

**Public Meeting of the  
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION**

**DATE:** Monday SEPTEMBER 27, 2010  
**TIME:** 3:00-5:00 PM  
**PLACE:** Ventura County Public Health - 2240 E Gonzales Road Suite 200 - Oxnard CA 93036

**AGENDA**

<b>Item</b>	<b>Documents for Review</b>	<b>SUBJECT</b>	<b>Presenter</b>	<b>Time</b>
1		Call to Order and Pledge of Allegiance	Michael Powers	3:00-3:01
2		Welcome and Roll Call	Michael Powers	3:01-3:05
3 ACTION	Attachment A1 Meeting Minutes 8-23-2010 Attachment A2 Meeting Minutes 9-8-2010	Review and Approval - Minutes August 23, 2010 and September 8, 2010	Michael Powers	3:05-3:15
4		Public Comment/Correspondence	Open	3:15-3:20
5	Attachment Item 5 Board Letter from Michael Powers, Chair Defer Closed Session Today, Select Alternative Date and Time Within Next Two Weeks	Recommendation from Michael Powers, Chair to Reschedule Planned Close Session and Select Alternative Date and Time as Soon As Possible	Michael Powers	3:20-3:30
6 ACCEPT AND FILE	Attachment B INTERIM CEO REPORT	Accept September 27, 2010 Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission including LGS Staffing Report, DHCS Contract Deliverables, GCHP Contracting Process	Terrie Stanley	3:30-3:45
		<b>OLD BUSINESS</b>		
		NONE		
		<b>NEW BUSINESS</b>		
7 ACCEPT AND FILE	Attachment C Finance Committee Meeting Minutes of August 11, 2010 August 23 and September 9, 2010 to be distributed	Accept and File Minutes of the Executive/Finance Committee Meetings of August 11, August 23 and September 9, 2010	Terrie Stanley	3:45-3:55
8 ACTION	Attachment D Board Letter Executive / Finance Committee Recommendation for Logo Development for Gold Coast Health Plan	Accept Executive/Finance Committee Recommendation for GCHP LOGO Development Process	Terrie Stanley	3:55-4:10
9 ACTION	Attachment E Board Letter-Conflict of Interest Code Attachment E1 Conflict of Interest Code for VCMMCC dba GCHP	Accept Conflict of Interest Code and Authorize Filing with Ventura County Clerk of the Board	Tin Kin Lee	4:10-4:20
10 ACTION	Attachment F Legal Counsel Memorandum re: <u>Telephonic Participation at Commission Meetings</u>	Accept Recommendations as per Tin Kin Lee, GCHP Legal Counsel	Tin Kin Lee	4:20-4:30

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**DATE:** Monday SEPTEMBER 27, 2010  
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**AGENDA**

**It is the intention of the Ventura County Medi-Cal Managed Care Commission to meet in Closed Session to consider the following item:**

11	CLOSED SESSION	Public Employee Appointment or Employment (Gov. Code §54957.) Title: Chief Executive Officer - Final Selection and Job Offer	Michael Powers	4:30-4:55
		<b>CLOSING/REMARKS</b>		
12		Final Comments from Commissioners	All	4:55-5:00
13		Adjourn	Michael Powers	5:00

Meeting agenda and documents available at meeting location and at our website [www.vchca.org/cohs](http://www.vchca.org/cohs)

**IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT LAURA AT 805/981-5023. 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**

VCMCC  
dba Gold Coast Health Plan

Commission Meeting Minutes

Ventura County Public Health  
2240 E. Gonzales Road, Suite 200  
Oxnard, CA 93036

August 23, 2010

√	<b>Commission Members in Attendance</b>	
√	<b>Michael Powers</b> , Director, Ventura County Health Care Agency	√ <b>Roberto S. Juarez</b> , CEO, Clinicas del Camino Real, Inc.
√	<b>Lanyard Dial, MD</b> , Physician, Ventura County Medical Association	√ <b>Kathy Long</b> , Ventura County Board of Supervisors
√	<b>David Araujo, MD</b> , Director, Ventura County Medical Center Family Medicine Residency Program	√ <b>Tim Maurice</b> , Private Hospitals/Healthcare System
√	<b>Maylee Berry</b> , Medi-Cal Beneficiary Advocate	√ <b>Catherine Rodriguez</b> , Ventura County Medical Health System
√	<b>John Fankhauser, MD</b> , Physician, Ventura County Medical Center Executive Committee.	√ <b>Anil Chawla, MD</b> , Physician, Clinicas del Camino Real, Inc.
√	<b>Rick Jarvis</b> , Private Hospitals/Healthcare System	

	<b>Staff in Attendance</b>	<b>Guests</b>
	<b>Terrie Stanley</b> , Interim CEO, Ventura COHS	Jennifer Bower, Human Resource Director, RGS-LGS
	<b>Tin Kin Lee</b> , Counsel	Cory Freshour, ACS
	<b>Dee Pupa</b> , Interim Assistant Clerk of the Board	Russ Finley, Division VP, ACS
	<b>Alison Sawyer</b> , Interim Clerk of the Board	Rob Leavey, Sales Executive, ACS

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1. Call to Order and Pledge of Allegiance  Michael Powers	<ul style="list-style-type: none"> <li>The meeting was called to order at 3:08 p.m.</li> <li>Pledge of Allegiance</li> </ul>	
2. Roll Call	<ul style="list-style-type: none"> <li>All Commissioners present, except for Dr. Chawla.</li> <li>A quorum was present</li> </ul>	
3. Introduction of Gold Coast Health Plan Legal Counsel	Ms. Stanley introduced Tin Kin Lee, Gold Coast Health Plan Legal Counsel, to the Commission, noting he has impressive credentials with 23 years of experience. Mr. Lee expressed his appreciation, and stated that he is pleased and honored, and is looking forward to working with the Commission.	
4. Minutes of the Prior Meeting	The Minutes of the July 26, 2010 Commission meeting were	Supervisor Long made the

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Michael Powers	<p>presented for review and approval.</p> <p>Supervisor Long sought clarification as to a response to Mr. Maurice's inquiry if ACS only contracts with ScriptCare, [Item #4, 3<sup>rd</sup> bullet <i>ScriptCare (PBM)</i>, last sentence]. Ms. Stanley noted that it was decided at the July 26 meeting that follow-up information should be presented at the August 23 [today] meeting.</p>	<p>motion to approve the minutes, Ms. Berry seconded.  <b>Approved: 10-0</b></p>
5. Public Comment/Correspondence	No public comment or correspondence	
6. Interim CEO Report  Terrie Stanley	<p>- <u>State Contract and Rates</u>: Ms. Stanley informed the Commission that the formal rate letter from the State was received July 27<sup>th</sup>. Rate development detail was included in the Rate Development Template Detail Sheet which was requested on August 6<sup>th</sup> and received on August 9<sup>th</sup>. She has been working with Plan actuaries to discuss and to understand what additional data may be required before development of Plan capitation rates. Further clarification has been requested from the State actuaries.</p> <p>- <u>Administrative Services contracts</u>:  ACS – Ms. Stanley noted that the work plan has been finalized, a two-day provider network planning session had been held, and Counsel Lee is in the final review stages of the provider contract templates.</p> <p>In reference to a discussion at the previous meeting concerning ACS and the Pharmacy Benefits Manager (PBM), ScriptCare, Ms. Stanley noted that ACS had been asked to present information concerning PBM selection. They have both an in-house PBM and contracted vendors. As the determination was that their in-house PBM would not adequately meet the needs, ACS vetted the vendors. Given GCHP's requirements which included transparency in pricing and experience in Medicaid pharmacy benefits management, they selected ScriptCare. Mr. Juarez expressed concern that PBM choices were not presented to the Commission for decision. Ms. Stanley reminded the Commission that the ScriptCare agreement was presented, at an earlier meeting, as an agreement separate from the ACS agreement. Mr. Powers commented that he recalled that it was presented both at</p>	Informational Only

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the earlier meeting and before for review.</p> <p>Dr. Chawla is in attendance.</p> <p><b>RGS</b> – Ms. Stanley noted that RGS has been working diligently and has received 80 applications for the CEO position, 50 for the CFO, and 16 for the CMO. For the CEO position, RGS will screen and sort all applications according to job requirements and present recommendations for the Committee to review. All members of the Executive/Finance Committee are to receive copies of all applicants’ resumes. There will be two closed session Executive/Finance Committee meetings for selection of the candidates to come before the full Commission for final interviews and final selection. Jennifer Bower of RGS will be coordinating these meetings. Ms. Bower stated that the goal is to interview approximately 4 candidates at each session, resulting in a list of about three candidates for the full Commission to interview and select. Dr. Araujo and Supervisor Long commented that they would like the full Commission to receive CVs of all the candidates interviewed by the Committee. Dr. Dial inquired of the full Commission if it would like the Committee to do more than a ranking of the final candidates. Dr. Chawla commented that it is the Committee’s job to narrow the candidate list down.</p> <p>Mr. Maurice suggested that the Committee not express an opinion until after the Commission has interviewed the candidates. There will be a post-interview discussion period. Dr. Araujo inquired if criteria used during the interview/selection process would be set by the Commission. Mr. Powers and Supervisor Long stated that they understood the job description would form the basis of the criteria. Ms. Bower stated she would send each Commission member the ranking sheet template and requested that they send her any edits. Dr. Dial reiterated that the Committee members would not express opinions until after the post-interviews discussion period. Mr. Juarez commented that he agreed that those Commission members not on the Committee should receive the candidate CVs if they wanted. He thanked Ms. Bower for the method in which she managed this process.</p> <p>Ms. Stanley noted that other positions had been posted – these are at</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the director level and include: Government Relations, Health Services, Claims Operations, IT Systems, Member Services, and Provider Relations &amp; Contracting.</p> <ul style="list-style-type: none"> <li>- <u>Logo Development</u>: Ms. Stanley informed the Commission that four vendors have provided bids – all are in California, some located in Ventura. Selected vendor will meet with the Executive/Finance Committee to develop logo options. The full Commission will be presented the final 1-2 options for selection. Supervisor Long stated that she expected the selected vendor to meet with each one of the Commission members to better get a sense of mission and vision.</li> <li>- <u>Outreach and Education</u>: Ms. Stanley noted that she has had meetings with HSA (Health Services Agency) division heads to begin planning for beneficiary transition and helping HSA understand what services GCHP will provide. HSA will still do eligibility determination.</li> <li>- Ms. Stanley attended a meeting of the California Association of Health Insuring Organizations (CAHIO) Board of Directors. This is an association of the six COHS. The CEOs and senior staff meet quarterly. In addition, CAHIO meets with the Department of Managed Health Care to discuss open issues that the plans have in common.</li> </ul>	
<p>7. Selection of Office Location and Lease Agreement.</p> <p>Terrie Stanley</p>	<p>Recommendation: Bring forward the recommendation from the Executive/Finance Committee on location and lease agreement terms for the Administrative Office for Gold Coast Health Plan.</p> <p>Supervisor Long, Mr. Powers, and Ms. Rodriguez informed the Commission that they would recuse themselves from discussion and voting on this item. Dr. Dial summarized the actions taken at the recent meeting of the Executive/Finance Committee and reminded the Commission that it had been unable to reach a decision at the last meeting. The issue was taken back to the Exec/Finance Committee for further review and recommendation. The Committee was unable to reach a decision on a single location, but did agree to submit three locations for the Commission’s consideration. These are the Gonzales Rd (Oxnard), Ralston Ave (Ventura), and Paseo Camarillo</p>	<p>Ms. Berry made the motion to approve the Gonzales Rd (Oxnard) location with the lease agreement terms for the Administrative offices; Dr. Fankhauser seconded.</p> <p><b>Vote: 6 In Favor, 2 Against, 3 Recused.</b>  <b>Motion approved.</b></p>

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	<p>(Camarillo) locations.</p> <p>The Commission discussed load-factors, full-service gross vs. modified gross, relative age of the buildings, and landlord concerns with leasing to a start-up. In response to a question from Dr. Dial, Ms. Stanley noted that the basic functions of the Administrative office will include member services, provider relations, medical management, appeals/grievances, and billing issues. She stressed the fact that 50% of the beneficiaries live in Oxnard. In response to a suggestion from Mr. Juarez concerning mass transit, she informed the Commission that Camarillo has a separate transit system from Oxnard/Ventura and there is no direct connecting bus.</p> <p>Dr. Dial called for any public comments on this item. Rev. Threat noted that beneficiaries seldom come to the office and thought that housing GCHP in a County facility would cause confusion. In addition, he suggested that the office should be near the majority of the providers.</p> <p>Mr. Juarez voiced his opposition to placing the Administrative office in a County facility, both because of the potential for confusion and that it would present an unfair business advantage to the County.</p> <p>Ms. Berry moved to approved the recommendation.</p> <p>In response to Mr. Maurice inquiry about other disadvantages to the Camarillo location, Ms. Stanley said that in addition to the transportation issue, there is also a timing issue – and staff need a location fairly quickly. Dr. Dial noted the load-factor and lack of included furniture.</p> <p>Dr. Chawla commented that Camarillo would be more central in terms of provider distribution. Dr. Dial noted that the provider distribution was most likely heavier north of the grade.</p>	
<p>8. Minutes of the Executive/Finance Committee Meetings.</p> <p>Terrie Stanley</p>	<p>Recommendation: Receive and File the Minutes of the Executive/Finance Committee meeting on July 26, 2010.</p>	<p>Supervisor Long made the motion to approve the recommendation; Dr. Dial seconded.</p> <p><b>Approved: 11-0</b></p>
<p>9. The Role of the Governing</p>	<p>Recommendations: Receive and File Presentation on VCMMCC's</p>	<p>Dr. Dial made the motion to</p>

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<p>Board in the Quality Improvement Activities for GCHP; and Policy Approval on Quality Program and Credential Committee.</p> <p>Terrie Stanley</p>	<p>Role in Quality Programs and Activities; Approve Quality Improvement Program Policy, Approve Credentials Committee Policy.</p> <p>Ms. Stanley presented a report on the Commission's role in the Quality Program and Activities, noting that an effective Quality Improvement System (QIS) is mandated by regulation. It must include provisions for monitoring, evaluation, and addressing any needed improvements in the quality of care. She emphasized that the QIS supports a system of accountability that includes participation of the Commission, designation of a QI Committee, supervision of activities by a medical director, and the inclusion of contracted providers in the QIS development. The Commission will have the responsibility to: approve the overall QIS program and the annual QIS report; appoint the entity that will provide QIS oversight; receive written progress reports from the QI Committee, and direct review and revision of the QIS on an ongoing basis. Ms. Stanley noted that the QI Committee, which is facilitated by the Chief Medical Officer (CMO), is made up of representative contracted providers, meets at least quarterly, and reports its findings back to the Commission. Ms. Stanley informed the Commission that certain quality improvement functions (Utilization Management, Facility or Provider Credentialing/Site Review) may be delegated but oversight and accountability remain with the Commission. She reviewed for the Commission the Credentialing/Recredentialing functions, including standards for provider participation, disciplinary actions and Medical/Medicare provider status. Ms. Stanley reviewed the QI Program Policy and the Credentials Committee Authority and Responsibility Policy with the Commission. She reminded the Commission that its members are not personally at risk and that the accountability structure is already in place with the Committees authorized by ordinance and previous Commission action. In response to Dr. Fankhauser's question concerning specialty care certification, Ms. Stanley noted that the Credentialing Committee,</p>	<p>approve the recommendations; Mr. Juarez seconded; <b>Approved:</b> 11-0</p>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>with the CMO's input, will probably determine the appropriate certifications.</p> <p>Dr. Dial inquired about how GCHP will approach community standards, noting that hospitals have taken positions. Ms. Stanley noted that National Committee For Quality Assurance standards are universal, but for non-prescriptive issues, she expects there would be constructive dialog between the Plan CMO and the hospital/s. She informed the Commission that the CMO would be responsible for the broader quality issues and the Director of Health Services would manage operational policies and procedures.</p> <p>Ms. Stanley mentioned that at the last CAHIO meeting, CEOs of other plans were agreeable to having GCHP staff visit their facilities to learn about their policies and procedures by direct observation.</p>	
<p>10. Presentation by Affiliated Computer Services (ACS)</p> <p>ACS Staff</p>	<p>Before turning over the meeting to ACS staff for this agenda item Ms. Stanley noted that ACS has committed start-up funding and reimbursement is scheduled based on completion key deliverables.</p> <p>By way of introducing the Commission to ACS and its functions, Mr. Freshour, Mr. Finley, and Mr. Leavey, introduced themselves and presented the following information: Recently integrated into Xerox organization, ACS has a 22-year history in health care, including partnerships with hospitals, provider HMOs and Medicaid entities. In this sector, call center services are a significant portion of operations, all on-shore. It is the second largest Medicaid fiscal agent. Mr. Maurice noted that ACS has a contract with CHW for collection operations.</p> <p>Mr. Leavey reviewed the division of administrative responsibility with the Commission, noting that the Plan retains quality management, care management, provider relations, fiscal operations, and oversight functions. ACS delivers administrative staff, processes, and systems to insure enrollees have coverage for the benefits they are entitled to, and have access to information regarding that coverage. This includes claims administration, provider and member customer services, enrollment/maintenance, and pharmacy benefits,</p>	<p>Informational Only</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>managed by ACS partner, ScriptCare, LTD.</p> <p>A brief overview of the GCHP implementation was provided, emphasizing key interdependencies in accomplishing intermediary goals. Building the provider network will be key. Noting the critical path items leading to review of Policy and Procedures, Mr. Finley commented that it will be helpful to see what other plans have developed.</p> <p>Next steps were identified: hire the CEO and direct reports, finalize provider rates, contracting, configured system, and submit deliverables to the State for approval. Mr. Finley mentioned that Ms. Stanley and Mr. Freshour have weekly conference calls with the State. Ms. Stanley remarked that the contracting period is fluid and the network development will continue over time.</p> <p>In response to Dr. Araujo's question on web portal access, Mr. Finley stated that both providers and patients will have access.</p>	
11. Final Comments from Commissioners	Mr. Powers commented that the Commission is making good progress. He would like to have the project timeline reviewed at future meetings.	
12. Adjourn  Michael Powers, Chair	Mr. Powers adjourned the meeting at 4:55 p.m.	

Submitted by:

  
Recorder

VCMCC  
dba Gold Coast Health Plan

Commission Meeting Minutes

September 8, 2010

Ventura County Public Health  
2240 E. Gonzales Road, Suite 200  
Oxnard, CA 93036

√	<b>Commission Members in Attendance</b>	
√	<b>Michael Powers</b> , Director, Ventura County Health Care Agency	√ <b>Roberto S. Juarez</b> , CEO, Clinicas del Camino Real, Inc.
√	<b>Lanyard Dial, MD</b> , Physician, Ventura County Medical Association	<b>Kathy Long</b> , Ventura County Board of Supervisors
√	<b>David Araujo, MD</b> , Director, Ventura County Medical Center Family Medicine Residency Program	√ <b>Tim Maurice</b> , Private Hospitals/Healthcare System
√	<b>Maylee Berry</b> , Medi-Cal Beneficiary Advocate	√ <b>Catherine Rodriguez</b> , Ventura County Medical Health System
√	<b>John Fankhauser, MD</b> , Physician, Ventura County Medical Center Executive Committee.	√ <b>Anil Chawla, MD</b> , Physician, Clinicas del Camino Real, Inc.
√	<b>Rick Jarvis</b> , Private Hospitals/Healthcare System	

	<b>Staff in Attendance</b>	<b>Guests</b>
	<b>Terrie Stanley</b> , Interim CEO, Ventura COHS	<b>Jennifer Bower</b> , Human Resources Director, RGS-LGS
	<b>Tin Kin Lee</b> , Counsel	<b>Candice Limousin</b> , Human Resource Manager, RGS-LGS
	<b>Dee Pupa</b> , Interim Assistant Clerk of the Board	
	<b>Alison Sawyer</b> , Interim Clerk of the Board	

<b>AGENDA ITEM / PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
1. Call to Order and Pledge of Allegiance  Michael Powers	<ul style="list-style-type: none"> <li>The meeting was called to order at 3:05 p.m.</li> <li>Pledge of Allegiance</li> </ul>	
2. Roll Call	<ul style="list-style-type: none"> <li>All Commissioners present, except for Catherine Rodriguez, Supervisor Long (excused).</li> <li>A quorum was present</li> </ul>	
3. Public comment/correspondence	<ul style="list-style-type: none"> <li>Jim Hensley (League of United Latin American Citizens) encouraged the Commission to open the CEO selection process to the public, noting that this is an important job. He suggested that the Commission take time and allow the candidates to be vetted by the public.</li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• David Cruz (Health Education League of America) urged the Commission to collaborate with the public—noting the importance of giving the community an opportunity to engage.</li> <li>• Maria Elena Cruz (Health Education League of America) encouraged the Commission to pick the best qualified individual, noting that it is important that the CEO be willing to work with the community.</li> </ul> <p>Mr. Powers thanked the speakers for their comments and agreed that the CEO is a vital position. He noted that the Commission is looking for someone with experience working with the Medicaid population and with the community. He emphasized that the Commission does not want to be hasty—they want to take the time to get it right. He felt that, with eighty applications, the recruitment had been a robust process.</p> <p>Mr. Juarez commented that he understood the speakers' concern and that the Commission wanted to make sure the process is done right. He noted that seven candidates had been interviewed from the eighty applicants. Mr. Powers added that the Executive/Finance Committee had, after the seven candidate interviews, recommended four to the Commission for final interviews.</p> <p>Mr. Juarez sought clarification as to whether, if the Commission reaches a decision, an offer may be made in closed session. Counsel Lee stated that the offer could be made in closed session; however, the announcement would be made in open session. Mr. Powers noted that any contract would be brought back to a public meeting of the Commission for discussion.</p> <p>Mr. Hensley commented that he thought the interviews could be conducted in public. Mr. Powers responded that, while he understands the need for a public process, keeping such discussion in closed session is done in fairness to the candidates. Dr. Dial agreed, noting that due diligence has been done to find exceptional candidates, who would be an asset for the community. Mr. Powers emphasized that the members of the Commission are representative of community providers and beneficiaries.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
4. Closed Session  Jennifer Bower	Mr. Powers announced the intent of the Commission to go into Closed Session to conduct interviews for the purpose of Public Employee Appointment or Employment (Gov. Code §54957) Title: Chief Executive Officer  Commissioner Rodriguez is in attendance.	Interim CEO, Interim Clerks of the Board were excused. Closed Session start: 3:21 p.m. Closed Session end: 7:47 p.m. After returning to Open Session, Chairman Powers stated that no action was taken.
5. Final Comments from Commissioners	No Comments	
6. Adjourn  Michael Powers, Chair	Mr. Powers adjourned the meeting at 7:48 p.m.	

Submitted by:

*Alison Sawyer*  
 Recorder

September 9, 2010

Mike Powers  
Director  
Ventura County Health Care Agency  
2323 Knoll Drive, Rm. 412  
Ventura, CA 93003

VIA ELECTRONIC MAIL – [michael.powers@ventura.org](mailto:michael.powers@ventura.org)

Dear Mr. Powers,

On behalf of the Health Education League of America (HELA), a community-based organization created by residents in Ventura County, I am writing to first express my appreciation for the courtesies extended to me and other community representatives while addressing the Ventura County Medi-Cal Managed Care Commission during your Special Meeting of Wednesday, September 8, 2010.

HELA is especially advocating for young families unable to afford private health care, workers left jobless by the economic downturn and seniors not yet eligible for Medicare but who still need a health safety net. Without access to preventative care, many of these individuals are already waiting too long and then forced to seek acute care in local emergencies room --- care that is several times more expensive to taxpayers.

I am encouraged by your assurances and those of other Commission members that this body is endeavoring to hire the best qualified individual for this position. Doing so will benefit all the residents of Ventura County because good health is vital to the economic vibrancy of our entire community. HELA is interested in working with you to ensure that public health policy is inclusive in its formulation and that health programs set forth by it reach all who need them.

For this reason, HELA is hereby requesting that you and the Commission postpone a selection at your next scheduled meeting on September 27, 2010 of the Chief Executive Officer until an additional Executive Recruitment Firm is retained and a national search for CEO is conducted within the private sector so that a *non-governmental* pool of qualified candidates is also identified for consideration.

It is important to fair-minded citizens in our community that this process is completely objective and not perceived as simple window-dressing or a decision that some members of the Commission may have already reached. To demonstrate this is not the case, HELA urges you to broaden your search with the goal of hiring the individual the residents of Ventura County truly deserve --- the one whose proven skills, qualifications and experience make him/her the clear choice to lead such an important program.

Also related to this public perception are questions about Ventura County Health Care Agency's past performance during the past ten years on diversity in hiring and promoting for management positions. I am therefore requesting, on behalf of HELA, within ten days of receipt of this letter, disclosure by race, ethnicity and gender of all

personnel from the position of Supervisor to Chief Executive Officer within HCA since 2000. Also, I am requesting data demonstrating your performance relative to how many and which positions were filled by individuals hired from outside HCA and how many are promotions from within HCA since 2000.

Another area of interest for HELA and for which I am requesting your data, within ten days of receipt of this letter, is Ventura County Health Care Agency's past performance on business conducted with MBE/WMBE firms since January 2000, by name and location, for what products and services and for what amounts in contracts greater than \$5,000. Also what percentage of your Agency's total expenditures these purchases comprise each year since 2000. Finally, what were the HCA MBE/WMBE goals by year since 2000, did you meet or exceed them and if not, why not and what corrective actions your Agency took to address any deficiencies.

I look forward to receiving your reply and thank you in advance for your prompt and courteous attention to this request.

Sincerely,

*David Cruz*

David Cruz  
Chair, Community Outreach Committee  
Health Education League of America (HELA)

cc: Members, Ventura County Medi-Cal Managed Care Commission  
League of United Latin American Citizens (LULAC)  
Ventura County Star  
Lazer Broadcasting  
VIDA Newspaper

**VENTURA COUNTY  
MEDI-CAL  
MANAGED CARE  
COMMISSION**

www.vchca.org/cohs

Michael Powers  
VC Health Care Agency  
Chair

Dr. Lanyard K. Dial  
Physician  
VC Medical Association  
Vice Chair

Dr. David Araujo  
VCMC Family Medicine  
Residency Program Director

May Lee Berry  
Medi-Cal Beneficiary /  
Advocacy Representative

Dr. Anil Chawla  
Physician  
Clinicas Del Camino Real Inc.

Dr. John Fankhauser  
Physician  
VCMC Executive Committee

Rick Jarvis  
Private Hospital/  
Health Care System  
Los Robles Hospital

Roberto S. Juarez CEO  
Clinicas Del Camino Real Inc.

Supervisor Kathy Long  
Ventura County  
Board of Supervisors

Tim Maurice  
Private Hospital /  
Health Care System  
St. Johns Reg. Med. Center

Catherine Rodriguez  
VCMC Health System

**Commission Staff**

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MPA

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**DATE:** September 27, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commissioners  
**FROM:** Michael Powers, Chair

**SUBJECT:** Agenda Item 11 - Closed Session Meeting - "Public Employee Appointment or Employment (Gov. Code §54957.)"  
Title: Chief Executive Officer - Final Selection and Job Offer

Recommendations:

Recommendation 1:

Defer the decision to select permanent CEO for Gold Coast Health Plan to a date and time that will allow all members of the board to be present and vote on the item.

Recommendation 2:

Select the first available date and time, prior to the next scheduled meeting of October 25<sup>th</sup>, which allows all board members to be in attendance.

Discussion:

The selection of the individual who will serve as the permanent Chief Executive Officer for Gold Coast Health Plan, our Ventura County Organized Health System, is an important one. One of the members of the VCMCC is not able to attend our meeting today.

A request was made for participation telephonically and we have a legal opinion from our Counsel, Tin Kin Lee, on the matter.

In order to offer all commissioners the opportunity to participate in the discussion and determination of the individual best suited for this role, I propose that we reschedule the planned closed session for today and select an alternate date and time as soon as possible; sometime in the next week or two if possible."



# **September 27, 2010-Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission**

## **State Contract and Rates**

Additional information requested from DHCS fiscal division in review and evaluation by Milliman.

## **Logo Development**

Worked with 4 vendors to get bids for development of Gold Coast Health Plan's Logo. Executive/Finance committee meeting with finalist and review of development process.

## **Space Design and Planning**

Request letter issued for contractor to work with GCHP on space design and system furniture for office location.

## **Gold Coast Outreach to Members and Community Organizations**

This is an area that needs attention and staff dedicated to development and implementation of a plan. Once permanent staff assigned will prioritize task and present action plan.

## STAFFING UPDATE



REGIONAL GOVERNMENT SERVICES  
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**Date:** September 15, 2010

**To:** Terrie Stanley, Interim CEO, Ventura County Organized Health Care System

**From:** Jennifer Bower, Regional Government Services Human Resources Consultant

**Subject:** **Recruitment Update for CEO, CFO, CMO, and Director-Level Positions**

Recruitment activities and status update for the Ventura County Organized Health System. Please note that national searches were done on all positions listed below. We used a variety of national publications, list serves, and job boards to find qualified candidates. The positions were open to any qualified candidate, and no recruitment was limited to only to candidates who had public-sector work experience.

Position Title	Opening Date	Closing Date	Status	Apps
Chief Executive Officer	7/5/2010	8/4/2010	Screened to top candidates; invited 8 to interview; 7 participated; 4 were brought back for an interview by the full Commission. Reference checks and background searches have been done. Tentative date for interview by absent Commission member is scheduled for late September, and decision is tentatively scheduled for 9/27/2010 at full Commission Meeting.	85
Chief Financial Officer	7/5/2010	8/4/2010	Tentative date for Executive Finance Committee to review candidate applications is 9/27/2010.	49

## ATTACHMENT B

Position Title	Opening Date	Closing Date	Status	Apps
Chief Medical Officer	7/5/2010	8/18/2010	Tentative date for Executive Finance Committee to review candidate applications is 9/27/2010.	17
Director Government Relations	8/9/2010	9/2/2010	Applications were reviewed on 9/9; will be conducting preliminary interviews with 5 strong candidates week of 9/13/2010.	46
Director Health Services	8/9/2010	9/2/2010	Applications were reviewed on 9/9; will be conducting preliminary interviews with 3 strong candidates week of 9/13/2010.	14
Director Claims Services	8/9/2010	9/2/2010	Applications were reviewed on 9/9; will be conducting preliminary interviews with 4 strong candidates week of 9/13/2010.	40
Director Information Technology	8/9/2010	9/2/2010	Applications were reviewed on 9/9; will be conducting preliminary interviews with 9 strong candidates week of 9/13/2010.	38
Director Member Services	8/9/2010	9/2/2010	Applications were reviewed on 9/9; will be conducting preliminary interviews with only 1 strong candidate the week of 9/13/2010.	32
Director Provider Relations	8/9/2010	9/2/2010	Applications were reviewed on 9/9; will be conducting preliminary interviews with 7 strong candidates week of 9/13/2010.	40

**ADDED by Terrie M Stanley, Interim CEO for CGHP**

Interviews for CEO candidates completed with final selection scheduled by board today. CFO candidates reviewed by Executive/Finance at meeting earlier today. Top candidates will then be scheduled to begin the interview process with group the week of October 4. Director candidates screened by LGS and Interim CEO – Phone screening process developed and finalized. Interested candidates to have initial interviews week of October 4.

Publications (local, California and National) that recruitment ads were placed:

- American College of Physician Executives
- American Association of Healthcare Administration
- American Public Health Association
- Association of Hispanic Health Care Executives
- California Health Fax
- Health Care Jobs
- Managed Care Jobs
- National Association of Health Services Executives
- Payors and Providers

## **CONTRACTING AND NETWORK DEVELOPMENT**

### **Primary Care Contracting**

Milliman in possession of data needed on claims history and membership categories to develop capitation rates for primary care physician services.

GCHP needs to provide the list of services included in PCP capitation which is in review by Physician Committee.

### **Hospital Contracting**

All hospitals in Ventura County have been visited in person by Interim CEO and Contracting Consultant. Contracts as well as a non-disclosure agreement (NDA) were presented to hospital fiscal and/or managed care divisions. NDA will serve purpose of assuring hospitals their confidential C-MAC rates will not be disclosed by GCHP staff.

### **Specialty Physician Contracting**

Letters to specialist in the county being sent to determine interest in contracting with GCHP. Plan will contract with groups but process must be transparent and allow for access for all members.

Hospitals have provided (or in the process of) list(s) of hospital based specialty groups for services such as Anesthesia, ER, hospitalist services, pathology, and radiology.

### **Ancillary Contracting**

Letters to ancillary providers being sent to determine interest in contracting with GCHP. Have had interested providers in the following areas contact plan directly:

Long term care

Medical Transportation

<b>GOLD COAST WORK PLAN</b>			
<b>Action Steps</b>			
<b>1</b>	<b>ESTABLISH Ventura COHS</b>	Secure Ventura leadership support, Secure Commission support, Secure BOS support	<b>COMPLETED</b>
<b>2</b>	<b>Secure approval &amp; establish governance</b>		<b>COMPLETED</b>
		Request DHCS Contract for Ventura COHS	<b>COMPLETED</b>
		Develop governance structure	<b>COMPLETED</b>
		Obtain legal reviews of operational agreements.	<b>COMPLETED</b>
		Secure Ventura BOS approval	<b>COMPLETED</b>
		Creation of Commission By-laws	<b>COMPLETED</b>
		Define relationship with county governments	<b>COMPLETED</b>
		Disclose reportable financial interests	<b>COMPLETED</b>
		File By-laws & Conflict of Interest code with BOS	<b>BYLAWS COMPLETED - 6 Mons for COI - DUE October 2010</b>
		Appoint commissioners by BOS	<b>COMPLETED</b>
		Orient new COHS commissioners	<b>COMPLETED</b>

		Review committee structures & process for service area	Identify principal commission policy areas, Define committee objectives, Select members & chairpersons of committees, Schedule meetings, Make committee reports to commission <b>COMPLETED</b>
		Review advisory board structure & process for service area	<b>COMPLETED</b>
		Establish name	<b>COMPLETED</b>
		Obtain insurance coverage	D&O and Gen Liability for office space insurance, <b>COMPLETED</b> Reinsurance once financials completed with rates
		Monitor legislation affecting COHS	<b>ONGOING</b>
<b>3</b>	<b>Establish organization &amp; management structure</b>	Develop work plan for project development & implementation	<b>COMPLETED</b>
		Design development budget (pre op) & implementation budget (post op)	<b>COMPLETED</b>
		Create and Implement staffing plan	<b>COMPLETED</b> - Work with RGS to IMPLEMENT
		Plan for facilities location	<b>COMPLETED</b> - Space Secured <b>IN PROCESS</b> Recruit/interview candidates, Hire/train staff
		Install office furniture & equipment	Identify needs and procure equipment- <b>IN PROCESS</b>
		Secure planning funding	<b>COMPLETED</b>
		Secure development funding	<b>COMPLETED</b>
<b>4</b>	<b>Propose, negotiate and execute contract with DHCS</b>	DHCS contract negotiation	<b>IN PROCESS</b> Rates in review with Milliman DHCS in process of getting agreement for data share with ACS to test eligibility files
		Support negotiation of DHCS rates	Legal and operational review of contracts <b>COMPLETED</b> , Received DHCS rate proposal,

			Re-propose rates to DHCS (for agreed upon start date), Negotiate DHCS rate proposal, Finalize rates, Commission approval of contract/rates, DHCS approval of contract/rates, Ventura signs, DHCS signs
		Federal waiver approval- In Development as phased approach	<b>GCHP completed</b> - submitted to DHCS DHCS submission to CMS Completed, pending final CMS approval
		Establish cap rates and medical expense budgets	<b>IN PROCESS</b> Milliman in final phase of completion as detail claims data for 2009 received and in review
		Establish reserve pools (if any)	Dependent upon final rate review
<b>5</b>	<b>Analyze Medi-Cal planning data</b>	Collect and analyze data on Medi-Cal payments to providers	<b>IN PROCESS</b> Rate Development Template received along with detail claims level data
		Collect and analyze data on Medi-Cal eligibility	Milliman has historical summary data for 3 year period from DHCS. Working up distribution of expenditures by major provider categories, to define payment amounts to specific providers (rank order, by city/zip code, out of county), Completed process of mapping location of key participating providers
		Collect and analyze data on use of Medi-Cal covered services	Milliman has historical summary data for past 3 years from DHCS, in order to define eligibility by aid category/geog/age/gender/special program (e.g. CCS, AIDS, preg only, % of poverty, Map location of beneficiaries, Identify trends by eligibility category and sub-county region
		Assess capacity needed for selected services	Milliman has historical summary data for 3 year period from DHCS and in process of calculating utilization rates by major mandatory and optional service categories, Identify yearly trends
		Assess language/cultural capabilities	Apply assessment measures, Develop beneficiary/physician FTE ratio for beneficiary groups using DHCS standards, Apply ratios based on Medi-Cal eligibility by



			geographical distribution, Compare the current and projected capacities with the need for services under the COHS
<b>6</b>	<b>Plan the management of financial resources</b>		
		Evaluate and choose among reinsurance options for COHS	<b>AWAIT CFO</b> .Define service coverage, provider contracting, provider compensation, risk arrangements, Estimate service use changes under alternative scenarios, Input decisions on optional eligibles, Consider cost analysis for administrative organization and alternative designs, Incorporate anticipated DHCS rates/methodology, Forecast scenario outcomes
		Address major financial issues	<b>AWAIT CFO</b> Set utilization expectations based on financial feasibility projections, Describe computation of earned revenue, Establish risk reserve requirements/allocation priorities, Identify banking accounts, IBNR methodology, Payouts of risk share (if any), Excess risk coverage, Professional liability and other insurance, Identify investment policy, Internal stop-loss arrangements, Reconcile eligibility file with capitation payments, Contingency plans and to protect parties against risk of insolvency, Projected monthly enrollment/income and expense/cashflow projections, Proformas for DHCS reporting periods, Design finance related MIS reports, Decide on timing of the settlements (if any)
		Develop financial systems/plan	<b>AWAIT CFO</b> Debt service, Utilization reporting and forecasting, Financial budgeting and forecasting, Regulatory reporting, Internal accounting system, Accounting system controls, Financial data collection system Financial reporting system, Reinsurance claiming system, COB procedures, TPL procedures, HIPPA procedures
		Communicate provider compensation program	<b>COMPLETED</b> in concept-Reviewed by Finance Committee at June meeting and approval at JUNE Commission Meeting-awaiting PCP cap rates after Milliman development

		Communicate payment arrangements for:	<b>AWAIT CFO</b> PCP capitation, Medical organization capitation, FQHC/RHC, Withholds, referral pools, Subcapitation arrangements,(if any) FFS claims processing, Out of area payments, Non-COHS provider payments, Tiered per diems for each hospital, Disproportionate share, Capital costs, risk pools, Specialty care risk sharing, % of M/C payment policy, IBNR methodology, Yearend settlement methodology
<b>7</b>	<b>Develop provider awareness, recruitment &amp; participation</b>	<b>Establish database for provider contacts</b>	<b>COMPLETED by Contracting Project Manager</b> Develop provider mailing lists: Physicians and clinics (PCPs and specialists), Hospitals, SNFs, Allied health, Pharmacies
		Identify high volume Ventura providers	<b>INCOMPLETE</b> Unable to do as DHCS data is not in a format to provide
		Develop provider contract	<b>COMPLETED</b> Contracts approved by VCOMMCC and Exec-Finance and submitted to DHCS.
		Initiate provider outreach plan:	<b>Not Started-Await Director of Provider Services</b> Provider town hall meeting planning, Attend various physician meetings, Send out provider bulletins
		Develop outreach materials:	<b>Not Started-Await Director of Provider Services</b> -Provider recruitment packet, Supplementary materials to provider recruitment packet, PCP, clinic (FQHC/RHC), specialist versions
		Create provider manual in order to communicate, & link to P&Ps about:	<b>Not Started-Await Director of Provider Services</b> -Covered eligibility groups, linked members, Admin members, Benefits and limits, Managed care service delivery model - case management model, protections for providers, service contracts, model role/relationships of providers/provider groups in network relationship, Authorization requirements for treatment &/or referrals, PCP service responsibilities, Specialty care referral procedures, Minimum/maximum member linkage, PCP member "delete" procedure, Access standards - appointment scheduling, waiting times, broken

			<p>appointment follow-up (MS), case management protocols, PCP linkage ratios (PS), direct access, 24 hour access requirements, after hours pharmacy, urgent/emergency care, language capability, &amp; cultural factors, Preventive care protocols - 120 day health assessment, adult preventive services, pediatric/CHDP, Health education protocols - programs, member notification, monitoring, Second opinion procedures, Mid-level practitioner requirements, including credentialing, Payment mechanisms, Appeal mechanisms for providers and for members - problem resolution, appeals mechanism on authorizations, grievance procedures (MS), member deletion procedures (MS)</p>
		<p>Establish provider contracting targets</p>	<p><b>COMPLETED</b> Identify providers (individuals, groups) likely to meet participation requirements, Send initial outreach letter., Mail recruitment packets to providers (including Letters of Intent), Secure Letters of Intent to contract and linkage capacity-Letters to go out end of September</p>
		<p>Initiate contracting process</p>	<p><b>IN PROCESS</b> Issue contract terms and conditions to all provider types:, Primary care physicians, Clinics - community, county, FHQC, RHC, Specialty care physicians, Hospital-based physicians, Hospitals, Skilled nursing facilities, Allied health, PBM sub-contract, Vision sub-contract, Lab sub-contract, Tertiary care, Limited hospitals (surgery centers), Set up processing system to track contracts, provider responses, return executed contracts Contracts delivered to ALL HOSPITALS-PCP needs CAP rates and Services-Specialist and ancillary letters out week of 27th</p>
		<p>Implement credentialing process, Produce map with provider locations Create list of available PCPs for initial member enrollment mailings Hold provider orientation</p>	<p><b>ON HOLD-Need Directors Member and Provider Services-</b> Conduct general community meetings for Medi-Cal beneficiaries and advocates, Conduct informational meetings with target groups (regional center, foster homes), Send informational mailings on program development news,</p>

		meetings at offices (individual or group) Hold provider workshops	
		Create/modify provider directory	<b>CONTINUOUS</b> Make available via Web (PCP, Specialists, Allied, Lab, Vision, Pharmacy, Hospitals, SNFs)
		Instruct providers on eligibility verification	<b>P&amp;P in Development</b>
		Review/revise provider complaint/grievance procedures	<b>P&amp;P in Development</b>
<b>8</b>	<b>Medical service and benefit policies</b>	Describe the role of the Medical Director in the plan	<b>COMPLETED and in Recruitment Process</b> Identify separation of medical decisions from financial and administrative decisions
		Develop drug formulary	<b>Not Started-Await CMO</b> Communicate plan formulary & specialty drug arrangement, Create P&T Committee Make recommendations to commission on plan formulary
		Outline quality management monitoring	<b>Not Started-Await CMO</b> Peer review structure and process , Identify MIS interfaces (e.g. monitoring reports), Identify measures of over/under-utilization, as appropriate, Outline alternative courses of corrective action
		Specify utilization review criteria and procedures for authorization	<b>Not Started-Await CMO</b> Outline risk and authorization relationships, Describe case management protocols, Describe service authorization responsibilities and criteria and standards to be used for services authorization (including urgent or emergency care), Describe when RAFs and TARs are required, Describe how payment authorization is linked to service authorization, Describe appeal mechanisms for providers, Describe appeal mechanisms for members, Orient hospitals to UR process

	Outline quality assurance and professional review	<b>Not Started-Await CMO</b> Credentialing requirements and Credentialing Committee review (PRCC), Provider application and credentials verification, Participation standards, Practice standards and facility audits (Facility Site Reviews), Medical records policies, Criteria for adequacy and completeness, , Frequency of general and focused medical chart reviews, Retrieval of review and audit; active and inactive, Treatment protocols and guidelines, as appropriate
	Conduct pre-operational PCP facility reviews	<b>Not Started-Await CMO</b> Establish Corrective Action Plans (CAPs) as needed, Schedule DHCS site reviews
	Coordinate with public health and service agencies and establish MOUs	<b>Not Started-Await CMO</b> Coordinate with public health services and establish MOU, Coordinate with CCS and establish MOU, Coordinate with county mental health and establish MOU, Coordinate with other service/support agencies for MOUs, as needed
	Transition planning with Medi-Cal field offices	<b>Not Started-Await CMO</b>
	Review/modify health education programs	<b>Not Started-Await CMO</b> Communicate policy for health education, Solicit community input on preferred health education services, Inventory/survey community health education programs, Review/apply criteria for cultural appropriateness and language, Design target populations, educational activities, and implementation timelines, Determine evaluation measures
	Develop arrangements for non-emergency med transportation	Ancillary contracting working on this
	Review/apply criteria for cultural appropriateness and language	<b>Not Started-Await CMO and Directors of Member and Provider Relations</b> Identify Medi-Cal criteria and standards for cultural accessibility, Build requirements in program elements (plan coverage information, interpretation/translation)
	Eligibility verification system:	<b>ON HOLD</b> -Need Membership files from DHCS Review capabilities of

		eligibility verification system, Review/propose alternatives as needed, Implement and test, Instruct providers in how to use
	Review/modify community /member outreach plan	<b>ON HOLD-Need Directors Member and Provider Services</b> Coordinate with IT & Finance to obtain information on current beneficiaries in our covered aid codes for outreach, Develop outreach targets, Establish mailing lists
	Review/modify member enrollment plan	<b>ON HOLD-Need Directors Member and Provider Services to review/revise informational materials,</b> Letter to potential member, Fact sheet on COHS, Member handbook, Provider selection form & list of available PCPs, Obtain translations of materials in threshold languages, Obtain DHCS approval of materials, Print enrollment information materials, Print enrollment information materials, Set distribution schedule for enrollment mailings, Coordinate with IT & Finance to obtain data from DHCS on who our future members have been receiving services from, Develop a procedure to be able to use the above for auto-assignment purposes, Develop a procedure to be able to use the above for auto-assignment purposes, Input data on PCP linkage (if available), Develop informational packet of "Do's and Don'ts" for providers on marketing and enrollment procedures for their patients
	Identify key agencies & groups Develop linkage with community and social service agencies	<b>ON HOLD-Need Directors Member and Provider Services</b>
	Develop linkage with County Human Services Agency and Social Security Administration	Initiate linkage with Ventura Human Services Agency., Orient Ventura County Social Services staff to COHS. Initiate linkage with SSA, Orient SSA staff to COHS
	Non-medical transportation	Identify public transportation, Identify/contact community resources

		Implement community/member outreach plan	Conduct general community meetings for Medi-Cal beneficiaries and advocates, Conduct informational meetings with target groups (regional center, foster homes), Send informational mailings on program development news, Respond to telephone inquiries
		Promote member and advocate awareness and participation	Establish Member Advisory Committee , Solicit names for advisory group members, Schedule meetings
		Implement initial (conversion) enrollment plan	Obtain DHCS approval to initiate enrollment, Mail letters and brochures reenrollment, Choose PCP and option to change, Hold informational meetings, Receive and process responses, Second mailing re: enrollment, Need to choose PCP and option to change, Input PCP choices
		Develop problem resolution procedures	Communicate beneficiary complaint and grievance process, Respond to beneficiary concerns
<b>9</b>	<b>IT systems</b>	Identify IT System needs	Define requirements/enhancements (e.g. limited scope aid codes, claims work queue, provider redesign), Identify required reports/data, Add users
		Eligibility verification system (with Member Services)	Review capabilities of eligibility verification system, Review/propose alternatives as needed, Implement and test, Instruct providers in how to use
		Planning for config of benefits (e.g. limited scope aid codes)	<b>ON HOLD need Claims and IT Directors</b>
		Planning for config of payment rules	<b>ON HOLD need Director CLAIMS</b>
		PC network system	<b>On hold-Need IT resources to establish telephone/data lines, connections to facilities separate from processing point, Software, Hardware</b>
		Review timing of receiving eligibility data & PCP data	Obtain Ventura County eligibility files, Load eligibility data, Develop system for inputting PCP choices,

			Assist in PCP linkage process
		Obtain, load and test eligibility files	Develop process to use DHCS data on providers previously seen by members to assist with auto-assignment
		Configure and test systems	<b>ON HOLD Need Directors in place</b> Membership, Providers, Claims, Authorizations, Benefits, Capitation, Reporting, data warehouses, Interfaces, EDI, Security/back-up
<b>10</b>	<b>Claims processing system</b>	Benefit configuration in IT System	<b>ON HOLD need IT and Claims Directors</b>
		Pricing in IT System	
			Assess claims volume and claim types, Assess electronic claims feasibility
			Review claims coding, Review configuration of tables, Review claims tracking procedures
			Plan for electronic claims documents storage, Develop claims reports, Claim on-site staffing structure and needs, Train staff , Test claims systems
		Provider education about claims processing	<b>ON HOLD</b>



VCMCC dba Gold Coast Health Plan  
(GCHP)

GCHP Executive/Finance Committee  
Meeting Minutes

Ventura County Public Health  
2240 E. Gonzales Road, Suite 200  
Oxnard, CA 93036

August 11, 2010

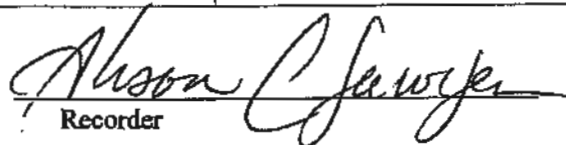
√	<b>Committee Members in Attendance</b>	<b>Staff in Attendance</b>
√	<b>Terrie Stanley, Co-Chair</b> Interim CEO	<b>Dee Pupa</b> , Interim Assistant Clerk of the Board
√	<b>Narcisa Egan, Co-Chair</b> Assistant Health Care Agency CFO	<b>Alison Sawyer</b> , Interim Clerk of the Board
√	<b>Lanyard Dial, MD</b> , Physician, Ventura County Medical Association	
√	<b>Rick Jarvis</b> , Private Hospitals/Healthcare System	<b>Guest:</b>
√	<b>Roberto Juarez</b> , CEO, Clinicas del Camino Real, Inc.	<b>Jennifer Bower</b> , Human Resources Director, Regional Government Services-Local Government Services.
√	<b>Michael Powers</b> , Director, Ventura County Health Care Agency	
√	<b>Catherine Rodriguez</b> , Ventura County Medical Health System	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1. Call to Order Welcome and Roll Call  Terrie Stanley	<ul style="list-style-type: none"> <li>The meeting was called to order at 3:32 p.m.</li> <li>All Members present, except for Mr. Juarez.</li> <li>A quorum was present.</li> </ul> <p>Ms. Stanley welcomed everyone. Mr. Juarez is in attendance.</p>	
2. Minutes of Prior Meeting  Terrie Stanley	<p>The minutes of the July 26, 2010 Executive/Finance Committee meeting were presented for review and approval.</p> <p>Dr. Dial clarified his comments under item 3#: He stated that picking a name is not the most pressing issue before the Committee, and that the name itself should suggest "local" and "health".</p>	<p>Mr. Powers made the motion to approve the minutes as corrected; Dr. Dial seconded. [Mr. Juarez was not present at the previous meeting.] <b>Approved: 4-0</b></p>
3. Office Location and Lease Agreement  Terrie Stanley	<p>Recommendation: Bring forth a recommendation to the next Commission meeting on the location and lease agreement terms for the administrative office of Gold Coast Health Plan.</p> <p>Emphasizing the need to find a location for GCHP to begin</p>	<p>The item was tabled until the next meeting of the Committee.</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>operations, Ms. Stanley informed the Committee that she expanded the search parameters to include the client density by city. She found that Oxnard has almost 50% of all beneficiaries.</p> <p>In addition, in light of the discussions and actions on this topic at the last Commission meeting, she noted that she had been in discussion with Counsel Lee concerning the definition of a majority, given abstentions and/or recusals. She relayed his initial opinion that recusals are not included in the count.</p> <p>Dr. Dial noted that this was contrary to interim Counsel Polich's opinion given during the Commission meeting. Mr. Juarez commented that further clarification was needed, because, if Mr. Lee is correct, the first of the three motions (concerning office location) made by the Commission at its last meeting would take precedence. Mr. Powers inquired if Mr. Lee could provide a written opinion. General Committee consensus was that resolution of the conflicting opinions should be obtained before further action is considered.</p> <p>NOTE: See further discussion at Agenda Item #8 below.</p>	
<p>4. Staffing Plan</p> <p>Terrie Stanley</p>	<p>Recommendations: Direct Interim CEO to request Regional Government Services to begin recruitment and hiring of key personnel required to accomplish work needed for a February 1 implementation time-line.</p> <p>Ms. Stanley noted that, given the current operational status, the October go-live date is not feasible and has been adjusted to February 2011. Emphasizing the need to have staff onboard to accomplish the tasks necessary to get to go-live, she suggested that recruitment/hiring of key personnel begin before the CEO is in place. She also recommended hiring flexibility: working with RGS to screen and hire, and allowing for the potential of short-term hires, and combined hires (one person serving more than one function). Jennifer Bower agreed that one possible solution to the time pressure is to bring on staff for project work, recognizing that this might mean short-term hires. In response to Mr. Juarez question, Ms. Stanley noted that the following five positions are being considered for this action: IT</p>	<p>Mr. Juarez made the motion to authorize the Interim CEO to start the recruitment process for the referenced positions, and to authorize the Interim CEO, with the help of the HR Consultant as needed, to (1) screen and rank for the top three candidates for each position, and, (2) as needed, make decisions on how to hire into each position; Dr. Dial seconded.</p> <p><b>Approved: 5-0</b></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>8. Final Comments from Committee Members</p> <p>All</p>	<p>In reference to the discussion at Agenda Item #3, Ms. Stanley informed the Committee that, during the their Closed Session, she had spoken with Counsel Lee and he had clarified the process for determining a Commission majority for voting purposes: He concurred that the majority would mean one more than half the number of Commissioners in attendance at the meeting, including abstentions and recusals.</p> <p>Noting that Mr. Jarvis had stated that he has a conflict in reference to Agenda Item #6, Mr. Powers said that Commissioner Maurice will be requested to substitute for Mr. Jarvis for the purposes of Committee action in reference to "Public Employee Appointment or Employment, Title: Chief Executive Officer"</p>	<p>As noted above (Agenda Item #3) The item was tabled until the next meeting of the Committee.</p>
<p>9. Public Comment/Correspondence</p> <p>Open</p>	<p>No Public Comment or Correspondence</p>	
<p>10. Adjourn</p> <p>Terrie Stanley</p>	<p>Ms. Stanley adjourned the meeting at 5:35 p.m.</p>	

Submitted by:

  
Recorder

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>System Director, Director of Provider Relations/Contracting Manager, Member Service Director, Claims Director, and Government Relations Director. Noting that these positions were at the “director” level, Mr. Juarez inquired if the temporary hires for these functions would also be at that level. Ms. Bower state that could be, noting that when operations are being started, not all functions are up to speed.</p> <p>In response to Ms. Rodriguez’ question, Ms. Bower noted that the CEO would make the selections, assisted by RGS. Ms. Stanley commented that she, as Interim CEO, could work with RGS.</p> <p>Mr. Jarvis inquired if the focus would be on long or short term hires. Mr. Powers expressed concern, noting that the evaluation process could be different for each.</p> <p>Ms. Stanley emphasized that the goal was to move the process along and look for capable people who can fulfill the functions.</p> <p>There was discussion about making sure the candidates understood the risk (potential for short-term hire) and that they were not hiring with the CEO. The Committee recognized that it was not in the best interests to hold off on these hires until the CEO was in place. Mr. Powers suggested focusing on the functions that need to be filled to do the necessary work. Ms. Stanley agreed, noting that expertise is the issue.</p>	
5. CLOSED SESSION	Prior to going to Closed Session, Ms. Stanley informed the Committee that Dr. Chawla had resigned from the Committee due to a time conflict. Mr. Juarez is replacing her on the Committee.	
6. CLOSED SESSION Jennifer Bower	Public Employee Appointment or Employment (Gov. Code §54957) Title: Chief Executive Officer	Interim CEO Terrie Stanley excused herself; Co-Chair Narci Egan and the Clerks of the Board were excused.
7. CLOSED SESSION Narci Egan	Medi-Cal Negotiations (Health & Safety Code, §1457, 1462; Welfare & Institutions Code, §14081, 14082; Gov. code, §6254, subd .(q))	

**VENTURA COUNTY  
MEDI-CAL  
MANAGED CARE  
COMMISSION**

www.vchca.org/cohs

Michael Powers  
VC Health Care Agency  
Chair

Dr. Lanyard K. Dial  
Physician  
VC Medical Association  
Vice Chair

Dr. David Araujo  
VCMC Family Medicine  
Residency Program Director

May Lee Berry  
Medi-Cal Beneficiary /  
Advocacy Representative

Dr. Anil Chawla  
Physician  
Clinicas Del Camino Real Inc.

Dr. John Fankhauser  
Physician  
VCMC Executive Committee

Rick Jarvis  
Private Hospital/  
Health Care System  
Los Robles Hospital

Roberto S. Juarez CEO  
Clinicas Del Camino Real Inc.

Supervisor Kathy Long  
Ventura County  
Board of Supervisors

Tim Maurice  
Private Hospital /  
Health Care System  
St. Johns Reg. Med. Center

Catherine Rodriguez  
VCMC Health System

**Commission Staff**

Terrie Stanley, RN CPHQ,  
MPA

2323 Knoll Dr.  
Ventura, Ca. 93003

Phone: (805) 677-5238  
Fax: (805) 677-5203

**DATE:** September 27, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commissioners  
**FROM:** Executive-Finance Committee  
**SUBJECT:** Executive Finance Committee Recommendations for Logo Development for Gold Coast Health Plan

Recommendations:

Accept the plan and implementation process approved by Executive Finance Committee for Logo Development by Coverly Professional Services.

Discussion:

On July 26<sup>th</sup> 2010 the Ventura County Medi-Cal Managed Care Commission selected a name/ "doing business as-DBA" and authorized the Interim CEO to solicit proposals for creation of a LOGO for Gold Coast Health Plan. The solicitation was open to all interested entities and 5 parties responded. Subsequently, four completed proposals were received, reviewed and scored by staff. The proposal submitted for Coverly Professional Services and City Creative Group, a group with over 35 years experience in both marketing and creative services was selected based on the following criteria:

- Experience with the Ventura County community
- Locally based company
- Commitment to a timeframe that meets the needs of Gold Coast Health Plan
- Agreement to working in person with both the Executive Committee and the full Commission to complete the process
- Quality and variety of work examples presented
- Pricing of the project

At the September 27<sup>th</sup> meeting of the Executive Committee Ms. Coverly presented a realistic and efficient timeline that was approved by the committee for having the logo finalized and ready for use by November 8<sup>th</sup>

VCMCC SEPTEMBER 27, 2010

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**DATE:** September 27, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commissioners  
**FROM:** Terrie Stanley, Interim CEO  
**SUBJECT:** Conflict of Interest Code

Recommendation:

**Recommendation #1:**  
Approve adoption of a Conflict of Interest Code for the Ventura County Organized Health Plan (COHS) dba Gold Coast Health Plan.

**Recommendation #2:**  
Direct Gold Coast Health Plan staff to file adopted code as per County of Ventura requirements.

Discussion:

A newly formed agency must submit a conflict of interest code to its "reviewing body" no later than six months after the agency is formed (Govt. Code sec. 87303). Gold Coast Health Plan must submit its code for approval by October 26, 2010. As the Commission operates entirely within the County of Ventura, its "reviewing body" is the Ventura County Board of Supervisors. The conflict of interest code will need to be submitted to, and approved by, Roberta Rodrigues, Clerk of the Board of Supervisors for Ventura County.

The COHS Commission members have filed Forms 700 in compliance with of Government. Code sec. 87302.6, which requires that members of a newly formed board or commission file the forms in the same manner as officials required to file under Govt. Code sec. 87200. Among other requirements, such officials must file Forms 700 within 30 days of taking office (Govt. Code sec. 87202(a)). This is true even if the newly formed board or commission has not yet adopted a conflict of interest code.

Once Gold Coast Health Plan's conflict of interest code is adopted by the Commission and approved by Clerk of the Board of Supervisors for Ventura County, all employees designated in the code as having to file Form 700 must file the form within 30 days. (The only exceptions are for Commission members who already filed Forms 700 within 30 days of taking office.) After that, Commission members and all others who are designated in the conflict of interest code need to file Forms 700 as of each April 1.

ATTACHMENT E1- CONFLICT OF INTEREST CODE FOR VENTURA COUNTY  
MEDI-CAL MANAGED CARE COMMISSION dba Gold Coast Health Plan

VCMMCC SEPTEMBER 27, 2010

**CONFLICT OF INTEREST CODE FOR  
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION  
dba Gold Coast Health Plan**

The Political Reform Act, Government Code section 81000 et seq., requires local government agencies to adopt and promulgate Conflict of Interest Codes. The Fair Political Practices Commission has adopted a regulation (Cal. Code Regs., tit. 2, § 18730) which contains the terms of a standard Conflict of Interest Code (“Standard Code”), which may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act after public notice and hearings.

The terms of California Code of Regulations, title 2, section 18730 and any amendment to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference as the Conflict of Interest Code for the VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (“VCMCC”), and along with the attached Exhibit A, which designates positions requiring disclosure and Exhibit B, which sets forth disclosure categories for each designated position, constitute the Conflict of Interest Code of the VCMCC dba Gold Coast Health Plan (the “Code”).

Pursuant to Section 4 of the Standard Code, and Government Code section 87500, subd. (j) and (o), persons holding the designated positions described on Exhibit A shall file originals of their statements of economic interests with the VCMCC. With respect to the statements for each Commission Member and for the Chief Executive Officer, VCMCC shall retain copies thereof and forward the originals to the Clerk of the Ventura County Board of Supervisors (unless VCMCC is instructed otherwise). For all other persons holding the designated positions described on Exhibit A, VCMCC shall retain the originals of such statements.

This Code establishes no additional filing requirements for public officials specified by Government Code section 87200 if they are designated in this Code in that same capacity or if the geographical jurisdiction of the VCMCC is the same as or is wholly included within the jurisdiction in which those persons must report their economic interest pursuant to Government Code sections 87200, et seq.

A person holding a designated position with an assigned disclosure category shall (i) submit an initial statement of economic interest within 30 days after the effective date of this Code; and (ii) file annual statements of economic interest and other required statements pursuant to Section 5 of the Code as set forth in California Code of Regulations, title 2, section 18730. Such statements shall be available for public inspection and reproduction as required by law. (Government Code Section 81008).

**CONFLICT OF INTEREST CODE**  
**VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION**

**Exhibit A: Designated Positions**

The following is a list of designated positions affected by the disclosure requirements and the disclosure categories applicable to each. These positions have been designated because the position entails the making or participation in the making of decisions relating to VCMMCC which may foreseeably have a material effect on any financial interest of the individual holding such positions.

<u>Position</u>	<u>Disclosure Category</u>
1. Members of Commission	1
2. Chief Executive Officer	1
3. Chief Financial Officer	1
4. Chief Medical Officer	1
5. Government Relations Director	1
6. IT Director	1
7. Claims Director	1
8. Member Services Director	1
9. Provider Relations Director	1
10. Pharmacy Manager	1
11. Health Services Manager	1
12. Quality Manager	1
13. Care Coordination Manager	1
14. Contracts Manager	1
15. IT systems Manager	1
16. Financial Operations Manager	1
17. Accounting Manager	1
18. Member Services Manager	1
19. Consultants and employees in applicable newly created positions*	1

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\*Consultants, as defined by the Political Reform Act and applicable regulations, and employees in newly created positions that make or participate in the making of decisions, shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation: The Chief Executive Officer or his or her designee may determine in writing that a particular consultant or employee in such newly created position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this Code. Such written determination shall include a description of the consultant's or such



**CONFLICT OF INTEREST CODE**  
**VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION**

**Exhibit B: Disclosure Categories**

The disclosure categories set forth below specify which kinds of financial interests are reportable by the designated employees in their individual Statements of Economic Interests.

Category 1

All investments and income, including gifts, loans and travel payments, and business positions in business entities that do business in Ventura County, planning to do business in Ventura County, or have done business in Ventura County within the past two (2) years; and all interest in real property which is located in whole or in part within, or not more than two (2) miles outside of the boundaries of Ventura County.

[This disclosure category requires disclosure of business and real estate interests in VCMMCC's geographic area.]

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employee's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and is to be retained for public inspection in the same manner and location as this Code.

**TIN KIN LEE**

LAW OFFICES

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**M E M O R A N D U M**

To: Ventura County Medi-Cal Managed Care Commissioners      Date: September 21, 2010

From: Tin Kin Lee

Re: Telephonic Participation at Commission Meetings

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**I.**  
**Background**

At the special meeting of the Ventura County Medi-Cal Managed Care Commission (the "Commission") held on September 8, 2010, a Commission member indicated that during the next regular Commission meeting to be held on September 27, 2010, she would be traveling in India, and inquired whether she could participate in the September 27<sup>th</sup> meeting by teleconference and submit her vote(s) by electronic mail.

**II.**  
**Questions Presented**

1. Can the Commission member, while traveling in India, participate by teleconference at the regular meeting of the Commission to be held on September 27, 2010?
2. If such Commission member is permitted to participate by teleconference at the September 27<sup>th</sup> meeting, can the Commission member's vote(s) be submitted by electronic mail?

**III.**  
**Short Answers**

1. Based on (i) the concerns raised by the California Attorney General regarding the use of teleconferencing, (ii) uncertainties regarding the teleconference location's compliance

with the Ralph M. Brown Act (the “Brown Act”) and the Americans with Disabilities Act (“ADA”), and (iii) the Commission’s inability to ensure such compliance, the use of the proposed teleconference site in India would not be recommended. Furthermore, it would not be advisable to use any other teleconference sites unless the Commission can ensure compliance with the above issues.

2. Voting by electronic mail from a teleconference location is not permitted under the Brown Act.

#### **IV.** **Analysis**

##### **A. Participation by Teleconference.**

The use of teleconferencing under the Brown Act in connection with meetings of a public agency is not mandatory, but permissive:

“Teleconferencing, as authorized by this section, **may** be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body.”<sup>1</sup>

“If the legislative body of a local agency elects to use teleconferencing, it shall ... conduct teleconference meetings in a manner that protects the **statutory and constitutional rights** of the parties or the public appearing before the legislative body of a local agency.”<sup>2</sup>

With respect to teleconference meetings, the California Attorney General has stated:

**“The biggest issue surrounding the use of teleconference meetings concerns the public’s access to the meeting.** The Act requires that each teleconference location must be fully accessible to members of the public. This means that members of the body who choose to utilize their homes or offices as teleconference

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<sup>1</sup> Section 54953(b)(2) (emphasis added). Unless otherwise specified, all Section number references are to the Brown Act as set forth in the California Government Code, Section 54950 *et seq.*

<sup>2</sup> Section 54953(b)(3) (emphasis added).

locations must open these locations to the public and accommodate any member of the public who wishes to attend the meeting at that location. Moreover, members of the public must be able to hear the meeting and testify from each location. **Finally, the teleconference location must be accessible to the disabled. Because of these requirements, most agencies choose to utilize official or public meeting facilities for their remote teleconference sites.**

“When a body elects to use teleconferencing, it must post an agenda at each teleconference location and list each teleconference location in the notice and agenda. Each teleconference meeting must be conducted in such a manner so as to protect the statutory and constitutional rights of the public. Each teleconference meeting agenda must ensure the public’s right to testify at each teleconference location in accordance with section 54954.3.”<sup>3</sup>

It is unknown whether the teleconference location in India that is proposed to be used by the Commission member will meet the requirements of the Brown Act (nor would it appear possible for the Commission to confirm such compliance), including, without limitation:

- Whether the teleconference location is accessible to the public.<sup>4</sup>
- Whether members of the public at the teleconference location will be able to hear the meeting and testify from that teleconference location.<sup>5</sup>
- Whether the teleconference location is accessible to the disabled and meets the protections and prohibitions of the Americans With Disabilities Act (“ADA”) and the federal rules and regulations adopted to implement the ADA.<sup>6</sup>
- Whether at the teleconference location, on the request of a disabled person, the agenda and other writings required to be distributed at the meeting, can be made

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<sup>3</sup> “The Brown Act Open Meetings For Legislative Bodies,” California Attorney General’s Office, p. 14 (2003).

<sup>4</sup> Section 54953(b)(3).

<sup>5</sup> Section 54954.3(a).

<sup>6</sup> Section 54953.2.

available in appropriate alternative format to disabled persons, as required by the ADA.<sup>7</sup>

- Whether the teleconference location complies with Brown Act requirements that prohibit a teleconference location to be held at a facility that prohibits the admittance of any person on the basis of ancestry or any characteristic listed or defined in Gov. Code 11135, or where members of the public may not be present without making a payment or purchase.<sup>8</sup>
- Whether the teleconference location would allow attendance by the public without being conditioned on registering, providing other information, completing a questionnaire, or otherwise fulfilling any condition.<sup>9</sup>
- Whether the agenda has been posted in a public place at the teleconference location at least 72 hours before the meeting.<sup>10</sup>

Based on (i) the concerns raised by the California Attorney General regarding the use of teleconferencing, (ii) the above uncertainties regarding the teleconference location's compliance with the Brown Act and the ADA, and (iii) the Commission's inability to ensure such compliance, the use of the proposed teleconference site in India would not be recommended. Furthermore, it would not be advisable to use any other teleconference sites unless the Commission can ensure compliance with the above issues.

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<sup>7</sup> Sections 54954.1, 54954.2(a)(1), 54957.5(c).

<sup>8</sup> Section 54961(a).

<sup>9</sup> Section 54953.3.

<sup>10</sup> Section 54954.2(a)(1).

**B. Voting by Electronic Mail from the Teleconference Location.**

Voting by electronic mail from a teleconference location is not permitted under the Brown Act: “All votes taken during a teleconferenced meeting shall be by rollcall.”<sup>11</sup>

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<sup>11</sup> Section 54953(b)(2).