

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

DATE: Monday, March 28, 2011
TIME: 3:00-5:00 pm
PLACE: 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

AGENDA

Call to Order. Welcome and Roll Call

Public Comment / Correspondence

1. Approve Minutes - February 28, 2011 Meeting *Action Required*
2. Accept and File CEO Update
 - a. Workplan Efforts / Go Live Date, etc. *For Information*
3. Accept and File Financial Report
 - a. Updated Cash Flow *For Information*
 - b. Year 1 Operating Budget *Action Required*
4. Management Recommendations
 - a. Consumer Advisory Group *Action Required*
 - b. Quality / Credentialing Committee *Action Required*
 - c. Pharmacy & Therapeutics Committee *Action Required*

Comments from Commissioners

ADJOURN TO CLOSED SESSION Government Code Section 54957(b)(1) to consider the appointment or employment of a public employee - CMO Appointment

Return to Open Meeting / Adjournment

Meeting agenda available at <http://www.goldcoasthealthplan.org>

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT TRACI AT 805/981-5320. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Commission Meeting Minutes
February 28, 2011
(Not official until approved)**

CALL TO ORDER

Chair Dial called the meeting to order at 3:02 p.m. in Suite 200 at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

1. ROLL CALL

COMMISSION MEMBERS IN ATTENDANCE

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

Maylee Berry, Medi-Cal Beneficiary Advocate **Anil Chawla, MD**, Clinicas del Camino Real, Inc. **Lanyard**

Dial, MD, Ventura County Medical Association

John Fankhauser, MD, Ventura County Medical Center Executive Committee

Rick Jarvis, Private Hospitals / Healthcare System

Roberto S. Juarez, Clinicas del Camino Real, Inc.

Kathy Long, Ventura County Board of Supervisors

Tim Maurice, Private Hospitals / Healthcare System

Michael Powers, Ventura County Health Care Agency

Catherine Rodriguez, Ventura County Medical Health System

STAFF IN ATTENDANCE

Earl Greenia, CEO

Tin Kin Lee, Legal Counsel

Traci R. McGinley, Clerk of the Board

Charlie Cho, MD, Interim Chief Medical Officer

Andre Galvan, Project Management Specialist

Guillermo Gonzalez, Government Affairs Director

Darlane Johnsen, Chief Financial Officer

Pamela Kapustay, RN, Health Services Director

Steven Lalich, Communications Director

Candice Limousin, Human Resources Director

Audra Lucas, Administrative Assistant

Paul Roberts, Provider Relations and Contracting Director

Lezli Stroh, Administrative Assistant

Language Interpreting and Translating services provided by GCHP from Lourdes González Campbell of Lourdes González Campbell and Associates.

The Pledge of Allegiance was recited.

PUBLIC COMMENT / CORRESPONDENCE

Paulo Carvalho, MD, Director, Conejo Valley Family Medical Group, apprised the Commission that the Clinic sees approximately 22,000 Medi-Cal patients each year. They have bi-lingual staff and their facilities are expanding, which will improve access.

David Cruz, HELA, voiced his appreciation for the microphone and speaker system at the meeting. He expressed his concern that he has not seen information previously requested about the education program and urged the Commission to consider delaying the "Go Live Date" because information has not been sent out to the community.

James Ward, Clinicas, expressed his confusion regarding the formulary. CEO Greenia responded that it had been explained to Dr. Delagarza of Clinicas. Mr. Ward raised additional contracting questions, to which Chair Dial suggested Mr. Ward meet with CEO Greenia at a later time.

Reverend Ron Threatt requested education, selection and enrollment processes information. He asked if there were selection criteria, or protocol established, so physicians may inform their patients. He requested the information be printed or published.

Dr. Javier Ramero, general surgeon at Ventura County Medical Center (VCMC), informed the Commission and the public that approximately half of their staff is bi-lingual and VCMC provides full services.

Dr. Emily Benson, Ventura County Orthopedics, enlightened the public that they offer a wide variety of orthopedic services out of the main hospital, as well as the clinic.

Marco Benitez, El Pueblo, reminded the Commission to keep the Hispanic and Mixteco community in mind.

1. APPROVAL OF MINUTES – JANUARY 24, 2011

Commissioner Long moved to approve the January 24, 2011, minutes, Commissioner Juarez seconded.

It was noted that the correction to the December 20, 2010 minutes was not recorded. The third paragraph of Item #2, *Approval of Minutes – December 20, 2010*, was to read:

“Questions were raised regarding the last paragraphs of “Section III, Short Answer“ and “Section V, Recommendations“ in Counsel’s Memorandum. Clinicas informed the Commission and Counsel that Clinicas Knox Keene license had been rescinded. Legal Counsel Lee then stated that those items in his Memorandum are therefore not relevant.”

Commissioner Juarez moved to approve the January 24, 2011, minutes as amended, Commissioner Powers seconded. The motion carried. **Approved 11-0.**

2. CEO UPDATE

CEO Greenia introduced GCHP staff and individuals in attendance representing elected officials. In response to Reverend Threatt and Mr. Cruz's request for information, CEO Greenia notified them that the information will be shared once approved by the State.

Discussion was held regarding questions the State has about GCHP's business plan and how the Plan proposes to ensure timely payments to providers if money is not received timely from the State. The Commission questioned the State's authority to require the Plan to have financing in place, if the State cannot provide payment. Additional State requirements were discussed. CEO Greenia advised the Commission that a response was due to the State today. The Commission suggested the response be shared with legislators and other key officials.

No Commission action was required.

3. FINANCIAL REPORT

a. Updated Cash Flow

CFO Johnsen reviewed the Cash Flow Report; reflecting a cash-flow deficit at the end of June. In response to questions about the increasing labor expenses, CFO Johnsen explained that there is a lag in payment to Regional Government Services. CFO Johnsen added that the Medical Management system does not require an up-front fee, so payment can be spread over a six-month period.

No action was required or taken by the Commission.

4. MANAGEMENT RECOMMENDATIONS

a. Procedure for Public Comment

Commissioner Maurice moved to approve the Public Comment Procedure as proposed by Management, Commissioner Berry seconded. The motion carried. **Approved 11-0.**

b. Credentialing Committee

Commissioner Powers moved to approve the Credentialing Committee Members as proposed by Management, Commissioner Maurice seconded. The motion carried. **Approved 11-0.**

c. PCP Capitation Services List

Commissioner Maurice moved to approve the Primary Care Physician – Scope of Capitated Services, as proposed by Management, Commissioner Powers seconded. The motion carried. **Approved 10-1**, with Commissioner Chawla voting against.

d. Medical Management System Selection

CEO Greenia noted that several systems were reviewed and Management rated the top three systems. CFO Johnsen clarified that staffing for the system will be local. Commissioner Powers moved to approve the Medical Management System as proposed by Management, Commissioner Long seconded. The motion carried. **Approved 11-0.**

e. **Policy: Marketing Standards for Providers**

Questions were raised regarding levels and possible sanctions against Providers, to which Counsel Lee added that ultimately violations could lead to contract termination, and that corrective actions should be detailed. There were questions about physicians and / or clinics communication with beneficiaries. There was consensus that Commissioners contact CEO Greenia with specific suggestions and that the policy be reviewed and refined.

COMMENTS FROM COMMISSIONERS

Commissioner Chawla requested that a list be compiled and regularly updated, showing items pending, tabled or deferred by the Commission and / or Committee.

Commissioner Berry commended staff on their efforts and involvement in the public awareness campaign events recently held.

Commissioner Maurice announced that effective March 24, 2011; due to change of employment he would resign from the Commission.

Commissioner Rodriguez requested that the operating budget be presented to the Commission at the next meeting.

ADJOURNMENT

The meeting adjourned at 4:46 p.m.



**Gold Coast
Health Plan**SM
A Public Entity

**Chief Executive's Monthly Report to Commission
March 28, 2011**

95 Days until Go-Live!

PEOPLE (Organizational Structure)

- We have added additional talent to our team:
 - Melanie Frampton, RN, Care Coordination Manager, started 3/1.
 - Sonia Demarta, CPA, Finance and Accounting Manager, started 3/17.
 - Sonji Lopez, Grievance and Appeals Coordinator, started 3/22.
 - Guadalupe Gonzalez, Ph.D., Health Educator, to start 4/18.
- We completed interviews with three well-qualified Chief Medical Officer.
- Recruitment continues for: Member Services Director, Quality Manager, Quality Coordinator and Claims Auditor.
- IT staff implemented an integrated document management system for workgroup printing, scanning, and faxing.
- This month we bid farewell to two Commissioners: Mr. Michael Powers and Mr. Tim Maurice as they move forward to new career challenges. Copies of their resignation letters are included in this packet. Consistent with Ordinance, efforts have been initiated with the County Board of Supervisors to formally appoint their successors.

SERVICE (Member & Provider Satisfaction, Government Relations)

- In March, we held 14 community town hall/information sessions, were guests on two radio broadcasts, and placed several print ads (Vida, March 24; Santa Paula Times, March 18 and 23; Ventura County Star, March 19, 21, 22, 28, 30 and 31; Acorn, March 24) promoting our events. These efforts were made in several communities: Fillmore, Newbury Park, Ojai, Oxnard, Port Hueneme, Santa Paula, Simi Valley, Thousand Oaks and Ventura.
 - March 7: I was interviewed on NPR (Lance Orozco, KCLU 88.3 FM); later in the afternoon staff discussed GCHP developments on a Spanish radio talk show (Radio Formula 1590 AM).
 - March 9: Community town hall/information session with the ARC of Ventura and the Rainbow Connection at the ARC's Santa Paula location.
 - March 14: Spanish radio talk show (103.7 FM La M)
 - March 23: Presentation at the annual Transition to Adult Life Fairs sponsored by the Ventura County Interagency Transition Coordinating Council.
 - March 24: Presentation to the California Association of Health Facilities.
 - March 26: Outreach to Mixteco community at Harrington Elementary School in Oxnard.
 - March 28: Information session with the Ventura County Public Health's education staff.
 - Six community town hall/information sessions were held with Clinicas Del Camino Real at their various locations on March 8, 10, 14, 15, 16 and 17.

- Two community town hall/information sessions were held with the Ventura County Health Care Agency in their facilities on March 22 and 24. Additional events are scheduled for March 29 and 31.
- The March calendar of events and sample promotional materials are attached.
- April promises to be another busy month for informational/education outreach; we have scheduled meetings with various senior community-based organizations
- We met with Mayors and City Council Members from the cities of Oxnard and Port Hueneme to educate them about the COHS model and Gold Coast Health Plan.
- The Member ID Card format has been selected and submitted to the State for review.
- In preparation for Customer Service Representative training, we continue to work on the Call Center “Frequently Asked Questions” document.
- We continue to make progress in the Claims Administration function; for example:
 - Developed a Due Diligence Assessment Survey tool for functions delegated to outside vendors; an on-site assessment of ACS will be conducted the week of March 28.
 - Identified all areas requiring detailed workflows and policies and procedures; continue collaborative meetings with ACS staff to assure operational readiness.
 - Codified fee schedules and plan benefits for loading into the claims Processing system.
- The Executive/Finance Committee suggested changes to the Provider Marketing policy at its meeting on March 9. The policy will be re-reviewed at the next Committee meeting before submission to the Commission.
- We have identified members for the Consumer Advisory Committee; the recommendations are included in this packet for Commission consideration and approval.

QUALITY (Comprehensive Medical Management)

- Dr. Cho identified and screened many candidates for our QA/UR/Peer Review Committee and our Pharmacy and Therapeutics Committee. The recommendations are included in this packet for Commission consideration and approval.
- Work is underway to develop our process for managing Treatment Authorization Requests (TAR) and Referral Authorization Forms (RAF). Our goal is to make this process user-friendly, practical, and realistic for providers and their office staff, who have traditionally regarded these requirements as difficult and tedious.
- Dr. Cho continues to work with community physicians to develop a clinically- appropriate, cost-effective drug formulary. The final version will be presented to the Commission for approval.
- The first meeting of our Credentials Committee is scheduled for April 14.
- On-site training has been initiated for the Medical Management system.
- On March 18, we completed our first Facility Site Review. The reviews are being conducted by three consultants. The State requires completion of 30 reviews by May 27.

ACCESS (Robust Provider Network)

We continue to recruit providers for our network and negotiate contracts with doctors and hospitals both in and out of our service area. To date, 134 contracts have been signed; with roughly 2,600 providers in the network!

FINANCE (Optimize Rates, Ensure Long-Term Viability)

Recent accomplishments for the finance function include:

- Completed Provider Compensation Arrangements,
- Completed review of Vendor Contracts,
- Installed the accounting system.

GO-LIVE STATUS

I am proud to report that as of March 25, all State deliverables have been submitted! Of this, 64% have been approved, 30% are under review and 6% are under revision by GCHP staff.

Attached is an updated “Go-Live Milestones” report.

The State has requested (see enclosed letter) that we resubmit our three-year business plan with more conservative lag estimates and a schedule for achieving required Tangible Net Equity (TNE) levels. The State appears to have modified its position and will allow us to obtain subordinated debt (estimated between \$3 and \$5 million) to meet the TNE requirement. The modified plan is due to the Department by April 18. Over the next two weeks, our efforts will focus on:

- Revise and resubmit the 3-year Business Plan to the State.
- Obtain subordinated loan to meet required Tangible Net Equity Level
- Obtain short term financing to meet pre-operational financial obligations.

Respectfully submitted,



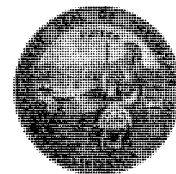
Earl G. Greenia
Chief Executive Officer

GOLD COAST HEALTH PLAN		Go-Live Milestones	Updated: 25 March 2011		
	Action Steps	Due Date	Status	%	
1	Establish COHS	---	Completed	100%	
2	Establish Governance	---	Completed	100%	
3	Establish Management Structure				
	3.1 Secure planning/development funding	---	Completed	100%	
	3.2 Execute Staffing Plan	4/30/2011	In process	65%	
	3.3 Develop Facilities Plan; Negotiate Lease	---	Completed	100%	
	3.4 Acquire/Install furniture & equipment	4/30/2011	In process	95%	
	3.5 Tenant Improvements	---	Completed	100%	
4	Key DHCS Deliverables				
	4.1 Review Medi-Cal volume and payment data	---	Completed	100%	
	4.2 Submit Required Policies/Documentation	---	Completed	100%	
	4.3 DHCS Contract: rate negotiation, contract execution	5/1/2011	In process	75%	
5	Financial Resources Management				
	5.1 Review/Negotiate Vendor Contracts	---	Completed	100%	
	5.2 Develop Investment and Risk Management Policies/Strategies	4/15/2011	In process	75%	
	5.3 Establish Banking Relationship	---	Completed	100%	
	5.4 Review/Select Accounting System	---	Completed	100%	
	5.5 Develop/Implement Financial Systems	4/15/2011	In process	50%	
	5.6 Develop Provider Compensation Arrangements	4/1/2011	In process	95%	
6	Member Services				
	6.1 Assess Language/Cultural Needs & Capabilities	4/15/2011	In process	80%	
	6.2 Establish relationships with community and social service agencies	4/30/2011	In process	75%	
	6.3 Medi-Cal Field Office Transition Planning	4/15/2011	In process	75%	
	6.4 Establish Consumer Advisory Committee	---	Completed	100%	
	6.5 Develop/Implement Community / Member Outreach Plan	4/30/2011	In process	50%	
	6.6 Create Member Enrollment / Provider Directory / Welcome Package	---	Completed	100%	
7	Provider Network Development				
	7.1 Develop Provider Network Strategy	---	Completed	100%	
	7.2 Develop Standard Provider Contract & Reimbursement Templates	---	Completed	100%	
	7.3 Develop Credentialing Process and Tools	1/21/2011	In process	85%	
	7.4 Execute Provider Contracts	4/1/2011	In process	90%	
	7.5 Create Provider Manual; Obtain DHCS Approval	4/15/2011	In process	95%	
	7.6 Develop Materials and Conduct Provider Workshops	6/1/2011	In process	10%	
8	Medical Management Operations				
	8.1 Develop Quality Management & Assurance Programs	---	Completed	100%	
	8.2 Evaluate/Select Medical Management System	---	Completed	100%	
	8.3 Establish Provider Advisory Committee and Peer Review Structure	---	Completed	100%	
	8.4 Develop Process/Tools for Facility Site Reviews	---	Completed	100%	
	8.5 Establish MOUs with Public Health and Service agencies	---	Completed	100%	
	8.6 Establish Drug Formulary & Protocols	6/1/2011	In process	60%	
	8.7 Conduct Primary Care Facility Site Reviews	4/15/2011	In process	90%	
	8.8 Develop Health Education Programs	6/1/2011	In process	90%	
	8.9 Develop Case Management / Utilization Management Programs	---	Completed	100%	
	8.10 Develop systems to manage Carved-Out Services	---	Completed	100%	
	8.11 Implement Medical Management System	6/1/2011	In process	10%	
9	Claims Management & IT Operations				
	9.1 IT System Development, Testing & Implementation	5/15/2011	In process	25%	
	9.1.1 - Eligibility Verification system	5/15/2011	In process	35%	
	9.1.2 - Member Benefits System Configuration	5/15/2011	In process	45%	
	9.1.3 - Provider Database / Payment System Configuration	5/15/2011	In process	30%	
	9.1.4 - Data Loads	5/15/2011	In process	20%	
	9.2 Data Warehouse Implementation	5/15/2011	In process	20%	
	9.3 ACS Staff Selection, Hiring & Training	5/15/2011	In process	30%	
	9.4 Call Center Implementation	6/1/2011	In process	45%	
	9.5 Develop/Implement Vendor Oversight Program	4/15/2011	In process	65%	

Overall Target is 100% by June 1



State of California-Health and Human Services Agency
Department of Health Care Services



TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

March 18, 2011

Mr. Earl G. Greenia
Chief Executive Officer
Gold Coast Health Plan
2220 East Gonzales Road, Suite 200
Oxnard, CA 93036

RE: Request for an Updated Business Plan

This letter is a request for Gold Coast Health Plan (GCHP) to resubmit a complete business plan. The business plan is to be updated to reflect a change from a start date of May 1, 2011 to July 1, 2011. Additionally, the updated business plan must address concerns expressed by the Department of Health Care Services (DHCS) in our letter dated February 23, 2011 and during recent meetings with Tanya Hamman; and to reflect subsequent changes to be made by GCHP to improve the current and projected financial condition of your organization.

Based on the business plan previously submitted, GCHP would not be in compliance with tangible net equity (TNE) requirements outlined in Title 28, Section 1300.76. Specifically, GCHP's business plan did not comply with the TNE requirements of 20 percent after the initial six months, 36 percent after twelve months and 52 percent after 18 months of operations. The updated business plan must provide DHCS with reasonable assurance that GCHP will comply with all applicable contractual and statutory requirements and include the following revised documents:

1. Projected Balance Sheet for each month during the initial three years of operation.
2. Projected Statement of Revenues and Expenses for each month during the initial three years of operation.
3. Projected Cash Flow Statement for each month during the initial three years of operation.
4. Projected Tangible Net Equity (TNE) and the required minimum TNE for each month during the initial three years of operation.
5. All assumptions used as a basis in preparing the projected balance sheet, statement of revenues and expenses, and statement of cash flow. The assumptions should reflect reasonable expectations.

6. Subordinated debt agreement with the County of Ventura to provide, if necessary, sufficient financial support for GCHP to remain in compliance with all financial requirements.
7. Revised lag assumptions with a detailed description of the basis used to develop the lag assumptions.
8. A detailed description supporting the projected rate of return on investments of 4.1 percent.
9. A revised Incurred But Not Reported (IBNR) claims estimate reflecting changes to be made to the lag assumptions for pharmacy and long-term care and a detailed description of the IBNR model including all assumptions.
10. Proof of reinsurance.

Given that GCHP is now scheduled to commence operations effective July 1, 2011, it is imperative that a written response be provided no later than the close of business on April 18, 2011. Please send the written response to the attention of:

Javier Portela, Chief
Plan Management Branch
Medi-Cal Managed Care Division
1501 Capitol Avenue, MS 4408
P.O. Box 997413
Sacramento, CA 95899-7413

If you have any questions regarding these requests, please contact Calvin Oshiro, Chief of the Fiscal Monitoring Unit at (916) 449-5237 or calvin.oshiro@dhcs.ca.gov.

Sincerely,



Stuart B. by, CPA, DABFA
Assistant Division Chief- Policy and Financial Operations
Department of Health Care Services
Medi-Cal Managed Care Division

cc: Anthony Hipolito, CPA
Chief, Policy and Financial Management Branch
Medi-Cal Managed Care Division

March 14, 2011

Earl G. Greenia
Chief Executive Officer
Gold Coast Health Plan
2220 East Gonzales Road Suite 200
Oxnard, CA 93036

Dear Earl:

As I announced at the Gold Coast Health Plan Commission meeting of February 28, 2011, it is with mixed emotions that I submit my notice of resignation from the position of Commissioner for Gold Coast Health Plan. My last day with the Commission will be March 24, 2011.

I have accepted the position of Chief Financial Officer for UC Davis Health System, consisting of the UC Davis Medical Center in Sacramento, UC Davis School of Medicine, and UC Davis Betty Irene Moore School of Nursing. This position fulfills a career goal as well as allowing me to relocate closer to my family.

I have thoroughly enjoyed the many friendships and opportunities from my five years at St. John's. St. John's is very supportive of the Gold Coast Health Plan and will continue to offer assistance and support as appropriate to assist you in the startup of this important venture. I hope that we can stay connected; please call on me if you need any assistance I may offer.

Sincerely,


Tim Maurice
Vice President and Chief Financial Officer

St. John's Regional Medical Center
1600 North Rose Avenue
Oxnard, CA 93030
805.988.2500 Telephone

St. John's Pleasant Valley Hospital
2309 Antonio Avenue
Camarillo, CA 93010
805.389.5800 Telephone



HCA — — **!"; Ventura County**
— — **Health Care**
flm Agency

MICHAEL POWERS
Director

"Setting the standard in health care excellence"

Joan R. Araujo
Deputy Director
VCMC Ambulatory Care Administrator

March 22, 2011

Barry Fisher
Public Health Director

Earl G. Greenia
Chief Executive Officer
Gold Coast Health Plan
2220 East Gonzales Road Suite 200
Oxnard, CA 93036

Robert Gonzalez, **MD**
Medical Director

Paul **E.** Lorenz
Deputy Director
VCMC Hospital Administrator
Compliance Officer

Ronald L. O'Halloran, **MD**
Medical Examiner/Coroner

Catherine Rodriguez
Deputy Director
Chief Financial Officer

Meloney Roy
Behavioral Health Director

Terrie Stanley
Deputy Director
Managed Care Director

Dear Dr. Greenia,

As a result of my new role with the County, I regret I must resign from the Gold Coast Health Plan Commission effective March 31, 2011. As the new Health Care Agency Director, Dr. Gonzalez will be joining the Commission and I know he will do a great job.

It has been a rewarding year serving on the Commission with you and my fellow Commissioners. It has been wonderful watching you assemble such an outstanding team of health care professionals and the progress you have made in such a short time period. I have been especially pleased at the positive working relationships among the commissioners, even when there have been differing opinions. The positive efforts of your staff and the Commissioners, coupled with the public forum and valuable community input, I believe will ensure the success of the plan in improving services and outcomes for Medi-Cal beneficiaries.

I wish you all the best and look forward to partnering with you in my new role.



GOLD COAST HEALTH PLAN EVENT CALENDAR

March 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 5:30 pm - 7:30 pm Freedom Center & Park 515 Eubanks Camarillo 805-981-5346	3	4	5
6	7	8 6:00 pm - 7:30 pm Clinicas del C amino Real 650 Meta Street Oxnard 805-487-5351	9 6:00 pm - 7:30 pm The ARC & Rainbow Connection 116 N. Tenth Street Santa Paula	10 6:00 pm - 7:30 pm Ojai Valley Community Health Center 1200 Maricopa Hwy Ojai 805-640-8293	11	12
13	14 6:00 pm - 7:30 pm Clinicas del C amino Real 200 S. Wells Road Ventura 805-647-6322	15 6:00 pm - 7:30 pm Clinicas del C amino Real 355 Central Avenue Fillmore 805-524-4926	16 6:00 pm - 7:30 pm Clinicas del C amino Real 500 E. Main Street Santa Paula 805-933-0895	17 6:00 pm - 7:30 pm Clinicas del C amino Real 1000 Newbury Rd #150 Newbury Park 805-498-3640	18	19
20	21	22 5:30 pm - 7:00 pm Academic Family Med Center - Auditorium 3291 Loma Vista Road, Building 340, First Floor Ventura 805-652-6100	23 5:30 pm - 7:00 pm Education Service Center 255 W. Stanley Avenue, Suite 100 Ventura, CA 93001	24 5:30 pm - 7:00 pm Santa Paula Hospital - Library 825 N. 10th St. Santa Paula 805-933-8600	25	26
27	28	29 6:00 pm - 7:30 pm Sierra Vista Family Medical Clinic 1227 East Los Angeles Simi Valley 805-582-4000	30	31 5:30 pm - 7:00 pm Las Islas North 2400 South C Street Oxnard 805-240-7000		

attention

Medi-Cal Patients

Ventura County Health Care Agency presents



Town Hall Meeting

Thursday, March 24

5:30 PM

Santa Paula Hospital

Library Room

825 N. Tenth Street

Santa Paula

(The Library Room

is to the left of the

Emergency Room entrance)

**CHaNGeS To
Medi-CaL aRe
CoMiNg Soon!**

Come with your questions and find out important information about keeping your doctor.

For more information please call 525-0215.



VENTURA COUNTY
HEALTH CARE AGENCY



**Gold Coast
Health Plan**
A Public Entity

atencion Pacientes con Medi-Cal

Ventura County Health Care Agency presenta



Reunión del Pueblo

Jueves, 24 de Marzo

5:30 PM

Santa Paula Hospital

Sala de Biblioteca

825 N. Tenth Street

Santa Paula

(La sala de biblioteca está

a la izquierda de la entrada de

la sala de emergencia)

**¡VieNeN CaMBioS
Muy PRoNTo!**

Venga con sus preguntas y obtenga información importante sobre cómo mantener a su doctor

Para obtener más información llame al 525-0215.



VENTURA COUNTY
HEALTH CARE AGENCY



**Gold Coast
Health Plan**
A Public Entity



FAMILY RESOURCE CENTER

Gold Coast Health Plan at Santa Paula – Heritage Valley



**Gold Coast
Health Plan**SM
A Public Entity

March 9, 2011 6:00 pm

This will be an informal information session
about Gold Coast Health Plan.

For Medi-Cal beneficiaries Gold Coast Health Plan
will be the new County Organized Health System
scheduled to start May 1, 2011.

There will be a time for questions and answers. Offered in
collaboration with the ARC of Ventura County.

***Feel free to email your questions ahead of
time to rainbow@tri-counties.org***

To RSVP or more information please call Rainbow (805) 485-9643.

Oxnard Office:

401 East Gonzales Rd.
Suite 100, Oxnard CA 93036
(805) 485-9643 Main Phone
(805) 278-9056 Fax

<http://rainbowconnectionfrc.weebly.com>

<http://www.facebook.com/RainbowConnectionFRC>

E-Mail: rainbow@tri-counties.org

(800) 332-3679 Toll Free

(805) 485-9892 Spanish Line

Simi Valley Office:

1900 Los Angeles Avenue
Simi Valley CA 93065
(805) 823-2325 Main Phone
(805) 485-9892 Spanish Line

Important Information!

Tow Hall Meeting

Presented by: Gold Coast Health Plan



You must
choose a healthcare
provider by:
April 30, 2011

Join us for information on the
changes that will affect
you and your family's
Medi-Cal benefits!

When:

March 10th, 2011

Where:

Ojai Valley Community Health Center
1200 Maricopa Hwy.
Ojai, CA 93023

Time:

6:00pm

Gold Coast Health Plan
Cash Flow Projection- Pre-operational Period
Revised 3/23/2011

	January	February	March	April	May	June
Cumulative Enrollment	0	0	0	0	0	0
Total Staff	12	18	22	36	37	37
Incremental Staff Increase	3	6	4	14	1	0
Beginning Cash Balance	443,102	327,432	339,832	257,208	278,487	256,391
Cash In-Flow						
Revenue from State						
Other Funding					500,000	500,000
ACS - LOC*		265,000	200,000	325,000	200,000	650,000
Total Receipts	-	265,000	200,000	325,000	700,000	1,150,000
Total Cash	443,102	592,432	539,832	582,208	978,487	1,406,391
Cash Out-Flows						
Health Care Payments						
Premium Tax						
Total Health Care	-	-	-	-	-	-
Salaries & Benefits	33,192	114,520	148,996	180,192	232,068	362,946
Other Benefits			5,000	5,000	5,000	5,000
Consultants & Temp Labor	6,450	2,525	19,080	19,580	19,580	19,580
RGS Fees*			3,234	3,676	7,224	9,842
Occupancy Office Lease			14,640	14,640	14,640	14,640
Furniture & Equipment	13,385	30,372	1,000			
Computers, Monitors, Printers (Non- Capitalized)	595	50,638	9,398	4,800	16,800	1,200
Telecommunications Equipment		5,965	6,914	1,700	5,950	425
Info Systems - License Fees	38,700		5,100	8,800	5,100	5,100
Info Systems - Software			3,632	3,333	3,334	
Travel & Entertainment			1,000	1,000	1,000	1,000
Supplies	4,461	8,595	10,800	13,200	21,600	22,200
Dues & Publications			16,850			
Phone/Internet		104	235			
Outreach & Education				5,500	369,500	240,500
Errors & Omissions Insurance				20,000		
Legal fees	2,996	11,200	3,000	3,000	3,000	3,000
Actuary fees	14,600	27,527	26,828	12,000	10,000	5,000
Other fees			6,300	6,300	6,300	
Miscellaneous Operating Expenses	1,291	1,154	617	1,000	1,000	1,000
Sub Total Administrative Expense	115,670	252,600	282,624	303,721	722,096	691,433
ENDING CASH BALANCE	327,432	339,832	257,208	278,487	256,391	714,959

LOC Draws are based on the following assumptions:

March - assumes 100% of deliverables will have been sent to the state (phase 1 @ 200K).

April - assumes code, build and configuration will be completed (phase 2 @ 10%), Assumes Provider Network is Approved (phase 2 15%)

May - Assumes contract has been signed (Phase 1 @ 200K),

June - Assumes testing is completed (phase 2 @ 20%, Assumes ACS final payment for "go live approval" (phase 2 @ 30%)

Assumes that RGS payments will be made two month in arrears from the invoiced due date. At June 30th accrued payroll and fees will be ~ \$775,000

Assumes \$1M additional funding is obtained. Capitation is paid at the end of the month - estimated cash outflow for month of start up is ~\$475,000 (excluding vendor payments)

GOLD COAST HEALTH PLAN
Financial Plan
For the Fiscal Year July 1, 2011 thru June 30, 2012

Executive Summary

3/28/2011

Attached is the financial plan for Gold Coast Health Plan's initial year of operations. The enclosed packet includes the projected Balance Sheet, Income Statement, Statement of Cash Flow and Schedule of Tangible Net Equity (TNE). Highlights of the plan are discussed below.

Tangible Net Equity:

The Department of Health Care Services (DHCS) requires that Plans have adequate reserves on hand to meet its future obligations. The requirements are consistent with those established by the Department of Managed Health Care (DMHC) for Knox-Keene licensed health plans. For Gold Coast, as a start-up entity, the DHCS has allowed us a phase-in period of 36 months to meet the reserve requirements established by the DMHC. The attached Schedule of Tangible Net Equity indicates the phase-in requirements. In order to meet these requirements the Plan assumed a cash infusion in the form of a subordinated loan of \$3.5 million. At the end of year one the plan shows TNE of \$7.8 million vs. the phased-in requirement of \$5.8 million; an excess of \$2.0 million.

Net Income:

At the end of the first year of operations GCHP's Income Statement reflects the following:

☛	Membership	99,219
>	Total Revenue	\$298,300,000
☛	Total Health Care Costs	\$257,000,000
☛	•• General & Administrative Costs	\$ 24,400,000
☛	Premium Tax	\$ 8,500,000

According to AB 1422 all managed care organizations with Medi-Cal members are required to pay a premium tax. For the Plan's initial year of operations this tax was \$8.5 million which reduces the amount of revenue available to be spent on health care dollars. After accounting for the premium tax, health care dollars spent represent approximately 89% of the available revenue dollars. Plan profit accounts for approximately 2.9% which is contributed to TNE in order to achieve DHCS required levels.

Balance Sheet:

At the start of operations in July 2011, the Plan will have incurred \$4.9 million in pre-operating/implementation costs which must be expensed as incurred. As a result the Plan begins operations with negative Retained Earnings of \$4.9 million. These costs are recovered at the end of January 2012 when the Plan begins to show a positive Net Equity. The initial cash infusion of \$3.5 million is reported as restricted cash and as subordinated debt.

Ventura County Organized Health System

Pro Forma
Balance Sheet Projections

	Start Up Date 1/1/11	31-Jul-11	31-Aug-11	30-Sep-11	31-Oct-11	30-Nov-11	31-Dec-11	31-Jan-12	29-Feb-12	31-Mar-12	30-Apr-12	31-May-12	30-Jun-12
Assets													
Premiums Receivable	0	0	0	0	0	0	0	0	0	0	0	0	0
Cash and Cash Equivalents	715,362	11,418,144	20,625,741	26,403,602	27,627,229	30,367,878	32,723,111	32,677,274	34,551,653	36,233,509	35,697,463	36,969,507	38,237,233
Restricted Cash	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
Net Intangible Assets & Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Property & Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0
Costs of Capitalization	0	0	0	0	0	0	0	0	0	0	0	0	0
Reinsurance Recoveries Receivable	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Assets	4,215,362	14,918,144	24,125,741	29,903,602	31,127,229	33,867,878	36,223,111	36,177,274	38,051,653	39,733,509	39,197,463	40,469,507	41,737,233
Liabilities													
Claims Liability -IBNR	0	8,147,343	14,251,473	17,667,753	19,162,542	20,197,316	20,925,480	21,423,608	21,768,396	21,959,583	22,074,006	22,111,530	22,149,120
Claims Liability- Claims Payable	0	2,297,968	4,019,646	4,983,213	5,404,819	5,696,679	5,902,059	6,042,556	6,139,804	6,193,729	6,226,002	6,236,586	6,247,188
Withhold / Shared Risk Incentive Pool	0	0	0	0	0	0	0	0	0	0	0	0	0
ACS Advance	3,300,000	3,256,178	3,212,281	3,168,310	3,124,264	3,080,143	3,035,948	2,991,677	2,947,330	2,902,909	2,858,412	2,813,839	2,769,190
Quality Improvement Fee Tax Liability	0	698,843	1,398,874	2,100,095	702,413	1,406,020	2,110,823	706,001	1,413,203	2,121,607	709,608	1,420,423	2,132,446
Subordinated Loan	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
Liability due to Affiliate	0	0	0	0	0	0	0	0	0	0	0	0	0
Accounts Payable	2,266,451	1,120,946	1,079,279	1,037,612	995,945	954,278	912,611	870,944	829,277	787,610	745,943	704,276	662,609
Accrued Vacation / Sick Time	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Liabilities	9,066,451	19,021,278	27,461,553	32,456,983	32,889,983	34,834,436	36,386,921	35,534,786	36,598,010	37,465,438	36,113,971	36,786,654	37,460,553
Net Worth													
Paid In Surplus/Common Stock	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)	(8,351,089)
Reserve & Restricted Funds	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
Unassigned Surplus	0	747,955	1,515,277	2,297,708	3,088,334	3,884,530	4,687,279	5,493,577	6,304,732	7,119,160	7,934,582	8,533,942	9,127,768
Total Not Worth	(4,851,089)	(4,103,134)	(3,335,812)	(2,553,381)	(1,762,755)	(966,559)	(163,810)	642,489	1,453,643	2,268,072	3,083,493	3,682,854	4,276,679
Total Liabilities & Net Worth	4,215,362	14,918,144	24,125,741	29,903,602	31,127,229	33,867,878	36,223,111	36,177,274	38,051,653	39,733,509	39,197,463	40,469,507	41,737,233
Statement of Retained Earnings													
Beginning Retained Earnings	(4,851,089)	(4,851,089)	(4,103,134)	(3,335,812)	(2,553,381)	(1,762,755)	(966,559)	(163,810)	642,489	1,453,643	2,268,072	3,083,493	3,682,854
Add Net Income (loss)	0	747,955	767,322	782,431	790,626	796,196	802,749	806,298	811,154	814,429	815,421	599,361	593,826
Ending Retained Earnings	(4,851,089)	(4,103,134)	(3,335,812)	(2,553,381)	(1,762,755)	(966,559)	(163,810)	642,489	1,453,643	2,268,072	3,083,493	3,682,854	4,276,679

Projections based on preliminary payment rates received from OC-CS on 11/14/2011
 These are not predictions they are projected results if a specific set of assumptions is used
 See attached document for summary of key assumptions.
 Actual results will vary due to a wide variety of random and identifiable factors

Ventura County Organized Health System

Pro Forma
Statement of Revenue and Expenses

	Jul-11	Aug-11	Sept-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Totals
Members	97,382	97,548	97,714	97,880	98,046	98,213	98,380	98,547	98,715	98,883	99,051	99,219	1,179,577
Revenues													
Premium	24,626,034	24,667,898	24,709,834	24,751,840	24,793,919	24,836,068	24,878,290	24,920,583	24,962,948	25,005,385	25,047,894	25,090,475	298,291,167
Investment Income	16,565	33,806	46,784	52,848	56,281	60,694	62,788	64,277	67,357	68,873	68,986	71,186	670,445
Total Revenues	24,642,599	24,701,704	24,756,618	24,804,688	24,850,200	24,896,762	24,941,078	24,984,860	25,030,305	25,074,258	25,116,880	25,161,661	298,961,612
Cost of Health Care													
Claims													
Inpatient	9,997,688	10,014,684	10,031,708	10,048,762	10,065,845	10,082,957	10,100,098	10,117,268	10,134,468	10,151,696	10,168,954	10,186,241	121,100,369
Outpatient	2,513,096	2,517,369	2,521,648	2,525,935	2,530,229	2,534,530	2,538,839	2,543,155	2,547,478	2,551,809	2,556,147	2,560,493	30,440,728
Professional	2,856,804	2,861,660	2,866,525	2,871,398	2,876,280	2,881,170	2,886,068	2,890,974	2,895,888	2,900,811	2,905,742	2,910,682	34,604,002
Pharmacy	3,923,174	3,929,844	3,936,524	3,943,217	3,949,920	3,956,635	3,963,361	3,970,099	3,976,848	3,983,609	3,990,381	3,997,165	47,520,777
Other	1,926,411	1,929,685	1,932,965	1,936,252	1,939,543	1,942,840	1,946,144	1,949,452	1,952,765	1,956,086	1,959,411	1,962,742	23,334,296
Total	21,217,173	21,253,242	21,289,370	21,325,564	21,361,817	21,398,132	21,434,510	21,470,948	21,507,447	21,544,011	21,580,635	21,617,323	257,000,172
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0
Plan Shared Risk Incentive	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cost of Health Care	21,217,173	21,253,242	21,289,370	21,325,564	21,361,817	21,398,132	21,434,510	21,470,948	21,507,447	21,544,011	21,580,635	21,617,323	257,000,172
Administrative Expenses													
General Administration	946,801	948,092	949,386	950,682	951,980	953,280	954,595	954,680	956,025	957,386	1,172,379	1,174,889	11,870,175
Info Systems License Fees & Maintenance	9,070	9,070	9,070	9,070	9,070	9,070	9,070	9,070	9,070	9,070	9,070	9,070	108,840
Scriptcare Fees	604,745	605,773	606,803	607,834	608,867	609,902	610,939	611,978	613,018	614,060	615,104	616,150	7,325,174
Salaries and Benefits	308,578	308,578	308,578	308,578	308,578	308,578	309,251	309,251	311,171	313,796	318,446	327,146	3,740,527
Medical Management Fees	95,435	95,597	95,759	95,922	96,085	96,249	96,412	96,576	96,740	96,905	97,070	97,235	1,155,986
Consultants	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Amortization	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Expense	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	108,000
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Total	1,978,628	1,981,110	1,983,595	1,986,085	1,988,580	1,991,078	1,994,268	1,995,555	2,000,025	2,005,217	2,226,069	2,238,490	24,368,701
Premium Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenses	23,195,801	23,234,352	23,272,965	23,311,649	23,350,397	23,389,210	23,428,778	23,466,503	23,507,472	23,549,228	23,806,704	23,855,813	281,368,873
Income Before Quality Improvement Fee	1,446,798	1,467,353	1,483,652	1,493,039	1,499,803	1,507,552	1,512,299	1,518,356	1,522,833	1,525,029	1,310,176	1,305,849	17,592,739
Quality Improvement Fee Tar	698,843	700,031	701,221	702,413	703,607	704,803	706,001	707,202	708,404	709,608	710,815	712,023	8,464,971
Income After Quality Improvement Fee Tar	747,955	767,322	782,431	790,626	796,196	802,749	806,298	811,154	814,429	815,421	599,361	593,826	9,127,768
Cumulative After Tar Income	747,955	1,515,277	2,297,708	3,088,334	3,884,530	4,687,279	5,493,577	6,304,732	7,119,160	7,934,582	8,533,942	9,127,768	

Projections based on preliminary payer rates received from DHCS on 11/14/2011.
 These are not predictions, they are projected results under a specific set of assumptions. See attached document for summary of key assumptions.
 Actual results may vary due to a wide variety of random and non-random factors.

Ventura County Organized Health System

Pro Forma
Monthly Cash Flow Projection

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Cash Flow From Operating Activities												
Collected Premium	24,626,034	24,667,696	24,709,634	24,751,640	24,793,919	24,636,066	24,676,290	24,920,563	24,962,946	25,005,365	25,047,694	25,090,475
Interest Received	16,565	33,606	46,764	52,646	56,261	60,694	62,766	64,277	67,357	66,673	68,986	71,166
Paid Claims												
Inpatient	(5,976,757)	(7,327,921)	(6,527,669)	(9,390,265)	(9,609,766)	(9,761,797)	(9,660,162)	(9,964,604)	(10,049,592)	(10,100,599)	(10,151,693)	(10,166,950)
Outpatient	(25,131)	(527,793)	(1,406,274)	(2,038,942)	(2,193,194)	(2,297,447)	(2,376,744)	(2,431,048)	(2,485,442)	(2,514,796)	(2,544,204)	(2,546,529)
Professional	(825,536)	(1,237,296)	(1,957,525)	(2,473,798)	(2,601,112)	(2,667,605)	(2,753,728)	(2,799,445)	(2,645,240)	(2,870,594)	(2,695,992)	(2,900,915)
Pharmacy	(3,923,174)	(3,929,644)	(3,936,524)	(3,943,217)	(3,949,920)	(3,956,635)	(3,963,361)	(3,970,099)	(3,976,848)	(3,983,609)	(3,990,381)	(3,997,165)
Other	(19,264)	(404,580)	(1,079,511)	(1,562,947)	(1,681,189)	(1,761,104)	(1,821,890)	(1,863,516)	(1,905,213)	(1,927,715)	(1,950,257)	(1,953,572)
Reinsured Claims	0	0	0	0	0	0	0	0	0	0	0	0
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0
Payment of Withhold / Risk Sharing Incentive	0	0	0	0	0	0	0	0	0	0	0	0
Paid Administration	(1,976,626)	(1,961,110)	(1,963,595)	(1,966,065)	(1,966,560)	(1,991,076)	(1,994,268)	(1,995,555)	(2,000,025)	(2,005,217)	(2,226,069)	(2,238,490)
Repayment of Liabilities	(1,169,327)	(85,564)	(85,638)	(85,713)	(85,788)	(65,663)	(85,938)	(86,013)	(86,069)	(86,164)	(86,240)	(66,316)
Quality Improvement Fee Taxes Paid	0	0	0	(2,100,095)	0	0	(2,110,823)	0	0	(2,121,607)	0	0
Net Cash Provided by Operating Activities	10,702,782	9,207,597	5,777,861	1,223,626	2,740,649	2,355,233	(45,837)	1,874,379	1,681,856	(536,046)	1,272,044	1,267,725
Cash Flow From Investing/Financing Activities												
Proceeds from Sale of Surplus	0	0	0	0	0	0	0	0	0	0	0	0
Costs of Capitalization	0	0	0	0	0	0	0	0	0	0	0	0
Net Acquisition of Property/Equipment	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash Provided by Investing/Financing	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash Flow	10,702,782	9,207,597	5,777,861	1,223,626	2,740,649	2,355,233	(45,837)	1,874,379	1,681,856	(536,046)	1,272,044	1,267,725
Cash and Cash Equivalents (Beg. of Period)	715,362	11,416,144	20,625,741	26,403,602	27,627,229	30,367,678	32,723,111	32,677,274	34,551,653	36,233,509	35,697,463	36,969,507
Cash and Cash Equivalents (End of Period)	11,418,144	20,625,741	26,403,602	27,627,229	30,367,678	32,723,111	32,677,274	34,551,653	36,233,509	35,697,463	36,969,507	38,237,233
Adjustment to Reconcile Net Income to Net Cash Flow												
Net Income	747,955	767,322	762,431	790,628	796,196	602,749	606,296	611,154	614,429	615,421	599,361	593,626
Depreciation	0	0	0	0	0	0	0	0	0	0	0	0
Amortization	0	0	0	0	0	0	0	0	0	0	0	0
Decrease/(Increase) in Receivables/(Payables)	(1,169,327)	(65,564)	(65,638)	(85,713)	(65,766)	(65,663)	(65,936)	(86,013)	(86,089)	(66,164)	(66,240)	(86,316)
Changes in Withhold / Risk Incentive Pool	0	0	0	0	0	0	0	0	0	0	0	0
Change in Income Tax Liability	698,843	700,031	701,221	(1,397,662)	703,607	704,803	(1,404,622)	707,202	706,404	(1,411,999)	710,615	712,023
Changes in Claims Payable	2,297,966	1,721,678	963,567	421,606	291,860	205,360	140,497	97,246	53,925	32,273	10,564	10,602
Changes in IBNR	6,147,343	6,104,130	3,416,260	1,494,769	1,034,774	726,164	496,126	344,768	191,167	114,423	37,524	37,590
Net Cash Flow from Operating Activities	10,702,782	9,207,597	5,777,861	1,223,626	2,740,649	2,355,233	(45,837)	1,874,379	1,681,856	(536,046)	1,272,044	1,267,725

(1) Net cost of reinsurance included in Administrative Expense

Exhibit HH-2-d-1

Ventura County Organized Health System

Pro Forma

Minimum Tangible Net Equity

	Start Up Date 1-Jul-11	31-Jul-11	31-Aug-11	30-Sep-11	31-Oct-11	30-Nov-11	31-Dec-11	31-Jan-12	29-Feb-12	31-Mar-12	30-Apr-12	31-May-12	30-Jun-12
Monthly													
Members	0	97,382	97,548	97,714	97,880	98,046	98,213	98,380	98,547	98,715	98,883	99,051	99,219
Premium	0	24,626,034	24,667,898	24,709,834	24,751,840	24,793,919	24,836,068	24,878,290	24,920,583	24,962,948	25,005,385	25,047,894	25,090,475
Annualized													
Members	0	1,168,589	1,170,575	1,172,565	1,174,559	1,176,555	1,178,555	1,180,559	1,182,566	1,184,576	1,186,590	1,188,607	1,190,628
Premium	0	295,512,409	296,014,780	296,518,005	297,022,086	297,527,023	298,032,819	298,539,475	299,046,992	299,555,372	300,064,616	300,574,726	301,085,703
Total Assets	4,215,362	14,918,144	24,125,741	29,903,602	31,127,229	33,867,878	36,223,111	36,177,274	38,051,653	39,733,509	39,197,463	40,469,507	41,737,233
Liabilities (excl. subordinated loan)	5,566,451	15,521,278	23,961,553	28,956,983	29,389,983	31,334,436	32,886,921	32,034,786	33,098,010	33,965,438	32,613,971	33,286,654	33,960,553
Net Equity	(1,351,089)	(603,134)	164,188	946,619	1,737,245	2,533,441	3,336,190	4,142,489	4,953,643	5,768,072	6,583,493	7,182,854	7,776,679
Intangible Assets, Goodwill, and Start Up Costs	0	0	0	0	0	0	0	0	0	0	0	0	0
Tangible Net Equity	(1,351,089)	(603,134)	164,188	946,619	1,737,245	2,533,441	3,336,190	4,142,489	4,953,643	5,768,072	6,583,493	7,182,854	7,776,679
Required Minimum TNE*													
Required Minimum TNE, not reflecting Phase-In	1,000,000	15,797,834	15,814,490	15,831,174	15,847,888	15,864,629	15,881,399	15,898,198	15,915,024	15,931,879	15,948,763	15,965,677	15,982,619
Required Minimum TNE, reflecting Phase-In	0	0	0	0	0	0	3,176,280	3,179,640	3,183,005	3,186,376	3,189,753	3,193,135	5,753,743
Excess TNE	(1,351,089)	(603,134)	164,188	946,619	1,737,245	2,533,441	159,910	962,849	1,770,638	2,581,696	3,393,740	3,989,718	2,022,936

* Defined in Article 9,
paragraph 1300.76.



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AGENDA ITEM 4A

To: Ventura County Medi-Cal Managed Care Commission

From: Earl Greenia, CEO

Date: March 28, 2011

Re: Consumer Advisory Committee

Recommendation: Management requests that the Commission appoint the Consumer Advisory Committee as described below.

Background: The VCMMCC enabling ordinance (4409, April 2010) and the California Department of Health Care Services, Medi-Cal Managed Care Division, require the establishment of a Consumer Advisory Committee. This committee meets at least quarterly and makes recommendations, reviews policies and programs, explores issues and discusses how the plan may fulfill its mission. The Commission established the Committee size as ten members: with two permanent seats; one for the Ventura County Health Care Agency (VCHCA) and one for the Ventura County Human Services Agency. Each of the appointed members, with the exception of permanent seats, would serve a two-year term, and individuals could apply for re-appointment as there are no term limits. The constituencies are:

- Foster Children
- Medi-Cal Beneficiaries
- Chronic Medical Conditions
- Persons with Disabilities and Special Needs
- Seniors
- County Health Care Agency
- County Human Services Agency

Discussion: Staff has worked with various agencies and groups; such as: Area Agency on Aging, Casa Pacifica, First 5, Head Start, HELA, HICAP, League of United Latin American Citizens (LULAC), Tri-County Glad, and Ventura County Public Health, to identify candidates for this committee. We have identified ten potential members; brief biographies follow:

Medi-Cal Beneficiaries

Norma Gomez. Ms. Gomez has worked as an interpreter, educator, and case manager with the Mixteco Indigena Community Organization Project (MICOP) in Oxnard since 2000. As an educator to the Mixteco Community, she leads workshops and group activities to provide information on nutrition, health, and parenting. Ms. Gomez also provides case management and conducts follow-up home visits with the Mixteco Community. She assists Mixteco residents with completing applications for disability, unemployment, school, Medi-Cal, Food Stamps, passport

applications, etc. Ms. Gomez facilitates, “Aprendiendo con Mama y Papa” (Learning with Mother and Father), educational workshops for Mixteco and Latino/migrant farm worker children.

Persons with Disabilities

Robert Dennis. Mr. Dennis, a Medicare and Medi-Cal beneficiary, currently works with the Arc of Ventura County Programs. Despite his paralytic status, he has served as a track coach for the Port Hueneme School District’s After School Program and Supervisor for the Arc of Ventura’s After School Program in Newbury Park. Mr. Dennis has experience developing education programs for low-income families with disabled family members. His area of focus includes Medicare and Medi-Cal coverage, job placement and child services for people with disabilities. Disability issues are important to Mr. Dennis; he is committed to help find answers and resources for persons with disabilities.

Julianna Fjeld, Ms. Fjeld is a hearing-impaired individual who serves as Regional Director of Tri-County GLAD, a subsidiary of the Greater Los Angeles Agency on Deafness, Inc. The agency provides communication services, advocacy, peer counseling, employment referral, independent living skills, information and referral and community education for deaf and hard of hearing in Ventura, Santa Barbara and San Luis Obispo. Before joining Tri-County GLAD, Ms. Fjeld was in the entertainment industry as an actress, director and Emmy winning Executive Producer. She holds a B.A. in English Literature from Gallaudet University in Washington, D.C. It is Ms. Fjeld’s desire to give back to the community by working with the deaf and hard of hearing community.

Foster Children

Frisa Herrera. Ms. Herrera has been employed at Casa Pacifica since March 1999, as both the Clinic Administrator and Medi-Cal biller. Casa Pacifica serves abused, neglected, and severally emotionally disturbed children and adolescents from the tri-county regions of Southern California. Ms. Herrera has a unique understanding and familiarity with the needs of foster children. She is deeply committed to serve the needs of foster children and it is her stated goal to, “be the voice for the foster community in Ventura County.”

Persons with Special Needs

Linda Smith. Ms. Smith works as a nurse for The Arc of Ventura, an agency that works to improve the quality of life for individuals with developmental disabilities. Equally important, is her role as a mother caring and advocating for her daughter, Katy who has Down syndrome and is a Medi-Cal beneficiary. As a parent-advocate, Ms. Smith has worked tirelessly to provide services to meet her daughter’s health, social and educational needs. Ms. Smith intends to serve as an advocate for Medi-Cal Beneficiaries to ensure they have choice and the ability to maintain established patient-physician relationships.

Chronic Medical Conditions

Joseph L. Buchroeder. Mr. Buchroeder has been employed by the Tri-Counties Regional Center since 2000 and has been an advocate for persons with disabilities since 1998. Mr. Buchroeder has testified before the Health and Human Services Committee at the State Legislature regarding issues of concern to consumers with disabilities. He was actively involved in work groups to implement state provisions to comply with the U.S. Supreme Court’s 1999 decision, *Olmstead v. LC*, which ruled that states must ensure that Medicaid-eligible persons do not experience discrimination by being institutionalized when they could be served in the community setting. In 2001, he was awarded the Volunteer of the Year Award by ARC of Ventura for building a computer lab at the Wagon Wheel Facility in Oxnard.

Seniors

Edie Brown. Ms. Brown serves as Regional Chair of the California Congress of Seniors. She lives in a senior (55+) mobile home park where she has helped start Senior Watch Circles to link individuals living alone with others via telephone for a daily wellness check. She works with mid-to-low-level income senior residents of several mobile home parks in the Conejo Valley to assist them with access to healthcare. Ms. Brown is a committed advocate for seniors and is actively involved in educating seniors about abuse and neglect.

Katharine Raley. Ms. Raley is a single grandmother raising three grandchildren. Currently she is the HICAP Program Manager for the County of Ventura Area Agency on Aging. Ms. Raley holds an AA degree in liberal arts with emphasis on healthcare and psychology. She has over forty years of experience working in healthcare, as a medical office manager, and medical assistant for family and specialty medical practices. In September of 2006, she was awarded the Social Security Administration Regional Commissioner's Citation for providing community education on the new Medicare Prescription Part D Plans and Low Income Subsidy Program to Ventura County Medicare and Medi-Cal Beneficiaries. She states, "I always make time for projects that will help our senior population."

County Human Service Agency

Curtis S. Updike. Mr. Updike currently serves as the Deputy Director of the Ventura County Human Services Agency where he oversees Medi-Cal and CalFresh (formerly known as Food Stamps) eligibility determination. Prior to his selection as Deputy Director in 2005, he served as manager of the County's East County Intake and Eligibility Center from 2002 to 2005. The East County IEC processes intake and continuing cases in Medi-Cal and Food Stamps. Before joining HSA, he served as the Chief of Staff for County Supervisor Kathy Long and Field Deputy for Supervisor Maggie Kildee. Mr. Updike holds an Associates degree in Business, a Bachelors in Mass Communications and a Masters in Public Administration.

County Health Care Agency

Ruben Juarez. Mr. Juarez works as a Community Service Worker in the County of Ventura Public Health Agency. His primary responsibilities include facilitating monthly parent meetings at schools and agriculture farms in Oxnard, Camarillo, Somis, and other rural regions. Mr. Juarez interviews, translates and assists Spanish monolingual parents with completing applications for health care coverage. Mr. Juarez is a member of the Ventura County Head Start Health Advisory Committee. A long-time resident of Oxnard, Mr. Juarez has a unique understanding of the challenges parents face in accessing and using the Medi-Cal Program.



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AGENDA ITEM 4B

To: Ventura County Medi-Cal Managed Care Commission

From: Earl Greenia, CEO

Date: March 28, 2011

Re: Quality Assurance / Utilization Review / Peer Review Committee

Recommendation: Management requests that the Commission appoint the Committee as recommended below.

Background: On April 26, 2010, the Commission established broad parameters for this Committee. Each of the appointed members serves a two-year term and may reapply for additional terms, as there are no term limits. Chaired by the Chief Medical Officer, the committee includes physicians from major disciplines, including primary care and specialty practices. Participants are bound by confidentiality and conflict of interest rules.

Discussion: Dr. Cho identified and screened many candidates this committee, with the goal to recruit well-respected clinical experts from the community. The recommendations follow:

1. Nasr Anees, M.D., Family Medicine, also trained in infectious disease; has been the lead family medicine practitioner with Clinicas del Camino Real since 1995.
2. Melody Benjamin, M.D., Oncology/Hematology. B.S. in Pharmacy. VCMC Attending staff since January 2010.
3. Kurt Blickenstaff, M.D., General Surgery at VCMC.
4. Daniel Clark, M.D., Cardiology. VCMC Director of Cardiology since 1993 and VCMC Associate Medical Director since 2009. Assistant Clinical Professor in Cardiology, UCLA since 1984.
5. Michelle Laba, M.D., Pediatrics. VCMC Ambulatory Care Medical Director, Primary Care Services since 2009.
6. Gary Nishida, M.D., Obstetrics/Gynecology. Private Practice in Oxnard since 1987.
7. Duane Pearson, M.D., Rheumatology. VCMC Medical Director for Medical Specialty Clinics since 2008; Clinical Instructor since 2007.
8. Albert Reeves, M.D., Family Medicine. Also holds Pharm.D. from UCSF; Medical Director for Ventura County Health Care Plan since 2009. In private practice in Camarillo since 1978.
9. Nissar Shah, M.D., Endocrinologist. Staff physician at VCMC and Cedars-Sinai since 2007. Clinical Instructor, UCLA.
10. Gail Simpson, M.D., Infectious Disease. B.A. in Pharmacology. Medical Director of VC Adult Day Care Center since 2005. Associate Clinical Professor of Medicine/Infectious Diseases, UCLA.
11. Josephine Soliz, M.D., Family Medicine with additional qualification in Geriatrics. Private practice in Oxnard since 1987. Chair, Ethics Committee at St. John's Regional Medical Center since 1998 and Medical Director for Palliative Care Services from 2003 to 2006.



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AGENDA ITEM 4C

To: Ventura County Medi-Cal Managed Care Commission

From: Earl Greenia, CEO

Date: March 28, 2011

Re: Pharmacy & Therapeutics Committee

Recommendation: Management requests that the Commission appoint the Pharmacy & Therapeutics Committee as recommended below.

Background: On April 26, 2010, the Commission established parameters for the Pharmacy & Therapeutics. No committee size was established. Each member serves a two-year term and may reapply for additional terms. Chaired by the Chief Medical Officer, the committee includes physicians from major disciplines, including primary care and specialty practices. Participants are bound by confidentiality and conflict of interest rules.

Discussion: Dr. Cho identified and screened many candidates for this committee, with the goal to recruit well-respected clinical experts from the community. The recommendations follow:

1. David Araujo, M.D., Family Medicine. Director, VCMC Family Medicine Residency Program since 2009
2. Melody Benjamin, M.D., Oncology/Hematology. BS in Pharmacy. VCMC Attending staff since January 2010.
3. Laura Feeney, Pharm.D., Clinical Pharmacist, Clinicas del Camino Real since 2009
4. John Ford, M.D., Family Medicine. Various assignments in the VCMC system since 1983, including staff physician in various clinics, Co-Director and Medical Director, and private practice with Rose Avenue Family Medical Group since 1994.
5. Duane Pearson, M.D., Rheumatology. Medical Director, VCMC Medical Specialty Clinics since 2008.
6. Albert Reeves, M.D., Family Medicine. Also holds Pharm.D. from UCSF; Medical Director for Ventura County Health Care Plan since 2009. In private practice in Camarillo since 1978.
7. Gail Simpson, M.D., Infectious Disease. B.A. in Pharmacology. Medical Director of VC Adult Day Care Center since 2005. Associate Clinical Professor of Medicine/Infectious Diseases, UCLA.
8. Celia Woods, M.D., Psychiatry. Staff Psychiatrist for VC Behavioral Health since 2007 and Director since 2009.