



**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan
Consumer Advisory Committee Meeting**

711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Wednesday, March 18, 2015
5:00 p.m.

AGENDA

CALL TO ORDER / ROLL CALL

WELCOME AND INTRODUCTIONS

PUBLIC COMMENT A Speaker Card must be completed and submitted to the Secretary of the Committee by anyone wishing to comment:

- **Public Comment** – Comments regarding items not on the agenda but within the subject matter jurisdiction of the Committee.
- **Agenda Item Comment** – Comments on the subject matter jurisdiction of the Committee pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Committee Chair during the Committee's consideration of the item.

APPROVE MINUTES

1. [Regular Meeting of December 10, 2014](#)

DISCUSSION ITEMS

2. CEO / COO Update – Ruth Watson, Interim CEO / COO
3. [CFO Update – John Meazzo, Interim Chief Financial Officer](#)
4. [Action Item Update – Luis Aguilar, Member Services Manager](#)
5. Rainbow Connection Update – Laurie Jordan, Rainbow Connection FRC
6. [Operations Update – Tami Lewis, Director of Operations](#)

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

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT (805) 437-5562. 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 (VCMCC) dba Gold Coast Health Plan
March 18, 2015 Consumer Advisory Committee Meeting Agenda (continued)**

PLACE: 711 E. Daily Drive, Suite 106, Camarillo, CA 93010

TIME: 5:00 p.m.

7. [Government Relations Update – Guillermo Gonzalez, Director of Government Affairs](#)
8. [Behavioral Health Utilization Demographics – Dr. Nancy Wharfield, Associate Chief Medical Officer](#)
9. [Newsletter and Annual Report Update – Steven Lalich, Director of Communications](#)
10. [Pharmacy Benefits Overview – Anne Freese, Pharmacy Director](#)
11. [Health Education Update – Lupe Gonzalez, PhD, MPH, Director of Health Education](#)

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on June 17, 2015 at 5:00 p.m. at 711 E. Daily Drive, Suite 106, Camarillo, CA 93010.

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

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

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**Ventura County Medi-Cal Managed Care Commission
(VCMACC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Minutes
December 10, 2014
(Not official until approved)**

CALL TO ORDER

Director of Operations Tami Lewis called the meeting to order at 5:05 p.m. in Suite 200 of the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Rita Duarte-Weaver, Ventura County Public Health Department
Alicia Flores, La Hermandad
Michelle Gerardi, Beneficiary (Arrived at 5:25 p.m.)
Norma Gomez, Mixteco / Indigena Community Organizing Project
Frisa Herrera, Casa Pacifica
Paula Johnson, ARC of Ventura County
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Ruben Juarez, County Health Care Agency
Curtis Updike, County Human Services Agency (HSA)

EXCUSED / ABSENT COMMITTEE MEMBERS

Pedro Mendoza, Tri-Counties Regional Center
Katharine Raley, County of Ventura Area Agency on Aging

STAFF IN ATTENDANCE

Tami Lewis, Director of Operations
Ruth Watson, Chief Operating Officer / Interim Chief Executive Officer
John Meazzo, Interim Chief Financial Officer
Connie Harden, Member Services Specialist
Luis Aguilar, Member Services Manager
Vickie Connaughton, Health Education Specialist
Stacy Cortez, Member Services Representative
William Freeman, Director of Network Operations
Guillermo Gonzalez, Director of Government Affairs
Steve Lalich, Director of Communications
Al Reeves, MD, Chief Medical Officer
Terry Wagemann, Facility Site Review Nurse / Quality Improvement
Nancy Wharfield, MD, Associate Chief Medical Officer

Language interpreting and translating services were provided by GCHP from Lourdes González Campbell and Associates.

The Pledge of Allegiance was recited.

WELCOME AND INTRODUCTIONS

Director of Operations Tami Lewis welcomed the Committee.

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of September 17, 2014

Committee Member Curtis Updike moved to approve the Meeting Minutes of September 17, 2014. Committee Member Paula Johnson seconded. The motion carried with the following vote:

AYE: Duarte-Weaver, Flores, Gomez, Herrera, Johnson, Jordan, Juarez, and Updike.
NAY: None.
ABSTAIN: None.
ABSENT: Mendoza, Raley and Gerardi.
RECUSED: None.

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. CEO / COO Update

Chief Operating Officer (COO) / Interim Chief Executive Officer (CEO) Ruth Watson presented an overview of the Department of Health Care Services (DHCS) All-Plan CEO Meeting held Friday, December 5, 2014 in Sacramento.

SWEARING IN OF COMMITTEE MEMBERS

Member Services Specialist Connie Harden swore-in Committee Member Rita Duarte-Weaver and Committee Member Michelle Gerardi.

3. CFO Update

Interim Chief Financial Officer (CFO) John Meazzo reviewed the update as presented to the Committee.

RECESS

A break was provided at 5:55 p.m. The meeting reconvened at 6:15 p.m.

4. Operations Update

Director of Operations Tami Lewis reported on the Operations Update as presented. Director Lewis stated that we have exceeded enrollment expectations and currently are at membership numbers not expected until June of 2015. Director Lewis went on to state that all metrics are being met, calls are being answered and not abandoned, claims are being paid and operations are running smoothly. COO / Interim CEO Watson stated that this is not the case in other counties and that GCHP has partnered well with the County in order to provide these services. COO / Interim CEO Watson went on to say that since January of 2014, we have added 53,000 new members to Medi-Cal in Ventura County; 53,000 people who did not have coverage before. Committee Member Laurie Jordan asked if we had sufficient Providers for these additional members. COO / Interim CEO Watson stated that we do have sufficient Providers in the county and meet the State's standards, but that we are always looking to add Providers to our panel. Discussion was held about the challenges of some specialty groups in our County.

Committee Member Michelle Gerardi asked questions about standards for specialty appointment wait times. Associate Chief Medical Officer Nancy Wharfield responded that if there are problems with timely appointments, we encourage members to file grievances if these standards are not met.

Committee Member Jordan asked about statistics on members utilizing Beacon Health Strategy services. COO / Interim CEO Watson stated that we can provide a demographics report on member usage of Beacon Health Strategies services.

5. Government Affairs Update

Director of Government Affairs Guillermo Gonzalez reviewed his report on the November midterm elections and its potential impact on Medicaid / Medi-Cal. Committee Member Gerardi asked if the new Denti-Cal benefit for adults may be cut if there are budget cuts. Director Gonzalez stated that Denti-Cal for adults was funded last year and for the foreseeable future and we don't know what may happen going forward. Director Gonzalez will report back to the Committee as the budget develops. Committee Member Alicia Flores asked about assistance for undocumented persons. Director Gonzalez stated that there is a program being looked at for the undocumented and that we are following this and will report on it at future meetings.

6. Associate CMO Update

Associate Chief Medical Officer (Associate CMO) Dr. Nancy Wharfield presented information on a diabetes disease management program which will begin next year. Associate CMO Wharfield discussed the program and its goals. She went on to say that GCHP is targeting those members with mild to moderate diabetes in an attempt to hold them at that level of severity. Associate CMO Wharfield stated that GCHP will be performing outreach to those members by mailings and phone calls along with incentives for members who attend health education classes and participate in other programs.

Committee Member Frisa Herrera asked what the turnaround time is for members to receive their movie tickets from the retinal screening incentive. Chief Medical Officer (CMO) Dr. Al Reeves stated that the tickets would likely be sent within a month or two, once the verifications have been made. COO / Interim CEO Watson stated that the incentive program was very popular and that vision provider, VSP, asked what we had done because the response was better than anyone else's.

Associate CMO Wharfield presented the new method of providing Non-Emergency Medical Transportation (NEMT) for members. Associate CMO Wharfield stated that this benefit is very limited and the specifics for qualifying for this benefit are stringent. A prescription from the doctor and an authorization from GCHP will now be required.

7. Communications Update

Director of Communications Steve Lalach presented information on the member newsletter and other GCHP publications. Director Lalach commented on the timeliness of the new Medi-Cal redetermination process and the article scheduled for the next newsletter that will be in members' homes in March 2015. He went on to state that it shows how we are working together with the County on getting word out to members on the new process. Director Lalach added the next newsletter will contain a lot of localized information including information on the new autism benefit and the use of emergency room services versus urgent care facilities. Director Lalach also spoke of the three E-newsletters available on the GCHP website. These are opt-in newsletters - one on pregnancy, one for new parents and one on keeping well. The process was explained along with details on the newsletters.

8. Health Education Update

Chief Medical Officer (CMO) Dr. Al Reeves presented the Health Education update. He commented on the incentive programs that have been successfully used by other health plans and the results the incentives have had on these plans' Health Effectiveness Data and Information Set (HEDIS) scores. CMO Reeves stated that GCHP is now mature enough to go into our first incentive program and that we chose to look at those members with diabetes who had not had their retinal eye exam this year. CMO Reeves added that there were about 3,700 members targeted and approximately 360 had had their exam. Members were sent a letter encouraging them to get their retinal eye exam for this year and once they had the exam and it was verified by their doctor, we would send them two movie tickets. He went on to explain that retinopathy is the third highest cause of blindness in the U.S. and it is treatable and preventable if treated. CMO Reeves said that the current program ends at the end of this year but we anticipate rolling the program over to next year.

9. Covered CA Update

Committee Member Rita Duarte-Weaver stated that open enrollment for Covered CA is ongoing. Members who need to re-enroll for their services or apply new for Covered CA services must have their applications in by December 15, 2014 so that their services will begin January 1, 2015. Committee Member Duarte-Weaver reviewed the new Covered CA enrollment guide as presented in the Committee members' packet. She stated it is the most effective product put out as it walks the applicants through the process, step by step, with full information. Committee Member Duarte-Weaver went on to comment on outreach events they are attending and the positive response to the new materials and their ease of use.

Committee Member Duarte-Weaver stated that their office created a list of Certified Insurance Agents in Ventura County for Covered CA and will provide the list to the Committee. She stated that people renewing their coverage are being referred back to the person who assisted them last year, and if the person is a new applicant, referring them to the agents or advising them to call Covered CA. She stated the list of Certified Insurance Agents is on the Covered CA website. Committee Member Updike added that HSA vetted the agents to see if they wanted to participate and put them on the list.

Comments from Committee Members

Committee Member Updike reported that HSA received a grant for Medi-Cal outreach. He stated that Jennifer Harkey is the person handling this program and available to speak to groups. They are working on trying to get five distinct groups into Medi-Cal.

ADJOURNMENT

Meeting was adjourned at 7:05 p.m.



AGENDA ITEM 3

To: Gold Coast Health Plan Consumer Advisory Committee

From: John Meazzo, Interim CFO

Date: March 11, 2015

Re: CFO Update

Financial Update

The Plan continues to generate positive net income from operations. For the six months ended December 31, 2014, total revenues were \$300.8 million, and total expenses were \$265 million resulting in a net income of approximately \$35.8 million, a \$9.8 million favorable variance to the \$26 million budget.

The positive variance was primarily due to the continued growth in membership with higher capitation rates (Adult Expansion). The Plan gained approximately 11,000 members since the quarter ended September 2014, and 18,643 members greater than what was estimated in the budget at December 2014.

These operating results have contributed to a Tangible Net Equity (TNE) reserve level of approximately \$75.6 million, which exceeded both the budget of \$40.5 million and the State minimum required TNE amount of \$23.8 million. Note the TNE includes the \$7.2 million in lines of credit with the County of Ventura. The Plan is at approximately 318% of the minimum TNE requirement and at 287% when the lines of credit are excluded from the calculation.

An investment policy has been approved by the Commission and it will be used to maximize our return on investments.



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

www.goldcoasthealthplan.org

Consumer Advisory Committee Meetings - 2014

Date	Owner	Department	Action Required	Response	Date Completed
3/19/2014	Connie Harden	Member Services	Design new Orientation meeting flyer and send out to CAC members.	Completed	4/14/2014
3/19/2014	Steve Lalich	Communications	Send information to CAC members regarding ACAP Scholarship.	Completed	3/20/2014
3/19/2014	Luis Aguilar	Member Services	Contact Member Norma Gomez for information on members needing to file grievances against Clinicas El Rio.	Closed - Sent G&A electronic forms to Norma on 3/25/2014. Luis offered her assistance with grievance filing process. Norma was going to discuss with her supervisor the best approach to document the grievances and call Luis once determined. Called Norma on 12/12/14, to find out if they have submitted the grievances mentioned and if they needed any assistance. Will close as no response received and will re-open if needed.	12/15/2014
9/17/2014	Luis Aguilar	Member Services	Ruben Juarez requested reimbursement information for members who have paid out-of-pocket for ABA services. Luis to provide when available.	Completed - Sent an e-mail to all CAC member with ABA information including the contact for reimbursement on 10/28/2014.	10/28/2014
9/17/2014	Luis Aguilar	Member Services	Send Personal Rep forms to Norma Gomez for MICOP reps to speak with call center agents.	Completed - Forms sent to Norma Gomez with a request to her to call for assistance with the forms.	9/22/2014
9/17/2014	Luis Aguilar	Member Services	Send Personal Rep forms to Frisa Herrera at Casa Pacifica.	Completed - Form sent to Frisa Herrera.	9/22/2014

Action Items 2014

Date	Owner	Department	Action Required	Response	Date Completed
9/17/2014	Luis Aguilar	Member Services	Call Center agents not able to get a Mixteco interpreter on the line for assistance.	Sent email to Xerox on 9/22/14, asking about number of Mixteco interpreters available. Call Center confirmed they have limited Mixteco interpreters available. Xerox asked for members information to research the issue on the specific date of occurrence. Reached out to Norma Gomez requesting information, not yet received. Left a voice message to Norma on 12/12/14 asking for member information in order to research the issue further. Will close as no response received and will re-open if needed.	12/15/2014
9/17/2014	Luis Aguilar	Member Services	Determine an easier/faster way for members to deliver Personal Rep forms to GCHP.	Legal advised GCHP shouldn't accept a form with a signature via a cell phone due to potential PHI issues.	12/22/2014
12/10/2014	Connie Harden	Member Services	Include Action Item Report on each meeting agenda for follow-up purposes.	Ongoing - Action Item report to be presented at each CAC meeting for discussion.	12/12/2014
12/10/2014	Connie Harden	Member Services	Forward Action Item list from 9/17/2014 meeting to CAC members.	Completed- Action Item list to be forwarded to all CAC members with status updates as needed.	12/18/2014
12/10/2014	Dr. Wharfield	Health Services Member Services	Provide report to CAC members of demographics of members utilizing Beacon Health Strategies Services.	Dr. Wharfield determining if the information can be pulled from DSS. Will present information at 3/18/2015 CAC meeting.	To be presented at 3/18/15 CAC meeting
12/10/2014	Guillermo Gonzalez	Government Affairs	Report back to CAC on budget proceedings. Report on member benefits added or deleted from contract.	Ongoing - Guillermo Gonzalez to present State budget updates to the CAC as needed.	To be presented at 3/18/15 CAC meeting
12/10/2014	Connie Harden	Member Services	Provide CAC members with written CEO report from 12/10/2014 meeting.	Completed - Received written CEO report and forwarded to all CAC members and GCHP staff in attendance.	12/17/2014
12/10/2014	Connie Harden	Member Services	Provide listing of Covered CA Certified Insurance Agents in Ventura County.	Completed - List provided by Rita Duarte-Weaver and forwarded to all CAC members and GCHP staff.	12/12/2014
12/10/2014	Lupe Gonzalez	Health Education	Frisa Herrera/Casa Pacifica requested information on delivery of movie tickets for members who got their diabetes eye exam. One of her clients sent in his request.	Completed - Information received from Health Education. Member information verified. Movie tickets mailed to member 12/23/2014.	12/23/2014

AGENDA ITEM 6

To: Gold Coast Health Plan Consumer Advisory Committee
From: Tami Lewis, Director of Operations
Date: March 18, 2015
Re: Operations Update

Membership Summary

Gold Coast Health Plan (GCHP) has continued to see membership increases since we last reported enrollment information to this Committee. GCHP added 4,658 members in January, 821 members in February and 3,811 members in March to bring the total number of members enrolled in the Plan to 182,795 as of March 1, 2015. This represents an increase of 64,283 members or 54% since January 1, 2014. The cumulative new membership since January 1st is summarized as follows:

L1 (Low Income Health Plan) – 4,965
M1 (Adult Expansion) – 34,350
7U (CalFresh Adults) – 3,236
7W (CalFresh Children) – 856
7S (Parents of 7Ws) – 396
Traditional Medi-Cal – 20,480

Member Handbook

GCHP is currently undergoing the annual review of the Member Handbook and making required changes since it was last updated. The target date for the new handbook to be in production is July 2015.

Member Orientation Meetings

GCHP continues to hold Member Orientation meetings several times per month in various locations throughout the County. Interest in these meetings continues to be strong with 73 individuals (61 members, 12 others) attending a meeting in January or February. Of the 61 members, 51 indicated they learned about the meeting via the Member Orientation meeting flyers that are included in all new member packets. In comparison, during the same time period in 2014, only 9 members attended a Member Orientation meeting.

Non-Emergency Medical Transportation (NEMT)

GCHP implemented the revised NEMT process on March 1, 2015, which was discussed with Committee members at the December 2014 meeting. The revised process shifts the

approval process from Ventura Transit Systems (VTS) to the provider and requires the Member's provider to submit a NEMT Prescription Form to GCHP, attesting that the Member meets the requirements for NEMT. Once GCHP receives the completed form, it will be reviewed for completeness and forwarded to VTS. VTS will then contact the member to arrange the ride.

Health Services reports that they are receiving several requests daily and the new process is working well. The biggest issue encountered involves incomplete forms. Health Services is contacting the requesting provider to obtain the missing information. GCHP is also keeping a list of suggested improvements to the form for the next revision.



ACA Expansion Program Update

Consumer Advisory Committee

March 18, 2015

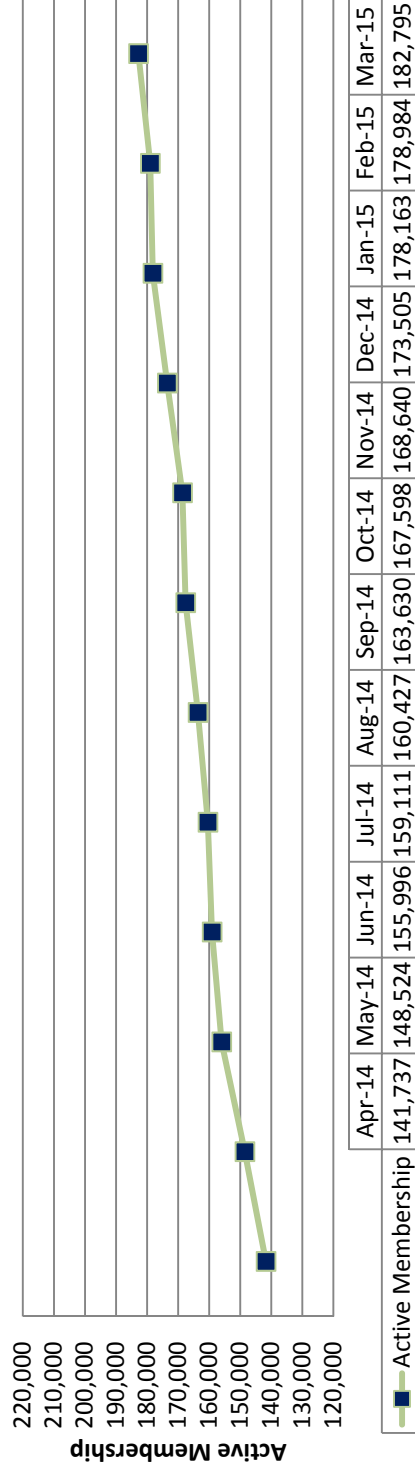
Tami Lewis, Director of Operations



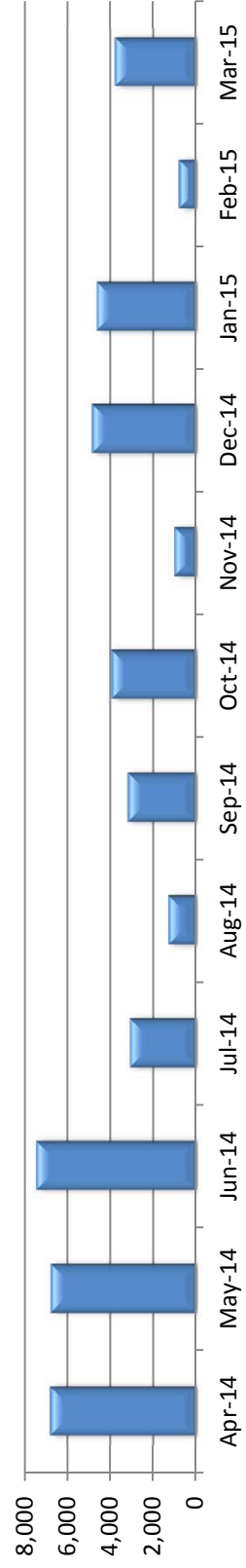
GCHP Membership

Total Membership as of March 1, 2015 – 182,795
New Members Added Since January 2014 – 64,283

GCHP Membership Increase April 2014 - March 2015

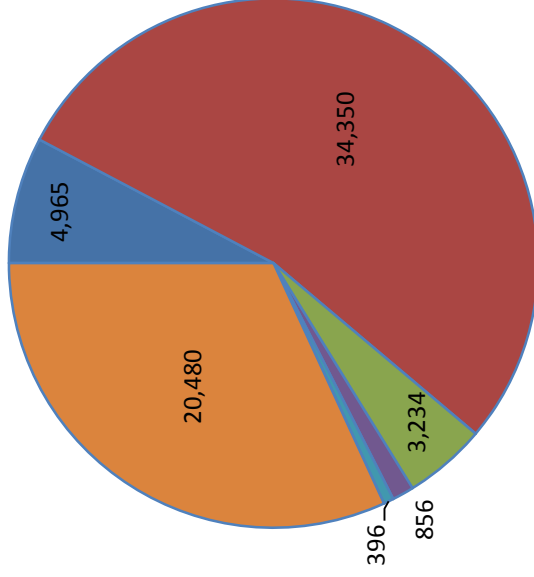


Change from Prior Month



Membership Growth

GCHP New Membership Breakdown



■ L1 - Low Income Health Plan - 7.72%

■ M1 - Medi-Cal Expansion - 53.44%

■ 7U - CalFresh Adults - 5.03%

■ 7W - CalFresh Children - 1.33%

■ 7S - Parents of 7Ws - .62%

■ Traditional Medi-Cal - 31.86%

- Note: GCHP Pended eligibility (not shown) – 2,003 (increased 237 from February)**
- Members with aid code 8E – accelerated enrollment which provides immediate temporary, fee-for service, full scope Medi-Cal benefits for ages 65 and under



**Gold Coast
Health Plan**SM
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Government Relations Update

Consumer Advisory Committee

March 18, 2015

Guillermo Gonzalez, MPP

Director of Government Relations

www.goldcoasthealthplan.org

Medi-Cal Program Overview

- CA's Medi-Cal is the largest in the U.S. (2x more than NY)
- Approx. 12M or 1/3 of state enrolled
- 3M enrolled since January 2013
- Approx. 100K people transferred from Covered CA to Medi-Cal since 1/2015

New DHCS Leadership

- Jennifer Kent is the new Director
- Mari Cantwell is the Chief Deputy Director of Health Care Programs
- Hannah Katch is the Assistant Deputy Director of Health Care Delivery Systems
- Claudia Crist is the Deputy Director of Health Care Delivery Systems

CCI & Cal MediConnect

- Two new counties implementing Cal MediConnect-Santa Clara and Orange
- Governor's Budget-threat of elimination due to low enrollment
- DHCS is asking for ideas from Plans on how to educate consumers and providers that are encouraging opt-outs
- Consumer Bill of Rights

CCS Redesign

- Stakeholder process has begun
- CAHP and several plans are on the Redesign Stakeholder Advisory Board
- Plan engagement/input
- Not part of the current 1115 Waiver timeline-doesn't have to be completed by March

Palliative Care

- **DHCS starting stakeholder process**
- **No proposal at this point**
- **CAHP established a workgroup**
 - **Collecting information on best practices**
 - **CAHP to provide recommendations to DHCS**

Health Homes

- DHCS is moving forward with the new health homes option as created under the ACA and a part of the 1115 waiver renewal
- DHCS can only implement if there are no additional costs to the General Fund
- The funding and payments to plans under this model has not been established
- Targeted populations- frequent utilizers and those experiencing homelessness
- Implementation is scheduled for 1/1/2016
- DHCS will be reaching out to assess where there is intent in this program by individual plans

FQHC Payment Reform-SB 147

- DHCS was not willing to move forward on any FQHC payment reform unless clinics take some risk
 - clinics agreed in concept to take on risks
- FQHC Payment Reform is not part of the 1115 waiver
- DHCS wants to move away from volume to value based payment
- California Primary Care Association (CPCA) very focused on this issue

LEGISLATIVE UPDATE

- **Democrats hold majority in both chambers but not 2/3 Supermajority**
- **Now need Republican votes to pass tax bills**

Leadership

- **Assembly Speaker: Toni Atkins (D-San Diego)**
- **President Pro Tempore of Senate: Kevin de Leon (D- Los Angeles)**
- **Assembly Republican Leader: Kristin Olsen (R- Modesto)**
- **Committee assignment power**

Committee Chairs

- **Assembly Health – Rob Bonta**
- **Assembly Budget Sub 1 – Tony Thurmond**
- **Senate Health- Ed Hernandez**
- **Senate Budget Sub 3 – Holly Mitchell**

Legislative Calendar

- **First Year of Two-Year Session**
- **Bill Introduction Deadline – Feb. 27**
- **Budget Must be Passed by June 15**
- **Session Ends on Sep. 11**

Legislative Themes

- MCO Tax
- Drugs (Pricing/Specialty Tiers etc...)
- Cost Containment and Transparency
- Access/ Network Adequacy

State Budget Issues

- MCO Tax
- Annual Open Enrollment Periods

Priority Legislation

- **Medi-Cal Bills**
 - ✓ AB 187/SB 586 (Bonta & Hernandez) MCMC: CCS
 - ✓ SB 33 (Hernandez) Medi-Cal Estate Recovery
 - ✓ SB 147 (Hernandez) FQHC Payment Reform
- **Medi-Cal Rates**
 - ✓ AB 366 (Bonta) Medi-Cal Rates Increase
 - ✓ SB 243 (Hernandez) Medi-Cal Rates Increase
- **Provider Directories**
 - ✓ SB 137 (Hernandez) Directory Requirements/Template



Questions?



Behavioral Health Utilizer Demographics

Consumer Advisory Committee

March 18, 2015

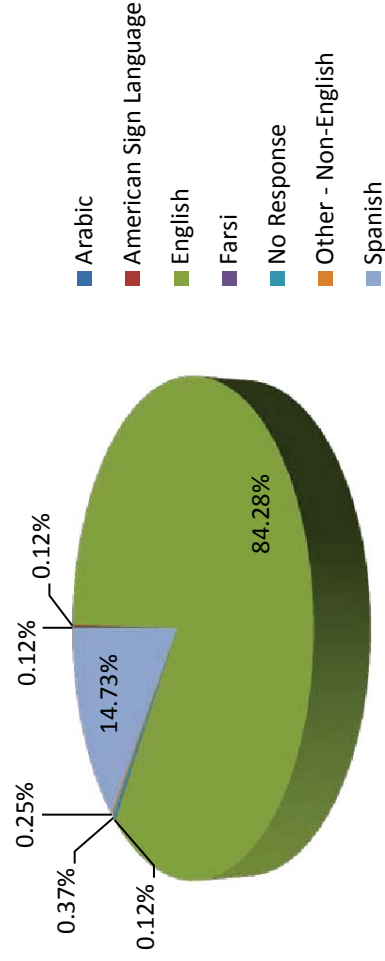
Nancy Wharfield, MD
Associate Chief Medical Officer



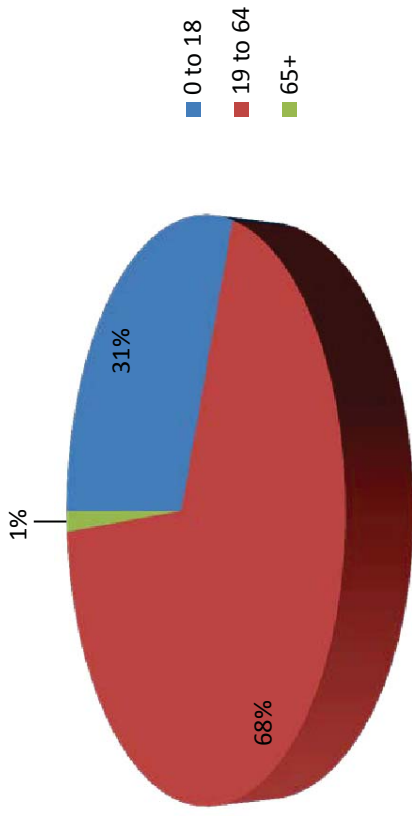
Behavioral Health Utilizer Demographics October – December 2014

Language	Member Count
Arabic	1
American Sign Language	1
English	681
Farsi	1
No Response	3
Other - Non-English	2
Spanish	119
Grand Total	808

Language



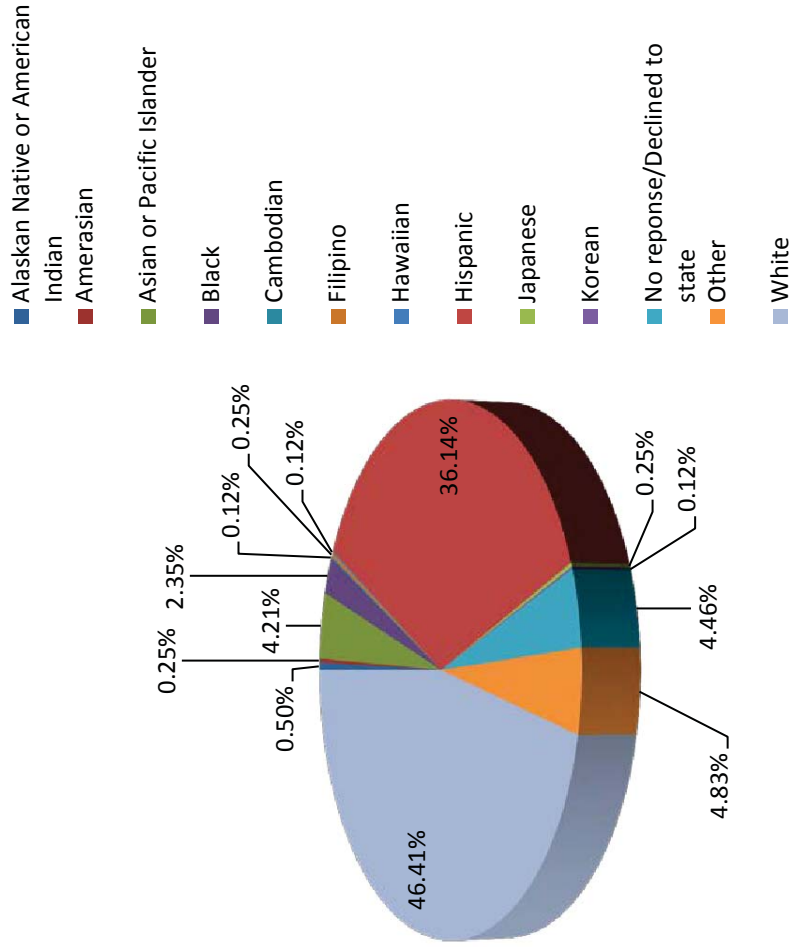
Age Band



Age Band	Member Count
0 to 18	249
19 to 64	548
65+	11
Grand Total	808

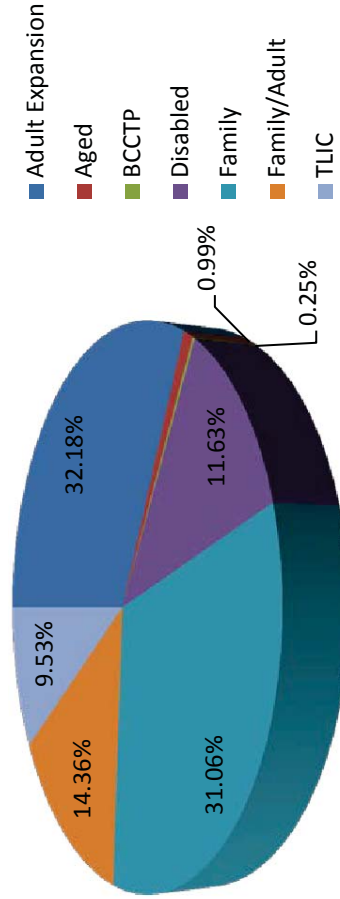
Ethnicity	Member Count
Alaskan Native or American Indian	4
Amerasian	2
Asian or Pacific Islander	34
Black	19
Cambodian	1
Filipino	2
Hawaiian	1
Hispanic	292
Japanese	2
Korean	1
No response/Declined to state	36
Other	39
White	375
Grand Total	808

Ethnicity



Aid Category

Aid Category	Member Count
Adult Expansion	260
Aged	8
BCCTP	2
Disabled	94
Family	251
Family/Adult	116
TLIC	77
Grand Total	808



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Issue 1 • Winter 2015

STAY COVERED

Don't forget to renew your Medi-Cal

If you are a Medi-Cal Member, you will need to renew your eligibility once a year. Also called a redetermination, renewals are done by the Ventura County Human Services Agency (HSA), not Gold Coast Health Plan (GCHP).

Medi-Cal stopped doing renewals between January and May of 2014. If your renewal month was during that time, you should have gotten a notice letting you know your new renewal month.

How will I know when I need to renew? You will get a notice and the renewal forms in the mail two months before your renewal date. If you have moved since you signed up, call your local Medi-Cal office with your new address.



How do I renew? Your renewal notice tells you what information you need to provide. If you do not renew before the due date, your Medi-Cal benefits will be suspended.

You can renew by mail, by phone, in person or online. If you are missing information, call, send or bring in what you have. Call the number on the form if you have questions or call **1-888-472-4463**.

If you don't complete your renewal, your Medi-Cal benefits will be suspended. You will have 90 days to complete the renewal to reopen your Medi-Cal. If you reopen between 60 and 90 days after your Medi-Cal ended, you will

have State Medi-Cal for a month or two before becoming a GCHP Member again. After 90 days, your Medi-Cal benefits will end, and you will have to reapply.

What does it mean if I lose my Medi-Cal? If you lose your Medi-Cal, you will lose your health care coverage and will no longer be a GCHP Member. You can reapply, but you may have a break in your coverage.

If you have Medi-Cal through Social Security. If you have Medi-Cal because you are receiving Supplemental Security Income (SSI), the Social Security office will let you know when you need to renew your eligibility.

» TAKE ACTION.
For help renewing your
Medi-Cal, call Ventura
County Human Services
Agency at 1-888-472-4463.

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What to know about autism

When a child first starts smiling or pointing, he or she is learning how to interact with the world.

Kids with autism, though, often don't engage the world this way. They don't learn, communicate and react to things the same way as other kids.

The word *autism* is used to describe a range of developmental disabilities. It is caused by a problem in the brain. Autism usually appears in the first three years of life.

An infant or child with autism may:

- Smile later than other babies.

- Not respond to his or her name.
- Prefer not to be held.
- Avoid eye contact.
- Repeat certain actions over and over.
- Have trouble understanding feelings.
- Have trouble with changes in routine.
- Have trouble relating to people.

Typically, children should be checked for autism at 18 months and 24 months. But don't wait. If you notice signs, bring it up to your child's Provider.

There is no cure for autism. But acting early may help lessen



its impact. With treatment and support, children with autism can grow, learn and thrive.

Sources: American Academy of Pediatrics; Centers for Disease Control and Prevention

AUTISM SPECTRUM DISORDER

Behavioral Health Treatment

Gold Coast Health Plan (GCHP) covers behavioral health treatment (BHT) for autism spectrum disorder (ASD) through Beacon Health Strategies. This treatment includes applied behavior analysis and other evidence-based services that have been reviewed and shown to work. The services should develop or restore, as much as possible, the daily functioning of a Member with ASD.

BHT services must be:

- Medically necessary.
- Prescribed by a licensed doctor or a licensed psychologist.

- Approved by GCHP.
- Given according to the Member's Plan-approved treatment plan.

You may qualify if you:

- Are under 21 years of age.
- Have a diagnosis of ASD.
- Have behaviors that interfere with home or community life, such as anger; violence; self-injury; running away; or difficulty with living skills, play and/or communication skills.

You do not qualify if you:

- Are not medically stable.
- Need 24-hour medical or nursing services.

- Have an intellectual disability and need procedures done in a hospital or an intermediate care facility.

BHT services provided through a Regional Center will continue until a transition plan is developed. Further information will then be available.

Who to call:

- Beacon Health Strategies, **1-855-765-9702/TTY 1-800-735-2929**, 8:30 a.m. to 5:00 p.m., Monday through Friday.
- GCHP Member Services, **1-888-301-1228/TTY 1-888-310-7347**, 8:00 a.m. to 5:00 p.m., Monday through Friday.

10 important things to remember

1 Your Member Handbook has important information and explains how to use your GCHP benefits.

2 Choose your doctor or clinic, known as a Primary Care Provider (PCP), from the Provider Directory within the first 30 days of enrollment; or change your PCP as often as every 30 days with an effective date of the first day of the following month.

3 Make an appointment with your PCP for your Initial Health Assessment within the first 120 days of becoming a GCHP Member.

4 Always keep and show your GCHP ID card and plastic Medi-Cal ID card when you go to the doctor, hospital and pharmacy.

5 Call your PCP whenever you need medical care 24 hours a day, 7 days a week. Only go to the emergency room for true medical emergencies.

6 You must have a referral from your PCP to see a specialist. Your PCP will refer you to another doctor if medically needed.

7 If you have Medicare, you can see any doctor who accepts your Medicare and GCHP.

8 You do not need a referral for family planning, sensitive services or pregnancy care. You can see any doctor willing to accept GCHP.

9 Call the Human Services Agency (HSA) if you have questions about your Medi-Cal eligibility, you move or your contact information changes.

10 If you have a problem or complaint about your medical care, talk to your doctor first. If you can't resolve it, call Member Services at **1-888-301-1228/TTY 1-888-310-7347**.



NEW MEMBERS

Visiting your PCP

When you first become a GCHP Member, you will choose a Primary Care Provider (PCP) within the first month. If you don't make that choice, GCHP will choose one for you.

Your PCP is the doctor you will see whenever you need medical care. If you need specialty care or special tests, your PCP will refer you to a contracted facility.

Once you have a PCP, it is important to make an appointment for a new patient exam. Even if you

are feeling well, call right away.

At the exam, your PCP will ask about your medical history and current health conditions. Your PCP will also ask what medications you are taking, so bring a list of your medications or all of the bottles.

If you get sick before your new patient exam, call your PCP's office. Let the staff know that you are new but need to be seen right away. Clearly explain what you need to be seen for and your symptoms. Your PCP's office will make sure you get the care you need.

Changing your PCP

As a Gold Coast Health Plan Member, you have the option to change Primary Care Providers (PCPs) every 30 days.

You can make this change three ways:

- 1.** Call Member Services at **1-888-301-1228/TTY 1-888-310-7347** to request the change.
- 2.** Complete the "PCP Selection Form" found on our website, and mail, fax or bring it to our office.
- 3.** Request the change in person at our Camarillo office.

Requests received prior to the last business day of the month will take effect the first day of the following month. You will receive a new ID card within 7 to 10 days of the request.



How to heal

A smooth recovery requires good planning and a solid understanding of your plan, and you need to be sure to follow the plan.

You might be headed home or to another place of care. Either way, we want you to keep getting better after you leave the hospital. That means giving you the information you need to help heal.

Before you leave the hospital, you and your family will know:

- What your diagnosis is.
- How you are doing now.
- The medicines and amount that you need to take at home.

■ The kind of care and services you may need.

■ Where you can get help if you have a problem.

■ Any doctor's visits, treatment or tests that you need after you leave the hospital.

■ What symptoms or problems to watch for.

What you need to do after you are discharged from the hospital:

- Get all of the medicines that the doctor wants you to have.
- Take your medicines as directed.
- Go to all of the follow-up visits and therapy as instructed at discharge.

Urgent care or emergency room?

Did you know that a trip to the emergency room (ER) may not be necessary? You may spend hours waiting to be seen if your condition is not a true emergency.

If you can't get a same-day appointment with your Primary Care Provider, an urgent care center is the best option for you.

An urgent care center can treat common conditions such as flu, colds, vomiting, cuts, broken bones, minor injuries and burns.

Always go to the ER or call 911 if you are experiencing chest pain, a stroke, difficulty breathing, head injuries or other life-threatening conditions.

- Follow the diet and activity instructions.
- Call for help if something is not right.

Who should you call?

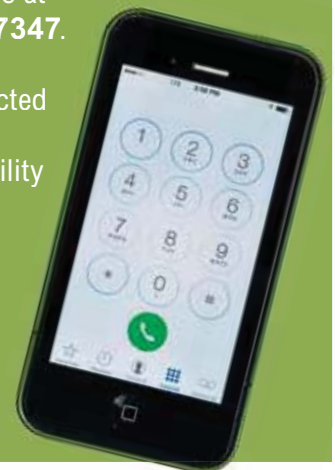
1. To change your Primary Care Provider (PCP), call Gold Coast Health Plan (GCHP) Member Services at **1-888-301-1228/TTY 1-888-310-7347**, Monday through Friday, 8:00 a.m. to 5:00 p.m.
2. For an appointment with your PCP, call the number on your GCHP ID card.
3. For assistance with a mental health issue, call Beacon Health Strategies at **1-855-765-9702**.
4. For a vision exam appointment, call VSP at **1-800-877-7195** to locate a contracted Provider.

5. For assistance with a bill from a medical Provider, call GCHP Member Services at **1-888-301-1228/TTY 1-888-310-7347**.

6. For dental care, call Denti-Cal at **1-800-322-6384** to locate a contracted Provider.

7. For help with your Medi-Cal eligibility or to change your address, call the Human Services Agency (HSA) at **1-888-472-4463**.

8. To request a new GCHP ID card, call GCHP Member Services at **1-888-301-1228/TTY 1-888-310-7347**.



salud para triunfar



Gold Coast
Health PlanSM
A Public Entity

Edición 1 • Invierno 2015

MANTENGA SU
COBERTURA

No olvide renovar su Medi-Cal

Si es Miembro de Medi-Cal, deberá renovar su elegibilidad una vez al año. Las renovaciones, también llamadas redeterminación, se realizan a través de la Agencia de Servicios Humanos (*Human Services Agency, HSA*) del Condado de Ventura, y no a través de Gold Coast Health Plan (GCHP).

Medi-Cal dejó de hacer las renovaciones entre enero y mayo de 2014. Si su mes de renovación fue en ese período, debe haber recibido un aviso con su nuevo mes de renovación.

¿Cómo sabré cuándo debo renovar?

Usted recibirá por correo un aviso y los formularios de renovación dos meses antes de su fecha de renovación. Si se mudó desde que se inscribió, llame a la oficina local de Medi-Cal para darles su nueva dirección.

» **¡TOME ACCIÓN!** Para obtener ayuda con la renovación de su Medi-Cal, llame a la Agencia de Servicios Humanos del Condado de Ventura al 1-888-472-4463/TTY 1-800-735-2922.



¿Cómo renuevo? El aviso de renovación le indica la información que debe proporcionar. Si no renueva antes de la fecha de vencimiento, se suspenderán los beneficios de Medi-Cal.

Puede hacer la renovación por correo, por teléfono, en persona o en Internet. Si le falta información, llame, envíe o traiga lo que tenga. Llame al número que está en el formulario si tiene preguntas o llame al **1-888-472-4463/TTY 1-800-735-2922**.

Si no completa su renovación, se suspenderán sus beneficios de Medi-Cal. Tendrá 90 días para completar la renovación y así reabrir su Medi-Cal. Si reabre entre 60 y 90 días después de que haya finalizado su Medi-Cal, tendrá Medi-Cal del estado

durante uno o dos meses antes de convertirse nuevamente en Miembro de GCHP. Después de 90 días, sus beneficios de Medi-Cal terminarán y tendrá que volver a solicitarlos.

¿Qué significa si pierdo mi Medi-Cal? Si pierde su Medi-Cal, perderá la cobertura de cuidado de la salud y ya no será Miembro de GCHP. Puede solicitarla nuevamente, pero es posible que haya una interrupción en su cobertura.

Si tiene Medi-Cal a través del Seguro Social. Si tiene Medi-Cal porque recibe Seguridad de Ingreso Suplementario (*Supplemental Security Income, SSI*), la oficina del Seguro Social le comunicará cuándo debe renovar su elegibilidad.

Lo que debe saber sobre el autismo

Cuando un niño comienza a sonreír o señalar, está aprendiendo a interactuar con el mundo.

Sin embargo, los niños con autismo a menudo no se relacionan con el mundo de esta manera. No aprenden, ni se comunican ni reaccionan de la misma manera que otros niños.

La palabra *autismo* se usa para describir diversas discapacidades en el desarrollo. Lo causa un problema en el cerebro. El autismo por lo general se

manifiesta en los tres primeros años de vida.

Un bebé o un niño con autismo puede:

- Sonreír más tarde que otros bebés.
- No responder a su propio nombre.
- Preferir que no lo tengan en brazos.
- Evitar el contacto visual.
- Repetir ciertas acciones una y otra vez.
- Tener dificultad para entender los sentimientos.
- Tener dificultad con los cambios de rutina.
- Tener dificultad para relacionarse con las personas.

Por lo general, se debe examinar al niño para detectar autismo a los 18 y 24 meses.

Pero no espere. Si nota algún signo, menciónesele al Proveedor de su hijo.

No hay cura para el autismo. Pero actuar temprano puede disminuir su impacto. Con tratamiento y apoyo, los niños con autismo pueden crecer, aprender y desarrollarse.

Fuentes: American Academy of Pediatrics; Centers for Disease Control and Prevention



TRASTORNO DEL ESPECTRO AUTISTA

Tratamiento de la Salud del Comportamiento

Gold Coast Health Plan (GCHP) cubre el tratamiento de la salud del comportamiento (*behavioral health treatment*, BHT) para el trastorno del espectro autista (TEA) a través de Beacon Health Strategies. Este tratamiento incluye un análisis del comportamiento aplicado y otros servicios basados en pruebas que ha sido revisada y comprobada. Estos servicios deberían desarrollar o restablecer, lo más posible, el funcionamiento diario de un Miembro con TEA.

Los servicios de BHT deben ser:

- Necesarios por razones médicas.
- Recetado por un médico o psicólogo con licencia.

- Aprobado por GCHP.
 - Prestados de conformidad con el plan de tratamiento aprobado por el Plan del Miembro.
- Usted puede calificar si:**
- Tiene menos de 21 años de edad.
 - Tiene un diagnóstico de TEA.
 - Presenta conductas que interfieren en la vida de su hogar o la comunidad, como la ira; violencia; se provoca lesiones a sí mismo; se fuga; o tiene dificultad con las habilidades para vivir, jugar y/o comunicación.

Usted no califica si:

- No está medicamente estable.
- Necesita servicios médicos o de enfermería las 24 horas.

- Tiene una discapacidad intelectual y necesita que se le realicen procedimientos en un hospital o centro de cuidados intermedios.

Los servicios de BHT proporcionados a través de un Centro Regional seguirán hasta que se desarrolle un plan de transición. Más adelante se le brindará más información.

Con quién comunicarse:

- Beacon Health Strategies, **1-855-765-9702/TTY 1-800-735-2929**, de lunes a viernes de 8:30 a.m. a 5 p.m.
- Servicios para Miembros de GCHP, **1-888-301-1228/TTY 1-888-310-7347**, de lunes a viernes de 8 a.m. a 5 p.m.

10 cosas importantes que debe recordar

- 1** El Manual para Miembros contiene información importante y explica cómo utilizar los beneficios de GCHP.
- 2** Elija un doctor o una clínica, conocido como Proveedor de Atención Médica Primaria (*Primary Care Provider, PCP*), en el Directorio de Proveedores durante los primeros 30 días de la inscripción; o cambie su PCP cada 30 días con una fecha de entrada en vigencia que corresponderá al primer día del mes siguiente.
- 3** Pida una cita con su PCP para su Evaluación de Salud Inicial durante los primeros 120 días de convertirse como Miembro de GCHP.
- 4** Siempre tenga y muestre su tarjeta de identificación de GCHP y su tarjeta de identificación de plástico de Medi-Cal cuando vaya al médico, el hospital y la farmacia.
- 5** Llame a su PCP cada vez que necesite atención médica, las 24 horas, los 7 días de la semana. Sólo vaya a la sala de emergencias para verdaderas emergencias.
- 6** Debe tener un referido de su PCP para consultar a un especialista. Su PCP lo referirá a otro médico si es médicamente necesario.
- 7** Si tiene Medicare, puede ver a cualquier médico que acepte su Medicare y GCHP.
- 8** No necesita una referencia para planificación familiar, servicios sensibles o cuidado prenatal. Puede consultar a cualquier médico que esté dispuesto a aceptar GCHP.
- 9** Llame a la Agencia de Servicios Humanos (HSA) si tiene preguntas sobre su elegibilidad para Medi-Cal, se muda o cambia su información de contacto.
- 10** Si tiene un problema o una queja con respecto a su atención médica, hable con su médico en primer lugar. Si no puede resolverlo, llame a Servicios para Miembros al **1-888-301-1228/TTY 1-888-310-7347**.



NUEVOS MIEMBROS

Visitas a su PCP

Cuando se convierte en Miembro de GCHP por primera vez, elegirá un Proveedor de Atención Médica Primaria (*Primary Care Provider, PCP*) durante el primer mes. Si no hace su elección, GCHP elegirá por usted.

Su PCP es el doctor que visitará cada vez que necesite atención médica. Si necesita atención especializada o pruebas especiales, su PCP lo referirá a un centro contratado.

Una vez que tenga un PCP, es importante que pida una cita para un

examen de paciente nuevo. Aunque se sienta bien, llame de inmediato.

En el examen, su PCP le preguntará sobre su historial médico y su condiciones de salud actuales. Su PCP también le preguntará qué medicamentos está tomando. Por eso, lleve una lista de sus medicamentos o todos los frascos y envases.

Si se enferma antes del examen de paciente nuevo, llame al consultorio de su PCP. Dígale al personal que usted es nuevo, pero necesita que lo vean de inmediato. Explique claramente por qué necesita que lo vean y sus síntomas. El consultorio de su PCP se asegurará de que reciba el cuidado que necesita.

Cambio de su PCP

Como Miembro de Gold Coast Health Plan, usted tiene la opción de cambiar de Proveedores de Atención Médica Primaria (PCP) cada 30 días.

Este cambio se puede hacer de tres maneras:

- 1.** Llame a Servicios para Miembros al **1-888-301-1228/TTY 1-888-310-7347** para pedir el cambio.
- 2.** Complete el formulario de selección de PCP ("*PCP Selection Form*") que se encuentra en nuestro sitio web y envíelo por correo, fax o tráigalo a nuestra oficina.
- 3.** Pida el cambio en persona en nuestra oficina de Camarillo.

Los pedidos que se reciban antes del último día hábil del mes entrarán en vigor el primer día del mes siguiente. Usted recibirá una nueva tarjeta de identificación en un plazo de 7 a 10 días a partir de su pedido.



Cómo curarse

Una recuperación sin complicaciones exige una buena planificación y entender muy bien su plan, como así también seguir el plan al pie de la letra.

Es posible que le envíen a su casa o a otro lugar para que lo atiendan. De cualquier forma, queremos que siga mejorando después de salir del hospital. Eso significa darle la

información que necesita para ayudarlo a sanar.

Antes de irse del hospital, usted y su familia sabrán:

- Cuál es su diagnóstico.
- Cómo está actualmente.
- Los medicamentos y las cantidades que debe tomar en su casa.
- El tipo de cuidados y servicios que puede necesitar.
- Dónde puede obtener ayuda si tiene un problema.
- Cualquier visita al médico, tratamientos o pruebas que necesitará después de salir del hospital.
- Los síntomas o problemas a los que debe estar atento.

Lo que necesita hacer después de ser dado de alta del hospital:

- Obtenga todos los medicamentos que el médico desea que tenga.
- Tome los medicamentos según las indicaciones.
- Vaya a todas las visitas de seguimiento y terapia que se le indicó cuando le dieron el alta.
- Siga las instrucciones para la dieta y actividad física.
- Llame para pedir ayuda si algo anda mal.

¿Atención de urgencia o sala de emergencias?

¿Sabía que un viaje a la sala de emergencias (ER) puede ser innecesario? Quizás pase horas esperando a que lo vean si su condición no es verdaderamente una emergencia.

Si no puede hacer una cita para el mismo día con su Proveedor de Atención Médica Primaria, un centro de atención de urgencia es la mejor opción para usted.

En un centro de atención de urgencia se pueden tratar condiciones comunes como gripe, resfrios, vómitos, cortaduras, fracturas de huesos, lesiones menores y quemaduras.

Siempre vaya a la sala de emergencia (ER) o llame al 911 si tiene dolor en el pecho, derrame cerebral, dificultad para respirar, heridas en la cabeza u otras condiciones que pueden poner en peligro su vida.

¿A quién debe llamar?

1. Para cambiar de Proveedor de Atención Médica Primaria (PCP), llame a Servicios para Miembros de Gold Coast Health Plan (GCHP) al **1-888-301-1228/TTY 1-888-310-7347**, de lunes a viernes de 8 a.m. a 5 p.m.
2. Para una cita con su PCP, llame al número que está en su tarjeta de identificación de GCHP.
3. Para obtener ayuda con un problema de salud mental, llame a Beacon Health Strategies al **1-855-765-9702/TTY 1-800-735-2929**.
4. Para una cita de examen de la vista, llame a VSP al **1-800-877-7195/TTY 1-800-428-4833** para localizar un Proveedor contratado.

5. Para obtener ayuda con una factura de un Proveedor de Atención Médica, llame a Servicios para Miembros de GCHP al **1-888-301-1228/TTY 1-888-310-7347**.

6. Para cuidado dental, llame a Denti-Cal al **1-800-322-6384/TTY 1-800-735-2922** para localizar un Proveedor contratado.

7. Para obtener ayuda con la elegibilidad para Medi-Cal o cambiar su dirección, llame a la Agencia de Servicios Humanos (HSA) al **1-888-472-4463/TTY 1-800-735-2922**.

8. Para solicitar una nueva tarjeta de identificación de GCHP, llame a Servicios para Miembros de GCHP al **1-888-301-1228/TTY 1-888-310-7347**.





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



Pharmacy Benefit Overview

Consumer Advisory Committee

March 18, 2015

Anne Freese, Pharm.D.
Director of Pharmacy

www.goldcoasthealthplan.org

Covered Services

- All medically necessary medications are available to Gold Coast Health Plan Members
 - ▶ Definition: reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury

Covered Services (con't)

- Exceptions
 - ▶ Carve-Outs: medications that are not part of the GHCP benefit as determined by the Department of Health Care Services and available to members through FFS Medi-Cal
 - ▶ Antipsychotic Medications
 - ▶ Substance Use Disorder Medications
 - ▶ HIV
 - ▶ Hemophilia Medications

Formulary

- What is a formulary?
 - ▶ A list of medications that are covered by the plan that also lists any restrictions
- How is the formulary updated?
 - ▶ Pharmacy and Therapeutics Committee
 - ▶ Quarterly review of all new FDA approved drugs

Formulary Restrictions

- Prior Authorization (PA)
- Step Therapy (ST)
- Quantity Limits (QL)
- Non-Formulary (NF)
- Age Limit
- High Dollar
- Number of Prescriptions Per Month
(removed as 4/1/15)

Exceptions and Overrides

- Prior Authorization Requests
 - ▶ Prescribing provider
 - ▶ Written request
- Emergency/Hospital Discharge Overrides
 - ▶ Prescribing provider or pharmacy
 - ▶ Verbally requested

Specialty Pharmacy

- Mail delivery to home address or other site
- Comprehensive monitoring program
- Telephonic follow-up

Pharmacy Network

- **Retail Network**
 - ▶ Over 200 local retail pharmacies
 - ▶ Chain pharmacies, grocers, big-box, independent
 - ▶ Nationwide coverage at all CVS pharmacies
- **Mail Order Pharmacy**
 - ▶ Days supply limited to 30 days



Questions?



March 11, 2015

Dear Community Partner,

Gold Coast Health Plan (GCHP) cordially invites your agency to participate in our *Community Resource Fair* to be held on **Saturday, June 6, 2015** at Plaza Park, 500 South C Street, Oxnard, CA 93030. The event hours will be from 10:00 a.m. to 2:00 p.m.

The GCHP *Community Resource Fair* will be open to local Ventura County communities and is expected to attract approximately 300 individuals. As a courtesy to the participants, we kindly ask that you stay for the entirety of the event.

To be featured on the flyer, please send a copy of your logo with the attached registration form completed by **Friday, April 3, 2015**. Space is limited; please register no later than **Friday, May 1, 2015**.

Please feel free to contact the Health Education Department at outreach@goldchp.org or at (805) 437-5605 for any additional questions. Thank you for your consideration!

Sincerely,

Lupe Gonzalez, Ph.D., M.P.H.
Director of Health Education, Outreach
Cultural and Linguistic Services



Community Resource Fair Registration Form

Saturday, June 6, 2015

Plaza Park
500 South C Street, Oxnard, CA 93030
10:00 AM – 2:00 PM

Please submit by Friday, May 1, 2015

Registration Forms may be emailed to outreach@goldchp.org
Or Faxed to 805.437.5134

Agency/Organization:			
Contact Person:		Title:	
Address, City, State:			
Phone Number:			
Email:			

Please provide a brief description of the information and services your agency will be providing:

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Event Instructions:

- Community partners may check-in at 9:00 AM at the GCHP Information Booth
- Please bring your own table, canopy and chairs
- Public Parking will be available
- Lunch will be provided for all agency representatives
- As a courtesy to the participants, we kindly ask that you stay for the entirety of the event

To have your agency logo featured on our flyer, please contact outreach@goldchp.org or (805) 437-5605 before **Friday, April 3, 2015**.

Thank you!