys &amp; Girls Club of Greater Oxnard and Port Hueneme</td>
<td>Oxnard</td>
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<tr>
<td>Back to School Night</td>
<td>Ramona Elementary School</td>
<td>Oxnard</td>
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<tr>
<td>Back to School Night</td>
<td>Soria Elementary School</td>
<td>Oxnard</td>
</tr>
<tr>
<td>Back to School Night</td>
<td>Chavez K-8 School</td>
<td>Oxnard</td>
</tr>
<tr>
<td>2019 Community Resource Fair</td>
<td>Assemblymember Jacqui Irwin OxnardPal City of Oxnard</td>
<td>Oxnard</td>
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<tr>
<td>2019 Family Health Fair</td>
<td>Assemblymember Monique Limon Senator Hannah-Beth Jackson</td>
<td>Santa Paula</td>
</tr>
<tr>
<td>Back to School Night</td>
<td>Rio Mesa High School</td>
<td>Oxnard</td>
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<tr>
<td>Back to School Night</td>
<td>Oxnard High School</td>
<td>Oxnard</td>
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<tr>
<td>Binacional Health Fair</td>
<td>Mexican Consulate</td>
<td>Ventura</td>
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AGENDA ITEM NO. 5

TO: Community Advisory Committee
FROM: Kim Timmerman, Quality Improvement Director
DATE: November 20, 2019
SUBJECT: Quality Improvement Update

Verbal Presentation

RECOMMENDATION:
Receive and file the Quality Improvement Updates as presented.
Quality Improvement Updates

November 20, 2019

Kim Timmerman, Director – Quality Improvement
Member-Focused Quality Strategies

- HMS-Eliza Member Outreach Campaign
- Member Incentive/Rewards Programs
HMS-Eliza Member Outreach Campaign

• GCHP contracted with HMS-Eliza (a third party entity with expertise in health engagement management), to conduct outreach to members via Interactive Voice Response (IVR) in a year-end gap closure initiative.

Goals
• Encourage member adherence with preventive screenings
• Increase MCAS (formerly HEDIS) rates
HMS-Eliza Member Outreach Campaign

Key Facts

• 2-year agreement

Two-part Campaign

• Appointment scheduling (IVR, connect to live agent)
• Prevention/Condition- Focused Educational outreach (IVR, then text message reminders)
HMS-Eliza Member Outreach Campaign

**Measures in Scope for Campaigns:**

- Well Child Visits in the First 15 Months of Life (W15)
- Well Child Visits Age 3-6 (W34)
- Adolescent Well Care (AWC)
- Childhood Immunizations (CIS)
- Immunizations for Adolescents (IMA)
- Children & Adolescents’ Access to Primary Care Practitioners (CAP)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Chlamydia Screening (CHL)
- Comprehensive Diabetes Care - HbA1c, HbA1c>9 (CDC-HT, CDC-H9)
- Antidepressant Medication Management (AMM)
- Asthma Medication Ratio (AMR)
HMS-Eliza Member Outreach Campaign

Target Population
- ~60,000 adult and pediatric members identified as having a clinical gap in care.

Care Gap Intervention (Part 1 of 2)
- During the call, members will be informed through an automated call of needed services, and offered to transfer to a live agent for assistance with scheduling an appointment with their primary care clinic or physician.

Timeline
- October 14, 2019 to November 22, 2019
- Resume next cycle in 2020
HMS-Eliza Member Outreach Campaign:
Care Gap Intervention - Member & Provider Involvement

Members can expect:

- Maximum two (2) calls, one day apart
- All gaps in care addressed in each phone call
- Offered scheduling assistance
- Opt out of calls by pressing 9 or contact GCHP Member Services regarding removal from the calling list

Providers are asked to:

- Assist members in scheduling appointments by 12/31/19
- Utilize September/November Progress Reports (gap report) to identify patient gaps needing closure
HMS-Eliza Member Outreach Campaign

Educational Intervention (Part 2)
• Prevention/Condition- Focused Educational outreach (IVR, then text message reminders)

Timeline:
• January-December, 2020
HMS-Eliza Member Outreach Campaign

**Educational Campaigns:**
- Well Baby – W15, CIS, CAP (IVR/SMS)
- Well Child – CAP, AWC, IMA, W34 (IVR/SMS)
- Adult Preventive – BCS, CCS, CHL (IVR/SMS)
- Condition Management – CDC HbA1c (IVR/SMS)
- Antidepressant Medication Adherence – AMM (IVR)
- Asthma Medication Adherence – AMR (IVR/SMS)

**Timeline:**
- January-December 2020
HMS-Eliza Member Outreach Campaign - Next Steps

- Finalize scripting with Health Education/vendor
- Awaiting DHCS approval of texting initiative/scripts
- Monitor progress/effectiveness
- Refine campaigns as appropriate
GCHP Member Reward Programs

- Gold Coast Health Plan (GCHP) values the health of its members.
- To encourage healthy behavior and completing preventive care screenings, GCHP has three member reward (incentive) programs.
- Rewards are tied to key quality measures.
Postpartum Care Exam

• It is important for women to have a postpartum exam after having a baby.

• Program is for women with full-scope Medi-Cal benefits through Gold Coast Health Plan who had a livebirth delivery.

• Reward: a large pack of diapers if a postpartum exam is completed 7 to 84 days after delivery.

• Program will be retired 12/31/19.
Cervical Cancer Screening

- A cervical cancer screening (Pap Test) can help prevent or detect cervical cancer early and is an important part of women’s health care.

- Program is for women, 21 to 64 years of age, with full-scope Medi-Cal benefits through Gold Coast Health Plan.

- Reward: $25.00 gift card to Target, Walmart or Amazon if a cervical cancer screening (Pap Test) is completed by December 31, 2019.
GCHP Member Reward Programs #3

Annual Well-Care Exam

- Annual well-care exams can help children and adolescents stay healthy.

- Program is for children and adolescents, 3 to 21 years of age, with full-scope Medi-Cal benefits through Gold Coast Health Plan.

- Reward: $15.00 gift card to Target, Walmart or Amazon if a well care exam is completed between January 1, 2019 and December 31, 2019.
Where to Find the Member Reward Form

- **Mail:** Gold Coast Health Plan will mail the flyer to members identified with a gap in care.
- **GCHP’s Website:** The member reward forms can be printed from GCHP’s website and are located in the Member Resource page. [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)
- **Doctor’s Office:** Your doctor’s office can print the form from GCHP’s website.
How to Submit a Member Reward Form

1. Be a GCHP member with full-scope Medi-Cal benefits.

2. Complete the screening within the required time period.

3. Fill out the member reward form and have your health care provider or their staff sign or stamp the form during the office visit.

4. Mail or fax the form to GCHP using the fax or address listed on the form.

5. GCHP will review the form. If all requirements are met, GCHP will send you the member reward.
AGENDA ITEM NO. 6

TO: Community Advisory Committee
FROM: Lupe González, PhD, MPH
       Director of Health Education, Cultural and Linguistics Services
DATE: November 20, 2019
SUBJECT: Overview of Interpreting Standards

Verbal Presentation

RECOMMENDATION:
Accept and file the Health Education, Cultural and Linguistics Services presentation.
Interpreting Standards

Lupe González, PhD, MPH
Director of Health Education, Cultural and Linguistic Services

November 20, 2019
Overview

- Department of Health Care Services (DHCS) Regulatory Requirements

- GCHP offers language assistance services to all Limited English Proficiency (LEP) members free of charge

- Language Assistance includes:
  - Telephonic
  - In-Person
  - Sign Language
  - Translation
  - Alternative Formats

- Provider and Staff Training
The National CLAS Standards

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural, health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policies, practices, and dedicated resources.

3. Educate, engage, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices in the workplace.

Communication and Language Assistance:
5. Provide language assistance to individuals who have serious limited proficiency and/or other communication needs, at no cost to them, to facilitate their access to all health care services.

6. Ensure nondiscrimination of language assistance services, especially in those instances where services are specifically requested.

7. Provide a process or structure for providing language assistance, recognizing that the use of volunteer individuals may not always be appropriate.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the population in the service area.

Engagement, Continuous Improvement, and Accountability:
9. Engage culturally and linguistically appropriate groups, patients, and management accountability, and involve them in the organization's planning and services.

10. Conduct ongoing assessments of the organization's cultural and linguistic diversity and the quality of its services, and use the results to improve the services.

11. Conduct regular assessments of community health needs and use the results to plan and implement services that respond to the community's cultural diversity.

12. Partner with the community to design, implement, and evaluate policies, practices, services to ensure cultural and linguistic competence.

13. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Bibliography

https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf
The National CLAS Standards

- CLAS Standards are intended to eliminate health care disparities

- Four key items with sub-points:
  - Principal Standard
  - Governance
  - Communication and Language Assistance
  - Engagement
Interpreting Standards in Health Care

- Standards of Practice
- Code of Ethics and Professional Responsibilities
- Difference Between an Interpreter and a Translator
- Analysis of Interpreting Process
  - The Perception Procedure
  - Simultaneous Interpreting

### Public Meeting – Member’s Voice

- Welcome Member
- Review process
- Meet with interpreter
- Ensure the Member’s Voice is heard
Please check here if you need an interpreter
Contact Information

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Thank you!
TO: Community Advisory Committee
FROM: Marlen Torres, Director, Government & Community Relations
DATE: November 20, 2019
SUBJECT: California Advancing and Innovating Medi-Cal (CalAIM)

Verbal Presentation

RECOMMENDATION:
Receive and file the CalAIM presentation.
California Advancing and Innovating Medi-Cal (CalAIM)

Tuesday, November 20, 2019

Marlen Torres
Director, Government & Community Relations
CalAIM Proposal
CalAIM Overview

• At its core, CalAIM recognizes the impact of Medi-Cal on the lives of its beneficiaries well beyond just accessing health services in traditional delivery settings.

• Establishes a foundation where investments and programs within Medicaid can easily integrate, complement and catalyze the Administration’s plan to impact the following policy issues:
  • State’s homelessness crisis
  • Support reforms of California’s justice systems for youth and adults who have significant health issues
  • Builds a platform for vastly more integrated systems of care through standardization and a streamlined process
  • Continues to explore single payer principles through the Healthy California Commission
CalAIM Overview

Key Populations:

• Health for all: CalAIM will identify patients with high and emerging risks/needed and improve the entire continuum of care across Medi-Cal.

• High Utilizers (top 5%): CalAIM proposes enhanced care management and in lieu of services benefits (such as housing transitions, respite and sobering centers) that address the clinical and non-clinical needs of high-cost beneficiaries.

• Behavioral Health: Aligns the financing structure of behavioral health with that of physical health, which provides financial flexibility to innovate and enter into value-based payment arrangements.

• Vulnerable Children: Enhanced case management for medically complex children to ensure they get their physical, behavioral, developmental and oral health needs met.
CalAIM Overview

Key Populations:

- Homelessness: In Lieu of Services would build capacity to clinically link housing.
- Justice Involved: Enhanced care management and in Justice Involved.
  - Social Services: Coordinate medical, behavioral health and non-clinical services.
  - Aging Population: In Lieu of Services would allow the state to build infrastructure over time to provide MLTSS statewide by 2026.
  - Homelessness: In Lieu of Services would build capacity to clinically link housing.

Return to Agenda
Impact to Managed Care

- Annual Open Enrollment
- NCQA Accreditation for plans and possibly delegates
- Population Health Management
- Enhanced Care Management and In Lieu of Services
- LTC Integration, Duals, D-SNPs
- Mandatory Managed Care Populations
NCQA Accreditation

• Requires all Medi-Cal managed care plans and their subcontractors (delegated entities) to be NQCA accredited by 2025.

• The goal is to streamline Medi-Cal managed care plan oversight and increase standardization across plans.

• DHCS would use NCQA findings to certify or deem that plans meet state and federal requirements.

• Considering to require Medi-Cal managed care plan NCQA accreditation to include LTSS distinction survey, given movement for MLTSS.
Population Health Management

• Medi-Cal managed care plans shall develop and maintain a patient-centered population health strategy by January 1, 2021.

• The plan shall include a description of how it will:
  • Keep all members healthy by focusing on preventive and wellness services.
  • Identify and assess member risks and needs on an ongoing basis.
  • Manage member safety and outcomes during transition, across delivery systems or settings, through effective care coordination.
  • Identify and mitigate social determinants of health and reduce health disparities,
Enhanced Care Management
In Lieu of Services

• New statewide enhanced care management benefit that would provide a whole person approach to care that addresses the clinical and non-clinical needs of high-need Medi-Cal beneficiaries.

• The proposed benefit builds on the current Health Homes Program and Whole Person Care pilots and transitions those pilots to this new statewide benefit to provide a broader platform to build on positive outcomes from those programs.

• Implementation of benefit on January 1, 2021 for most mandated target populations and January 1, 2023 for individuals transitioning from incarceration.
Enhanced Care Management
In Lieu of Services

- Provider Types:
  - Whole Person Care Providers
  - Health Homes Providers
  - Local Governmental Agencies
  - Counties (public health, social services, mental health or substance use)
  - Public Hospital and Health Systems
  - Federally Qualified Health Centers/Rural Health Center/Indian Health Provider/Community Clinics
  - Community-Based Organizations
  - Behavioral Health Provider
Enhanced Care Management
In Lieu of Services

• Medi-Cal managed care plans will integrate in lieu of services (ILOS) into their population health management plans—often in combination with the new enhanced care management benefit.

• DHCS is proposing to cover the following services:
  • Housing Transition/Navigation Services
  • Housing Deposits
  • Housing Tenancy and Sustaining Services
  • Short-Term Post-Hospitalization Housing
  • Recuperative Care
  • Day Habilitation Programs
  • Nursing Facility Transition/Diversion to Assisted Living Facilities
  • Environmental Accessibility Adaptations
  • Meals/Medically Tailored Meals
  • Sobering Centers
LTC Integration, Duals, D-SNPs

• DHCS is proposing to discontinue the Cal MediConnect component of the Coordinated Care Initiative and begin transition to statewide managed long-term services.

• This requires all Medi-Cal managed care plans to also operate Dual Eligible Special Needs Plans as of January 1, 2023.
Next Steps

• Robust CalAIM stakeholder engagement process (November 2019–February 2020)

• Develop 1115 waiver renewal request (spring/early summer 2020)

• Develop 1915(b) waiver submission (spring/early summer 2020)

• Negotiate waiver terms and conditions with CMS (June–December 2020)

• Work with Medi-Cal managed care plans, counties, providers, advocates and other critical partners to implement CalAIM (January 2021 and beyond)
Section 1915 Waivers

Section 1915 waivers are limited in scope; they offer states authority relating to:
• Managed care (above and beyond what states can do without a waiver)
• Selective contracting
• Home and Community-Based Services (HCBS)

Review and approval is relatively routine; in some cases, authority overlaps state plan authorities. Section 1915 waivers are approved for 2–3 years, and extensions are available.

For example:
§ Managed care — Mandate enrollment in managed care beyond what can be done through the state plan
§ Selective contracting — Limit the providers offering a particular service, such as an enrollment or transportation broker
§ HCBS — Authorize HCBS with or without enrollment caps
Section 1115 Waivers

Section 1115 of the Social Security Act gives the secretary of the Department of Health and Human Services (HHS) authority to approve demonstration projects (referred to as waivers) to allow states to use funds or design their programs in ways not otherwise allowed by law.

Waivers can be more or less comprehensive and are initially approved for 3 or 5 years; they may be amended and renewed.

Waiver approval is discretionary; each administration establishes its waiver policies within guidelines established by law or tradition.

Section 1115 waivers must:

ü Promote the objectives of the Medicaid program
ü Be budget neutral to the federal government
ü Receive public input during the development process
ü Be subject to independent evaluation
Section 1115 Waiver Policies Evolve Over Time

**Expansion/managed care waivers:** Focused on childless adults or optional eligibility groups; many waivers began as efforts to implement broader managed care systems.

**Reform waivers:** Initiatives to restructure Medicaid financing/delivery and expand coverage.

**Delivery System Reform Incentive Program (DSRIP) waivers; uncompensated care pool waivers**

**Mid-1990s 2000 2005 2010 2015 2017–**

**Health Insurance Flexibility and Accountability (HIFA) waivers:** CMS initiative to promote a streamlined approval process; some states used waivers to reduce program costs by setting enrollment caps and reducing benefits.

**Early expansion-related waivers:** Alternative approaches for covering ACA expansion adults.
California’s Waiver History

- Mental Health Consolidation 1915(b) waiver first approved
- LA County waiver renewed
- Hospital Uninsured waiver
- California’s Medicaid expansion effective
- Medi-Cal 2020
  - SMHS 1915(b) waiver expires


- LA County waiver
- Bridge to Reform waiver
- CalAIM begins
Whole Person Care Pilots

County-based initiatives that coordinate primary care, behavioral health, and social services for enrollees with complex health needs

25 pilots in operation across the state are building infrastructure, integrating service delivery across agencies and providers

Delivering wrap-around services including care coordination, disease management, access to housing supports, respite care, and sobering centers

Public Hospital Redesign and Innovation in Medi-Cal (PRIME)

Incentive funding for 17 Designated Public Hospitals and 35 District and Municipal Public Hospitals to undertake quality improvement and performance measurement efforts

Hospitals are paid for their performance on a series of metrics related to clinical projects designed to improve care delivery
Medi-Cal 2020 1115 Waiver

Global Payment Program

Statewide pool of funding combining a portion of California’s federal Disproportionate Share Hospital allotment with uncompensated care funding

Supports public health care system efforts to provide health care for California’s uninsured population and promote the delivery of more cost-effective and higher-value care

Dental Transformation Initiative

Incentive payments to dental providers to increase preventive services for children, treat more early childhood caries, and increase continuity of dental care
Drug Medi-Cal Organized Delivery System

Services are delivered through county-based behavioral health managed care plans.

In 2015 California was the first state to receive 1115 waiver authority for federal Medicaid matching funds to provide substance use disorder treatment benefits in an institution for mental disease (IMD).

Evidence-based services designed in accordance with American Society of Addiction Medicine (ASAM) levels of care.

30 counties are participating in the waiver program, providing access to treatment and prevention services for 93% of the state’s Medi-Cal population.

Expires on December 31, 2020.