

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

DATE: Monday, January 24, 2011
TIME: 3:00-5:00 pm
PLACE: 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

AGENDA

1. Call to Order, Welcome and Roll Call
 2. Approval of Minutes of December 20, 2011 Meeting
 3. Public Comment / Correspondence
 4. CEO Update
 5. Financial Report
 - a. ACS Proposal
 - b. Updated Cash Flow
 6. Management Recommendations:
 - a. Procedure for Public Comment
 - b. Provider Advisory Group
 7. Comments from Commissioners
 8. Adjourn to Closed Session
- CLOSED SESSION: CFO and CMO Appointment / Selection Process**
9. Return to Open Meeting / Adjournment

Meeting agenda available at www.vchca.org/cohs

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT TRACI AT 805/981-5320. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Commission Meeting Minutes
December 20, 2010
(Not official until approved)**

1. CALL TO ORDER

Chair Powers called the meeting to order at 3:10 p.m.

The Pledge of Allegiance was recited.

2. ROLL CALL

COMMISSION MEMBERS IN ATTENDANCE

Maylee Berry, Medi-Cal Beneficiary Advocate **Anil Chawla, MD**, Clinicas del Camino Real, Inc. **Lanyard Dial, MD**, Ventura County Medical Association
John Fankhauser, MD, Ventura County Medical Center Executive Committee
Rick Jarvis, Private Hospitals / Healthcare System
Roberto S. Juarez, Clinicas del Camino Real, Inc.
Kathy Long, Ventura County Board of Supervisors
Tim Maurice, Private Hospitals / Healthcare System
Michael Powers, Ventura County Health Care Agency
Catherine Rodriguez, Ventura County Medical Health System

EXCUSED / ABSENT COMMISSIONERS

David Araujo, MD, Ventura County Medical Center Family Medicine Residency Program

STAFF IN ATTENDANCE

Earl Greenia, CEO
Tin Kin Lee, Legal Counsel (arrived at 3:20 p.m.)
Traci R. McGinley, Interim Clerk of the Board
Robert Beltrans, M.D., Interim Chief Medical Officer
Connie Davis, Interim Member Services Director
Darlane Johnsen, Interim Chief Financial Officer
Candice Limousin, Interim Human Resources Director
Paul Roberts, Interim Provider Relations and Provider Contracting
Jim Swoben, Interim Information Technology Director

GUESTS IN ATTENDANCE

Terrie Stanley, Ventura County HealthCare Agency Deputy Director

2. APPROVAL OF MINUTES

The Minutes of the November 15, 2010 Commission Meeting were presented for approval.

Commissioner Maurice moved to approve the November 15, 2010 minutes, Commissioner Berry seconded.

Commissioner Juarez expressed his concerns that the minutes did not adequately reflect the extent of comments by John Fankhauser regarding Mr. Juarez and Clinicas; however, the motion carried. **Approved 7-1**, with Commissioner Juarez voting no.

After discussion regarding types of minutes and procedures for public input, there was consensus that a process be presented to Commission for approval.

3. PUBLIC COMMENT / CORRESPONDENCE

Chair Powers expressed his desire to hear from all individuals requesting to speak, therefore recommended that speakers be limited to two minutes.

Richard Reisman, M.D., Community Memorial Health System - Centers for Family Health (CMHS – CFH), reviewed a handout that they brought showing their different locations, number of patients by payer, medical staff, specialties, physicians and facilities. Dr. Reisman expressed their concern because they are a major Medi-Cal provider.

The following providers from CMHS were also present to express their concerns: Abraham Orozco, M.D.; Heidi Escobar; Michael Green, M.D.; Sendi Flores, PA-C; Ray Menchaca; James Gay; Petra Luna; Davin Lundquest; Steve Jones, M.D.; Adam Thunell, Chief Operating Officer; Victor Pulido and Victor Dominquez.

John Keats, M.D. President/Medical Director and Jaime Quezada, California HealthFirst Physicians, explained that their staff is bi-lingual and 20-50% of their patients are Medi-Cal.

Member of the public, Lupe Anguiano, has been a volunteer and activist for many years. She praised Clinicas for the way they embrace the culture, run their clinic and treat patients.

Stan Patterson, M.D., Ventura County Health, expressed his continued desire to serve the underserved, our doors are open to allow anyone that needs care.

David Cruz, HELA, again requested Spanish translation services be available at the meetings. He recommended a microphone and speaker system so people could hear the meeting throughout the room. He also informed the Commission that he had not yet received information that he had asked for some time ago.

Dave Rodriguez and Jim Hensley, League of United Latin American Citizens (LULAC), explained that they were there to support Latino's. They explained how important Clinicas was to them.

Lisa Solinas, M.D. of Santa Paula Hospital Clinic informed the Commission that approximately 70% of her patients are Medi-Cal.

Denis O'Leary, Oxnard School District Trustee, advised the Commission that earlier in the week he attended a meeting where everyone spoke Mixteco. As a teacher and School District Trustee, he is very aware that many students' families want health care, but are afraid to attend these types of meetings.

4. CEO UPDATE

CEO Greenia highlighted that recruitment and selection interviewing continues. He introduced Andre Galvan who will be assisting with member services and project management. The team continues to establish relationships with the medical community and other COHS. We have initiated community outreach projects to better inform, educate and connect with agencies that represent or work with Medi-Cal beneficiaries. We are continuing our efforts developing the provider network.

CEO Greenia added that staff is continuing to work on the items that are due to the State in order to go "Live" and are currently looking at a later Go Live date and therefore request support from the Commission for a Go Live date of May 1st. Further discussion was held regarding the Deliverables.

Commissioner Dial moved to accept the revised Go Live Date of May 1st, Commissioner Juarez seconded. The motion carried **Approved 7-1** with Commissioner Maurice voting no.

5. FINANCIAL REPORT

Interim CFO Johnsen explained that she was presenting a cash flow report which has been projected out six (6) months. There are specific deliverables attached to the funding aspects of the agreement with ACS. The forecast projects a cash-flow deficit in March unless we push forward with the deliverables. There are questions regarding responsibility of tenant improvement costs.

Discussion was held regarding financial solutions to bridge possible funding issues; CEO Greenia explained that the options will be presented to Commission next month.

No action was required by the Commission.

6. CEO HIRING AUTHORITY

Commissioner Chawla moved to give the CEO full hiring authority. Commissioner Dial seconded, but withdrew his second and the motion died due to a lack of second.

Commissioner Dial moved to approve the CEO's hiring authority for all regular employees with the exception of the Chief Financial Officer and Chief Medical Officer positions. Commissioner Fankhauser seconded. After discussion about the difficulty in scheduling interviews, it was determined that as long as there is more than one Commissioner involved in the interview process they may go forward. The motion carried **Approved 8-0**.

RECESS:

A Recess was called at 4:58 p.m. The meeting was reconvened at 5:10 p.m.

7. PROVIDER CONTRACTS

CEO Greenia explained that given the composition of the Commission there is potential for conflict-of-interest when negotiating contracts. As a Commission, we need a policy regarding the provider contracts and conflict-of-interest with Commissioners. This process will keep the model contract but withhold the terms.

Tin Kin Lee, Legal Counsel, added that the language is appropriate at this time and will set a procedure and the policy described in the Memorandum applies equally to all.

Commissioner Maurice moved to accept the proposed policy language. Commissioner Dial seconded. The motion carried **Approved 8-0**.

8. AUTO ASSIGNMENT FOR BENEFICIARIES WHO FAIL TO SELECT A PRIMARY CARE PROVIDER

CEO Greenia explained that 4 of the 5 COHS have open auto assignment as his philosophy that our policy should maximize the members' choice and access to care.

Discussion was held regarding protecting the Safety-Net and that County Ordinance No. 4409 provides that the Safety-Net be protected; however the definition of Safety-Net and Traditional need to be clarified.

Tin Kin Lee, Legal Counsel, reminded the Commission that in formulating the definitions, conflict-of-interest issues must be realized and addressed. Further discussion was held regarding conflict-of-interest issues with the Commission. Commissioner Maurice stressed that the more it is defined, the more we restrict.

CEO Greenia suggested creating an ad hoc committee comprising of a Safety-Net Provider, Traditional Provider and one lay Commissioner – Ms. Berry.

Concerns were expressed that patients will not understand the need to select a physician when the information is sent out, or that if they fail to select their doctor and are auto-assigned, that they have a right to select their doctor at a later date.

Commissioner Juarez expressed his desire to exclude Commissioners from the ad hoc group but expressed that he would like one of his staff members included. Chair Powers stressed how important and difficult this issue is.

Commissioner Juarez moved to create an ad hoc committee comprising of a Safety-Net Provider, Traditional, Non-Traditional and one lay member, Commissioner Berry. Commissioner Dial seconded. The motion carried **Approved 8-0**.

9. HELA RESPONSE: BENEFICIARY / ADVOCATE COMMISSIONER

Commissioner Dial moved to approve Item #9 and #10, Commissioner Jarvis seconded and the motion then carried. **Approved 8-0**.

10. HELA RESPONSE: EXECUTIVE RECRUITMENT PROCESS

Commissioner Dial moved to approve Item #9 and #10, Commissioner Jarvis seconded and the motion then carried. **Approved 8-0.**

11. COMMISSION AND EXECUTIVE / FINANCE COMMITTEE 2011 MEETING DATES

Commissioner Juarez moved to approve the Meeting dates, Commissioner Chawla seconded and the motion then carried. **Approved 8-0.**

12. ELECTION OF BOARD CHAIR AND VICE-CHAIR

Chair Powers nominated Lanyard Dial as Chair, Commissioner Long seconded. The motion then carried. **Approved 8-0.**

Commissioner Dial nominated Commissioner Maurice as Vice-Chair, Commissioner Long seconded and the motion then carried. **Approved 8-0.**

13. ACCEPT AND FILE MINUTES OF EXECUTIVE / FINANCE COMMITTEE MEETINGS OF OCTOBER 25, 2010, NOVEMBER 10, 2010 AND DECEMBER 13, 2010

Commissioner Juarez moved to accept the Meeting Minutes of October 25, 2010. Commissioner Dial seconded. The motion then carried. **Approved 8-0.**

Commissioner Berry moved to approve the Meeting Minutes of November 10, 2010 and December 13, 2010. Commissioner Dial seconded. The motion then carried. **Approved 8-0.**

14. PUBLIC FILMING

Commissioner Juarez explained that he had requested that the item be placed on the Agenda. Discussion was held regarding filming at previous Commission Meetings. The Brown Act rights and requirements were then discussed.

15. COMMENTS FROM COMMISSIONERS

None.

ADJOURNMENT

The meeting adjourned at 6:10 p.m.



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**Chief Executive's Monthly Report to Commission
January 24, 2011**

97 Days Until Go-Live!

PEOPLE (Organizational Structure)

Since our last meeting, we have added three talented individuals to our management team:

Dr. S.N. Charles Cho started as our interim Chief Medical Officer on January 4. Dr. Cho began his professional experience as attending and teaching staff at Ventura County Medical Center Family Practice Program in 1966 and was in private practice in Oxnard for more than 30 years. He was on active staff at St. John's Regional Medical Center in Oxnard from 1968 to 2000. He continues to serve as the part-time physician for Procter and Gamble and has been there since 1977. Charlie earned a B.S. from Piedmont College and his medical degree from the University of Kansas School of Medicine. Dr. Cho is not a candidate for the permanent position.

Guillermo Gonzalez joined the team on January 3, as Director of Government Relations. Most recently he served as a senior analyst with the Government Accountability Office (GAO) overseeing federal economic recovery funds in Southern California. He also served for ten years as senior advisor and Deputy State Director to United States Senator Dianne Feinstein of California. During his tenure with Senator Feinstein he worked on numerous public policy issues concerning health, environmental, education, and immigration policy. Guillermo was a Legislative Fellow with the California State Legislature and has served as a legislative aide and consultant to the Speaker of the California State Assembly where he worked on education, health, and housing policy. Mr. Gonzalez earned a BA in Political Science from the University of California at Santa Barbara and a Master of Public Policy from the Woodrow Wilson School of Public and International Affairs at Princeton University. Guillermo is a long-time resident of Ventura County and is married to Dr. Guadalupe Gonzalez, they have three children.

Pamela Kapustay, RN, MN, joined our team as the Health Services Director on January 10. Ms. Kapustay has worked in healthcare for over thirty years – she started in nursing and progressed into management. Most recently, she served as Director of Medical Management for Wellpoint, Inc. Ms. Kapustay has held senior level positions in pharmaceutical development corporations, as well as positions at UCLA, Santa Rosa Medical Group and Westlake Comprehensive Cancer Center. She earned a Bachelor of Science in Nursing from the University of Texas Health Science Center and a Masters in Nursing from UCLA. Pam is a member of Sigma Theta Tau – an International Honor Society of Nursing; her work has been published in several textbooks and nursing publications.

In addition, formal offers for “regular” employment were extended to and accepted by:

- Provider Relations Director (Paul Roberts)
- Human Resources Director (Candice Limousin)
- Claims Director (Connie Davis)
- Member Services & Projects Specialist (Andre Galvan)
- Executive Assistant / Clerk of the Board (Traci McGinley)
- Administrative Assistants (Audra Lucas and Lezli Stroh)

We have reinitiated the search process for a Chief Medical Officer. For this and other positions, our recruitment activities include: Advertising/posting via California Health Fax, Cal Jobs, Craigslist, LinkedIn, various professional society job boards, and the Ventura County Star, as well as employee referrals/networking,

An outside source has been retained to provide interpretation-translation services for Commission meetings.

Tenant improvement, space planning and interior design continues to progress. All plans expected to come in under or at budget plan.

SERVICE (Member & Provider Satisfaction, Government Relations)

- Guillermo Gonzalez “hit the ground running” – in his first few days with GCHP he made initial contact with State Senate and Assembly Legislative Health Committee staff and COHS counterparts. He now serves as the point-person for interaction with DHCS and manages our state deliverable tracking tool.
- Andre Galvan continues to lead our efforts for Community and Member Outreach – he (or other members of our team) have met with representatives from: Casa Pacifica, Concern (translator for deaf), First 5, Head Start, HELA, HICAP, La Leche League and Tri-County Glad.
- We continue to develop member services materials and have first drafts of a Member Handbook, Provider selection forms, and a Welcome Letter/kit.
- We have contacted local radio stations to discuss the development of a radio-outreach campaign to inform our future members and the general public about GCHP.

QUALITY (Comprehensive Medical Management)

Dr. Cho has been working closely with Pam Kapustay to review/revise/create policies required by the state. Program descriptions have been completed and submitted to the State for: Care Management Program and Quality Improvement Systems and Program. Policies and Procedures have been written and submitted to the State for: Care Management, Local Health Department Coordination, Quality Improvement and Utilization Management. Additionally, a first draft of the Provider Manual has been developed.

FINANCE (Optimize Rates, Ensure Long-Term Viability)

Our interim CFO has crossed-off several items on her to-do list:

- Selected accounting software – Multiview - used by two other COHS with favorable reviews.
- Selected bank and opened accounts with RaboBank.
- Submitted revisions to amend the ScriptCare contract.

Included in the package for this meeting is an updated cash-flow forecast. By modifying the timing of major payments, we will be able to avoid a cash-flow deficit during the start-up period.

We have received updated rates from state moving the budgeted revenue to **\$292,898,124** from \$268,049,387 – an increase of nearly \$25 million (9.3%).

Connie Davis and Jim Swoben continue their efforts in Claims Management and Information Systems development; recent accomplishments:

- GCHP-ACS Task Tracking work plan was finalized; weekly joint operations meetings continue.
- Process design and workflow plan for the Call Center Interactive Voice Recognition system have been completed.
- PCP Auto Assignment policy and protocols continue to undergo careful process design system development.
- The server for the accounting system is configured and ready for system implementation.
- ACS configuration of the claims system is in process
- Hosted email services has been activated for all employees.
- Web site development should begin in February.

ACCESS (Robust Provider Network)

Paul Roberts continues outreach efforts to establish relations with interested providers; informing them of our plans and goals; addressing issues and concerns; interpreting contractual provisions; responding to their requests; etc. We continue to recruit providers for our network and negotiating Service Agreements with doctors and hospitals both in and out of our service area.

Go-Live

We continue to make solid progress towards the “go-live” date of May 1. Several telephonic meetings have been held with the Department of Health Care Services in furtherance of this goal. Attached is an updated Key Milestones Report. To date, we have submitted over 60% of the state deliverables; the target date for completion of all deliverables is March 7. Attached is an updated Milestone report.

Respectfully submitted,

Earl G. Greenia
Chief Executive Officer

AGENDA ITEM 5



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Tom Fryar
Senior Vice President

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

tom.fryar@acs-inc.com
tel 859.825.6571

December 17, 2010

Earl Greenia

CEO

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

Dear Earl:

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

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

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

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

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

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

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

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

AGENDA ITEM 5



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

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

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

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

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

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

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

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

Sincerely,

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

Tom Fryar

**Gold Coast Health Plan
CashFlow Projection- Preoperational Period
Revised 1/20/2011**

	YTD	November	December	January	February	March	April	May
Cumulative Enrollment	0	0	0	0	0	0	0	0
Total Staff	2	8	9	12	18	22	36	37
Incremental Staff Increase	2	6	1	3	6	4	14	1
Beginning Cash Balance	-	252,043	573,566	449,701	314,905	295,132	21,778	429,510
Cash In-Flow								
Revenue from State								24,000,000
ACS - LOC*	330,000	330,000			265,000	395,000	980,000	
Total Receipts	330,000	330,000	-	-	265,000	395,000	980,000	24,000,000
Cash Out-Flows								
Salaries & Benefits***	25,854		23,910	33,192	114,520	148,996	181,204	232,068
Other Benefits	-			29,100	10,200	5,000	5,000	5,000
Consultants	5,805			6,450	2,000	2,000	2,000	2,000
Consultants - FSR						13,000	13,000	
Other Professional Services			2,000					
RGS Fees*						3,234	4,624	7,224
Occupancy Office Lease	-					14,640	14,640	14,640
Furniture & Equipment	8,000	6,058	55,000	2,385		27,557		
Computers, Monitors, Printers (Non- Capitalized)			10,281	519	3,600	7,200	4,800	16,800
Telecommunications Equipment				2,270	1,275	2,550	1,700	5,950
General Liability Insurance		2,419						
Info Systems - License Fees++				38,700	11,600	5,100	5,100	5,100
Info Systems (Depreciation)								
Info Systems - Software**	-				100,000	100,000	100,000	100,000
Info Systems - Maintenance & Expenses								
Pharmacy Mgt Expense								
Travel					1,000	1,000	1,000	1,000
Copiers								
Supplies				4,461	7,200	10,800	13,200	21,600
ACS Fees								
Printing outsourcer	-					105,000		
Printing						209,000	2,500	2,500
Postage					-	-	210,000	3,000
Prof Liab, D&O Insurance	6,744							
Reinsurance					20,000			
Legal fees	12,284		15,272	2,996	3,000	3,000	3,000	3,000
Actuary fees	19,270		17,402	14,600	10,000	10,000	10,000	10,000
Audit fees	-							
Miscellaneous Operating Fees+				123	378	277	500	500
Sub Total Administrative Expense	77,957	8,477	123,865	134,796	284,773	668,354	572,268	430,382
ENDING CASH BALANCE	252,043	573,566	449,701	314,905	295,132	21,778	429,510	23,999,128

Assumptions:

Base assumption - 30 day payment lag

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

YTD & November are actual cash received

No draws anticipated for December & January

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

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

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

Also assumes ACS will provide final payment for implementation once the DHCS provides the plan with approval of it's "go live" status.

** Assumes that the Medical Management system may be paid in 6 monthly installments of \$100,000

*** Assumes that payments will be made two month in arrears from the invoiced due date. At April 30th accrued payroll and fees will be ~ \$720,000 for the month of March and April.

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

++ Includes only costs known to-date



AGENDA ITEM 6(a)

To: Ventura County Medi-Cal Managed Care Commission

From: Earl Greenia, CEO

Date: January 24, 2011

Re: Procedure for Public Comment at Meetings

Recommendation: That the Commission approve the proposed policy / process for receiving Public Comment and Input.

Background: As a public entity all GCHP meetings are subject to the Brown Act. With regard to public comment / input at GCHP meetings, section 54954.3a of the Brown Act states that every agenda for regular meetings shall provide an opportunity for members of the public to directly address the Commission on any matter under the Commission's jurisdiction. However, Section 54954.2 of the Brown Act states that the agenda need not provide an opportunity to members of the public to address the Commission on any item that has already been considered by a committee composed exclusively of members of the Commission. Specifically, at a public meeting where members of the public were afforded the opportunity to address the committee on the item, before or during the committee's consideration of the item, unless the item has been substantially changed since the committee heard the item.

The following is Management's Recommendation for receiving public input and comment at public meetings.

Proposed Policy:

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

The public comment period will generally be early in the agenda. The chair will have the discretion to recognize and allow members of the public to provide additional comments once the public comment period has closed. Comments will be limited to three (3) minutes. Speakers will be alerted when they have one (1) minute remaining and when their time is up. Speakers will then asked to return to their seats and no further comments will be permitted.

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

Under provisions of the Brown Act, the Commission / Committee is prohibited from taking action on non-agenized requests. Also, in accordance with State Law, remarks during public comment are to be limited to topics within the Commission's / Committee's jurisdiction.



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AGENDA ITEM 6(b)

To: Ventura County Medi-Cal Managed Care Commission

From: Earl Greenia, CEO

Date: January 24, 2010

Re: Provider Advisory Committee

Recommendation: That the Commission appoint members to the Provider Advisory Committee as detailed below (brief biographies follow).

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

Discussion: Our candidates for the Provider Advisory Committee are:

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

This recommendation was endorsed by the Executive / Finance Committee.

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

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

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

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

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

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

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

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

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

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