



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

Consumer Advisory Committee Meeting

Wednesday, July 19, 2017, 5:30 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. Pharmacy Benefits Manager Update**
Staff: Anne Freese, Pharm.D., Director of Pharmacy
- 3. CAC Member Updates**
Staff: Connie Harden, Member Services Specialist

COMMENTS FROM COMMITTEE MEMBERS

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

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)
July 19, 2017 Consumer Advisory Committee Meeting Agenda (*continued*)
LOCATION: Community Room at 711 E. Daily Drive, Camarillo, CA 93010
TIME: 5:30 p.m.**

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on October 18, 2017, 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 3:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

The agenda was posted on July 14, 2017 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 7th. 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 1st 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 6th 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 2

To: Gold Coast Health Plan Consumer Advisory Committee
From: Anne Freese, Pharmacy Director
Date: July 19, 2017
Re: Pharmacy Benefits Manager Update

Verbal Presentation



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.



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

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