



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

2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036  
**Wednesday September 11, 2013**  
**5:00 p.m.**

**AGENDA**

**SWEARING IN OF NEW COMMITTEE**

**CALL TO ORDER / ROLL CALL**

**WELCOME AND INTRODUCTIONS**

**PUBLIC COMMENT**

**APPROVE MINUTES**

1. [Regular Meeting of March 13, 2013](#)

**DISCUSSION ITEMS**

2. CEO Report - Michael Engelhard, CEO
3. CMO Report - Dr. Charles Cho, CMO
4. [Consumer Advisory Committee \(CAC\) Charter - Ruth Watson, COO](#)
5. [CAC Goals and Objectives - Ruth Watson, COO](#)
6. [Recruiting of Beneficiary Member for CAC - Ruth Watson, COO](#)
7. [GCHP Hospital Discharge Program - Dr. Nancy Wharfield, Medical Director](#)

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

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**ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMISSION AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 2220 E. GONZALES ROAD, SUITE 200, OXNARD, CA.**

**IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT 805/981-5285. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.**

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)  
dba Gold Coast Health Plan September 11, 2013**

**Consumer Advisory Committee Meeting Agenda** *(continued)*

**PLACE:** 2240 E. Gonzales Avenue, Room 200, Oxnard, CA

**TIME:** 5:00 p.m.

**DISCUSSION ITEMS** *(continued)*

8. [Covered California and Medi-Cal - Guillermo Gonzalez, Gov't Relations Director](#)
9. [Future Meetings - Ruth Watson, COO](#)

**COMMENTS FROM COMMITTEE MEMBERS**

**ADJOURNMENT**

Unless otherwise determined, the next regular meeting of the Consumer Advisory Committee will be held on December 4, 2013 at 5:00 p.m. at 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036.

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

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

**March 13, 2013**

*(Not official until approved)*

**CALL TO ORDER**

Cassie Undlin, Interim Chief Operating Officer, called the meeting to order at 5:00 p.m. in Suite 200 located at 2240 E. Gonzales Road, Oxnard, CA 93036.

**ROLL CALL**

**COMMITTEE MEMBERS IN ATTENDANCE**

Joseph Buchroeder  
Edie Brown  
Norma Gomez  
Frisa Herrera  
Ruben Juarez  
Katharine Raley  
Linda Smith

**EXCUSED / ABSENT COMMITTEE MEMBERS**

Robert Dennis  
Julianna Fjeld  
Curtis Updike

**COMMITTEE STAFF IN ATTENDANCE**

Cassie Undlin, Chair, Interim Chief Operating Officer  
Luis Aguilar, Member Services Manager  
Sonji Lopez, Grievance and Appeals Assistant  
Blanca Robles, Member Services Eligibility Specialist  
Connie Harden, Member Services Project Specialist  
Paula Cabral, Administrative Assistant

**OTHER STAFF IN ATTENDANCE**

Brandy Armenta, Compliance Officer / Manager  
David Bacerra, Outreach Coordinator  
Sonia DeMarta, Controller  
Robert Franco, Compliance Project Manager - Delegation Oversight  
Kathleen Garner, Provider Relations Representative  
Steve Lalich, Communications Manager  
Chris Martinez, Compliance Specialist  
Maureen Ndu, Contracts Coordinator  
Jennifer Palm, Director, Health Services

Velma Washington, Provider Relations Representative  
Nancy Wharfield, MD, Medical Director Health Services

### **OTHERS IN ATTENDANCE**

Christina Montero of Tri County GLAD - on behalf of Julianna Fjeld  
Norma Cahue of County Human Services Agency - on behalf of Curtis Updike

Language Interpreting and Translating services provided by Gold Coast Health Plan from Lourdes González Campbell and Associates.

### **PUBLIC COMMENT / CORRESPONDENCE**

None

#### **1. APPROVAL OF MINUTES – DECEMBER 5, 2012**

Connie Harden, Member Services, noted that corrections were needed on the first page; Julie Fjeld should be Julianna Fjeld, Lupe Gonzalez, Health Educator should be corrected to Lupe Gonzalez, PhD., M.P.H. Manager of Health Education and Disease Management; and the minutes should reflect that Brandy Armenta, Compliance Officer / Manager was in attendance. Committee Member Brown moved to approve the minutes as corrected, Committee Member Herrera seconded. The motion carried. Approved 6-0.

The Pledge of Allegiance was recited.

Steve Lalach noted on page two of the minutes that social media was not active at this time and requested the minutes be amended: “Additionally, we utilize social media although Facebook and Twitter are not active at this time; YouTube is available and will be a good tool for the Plan.” should read as follows: “Additionally, GCHP utilizes YouTube as social media because Facebook and Twitter are not active at this time; but would be a good tool for the Plan.”

Committee Member Juarez moved to amend the minutes as reflected and Committee Member Herrera seconded. The motion carried. Approved 6-0.

#### **2. GOALS AND OBJECTIVES**

Committee Member Juarez moved to approve the goals and objectives and Committee Member Linda Smith seconded. The motion carried. Approved 6-0.

#### **3. INFORMATIONAL ITEMS**

##### **a. Welcome**

Dr. Nancy Wharfield, Medical Director Health Services, stated that she has met with each of the Committee Members. She stated that Gold Coast Health Plan (GCHP) wants the meetings to be interactive and needs involvement and feedback from the Committee Members. GCHP is working towards a culture change for our Members as well as for our Providers in Ventura County. Our goal is to give our Members the quality health care they deserve and for our Providers to understand the care that is needed for our Members.

Committee Member Brown asked if GCHP is monitoring the timeframe for a Member to be referred from a PCP to a specialist. Dr. Wharfield said at this time GCHP does not have the ability to monitor that at this time. Director of Health Services Palm, noted that the state standard in the contract is two weeks to see a specialist. Director Palm added that sometimes the wait is a little longer but GCHP strives to be within the State's timeframe. Dr. Wharfield stated that GCHP prefers to keep Members in network and in the area; however, for services that are not available, GCHP does have tertiary care which would require prior authorization.

Committee Member Raley asked who should be contacted at GCHP regarding specific problems and have the ability to reply within eight hours. Chair Undlin replied that the first call should be directed to Member Services.

Committee Member Juarez related how some Members select a PCP but do not immediately establish care; therefore, when they do go to the PCP, are told they are not accepting new patients. They want to change their Provider but do not have a current PCP directory. There is frustration among the Members because they are calling the 888 number (with the call center in another state) and are told they are not in the system and then they contact Committee Member Juarez. This needs to change. Manager Lalich will follow up with Committee Member Juarez.

Committee Member Raley asked if the Committee had access to the CEO; Chair Undlin replied yes and urged the Committee to let GCHP know the issues that need to be addressed and expressed that the Committee's contribution is very much appreciated.

#### **b. Pre-Authorization Overview**

Dr. Wharfield presented a brief overview of certain services requiring prior-authorization. If a denial is received, a letter is sent to the requesting Provider and the Members. The Provider then has the opportunity to call directly and speak "peer to peer" with the reviewing physician and if information is missing, it can be changed and the decision can be reversed. On a more formal basis, if the Member wants to appeal a decision, another physician can review the case.

Dr. Wharfield noted that in regards to grievances, GCHP needs help to encourage Members to file grievances. If GCHP receives grievances, GCHP can track and fine-tune the different problems. Committee Member Raley asked if they could advocate for the Members as many do not have transportation or cell phones or cell phones with limited minutes and a Member will not waste their minutes calling the 888 number. Dr. Wharfield stated that a formal release may be required to advocate for a Member, but it is possible.

**c. CBAS**

Jenny Palm, Director of Health Services, stated that GCHP currently has about 600 Members receiving Community Based Adult Services (CBAS) and that GCHP works closely with the centers. Director Palm asked if there were any questions or issues that the Committee was receiving from Members or if anything is unclear about the services CBAS offers. To which there were no responses.

**d. Sensitive Services**

Dr. Wharfield explained that sensitive services are related to pregnancy, family planning, pregnancy testing, and HIV testing or sexually transmitted diseases. Members have the option of going to an in-network Provider or out of network Provider (in or out of Ventura County) as long as it is a Medi-Cal Provider, and GCHP will pay for the services. This includes minors down to the age of 12; they can receive these services without receiving parental consent. If needed, GCHP will assist the Members in locating a Provider out of county.

Committee Member Herrera asked if the Providers are informed about this because there is a concern some Providers may feel if the Member is not assigned to them they will not be reimbursed for services. Dr. Wharfield stated that the directive is “any willing Medi-Cal Provider.” Some Providers may not be aware of this requirement; if there is an issue, the Members can contact GCHP and GCHP will inform the Provider and reassure them that they will be paid. Director Palm added that this is an area in which GCHP needs to educate the Providers, as well as ensuring the patient’s privacy is being protected when sending billing information to the home.

**e. PCP Access**

Dr. Wharfield said that when someone becomes a GCHP Member they have thirty (30) days to choose a Provider or be auto assigned. Dr. Wharfield said that this is an area that needs to be discussed further and is part of Provider education. Our Members also need to be educated about our policies and the importance of establishing a medical home so that the PCP can become familiar with them.

Committee Member Juarez said that the community clinic will accept these patients if needed. Committee Member Herrera asked about foster children that may be placed in a group home and are not seeing their PCP within the required first 120 days. Dr. Wharfield said if the Members are not showing up for their initial visit, GCHP needs to push the Providers to contact them.

Manager Lalich noted that GCHP has gone out into the community along with materials going out to the Members stating they must select a PCP within 30 days, establish a relationship within 120 days and that they have the right to switch PCP’s the following month. There was a discussion as to the many reasons Members do not establish a relationship with their PCP and ways to correct the problem.

Committee Member Herrera said that there is a concern with foster youth receiving their prescriptions. Foster youth are initially covered under the State Medi-Cal system for the first month and then are switched over to GCHP; however, sometimes the child is pulled

and placed in a group home. The pharmacies are filling the prescriptions, but there is a big difference with how they are paid. The State covers name brands and GCHP covers generic (\$20 vs. \$200). GCHP needs to know how this can be avoided. Chair Undlin stated that this needs to be addressed and will respond to Committee Member Herrera.

**f. Transportation Vendor**

The President of Ventura Transit Systems (VTS), Masood Babaeian, stated that VTS services began on February 1, 2013. They are averaging 5,000 trips per month; 1,000 Members are using the service on a regular basis. Services are not denied if they meet medical criteria.

Committee Member Gomez stated that she has a family who is having problems with transportation services. Their child requires a hearing device and needs to go to a Provider in Westlake Village. She has spoken to Guillermo Gonzalez but she has not heard back from him. Committee Member Gomez was unaware of the transportation vendor. Masood Babaeian suggested that Committee Member Gomez contact his office. It was noted that VTS will provide some out of the area transportation. Committee Member Raley asked if transportation was available for seniors (Medi-Medi). Teresa Howarth is in charge of transportation and can be reached at 1-855-628-7433.

A break was provided at 6:05 pm.

The meeting reconvened at 6:30 pm.

**g. ACE**

Chair Undlin stated that the ACE Program is for adults ages 21-64 who do not qualify for Medi-Cal. Chair Undlin said that the Low Income Health Plan (LIHP) is part of the waiver the State has with CMS. They are looking at individuals in the 100-138% range of the federal poverty level (FPL). This is being reviewed as part of the Governor's budget. Part of the population (139% to 200% FPL) will go into the Exchange. There was a discussion regarding the different programs going into effect. Chair Undlin said it should be discussed further at the next meeting.

John Buchroeder left the meeting at 6:40 pm.

**h. HEALTHY FAMILIES**

Steve Lalich stated that GCHP is in Phase III of the Healthy Families Program that is transitioning into Medi-Cal beginning August 1, 2013. GCHP is going to try to mirror the outreach campaign GCHP did originally and leverage our relationships with most of our Providers (VCMC, Clinicas, CMH) to get into their clinic systems to reach the patient population about this change.

In order to get this information out, GCHP plans to get involved with some community activities that will be held and host some other events. Committee Member Juarez is involved in some school based outreach programs and would like to have our new Outreach Coordinator, David Becerra, participate in those. Depending on our budget, GCHP is proposing to do some paid media events (radio / television) to announce these

changes to coincide the August 1, 2013 date. GCHP plans to revise our website homepage with a thumbnail with information for our Members and Providers. Everything is still being reviewed and GCHP really needs the committee's feedback. Committee Member Juarez has been working with the Healthy Families Program for 15 years and gave an overview of the program and the impact it has had in our community. Information is also on the Healthy Families website.

Manager Lalich said that the next newsletter will be sent in mid-July and will include Healthy Families information. The newsletters are also on the GCHP website. Committee Member Raley asked that the senior community be included in these newsletters regarding upcoming Medicare changes and other issues related to seniors. Chair Undlin would like feedback on the newsletter.

#### **i. Balance Billing**

Luis Aguilar, Member Services Manager, stated that GCHP is receiving calls from Members regarding bills they are receiving from Providers. GCHP currently has an internal work group that includes Provider Relations, Claims and Member Services. GCHP is working on a work flow to train the Call Center on how to handle calls from Members with bills. Provider education has been given.

Committee Member Juarez discussed a problem about Members who get referred from their PCP to another doctor, but then receive a bill and a notice stating that they are not a contracted provider. The Members come into the Healthy Families offices with a collection letter and need help resolving the situation.

Committee Member Raley spoke about a serious problem occurring with ambulance billing. Medicare is being improperly billed and then the bills are being sent to the client. The ALJ is involved and this may go the Grand Jury or class action suits may be filed.

Connie Harden, Member Services, stated that there needs to be Member education and if the Members don't report the problems GCHP can't correct the problem. Connie stated that GCHP needs copies of the bills to assist Members. Chair Undlin said that GCHP will be working on these issues.

#### **j. Call Center Reporting**

Luis Aguilar reviewed the Call Center reports. The Spanish and English calls are being answered in a timely manner and within the guidelines provided.

Christina Montera of Tri-County GLAD, speaking on behalf of Julianna Fjeld stated that Committee Member Fjeld would like the Call Center to refer to the deaf population as "*deaf and hard of hearing*" not hearing impaired.

#### **OTHER**

Committee Member Smith reported receiving a new member packet for her daughter when her daughter has been a GCHP member since July 2011, with no break in service. She questioned why GCHP is sending a new packet and card. She also questioned the receipt of a 2011 Provider Directory asking if that is that the most current



Provider Directory? Other members also reported members' receipt of multiple ID cards. Luis Aguilar will follow up.

Chair Undlin stated that before the next meeting, a reminder will be sent with a request for topics to be discussed.

The meeting was adjourned at 7:30 pm.

## **CONSUMER ADVISORY COMMITTEE CHARTER**

### **Purpose**

The Ventura County Medi-Cal Managed Care Commission (VCMMC) enabling ordinance 4409 (April 2010) and the California Department of Health Care Services, Medi-Cal Managed Care Division, both require the establishment of a Consumer Advisory Committee. The ordinance requires, at a minimum, that this committee meets quarterly and makes recommendations, reviews policies and programs, explores issues and discusses how the plan may best fulfill its mission.

The creation of the Consumer Advisory Committee gives members a voice at Gold Coast Health Plan. The CAC gives GCHP information about important issues that affect Medi-Cal members in Ventura County to further enhance the quality of the experience between the members and the Plan.

### **Duties and Responsibilities**

To ensure a member centered delivery system that promotes optimal health outcomes and member experiences. Through CAC input, we will inform the Plan of member needs by engaging our members to communicate their needs to the Plan.

### **Composition and Qualifications**

The Commission decided that the Consumer Advisory Committee would consist of ten members with two permanent seats; one for the Ventura County Health Care Agency (VCHCA) and one for the Ventura County Human Services Agency. The other members would represent the following populations: Foster Children, Medi-Cal Beneficiaries, Beneficiaries with Chronic Medical Conditions, Persons with Disabilities, Persons with Special Needs, and Seniors. Each of the appointed members, with the exception of permanent seats, would serve a two-year term, and individuals could apply for re-appointment as there are no term limits.

### **Mission**

To improve the health of our members through the provision of the best possible quality care and services.

### **Vision**

Improve access to primary, specialty and ancillary services.

## **Values**

- Medical care provided will meet appropriate quality of care standards.
- Long term viability of a locally operated Medi-Cal managed care system inclusive of the existing participating provider networks of “Safety Net” providers.
- Expand access, improve benefits and augment provider reimbursement.
- Focus on prevention, education, early intervention services and case management.
- Programs will ensure a high level of member satisfaction.

## **Member/Consumer Committee**

The ten voting members represent various constituencies served by the plan. They include:

- 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

Approved by the CAC Committee on December 5, 2012

## CONSUMER ADVISORY COMMITTEE

### **Current Consumer Advisory Committee**

1. County Human Service Agency: Curtis S. Updike, Ventura County HSA
2. County Health Care Agency: Ruben Juarez, County Health Care Agency
3. Person with Disabilities: Lilliana Coria, The Arc Program
4. Foster Children: Frisa Herrera, Casa Pacifica
5. Persons with Special Needs: Laurie Jean Jordan, Tri-Counties/Rainbow Connection
6. Chronic Medical Conditions: Pedro Mendoza, Tri-Counties Regional Center
7. Seniors: Katharine Raley, County of Ventura Area Agency on Aging
8. Medi-Cal Beneficiaries: Norma Gomez, Mixteco/Indigena Community Organization Project
9. Medi-Cal Beneficiaries: Alicia Flores, La Hermandad
10. Medi-Cal Beneficiaries: Rita Duarte-Weaver, Ventura County Public Health

### **County Human Service Agency – Permanent Seat – No Term Limit**

**Curtis S. Updike** - Mr. Updike currently serves as the Deputy Director of the Ventura County Human Services Agency where he oversees Medi-Cal and CalFresh (formerly known as Food Stamps) eligibility determination. Prior to his selection as Deputy Director in 2005, he served as manager of the County's East County Intake and Eligibility Center from 2002 to 2005. The East County IEC processes intake and continuing cases in Medi-Cal and CalFresh. Before joining HSA, he served as Chief of Staff for County Supervisor Kathy Long and Field Deputy for Supervisor Maggie Kildee. Mr. Updike holds an Associate's Degree in Business Administration, a Bachelor's Degree in Mass Communications, and a Master's Degree in Public Administration.

### **County Health Care Agency – Permanent Seat – No Term Limit**

**Ruben Juarez** works as a Community Service Worker in the County Health Care Agency. His Primary responsibilities include facilitating monthly parent meetings at schools and agriculture farms in Oxnard, Camarillo, Somis, and other rural regions. Mr. Juarez interviews, translates and assists Spanish monolingual parents with completing applications for health care coverage. Mr. Juarez is a member of the Ventura County Head Start Health Advisory Committee. A long-time resident of Oxnard, Mr. Juarez has a unique understanding of the challenges parents face in accessing and using the Medi-Cal Program.

### **Foster Children – 1 Year Seat**

**Frisa Herrera** has been employed at Casa Pacifica since March 1999 as both the Clinic Administrator and Medi-Cal Biller. Casa Pacifica serves abused, neglected, and severely emotionally disturbed children and adolescents from the tri-county regions of Southern California. Ms. Herrera has a unique understanding and familiarity with the needs of foster children. She is deeply committed to serving the needs of foster children and it is her stated goal to “be the voice for the foster community in Ventura County.”

## CONSUMER ADVISORY COMMITTEE (continued)

### Seniors – 2 Year Seat

**Katharine Raley** is the HICAP Program Manager for the County of Ventura Area Agency on Aging. Ms. Raley holds an AA degree in Liberal arts with emphasis on healthcare and psychology. She has over forty years of experience working in healthcare, as a medical office manager, and medical assistant for family and specialty medical practices. In September of 2006, she was awarded the Social Security Administration Regional Commissioner's Citation for providing community education on the new Medicare Prescription Part D Plans and Low Income Subsidy Program to Ventura County Medicare and Medi-Cal beneficiaries. She states, "I always make time for projects that help our senior population."

### Medi-Cal Beneficiaries – 1 Year Seat

**Norma Gomez** has worked as an interpreter, educator, and case manager with the Mixteco/Indigena Community Organization Project (MICOP) in Oxnard since 2000. As an educator to the Mixteco Community, She leads workshops and group activities to provide information on nutrition, health, and parenting. Ms. Gomez also provides case management and conducts follow-up home visits with the Mixteco Community. She assists Mixteco residents with completing applications for disability, unemployment, school, Medi-Cal, Food Stamps, passport applications, etc. Ms. Gomez facilitates "Aprendiendo con Mama y Papa" (learning with mother and father), educational workshops for Mixteco and Latino/migrant farm worker children.

### Persons with Disabilities – 2 Year Term

**Lilliana Coria** is currently employed with The ARC of Ventura County. She has over 10 years working with individuals and families of adults with developmental disabilities. Her education background includes a Bachelor's Degree in Sociology and a Master's Degree in Psychology – Marriage and Family Therapy. Lilliana has assisted with coordinating volunteer sites for The ARC such as Food Share, Senior Garden, the Rescue Mission, etc. She also takes part in the health resource fairs answering questions and explaining resources available.

### Medi-Cal Beneficiaries – 1 Year Term

**Rita Duarte-Weaver** has been working for the Ventura County Public Health Department Rita for the last 13 years. As part of her employment she conducts regular outreach on Medi-Cal and Health Care for Kids program for the last 11 years. Rita has extensive knowledge of Medi-Cal and how to assist our population.

## **CONSUMER ADVISORY COMMITTEE (continued)**

### **Beneficiaries with Chronic Medical Conditions – 1 Year Term**

**Pedro Mendoza** is employed by the Tri-Counties Regional Center as the Benefits Coordinator. He is currently working in building relationships with community resources to work together to best serve the families at Tri-Counties. Pedro assists families with SSI, IHSS, Medi-Cal and issues they may have with services. Pedro works with the Area Board 9, Consumers Rights Advocates and Family Resource Centers to put on seminar for the families he serves.

### **Persons with Special Needs – 2 Year Term**

**Laurie Jean Jordan** works for the Rainbow Connection FRC at the Tri-Counties Regional Center. Laurie has been with the Rainbow Connection for over 20 years providing information, training and support for children and adults with developmental disabilities and their families. Laurie also serves as a community representative on the Policy Topics subcommittee for the state ICC for Early Start. She is currently the secretary for the Community Advisory Committee for the Special Education Local Plan Area and on the Children's Services Committee of the Mental Health Board.

### **Medi-Cal Beneficiaries – 2 Year Term**

**Alicia Flores** is the CEO of La Hermandad which is an organization whose mission is to address the legal, social, education, and economical inequities facing immigrants, their families, youth and the senior population. Alicia and her organization are strong advocates for their population. Alicia Flores is also an Accredited Representative by the Board of Immigration Appeals and belongs to the Congress of California Seniors.



## Consumer Advisory Committee 2013 Goals and Objectives

### CAC Mission Statement:

**To improve the health of our members through the provision of the best possible quality care and services.**

GCHP Goal	CAC Objective	CAC Action Steps	CAC Results
<p><b>1. Ensure a member centered delivery system that promotes optimal health outcomes and member experiences.</b></p>	<p>1A. Support GCHP's efforts to promote quality programs and initiatives for members.</p> <p>1B. Advise GCHP on barriers to members accessing services, which require physician authorization/approval.</p> <p>1C. Advise GCHP on Cultural and Linguistics Programs.</p> <p>1D. Assist GCHP with providing program and benefits options to members.</p>	<p>1A. Provide input and recommendations on interventions aimed at improving member satisfaction.</p> <p>1B. Provide input on ways to ensure and/or improve access to all services. Promote programs offered by GCHP.</p> <p>1C. Provide input and recommendations on how to improve the health status of GCHP's diverse population; discuss health care disparities; and assist with training programs.</p> <p>1D. Provide input on alternate programs and benefits available to members needing services.</p>	

GCHP Goal	CAC Objective	CAC Action Steps	CAC Results
<p><b>2. Be a dynamic organization that is prepared for growth, responsive and flexible, and encourages creativity and innovation.</b></p>	<p>2A. Educate GCHP providers on programs and services for members with special needs.</p> <p>2B. Assist in GCHP's efforts to increase efficient operations by optimizing clinical and business processes, including tele-health, web portal and other innovative solutions.</p>	<p>2A. Provide input and recommendations on how to improve the health status of members with disabilities; discuss barriers presented to them and how to overcome them.</p> <p>2B. Provide input and recommendations to GCHP on implementation of strategies that takes advantage of innovative opportunities.</p>	
<p><b>3. Influence GCHP's role to promote a healthier community.</b></p>	<p>3A. Provide recommendations regarding influencing existing opportunities that are responsive to and a benefit to the community.</p>	<p>3A. Provide input as GCHP introduces and implements integration strategies and programs.</p>	

**Approved by the CAC Committee March 13, 2013**





**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity



# Consumer Advisory Committee

# Beneficiary Recruitment Process

# Beneficiary Recruitment Process

- Original Consumer Advisory Committee (CAC) recruiting process was conducted by making telephone calls to various agencies in the community and personal contacts.

# Agencies Solicited

- The ARC Ventura County
- Interface Children & Family
- Tri-Counties Regional Center
- Ventura County Public Health
- Project Understanding
- Child Development Resources
- Partnership for Safe Families
- Tri-County GLAD
- La Hermandad
- MICOP
- HICAP
- HELA
- Head Start
- LULAC
- First 5
- Casa Pacifica

# Beneficiary Recommendations

- CAC members to provide an ad hoc committee with names of prospective beneficiary members for outreach

# Timeline / Next Steps

- Ad hoc committee of three CAC members and the COO formed to facilitate process for recruiting of a CAC beneficiary member at the CAC meeting on 9/11/2013
- CAC members to provide recommendations to the ad hoc committee by 9/20/2013
- Letters and applications will be sent to potential candidates on 9/24/2013
- Request a two week turnaround of the applications, by 10/14/2013

## Timeline / Next Steps

- Ad hoc committee will meet to review applications and select the potential candidate on 10/18/2013
- Report Plan / Timeline to the CAC and the Commission on 10/28/2013
- Ad hoc committee reports on recommendation for approval of beneficiary member to the CAC on 12/4/2013

## Timeline / Next Steps

- CAC submits final member beneficiary recommendation to the Commission for approval at the January 2014 meeting
- CAC welcomes the new beneficiary member to the Committee at the March 2014 meeting



## **TRANSITION CARE PROGRAM**

### Program Goals

The Gold Coast Health Plan Transition Care Program is being developed to improve care transition from the hospital to other settings and seeks to reduce readmissions for high-risk members. The goals of this program are to improve the transition from the hospital inpatient setting to other care settings, improve quality of care, reduce readmissions for high-risk members, and create cost savings.

### Selection Criteria

Our discharge planner and concurrent stay review nurses collaborate to determine which patients will benefit from this program. Selection criteria address factors such as diagnosis and co-morbidities, psycho-social factors, and history of multiple admissions and frequent emergency room use. Examples of selection criteria include:

- Over the age of 70
- Multiple diagnosis and co-morbidities
- Impaired mobility
- Impaired self-care skills
- Poor cognitive status
- Catastrophic injury or illness
- Homelessness
- Poor social supports
- Chronic illness
- Anticipated long term health care needs (e.g. new diabetic)
- Substance abuse
- History of multiple hospital admissions
- History of multiple emergent care use

### Interventions

Our discharge planner assists in placing patients who will not be return home in the appropriate level of care. For members returning to the home setting, the discharge planner's critical interventions assist in arranging home infusion, arranging follow-up appointments, ensuring that prescriptions have been filled, arranging transportation, and referring members to our Care Management program when appropriate.





### Results

The first month of this program 8/46 (17%) members selected for the program were readmitted within 30 days. The second month 1/38 (3%) were readmitted within 30 days. The drop in readmissions for month 2 reflects refinements in approaches to selection and intervention and the additional of a non-clinical assistant to support the discharge planner.

### Looking Forward

Many transition care models include a post-discharge home visit within 24-48 hours in order to assess completeness of interventions (e.g. was the correct DME delivered), discover additional barriers to successful home transition (e.g. lack of food in the home), and facilitate information exchange between the patient, caregivers, medical providers, and care managers. Gold Coast Health Plan is working to see how we can most effectively introduce a home visit element into our program.



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity



# Health Care Reform

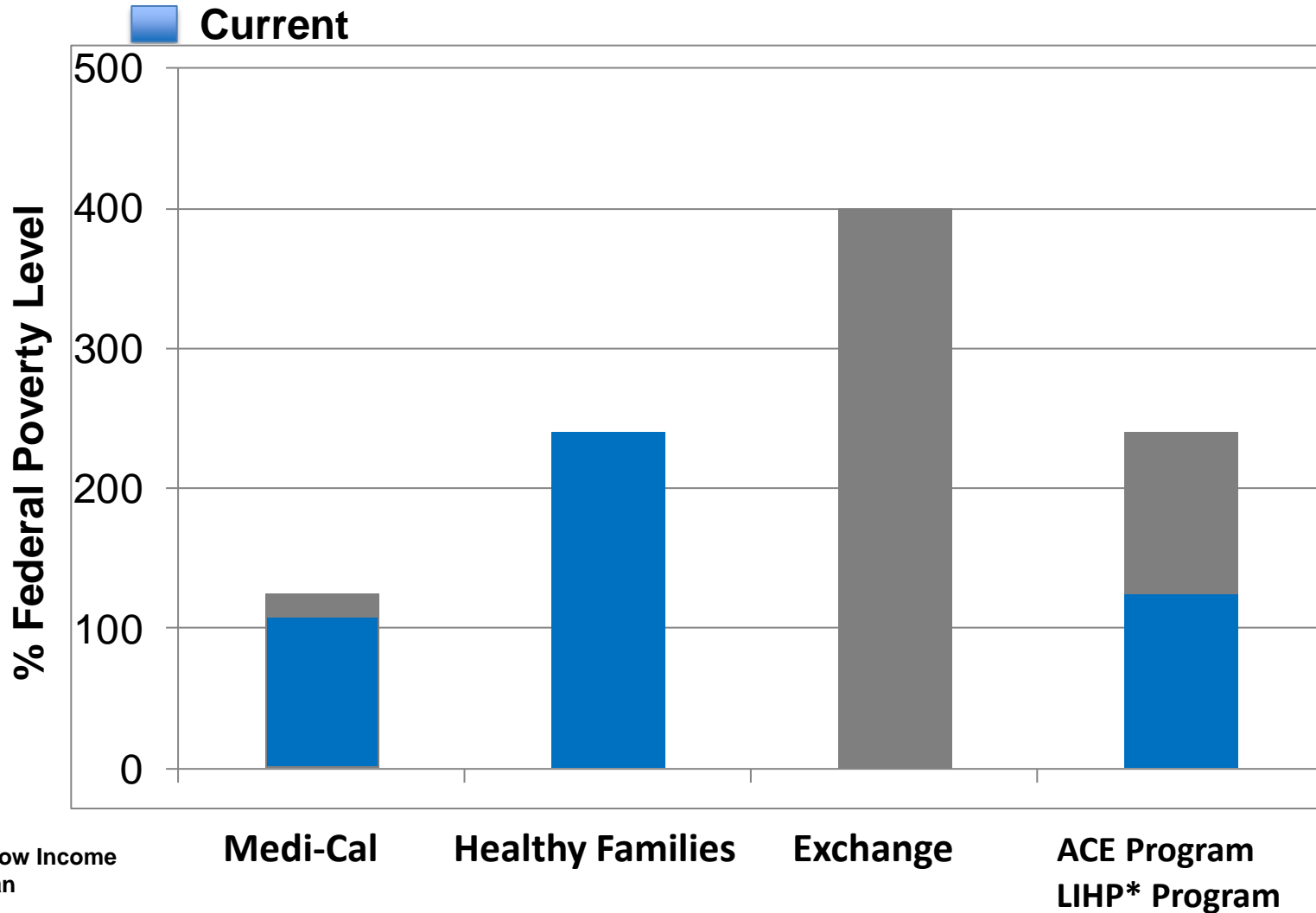
## Health Care Reform

- Covered California (Health Benefit Exchange)
- Medi-Cal Expansion
- Bridge Plan Proposal
- Gold Coast Readiness
- Outreach to the Eligible

# Health Care Reform: What is coming in 2014?

- Expansion of Medicaid-eligibility up to 138% FPL
- Individual Mandate
- Employer Mandate deferred until 2015
- Coverage & Subsidies Begin In Health Benefits Exchange
- Coverage Enhancements
  - Parents can cover children up to age 26
  - No pre-existing condition exclusions
  - No lifetime cap on medical costs or benefits
- Bridge Health Plan Option- April 2014

# Income Eligibility Levels- 2014



\* LIHP – Low Income Health Plan

# CA Health Benefit Exchange aka Covered California

- California's Health Benefit Exchange
  - 19 geographical exchanges
- First open enrollment period
  - October 1, 2013 to March 31, 2014
  - Coverage effective January 1, 2014
- 2.2 million will be eligible statewide by 2019  
\*(UCLA Center for Health Policy)
- Four “metal” plan ratings ranging from 60%-90% coverage; members pay out of pocket for portion not covered



# Covered California- Health Plans

- **Ventura County Health Care Plan in 2015**
- Alameda Alliance for Health
- Anthem Blue Cross of California-Individual Market Only
- Blue Shield of California
- Chinese Community Health Plan
- Contra Costa Health Plan
- Health Net
- Kaiser Permanente
- L.A. Care Health Plan
- Molina Healthcare
- Sharp Healthcare
- Valley Health Plan
- Western Health Advantage



## Medi-Cal Expansion

- About 7 million covered currently in California
- About 1 million are currently eligible but not enrolled
- Approximately 2.2 million will be newly eligible

Source: UCLA Center for Health Policy

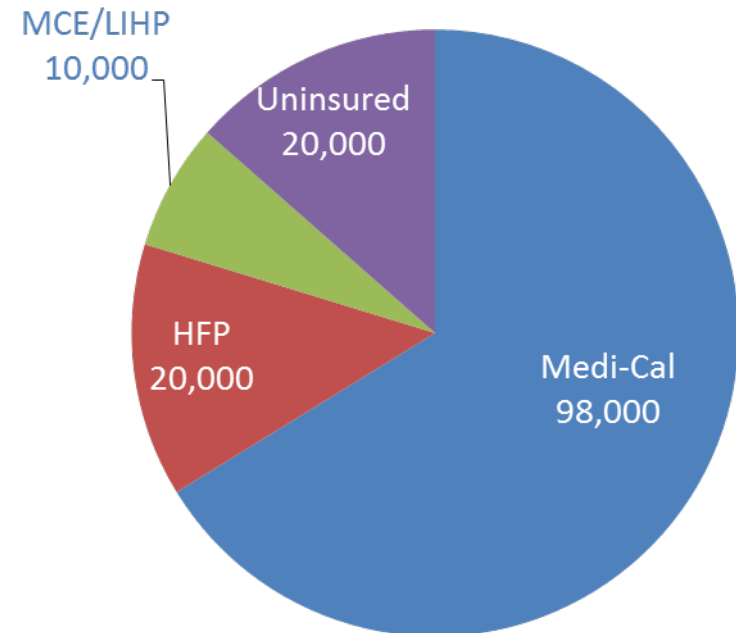


# Medi-Cal/GCHP Enrollment Will Increase Approximately 45-50 Percent in 2013 and Beyond

**Legacy Medi-Cal Population**      **98,000**  
(as of 12/31/2012)

## **Expansion Population**

- **ACE MCE**      **10,000**
- **Uninsured\***      **20,000**
- **Healthy Families \*\***      **20,000**



\* Estimated enrollment over 12-24 months

\*\* Approx. 6,000 of these enrollees have been enrolled into GCHP since January 2013

## Medi-Cal Expansion Benefits

\*Must include 10 essential health benefits:

1. Ambulatory outpatient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health & substance use disorder svcs-ACA requirement
6. Prescription drugs
7. Rehabilitative and habilitative services
8. Laboratory services
9. Preventive care and chronic disease management
10. Pediatric services, including oral and vision care

\*Source: [http://www.coveredca.com/coverage\\_basics.html](http://www.coveredca.com/coverage_basics.html)

State proposing the MCE benefits mirror existing Medi-Cal benefits, unless mandated by ACA.

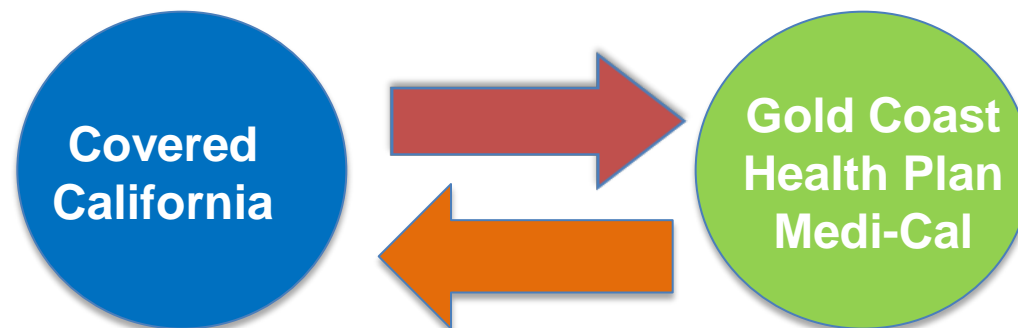
Long-Term Care benefit proposed by DHCS as long as “asset test” is approved by CMS. If not, then LTC will not be a MCE benefit.

## Medi-Cal Expansion - Financing

- State's costs for newly eligible:
  - Covered 100% by federal government in first three years of expansion
  - Gradually drops to 90 percent in 2020 and beyond
  - States must implement full expansion to receive these funds
- Increases reimbursement for primary care providers to Medicare equivalent rates for 2013-14

# Delivery System Challenges

- Higher need for behavioral health services and care coordination
- Provider stability if the newly eligible switch providers often
- Challenges due to churn between Exchange and Medi-Cal: continuity of care, affordability, health outcomes



## Bridge Plan

- State Legislature authorized Bridge Plan policy through SBX3 1
- Governor signed SBX3 1 into law on July 11, 2013
- Five-year sunset from date of federal approval still pending

### Objectives of the Bridge Plan:

- Establish a health plan for low-income individuals and parents of Medi-Cal and HFP-eligible individuals moving between Medi-Cal to Covered California
- Promotes continuity of coverage and care
- Reduce the disruptions in continuity of care associated with changes in health plans
- Creates access to more affordable coverage

## Bridge Plan Eligibility Limited To:

- Incomes between 139 % to 250% of FPL
- Individuals previously enrolled in Medi-Cal Managed Care Plan
- Members of a household in which there is a Medi-Cal or HFP enrollee if they are counted as part of the Modified Adjusted Gross Income household.
- Parent(s) or caretaker relative of a Medi-Cal enrolled child.

## Health Plan Criteria For Bridge Plan

- Only Medi-Cal Managed Care Plans can offer Bridge Plan
- Must be certified as a Qualified Health Plan (QHP)
  - Maintain medical loss ratio (MLR) of 85%
  - Must apply for and meet standards for licensure under the Knox-Keene Health Care Service Plan Act
  - Exempted from the requirement to sell products within each of the five levels of coverage available in Covered California but must offer at least one silver-level plan

## Bridge Plan Factors for GCHP Consideration

- Financial viability-Plans must offer option equal to 2<sup>nd</sup> lowest cost silver plan
- Actuarial and Operational Analysis Pending
- Ongoing administrative costs for workload increases due to oversight are undetermined e.g. premium collection, network adequacy, member participation in Exchange
- Plans must apply for Knox-Keene licensing
- Network adequacy
- Transfer open treatment authorizations under the low income health program (LIHP)
- **Can GCHP be ready by April 2014?**



## Gold Coast Readiness for Medicaid Expansion

- Partner with County, health care partners, and community stakeholders to ensure smooth transition
  - Provider network analysis and utilization patterns
  - Ensure continuity of care (prescriptions, authorizations for pending treatment, etc.)
  
- Operational readiness review to identify gaps and resource needs
  - Increased staffing based upon identified needs
    - Ex: additional call center staff, new member orientations, media outreach campaign to raise member awareness

## GCHP Outreach Activities

- Coordination with County, Healthcare Partners, Community Stakeholders
- Radio-Media Campaign and Internet Messaging
- New Member Orientations
- Telephone Outreach Campaign
- Health Fairs & Workshops
- Schools and Youth Day Camps
- Public Events and Community Festivals



# State Outreach Activities

- Covered California launched outreach & awareness campaign in July 2013
  - \$43 million in federal funds for outreach grants
  - Guiding principle: encourage enrollment
  - Reach eligible populations “where they live, work and play”
- The California Endowment pledged \$225 million over the next four years to boost enrollment in Medi-Cal and increase number of PCPs

# Gold Coast Health Plan's Mission

To Improve the Health of Our Members  
Through the Provision of the Best Possible  
Quality Care and Services

**Contact GCHP**  
**888-301-1228**  
**[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)**

# Questions ?

In January 2014, Medi-Cal eligibility will be expanded to include the non-disabled, non-elderly, childless adult population up to 138% FPL – a population estimated as 1.4 million statewide. Household income will be calculated using Modified Adjusted Gross Income (MAGI), based on the household's income tax returns with certain adjustments. The household is generally defined as the tax filing unit, including anyone claimed as a dependent.

- Income will be determined based on the household's MAGI income
- There is no asset test for MAGI households
- Undocumented individuals are not included

**Non-MAGI Medi-Cal**

The non-MAGI Medi-Cal population will include the elderly, disabled, long-term care, and individuals deemed eligible for Medi-Cal as a result of other programs such as CalWORKs or foster care. Non-MAGI are still subject to the asset test. Undocumented individuals remain eligible for emergency and restricted-scope Medi-Cal.









Covered California is the state's health benefit exchange under the health reform law. Beginning January 2014, Covered California will provide Exchange health coverage to households above 138% of FPL, with subsidies available up to 400% FPL. Covered California will focus on Exchange coverage while counties remain responsible for Medi-Cal including the new MAGI Medi-Cal population.

Covered California will offer four different health plan levels throughout the State – platinum, gold, silver or bronze – that provide a range of premiums and benefit levels, with the customer share of health care costs ranging from 10% to 40%. Subsidies are available for low income households - Premium Tax Credits (APTC) for households under 400% of FPL and Cost Sharing Reductions (CSR) for those under 250% of FPL.

In Ventura County, residents will be able to shop for coverage from four Qualified Health Plans

- Anthem Blue Cross of California - PPO
- Blue Shield of California - PPO
- Kaiser Permanente - HMO
- Ventura County Health Care Plan - HMO

**Health Care Reform Income Eligibility Guidelines**

You are:	You qualify for:
 An individual making less than \$15,856 <sup>1</sup>	Medi-Cal, a free government program
 An individual making \$15,857 - \$28,725 <sup>2</sup>	Help in paying out-of-pocket costs like deductibles and co-pays You also qualify for a tax credit that will lower the amount of your monthly premium
 An individual making \$28,726 - \$45,960 <sup>3</sup>	A tax credit that will lower the amount of your monthly premium
 An individual making over \$45,960 <sup>4</sup>	You do not qualify for government assistance, but you are still eligible to buy health insurance through Covered California
 A family of four making less than \$32,499 <sup>1</sup>	Medi-Cal, a free government program
 A family of four making \$32,500 - \$58,874 <sup>2</sup>	Children qualify for Medi-Cal; parents receive help in paying out-of-pocket costs, and a tax credit that lowers the amount of your monthly premiums
 A family of four making \$58,875 - \$94,199 <sup>3</sup>	A tax credit that will lower the amount of your monthly premium
 A family of four making over \$94,200 <sup>4</sup>	You do not qualify for government assistance, but you are still eligible to buy health insurance through Covered California

<sup>1</sup>138% FPL

<sup>2</sup>138-250% FPL

<sup>3</sup>250-400% FPL

<sup>4</sup>400% FPL (Federal Poverty Level)

SOURCE: Center for Human Services, UC Davis Extension (Ed.). 2013. Health Care Reform Quick Reference. Davis, CA: Center for Human Services, UC Davis Extension.



For more information go to:  
[www.coveredvc.com](http://www.coveredvc.com)

# Consumer Advisory Committee 2013 Meeting Schedule



2240 E. Gonzales Road, Suite 200  
Oxnard, CA 93036  
Meetings begin at 5:00 PM

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
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