

Ventura County Medi-Cal Managed Care Commission Executive / Finance Committee Meeting

DATE: Wednesday, January 12, 2011
TIME: 3:30-5:30 pm
PLACE: 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

AGENDA

1. Call to Order, Welcome and Roll Call
2. [Approval of Minutes from December 20, 2010 Meeting](#)
3. Public Comment / Correspondence
4. Management Update: Workplan Efforts / Go Live Date, etc.
5. [ACS Proposal](#)
6. [Updated Cash Flow](#)
7. Management Recommendations:
 - a. [Procedure for Public Comment](#)
 - b. [Provider Advisory Group](#)
 - c. [Consumer Advisory Group](#)
8. Comments from Committee Members
9. Adjournment to Closed Session

CLOSED SESSION: CMO and CFO Selection Process

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 TRACI AT 805/981-5320. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

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

December 20, 2010

(Unofficial until approved)

CALL TO ORDER

COMMITTEE MEMBERS PRESENT:

Lanyard Dial, MD, Ventura County Medical Association (arrived at 2:55 p.m.)

Rick Jarvis, Private Hospitals / Healthcare System

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

Michael Powers, Ventura County Health Care Agency

Catherine Rodriguez, Ventura County Medical Health System

STAFF EX OFFICIO COMMITTEE MEMBERS

Earl Greenia, Chair, CEO

Darlane Johnsen, Vice Chair, Interim CFO.

ADDITIONAL STAFF IN ATTENDANCE

Robert Beltrans, M.D., Interim Chief Medical Officer

Andre Galvan, Interim Project Specialist

Candice Limousin, Interim Human Resources Director

Connie Davis, Claims Services Director

Traci R. McGinley, Interim Clerk of the Board

Paul Roberts, Interim Provider Relations and Contracting Director

Jim Swoben, Interim Information Technology Director

GUESTS IN ATTENDANCE

Terrie Stanley, Health Care Agency Deputy Director

Narcisa Egan, Assistant Health Care Agency CFO

1. CALL TO ORDER.

Chair Greenia called the meeting to order at 2:40 p.m. at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036.

2. APPROVAL OF MINUTES

The Minutes of the December 13, 2010 Executive / Finance Committee Meeting were presented for review and approval.

Committee Member Powers moved to approve the minutes, Member Juarez seconded. After minor discussion, the motion carried. **Approved 4-0** (Commission Dial arrived after the vote).

3. PUBLIC COMMENT / CORRESPONDENCE

None.

4. VCMMCC and Executive / Finance Committee 2011 Meeting Dates

No Committee Action was taken or required.

5. COMMITTEE MEMBER COMMENTS

Member Juarez stated that there had been discussion as to whether the Executive / Finance Committee needs to continue, he believes there is a continued need for the Executive Committee, but perhaps the Finance should be something separate. Member Dial added that its purpose was to speed up the process for the full Commission. Member Juarez suggested reviewing the committee charter to see if it still applies or may need to be revised.

6. ADJOURNMENT

Chair Greenia adjourned the meeting at 3:00 p.m.

AGENDA ITEM 5



A **xerox**  Company

Tom Fryar
Senior Vice President

ACS, A Xerox Company
2025 Leestown Road
Lexington, KY 40511

tom.fryar@acs-inc.com
tel 859.825.6571

December 17, 2010

Earl Greenia

CEO

Ventura County Medi-Cal Managed Care Commission, dba Gold Coast Health Plan
2220 E Gonzales Road, Suite 200
Oxnard, CA 93036

Dear Earl:

It was nice to meet you in person during our meeting in Lexington on Wednesday. ACS appreciates the opportunity to work with you and your team at Gold Coast Health Plan (GCHP) to implement the new Medi-Cal managed care plan for Ventura County. It is an exciting time for the Ventura County community and we are proud to be your partner.

Thanks for sharing the steps being taken to move toward a confirmed go-live date. As highlighted, ACS signed an agreement with GCHP in June 2010 that included significant capital investment from ACS tied to a tentative go-live date of January 1, 2011.

On August 6, 2010, ACS delivered to GCHP a Project Plan contract deliverable which included a detailed plan and deliverables by both parties to achieve a February 1, 2011 go-live date. The Project Plan was approved by GCHP on August 31. Subsequently, GCHP missed several key project dates which resulted in the go-live date slipping to April 1, 2011.

While ACS will have five years of revenue stream after go-live is achieved, project delays now add significant and unplanned upfront costs to ACS due to a longer start-up period. This includes staff, facility, and other costs over a greater than anticipated period.

ACS wants to maintain a long-term relationship with GCHP. We view GCHP as a partner. We understand the financial situation GCHP has as a start-up entity. As such, we are not proposing a one-time reimbursement, reduction of implementation payments, or other up-front fee to offset additional losses ACS has incurred due to GCHP delays.

However, we do want to share the following challenges associated with the go-live delay to April 1, 2011:

- ACS will temporarily pause additional implementation payments until GCHP and ACS mutually agree on an updated Project Plan that also includes GCHP deliverables and scheduled completion dates, along with an agreed go-live date.
- ACS proposes to expand the 90,001-110,000 membership pricing tier to 90,001-115,000 members, and the 110,001-130,000 membership tier to 115,001-130,000 members.

ACS will update the original Project Plan to reflect date changes and additional information received over the course of the past few months. The updated Project Plan will consist of

AGENDA ITEM 5



A **xerox**  Company

items ACS is solely responsible for and areas that we require GCHP input to move forward with our efforts. The expectation is that GCHP will develop and maintain a project plan or schedule for tasks that need to occur on their end to reach the agreed upon go-live date, which can be included in the overall Project Plan. We feel this is critical to ensure both organizations are tracking accordingly. Once the plans have been agreed upon, ACS and GCHP will set up regular review sessions to discuss updates and progress.

Based on the current eligible member estimates, the tier expansion will not have an affect on the GCHP financials in the foreseeable future.

Should the go-live date be delayed to May 1, 2011, in addition to the two items above:

- ACS proposes to increase the PMPM by \$.06 per member per month.

This additional per member fee does not offset all costs attributable to a delay to May 1 but does help recapture some expenses without significantly impacting GCHP's monthly charge from ACS.

It is of utmost importance to ACS that the go-live not be further delayed.

Should go-live be delayed past May 1, 2011, ACS and GCHP need to meet in person to discuss the financial impact and additional costs to be accounted for in 2011 which cannot be deferred over the remaining life of the contract.

On behalf of the ACS senior leadership, thanks again for the opportunity to meet face to face. We have a stronger sense of confidence that by working together we can get this plan off the ground and provide improved service to the Medi-Cal population in Ventura County. We hope that you consider our proposal to be fair and welcome any feedback that you may have.

Sincerely,

A handwritten signature in black ink that reads "Thomas A. Fryar".

Tom Fryar

Agenda Item 6

Gold Coast Health Plan
CashFlow Projection- Preoperational Period
Revised 1/10/2011

	YTD	November	December	January	February	March	April	May
Cumulative Enrollment	0	0	0	0	0	0	0	0
Total Staff	2	8	9	12	18	22	36	37
Incremental Staff Increase	2	6	1	3	6	4	14	1
Beginning Cash Balance	-	252,043	573,566	449,701	251,170	105,956	(285,478)	(385,066)
Cash In-Flow								
ACS - LOC*	330,000	330,000			265,000	395,000	590,000	390,000
Total Receipts	330,000	330,000	-	-	265,000	395,000	590,000	390,000
Cash Out-Flows								
Salaries & Benefits**	25,854		23,910	97,050	109,818	157,108	209,668	318,029
Sign On Bonus	-			20,000				
Relocation	-				10,000			
Temporary Living Expenses	-			8,600	8,600	4,500	4,500	4,500
Car Allowance	-			500	500	500	500	500
Consultants	5,805			6,450	21,500	21,500	2,000	2,000
Consultants - FSR						13,000	13,000	
Other Professional Services			2,000					
LGS Fees*								
Occupancy Office Lease	-				13,420	13,420	13,420	13,420
Furniture & Equipment	8,000	6,058	55,000	2,385		27,557		
Computers, Monitors, Printers (Non- Capitalized)			10,281	519	3,600	7,200	4,800	16,800
Telecommunications Equipment				2,270	1,275	2,550	1,700	5,950
General Liability Insurance		2,419						
Info Systems - License Fees++				38,700	300	300	300	300
Info Systems (Depreciation)								
Info Systems - Software	-				200,000	200,000	200,000	
Info Systems - Maintenance & Expenses								
Pharmacy Mgt Expense								
Travel					1,000	1,000	1,000	1,000
Copiers								
Supplies				4,461	7,200	10,800	13,200	21,600
ACS Fees								
Printing outsourcer	-					105,000		
Printing						209,000	2,500	2,500
Postage						-	210,000	3,000
Prof Liab, D&O Insurance	6,744							
Reinsurance					20,000			
Legal fees	12,284		15,272	2,996	3,000	3,000	3,000	3,000
Actuary fees	19,270		17,402	14,600	10,000	10,000	10,000	10,000
Audit fees	-							
Miscellaneous Operating Fees+								
Sub Total Administrative Expense	77,957	8,477	123,865	198,531	410,213	786,435	689,588	402,599
ENDING CASH BALANCE	252,043	573,566	449,701	251,170	105,956	(285,478)	(385,066)	(397,665)

Assumptions:

Base assumption - 30 day payment lag

* **LOC Draws are based on the following assumptions:**

YTD & November are actual cash received

No draws anticipated for December & January

February - assume 66% of the deliverables will be sent to the state (phase 1 @ 200K) and plan rates will be finalized (phase 2 @ 5%)

March - assumes 100% of deliverables will have been sent to the state (phase 1 @ 200K) and Provider Network is set up (phase 2 @ 15%)

April - assumes code, build and configuration will be completed (phase 2 @ 10%), Assumes Contract has been Signed (phase 1 @ \$200K) and testing has been completed (phase 2 @ 20%)

May - assumes implementation (phase 2 @ 30%)

June - implementation (phase 2 @ 30%)

** Assumes current interim positions convert to permanent in January 2011; all new hires come in as permanent.

+ Includes Dues, Subscriptions, Bank Fees, Maintenance Fees, miscellaneous licenses

++ Includes only costs known to-date



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

AGENDA ITEM 7(a)

To: Gold Coast Health Plan Executive / Finance Committee

From: Earl Greenia, CEO

Date: January 12, 2011

Re: Procedure for Public Comment at Meetings

Recommendation: That the Executive / Finance Committee approve this proposed process for Public Comment / Input and recommend approval by the Commission.

Background: As a public entity, all GCHP meetings are subject to the Brown Act. The following is Management's Recommendation for receiving public input and comment at public meetings.

Proposed Policy:

Anyone wishing to speak during public comment or on a particular item will be requested to complete a "Request to Speak" form (which may be located on the counter and are available in English and Spanish). Request to Speak Forms must be submitted prior to the public comment portion of the meeting or before the agenda item is taken up.

Comments will be limited to three (3) minutes. Speakers will be alerted when they have one (1) minute remaining and when their time is up. Speakers will then asked to return to their seats and no further comments will be permitted.

Under provisions of the Brown Act, the Commission / Committee is prohibited from taking action on items not on the agenda. Also, in accordance with State Law, remarks during public comment are to be limited to topics within the Commission's / Committee's jurisdiction.

Remarks from those seated or standing in other parts of the room will not be permitted. All those wishing to speak, including Commission / Committee Members and Staff, must be recognized by the Chair before speaking.



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

AGENDA ITEM 7(b)

To: Gold Coast Health Plan Executive / Finance Committee

From: Earl Greenia, CEO

Date: January 12, 2011

Re: Provider Advisory Committee

Recommendation: Management requests that the Committee recommend to the Commission that Provider Advisory Committee be established with appointments detailed below (brief biographies follow).

Background: The VCMMC enabling ordinance (4409, April 2010) and the California Department of Health Care Services, Medi-Cal Managed Care Division, both require the establishment of a Provider Advisory Committee. The ordinance requires, at a minimum, that this committee meets quarterly and makes recommendations, review policies and programs, explore issues and discuss how the plan may best fulfill its mission. The Commission decided that the Provider Advisory Committee would consist of ten members with one dedicated seat representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members, with the exception of the designated VCHCA seat position, would serve a two-year term, with no term limits, individuals could apply for re-appointment. The ten voting members, would represent various professional disciplines and/or constituencies, such as: Allied Health Services, Community Clinics, Hospital, Long Term Care, Non-Physician Medical Practitioners, Nurses, Physician, and Traditional/Safety Net.

Discussion: Our candidates for the Provider Advisory Committee are:

Allied Health Services:	Pattie Baker, DME/Medical Supplies
Community Clinics:	Mike Lurie, Centers for Family Health, CMH
Hospital:	John Roughan, Simi Valley Adventist Hospital
Long Term Care:	Alger Brion, COO, Maywood Acres SNF
Home Health/Hospice:	Mark Minnis, CFO, Livingston VNA and Hospice
Non-Physician Practitioner:	Gary Jacobs, O.D., Optometrist
Nurse:	Joyce Weckly, RN, Certified Nurse Midwife
Physician:	John Keats, MD, California HealthFirst Physicians
Traditional/Safety Net:	Antonio Alatorre, Clinicas Del Camino Real
VCHCA:	Terrie Stanley, RN

Antonio Alatorre, COO, Clinicas Del Camino Real. Mr. Alatorre has been with Clinicas for 25 years and has seen the growth from two health center sites in 1985 to providing services in 35 sites in 2010. The target population of Clinicas has always been the Farmworker population although everyone is welcomed. Mr. Alatorre's passion in serving the Farmworker population started at home since he comes from a Farmworker family and he himself worked in the fields to help his family during the school summer breaks. He serves on several State PCA/NACHC committees and is very involved in advocating for the patient population that Clinicas serves at a local, State and Federal level. He earned a BS degree in Management at Cal State University Northridge and has served in his current position as COO since 2002.

Pattie Baker, RN, DME/Medical Supplies. Ms. Baker has worked in the durable medical equipment and medical supply industry for almost 30 years. She resides in Ventura County and is currently serving as COO Allied Health Services. Ms. Baker holds a Masters in Speech Pathology.

Alger L. Brion, COO, Maywood Acres SNF. Mr. Brion is a Licensed Nursing Home Administrator, Licensed Hospice Administrator and previously held a RCFE Administrator license. In addition to being responsible for day-to-day operation of skilled nursing facilities he has been involved in various administrative functions involving skilled nursing facilities including purchase, acquisition and licensing of SNF's, setting up of Sub-Acute units in at least two skilled nursing facilities, handling corporate insurance negotiations, and budget preparation, implementation and monitoring. Mr. Brion has held administrative positions at the Sophia Lyn Convalescent Hospital, Villa Oaks Convalescent Hospital, Camellia Gardens, Country Villa East, Rosecrans Care Center, and Gladstone Care and Rehabilitation.

Gary Jacobs, O.D., Optometrist. Dr. Jacobs has served residents in Ventura and Santa Barbara counties for thirty years. He has been instrumental in the design of several custom contact lenses and clinical investigations for the FDA. Dr. Jacobs was recently honored by receiving the award for 'One of the Best Optometrists' in Ventura County by the Star Free Press.

John Keats, MD, President, California HealthFirst Physicians. Dr. Keats attended Brown University's seven-year Program in Medicine, and completed a four year residency in Obstetrics and Gynecology at UCLA Medical Center in 1982. After three years of active duty as an obstetrician-gynecologist with the Air Force, Dr. Keats joined Buenaventura Medical Group (BMG) in Ventura, where he was medical director for ten years. He remained in practice with BMG until becoming a partner in Kaiser Permanente when it acquired BMG in January 2007. In July 2007, Dr. Keats became President and Medical Director of California HealthFirst Physicians, a primary care multispecialty group that is part of Catholic Healthcare West's physician engagement strategy in southern California. He is a member and chair-elect of the steering committee for the California Patient Safety Action Coalition, a statewide organization to promote the adoption of the principles of Just Culture in health care throughout the state.

Mike Lurie, VP, Centers of Family Health and CMH. Mr. Lurie has over 35 years of healthcare experience; he currently serves as VP of Planning and Managed Care at Community Memorial Health System, where he is responsible for coordinating long-range strategic planning and new business development. During his tenure at CMH, he has also been responsible for negotiating managed care contracts with insurance companies, HMOs, IPAs, and CMAC. Previously, he was Director of Planning at the Ventura-Santa Barbara Health Systems Agency. Mr. Lurie holds a Master's Degree in Comprehensive Health Planning from UCLA.

Mark Minnis, CFO, Livingston VNA and Hospice. Mr. Minnis is a CPA by training and has lead health care finance in a number of organizations in California including hospitals, skilled nursing facilities, and with Planned Parenthood just prior to joining Livingston. He has an excellent grasp on home health and hospice care and the needs of the MediCal and uninsured. Mr. Minnis holds a Bachelor of Science Degree in Business Administration from California State University, Long Beach

John F. Roughan, Senior Director of Managed Care and Network Development, Simi Valley Hospital. Mr. Roughan started at SVH in April 2008, after almost three years at Blue Cross of California in Woodland Hills. He worked there as director of network relations and, more recently, as senior contract manager. Mr. Roughan has 20 years' experience in managed care—primarily doing network development and provider contracting for health plans—and, before that, 15 years of work in hospital administration. He has an undergraduate degree from Valley State College (Cal State, Northridge) and an executive MBA from UCLA.

Theresa M Stanley, RN, Health Care Agency Deputy Director and Director Managed Care, Ventura County. With the County of Ventura since April of 2009, Ms. Stanley oversees all activities of the Ventura County Health Care Plan and the Coverage Initiative (ACE) program operated by the county. Previously she served 11 years as the Director of Medical Management with Partnership Health Plan of California—a COHS in Northern. In that role, she lead Utilization, Case and Disease Management programs, Member and Provider Education, Quality and Data Measurement, Monitoring and Reporting division and Pharmacy operations. She has also worked for large Commercial HMO's including Aetna, United Health Care and Kaiser. Ms. Stanley is a Registered Nurse with over thirty years experience and is certified in both Quality and Case Management.

Joyce Weckly, RN, Certified Nurse Midwife. Ms. Weckly has been a nurse-midwife/women's nurse-practitioner in Ventura County since 1996. She is pursuing board certification as a psychiatric/mental health nurse-practitioner. Ms. Weckly provides care to Medi-Cal beneficiaries and has a deep concern about the level of care they receive. She brings a strong emphasis on care for women, infants, and their families with ideas on early infant attachment, breast feeding, and healthy families.



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

AGENDA ITEM 7(c)

To: Gold Coast Health Plan Executive / Finance Committee

From: Earl Greenia, CEO

Date: January 12, 2011

Re: Consumer Advisory Committee

Recommendation: Management requests that the Committee provide input and recommendations for Provider Advisory Committee appointments as described below.

Background: The VCMMC enabling ordinance (4409, April 2010) and the California Department of Health Care Services, Medi-Cal Managed Care Division, both require the establishment of a Consumer Advisory Committee. This committee meets at least quarterly and makes recommendations, review policies and programs, explore issues and discuss how the plan may best fulfill its mission. The Commission decided that the Consumer Advisory Committee would consist of ten members with two permanent seats; one for the Ventura County Health Care Agency (VCHCA) and one for the Ventura County Human Services Agency. The other members would represent the following populations: Foster Children, Medi-Cal Beneficiaries, Beneficiaries with Chronic Medical Conditions, Persons with Disabilities, Persons with Special Needs, and Seniors. Each of the appointed members, with the exception of permanent seats, would serve a two-year term, and individuals could apply for re- appointment as there are no term limits.

Discussion: Efforts continue to identify candidates for our Consumer Advisory Committee. Staff as had initial contact with various agencies and groups; such as: Casa Pacifica, First 5, Head Start, HELA, HICAP, La Leche League, and Tri-County Glad. To date, one candidate has been confirmed. The constituencies are listed below:

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