

# VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION

## AMENDED MEETING AGENDA

**DATE:** Monday November 15, 2010

**TIME:** 3:00-5:00 PM

**PLACE:** Ventura County Public Health - 2240 E Gonzales Road, Suite 200, Oxnard CA 93036

Item	Documents for Review	SUBJECT	Presenter
1		Call to Order and Pledge of Allegiance	Michael Powers
2		Welcome and Roll Call	Michael Powers
3		Public Comment / Correspondence	Open
4 ACTION	ATTACHMENT A Minutes – October 25, 2010	Review and Approve October 25, 2010 Meeting Minutes	ALL
5 ACCEPT AND FILE	ATTACHMENT B CEO Report ATTACHMENT B1 GCHP Workplan	Accept November 15, 2010 CEO Report to the Ventura County Medi-Cal Managed Care Commission	Earl Greenia
<b>OLD BUSINESS</b>			
6 ACTION	ATTACHMENT C BL: Request to Participate - Auto Assignment ATTACHMENT C1 Request from California Health Physicians to Participate as a GCHP Provider Accepting Auto Assignment	Auto Assignment for Beneficiaries Who Fail to Select a Primary Care Provider	Earl Greenia
<b>NEW BUSINESS</b>			
7 ACTION	ATTACHMENT D Open Position Announcement ATTACHMENT D1 Request for Approval of Appointments – March 16, 2010 Letter from County Executive Officer ATTACHMENT D2 Ventura County Organized Health System March 2010 Newsletter and Distribution List ATTACHMENT D3 October 27, 2010 Letter from HELA	Beneficiary / Advocate Commissioner	Earl Greenia
8 ACTION	ATTACHMENT E Finance Committee Meeting Minutes of October 25, 2010 and November 10, 2010 (to be distributed)	Accept and File Minutes of the Executive / Finance Committee Meetings of October 25, 2010 and November 10, 2010	Earl Greenia
9 ACTION	ATTACHMENT F Income and Expenses	Current Financial Overview	Darlane Johnsen
10 ACTION	ATTACHMENT G BL: Officer Election for Calendar Year 2011	December Election VCMMCC Board Chair and Vice Chair	Mike Powers

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CLOSING/REMARKS			
		Final Comments from Commissioners	All
		Adjourn	Michael Powers

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 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

October 25, 2010

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

Staff in Attendance	Guests
Terrie Stanley, Interim CEO, Ventura COHS	Jennifer Bower, Human Resource Director, RGS-LGS
Tin Kin Lee, Legal Counsel	Ken Dixon, Consultant, ACS
Dee Pupa, Interim Assistant Clerk of the Board	Jeff Mahoney, City Creative Group
	Traci R. McGinley, GCHP Consultant

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 3:03 p.m.</li> <li>Pledge of Allegiance</li> </ul>	Call to order at 3:03 p.m.
2 Roll Call	<ul style="list-style-type: none"> <li>All Commissioners present, except Commissioners Araujo, Fankhauser and Jarvis.</li> <li>A quorum was present.</li> </ul>	
3 Review and Approval - Minutes September 27, 2010  Michael Powers	<p>The Minutes of September 27, 2010 Commission meeting were presented for review and approval.</p> <p>Commissioner Maurice moved to approve the September 27 2010 minutes; Commissioner Dial seconded the motion then carried.</p>	Commissioner Maurice moved to approve the September 27 2010 minutes, Commissioner Dial seconded. <b>Approved 7-0.</b>
4 Public Comment / Correspondence	Member of the public, Bob Rossi requested an update on receiving a copy of the Commission Office Lease, to which Interim CEO Stanley responded that the Agreement was currently before the County Board of Supervisors.	

October 25, 2010

		<p>After approval and receipt from the County a copy would be forwarded to Mr. Rossi.</p> <p>Maria Elena Cruz, Health Education League of America (HELA), Latino Community Advocate, stated that the meeting was not properly Noticed and Agendized as it was not on the WEB until late Friday. She requested that the calendar information on the WEB be easier to read and that the Commissioner contact information be located on the WEB. Ms. Cruz then requested that the Commission change the time of the meetings so working Medi-Cal recipients can participate, possibly Tuesdays or Thursdays after dinner.</p> <p>Interim CEO Stanley responded that she received confirmation from County IT staff that the Agenda itself was posted timely on the WEB.</p> <p>David Cruz, HELA President, urged the Commission to broadcast the meetings and stressed that it was essential to broadcast in English and Spanish in order to reach and assist the program recipients. Mr. Cruz then expressed his concern that the Consumer Awareness Campaign Strategy was not comprehensive and did not address all area groups.</p> <p>Commission Chair Powers informed Mr. Cruz that the Consumer Awareness Campaign Strategy item on the Agenda is only the beginning of the plan and explained that there has been no state funding.</p> <p>Steve Epstein, Lazer Broadcasting, introduced himself and members of his staff in attendance at the meeting. He explained that Lazer has been serving the Ventura area Spanish community for 20 years and indicated that radio is the primary medium to reach the Spanish speaking. Mr. Epstein then stated that as the leading Hispanic broadcaster in the area he looks forward to working with the Commission.</p> <p>Carmen Ramirez introduced herself as an Oxnard attorney that often</p>	
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October 25, 2010

	<p>represents Spanish speaking individuals. She stressed the importance of working together to get everyone involved. There are many citizens in the area that do not participate because they do not speak English. She urged the Commission to disseminate as much information as possible, in English and Spanish.</p> <p>Jess Gutierrez stated that he worked with the Youth Authority for more than 26 years and as a consultant for a number of entities. He stressed that adequate services must be made available to the Spanish community and believes they are often not afforded the same services. Mr. Gutierrez added that low income, language and education barriers hinder receipt of health services. If health problems are not addressed early, they often cause much more severe problems in the future. Money and services need to be used for and by the groups in which they are intended.</p> <p>Reverend Ron Threatt spoke to the Commission about community awareness and implementation of the program. The information suggests that there are 110,000 Medi-Cal recipients in the area, but he believes there are far more. The program needs to be broadened; it lacks substance and needs to show how people will be reached. Reverend Threatt urged the Commission not to view individuals in the community that may receive services as users or enrollees, but collaborators for a better system. Consider consumers as stakeholders as they have more to lose. He requested that this be a two way process and needs to be a collaboration of education and services. He expressed his concern that the process was being rushed and would prefer to see the entire package of services. Gold Coast needs to create a Plan that everyone can get involved with. It should not look like other plans, but needs a higher vision. Not speaking for the community, but speaking with the community.</p> <p>Interim CEO Stanley explained that the other committees will be formed once the CEO is on board and has staff. GCHP will get input from the community for those appropriate to serve on those groups. This Board</p>	
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October 25, 2010

		<p>wanted to make sure that staff is here, once the CEO is on board it should happen quickly.</p>	
<p>5</p>	<p>Request for Television Coverage of Scheduled Meetings -Options for Consideration</p> <p>Correspondence from Health Education League of America</p> <p>Michael Powers</p>	<p><b>Request for Television Coverage of Scheduled Meetings.</b> Co-Chair Stanley advised the Commission that this and the Brown Act regulations were reviewed by the Executive / Finance Committee at its October 13, 2010 meeting. There was concern by the Committee that there was expectation by the group that the Commission fund the broadcasting. Co-Chair Stanley added that a draft Consumer Awareness Campaign Strategy was also provided to the Commission as part of this Agenda Item.</p> <p>David Cruz, HELA, stated that his group wishes to facilitate discussion and is happy to lend assistance. He added that if an education plan is being designed, there should be funds for outreach.</p> <p>Interim CEO Stanley added that the Executive / Finance Committee also recognized that there may be additional entities that wish to broadcast.</p> <p>Commissioner Juarez moved that Gold Coast Health Plan allow the public meetings to be broadcast in Spanish and / or English. Commissioner Chawla seconded. The motion then carried.</p> <p>Commissioner Dial asked if there was a mechanism in place, to which Commissioner Juarez responded that it was his belief that if someone wished to broadcast it was at their expense.</p> <p><b>Draft Gold Coast Health Plan's Consumer Awareness Campaign Strategy.</b> Interim CEO Stanley explained that this was a working document in order to get basic structure and that the document would continue to change. She then stated that there are no funds to start the Plan, the reimbursement does not start until there is enrollment in the Plan. Everything that is happening now is not being funded or reimbursed from the State. Interim CEO Stanley added that the County has been</p>	<p>Commissioner Juarez moved that Gold Coast Health Plan allow the public meetings to be broadcast in Spanish and / or English. Commissioner Chawla seconded. <b>Approved 7-0.</b></p> <p>Commissioner Maurice moved that the Draft Plan show we have outreach programs and how we are committed to assist. Commissioner Dial seconded. <b>Approved 7-0.</b></p>

October 25, 2010

		<p>extremely supportive to get things off the ground. Once the Plan is in place there would be funds in the budget for outreach. The strategy is to reach the population we know are currently beneficiaries. Consumer groups will be formed over the next few weeks.</p> <p>Interim CEO Stanley added that the Draft Campaign Strategy is basic in nature, on purpose, and was modeled after numerous plans.</p> <p>Commissioner Maurice moved that the Draft Plan show we have outreach programs and how we are committed to assist. Commissioner Dial seconded and the motion carried.</p>	
6	<p>Interim CEO Report</p> <p>Terrie Stanley</p>	<p><b>CEO Transition Plan.</b> Interim CEO Stanley reviewed the Transition Plan and added that the Commission should be extremely proud of all of the work they have done in getting this started. She advised the Commission that she would be available the first two weeks after CEO Greenia arrives.</p> <p>Commission Chair Powers thanked Interim CEO Stanley for all of the hard work she has done with and for the VCMCC.</p>	<p>There was no action needed by the Commission.</p>
7	<p>Logo Selection for Gold Coast Health Plan – Executive Finance Committee Recommendation for Logo</p> <p>Result of Community Input Final Selection</p> <p>Terrie Stanley Jeff Mahoney</p>	<p>The Commission was provided a handout showing the logos as forwarded from the Executive / Finance Committee. Interim CEO Stanley added that the logo that received the most positive responses was the "Stethoscope" Version B on the handout.</p> <p>Jeff Mahoney, City Creative Group, reviewed the comments and related that the only real comment they had that was not positive was that the "Public Entity" and "Service Mark" were not large enough, which had been on purpose. He continued to review the handout explaining the differences between the logos and colors.</p> <p>Commissioner Dial moved to accept the "Stethoscope" Logo; Commissioner Berry seconded and the motion carried.</p>	<p>Commissioner Dial moved to accept the "Stethoscope" Logo; Commissioner Berry seconded. <b>Approved 7-0.</b></p> <p>Commissioner Berry moved to select the Logo in blue with gold; Commissioner Chawla seconded. <b>Approved 7-0.</b></p>

October 25, 2010

		<p>Commissioner Long asked for clarification about when different colors would be used on the logos, to which Jeff Mahoney stated that it was dependent upon the Commission and the policies they have or make regarding the logo.</p> <p>Jeff Mahoney continued, stating that when the logos went before the Executive / Finance Committee originally they preferred the "Stethoscope" in brown shades.</p> <p>After further discussion, Commissioner Berry moved to select the Logo in blue with gold; Commissioner Chawla seconded. The motion then carried.</p>	
8	<p>Finance Committee Meeting Minutes of September 27, 2010 and October 13, 2010</p> <p>Terrie Stanley</p>	<p>Accept and File Minutes of the Executive / Finance Committee Meetings of September 27, 2010 and October 13, 2010.</p> <p>Commissioner Long moved to approve the September 27, 2010 minutes, and Commissioner Dial seconded. The motion then carried.</p> <p>Commissioner Long moved to approve the October 13, 2010 minutes as amended and approved by the Executive / Finance Committee; Commissioner Rodriguez seconded. The motion then carried.</p>	<p>Commissioner Long moved to approve the September 27, 2010 minutes, and Commissioner Dial seconded. <b>Approved 7-0.</b></p> <p>Commissioner Juarez moved to approve the October 13, 2010 minutes as amended and approved by the Executive / Finance Committee; Commissioner Rodriguez seconded. <b>Approved 7-0.</b></p>
9	<p>Recommendation from Ad Hoc Physician Committee- Services under Primary Care Capitation</p>	<p>Interim CEO Stanley reported that the Commission discussed this in June and directed staff to bring together a group of local physicians to review the Primary Care Capitation. Dr. Keats of California Health First and Dr. Solace and her group had no problems with the list. It is merely a list that</p>	<p>There was Commission consensus that this item be returned to Committee for further research and</p>



October 25, 2010

	Terrie Stanley	<p>other groups have regarding routine services.</p> <p>Commissioner Dial asked for clarification that the capitation rates were the "least" they could receive for a service, to which Interim CEO Stanley responded correct.</p> <p>Interim CEO Stanley further explained that when we get the Physician Advisory Board they could request the Commission make changes to that list.</p> <p>Commissioner Maurice indicated that he is not familiar with "referral pool" and would therefore be unable to vote on the matter. There was discussion as to whether all doctor offices did provide lab services. Commissioner Juarez expressed his concern that there appeared to be incentive for Doctors to do the minimum. Commission Chair Powers suggested that this item be returned to Committee for further research.</p> <p>There was Commission consensus that this item be returned to Committee for further research and clarification.</p>	clarification.
10	VCMCC and Executive Finance Committee 2011 Meeting Dates	<p>There was discussion regarding the possibility of having some of the meetings at alternative times.</p> <p>There was Commission consensus that this item be returned to Committee for further research on alternate dates and times.</p>	There was Commission consensus that this item be returned to Committee for further research on alternate dates and times.
11	<p>Compensation and Benefit Information</p> <p>Mike Powers Jennifer Bower</p>	<p>Jennifer Bower, Human Resource Director, RGS-LGS indicated that this request was approved by the Executive / Finance Committee.</p> <p>Commissioner Maurice moved to approve the CEO's amended Compensation and Benefit Package; Commissioner Juarez seconded and the motion carried.</p>	<p>Commissioner Maurice moved to approve the CEO's amended Compensation and Benefit Package; Commissioner Juarez seconded.</p> <p><b>Approved 7-0.</b></p>

October 25, 2010

<p>12</p>	<p>Revisions to Implementation</p> <p>Project Implementation, and Timeline, Deliverables and Immediate Staffing Requirements</p> <p>Terrie Stanley Ken Dixon Jennifer Bower</p>	<p>Interim CEO Stanley reported that a large part of the items have been completed; however, we were awaiting clarification from the State about when other items must be in place. The report is broken down to show what must be completed prior to 120 days of implementation. A main concern is around the medical policies not being in place with the CMO.</p> <p>Key positions have been identified that need to be in place in order to complete this; they include the Chief Medical Officer, Finance, Claims, IT and a couple other key positions.</p> <p>Ms. Bowers explained that the Executive / Finance Committee had requested CEO Greenia's opinion about filling those positions on an interim basis. CEO Greenia is comfortable having interim people in those positions since filling the positions will take some quite time.</p> <p>She further explained that the State wants to see about 70% deliverables. In order to move forward, staff must be in place.</p> <p>Commissioner Maurice moved that effective immediately, Earl Greenia had the right to use RGS-LGS and hire interim Chief Medical Officer, Chief Financial Officer, Director of Claims Services and Director of Information Technology. Commissioner Maurice seconded. The motion then carried.</p>	<p>Commissioner Dial moved to approve hiring interim Chief Medical Officer, Chief Financial Officer, Director of Claims Services and Director of Information Technology. Commissioner Long seconded.</p> <p>Commissioner Maurice moved that effective immediately, Earl Greenia had the right to use RGS-LGS and hire interim Chief Medical Officer, Chief Financial Officer, Director of Claims Services and Director of Information Technology. Commissioner Dial seconded. <b>Approved 7-0.</b></p>
	<p>Final Comments from Commissioners</p>	<p>None.</p>	
	<p>Adjourn</p> <p>Michael Powers, Chair</p>	<p>Commission Chair Powers adjourned the meeting at 5:04 p.m.</p>	<p>The Meeting adjourned at 5:04 p.m.</p>

By: \_\_\_\_\_  
Traci R. McGinley, Recorder

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

DBA Gold Coast Health Plan  
-a public entity

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

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# GOLD COAST HEALTH PLAN

## Chief Executive's Monthly Report to Commission

November 12, 2010

I open this first formal report with tremendous excitement and gratitude. In my first two weeks, I met with many of the Commissioners as well as other key stakeholders. Please allow me to briefly share some first impressions and thoughts with you.

### Guiding Principles

As I made my "rounds" there were some common themes, concerns and advice. I offer the following fundamental ideas to guide our interactions:

- **Trust:** A key to gaining and maintaining trust is to commit to open, honest communication and information sharing. Transparency is critical.
- **Partnership:** Through improved collaboration and coordination, we can enhance synergy.

### Operating Pillars

Using our mission, vision and values, five overlapping and inter-connected "pillars" will be used to conceptualize and organize key strategies and tactics. These are:

- **Access:** Focus on provider network development and member services.
- **Quality:** Focus on improving members' health status.
- **Finance:** Focus on efficient delivery to ensure long-term viability.
- **Service:** Focus on member and provider satisfaction, consumer choice, etc.
- **People:** Referring primarily to the recruitment, selection, and development of employees to accomplish our mission.

### Key Strategic Levers

Relating to these pillars, the following are offered (in no particular order) as our initial priorities:

1. Optimize state rates.
2. Build a robust provider network.
3. Build a provider-friendly claims/payment management system.
4. Develop a comprehensive medical management framework.
5. Develop and refine organizational structure.

**PEOPLE**

A talented team of interim executives has been assembled to implement the work plan; their brief biographies follow.

**Robert A. Beltran, M.D., M.D.A.** (Chief Medical Officer). Dr. Beltran practiced clinical surgery for 22 years in East Los Angeles, following graduation from the USC Keck School of Medicine and surgical residency at the LAC-USC Medical Center. He earned a MBA (with a healthcare focus) from the Merage School of Business at the University of California, Irvine in 1999 and has served in various leadership positions in public and private managed care organizations since that time. Most recently, he served as an interim Medical Director at Kern Health System-Local Initiative in Bakersfield. Prior to that, he was the Ambulatory Care Medical Director for Monarch Health Care (an Orange County IPA with 2,500 physicians and 170,000 lives) from 2006 to 2009.

**Connie Davis** (Claims Administration). Most of Connie's career has focused on Managed Care Operations, with a strong emphasis in Claims Administration and Customer Service Operations. Performing in senior level management positions, she has solid leadership experience in regulatory compliance and operations. Connie started a managed care consulting organization in 1996 and has worked with many prestigious clients, including the California Department of Managed Health Care. Many of her clients were start up organizations or companies confronting large scale transition, with system and process reengineering. Connie holds a Bachelor of Science, cum laude, in Education and Kinesiology from Drake University, Des Moines, Iowa.

**Darlane M. Johnsen** (Chief Financial Officer). Darlane is an experienced finance executive with nearly twenty years of experience in managed care. Most recently, she was the Vice President of Finance for Health Net's California Health Plan, responsible for budgeting and financial forecasting. Previously, she served as CFO of Health Net's Government Programs Strategic Business Unit; focusing on both state and federal programs and played a key role in the implementation of the Med-Cal Two Plan Model and was involved at the inception of the Healthy Families Program. While at Health Net, she served as a senior advisor to all State Health Program contract rebids, county expansions and strategic initiatives. Darlane earned a degree in Sociology from the State University of New York. She later attended California State University in Sacramento and completed additional studies in business and accounting. Darlane was employed by Coopers & Lybrand and obtained her CPA license in 1988.

**Candice Limousin** (Human Resources). Candice has more than 25 years in Human Resource leadership and consulting. Her key competencies include creative recruitment and selection, leadership development, performance coaching, business design and planning, and training and development for diverse cultures and industries. Her leadership and guidance supported all levels of personnel, ranging from hourly customer service employees through to business Presidents.

## ATTACHMENT B

Candice held the positions of Human Resources Director and Vice President for companies such as Health Net, Baxter Healthcare, Dako, Xerox and multiple start-up healthcare companies. Candice holds Master of Arts degree in Organization Management and Bachelor of Fine Arts in Secondary Education and Spanish from the University of Arizona.

**Paul Roberts** (Provider Relations). Paul is an experienced managed care executive and management consultant with over 25 years of health plan experience, including plan design, development and start-up, expansion and turnarounds. He also has over 12 years of experience as an independent management consultant running his own firm providing HMO technical assistance and support mainly in the area of strategic business planning to client HMOs, PPOs, IPAs, TPAs, MSOs, hospitals, medical groups, insurance companies, employer groups, labor unions and government. Paul earned a Master of Public Health degree in Medical Care Organization and Administration from the University of Michigan (Ann Arbor) School of Public Health.

**Jim Swoben** (Information Technology). Jim has over twenty years of experience in managed care systems implementation in medical groups and health plans, with specialized experience in Medicare and Medi-Cal contract administration. Most recently, he led the implementation of health plan systems for Caremore Medicare Advantage in Cerritos, served as manager of Managed Care Systems for Scripps Health in San Diego, and managed the encounter collection for SCAN health plan. Jim earned a Master's degree in Healthcare Administration from the George Washington University and a Bachelor's degree from UCSD.

### Next Steps:

- I look forward to working with the Commission to recruit and select a permanent CFO and CMO.
- Efforts continue to recruit talented individuals for other core positions, including: Member Services, Government Relations and Health Services.
- Candice, our Human Resources manager is researching compensation practices to develop a foundation for Gold Coast Health Plan pay practices. Candice has served as a key communication liaison for our current interim staff as well as for those external applicants seeking consideration for our open positions. She continues to lend her support to Jennifer Bower in defining or refining Human Resource processes and practices.
- Over the next 60 days, we will design/introduce performance management and measurement processes as well as implement and educate team members in key policies and procedures.
- As Gold Coast Health Plan workforce grows, we will develop formal orientation and management training processes. Longer term, the leadership team will define strategies to develop and strengthen our culture, enhance talent management and drive performance excellence.

## QUALITY

Our Chief Medical Officer has started reviewing various pharmacy, utilization review and quality management policies that will be submitted to the state. Dr. Beltran has also initiated outreach communications with CMOs from CalOptima, Central Coastal Health Alliance and CenCal, and is scheduling appointments with key stakeholders; i.e., Medical Directors at hospital and clinic systems in Ventura County. Key activities for the CMO over the next 30 to 60 days include:

- Ensure approval of UR, Quality and Pharmacy policies by state.
- Develop relationships with hospitals and clinics systems.
- Understand barriers to acceptance of GCHP by health care providers
- Work with CIO to ensure development of provider-friendly systems
- Focus on templates, tools and teamwork to efficiently and effectively meet work plan goals.

## FINANCE

Like other team members, our Chief Financial Officer has spent her first two weeks reviewing key documents, such as the ACS contract, state deliverables list, etc. Darlane has:

- Contacted other COHS CFOs to generate ideas for evaluating and selecting an accounting system.
- Met with Narci Egan and reviewed most recent financial forecast and expenditures.
- Met with a representative from Milliman and reviewed their analysis of historical health care costs.
- Contacted ACS to begin process of securing additional funding based on completion of deliverables.

Over the next two months, Darlane will:

- Establish banking arrangements and transfer banking function from the county to the plan.
- Work with Milliman to better understand and negotiate state rates.
- Complete Accounting Policy and Procedures.
- Review various accounting systems.
- Identify potential firms for on-going actuarial support services.
- Explore reinsurance coverage for high dollar claims.

Our Claims Director is concentrating initially on the coordination of ACS and GCHP Claims and Customer Service Operations to assure that both ACS and GCHP will be able to meet or exceed these Operations service levels expected by our community and required by regulation and/or contract. Connie has:

- Performed an in-depth review of the ACS Master Agreement which delineates the scope of services for managed care operations to be performed by ACS.
- Participated in and arranged several meetings with ACS to help facilitate completing deliverables and building the Plan infrastructure.

Over the next 30 – 60 days, Connie will:

- Work closely with ACS and GCHP leadership to clarify and document policies, workflows, and detailed procedures.
- Establish additional specific work groups to address large scale projects such as system configuration, system file loading and maintenance, and develop and execute user test plans.
- Work ACS on the pre-implementation deliverables required by DHCS toward execution of our contract with the State.
- Conduct an onsite due-diligence audit of delegated functions so that deficiencies, if any, are identified and cured well in advance of implementation.
- Develop additional Claims Department policies, processes, training materials, and report requirements, such as: Oversight and Monitoring Program for delegated Operations services.

The entire team is grateful to Jim Swoben for connecting us to the outside world with telephone and internet capabilities. Jim is currently assessing the services and software offered by ACS and developing a plan to address business requirements. Over the next ninety days, we will take actions to support the configuration, implementation and testing of the ACS system. We will also develop a process to review the capabilities of our providers for submitting electronic claims and determine our approach for using claims clearinghouses for transmission and direct electronic submission of claims.

### **ACCESS**

Paul Roberts joined Gold Coast Health Plan on August 23 as a full-time temp "Projects Person" to assist the Interim CEO in planning and organizing the provider network. Over the past two weeks, Paul has also oriented the new executive staff. Since coming on board, Paul has:

- Helped review, edit and finalize various provider contracts through the development stages; wrote and edited assigned Policies and Procedures for submission to the State; and worked out a host of policy papers, work plans and operational details between the Plan and ACS.
- Participated in regular conference calls with the Gold Coast Health Plan/ACS team and produced about 30% of the deliverables required by the state contract.

## ATTACHMENT B

- Participated in weekly and ad hoc conference calls with the state of California to report progress and problems encountered in meeting all contractual duties and obligations.
- Authored the first draft of the Plan's Consumer Awareness Campaign Strategy and the Comprehensive Provider Outreach Report.
- Established communication and working relationships with 6 of the 8 hospitals in Ventura County.
- Met with principals of each hospital and discussed hospital/physician relations and provider network development matters while soliciting their engagement and support in the Plan's implementation.
- Initiated a strategy to solicit physician interest by sending a letter to over 1,200 physicians with an accompanying Letter of Intent form for their return to indicate their interest in participating in GCHP.
- A similar campaign was developed by staff for ACS principals to engage ancillary service providers. He was able to solicit their support in approaching all Hospital-Based Physician groups in Ventura County. This includes hundreds of anesthesiologists, Emergency Room physicians, hospitalists, pathologists, radiologists, neonatologists and nuclear medicine specialists.
- Contacted nearly 40 groups affiliated with all of the eight local hospitals, introduced our Plan and delivered sample Service Agreements for their review and consideration. To date, he has been successful in obtaining 9 executed service agreements and has 5 now pending GCHP legal counsel approval of language changes.
- Initiated outreach to and has solicited contracts from outpatient imaging and pathology groups and has secured 5 more contracted providers for those services. One additional outpatient imaging services provider is expected to sign its contract in the next few days to yield a total 6 of these outpatient centers.
- Proposed written service agreements with 16 recognized solid organ transplant centers outside our service area. This is necessary because Gold Coast Health Plan is required to cover these services to our enrolled Members but no local facility has this capability at present. Only one organ transplant center (UC San Diego) has rejected our proposal due to the distance factor and lack of psycho-social support for Ventura County Medi-Cal Members in the San Diego locale.
  
- Contacted Grossman Burn Center housed at the West Hills Hospital in Los Angeles County. We are hopeful of securing a relationship so that our severe burn cases may be treated there upon referral.

Over the next two months, Paul will continue to work towards the goal of creating a robust provider network as well as assist with the development of the member services function; major items include:



## ATTACHMENT B

- Identify holes and gaps where specific provider types or locations are absent and target those specific provider types and locales for follow-up one-on-one solicitation efforts.
- Transmit credentialing applications to all interested providers.
- Execute contract with Credentials Verification Organization.
- Define credentialing and delegated credentialing processes.
- Appoint and orient GCHP credentials committee.
- Appoint and orient GCHP Provider Advisory Committee.
- Appoint and orient Consumer Advisory Committee.
- Solicit, recruit and hire Member Services Manager.

Attached to this report is the updated GCHP Work Plan. As you can see, the team is making progress!

Respectfully submitted,

Earl G. Greenia  
Chief Executive Officer

**GOLD COAST WORK PLAN**  
**Updated: 11/12/2010**

<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>COMPLETED</b>
		Appoint commissioners by BOS	<b>COMPLETED</b>
		Orient new COHS commissioners	<b>COMPLETED</b>
		Review committee structures & process	<b>COMPLETED</b>

ATTACHMENT B1

		Review advisory board structure	<b>COMPLETED</b>
		Establish name	<b>COMPLETED</b>
		Obtain insurance coverage	<b>IN PROCESS</b> D&O and Gen Liability for office space insurance. 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 develop & implement	<b>COMPLETED</b>
		Design development budget (pre op) & implementation budget (post op)	<b>COMPLETED</b>
		Create and Implement staffing plan	<b>IN PROCESS</b>
		Plan for facilities location	<b>IN PROCESS</b>
		Install office furniture & equipment	<b>IN PROCESS</b> Working with County IT and ISD Telecommunications
		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> -Milliman completed review and recommendations to EXEC-FIN 10/13/10. - DHCS agreement for data share to test eligibility files-estimate Mid-November
		Support negotiation of DHCS rates	<b>IN PROCESS</b> - Legal and operational review of contracts completed. - Received DHCS rate proposal. - Continuing discussions with DHCS. - Negotiate DHCS rate proposal, Finalize rates, Commission approval of contract/rates, DHCS approval of contract/rates, Ventura signs, DHCS signs

ATTACHMENT B1

		Federal waiver approval	<b>IN PROCESS</b> Submitted to DHCS; DHCS submitted CMS 10/1/2010. Pending CMS approval
		Establish cap rates and medical expense budgets	<b>IN PROCESS</b> Milliman completed detail claims data for 2009 –presented proposed PCP cap rates to EXEC-FIN 10-13-10 – committee unwilling to commit until final agreement with state on rates
		Establish reserve pools TBD	<b>UNDER REVIEW; Interim CFO hired.</b>
<b>5</b>	<b>Analyze Medi-Cal planning data</b>	Analyze data on Medi-Cal payments to providers	<b>COMPLETED</b> for 2009 data-Rate Development Template received along with detail claims level data
		Collect and analyze data on Medi-Cal eligibility	<b>IN PROCESS</b> 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	<b>IN PROCESS</b> 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	<b>IN PROCESS</b> 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	<b>Not Started - Await Director of Member Services</b> 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>		

ATTACHMENT B1

		Evaluate and choose among reinsurance options for COHS	<b>UNDER REVIEW; Interim CFO hired.</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>UNDER REVIEW; Interim CFO hired.</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>UNDER REVIEW; Interim CFO hired.</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, HIPAA procedures
		Communicate provider compensation program	<b>IN PROCESS</b> 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>UNDER REVIEW; Interim CFO hired.</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

7	Develop provider awareness, recruitment & participation	Establish database for provider contacts	COMPLETED
		Identify high volume Ventura providers	INCOMPLETE Unable to do as DHCS data is not in a format to provide
		Develop provider contract	COMPLETED Contracts approved by VCMMCC and Exec-Finance and submitted to DHCS.
		Initiate provider outreach plan:	UNDER REVIEW Provider town hall meeting planning, Attend various physician meetings, Send out provider bulletins
		Develop outreach materials:	UNDER REVIEW 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:	IN PROCESS. 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 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, & 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)
		Establish provider contracting targets	COMPLETED Identify providers (individuals, groups) likely to meet participation requirements, Send initial outreach letter. Mail recruitment packets to providers (including Letters of Intent), COMPLETED Letters of Intent sent out end of September

		Initiate contracting process	<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- <b>COMPLETED</b> Specialist and ancillary letters out week of 9/27th
		Implement credentialing process, Produce map with provider locations Create list of available PCPs for initial member enrollment mailings Hold provider orientation meetings at offices (individual or group) Hold provider workshops	<b>ON HOLD-Need Director Member 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
		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>
		Create 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>UNDER REVIEW; Interim CMO hired.</b> Communicate plan formulary & specialty drug arrangement, Create P&T Committee; Make recommendations to commission on plan formulary
		Outline quality management monitoring	<b>UNDER REVIEW; Interim CMO hired.</b> Peer review structure and process , Identify MIS interfaces (e.g. monitoring reports), Identify measures of over/under-utilization, as appropriate, Outline

ATTACHMENT B1

		alternative courses of corrective action
	Specify utilization review criteria and procedures for authorization	<b>UNDER REVIEW; Interim CMO hired.</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>UNDER REVIEW; Interim CMO hired.</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, Tréatment protocols and guidelines, as appropriate
	Conduct pre-operational PCP facility reviews	<b>UNDER REVIEW; Interim CMO hired.</b> Establish Corrective Action Plans (CAPs) as needed, Schedule DHCS site reviews
	Coordinate with public health and service agencies and establish MOUs	<b>UNDER REVIEW; Interim CMO hired.</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>UNDER REVIEW; Interim CMO hired.</b>
	Review/modify health education programs	<b>UNDER REVIEW; Interim CMO hired.</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.

ATTACHMENT B1



		Develop arrangements for non-emergency med transportation	<b>IN PROCESS</b> Ancillary contracting working on this
		Review/apply criteria for cultural appropriateness and language	<b>UNDER REVIEW; Interim CMO hired.</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-Need Membership files from DHCS</b> 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 Director Member 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 Director Member Services</b> Review/revise informational materials, 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 Director Member Services</b>
		Develop linkage with County Human Services Agency and Social Security Administration	<b>ON HOLD-Need Director Member Services</b> Initiate linkage with Ventura Human Services Agency. Orient Ventura County Social Services staff to COHS. Initiate linkage with SSA, Orient SSA staff to COHS

ATTACHMENT B1

		Non-medical transportation	<b>ON HOLD-Need Director Member Services</b> Identify public transportation, Identify/contact community resources
		Implement community/member outreach plan	<b>ON HOLD-Need Director Member 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, 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
		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>UNDER REVIEW; Interim Claims and IT Directors hired.</b>
		Planning for config of payment rules	<b>UNDER REVIEW; Interim Claims and IT Directors hired.</b>
		PC network system	<b>UNDER REVIEW; Interim IT Director hired.</b> Establish telephone/data lines, connections to facilities separate from processing point Order needed Software, Hardware
		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	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>IN REVIEW IT and Claims Directors hired.</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>

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

DBA Gold Coast Health Plan  
- a public entity

www.vchca.org/cohs

**DATE:** November 15, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Earl Greenia, CEO  
**SUBJECT:** Request from California HealthFirst Physicians –Participation in GCHP Auto Assignment Process

Recommendation:

Bring forth a recommendation to the November 15, 2010 meeting of the VCMMCC regarding traditional provider request for participation in the auto assignment process.

Discussion:

On June 28, 2010 the VCMMCC accepted the Policy for Primary Care Auto Assignment based on both the adopted COHS Establishing Ordinance NO. 4409 (section 1380-4(c)) and the Bylaws adopted by the Ventura County Medi-Cal Managed Care Commission (ARTICLE I (c)) which state the following:

"The Ventura County Medi-Cal Managed Care Commission shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

"...Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics. "

Following these principles, Ventura's auto assignment will be that clinics (Centers for Family Health, Rural Health, FQHC and County) rotate (based on current Medi-Cal volume) having the plan assign these members to them based on member geographical, cultural and linguistic preference data.

On October 6<sup>th</sup> Dr. John Keats, President and Medical Director of California HealthFirst Physicians sent an email to the GCHP Interim CEO with the following request:

"California HealthFirst Physicians, a primary care multispecialty group with offices in Oxnard and Camarillo, doctors plan on participating in the Gold Coast Health Plan when it is launched. Specifically, we would like to be part of the "auto-assignment" list so that we can get a proportional share of unassigned MediCal patients in the Oxnard and Camarillo area. How can I go about assuring our participation in this aspect of the Plan?"

"California HealthFirst Physicians currently has two family medicine physicians with a third one starting in January, one internist, two obstetrician-gynecologists and one part time dermatologist. All except the dermatologist would be available to enroll patients for primary care. "

Since this group is not one that would be considered a safety net provider, VCMMCC must consider a policy change.

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.

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 Regional Med. Center

Catherine Rodriguez  
VCMC Health System

**Commission Staff:**

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

Phone: (805) 981-5320

"Keats, John - SJRMC" [John.Keats@CHW.edu](mailto:John.Keats@CHW.edu)  
10/18/2010 2:36 PM

Terrie – California HealthFirst Physicians currently has two family medicine physicians with a third one starting in January, one internist, two obstetrician-gynecologists and one part time dermatologist. All except the dermatologist would be available to enroll patients for primary care. Thanks, and let me know what other information you need. – Dr. Keats

John P. Keats, MD, President/Medical Director  
California HealthFirst Physicians  
5051 Vedugo Way Suite 100  
Camarillo, CA 93012

☎: (805) 794-3967 | 📠: (805) 987-1927  
✉: [john.keats@chw.edu](mailto:john.keats@chw.edu)

Please do not print this e-mail unless you really need to. Thank you.

>>> "Keats, John - SJRMC" <[John.Keats@CHW.edu](mailto:John.Keats@CHW.edu)> 10/6/2010 3:12 PM >>>

Ms. Stanley – I am president of California HealthFirst Physicians, a primary care multispecialty group with offices in Oxnard and Camarillo. My doctors plan on participating in the Gold Coast Health Plan when it is launched. Specifically, we would like to be part of the "auto-assignment" list so that we can get a proportional share of unassigned MediCal patients in the Oxnard and Camarillo area. How can I go about assuring our participation in this aspect of the Plan? Thanks for your assistance. – Dr. Keats

John P. Keats, MD, President/Medical Director  
California HealthFirst Physicians  
5051 Vedugo Way Suite 100  
Camarillo, CA 93012

☎: (805) 794-3967 | 📠: (805) 987-1927  
✉: [john.keats@chw.edu](mailto:john.keats@chw.edu)

Please do not print this e-mail unless you really need to. Thank you.

## **Open Position Announcement: Ventura County Medi-Cal Managed Care Commission-Board of Directors**

On February 28, 2010 there will be one (1) vacancy on the Board that the public may directly apply for. The term length will be for four (4) years. This is a volunteer (non-paid) position. The position will be filled as follows:

Consumer Representative: shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position.

You must be a legal resident of the County of Ventura and be actively enrolled with full scope Medi-Cal benefits or be a representative of an organization that advocates for beneficiaries. You must also possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system and/or have knowledge of the healthcare needs of women, children, seniors, and/or the disabled, and business, finance and/or political experience

If you meet the qualifications and are interested in serving, please call 805-677-5238 or email [terrie.stanley@ventura.org](mailto:terrie.stanley@ventura.org) Terrie M Stanley-Deputy Director, Ventura County Health Care Agency

Ms Stanley is available to discuss your interest, answer any questions and send an application form. Appointments to the board are made by the Ventura County Board of Supervisors.

## **Terrie Stanley - COHS Website**

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**From:** Terrie Stanley  
**To:** Danny White; David Herzog  
**Date:** 1/5/2010 2:29 PM  
**Subject:** COHS Website  
**CC:** Robert Gonzalez; Sheila Murphy; Socorro Mauricio  
**Attachments:** Robert Gonzalez; Sheila Murphy; Socorro Mauricio

---

Please post the following on the COHS website. It is the announcement of the open board position-thanks.

Theresa M Stanley RN, CPHQ, MPA  
Health Care Agency Deputy Director  
Director Managed Care  
Office:2323 Knoll Drive Suite 417  
Ventura CA 93003  
Direct Line 805-677-5238  
Fax 805-677-5203  
EMAIL: [terrie.stanley@ventura.org](mailto:terrie.stanley@ventura.org)

**From:** Danny White  
**To:** Stanley, Terrie, Herzog, David  
**Date:** 1/6/2010 3:48 PM  
**Subject:** Re: Fwd: COHS Website

I will have it posted by the end of the day

-----Original Message-----

**From:** Terrie Stanley  
**To:** White, Danny <Danny.White@ventura.org>  
**To:** Herzog, David <David.Herzog@ventura.org>

**Sent:** 1/6/2010 3:31:08 PM  
**Subject:** Fwd: COHS Website

I noticed this has not been posted and I have not heard back from either of you-can you let me know the time frame for this to get posted to the site?

Theresa M Stanley RN, CPHQ, MPA  
Health Care Agency Deputy Director  
Director Managed Care  
Office:2323 Knoll Drive Suite 417  
Ventura CA 93003  
Direct Line 805-677-5238  
Fax 805-677-5203  
EMAIL: terrie.stanley@ventura.org

>>> Terrie Stanley 1/5/2010 2:29 PM >>>

Please post the following on the COHS website. It is the announcement of the open board position-thanks.

Theresa M Stanley RN, CPHQ, MPA  
Health Care Agency Deputy Director  
Director Managed Care  
Office:2323 Knoll Drive Suite 417  
Ventura CA 93003  
Direct Line 805-677-5238  
Fax 805-677-5203  
EMAIL: terrie.stanley@ventura.org



# county of ventura

COUNTY EXECUTIVE OFFICE  
MARTY ROBINSON  
County Executive Officer

March 16, 2010

Board of Supervisors  
County of Ventura  
800 South Victoria Avenue  
Ventura, CA 93009

J. Matthew Carroll  
Assistant County Executive Officer

Paul Dorse  
Chief Financial Officer

John K. Nicoll  
Human Resources Director

**Subject:** Approve Appointments to the Ventura County Medi-Cal Managed Care Commission for the County Organized Health System (COHS)

**Recommendation:**

It is recommended that your Board appoint the individuals found on Exhibit 2 to the Ventura County Medi-Cal Managed Care Commission (the Commission) in accordance with Section 1381 of Ordinance 4409, an ordinance of the Ventura County Board of Supervisors, enacting article 6 of chapter 3, division 1 of the Ventura County Ordinance Code.

**FISCAL IMPACT:**

None

**Discussion:**

In FY 2005-06, the Governor of California signed into law a mandate for the expansion of managed care programs to deliver Medi-Cal services in thirteen (13) additional California counties including Ventura County. The State Department of Health Care Services gives the County Board of Supervisors the discretion to select the model of Medi-Cal managed care which it prefers, provided that the model is consistent with federal law. In order to have the option of selecting the COHS model, the County needed, and at your Board's direction, the Health Care Agency pursued and obtained, federal legislation enabling your Board to select this delivery model. On June 2, 2009, your Board selected the County Organized Health System (COHS) as the preferred model for managed Medi-Cal in Ventura County and authorized the Director of the Health Care Agency to proceed with its establishment. On December 29, 2009 your Board passed, in a unanimous vote, Ordinance 4409 which created the governing board for the soon to be developed Medi-Cal managed care plan to serve beneficiaries in Ventura County.

The COHS was established for the purposes of designing and operating a publicly managed health care delivery system whose mission is to improve the health of its members through the provision of the best possible quality care and services. Section 1381 of Ordinance 4409 sets forth the composition, qualifications and terms of the Commission. The Commission is empowered to negotiate and enter into exclusive

contracts with the State of California Department of Health Care Services pursuant to Welfare and Institutions Code Section 14087.5, and to arrange for the provision of health care services to Ventura County Medi-Cal beneficiaries. The contract will be administered by an eleven-member Commission.

Nominations to the Commission were submitted to our office, who is responsible for screening nominees and presenting candidates to your Board. Six of the eleven openings on the Commission are designated positions for which nominations are inapplicable, for example, Ventura County Health Care Director. For four openings (marked by an asterisk on Exhibit 2) we received a minimum of three nominees for each opening. For one opening, we have not yet received nominees. We conducted interviews of the nominees to evaluate their experience and their ability to commit sufficient time to the Commission. Commission members shall possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system. Recommended appointments are based on the individuals' knowledge of the healthcare needs of women, children, seniors, and/or the disabled, and business, finance and/or political experience.

Exhibit 1 attached to this letter contains Ordinance 4409. Section 1381 of the ordinance outlines the requirements of Commission composition. Exhibit 2 to this letter contains CEO recommendations for the Commission. It is worth noting that a member may be later removed from the Commission by a 4/5ths vote of your board. Exhibit 2 contains only 10 member recommendations out of a total of 11 vacancies. That is because we have not yet received physician nominees from Clinicas. We will return to your Board after receiving and interviewing the Clinicas nominees. Until then, we recommend that the Board approve the 10 recommended members so that the Commission can begin to do their work.

This letter has been reviewed by County Counsel, and Auditor-Controller's Office. If you have any questions regarding this item please call me at 654-3656 or Matt Carroll at 654-2864.



Marty Robinson  
County Executive Officer

Attachments:  
Exhibit 1 Ordinance 4409  
Exhibit 2 Member Recommendations

Ventura County Medi-Cal Managed Care Commission

Exhibit 2

Assigned Seat	Name	Term	Term Start
Ventura County Health Care Agency Director	Michael Powers	4 years	March 2010
VCMC Family Medicine Residency Program Director	Dr. David Araujo	4 years	March 2010
Chief Executive Officer Clinicas del Camino Real Inc	Roberto S. Juarez	4 years	March 2010
Ventura County Board of Supervisor	Kathy Long	2 years (initial ONLY)	March 2010
Ventura County Medical Center Health System	Catherine Rodriquez	2 years (initial ONLY)	March 2010
* Private hospitals/healthcare system	Tim Maurice-St John Oxnard	4 years	March 2010
* Private hospitals/healthcare system	Rick Jarvis-Los Robles	2 years (initial ONLY)	March 2010
* Medi-Cal beneficiary or representative of an advocacy organization	Maylee Berry	4 years	March 2010
Physician-Clinicas del Camino Real Inc	Awaiting Names of Nominees from Clinicas	4 years	March 2010
* Physician-Ventura County Medical Association	Dr Laryard Dial	2 years (initial ONLY)	March 2010
Physician-Ventura County Medical Center Executive Committee	Dr. John Fankhauser	4 years	March 2010
<b>TOTAL SEATS</b>		<b>11</b>	

\* These members were selected from a list of nominees

## Terrie Stanley - COHS

---

**From:** Terrie Stanley  
**To:** David Stoll  
**Date:** 3/3/2010 11:03 AM  
**Subject:** COHS  
**Attachments:**

---

We estimate for the first 6-9 months before the COHS is operational, the total time commitment will be somewhere between 12-15 hours/month.

There will be at least one formal meeting monthly and there may be subcommittees formed to review very specific items that the commission will have to address.

Once the plan is operational-(after October 2010)- there will be a monthly board meeting which may be 3-4 hours. The material sent before each meeting would require around 2 hours (total of 6 hours). There may also be additional subcommittees that various board members are a part of. These may require an additional 2 hours for meetings and another 1 hour in preparation time (3 hours total)

Question 1. Assuming that meetings are held during regular work hours, what, if any, problems do you anticipate with the time commitment? What level of organizational support do you have for committing work hours to an off-site meeting for this purpose?

Question 2. Could you describe your current activities that would reflect your involvement with the Medi-Cal Program?

Question 3. Please share with me your experience in any/all of the following:

- Managed Care
- Health Plan Operations
- Contracting
- Creating Systems of Care that Encourage Access and Availability to Care for Underserved Populations

The three questions would be asked by the CEO office of the following nominees:

### ***Private Hospital/Health Care Systems*** (nominated by Hospital Association of Southern CA)

Mike Lurie-CMH Contact @ work: 652-5009 Email: [MLurie@cmhhospital.org](mailto:MLurie@cmhhospital.org)  
 Rick Jarvis LosRobles Contact @ work: 370-4739 Email: [Rick.Jarvis@HCAHealthcare.com](mailto:Rick.Jarvis@HCAHealthcare.com)  
 Tim Maurice-St. John Contact @ work:988-2754 Email: [tim.maurice@chw.edu](mailto:tim.maurice@chw.edu)  
 Darwin Remboldt-Simi Valley Contact @ work: 955-6217 Email: [remboldr@ah.org](mailto:remboldr@ah.org)

### ***Private MD*** (nominated by the Ventura County Medical Association):

Drs. Josephine Soliz (FP) Contact @ work: 988-1443 Email: [jsolizmd@verizon.net](mailto:jsolizmd@verizon.net)  
 Dr Lanyard Dial Contact @ work: 642-0239 Email: [ldial@lrmvna.org](mailto:ldial@lrmvna.org)  
 David Lebell (ER) Contact @ work: 886-3993 Email: [davidlebell@cox.net](mailto:davidlebell@cox.net)

***Beneficiary/Beneficiary Advocate***-these nominees applied directly-there was not an entity doing nomination.

Dr Lanyard Dial-Livingston VNA see above  
 Dr Henry Oster-PVT MD Contact @ work: 656-6272 Email: [hoster@roadrunner.com](mailto:hoster@roadrunner.com)

Maylee Berry-Ventura Access to Cancer Care Contact @ work: 644-4237 EXT 210  
Email:Maylee\_Berry@yahoo.com

*Here are my thoughts on the Beneficiary Group-per the ordinance it says ". This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position. Since two of these three are MD and they are well represented, Maylee becomes the #1 choice.*

**ALSO**-Here is the **LATEST** list of appointment-there was a change to who the medical association nominated, thus there is a change for the beneficiary and Private MD.

I am at the Knoll office all day today so call if you need me-also heard from Mike-he is fine with letter and did speak with Marty this AM on the process. Thanks once more for your assistance with this!

Theresa M Stanley RN, CPHQ, MPA  
Health Care Agency Deputy Director  
Director Managed Care  
Office:2323 Knoll Drive Suite 417  
Ventura CA 93003  
Direct Line 805-677-5238  
Fax 805-677-5203  
EMAIL: [terrie.stanley@ventura.org](mailto:terrie.stanley@ventura.org)

# VENTURA COUNTY ORGANIZED HEALTH SYSTEM

NEWSLETTER

ATTACHMENT D2  
MARCH 2010 – VOL. 1 ISSUE 1

*On behalf of the Ventura County Medi-Cal Managed Care Commission development team and the County of Ventura's Chief Executive Officer's staff, we would like to take this opportunity to thank those of you who submitted your nominations for seats on the County Organized Health System's governing body. To date, there have been 17 applications for 6 of the 7 currently open positions. It is anticipated that the Board of Supervisors will make appointments to the commission in the middle of March.*

## GOALS OF THE COMMISSION

The mission of the COHS is to improve the health of its members through high quality and preventive care.

1. Form a local, publicly accountable, and broadly representative Commission, including elected county officials, county health officials, nonprofit and private health care providers, low income residents, and other community members, dedicated to serving Medi-Cal beneficiaries.
2. Improve quality of care and health outcomes through an organized effort to set goals, measure care, and take corrective action, and assess progress.
3. Contract with any willing provider who meets the standards for participation set by the Commission.
4. Assure that every Medi-Cal member has selected or been assigned to a primary care provider and to the extent possible maintain existing physician-patient relationships.
5. Provide information and assistance to members about plan services and personal health care through methods that are culturally and linguistically appropriate.
6. Provide efficient and responsive administrative services to members and participating providers and others with whom the plan has contact.

7. Protect the role of the traditional providers and those current outpatient and inpatient providers through mechanisms adopted by the Commission.
8. Address the local challenges faced by patients and providers in accessing and providing health care in Ventura County.
9. Operate a cost-effective managed care plan which uses incentives to achieve its goals and rewards desired performance

## GOVERNANCE MODEL

The governing board of the Ventura County Medi-Cal Managed Care Commission shall consist of eleven (11) voting members who shall be legal residents of the County of Ventura. Members of the Ventura County Medi-Cal Managed Care Commission shall possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system.












Members of the Ventura County Medi-Cal Managed Care Commission shall be appointed by a majority vote of the Board of Supervisors.

The Ventura County Medi-Cal Managed Care Commission may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the Ventura County Medi-Cal Managed Care Commission. At a minimum, two (2) committees/advisory boards shall be established, one member/consumer based and one provider based.










ASSIGNED SEAT	NAME	TERM	TERM START
Ventura County Health Care Agency Director	Michael Powers	4 years	March 2010
VCMC Family Medicine Residency Program Director	Dr. David Araujo	4 years	March 2010
Chief Executive Officer Clinicas del Camino Real Inc	Roberto S. Juarez	4 years	March 2010
Ventura County Board of Supervisors	Kathy Long	2 years (initial ONLY)	March 2010
Ventura County Medical Center Health System	Appointment pending by Ventura County BOS	2 years (initial ONLY)	March 2010
Private hospitals/healthcare system	Appointment pending by Ventura County BOS	4 years	March 2010
Private hospitals/healthcare system	Appointment pending by Ventura County BOS	2 years (initial ONLY)	March 2010
Medi-Cal beneficiary or representative of an advocacy organization	Appointment pending by Ventura County BOS	4 years	March 2010
Physician-Clinicas del Camino Real Inc.	Awaiting names of nominees from Clinicas	4 years	March 2010
Physician-Ventura County Medical Association	Appointment pending by Ventura County BOS	2 years (initial ONLY)	March 2010
Physician-Ventura County Medical Center Executive Committee	Appointment pending by Ventura County BOS	4 years	March 2010

**Message Id:** 4B9E339F.207 : 97 : 8319  
**Subject:** Newsletter  
**Created By:** [Terrie.Stanley@ventura.org](mailto:Terrie.Stanley@ventura.org)  
**Scheduled Date:**  
**Creation Date:** 3/15/2010 1:16 PM  
**From:** Terrie Stanley








### Recipients

Recipient	Action	Date & Time	Comment
 ah.org	Transferred	3/15/2010 1:16 PM	
To: Darwin Rembolt (RembolDR)			
To: John Roughan (RoughaJF)			
 coastalalliance.com	Transferred	3/15/2010 1:16 PM	
To: Morales, Maricela (maricela@coastalalliance.com)			
To: Vargas, Marcos (marcos@coastalalliance.com)			
 CHW.edu	Transferred	3/15/2010 1:16 PM	
To: Amy Carrillo (amy.carrillo)			
To: Michael Murry (Michael.Murray)			
To: Nancy Parker (nancy.parker)			
To: Tim Maurice, (Tim.Maurice)			
To: Yolanda Aciles (Yolanda.aviles)			
 clinicas.org	Transferred	3/15/2010 1:16 PM	
To: Chris Velasco (cvelasco)			
To: Enrique DeLaGarza (edelagarza)			
To: Tony Alatorre (talatorre)			
 clinicas.org	Transferred	3/15/2010 1:16 PM	
To: Roberto Juarez (rjuarez)			
 cmhhospital.org	Transferred	3/15/2010 1:16 PM	
To: Gary Wilde (gwilde)			
 dhcs.ca.gov	Transferred	3/15/2010 1:16 PM	
To: Javier Portela (Javier.Portela)			
 dhcs.ca.gov>	Transferred	3/15/2010 1:16 PM	
To: O.Z. Kamara <o.z.kamara@dhcs.ca.gov> (O.Z.Kamara <o.z.kamara)			
 freeclinic.org	Transferred	3/15/2010 1:16 PM	
To: Teresa Seeley (tseeley)			
 hasc.org	Transferred	3/15/2010 1:16 PM	
To: Gerald Arcuri (garcuri)			
 HCAHealthcare.com	Transferred	3/15/2010 1:16 PM	

## ATTACHMENT D2

To: Greg Angle (greg.angle)		
To: Rick Jarvis (Rick.Jarvis)		
 icts.org	Transferred	3/15/2010 1:16 PM
To: Joelle Vessels (jvessels)		
 ilrc-irico.org	Transferred	3/15/2010 1:16 PM
To: C. Baizer (cbaizer)		
To: C. Licea (clicea)		
To: Janet Scheets (jscheets)		
 imvna.org	Transferred	3/15/2010 1:16 PM
To: Lanyard Dial (ldial)		
 vccf.org	Transferred	3/15/2010 1:16 PM
To: Hugh Raiston (hralston@vccf.org)		
 ojaihospital.org	Transferred	3/15/2010 1:16 PM
To: Margaret Garrett (mgarrett)		
 pachealth.org	Transferred	3/15/2010 1:16 PM
To: Bobbie Wuntch (bwunsch)		
 POENT.VCISD	Delivered	3/15/2010 1:16 PM
To: Victoria Jump (Victoria Jump)	Read	3/15/2010 1:20 PM
 POHCA.VCHCA	Delivered	3/15/2010 1:16 PM
To: Barry Fisher (Barry Fisher)	Read	3/15/2010 1:16 PM
To: Connell Davis (Connell Davis)	Read	3/16/2010 9:58 AM
To: David Araujo (David Araujo)	Read	3/15/2010 1:38 PM
 POVCHCA.VCHCA	Delivered	3/15/2010 1:16 PM
To: Albert Reeves (Albert Reeves)	Read	3/15/2010 3:13 PM
To: Catherine Rodriguez (Catherine Rodriguez)	Read	3/29/2010 1:12 PM
To: Christine Johnston (Christine Johnston)	Read	3/17/2010 8:46 AM
To: Duane Pearson (Duane Pearson)		
To: John Fankhauser (John Fankhauser)	Read	3/15/2010 1:50 PM
To: Meloney Roy (Meloney Roy)	Read	3/16/2010 9:56 PM
To: Michael Powers (Michael Powers)	Read	3/15/2010 5:49 PM
To: Pamela Lindeman (Pamela Lindeman)	Read	3/15/2010 1:27 PM
To: Paul Lorenz (Paul Lorenz)		



To: Ramsey Ulrich (Ramsey Ulrich)	Read	3/15/2010 3:17 PM
To: Robert Gonzalez (Robert Gonzalez)	Read	3/15/2010 1:20 PM
To: Socorro Rodriguez (Socorro Rodriguez)	Read	3/15/2010 1:17 PM
 roadrunner.com	Transferred	3/15/2010 1:16 PM
To: MD Henry Oster (hoster)		
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To: Tim Reilly (phcg)		
 softcom.net	Transferred	3/15/2010 1:16 PM
CC: Tim Reilly (phcg)		
 tri-counties.org	Transferred	3/15/2010 1:16 PM
To: Jackson Wheeler (jw)		
 VenturaMedical.org	Transferred	3/15/2010 1:16 PM
To: Mary Carr (MaryCarr)		
 verizon.net	Transferred	3/15/2010 1:16 PM
To: Steve Krivit (res0p2ru)		
 yahoo.com	Transferred	3/15/2010 1:16 PM
To: Maylee Berry (maylee_berry)		

### Files

File	Size	Date & Time
COHS news_2010 Vol 1-Issue1.pdf	64757	3/10/2010 1:57 PM
MESSAGE	2069	3/15/2010 6:18 AM
Text.htm	1677	3/15/2010 1:18 PM

### Options

**Auto Delete:** No  
**Concealed Subject:** No  
**Expiration Date:** None  
**Notify Recipients:** Yes  
**Priority:** Standard  
**Reply requested by** None  
**Security:** Standard  
**To Be Delivered:** Immediate

October 27, 2010

Commission Members  
Ventura County COHS / Gold Coast Health Plan  
2323 Knoll Drive  
Ventura, CA 93003

**Transmitted Via Electronic Mail**

Dear Commission Members,

On behalf of the Health Education League of America (HELA), a community based organization comprised of local residents, we are requesting that you suspend any further actions on hiring either a CFO, CMO or any other high-level management personnel, interim or permanent for COHS/Gold Coast Health Plan pending disclosure and community review of the following information:

- List the specific publications and community-organizations utilized to advertise for these positions and the period of time advertised.
- Location of each publication and organization utilized for this search.
- Cost by publication and organization for advertising the positions.
- A list of other specific media, if any, utilized to conduct this search.
- Independently-certified distribution, geographic and demographic data for each publication.
- Specific cost required to obtain access to these publications, free-versus-subscription (listed individually).
- Gender and ethnic applicant responses received.
- Gender and ethnic applicant candidates selected as finalists.

On a separate but related matter, Ventura County enabling ordinance #4409 and the COHS by-laws state:

*One member shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position. (Consumer Representative)*

Based upon this criteria, HELA challenges the selection and qualifications of the present Commissioner in this position and requests the following information for our community review:

- List the specific publications and community-organizations utilized to issue notice for this position and the period of time each notice was posted.
- Provide a copy of each notice issued.
- List the language of each publication utilized for issuance of the notice.
- The language utilized by each organization to issue notice for this position.
- The location of each publication and organization utilized for this search.
- Cost by publication and organization for issuing notice of this position.
- A list of other specific media, if any, utilized to conduct this search.
- Independently-certified distribution, geographic and demographic data for each publication.
- The specific cost required of a member of the public to obtain access to these publications, free-versus-subscription (listed individually).
- The number of applicant responses received for this position.
- Applicant responses received by gender and ethnicity.
- Applicants selected as finalists by gender and ethnicity.
- Individual(s) who selected the Medi-Cal / Advocacy Representative.
- Describe fully the selection process utilized to make the final appointment.
- Confirmation whether the Commissioner is or is not a Medi-Cal recipient.

## ATTACHMENT D3

Page 2 / HELA Letter to COHS / Gold Coast Health Plan  
October 27, 2010

- The Commissioner's specific written job function that qualifies her as a "representative" of Medi-Cal recipients.
- Provide the written Mission / Vision Statement confirming said Commissioner belongs to an "advocacy organization that serves the Medi-Cal population."
- Since other COHS Commissioners already represent Ventura County Medi-Cal recipients afflicted by or with the potential of being afflicted by Cancer, specify how the present Beneficiary Representative or the organization to which she belongs "is not otherwise represented on the Ventura County Medi-Cal Managed Care Commission".

It is clear that the present Commissioner does not speak Spanish and cannot communicate directly with the Spanish-speaking majority of the COHS stakeholders in Ventura County. This significantly impairs her ability to help educate these Medi-Cal recipients or listen to and understand their concerns. Bottom-line, in our view she cannot fully advocate on their behalf. Moreover, Ms. Berry demonstrates a lack of willingness to reach out to our community and work with us going forward. In light of these omissions and incompatibilities, HELA requests the voluntary resignation of the Consumer Representative or that your Commission request that the Ventura County Board of Supervisors replace the Consumer Representative in light of the evident inconsistencies. Further, we request a new Public Posting to include local Spanish Media for a Medi-Cal beneficiary or Advocacy Representative who does meet the criteria of the ordinance.

We look forward to prompt and courteous reply.

Sincerely,

*David V. Cruz*

David Cruz  
President

ATTACHMENT D1

Cc: Jim Hensley – District Director, League of United Latin American Citizens  
Thomas Saenz, Attorney - Mexican-American Legal Defense and Education Fund  
Ruben Guerra – Chairman, Latin Business Association (LBA)

October 25, 2010

Committee Members in Attendance		Staff in Attendance	
√	Terrie Stanley, Co-Chair, Interim CEO	√	Dee Pupa, Interim Assistant Clerk of the Board
√	Narcisa Egan, Co Chair, Assistant Health Care Agency CFO (Arrived 2:40 p.m.)		
	Lanyard Dial, MD, Physician, Ventura County Medical Association	Guests in Attendance	
	Rick Jarvis, Private Hospitals / Healthcare System (Excused)	√	Jeff Mahoney, City Creative Group
√	Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.	√	Traci R. McGinley, GCHP Consultant
√	Michael Powers, Director, Ventura County Health Care Agency		
√	Catherine Rodriguez, 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 2:30 p.m.</li> <li>All Members present with the exception of Commissioners Dial and Jarvis.</li> <li>A quorum was present.</li> </ul> <p>Co-Chair Stanley welcomed everyone and introduced Jeff Mahoney of City Creative Group.</p>	Called to order at 2:30 p.m.
2	Public Comment / Correspondence  Terrie Stanley	None.	
3	Review and Approval - Minutes October 13, 2010  Michael Powers	<p>The Minutes of October 13, 2010 Executive / Finance Committee meeting were presented for review and approval.</p> <p>Member Maurice moved to approve the October 13, 2010 minutes, Member Dial seconded.</p> <p>Member Rodriguez requested clarification of the Severance Package portion of the Motion for Item 8. After discussion, Member Rodriguez moved to amend the motion portion of Item 8 as follows: "... approve the new compensation package: Evaluation in 6 months, with</p>	<p>Member Maurice moved to approve the October 13, 2010 minutes, Member Dial seconded.</p> <p>Member Rodriguez moved to approve October 13, 2010 minutes as amend, Member</p>

October 25, 2010

		<p>possibility up to 5% increase; Holiday is as accrued or without pay; Car allowance up to \$1,000; \$10,000 relocation and \$1,000 Housing; Severance to be a total of 2 months the 1<sup>st</sup> year, 4 months the 2<sup>nd</sup> year and 6 months the 3<sup>rd</sup> year".</p> <p>Member Rodriguez moved to approve October 13, 2010 minutes as amend, Member Powers seconded. The motion carried.</p>	<p>Powers seconded. <b>Approved 3-0.</b></p>
4	<p>Logo Selection for Gold Coast Health Plan – Executive Finance Committee Recommendation for Logo</p> <p>Result of Community Input Final Selection</p> <p>Terrie Stanley Jeff Mahoney, City Creative Group</p>	<p>The Committee was provided with a handout of the updated versions of the logos which showed different logos and color schemes.</p> <p>Jeff Mahoney indicated that when the logos were previously brought to the Committee there was consensus that the brown version of the "Stethoscope" was preferred. Of the public input received, 65% was in favor of that logo and 75% of staff. He pointed out that page 3 of the handout shows that same logo in varied color schemes.</p> <p>There was discussion regarding ensuring that the logo is unique which was confirmed would be the case if the Trade Mark was received.</p>	<p>There was Committee Consensus that the logos as presented be forwarded to the Commission.</p>
5	<p>VCMCC and Executive Finance Committee 2011 Meeting Dates</p>		<p>There was Committee Consensus on the Committee Dates.</p>
6	<p>Adjourn</p>	<p>Co-Chair Stanley adjourned the meeting at 2:43 p.m.</p>	<p>Adjourned at 2:43 p.m.</p>

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

DBA Gold Coast Health Plan  
- a public entity

www.vchca.org/cohs

**ATTACHMENT G**

**DATE:** November 15, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Earl Greenia, CEO  
**SUBJECT:** December Board Meeting-Election of Officers to the Ventura County Medi-Cal Managed Care Commission for 2011

Recommendation:

Bring forth a recommendation to the next board meeting of November 15, 2010 that candidates be selected for the position of Chair and Vice-Chair.

Discussion:

The BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM accepted by the VCMMCC on April 26, 2010 state the following:

**ARTICLE III**

**Officers**

- (a) Officers of the VCMMCC shall be a Chairperson and Vice-Chairperson.
- (b) The Chairperson and the Vice-Chairperson shall be elected by majority vote of the members in attendance at the first meeting of the VCMMCC to serve for the remainder of the calendar year in which the first meeting occurs. Officers subsequently elected to these offices, pursuant to the procedures outlined under "Election" below, shall serve a term of two years or until their successor(s) has/have been duly elected.
- (c) No individual shall serve more than two consecutive terms in any of the elected officer positions.

**Election**

- (a) During the June meeting, the Chairperson shall appoint and the VCMMCC shall confirm a Nominating Committee of not less than three (3) members.
- (b) The Nominating Committee shall place in nomination the candidates selected and accept further nominations from the floor during the meeting.
- (c) During the December meeting, the VCMMCC shall elect officers by majority vote of the members present.
- (d) The officers elected at the December meeting will take their respective offices on January 1<sup>st</sup> of the following year.
- (e) Notwithstanding the normal election process detailed in paragraphs a-d above, when circumstances warrant it, an election may be held at any time during the year. Circumstances that would warrant a special election include: one or more of the officers wishes to resign as an officer, or one or more of the officers is terminated.

On June 28, 2010, the VCMMCC selected the Executive / Finance Committee to also serve as the nominating committee for the above.

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.

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 Regional Med. Center

Catherine Rodriguez  
VCMC Health System

**Commission Staff:**

Earl Greenia  
Chief Executive Officer  
Coast Health Plan  
200 E. Gonzales Road,  
Suite 200  
Oxnard, CA 93036

Phone: (805) 981-5320