



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

**Consumer Advisory Committee Meeting**

**Wednesday, October 18, 2017, 4:00 p.m.**

**Gold Coast Health Plan, 711 E. Daily Drive, Community Room, Camarillo, CA 93010**

**AGENDA**

**CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**ESTABLISH QUORUM**

**PUBLIC COMMENT**

The public has the opportunity to address the Consumer Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three minutes. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Committee.

**APPROVE MINUTES**

1. Regular Meeting of April 19, 2017

**REPORTS**

- 2. Chief Executive Officer (CEO) Update**  
Staff: Dale Villani, Chief Executive Officer
- 3. Financial Update**  
Staff: Lyndon Turner, Sr. Finance Director
- 4. Pharmacy Benefits Manager (PBM) Update**  
Review of the transition to the new PBM.  
Staff: Dr. Nancy Wharfield, Chief Medical Officer

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

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)**  
**October 18, 2017 Consumer Advisory Committee Meeting Agenda (continued)**  
**LOCATION: Community Room at 711 E. Daily Drive, Camarillo, CA 93010**  
**TIME: 4:00 p.m.**

**5. Health Information Form/Medical Evaluation Tool (HIF/MET)**

Implementation of HIF/MET, a tool to identify new members who may need expedited services.

Staff: Chris Hodina, Director of Operations

**6. Group Needs Assessment Executive Summary**

Overview of the Group Needs Assessment.

Staff: Lupe Gonzalez, MPH, PhD, Director of Health Education, Outreach, Cultural and Linguistic Services

**7. Consumer Advisory Committee (CAC) Policy and Processes**

Review of new CAC policy; seat term dates and recruiting process.

Staff: Connie Harden, Member Services Specialist

**COMMENTS FROM COMMITTEE MEMBERS**

**ADJOURNMENT**

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on January 17, 2018, 4:00 p.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, Camarillo, CA 93010.

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

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. 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.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

The agenda was posted at the Gold Coast Health Plan Notice Board and on its website.

**Ventura County Medi-Cal Managed Care Commission  
(VCOMMCC) dba Gold Coast Health Plan (GCHP)  
Consumer Advisory Committee (CAC) Minutes  
April 19, 2017**

*(Not official until approved)*

**CALL TO ORDER**

Committee Chair Rita Duarte-Weaver called the meeting to order at 5:05 p.m. at the offices of Gold Coast Health Plan (GCHP), 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Community Room. The Pledge of Allegiance was recited.

**OATH OF OFFICE**

Connie Harden, Member Services Specialist administered the oath of office to Committee Member Estelle Cervantes, Beneficiary Member.

**ROLL CALL**

**COMMITTEE MEMBERS IN ATTENDANCE**

**Estelle Cervantes**, Beneficiary Member (arrived at 5:10)  
**Rita Duarte-Weaver**, Ventura County Public Health Department  
**Norma Gomez**, Mixteco / Indigena Community Organizing Project  
**Paula Johnson**, ARC of Ventura County  
**Laurie Jordan**, Rainbow Connection / Tri-Counties Regional Center  
**Ruben Juarez**, County Health Care Agency  
**Pedro Mendoza**, Amigo Baby  
**Curtis Updike**, County Human Services Agency (HSA) (arrived at 5:20)

**ABSENT COMMITTEE MEMBERS**

**Alicia Flores**, La Hermandad  
**Frisa Herrera**, Casa Pacifica  
**Katharine Raley**, County of Ventura Area Agency on Aging

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

**PUBLIC COMMENT / CORRESPONDENCE**

None

**APPROVE MINUTES**

**1. Regular Meeting of January 18, 2017**

Committee Member Ruben Juarez motioned to approve the Meeting Minutes of January 18, 2017. Committee Member Pedro Mendoza seconded. The motion carried with the following vote:

AYES:	Cervantes, Duarte-Weaver, Gomez, Herrera, Jordan, Juarez, Mendoza and Updike
NOES:	None
ABSTAIN:	None
ABSENT:	Flores, Johnson and Raley

## **REPORTS**

### **2. Chief Executive Officer (CEO) Update**

Dale Villani, Chief Executive Officer (CEO) introduced new GCHP Chief Diversity Officer Douglas Freeman. Mr. Freeman provided comments on his background. Mr. Villani also introduced new Director of Operations, Chris Hodina who also made brief comments. CEO Villani announced that GCHP Chief Medical Officer (CMO) Al Reeves is retiring effective July 7, 2017. Mr. Villani also announced that Ralph Oyaga, Executive Director of Government, Regulatory and External Relations has resigned to accept a new position effective May 3, 2017.

CEO Villani commented on the upcoming Opioid Policy Summit meeting. CMO Dr. Reeves provided information on the participants and discussion to be held at the Opioid Policy Summit. This meeting is being held in partnership with Ventura County Behavioral Health.

### **3. Chief Financial Officer (CFO) Update**

Patricia Mowlavi, Chief Financial Officer (CFO) reported on the financial update presented in the meeting materials. CFO Mowlavi provided a handout of a dollar bill indicating that \$.92 of every dollar in revenue received from the state goes to the cost of health care for our members; \$.07 goes to GCHP administrative costs and \$.01 goes to reserves.

### **4. Community Health Investment Initiative**

Ralph Oyaga, Executive Director of Government, Regulatory and External Relations provided information on the Community Health Investment Initiative. Mr. Oyaga stated that we have arrived at the grant-making process of the Alternative Resources for Health (ARCH) program launched last year. The Commission has approved the program to begin using the excess reserve funds that we have, and injecting that money back into the community through our ARCH program. We wanted to build something that had a long-standing commitment to programs that address the social needs of our members. We composed a grants program called the Community Health Investment Initiative. We created a policy that was vetted through a variety of means internally and externally; stakeholders and legal review and now approved by the Commission. That set the foundation for the infrastructure, the running of the program, how we select our funding priorities, how we will monitor a program once funded, and ensuring that grantees are using the funds for what they said they would. That has been finalized and the Request for Application (RFA) is out to the public.

Karen Escalante-Dalton is a consultant known in the county. She has worked with the California Endowment along with a number of community-based organizations throughout Ventura County and is an expert on grant writing, grant monitoring, etc. Mr. Oyaga went on to say that, we brought her in to help us design and launch the program. She has been with us for about seven months and she is going to run with it now.

Karen Escalante-Dalton stated that the focus of the grant-making program is on the third pillar of ARCH; addressing the social determinants of health, meaning everything that happens outside of the medical clinic that impacts the health of people. Determinants like education, income or access to healthy food; living in a space that is healthy where the air is clean or a home that is not overcrowded, etc. We already provide health insurance and access to care. We are funding everything that happens outside of that setting which impacts health. For this particular RFA, which

is for this year only, we identified three priority areas based on interviews with external stakeholders, interviews with internal leaders at GCHP and a review of community health needs assessments that are out there. The first priority is obstacles that impede access to the health care that GCHP provides. The second one is access to quality and affordable food to improve nutrition and decrease obesity rates and associated chronic diseases that accompany it. Third, is programs that bring about built and neighborhood environments that create the capacity for individuals to engage in healthy behaviors.

We released the RFA on April 7<sup>th</sup>. It is on the GCHP website for access to the applications for submittal. We have assembled a grant-review committee made up of internal staff from GCHP that represent various departments who have intricate knowledge and understanding about the issues faced by the members of the Plan. We want to make sure we have diversity in terms of the populations that the grant program reaches. Diversity in terms of the geography that the program reaches so that we disperse these funds across the whole county and not just in particular areas. We will be announcing the grant recipients at the end of June and the grants will be for 12 months beginning July 1<sup>st</sup> of this year through June of 2018. We are open to considering applications of up to \$150,000, if the programs are sound and the budget makes sense for that amount or less, under those three goals areas identified.

Ralph Oyaga asked for feedback from the Committee. Committee member Laurie Jordan asked for an explanation of neighborhood and built environment? Ms. Escalante-Dalton replied that there is sound evidence that only 20% of a person's health is determined by what happens in the medical office. Everything else that happens either in a home or in the street or the air that people breath, the housing where people live affects their health. We will consider any applications that seek to address those environmental factors, those community factors that are in the "built environment" meaning homes, streets, parks. Committee member Jordan asked if GCHP would be open to an applicant asking for a bike path so there is a safer way for children to ride their bikes? Committee member Jordan went to state that mold is not good for kids; would you fund an advocacy organization to get the landlords to fix it? Ms. Escalante Dalton replied that we also included system change. We would pay someone to advocate for the policies to be followed when landlords are out of compliance.

Committee member Updike asked about the total number of projects we expect to fund. Ralph Oyaga stated that we have a limited amount of funds; the total is about \$1.5 million. Depending on the number of agencies that apply and the size of the projects, will determine the number of projects. We will look at how to spread that across a variety of agencies, across the diversity of the geography so that not all the money goes to one area.

Committee member Updike stated that looking at the analysis of the programs that are coming in, you might want to look at partnerships. That was not specifically enunciated here but if people are going to partner together, that would be worth looking at.

Karen Escalante-Dalton replied that one of the questions asked in the application is if there is any collaboration and if so, what that collaboration is; what the roles are for the collaborators. It is not required, but we encourage it.

Committee member Juarez asked if when looking at the proposals, will you look at those that serve all of Ventura County? Ralph Oyaga stated that, yes; it does not have to be a project that serves all

of Ventura County. It can be a specific area, like Piru, Santa Paula; we just want to make sure that a project serves an area within Ventura County. There may be organizations that are multi-county, but we will only fund the portion of the program that is for Ventura County residents.

Karen Escalante-Dalton stated that we are going to give priority to programs that service members of GCHP. They can serve other non-members, but the majority of those served must be GCHP members.

Ralph Oyaga stated that the announcement of the final grantees will be at the end of June. The start date for the grant is July through June 2018, fiscal year.

## **5. Pharmacy Benefit Manager (PBM) Update**

CMO Dr. Al Reeves, provided an update on the new pharmacy benefits manager (PBM). Dr. Reeves stated that the new PBM will be OptumRx which is a division of United Healthcare. Dr. Reeves explained what the PBM does and that the change will take place June 1, 2017 through a very precise program of implementation that has been going on since November 2016. We want to ensure that the pharmacy benefits will not change. Our Pharmacy and Therapeutics (P&T) committee will continue to make all decisions in terms of the benefits. We have developed some transitions in grandfathering processes so that nobody goes without their medications.

Dr. Reeves went on to state that our provider network is almost the same. There are a few pharmacies who were not contracted and OptumRx is working to get contracts with those pharmacies. We are sending out information to our providers in the last part of April. In early May we will be sending out welcome kits to all members and in the mid-May, all members will be getting new ID cards with the number for OptumRx on the back of that card.

Committee member Updike asked about small neighborhood pharmacies, do we see any gaps in coverage for those individuals or are there enough other big box pharmacies that can handle the need if the smaller pharmacies in the small neighborhoods do not want to contract? Dr. Reeves replied that we have made sure that our provider network is covered in all of the communities we serve.

Committee member Juarez asked about the Clinicas del Camino Real pharmacy. Dr. Reeves stated that yes; they have signed a contract and will be in the network.

## **RECESS**

A break was provided at 5:52 p.m. The meeting reconvened at 6:10 p.m.

## **6. Opioid Policy Summit**

CEO Dale Villani and CMO Al Reeves addressed the summit earlier in the agenda.

## **7. Health Education Update – Community Resource Fair**

Lupe Gonzalez, Director of Health Education, Outreach, Cultural & Linguistic Services announced GCHP's 6<sup>th</sup> annual Community Resource Fair. She stated that we have exceeded the number of participating agencies from our prior years; we had about 32 agencies last year and this year we are up to over 40.

Dr. Gonzalez provided information on classes GCHP is offering in the community and stated that we are partnering with some of our providers trying to get classes within our provider settings.

#### **8. Action Item Review from January 18, 2017 meeting**

Connie Harden, Member Services Specialist stated that all action items from the last meeting have been completed. COO Watson stated that a presentation is upcoming on the Mega-Rule as it pertains to our members, one being a new member handbook.

#### **Comments from Committee Members**

Committee member Juarez commented on assistance provided to a client of his who was looking for a specialist. The type of specialist was difficult for this member to locate. He thanked Connie Harden and the GCHP team for helping this member locate the specialist needed.

Committee member Juarez asked if copies of the new PBM letter will be sent to all CAC members for their information? Dr. Reeves stated the letters will be sent to the CAC members.

Committee member Mendoza asked if agencies participating in the Community Resource Fair could be provided information on the PBM change to present to the members in attendance. Information will be provided.

COO Watson and Committee member Updike discussed member enrollment and churn as related to the current political environment. Other conversation ensued on that topic.

Committee Chair Duarte-Weaver stated the suggestion was made that we change the meeting time to begin meetings at 4 p.m. going forward. She asked for comments. All Committee members agreed that the time change was acceptable. Going forward, the CAC meetings will begin at 4 p.m. and last approximately two hours.

#### **ADJOURNMENT**

Meeting adjourned at 6:45 p.m.



## **AGENDA ITEM NO. 2**

To: Gold Coast Health Plan Consumer Advisory Committee  
FROM: Dale Villani, Chief Executive Officer  
DATE: October 18, 2017  
SUBJECT: CEO Update

VERBAL PRESENTATION





## **AGENDA ITEM 3**

To: Gold Coast Health Plan Consumer Advisory Committee  
From: Lyndon Turner, Sr. Finance Director  
Date: October 18, 2017  
Re: Financial Update

### Financial Update

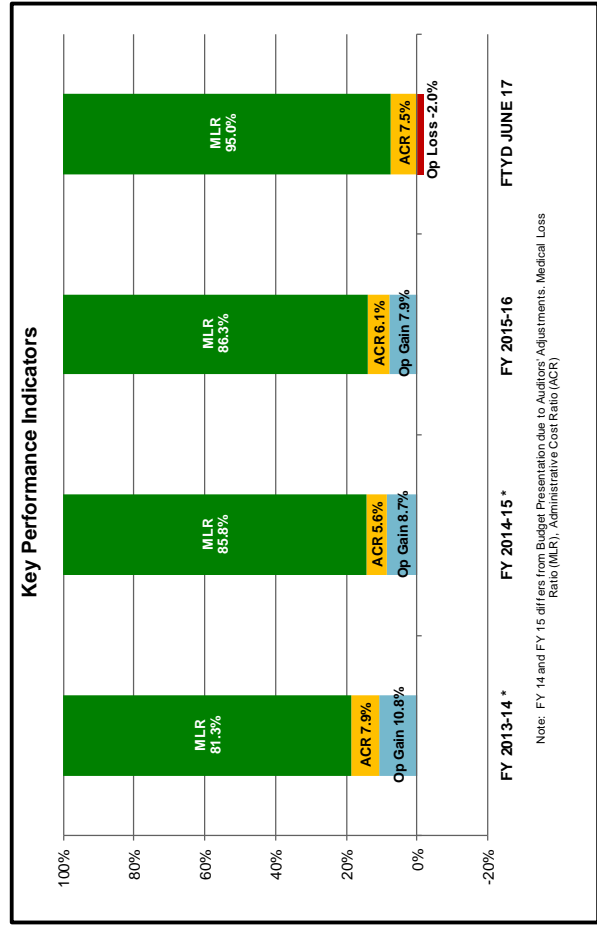
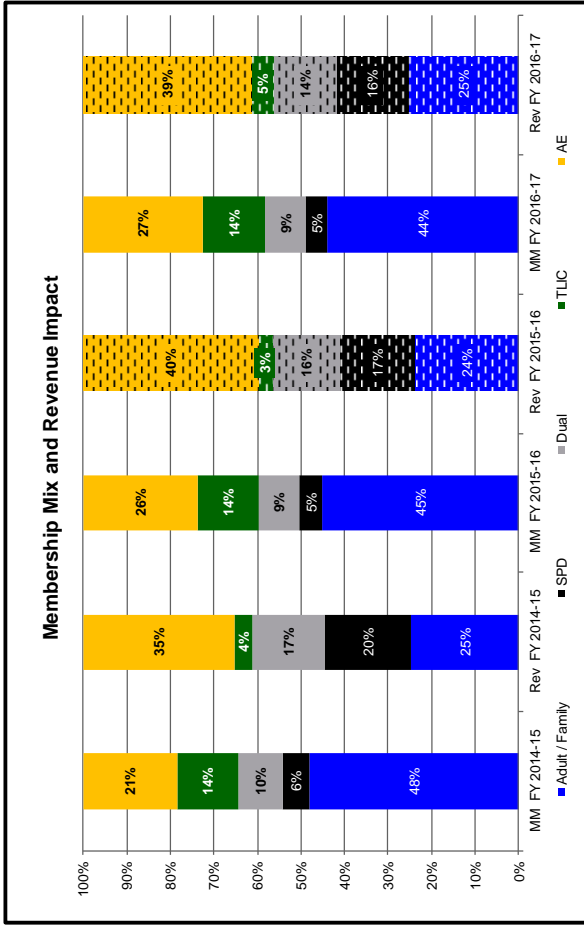
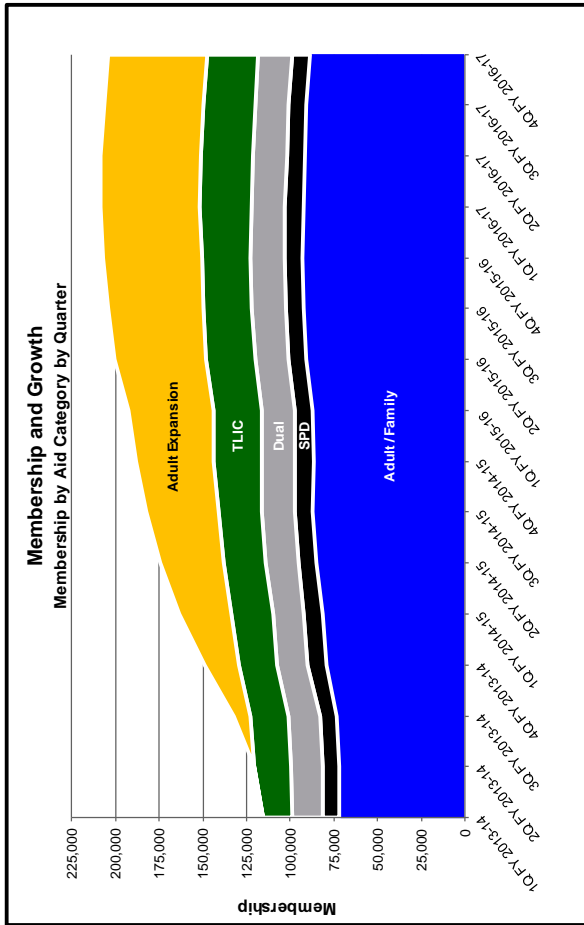
For the fiscal year ended June 30, 2017, the Plan's performance was a decrease in net assets of \$13.6 million which was \$10.5 million lower than budget. This was the result of a conscious effort to increase provider payments and reduce Tangible Net Equity (TNE). A partial offset was realized through administrative savings of \$3.3 million below budget.

The Plan's fiscal year-to-date operating performance resulted in TNE of approximately \$142.4 million, which was \$7.6 million lower than budget. The Plan's TNE at June 30 was 487% of required TNE.

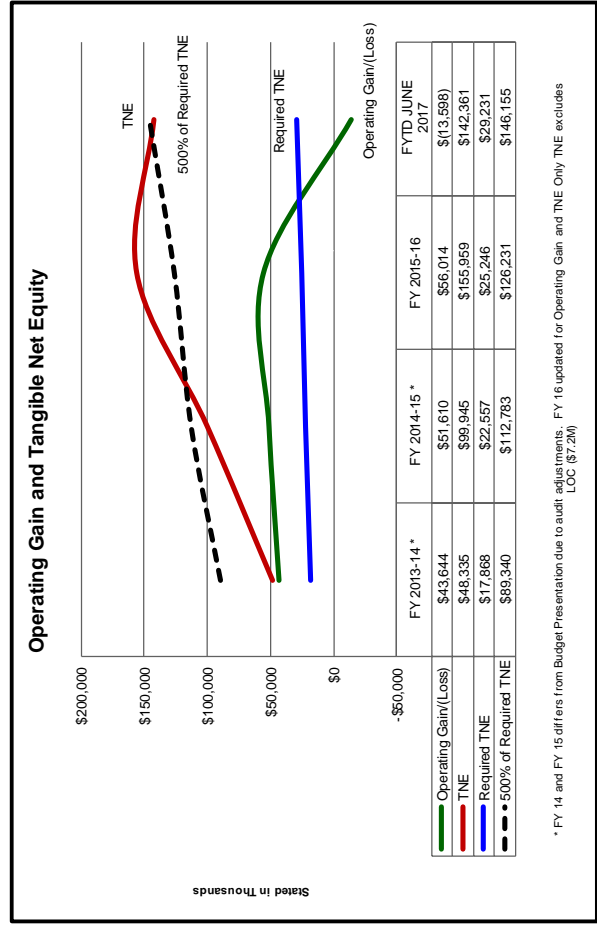
June membership of 203,990 was below budget by 10,738 members. All aid categories were below budget except for the Adult Expansion (AE) aid category, ending the year at 56,461, or 868 above budget.

The current value of the Plan's investment portfolio was \$279.5 million at June 28, 2017. The portfolio consists of short-term, highly liquid investments with a current average yield of approximately 1.06%. All investments are in compliance with the Plan's investment policy.

**FINANCIAL PERFORMANCE DASHBOARD  
FOR MONTH ENDING JUNE 30, 2017**



Note: FY 14 and FY 15 differs from Budget Presentation due to Auditors' Adjustments, Medical Loss Ratio (MLR), Administrative Cost Ratio (ACR)



\* FY 14 and FY 15 differs from Budget Presentation due to audit adjustments. FY 16 updated for Operating Gain and TNE Only. TNE excludes LOC (\$7.2M)



**AGENDA ITEM NO. 4**

To: Gold Coast Health Plan Consumer Advisory Committee  
FROM: Dr. Nancy Wharfield, Chief Medical Officer  
DATE: October 18, 2017  
SUBJECT: Pharmacy Benefits Manager Update

VERBAL PRESENTATION



## **AGENDA ITEM NO. 5**

To: Gold Coast Health Plan Consumer Advisory Committee  
FROM: Chris Hodina, Director of Operations  
DATE: October 18, 2017  
SUBJECT: Health Information Form/Medical Evaluation Tool (HIF/MET)

### VERBAL PRESENTATION



## **AGENDA ITEM 6**

To: Gold Coast Health Plan Consumer Advisory Committee

From: Lupe Gonzalez, Director of Health Education, Outreach  
Cultural and Linguistic Services

Date: October 18, 2017

Re: Group Needs Assessment Executive Summary

Attached



## **Executive Summary**

### **Introduction**

Gold Coast Health Plan (GCHP) was established in July 2011 as a County Organized Health Care System (COHS). GCHP is an independent public entity governed by the Ventura County Medi-Cal Managed Care Commission serving Medi-Cal beneficiaries in Ventura County, California. As of September 2016, Gold Coast Health Plan serves 206,672 members.

The purpose of the Group Needs Assessment (GNA) is to explore the cultural, linguistic and health education needs of the Medi-Cal population of Gold Coast Health Plan. The goal of the GNA is to improve the health outcomes of Medi-Cal members. The GNA will identify member health status and behaviors, cultural and linguistic needs, community health education and cultural and linguistic program resources, health disparities, barriers to care, and gaps in services.

### **Summary of Data Source/Method**

Data used in this analysis comes from several sources including county and statewide surveys and reports, census data, health outcome data, focus groups, and member surveys.

A member survey was conducted by using questions that were approved by the Medi-Cal Managed Care Division (MMCD) of the Department of Health Care Services (DHCS). The final survey used included 22 questions with 11 open-ended response options and 9 custom questions. The survey was conducted in English and Spanish using a dual mail and phone methodology to a sample of 2,500 adult and child members. An overall response rate of 18.8% was recorded with 47.5% in Spanish and 52.5% in English.

### **Beneficiary Demographics**

Of the 206,672 members of Gold Coast Health Plan in Ventura County, 1.7% are African American, 0.3% are Native American, 14.1% are Asian/Pacific Islander, 48.9% are Hispanic, 25.0% are White, and 10.1% are 'Other.' Over 97% of members speak either English (61.1%) or Spanish (36.2%). Just less than one-half of all members (48%) are 20 years of age or less, 53% are female. Fifteen percent are seniors or persons with disabilities.

### **Health Status/Disease Prevalence/Gap Analysis**

As a whole, Ventura County ranks high on lists of health indicators in California. A 2016 survey by the Robert Wood Johnson Foundation ranked Ventura County 8th of 58 for Health Outcomes and 15th out of 58 for Health Factors. The leading causes of death in Ventura County are cancer, coronary heart disease, stroke, Alzheimer's disease, and respiratory disease. According to the Robert Wood Johnson Foundation, 9% of Ventura County residents and 10% of Californians have been diagnosed with diabetes. Among children, the leading health indicator is childhood obesity in Ventura County. Of all the cities in Ventura County, Port Hueneme is the second highest city in the state of California with children who are overweight or obese.

### **Children**

Based on key findings from the Healthcare Effectiveness Data and Information Set (HEDIS) and the Group Needs Assessment, the following are recommendations to improve the health and well-being of children.

- Increase health education and member incentives programs to encourage members to receive important preventive screenings such as Well-Child Visits for children between the ages of 3-6.

- Educate providers and initiate incentives to improve access for children to receive preventive services and needed care.
- Develop health promotion classes and member incentive programs to increase awareness of the health risks associated with childhood obesity and the importance of physical activity. Studies have shown that several cities in Ventura County have extremely high rates of childhood obesity.
- Work with providers to ensure physicians have health education materials and resources to assist children and families at reducing childhood obesity.

## **Adults**

As of September 2016, adults enrolled in GCHP represent 51% of the membership. Of the adult population enrolled in GCHP, approximately 26% represent individuals under the adult expansion program. Females represent more than half of the adult members at GCHP. Overall HEDIS measures related to adults revealed that GCHP scored above the minimum performance level in 2016. However, with regards to Cervical Cancer Screening, GCHP scored below the minimum performance level (50.61%) in 2016. Analysis revealed that this was largely due to the members added through the Adult Expansion Program not receiving cervical cancer screening.

Results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, reported that more than ¾ of members (79.8%) report not smoking or using tobacco. Of those who do, less than fifteen percent (13.3%) report their doctor never mentioned quitting to them. Three-quarters of respondents (76.8%) of adults spoke to their doctor about things they could do to prevent illness, while 55.6% of respondents indicated their child's doctor had done the same.

A key recommendation among adults is to increase cervical cancer screening among women enrolled in GCHP and to particularly target adult expansion members. This will be done through health education services and member incentive programs. A second recommendation is to increase provider and member education about smoking cessation programs available in the community. Also providers need education on the importance of tobacco cessation consultation.

## **Seniors and Persons with Disabilities (SPD)**

Overall, Gold Coast Health Plan has 31,406 members as of September 2016 who either are seniors or have special needs. This represents 15% of total membership in Ventura County. In general, the majority of individuals in the SPD category tend to be part of the care management team and work closely with nurse care managers. A program service recommendation for working with the SPD population is to support the care management team with health education materials and community resources.

## **Conclusion**

In conclusion, Gold Coast Health Plan has met the minimum performance level on many health indicators. However, in the GNA members identified access as a health concern and also gaps have been identified in children's access to care and in women receiving recommended cervical cancer screening. These access issues need to be addressed. Of the respondents 47.5% were Spanish speakers. One-third did not know that they had access to a professional interpreter when visiting a provider. GCHP will increase efforts to educate providers and members of this benefit.

*Report Prepared by SPH analytics in Collaboration with Gold Coast Health Plan  
 2015 HEDIS Aggregate Report for Medi-Cal Managed Care  
 2016 The Robert Wood Johnson Foundation County Health Ranking California  
 2016 Health People 2020 www.healthypeople.com  
 2013 Make a difference in child obesity! Ventura County Public Health  
 2013 Medi-Cal Managed Care CAHPS Survey Summary Report  
 2014 Off-Season CAHPS Report Adult and Child Medicaid  
 2015 Focus Group on CAHPS Results*



## **AGENDA ITEM 8**

To: Gold Coast Health Plan Consumer Advisory Committee  
From: Connie Harden, Member Services Specialist  
Date: October 18, 2017  
Re: CAC Policy and Processes

### **Consumer Advisory Committee (CAC) Policy**

A Gold Coast Health Plan (GCHP) Policy was created to define the composition and role of the GCHP Consumer Advisory Committee (CAC). The policy will explain the process for recruiting, evaluating, and selecting prospective candidates for GCHP's CAC, as well as to delineate the governance of the CAC.

Once approved by the CAC, the policy will be reviewed by Compliance for inclusion in GCHPs Compliance 360 system.

### **CAC Seats, Terms and Vacancies**

As defined by the Commission in 2011, the constituencies for the ten committee members are:

- Foster children
- Medi-Cal beneficiaries
- Chronic medical conditions
- Persons with disabilities and special needs
- Seniors
- County Health Care Agency
- County Human Services Agency

In 2013, the Commission mandated an eleventh seat exclusively for a beneficiary member or the parent / guardian of a beneficiary member.

As set by the Commission, seats have a term of two years, with no term limits. The exceptions to the two-year term are the County Health Care Agency and the County Human Service Agency. Those two are permanent seats.

The four seats that are open for renewal this year are:

- Person with Disabilities: Paula Johnson, The Arc of Ventura County
- Persons with Special Needs: Laurie Jean Jordan, Tri-Counties/Rainbow Connection
- Seniors: Katharine Raley, County of Ventura Area Agency on Aging
- Medi-Cal Beneficiaries: Vacant

The fourth seat is currently vacant due to the resignation of Alicia Flores. Recruiting has begun for this position. We have received applications for re-appointment from all three incumbents who will remain on the committee.

Any application(s) received for the vacant seat will be brought to the CAC membership for review and selection of one candidate. We will then proceed with the submittal of the candidate to the Commission for ultimate approval.

One category of members we are targeting for representation on the CAC are the homeless. Committee member Ruben Juarez of the Ventura County Health Care Plan has recently transitioned to the Whole Person Care Program. In his new position, he can provide GCHP information on working with our homeless members and how we can better serve them.



Title: Consumer Advisory Committee	Policy Number:
Department:	Effective Date:
CEO Approved:	Revised:

**Purpose:**

To define the composition and role of the Gold Coast Health Plan (GCHP) Consumer Advisory Committee (CAC) and to establish a process for recruiting, evaluating, and selecting prospective candidates for GCHP’s CAC, as well as to delineate the governance of the GCHP’s CAC.

**Definitions:**

**Consumer Advisory Committee** – A committee comprised of community advocates and Members, each of whom represents a constituency served by Gold Coast Health Plan (GCHP), which was established by GCHP to advise its Commission on issues affecting Members.

**GCHP Commission** - The Ventura County Medi-Cal Managed Care Commission (VCMCC) is the governing body for Gold Coast Health Plan (GCHP). The Commission is comprised of locally elected officials, Providers, hospitals, clinics, the county healthcare agency and consumer advocates.

**Threshold Language** – Those languages identified based upon State requirements and/or findings of the Group Needs Assessment (GNA).

**CAC Policy:**

This policy shall define the composition, requirements and elections for the CAC.

- A. As directed by GCHP’s Commission, CAC shall report every six months to the GCHP Commission and shall provide advice and recommendations to the GCHP Commission relative to GCHP’s programs and initiatives.
- B. GCHP’s Commission encourages Member involvement in the GCHP program.
- C. CAC members shall recuse themselves from voting or from decisions where a conflict of interest may exist, and shall abide by GCHP’s conflict of interest code and, in accordance with GCHP Policy.
- D. The composition of CAC shall reflect the diversity of the health care consumer.
- E. All CAC members shall have direct or indirect contact with GCHP Members.
- F. In accordance with the Ventura County Medi-Cal Managed Care Commission (VCMCC), dba Gold Coast Health Plan (GCHP), CAC shall be comprised of 11 voting members, each seat representing a constituency served by GCHP.



Title: Consumer Advisory Committee	Policy Number:
Department:	Effective Date:
CEO Approved:	Revised:

1. Two of the 11 positions are standing seats and are held by the Ventura County Health Care Agency (VCHCA) and the Ventura County Human Services Agency (HSA).
2. Nine members shall serve a two-year term with no limits on the number of terms a representative may serve.
  - a. One of the positions shall be a dedicated Member seat for a Beneficiary Member or the Parent/Guardian of a Beneficiary Member.
  - b. The two-year CAC member terms shall coincide with GCHP’s fiscal year (i.e., July 1st through June 30th).
3. CAC may include, but is not limited to, individuals representing, or that represents the interests of:

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

G. CAC shall conduct a nomination process to recruit potential candidates for the impending vacant seats, in accordance with this policy.

1. The CAC shall conduct an annual recruitment and nomination process.
  - a. At the end of each fiscal year, approximately half of the CAC seats’ expire, alternating between four vacancies one year and five vacancies the subsequent year. The two standing seats for VCHCA and HSA are evergreen and do not expire.
2. The CAC shall conduct a special recruitment effort if a seat is vacated mid-term.
  - a. Candidates that fill a vacated seat mid-term shall complete the term for that specific seat, which will be less than a full two-year term.
3. If a vacancy occurs 3-months prior to the start of the nomination process, there will be no need for a special election and the vacant seat shall become part of the nomination process.



Title: Consumer Advisory Committee	Policy Number:
Department:	Effective Date:
CEO Approved:	Revised:

- H. On an annual basis, CAC shall select a chairperson and vice-chair from its membership to coincide with the annual recruitment and nomination process.
  - 1. The CAC chairperson and vice chair may serve one-year terms with unlimited extensions with a vote taken by the CAC members annually.
  - 2. The CAC chairperson or vice chair may be removed by a majority vote from GCHP's Commission.
- I. CAC members shall attend all regularly scheduled meetings, unless they have an excused absence. An absence shall be considered excused if a CAC member provides notification of an absence to GCHP staff at least four hours prior to the CAC meeting. GCHP staff shall maintain an attendance log of the CAC member's attendance at CAC meetings. Upon request from the CAC chairperson, the vice chair, the Chief Executive Officer or the GCHP Commission, GCHP staff shall provide a copy of the attendance log to the requester. In addition, GCHP staff shall contact any committee member who has three consecutive unexcused absences.
  - 1. CAC member's attendance will be considered as a criterion upon reapplication.

**PROCEDURE**

**A. CAC recruitment process**

- 1. GCHP shall begin recruitment of potential candidates in March of each year. In the recruitment of potential candidates, the ethnic and cultural diversity and special needs of the GCHP population shall be considered. Nominations and input from interest groups and agencies shall be given due consideration.
- 2. GCHP shall recruit potential candidates utilizing a variety of notification methods, which may include, but are not limited to, the following:
  - a. Outreach to the respective Member community; and
  - b. Placement of vacancy notices on the GCHP website.
- 3. An application is sent to prospective candidates and shall be notified at the time of recruitment regarding the deadline to submit their application (attached) to GCHP.
- 4. The CAC chairperson or vice chair shall inquire of its membership whether there are interested candidates who wish to be considered as a chairperson or vice chair for the upcoming fiscal year.



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**B. CAC nomination process**

1. To establish a nomination ad hoc subcommittee, the CAC chairperson or vice chair shall ask three to four members to serve on the ad hoc subcommittee. CAC members who are being considered for reappointment, cannot participate in the nominations ad hoc subcommittee.
2. Prior to the CAC nomination ad hoc subcommittee meeting:
  - a. Ad hoc subcommittee members shall individually review the application for each of the prospective candidates.
  - b. Ad hoc subcommittee members shall individually evaluate and select a chairperson and vice chair.
3. At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate's references for additional information and background validation
4. The CAC nomination ad hoc subcommittee shall:
  - a. Review, evaluate and select a prospective chairperson, vice chair and a candidate for each of the open seats.
  - b. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice chair and a candidate for each of the expiring seats using the attendance record if relevant and the prospective candidate's references .

**C. CAC selection and approval process for prospective chairperson, vice chair and CAC candidates**

1. Upon selection of a recommendation for a chairperson, vice chair and a slate of candidates, the ad hoc subcommittee shall forward its recommendation to the CAC for consideration.
2. Following consideration, the CACs recommended slate of new candidates shall be submitted to GCHP Commission for review and final approval.
3. Following GCHP's Commission approval of CAC's recommendation, the new CAC members' terms shall be effective July 1 or at the first meeting after July.
  - a. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the immediately following CAC meeting.
4. GCHP shall provide new CAC members with a new CAC member orientation including information on past meetings.



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**Attachments:**

- Committee application
- GCHP Code of Conduct
- GCHP Conflict of Interest Code

**Revision History:**

Review Date	Revised Date	Approved By

DRAFT