

Meeting of the Gold Coast Health Plan Executive / Finance Committee

DATE: Wednesday, November 10, 2010

TIME: 3:30-5:30 pm

PLACE: 2240 E Gonzales Road, Suite 200
Oxnard CA 93036

AMENDED AGENDA

Item	Documents for Review	Subject	Presenter	Time
1		Call to Order, Welcome and Roll Call	Earl Greenia	3:30 PM
2		Public Comment/Correspondence	Earl Greenia	3:30-3:40 PM
3 ACTION	ATTACHMENT A BL: Disclosure and Community Review of Documentation ATTACHMENT A1 October 27, 2010 Letter from HELA ATTACHMENT A2 GCHP DRAFT Consumer Awareness Campaign Strategy	Receive Correspondence from Health Education League of America and Direct Staff Response	Earl Greenia	3:40-4:00 PM
4 ACTION	ATTACHMENT B Minutes – October 25, 2010	Review and Approve Meeting Minutes	ALL	4:00-4:05 PM
5 ACTION	ATTACHMENT C Income and Expenses	Current Financial Overview	Narci Eagan	4:05-4:15 PM
6 ACTION	ATTACHMENT D BL: Officer Election for Calendar Year 2011	December Election VCOMMCC Board Chair and Vice Chair	Earl Greenia	4:15-4:30 PM
7 ACTION	ATTACHMENT E BL: 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	4:30-4:45 PM
8		Adjourn	ALL	5:00 PM

Meeting agenda available at our website www.vchca.org/cohs

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT LAURA AT 805/981-5023. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

MEDI-CAL
MANAGED CARE
COMMISSION

DBA Gold Coast Health Plan
- a public entity
www.vchca.org/cohs

DATE: November 10, 2010
TO: Gold Coast Health Plan Executive/Finance Committee
FROM: Earl Greenia, CEO
SUBJECT: Correspondence from Health Education League of America-Request for Disclosure and Community Review of Documentation

Michael Powers
Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
Medical Association
President

Dr. David Araujo
CMC Family Medicine
Residency Program Director

Gay Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
Physician
CMC Executive Committee

Mark Jarvis
Private Hospital /
Health Care System
St. 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
CMC Health System

Commission Staff:

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

Recommendation:
Direct staff response to the request.

Discussion:
On October 27, 2010, the attached correspondence was received from David Cruz, President of HELA. While there is reference to community review, there are no details as to who shall comprise this entity. Per enabling ordinance # 4409 Article 6 of Chapter 3 Division 1 Section 1381-5:

“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. “

On April 26, 2010 the VCMCC accepted the following structure for the **Member / Consumer Committee / Advisory Board:** Committee shall be comprised of 10 voting members, each seat representing a constituency served by the plan. These shall include:

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

Two of the positions are standing seats, which include the Health Care Agency and the Human Services Agency. Each of the appointed members serves a two-year term with the exception of the standing seat positions. However, committee members may reapply for additional terms, as there are no term limits. The committee shall meet at least quarterly. Ad hoc committees, however, meet on an as-needed basis.

Staff will begin the process of recruitment of members of this committee.

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.

- 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

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)

GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY
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Purpose:

The successful development and implementation of Gold Coast Health Plan will require coordination with and responsiveness to both the local provider and consumer communities. In order to maximize the effectiveness of this task, Gold Coast Health Plan will implement an outreach and communications strategy aimed at both of these critical elements within the Ventura County marketplace. Outreach efforts to the provider community are already under way. The following narrative describes the proactive approach that will be taken to be inclusive of all interested Ventura County Medi-Cal consumers and establish a meaningful dialogue. This will be done in order to solicit input, active cooperation, and support for changes that will be taking place in moving from the current fee-for-service environment to managed care.

Strategy:

Gold Coast Health Plan will implement a campaign whose goal is to reach the consuming members of the public in order to effectively open channels of communication, spread the facts of what will change, and secure support for the forthcoming comprehensive program.

Population Segments and Targets:

The consumer awareness campaign will be directed towards the end-users--Medi-Cal Beneficiaries, who will be assigned to the Gold Coast Health Plan, as well as advocacy groups or agencies that focus on working with the needs of the population. The following Ventura County groups will be targeted for outreach efforts and exposure to Gold Coast Health Plan's programs and principles:

- Lower income groups and those on cash assistance or CalWORKS
- Persons on Social Security Income
- Seniors and Persons with Disabilities
- Young mothers and their children (or soon-to-be young mothers)
- Ventura County Foster Parent Association, Ventura County Foster Care (Human Services Agency), Multidimensional Treatment Foster Care (MTFC), Casa Pacifica, & Supportive and Therapeutic Options Program (STOP)
- Limited English proficient individuals
- Patients residing in Long Term Care facilities
- Other critical groups to be identified as the campaign rolls out

In trying to reach these constituencies, Gold Coast Health Plan will make reasonable efforts to establish connections with all Ventura County advocacy groups that are dedicated to serving this population. Such advocacy group targets may include but not be limited to:

- Public housing and tax exempt charitable organizations such as Rescue Mission Area Agency on Aging, Braille Institute of America, Health Insurance Counseling and Advocacy Program (HICAP), Society for the Blind, Tri-County GLAD, Independent Living Resource Center, and similarly focused organizations
- Interface Children Family Services, First 5, La Leche League, Head Start, WIC or similar child-oriented programs
- Spanish language print and other media communication outlets
- Senior Centers, Adult Day Health Care Centers, Meals on Wheels, Senior Concerns, and similar organizations or groups in the community that may benefit seniors, caregiv-

GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY
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ers, and the families and friends of those who are chronically ill, impaired, or home-bound

- Groups that have appeared before the Gold Coast Health Plan Governing Board
- Local offices of Employment Development Department, Veterans' Affairs, etc.
- Camarillo Health Care District, free clinics and other organizations providing services to the population
- ARC - Ventura County, Tri-County Regional Center, and other organizations providing educational, vocational, and residential services to people with developmental disabilities
- CAUSE (Coastal Alliance United for a Sustainable Economy)
- LULAC (League of Latin American Citizens)
- School Districts within Ventura County
- Faith-based organizations
- Consumer Action Groups
- Other advocacy groups that are identified as the campaign unfolds

Methods of Engagement:

Gold Coast Health Plan has already contacted many of these groups in an effort to initiate dialogue and solicit support. It is Gold Coast's continued goal to solicit their intellect, harness their initiative and engage their energy and enthusiasm needed to design, develop and implement highly effective communication channels and employ up-to-date and state-of-the-art methods to secure the interest and support of their consumer community constituencies.

Communication Distribution Channels:

Gold Coast Health Plan will work with community groups and advocates to design and distribute simple, clear and concise messaging that can be easily disseminated throughout the Ventura County community. Products might include but not be limited to:

- Simple flyers in both English and Spanish distributed in high foot traffic locations
- Print and mass media that is of no cost to the organization and provides Public Service Announcements
- Community meetings, hosted town hall gatherings and health fairs to promote and explain GCHP
- Presentations to local community groups
- Announcements and presentations at local churches and faith-based events
- Other "ad hoc" opportunities that may arise

Action Steps:

In order to implement this plan and achieve the desired outcomes of community awareness and outreach, the following steps will be taken:

1. Assign GCHP staff responsible for the implementation of the plan and provide a regular report of activities to the appropriate Governing Body.
2. Research the local Ventura County community and identify as many advocacy groups as possible willing to assist and gain access to the population that will be served.

GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY

3. Contact community/organizational leaders or assigned agency staff to obtain their commitment to assist with the awareness and participation of their constituents.
4. Conduct face-to-face meetings with GCHP staff to clarify the organizational goals and objectives and seek input and support to maximize success.
5. Conduct regular meetings with advocacy groups to design communication pieces and most effective channels and methods of distribution.
6. Continuously gauge effectiveness and measure participation from targeted community groups.
7. Discard methods and practices proven to be suboptimal; expand avenues that elicit the best response, highest participation levels or other measures of satisfactory outcomes that will help GCHP achieve targeted goals.
8. Invite supportive agency representatives to be seated on the ongoing Member/Consumer Advisory Committee. Continued participation will assist the Commission as it formulates ongoing policy and gain beneficial insights from their unique perspectives in serving their constituencies.

Timing:

At present, Gold Coast Health Plan is in a transitional state of readiness. The current Interim CEO (Terrie Stanley) and one Management Consultant from Regional Government Services (Paul Roberts) are fully engaged with the development of policies and procedures, producing contract deliverables for the Department of Health Care Services, and soliciting providers for the emerging contracted network. Gold Coast Health Plan's IT vendor, ACS, is fully engaged with system configuration and operations preparations in addition to assisting with the demands and details of provider network start-up. In short, there are current staff resources in place at present are limited to commence the important consumer awareness campaign. This is only a temporary situation.

A permanent CEO is scheduled to start the first week of November. Shortly thereafter the final interviews of C-level (CFO, CMO, etc.) and several key Director-level positions will be completed, staff selected and appointed. Other important work activities including but not limited to this consumer awareness campaign may then be properly staffed and initiated.

Once implemented, the program can begin producing positive, demonstrable movement within 4 to 6 weeks. After the main course has been established, mid-course corrections will be effected and ongoing consumer outreach efforts will be pursued on a continuous basis.

Per the Department of Health Care Services requirements, formal individual beneficiary notification will be initiated by the Department itself in the form of a "90 day letter." By that point in time, it is anticipated there will be broad understanding of and acceptance for the newly formed plan. Outreach and educational efforts will not stop there. On the contrary, Gold Coast Health Plan will continue to connect with beneficiaries and focus on the reduction of barriers to a smooth start-up, transition, and program implementation.

**VCMGCC dba Gold Coast Health Plan
(GCHP)**

**GCHP Executive / Finance
Committee Meeting Minutes**

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

October 13, 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	
	Lanyard Dial, MD , Physician, Ventura County Medical Association (Excused)	Guests in Attendance
	Rick Jarvis , Private Hospitals / Healthcare System (Excused)	✓ Bob Cosway , Consultant, Milliman
✓	Roberto S. Juarez , CEO, Clinicas del Camino Real, Inc.	✓ Lynette Coverly , Coverly Professional Services
✓	Michael Powers , Director, Ventura County Health Care Agency	✓ Ken Dixon , Consultant, ACS
✓	Catherine Rodriguez , Ventura County Medical Health System	✓ Candice Limousin , Human Resources, RGS-LGS
		✓ Traci R. McGinley , GCHP Consultant

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1 Call to Order Welcome and Roll Call Terrie Stanley	<ul style="list-style-type: none"> The meeting was called to order at 4:05 p.m. All Members present, except for Member Dial and Member Jarvis. A quorum was present. Co-Chair Stanley welcomed everyone and introduced Bob Cosway of Milliman, Candice Limousin Human Resources, RGS-LGS, Lynette Coverly of Coverly Professional Services and Ken Dixon of ACS.	
2 Public Comment / Correspondence Terrie Stanley	None.	
3 Correspondence from Health Education League of America – Request for Television Coverage of Scheduled Meetings Draft Gold Coast Health Plan’s Consumer Awareness Campaign Strategy Terrie Stanley	<p>Request for Television Coverage of Scheduled Meetings. Co-Chair Stanley advised the Committee that she would forward this Request for Television Coverage of Scheduled Meetings to the full Commission after the Committee Meeting. She then reviewed the conditions of Government Code §54953.6.</p> <p>Co-Chair Stanley continued stating that the request is also that the live broadcasts occur bilingually (English / Spanish). This really is public</p>	There was Committee Consensus that Co-Chair Stanley would draft a response to Health Education League of America for Committee review.

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	<p>awareness and a draft plan is also being presented for Committee review.</p> <p>Member Juarez asked if they were looking for this group to fund the public awareness.</p> <p>Co-Chair Stanley stated that the room utilized is not set up for public broadcasting and the current location is fairly limited.</p> <p>Member Juarez expressed his concern that it could cause disruptions of the meeting.</p> <p>Co-Chair Stanley stated that a response was needed and suggested she contact Mr. Cruz to see what his actual desires are. Member Powers thought that was fine but cautioned as there may be other entities that wish to broadcast.</p> <p>Member Juarez added that if this was approached, being in Spanish would be great and expressed his concern that more groups that work with the Spanish population need to be identified in the Draft Gold Coast Health Plan's Consumer Awareness Campaign Strategy.</p> <p>Member Powers asked how they would be found. Member Juarez responded that the groups on the list, and area faith based organizations should be contacted. Member Powers suggested the co-ops, Mextecho, CAUSE and United Way.</p> <p>Co-Chair Stanley responded that the list can be expanded as more entities are identified.</p> <p>Member Juarez requested that School Districts be added as well.</p>	
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<p>4 Review and Approval - Minutes September 27, 2010 Terrie Stanley</p>	<p>The minutes of September 27, 2010 meeting were presented for review and approval. It was noted that Item Number 1, Roll Call, was corrected to show Co-Chair Egan, not Commissioner Egan.</p>	<p>Member Juarez moved to approve the minutes with the correction as noted. Member Powers seconded. Approved 3-0.</p>
<p>5 Financial Update and Discussion on Primary Care Capitation Rates and Budgets for Providers Narci Eagan Bob Cosway</p>	<p>Co-Chair Stanley explained that the capitation rates presented are an attempt to value primary care services, as well as what is what is currently being paid within the industry as a whole. Milliman looked at reimbursement rates and trends. Also taken into consideration is the fact that Federally Qualified Health Clinics (FQHC's) are paid supplemental payments by the State and GCHP will need to demonstrate that it pays all PCP's the same reimbursement amounts. There are also services that can be billed, and will be paid for, outside of cap. CHDP is one example of services paid in addition to the capitation rates. The analysis included a review of comparable plan data along with information regarding Ventura cost and utilization from the State. Financial Update. Co-Chair Egan reviewed the cash flow, with note to the ACS line of credit. She then added the additional expense for office furniture down payment of \$8,000. In response to Member Rodriguez question about the furniture being free, Co-Chair Stanley advised that about \$10,000 worth of furniture was received free, but additional was necessary. Member Juarez added that he thought he had cubicles. Member Rodriguez asked if it would be considered a donation, member Juarez responded, yes.</p>	<p>Member Juarez moved to accept the Financial update (recommendation #1. Member Rodriguez seconded. Approved 3-0. Recommendation #2 and #4 were deferred Member Juarez moved to approve recommended services be included in PCP cap (Recommendation #3; Member Powers seconded. Approved 3-0. Member Powers moved to explore options on #5 & #6, Member Juarez seconded Approved 3-0.</p>

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	<p>Co-Chair Egan then reviewed the draw down amounts from the cash flow.</p> <p>Discussion on Primary Care Capitation Rates and Budgets for Providers. Bob Cosway of Milliman provided a status update on the rate setting. While the actual rates from the State are not yet final, Ventura has been provided with the summary claim data from 2007. There are more members than originally noted from the State information was from 2005 originally, it is likely that current 2010 data would show even more members per month. Aid code categories (type s-ie Aged, Family ect) were then reviewed.</p> <p>Bob Cosway added that the State took 2007 data and trended it forward, that was then trended to April/March. The State indicates that is what they will pay Ventura, but he does not believe that is consistent with how State has paid other plans in the past. It appears to be less then what was trended, as the actual came out less than would have been expected.</p> <p>Member Juarez asked if it was comparable to other countries or below due to the fact that the Ventura providers have kept the utilization low. Member Powers agreed.</p> <p>Member Powers expressed his belief that we could prove to the State that additional funding would be needed and we could make a case to the State is that they would need to pay more, as the provider community has been saving the state money all along.</p> <p>Member Juarez added that this is why Ventura is last to go to managed care because of its efficient care model. It appears as if Ventura is being punished for doing good job.</p>
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	<p>Bob Cosway responded that GCHP could argue that issue and possibly get 100%. Member Powers asked if the State acknowledges that Ventura county providers are saving them money.</p> <p>Member Rodriguez added that the point is that we are already the best run County and should not be penalized. Another factor is that there are now two trauma hospitals in the county.</p> <p>Member Powers asked if we know what rates are in other counties. Bob Cosway responded that we did not know off hand. Member Powers added that it would be a good bench mark. Bob Cosway added that he does know some of the two plan model rates.</p> <p>Member Rodriguez stated that she was surprised when it was trended how it showed our efficiency. Member Powers added it was because of the clinic systems that operate within the county, they do an excellent job of keeping people out of the emergency room as individuals are able to see a physician for care.</p> <p>Bob Cosway stated that the State wants to pay 97%, but thinks Gold Coast may be able to get somewhere between 100-103%, as the state could pay 100% of FFS and still show they are saving money.</p> <p>Member Juarez stated that he would like to see more on how they are treating FQHC's.</p> <p>Co-Chair Stanley, even though there are an FQHC's in the provider network, the plan needs to pay all PCP's the same across the board. If you look at the pages showing the Physician Primary Care Services rates, all categories are relatively the same. There are other services PCP's do and bill the plan for, for those additional services, the providers will be paid for IN ADDITION to what is covered under the</p>	
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	<p>capitation rate- that is how you get to the number that represents the reimbursed costs. As an FQHC, they get paid by the state and are "made whole" to their cost.</p> <p>Member Juarez asked how the pharmacy and labs will be handled. Is there a way to put this all together? Would like to see it all and not just a piece at a time.</p> <p>Member Juarez asked what about labs. Co-Chair Stanley responded that we will not have just one lab provide services and Gold Coast has been approached by Clinicas and VCMC for cap rates on lab as well as some other services. Member Juarez stated that we are required to give patients choice, but have not discussed how all of this will be handled. He would like to see more complete information as well as how people get auto assigned.</p> <p>Co-Chair Stanley stated that auto assignment was discussed in detail at the Commission; it was one of the items discussed by both this committee and the full board at the earlier meetings. Co-Chair Stanley stated that GCHP has been asked by private doctors to be included in the auto assignment process as well.</p> <p>Co-Chair Stanley indicated that Recommendation #2 was critical to show the State that we are moving forward. Member Rodriguez stated she will not recommend moving forward on this because she does not have enough information. Member Powers would like this taken to Commission as the feeling is we cannot move forward because we need more information from State</p> <p>Co-Chair Stanley stated that given what GCHP and Milliman has reviewed in terms of data and information from other like plans in other counties, it is reasonable to set PCP capitation rates as these will not</p>	
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	<p>change much given what has been reviewed to date. Contracts only bind the plan at the point there is implementation.</p> <p>Bob Cosway stated that if the committee were to look at paying Medi-Cal rates, it seems reasonable that primary care rates would be basically set at what has been presented.</p> <p>Member Juarez would like to see how we will spend the money. There has to be a way to force State on this. One recommendation is that committee members need to go up to Sacramento for a discussion with the state. Bob Cosway responded that before Gold Coast asked this of State, he would like to more closely look at the all figures and information that has been provided.</p> <p>Member Juarez stated that Recommendation #2 & #4 go together. Co-Chair Stanley responded yes, and with Recommendation #3 we heard back from all clinic groups, as well private physicians within the community, and they agreed the list makes sense. There were no issues with it being approved and implemented.</p> <p>Member Juarez asked if recommendations came back from the physician work groups, Co-Chair Stanley stated yes.</p>	
<p>6 Presentation of Gold Coast Health Plan Logo Options</p> <p>Lynette Coverly, Coverly Professional Services and City Creating Group</p>	<p>Lynette Coverly stated that four logos would be reviewed and hopefully narrowed down to two (Logos numbered from #1-16).</p> <p>Member Rodriguez stated that she preferred blue, but liked #10.</p> <p>Ms. Coverly indicated that blue could be used instead of the orange, with different shades.</p>	<p>Member Juarez moved o move forward with two logs to be presented at the commission meeting Oct 27. Member Powers seconded. Approved 3-0.</p>

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	<p>Members Juarez, Powers and Rodriguez all agreed on the orange color.</p> <p>Different variations were discussed.</p> <p>Member Powers suggested that #5 be forwarded to the full Commission since it incorporated people.</p> <p>Member Juarez left the meeting at 5:48 p.m.</p>	
<p>7</p> <p>CEO Transition Plan</p> <p>Terrie Stanley</p>	<p>Co-Chair Stanley indicated that the Plan could be carried out in two weeks.</p>	<p>There was committee consensus to defer this item</p>
<p>8</p> <p>Permanent CEO Compensation</p> <p>Michael Powers</p>	<p>Co-Chair Stanley stated that because Mr. Greenia will be coming from Hawaii and agreed to come sooner, the additional items need to be approved.</p> <p>Compensation Review. At the end of 6 months with satisfactory or above performance.</p> <p>Leaves. Time off of two (2) weeks over holidays, Member Juarez asked if this was additional time off. Member Powers asked if it affected the dollar amount. Candice Limousin responded that it was two weeks without pay.</p> <p>Member Juarez suggested they could front time off from accrued leave. Member Rodriguez clarified that it would be no additional time off, just advancement of time. Candice Limousin stated, that was up to the Committee. Committee consensus was either way.</p> <p>Car Allowance. Requesting additional car allowance to pay for rental car until own car arrives from Hawaii. After discussion, Committee</p>	<p>Member Juarez moved to approve the new compensation package, Evaluation in 6 months, with 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 2, 2, 1-2-3 years. Member Powers seconded. Approved 3-0.</p>

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<p>9</p> <p>Revised Project Implementation, Timeline, Deliverables and Immediate Staffing Requirement</p> <p>Ken Dixon, Affiliated Computer Services (ACS)</p>	<p>consensus was they would approve up to \$1,000 for the first month and then just regular car allowances thereafter.</p> <p>Relocation Costs. Requesting \$17,000 to move himself and family.</p> <p>Housing Costs. Requesting short-term temporary housing costs for hotel until able to find other appropriate housing. Committee consensus was that they would approve an additional \$1,000.</p> <p>Severance Package. Requesting six (6) months' severance package should he be dismissed without cause.</p> <p>Ken Dixon, stated that the State was asked to provide GCHP with a list of deliverables. The group then set down and mapped out a plan and the timeframe that would be need for implementation, regardless of the actual date to be selected.</p> <p>Items in the Green section are those that require action on the part of the State.</p> <p>PCP cap rates and 80% of provider network MUST be in place before the State would feel comfortable from a contract perspective. Anything going to State for approval can take up to 30 days for a turn around. A number of items were discussed that cannot be accomplished or completed without GCHP having additional staffing.</p> <p>Member Powers asked if there are any alternatives. One alternative would be to wait and hire all staff; the other is to begin to look at the possibility of bringing interim staffing in to assist until full staff is in place. The group asked to have the key positions identified-they are noted in the document and include CMO/CEO/IT and Claims. Group asked what was the expectation on amount of time that would be required for each of the positions.</p>	
		<p>Member Powers moved to accept the revised Project Implementation, Timeline, Deliverables and Immediate Staffing Requirements. Member Rodriguez seconded. There was not a quorum present so no motion was carried forward.</p>

October 13, 2010

	<p>Co-Chair Stanley responded that CMO should be full-time and minimum would be eight weeks. Member Powers stated that there are some IPA doctors around here and this is what they do all the time. There may also be someone on the Commission that can do it.</p> <p>All agreed that there is a lot of work to be done, and Member Powers suggested that as there is a Commission coming up, a plan be taken to that next meeting.</p> <p>In addition to the CMO, a CFO needs to be in place to assist with rate discussions with State.</p> <p>Russ Fendley added that Gold Coast needs their IT person and it needs to be someone that knows the County system. It was noted that David Herzog, IT Director from County was present in the audience. Russ Fendley suggested having someone from ACS contact him.</p> <p>Candice Limousin added there are good candidates for all of the positions.</p> <p>Member Rodriguez suggested that Interim CEO Stanley hire a full time Claims Director.</p> <p>Member Powers suggested having a conference call with Earl Greenia to get him on board with a staffing plan.</p> <p>Russ Fendley mentioned that much that still needs to be done at the State level. Member Powers added that he is willing to call Toby Douglas but do not want to insult other state staff. Co-Chair Stanley indicated that these issues have been discussed with individuals at the state.</p>	
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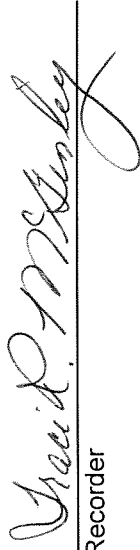
VCMCC dba Gold Coast Health Plan
(GCHP)

GCHP Executive / Finance
Committee Meeting Minutes

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

October 13, 2010

10	Adjourn	Russ Fendley stated that ACS has concerns about a new administration coming on board the first of the year. Member Powers agreed to contact Mr. Douglas.	Adjourned at 6:11 p.m.
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Submitted by: 
Recorder

**MEDI-CAL
MANAGED CARE
COMMISSION**

DBA Gold Coast Health Plan
- a public entity

www.vchca.org/cohs

DATE: November 10, 2010
TO: Gold Coast Health Plan Executive/Finance Committee
FROM: Earl Greenia, CEO
SUBJECT: December Board Meeting-Election of Officers to the Ventura County Medi-Cal Managed Care Commission for 2011

Michael Powers
C Health Care Agency
Chair

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

Dr. David Araujo
CMC Family Medicine
Residency Program Director

Way Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
Physician
CMC Executive Committee

Michael Jarvis
Private Hospital /
Health Care System
St. Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

Tom Maurice
Private Hospital /
Health Care System
St. Johns Regional Med. Center

Catherine Rodriguez
CMC Health System

Commission Staff:

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

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 1st 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 this committee to also serve as the nominating committee for the above.

VENTURA COUNTY

**MEDI-CAL
MANAGED CARE
COMMISSION**

DBA Gold Coast Health Plan
- a public entity

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ATTACHMENT E

DATE: November 10, 2010
TO: Gold Coast Health Plan Executive/Finance Committee
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 6th 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 Medi-Cal 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
Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
Medical Association
President

Dr. David Araujo
FMC Family Medicine
Residency Program Director

Ray Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
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Commission Staff:

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