

**Ventura County Medi-Cal Managed Care Commission  
(VCOMMCC) dba Gold Coast Health Plan (GCHP)  
Executive / Finance Committee Meeting Minutes  
May 7, 2015**

**CALL TO ORDER**

Vice Chair Alatorre called the meeting to order at 3:04 p.m. in the Executive Conference Room at Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010.

**ROLL CALL**

**COMMITTEE MEMBERS PRESENT**

**Antonio Alatorre**, Clinicas del Camino Real, Inc.

**David Araujo, MD**, Ventura County Medical Center Family Medicine Residency Program  
(arrived at 3:07 p.m.)

**David Glycer**, Private Hospitals / Healthcare System

**Gagan Pawar, MD**, Clinicas del Camino Real, Inc.

**Dee Pupa**, Ventura County Health Care Agency

**STAFF IN ATTENDANCE**

**Ruth Watson**, Chief Operating Officer and Interim Chief Executive Officer

**Lyndon Turner**, Financial Analysis Director

**Traci R. McGinley**, Clerk of the Board

**Cathy Salenko**, Legal Counsel

**Stacy Diaz**, Human Resources Director

**William Freeman**, Network Operations Director

**Steven Lalich**, Communications Director

**Allen Maithel**, Controller

**Al Reeves, MD**, Chief Medical Officer

**Melissa Scrymgeour**, Chief Information Officer

**Phillip Yee**, Senior Staff Accountant

**PUBLIC COMMENTS**

None.

**1. APPROVE MINUTES**

**a. April 2, 2015 Regular Meeting Minutes**

Committee Member Pupa moved to approve the April 2, 2015 Regular Meeting Minutes. Committee Member Glycer seconded. The motion carried with the following vote:

AYE: Alatorre, Glycer, Pawar and Pupa.

NAY: None.

ABSTAIN: None.  
ABSENT: Araujo.

Chair Araujo arrived at 3:07 p.m.

## **2. ACCEPT AND FILE ITEMS**

### **a. CEO Update**

Interim CEO Watson reviewed the report with the Committee highlighting the continued growth in the Plan.

Interim CEO Watson explained that due to an issue at the State, some members are experiencing a gap in coverage and the State is unable to provide the managed care plans with a list of affected Members. If coverage is required retroactively, GCHP will work with the State on those particular cases.

A draft Non-Contracting Reimbursement Policy for Adult Expansion (AE) members was provided. Interim CEO Watson reviewed the information. She noted that any service provided must be above and beyond any existing services provided for in the contract. Discussion was held as to the types of programs that may be considered by GCHP for the Enhanced Capitation.

Committee Member Glycer asked if any of these services have been audited by the State. Interim CEO Watson explained that no audits have yet been completed by the State for these programs.

Interim CEO Watson explained that that the CEO has the authority to execute these provider contracts, but staff wanted to advise the Commission of the actions the Plan will take with providers for services provided for the AE population.

Committee Member Alatorre suggested having a town hall meeting. After discussion it was agreed that staff would review the possibility of conducting a town hall meeting.

### **b. March Financials**

It was determined that the Financials would be reviewed after the FY 2015-16 Budget.

## **3. INFORMATIONAL ITEMS**

### **a. Preliminary Proposed FY 2015-16 Budget**

Interim CEO Watson and Financial Analysis Director Turner presented the FY 2015-16 Budget to the Committee. It was noted that rate projections are preliminary and that several issues are pending that could affect the final rates, the Adult Expansion (AE) rates have been reduced lately and will most likely continue to go down.

Lyndon Turner, Financial Analysis Director, noted that membership in the last two years has increased at a pace greater than revenue. Over the two year span GCHP has seen tremendous growth as enrollment rose 50%, while revenue has risen 44%. That trend is

expected to continue as the Plan anticipates a 10% enrollment increase for FY 2015-16, whereas revenue is anticipated to increase by only 7%. Income will be more in line with historical averages due to falling rates.

Committee Member Pupa asked what percentage of increase in health care costs is attributable to the anticipated enhanced rates that will be going to providers. Financial Analysis Director Turner responded that he did not currently have that information, but it could be highlighted when the item is presented to the Commission.

Chief Information Officer Scrymgeour reviewed the proposed FY 2015-16 project portfolio list which identifies the major projects tied to the Plan's draft strategic plan and was used to assist staff in developing the FY 2015-16 budget and project priorities.

Committee Member Alatorre asked what was being done for HEDIS. CIO Scrymgeour explained that GCHP uses Verisk for HEDIS reporting and the contract expires June 2016. Staff will issue a Request For Proposal (RFP) to see what companies and capabilities are out there. Committee Member Alatorre asked if GCHP was considering contracting with a vendor that links to or connects with provider EHRs / EMRs so the data can be pulled electronically as it takes a lot of time and resources for Providers to provide HEDIS data. Interim CEO Watson suggested that GCHP reach out to Providers for their input on what requirements GCHP should consider in the RFP. A brief discussion was held regarding a Health Information Exchange (HIE).

## 2. **ACCEPT AND FILE ITEMS** *(Continued)*

### b. **March Financials**

Financial Analysis Director Turner briefly reviewed the financials.

Committee Member Alatorre asked about the ACA 1202 payments. Financial Analysis Director Turner explained that it had been accrued in prior months.

Committee Member Alatorre moved to accept and file the CEO Update and the March Financials. Committee Member Glycer seconded. The motion carried with the following vote:

AYE: Alatorre, Araujo, Glycer, Pawar and Pupa.  
NAY: None.  
ABSTAIN: None.  
ABSENT: None.

## 3. **INFORMATIONAL ITEMS** *(Continued)*

### b. **Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Certification Vendor**

Chief Information Officer Scrymgeour reviewed the report with the Committee. She further explained that in order to comply with the Centers for Medicare & Medicaid

Services (CMS) mandated certification date, GCHP staff recommends the Edifecs Core Operating Rules Solution. The estimated costs for the program for three years is \$448,300 versus the estimated penalties for non-compliance, which is \$1 per day per enrolled member until certification is complete. For example, using current membership of 187,000 members, the penalty would be calculated at \$187,000 per day, or a maximum cap of roughly \$3.7 million annually until the Plan obtains certification.

Committee Chairman Araujo asked staff how long the Plan had known about the compliance dates. Interim CEO Watson responded that while the requirements have been published for some time, Centers for Medicare & Medicaid Services (CMS) did not publish the certification requirements and deadlines along with the accompanying penalties until late last year.


### **COMMENTS FROM COMMITTEE MEMBERS**

None.

### **ADJOURNMENT**

Meeting adjourned at 5:45 p.m.

APPROVED:



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Traci R. McGinley, MMC, Clerk of the Board