Gold Coast Health Plan℠
A Public Entity

Ventura County Medi-Cal Managed Care Commission (VCMMCC) dba Gold Coast Health Plan Provider Advisory Committee Meeting

2240 E. Gonzales, Suite 200, Oxnard, CA 93036
Tuesday, August 20, 2013
3:30 p.m.

AGENDA

CALL TO ORDER / ROLL CALL

PUBLIC COMMENT

1. **APPROVE MINUTES**
Regular Meeting of February 12, 2013

2. **INTRODUCTIONS**
   a. **Ruth Watson, COO**

3. **DISCUSSION ITEMS**
   a. **Provider Relations Updates**
      i. **Site Visits- Policy and Procedure**
      ii. **Provider Relations Representatives- Assignments**
      iii. **Provider Relations Department - Contacts**
   b. **ACA PCP Rate Increase Update**
   c. **Healthy Families Plan Transition Update**
   d. **2Q2013 Quarterly Network Report**
   e. **Geo Access Report**
   f. **AB97 Updates**

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 GOLD COAST HEALTH PLAN, 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 REBEKAH AT 805/981-6691. 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

4. INFORMATIONAL ITEMS

  a. **July Provider Operations Bulletin**
  b. **Town Hall Meetings**
  c. **ICD 10 FAQ**

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

NEXT MEETING

Unless otherwise determined, the next regular meeting of the Committee will be held on a date to be determined in November, 2013 at 3:30 p.m. at 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

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

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 GOLD COAST HEALTH PLAN, 2220 E. GONZALES ROAD, SUITE 200, OXNARD, CA.

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Ventura County Medi-Cal Managed Care Commission (VCMMCC) dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee Meeting Minutes
February 12, 2013
(Not official until approved)

CALL TO ORDER

Provider Network Manager Sherri Bennett called the meeting to order at 3:45 p.m. in Suite 200 at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

ROLL CALL

COMMITTEE MEMBERS PRESENT
Antonio Alatorre, Clinicas del Camino Real, Inc.
Kimberly Bridges, RN, BSN, Centers for Family Health, Community Memorial Health System
Alger Brion, Maywood Acres SNF
Mark Minnis, Livingston Memorial VNA Home Health & Hospice
Clive Salmon, DPM, Podiatrist
Joyce Weckl, RN, Certified Nurse Midwife

EXCUSED / ABSENT COMMITTEE MEMBERS
C. Albert Reeves, MD, Ventura County Health Care Plan
John Roughan, Simi Valley Hospital & Health Care Services
Brett Zaer, Superior Mobility
Joan Araujo, VCMC Ambulatory Care Administrator

STAFF IN ATTENDANCE
Michael Engelhard, CEO
Debbie Rieger, Interim IT Director
Dr. Charles Cho, Chief Medical Officer
Jenny Palm, Health Services Director
Sherri Bennett, Provider Network Manager
Traci R. McGinley, Clerk of the Board

PUBLIC COMMENT

None.

1.   **APPROVE MINUTES – August 22, 2012**

Committee Member Minnis moved to approve the Meeting Minutes of August 22, 2012. Committee Member Brion seconded the motion. The motion carried. **Approved 6-0.**

2.   **INTRODUCTIONS**

Staff and Committee Members were introduced.

3.   **INFORMATION ITEMS**

    a.   **Corrective Action Plan**
CEO Engelhard reported that Gold Coast Health Plan (GCHP) received a Corrective Action Plan (CAP). Department of Health Care Services' (DHCS) primarily concerns are regarding areas in operations that need improvement: The IBNR, claims inventory / processing, refunds, leadership / staffing, and financing.

CEO Engelhard highlighted some of the areas, stating that the claims processing has been progressively attacked and the number of claims have been drastically reduced. Claims processing turn around needs to be improved. The TNE is the biggest concern, but the State also wishes the Plan to identifying additional cost savings through utilization measures. The last piece of the CAP is the submission of encounter data; as there has been formatting issues. GCHP has responded to these issues and believes the Plan is showing great progress and is becoming stable.

Discussion was held regarding the Plan working with a recovery vendor and how that process will work with the Providers.

    b.   **Ventura Transportation System**
Provider Network Manager Bennett advised the Committee Members on the RFP process completed by GCHP. The Plan now has a full risk contract with the vendor for transportation services. Members must contact the vendor and then the vendor is required to follow the guidelines.

    c.   **ACA PCP Rate Increase**
Provider Network Manager Bennett reviewed the presentation with the Committee and noted that the Plan is waiting for additional guidance from the State on some of the items, as well as the fee schedule. It will be imperative that Providers provide encounter information as the Plan will be required to reconcile with the Providers quarterly.

Committee Member Weckl asked about Nurse Practitioner services to which Provider Network Manager Bennett responded that she would research those services and provide the information to Committee Member Weckl.

d.   Healthy Families Plan Transition

Provider Network Manager Bennett advised that effective January 2013 they are individuals are no longer enrolled into "Healthy Families" and by the end of the year it will be fully phased in. Eligibility will be determined by Human Services and benefits will mirror Medi-Cal Services.

Committee Member Alatorre raised concern that GCHP is only recognizing Ventura County Mental Health for mental health services, but it should be any Medi-Cal provider such as Clinicas.

Discussion was held regarding the contracting and the phase-in period for continuity of care.

Provider Network Manager Bennett advised the Committee that the Plan is setting up meetings with the Networks to discuss the issues and the contracts. GCHP will be doing 90, 60 and 30-Day notices as well as media outreach. The desire is to have minimal or no disruption in coverage.

COMMENTS FROM COMMITTEE MEMBERS

Committee Member Alatorre noted that VSP treats large groups differently than small groups. Interim COO Undlin was to check into the situation, but Clinicas has not heard back regarding this issue. Provider Network Manager Bennett noted that she would check into the matter.

CMO Cho responded that he was not aware of the issues with VSP, but will work with Committee Member Alatorre to work through the issues.

Committee Member Minnis raised concerns regarding services for home health and office visits and asked if there is written documentation. Health Services Director Palm responded that all Home Health services require authorization. Committee Member Minnis stressed that there were certain visits that were allowed. Health Services Director Palm noted that the information is on the website and she would provide the information to him.

ADJOURNMENT

Meeting adjourned at 4:40 p.m.

Purpose:

Ensure GCHP providers have an understanding of the health plan and health network and know how to obtain services they need for their patients and to build collaborative relationships between GCHP and network providers.

Policy:

Orientation – Provider Representative will contact new provider within ten working days of contract execution to arrange orientation.

Routine Site Visits- Provision of on-going education will take place according to the following schedule or as needed.

Provider Type	Frequency per Year
Primary Care Providers (PCP)	2 visits per year
Specialists	2 visits per year
DME/Allied Providers	1 visit per year
Hospital/Large Group – JOC	2 meetings per year

Weekly Site Visit Standards:
PRR will visit a minimum of 20-30 provider visits weekly in any combination of Orientation, Scheduled or Drop in visits, JOC or Town Hall Meetings. Visit counts are valued as follows:
- Routine Site Visits – 1
- Orientation – 2
- JOC – 3
- Town Hall Meetings - 5

Definitions:
Contract Coordinator (CC): GCHP staff member that oversees provider contracting and credentialing processes
Joint Organizational Committee (JOC) Meetings: Meeting between GCHP and delegated provider group or hospital. Allows for a forum to discuss and resolve issues, to deliver policies, and improve communications between all business associates.
KWIK: GCHP internal tracking system to document/memorialize provider
Orientation Form: Form utilized to orient new providers coming on the GCHP panel of providers.
Provider Network Manager (PNM): Manager overseeing Provider Relations, Provider Contracting and Provider Credentialing
Provider Relations Representative (PRR): Liaison between GCHP and contracted provider network.

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Provider Site Visit Form: Form utilized to provide provider education.

Procedure:
Orientation
1. PRR receives notification from Contract Coordinator that a provider has completed the credentialing/contracting process.
2. PRR contacts the provider office representative to schedule an orientation **within ten working days** and documents appointment time and date in KWIK under the provider record. (see JAM – Site Visit Reporting Requirements)
3. PRR performs orientation as outlined on the Provider Orientation Form.
4. PRR obtains acknowledgment/signature from provider on Orientation Form.
5. PRR documents notes from orientation in KWIK (re-opens original service form – see item #2)
6. PRR updates the GCHP (6a) database (see JAM – Site Visit Reporting Requirements)

Site Visit
1. PRR will maintain provider listing by assigned area and maintain a log of provider visits.
2. PRR will present educational materials and training as outlined on the Provider Site Visit Form.
3. PRR will document notes form site visit in KWIK (see JAM – Site Visit Reporting Requirements)
4. PRR researches any provider issues / concerns and routes them via a new KWIK service form to appropriate department for resolution.
5. PRR updates the GCHP (6a) database (see JAM – Site Visit Reporting Requirements)
6. PRR follows up and documents any issue resolution in KWIK and reports findings to provider.

JOC
1. PRR will schedule JOC's with in-area hospitals and delegated groups at a frequency no less than six months.
2. PRR team will maintain a schedule (JOC Workbook) on the Provider Relations P:Drive
3. Identification of key business associates (internally/externally) to include:
   a. Contracting,
   b. Provider Relations (PRR, CC and PNM)
   c. Claims,

d. Health Services,
e. Provider
4. PRR will chair Meeting
5. PRR will determine venue – Provider site or GCHP Collection of data for reporting stats –Determine owners.
6. Prepare documents and schedule pre-meetings (as set forth under Steps tab on JOC Workbook) for internal business associates to discuss hot topics and provide resolution to open items.
7. Development of Agenda (as set forth under JOC Template Agenda tab on JOC Workbook):
   ▪ Introductions, Authorizations (reports, outstanding issues),
   ▪ Claims (reports, issues),
   ▪ Rosters,
   ▪ Presenting New Policies for Health Plan,
   ▪ Follow Up,
   ▪ Next Meeting.
8. PRR will document notes form site visit in KWIK
   o Document Type – Provider Site Visit
   o Category – Provider
   o Subcategory –In-service
9. PRR researches any provider issues / concerns and routes them via a new KWIK service form to appropriate department for resolution.
10. PRR follows up and documents any issue resolution in KWIK and reports findings to provider.

Provider Representative Reporting Requirements: See JAM – Site Visit Reporting Requirements

Attachments:

Provider Orientation
Provider Site Visit Form
JOC Workbook

Revision History:

Review Date	Revised Date	Approved By

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Here are the current Provider Rep Assignments, by zip code:

Erika Reyes	Velma Washington
ereyes@goldchp.org	vwashington@goldchp.org
External Provider Relations Representative	External Provider Relations Representative
805 889-6129	805 889-3962
Monica Hernandez	Vicky Connaughton
mhernandez@goldchp.org	vconnaughton@goldchp.org
Internal Provider Relations Representative	Internal Provider Relations Representative
805 889-4671	805 889-4768
93001	91320
93003	91360
93004	91361
93012	91362
93015	91377
93022	93010
93023	93021
93030	93031
93041	93033
	93035
CMH	93036
St. Johns	93060
	93063
	93065
	VCMC
	Simi Valley
	Los Robles

Provider Relations Department

- **Sherri Tarpchinoff Bennett,** Provider Network Manager:
  805-889-4869 sbennett@goldchp.org

- **Maureen Ndu,** Contract Coordinator:
  805-889-4654 mndu@goldchp.org

- **Rosario Melgoza,** Contract Coordinator:
  805-889-4936 rmelgoza@goldchp.org

- **Velma Washington,** External Provider Relations Rep:
  805-889-3962 vwashington@goldchp.org

- **Erika Reyes,** External Provider Relations Rep:
  805-889-6129 ereyes@goldchp.org

- **Monica Hernandez,** Internal Provider Relations Rep:
  805-889-4671 mhernandez@goldchp.org

- **Vicky Connaughton,** Internal Provider Relations Rep:
  805-889-4768 vconnaughton@goldchp.org

Draft Compliance Plan for Increased Payments for Medicaid Primary Care Services

I.   Background:

Section 1202 of the Accountable Care Act (ACA) of 2010 amends Sections 1902(a) (13), 1902(jj), 1905(dd) and 1932(f) of the Social Security Act to require payment of the Medicare rate for certain Medicaid primary care services provided in calendar years 2013 and 2014. This provision applies to designated evaluation and management (E&M) and vaccine administration services when delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine. The regulation specifies that specialists and subspecialists within those designations as recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA) or the American Board of Physician Specialties (ABPS) also qualify for the enhanced payment.

States will be eligible to receive 100% FMAP (federal match) for the increased expenditures equal to the difference between the Medicare rate and the State Plan rate as of 7/1/09, for these same services. This applies to both fee-for-service (FFS) claims and managed care capitation payments.

II.   Plan Assumptions:

   A. The State will implement and maintain a registry of providers who are eligible, based on approved attestations from the State database, for enhanced payments.

      1. Gold Coast Health Plan (The Plan or GCHP) will obtain a list of providers who have attested from the State attestation database and use that list to proceed with the payment increases to individual providers.

   B. The State will implement Model 2 of the reimbursement methodology to managed care plans (MCPs): Prospective capitation rates are paid to plans to reflect increased payment levels. An annual retrospective reconciliation will be performed between the State and Plan.

      2. Reconciliation will be the difference between the actual utilization experience and the utilization assumed in the increase in the prospective capitation rates.

   C. The Plan would pass the payments to the eligible individual providers on a monthly basis, after an anticipated one-time retroactive payment expected during the fall of 2013.

III. Compliance Plan Objectives:

   A. To ensure funds received by the State to the Plan are used for the increased payments for eligible providers.

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B. To ensure enhanced payments are made only to eligible providers who have attested and appear on the State verification website.

C. To ensure that enhanced payments are remitted to the eligible providers within the same timely claim adjudication timeline requirements; thirty (30) business days after increased capitation payment is made by the State to the Plan, with the exception of 1) initial retroactive payment which will represent payments for services back to 1/1/13 and 2) the case where the State does not provide sufficient funds in the capitation payment to cover the increased payment to the physicians

IV. Provider Networks:

A. Plans have a hybrid provider network which may include a combination of providers who have a Direct contracts with Plans; Independent Physician Associations (IPAs) that contract with Plans for their contracted provider network; IPAs that contract with Plans for their salaried providers; and, Kaiser.

Plan has a provider network that includes direct contracts with individual and group providers, as well as large groups that employ salaried providers, to deliver primary care and specialty services to members. The majority of the Plan's physician contracts are capitated. In addition, GCHP has entered into a capitated specialty agreement with Clinicas del Camino Real, Incorporated that includes primary care and specialist professional services for members assigned to their group. Lastly, GCHP has a full risk agreement with Kaiser (primarily for a portion of the targeted low income population).

V. Payment Methodology for Direct FFS PCP and Specialist Eligible Providers:

A. Plan will request all individual providers to submit a W-9. Payment shall not be issued to the providers unless the W-9 is provided.

B. Plan will create new provider profiles, specific to this requirement, in order to issue payment to the address and SSN/Tax-ID indicated on the Physician's W-9 submission.

C. Plan generates reports showing all eligible providers, in correlation and as identified by the State, for the primary care payment increase and services within the scope of this requirement.

D. The report is updated with the difference between Medicare allowable and the paid amount to the provider.

   a. If amount paid is greater than the Medicare allowable, additional payment will not be necessary.

E. Plan will create a claim for each month of service for each provider and will identify service and quantity included in the month's increase.

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F. Additional documentation will be created and issued along with payment increase and cover letter.

VI. <u>Payment Methodology for Direct Capitated Eligible Providers</u>:

Note: Payments will be made to the individual provider only, instead at the IPA level, to ensure payments are directly received by the rendering provider.

    A. Plan will request all individual providers to submit a W-9. Payment shall not be issued to the providers unless the W-9 is provided.

    B. Plan will create new provider profiles, specific to this requirement, in order to issue payment to the information indicated on the Physician's W-9 submission.

    C. Plan generates reports showing all eligible providers, in correlation and as identified by the State, for the primary care payment increase and services within the scope of this requirement.

    D. The report is updated with the difference between Medicare allowable and the paid amount to the provider.

        a. Capitated provider services (demonstrated via encounter data) will be repriced at the Medi-Cal fee-for-service rate and Medicare to Medi-Cal variance will be determined.

    E. Plan will create a claim for each month of service for each provider and will identify service and quantity included in the month's increase.

    F. Additional documentation will be created and issued along with payment increase and cover letter.

VII. <u>Payment Methodology for IPA Contracted FFS PCP and Specialist Eligible Providers</u>:

Note: Payments will be made to the individual provider only instead at the IPA level, to ensure payments are directly received by the rendering provider.

    A. Plan will request all individual providers to submit a W-9. Payment shall not be issued to the providers unless the W-9 is provided.

    B. Plan will create new provider profiles, specific to this requirement, in order to issue payment to the information indicated on the Physician's W-9 submission.

    C. Plan generates reports showing all eligible providers, in correlation and as identified by the State, for the primary care payment increase and services within the scope of this requirement.

    D. The report is updated with the difference between Medicare allowable and the paid amount to the provider.

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      a.   If amount paid is greater than the Medicare allowable, additional payment will not be necessary.

   E. Plan will create a claim for each month of service for each provider.

   F. Additional documentation will be created and issued along with payment increase and cover letter.

VIII.   <u>Payment Methodology for IPA Contracted Capitated PCP Providers</u>:

Note: Payments will be made to the individual provider only, instead at the IPA level, to ensure payments are received by the rendering provider.

   A. Plan will request all individual providers to submit a W-9. Payment shall not be issued to the providers unless the W-9 is provided.

   B. Plan will create new provider profiles, specific to this requirement, in order to issue payment to the information indicated on the Physician's W-9 submission.

   C. Plan generates reports showing all eligible providers, in correlation and as identified by the State, for the primary care payment increase and services within the scope of this requirement.

   D. The report is updated with the difference between Medicare allowable and the paid amount to the provider.

      a.   Capitated provider services will be repriced at the Medi-Cal rate and Medicare to Medi-Cal variance will be determined.

   E. Plan will create a claim for each month of service for each provider.

   F. Additional documentation will be created and issued along with payment increase and cover letter.

IX.   <u>Payment Methodology for IPA/Entities with Salaried/Employed PCP and Specialist Providers</u>:

Payments will be made to the individual provider only, instead at the IPA level, to ensure payments are received by the rendering provider.

   A. Plan will request all individual providers to submit a W-9. Payment shall not be issued to the providers unless the W-9 is provided.

   B. Plan will create new provider profiles, specific to this requirement, in order to issue payment to the information indicated on the Physician's W-9 submission.

C. Plan generates reports showing all eligible providers, in correlation and as identified by the State, for the primary care payment increase and services within the scope of this requirement.

D. The report is updated with the difference between Medicare allowable and the paid amount to the provider.

    a. Capitated provider services will be re-priced at the Medi-Cal rate and Medicare to Medi-Cal variance will be determined.

E. Plan will create a claim for each month of service for each provider.

F. Additional documentation will be created and issued along with payment increase and cover letter.

X. <u>Auditing and Monitoring Enhanced Payment Processes:</u>

A. Monitoring and distribution of funds auditing will be performed during monthly reconciliation.

B. Criteria for Auditing and Monitoring (monthly)

    1. Verification of accuracy for the selection of eligible providers with the State registry.

        a. List obtained from State will be compared to current GCHP provider eligible list.

    2. Timely (thirty business days after State capitation is received by Plan) submission of payments to providers.

    3. At the time of the Plan's implementation, Plan shall perform an initial retro payment to eligible providers for prior dates of service, up to the initial lump payment provided by the State to the Plan.

    4. Accurate calculation of enhanced payment amounts to providers.

    5. Verification of accuracy for the selection of eligible providers with the State registry.

    6. Compliance with selected methodology for distribution of enhanced payments to eligible providers.

    7. Each month, verification of accuracy in the calculation of the enhanced payments.

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8. Timely (thirty business days after State capitation is received by Plan) submission of payments to providers.

XI. <u>IPA/Entity Corrective Actions for Non-Compliance:</u>

A. Not applicable as GCHP is sending the differential payment to the rendering provider.

B. Completion and submission of a Corrective Action Plan (CAP) to the Plan.

C. Mandatory in-service on the enhanced provider payment processes.
   a. Return of payments made to providers in error and/or due to non-compliance with required Policy and Procedures.

D. Termination of contracts.

XII. <u>Regulatory Report Submission:</u>

A. Report submissions TBD will be coordinated by the Plan's Compliance Department. Plan Response: The assumption is the All Plan Letter (APL) will contain the reporting requirement which will include the required data elements and reporting frequency. Once the reporting requirements are defined and communicated to the GCHP staff, the Compliance Department will submit the reports to our contract manager.

Healthy Families Program Transition to MediCal

- Status Update for August 12, 2013

PCP Assignment

- The table on the next page shows our original numbers and the daily summaries

- Please note we had an unexpected scenario of a Provider deciding to no longer care for their 239 HF Members
  - These members were added back into the Assignment Pool

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PCP Assignment-The Summary

Original Counts of HF Transitioned Members

Category	Total	New	Clinicas Count	%	New	VCMC Count	%	New	Independents Count	%	New	CMH Count	%	New	Kaiser Count	%	New	Auto Assign Count	%
Ventura	7,847		1,105	14.1%		2,768	35.3%		1,903	24.3%		31	0.4%		0	0.0%		2,040	26.0%
Anthem	4,027		251	6.2%		72	1.8%		651	16.2%		948	23.5%		0	0.0%		2,105	52.3%
Kaiser	2,202		0	0.0%		0	0.0%		0	0.0%		0	0.0%		2,202	100.0%		0	0.0%
Grand Total	14,076		1,356	9.6%		2,840	20.2%		2,554	18.1%		979	7.0%		2,202	15.6%		4,145	29.4%
Independent PCP	0								254										-254	
5-Aug	14,076		1,356	9.6%		2,840	20.2%		2,808	19.9%		979	7.0%		2,202	15.6%		3,891	27.6%

Daily Assignment Progress

Assignments	Total	New	Clinicas Count	%	New	VCMC Count	%	New	Independents Count	%	New	CMH Count	%	New	Kaiser Count	%	New	Auto Assign Count	%
Admin	-256	-25	1,331	9.5%	-52	2,788	19.8%	-55	2,753	19.6%	-10	969	6.9%	-40	2,162	15.4%	-74	3,817	27.1%
6-Aug		16	1,347	9.6%	12	2,800	19.9%	11	2,764	19.6%	3	972	6.9%	0	2,162	15.4%	-42	3,775	26.8%
7-Aug		10	1,357	9.6%	18	2,818	20.0%	5	2,769	19.7%	4	976	6.9%	0	2,162	15.4%	-37	3,738	26.6%
8-Aug		14	1,371	9.7%	22	2,840	20.2%	6	2,775	19.7%	10	986	7.0%	0	2,162	15.4%	-52	3,686	26.2%
9-Aug		22	1,393	9.9%	31	2,871	20.4%	7	2,782	19.8%	7	993	7.1%	0	2,162	15.4%	-67	3,619	25.7%
Independent PCP								-239	2,543	18.1%							239	3,858	27.4%
12-Aug		10	1,403	10.0%	7	2878	20.4%	7	2,550	18.1%	5	998	7.1%	0	2,162	15.4%	-29	3,829	27.2%

PCP Assignment-The Summary

PCP Assignment Statistics

[VALUE] Members:
27.2% of
Members yet to Select a PCP

[VALUE] Members:
72.8% of Assigned to a PCP
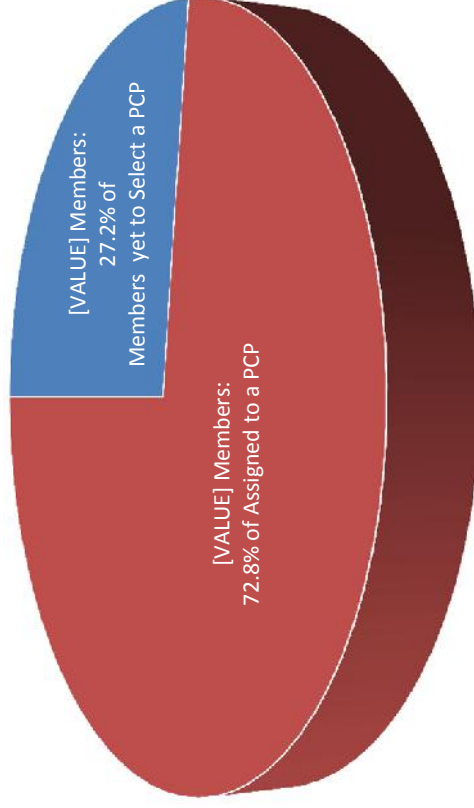
72.8% of Transitioned Healthy Family Members have been assigned to their PCP of record from their previous Plan or have selected a PCP.

PCP Assignment-The Summary

PCP Assignment Pool

	5-Aug	6-Aug	7-Aug	8-Aug	9-Aug	12-Aug
	Admin				Independent PCP	

3,891 3,817 3,775 3,738 3,686 3,619 3,858 3,829
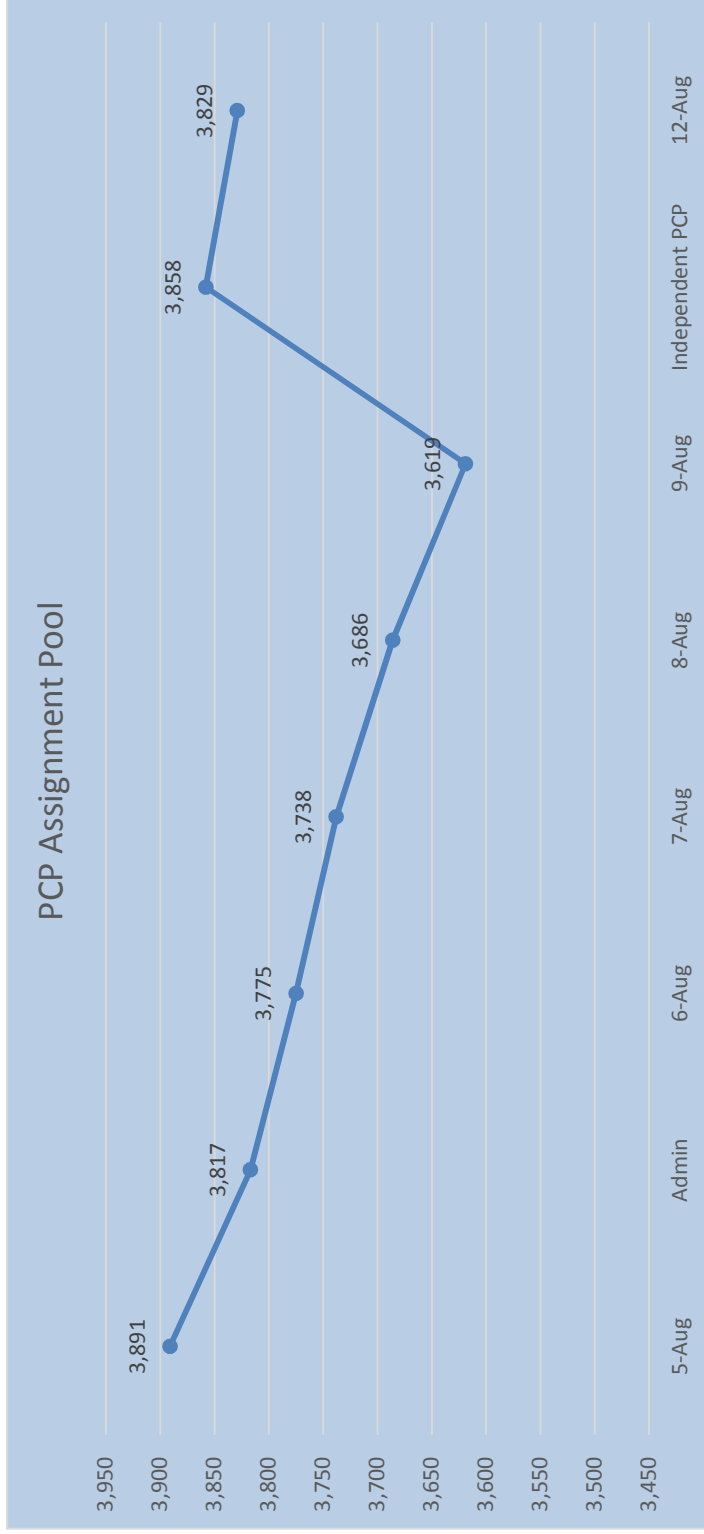
The increase of 239 on August 9th represents members added into the Pool due to a PCP who chose not to continue providing services to their HF members

Note: The numbers on the graph represent the Members who need to Select a PCP

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PCP Assignment-The Details

Clinicas Assignment Trend
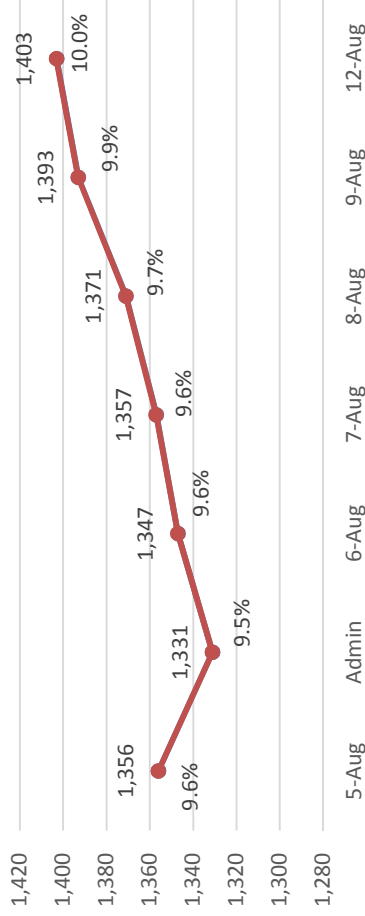
VCMC Assignment Trend
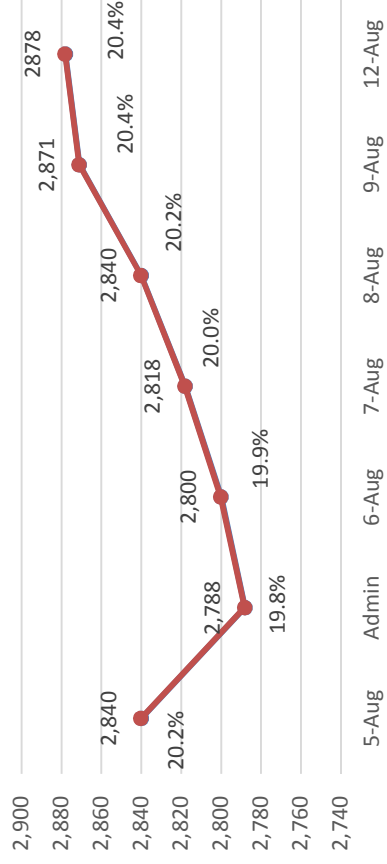
# PCP Assignment-The Details

Independent PCP Assignment Trend
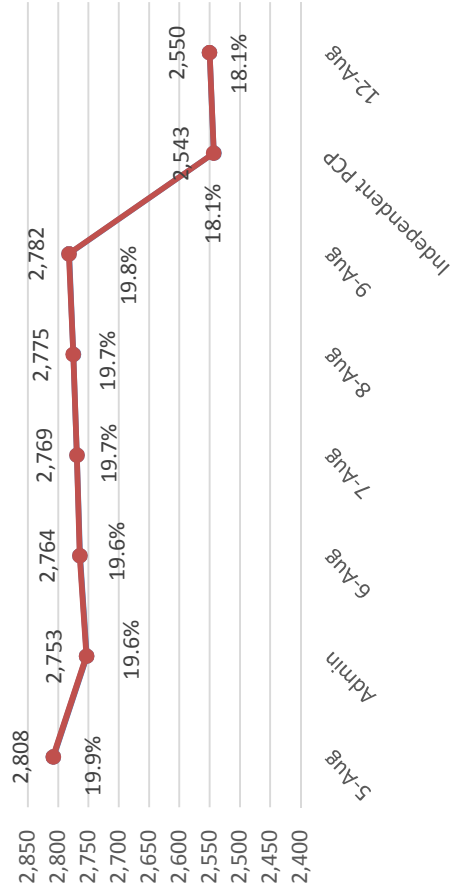
CMH Assignment Trend
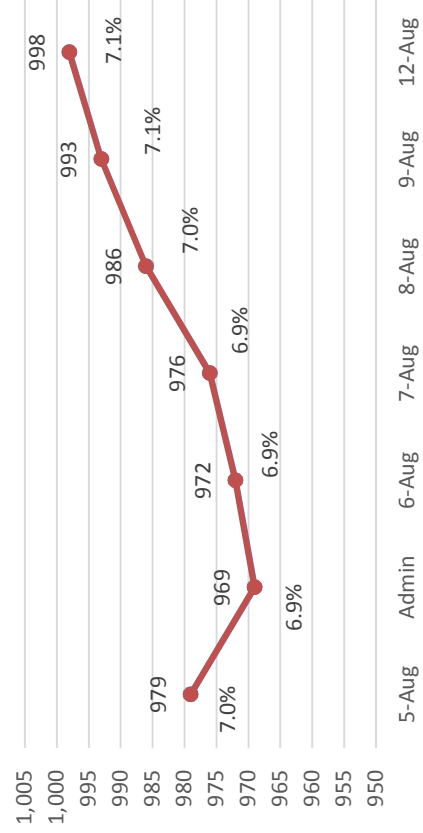
# Pre-Authorizations-ABA Outreach

Transitioned ABA Cases (Total 102)-Anthem
Outreach in Process

[VALUE]-Successful Contact

[VALUE]-Yet to be Called

[VALUE]-Not Reached 1st Call

[VALUE]-Not Reached-2nd Call
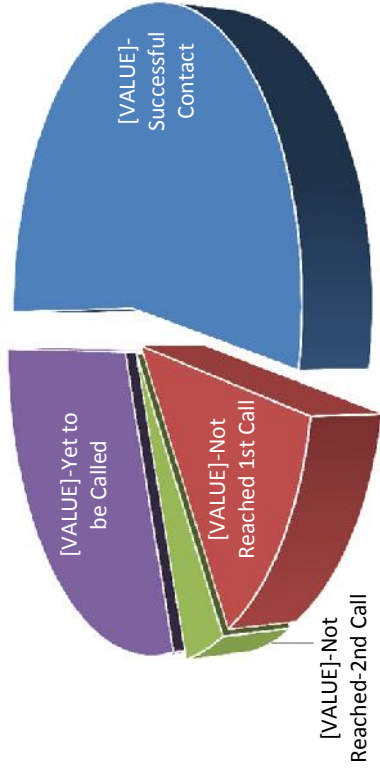
Transitioned ABA Cases-VCHCP
Outreach Complete

[VALUE]-Successful Contact

[VALUE]-Member Termed

[VALUE]-Unable to Reach

3c-8
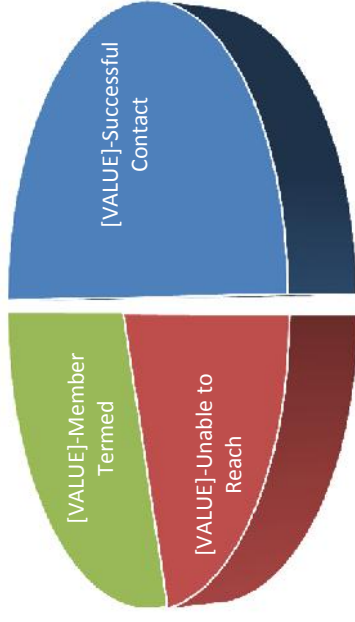
Pre-Authorizations-Med Surgical Outreach

Medical Preauthorization's for HF Transitioned Children–Total 553

Anthem: 56
VCHCP: 497

(y-axis: 0, 100, 200, 300, 400, 500)
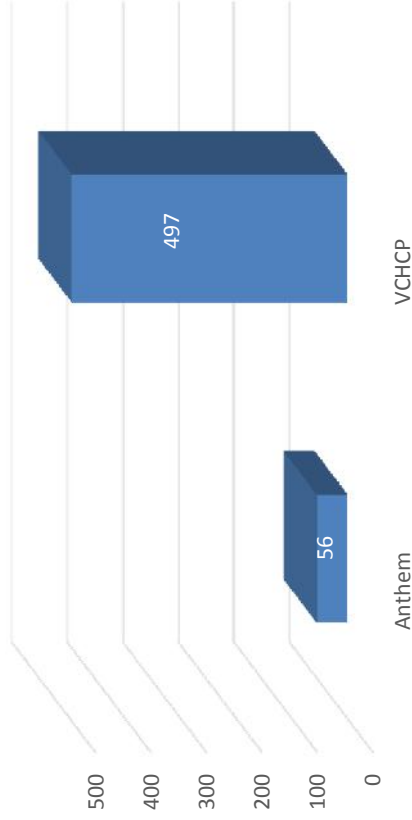
Medical Authorization Outreach

Call outs to non contracted providers asking if they will accept Medi-Cal rates, awaiting response from provider. Cases will need to be created.: 24

Call outs-No Authorization Required-No Case Created: 26

Total Cases Transitioned: 553

(x-axis: 0, 100, 200, 300, 400, 500, 600)
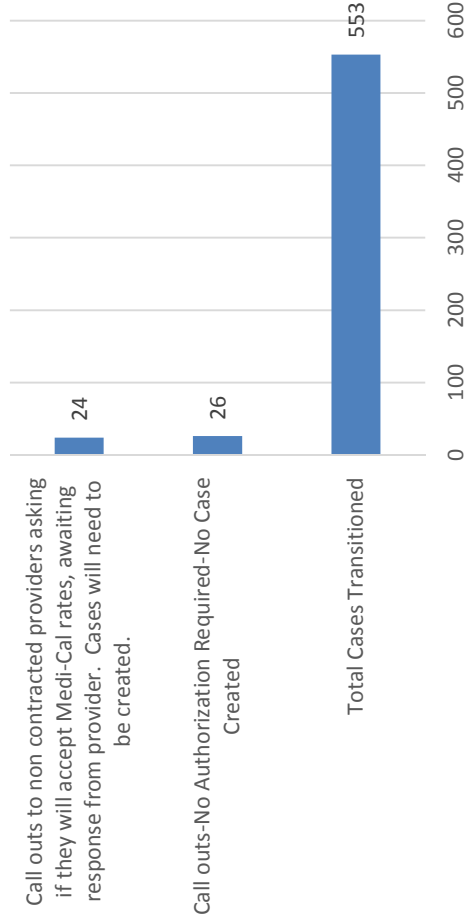
Call Center Statistics

Report Date	Member Grievances for HFT	Provider Grievances for HFT	Avg. Call Center Volume Per Day prior to Transition	Avg. Call Center Volume after Transition Per Day	Total HF Call Center Volume	COC Issues
8/1/2013	0	0	270	377	57	2
8/2/2013	0	0	270	343	25	1
8/5/2013	0	0	270	435	68	0
8/6/2013	0	0	270	437	58	1
8/7/2013	0	0	270	475	85	0
8/8/2013	0	0	270	405	86	1
8/9/2013	0	0	270	369	72	0
8/12/2013	0	0	270	497	122	0

July 23, 2013

Sunita Kapoor, RN, BSN
Contract Manager
County Organized Health Systems Unit
Medi-Cal Managed Care Division
1501 Capitol Ave. Ste. 71.4008
MS-4407
Sacramento, CA 95814-5005

RE: Report of Changes in Provider Network, 2nd Quarter 2013 (April1 – June 30, 2013)

This information is provided to comply with Exhibit A Attachment 6, Provision 10 of our contract (Provider Network Report) to deliver services to Medi-Cal beneficiaries in Ventura County.

There were (10) primary care provider(s) added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (April1 – June 30, 2013).

There were (7) primary care provider terminations.

Primary Care Provider Additions for Ventura County			
Provider	**Location**	**Specialty**	**Languages**
*Lyou, Tracey	Ventura	FNP	Spanish
*Meyer, Wanda	Santa Paula/Ventura	FNP	Spanish
Montgomery, Brenda	Oxnard	FNP	
*Parola, Kenneth	Oxnard	Family Medicine	
*Underwood, Scott	Oxnard	Family Medicine	
*Dickstein, Sheryl	Ventura	Family Medicine	
*Farson, Matthew	Ventura	Family Medicine	
*Andrews, Elena	Ventura	Family Medicine	Russian
*Johal, Amandeep	Ventura	Family Medcine	Spanish
Prinz, Bonnie	Ventura	Internal Medicine	
*Safety Net Provider			

Primary Care Provider Terminations for Ventura County				
Provider	**Location**	**Specialty**	**Languages**	**Reason**

*Sherman, Carol	Oxnard	FNP- Pediatrics	Spanish	Leaving group
*Jones, Brock	Ojai	Family Medicine		Resigned
*Villasenor, Rocio	Ventura	Family Medicine	Spanish	Leaving group
*Nichols, Heather	Santa Paula	Pediatrics	Spanish	Leaving group
*Lipeles, Lois	Simi Valley	Pediatrics	Spanish	Leaving group
*Todd, Julie	Ventura	Family Medicine	Spanish	Resigned
*Dyer, Jeff	Fillmore	Family Medicine	Spanish	Resigned
*Safety Net Provider				

There were (9) specialty care providers added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (April1 – June 30, 2013). There were (**13**) specialty providers terminations from Gold Coast Health Plan Medi-Cal provider network.

Specialty Care Provider Additions for Ventura County			
Provider	**Location**	**Specialty**	**Languages Spoken (Other than English)**
Guo, Sydney Shuo-yi	Oxnard/Thousand Oaks	Vascular Surgery	Mandarin
Verman, Vimal	Oxnard	Nephrology	
Samadi, Ramin	West Lake Village	Maternal Fetal Medcine	Farsi, Spanish
Bahadini, Bahareh	Simi Valley	Hematology/Oncology	Farsi, Spanish
Melkonian, Suzy	Simi Valley	Hematology/Oncology	Farsi, Spanish
Sanani, Shamel	Simi Valley	Hematology/Oncology	Farsi, Spanish
Barbosa, Elisabeth	Oxnard	Otolaryngology	Spanish
Chandler, Robert	Ventura	Family Medicine	
Simpson, Gail	Ventura	Infectious Disease	

Specialty Care Provider Terminations for Ventura County				
Provider	**Location**	**Specialty**	**Languages**	**Reason**
Heng, Ming	Oxnard	Cardiovascular Disease	Spanish	Leaving Delegated Group
Wilkinson, Douglas	Oxnard, Ventura	Internal Medicine	Spanish	Deceased (Effective 2/1/13)
Coggins, Michael	Ventura	Orthopedic Surgery		Leaving Delegated Group
Seidman, Donald	Oxnard	Dermatology	Spanish	Resigned
Heng, Madeline	Oxnard	Dermatology	Spanish	Leaving Delegated Group
Alberstone, Cary	Oxnard	Neurosurgery	Spanish	Leaving Delegated Group

Schooler, Wesley	Ventura	Plastic Surgery	Spanish	Leaving Delegated Group (no prior notice received; per Delegated group provide added in error on their roster)
Kohn, Chester	Oxnard	Urology	Spanish	Leaving Delegated Group
Blickenstaff, Kurt	Santa Paula, Ventura	GENERAL SURGERY	Spanish	Leaving Delegated Group
Ghiai, Afshan	Oxnard	OBSTETRICS & GYNECOLOGY	Farsi, Spanishi	Provider downsized & can no longer see GCHP members.
Mummaneni, Veena	Oxnard	OBSTETRICS & GYNECOLOGY	Hindi, Spanish, Telugu	Provider downsized & can no longer see GCHP members.
Negron, Gladys	Simi Valley	OBSTETRICS & GYNECOLOGY	Spanish	Provider retired since 2012 no prior notice received. Network Mgr approved termination without prov notice since unable to locate provider.
Palmer, Martin	Thousand Oaks, Simi Valley	Oncology	Spanish	Provider left Tri-Valley Oncology group since 06/15/12 (no prior notice received)

There were (0) CBAS providers added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (April1 – June 30, 2013). There were (0) CBAS provider terminations.

CBAS Providers - Adds	Service Type	County
None	CBAS	Ventura

CBAS - Terms	Service Type	County
None	CBAS	Ventura

There were (0) other services providers added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (April1 – June 30, 2013). There were (0) other services provider terminations.

Other Services Traditional Providers - Adds	Service Type	County
None		

Other Services Traditional Providers - Terms	Service Type	County
None		

There were (2) pharmacy providers added to Gold Coast Health Plan Medi-Cal provider network during the First Quarter of this year (April1 – June 30, 2013). There were (1) pharmacy provider terminations.

Pharmacy Providers - Adds	County
Alamo Pharmacy	Ventura
Seena Pharmacy	Ventura

Other Services Traditional Providers - Terms	County
College Care Pharmacy	Ventura

I.   **Geographic Access to Members:**   The additions and deletions to Gold Coast Health Plan provider network and service alternatives described below pertain to Gold Coast Health Plan's contracts with providers for First Quarter of this year (April1 – June 30, 2013):

Contracted Providers in Gold Coast Health Plan Network					
Region	a Providers Terminated	b Providers Added	c Existing Providers Physicians	d Existing Providers Ancillary	c + d Net Region Total
Ventura County	20	21	559	152	710

Note: Physicians are counted once per doctor per county. Ancillary providers are counted once per county. CBAS, Vision and Pharmacy not included.

II.   **Cultural and Linguistic Services:**   Gold Coast Health Plan provider network has the capability to communicate with members in the following threshold languages: English and Spanish.

Within the First Quarter of this year (April1 – June 30, 2013), Gold Coast Health Plan noted minimal changes in the number of PCP offices that can communicate in threshold languages. This can be attributed to no significant changes in the PCP network. In addition, all providers have access to Interpreter Services, which offers translation services in 180 languages, free of charge, through Gold Coast Health Plan.

III.   **Traditional and Safety-Net Providers:** Network at June 30, 2013. *Safety-Net Providers PCP % of network (60%). Traditional Providers PCP % of network (40%)*:

Clinic Safety-Net Providers for Ventura County members (Primary Care only)	Location(s)
Clinicas del Camino Real, Inc – 13 Sites FQHC ***	Ventura County
CMH Centers for Family Health – 3 Sites RHC	Ventura County
Ventura County Medical Center – 15 Sites FQHC	Ventura County
Sespe Medical, Inc – 1 Site	Ventura County

Valley Medical Group – 1 Site	Ventura County
Salida del Sol Family Health Medical Center – 2 Sites	Ventura County
128 providers	
There were 8 new providers added and 7 termed provider (see above under PCP)	

Network at June 30, 2013. *Traditional Hospital Providers*:

Traditional Hospital Providers	Location
Community Memorial Hospital	Ventura County
Los Robles Hospital and Medical Center	Ventura County
Ojai Valley Community Hospital	Ventura County
Santa Paula Hospital	Ventura County
Simi Valley Hospital and Healthcare Services	Ventura County
St. John's Regional Medical Center	Ventura County
St. John's Pleasant Valley Hospital	Ventura County

In addition to the above-noted traditional Hospital Providers, during the period of (April1 – June 30, 2013), Gold Coast Health Plan was contracted with the following number of *Tertiary Hospital Providers*:

Tertiary Hospital Providers	Location
Ventura County Medical Center	Ventura

Traditional Providers	Number of Termed Providers	Number of New Providers	Number of Existing Providers
Primary Care Physicians	7	10	221
Specialty Providers	13	9	337
Other Services Providers	0	0	152
CBAS	0	0	5
Pharmacy Providers	1	2	108
Vision Providers	0	0	37

IV. **Members Assigned to Primary Care Physicians:** As of June 30, 2013, there were 72,042 Gold Coast Health Plan members assigned to Primary Care Physicians.

V. **Percentage of Members Assigned to Traditional and Safety-Net Providers:** 68.2% of members are assigned to Traditional and Safety-Net providers.

VI. **Providers Who Are Not Accepting New Patients:** As of June 30, 2013, thirteen (13) individual and small group providers are not accepting new Gold Coast Health Plan members.

VII. **Providers and Staff Language Capability:** Gold Coast Health Plan tracks language capabilities for Primary Care and Referral Providers (see section II).

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Gold Coast Health Plan

Provider Accessibility Analysis

July 8, 2013

Ventura County

Members of Gold Coast Health Plan

Table of Contents

Table of Contents

Ventura & Los Angeles Counties

Los Angeles

Ventura

Lancaster

Palmdale

Santa Clarita

Simi Valley

Thousand Oaks

Oxnard

Glendale Pasadena

El Monte

Los Angeles
East Los Angeles

Downey

Pomona

Inglewood

Torrance

GeoAccess®

150 miles

10 miles

Member locations

Members

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale Pasadena

El Monte

Los Angeles Pomona

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

108,417 members

● Member locations (108,417)

Map Physicians
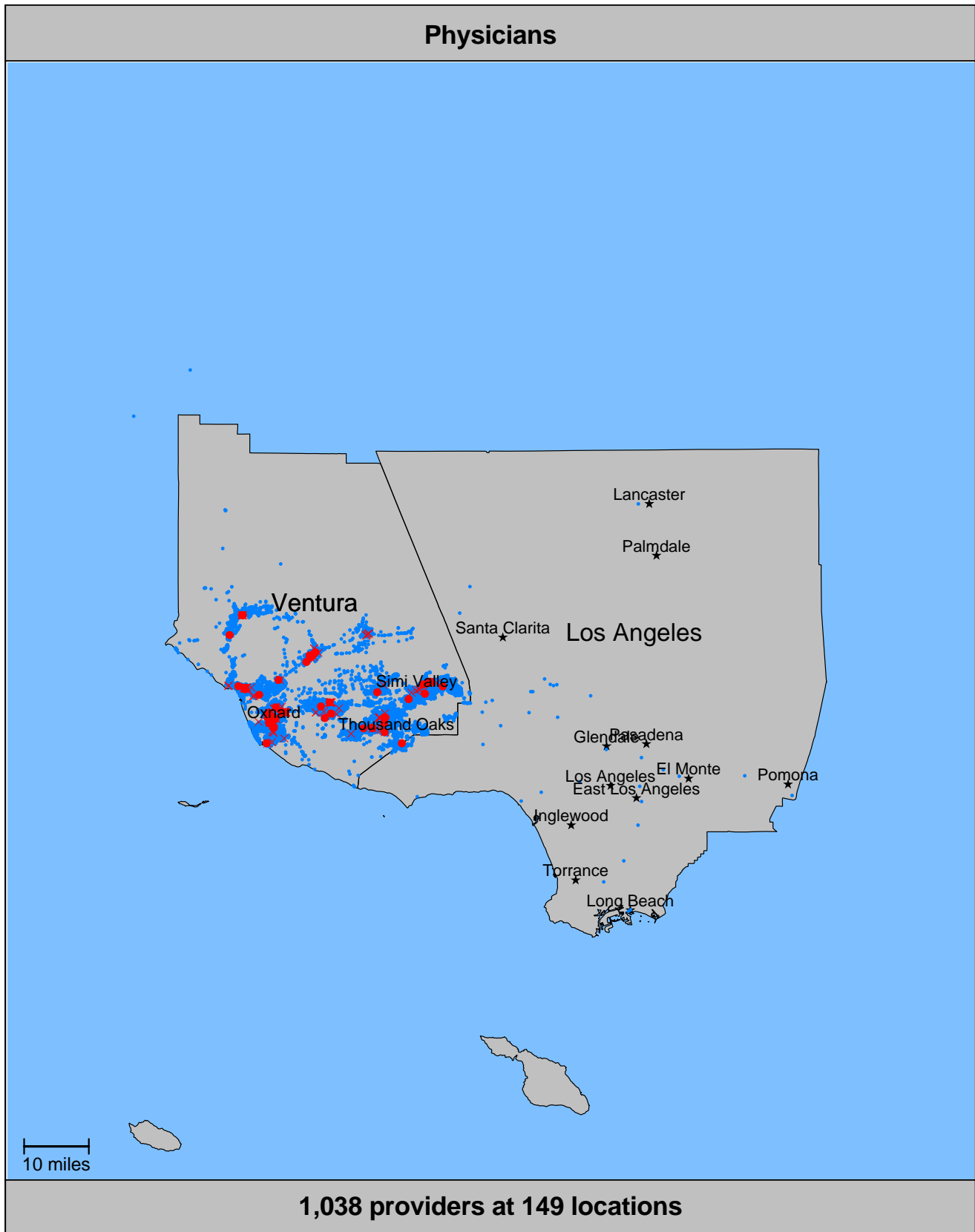
Physicians

1,038 providers at 149 locations

- Member locations (108,417)
- Single provider locations (52)
- ✕ Multiple provider locations (97)

Map Physicians

Physicians

1,038 providers at 149 locations
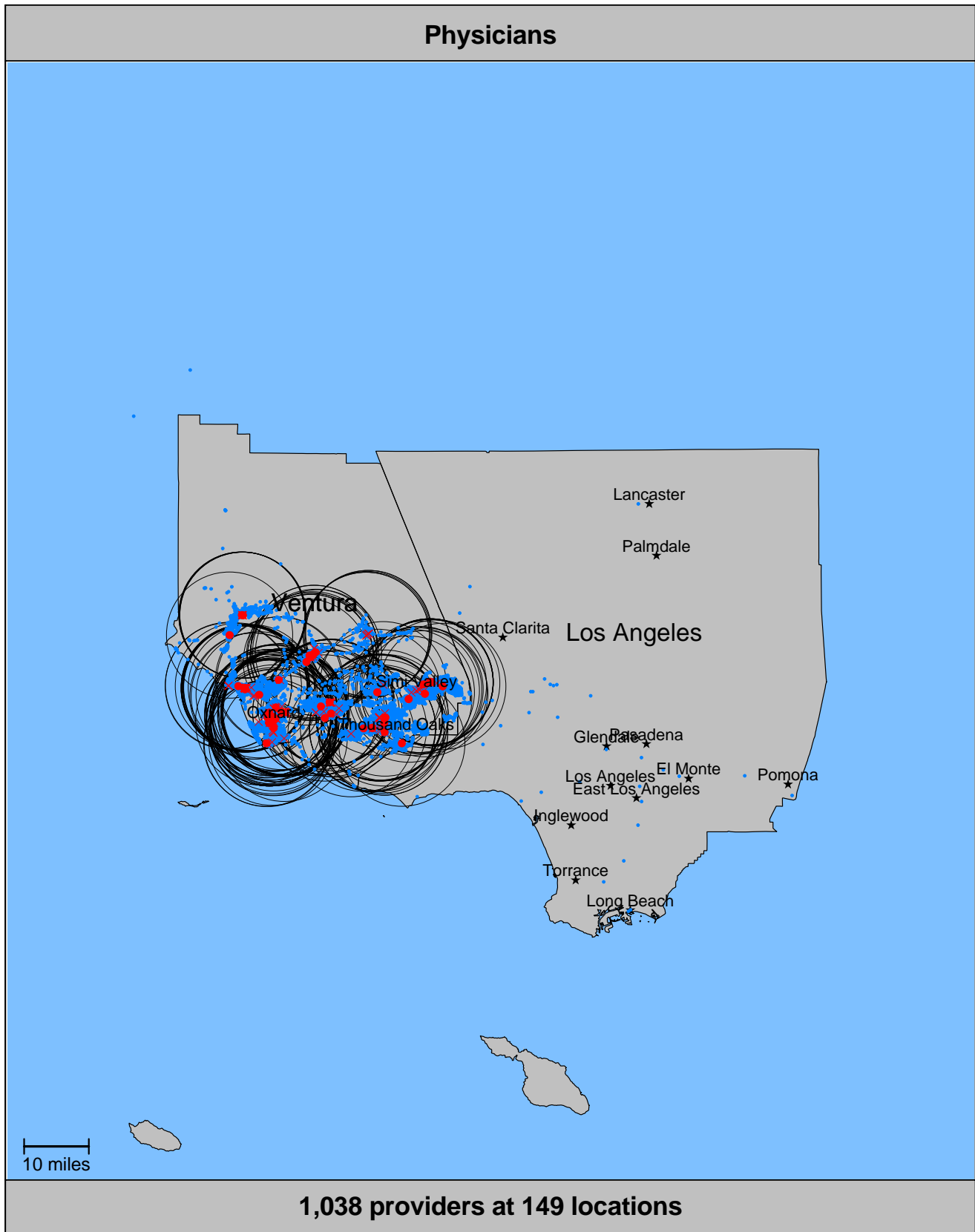
● Member locations (108,417)
● Single provider locations (52)
× Multiple provider locations (97)
▨ Ventura & Los Angeles Counties

— 10 mile radius

Lancaster
Palmdale
Ventura
Santa Clarita
Los Angeles
Simi Valley
Oxnard
Thousand Oaks
Pasadena
Glendale
El Monte
Los Angeles
Pomona
East Los Angeles
Inglewood
Torrance
Long Beach

10 miles

Provider count detail information

Physicians	
City	**Total number of providers** **Grp. 1**
CAMARILLO	109
FILLMORE	17
MOORPARK	6
NEWBURY PARK	12
OAK VIEW	1
OJAI	40
OXNARD	326
PORT HUENEME	3
SANTA PAULA	59
SIMI VALLEY	87
THOUSAND OAKS	73
VENTURA	286
WESTLAKE VILLAGE	19
TOTALS	**1,038**

Provider group: 1 - Physicians

Physician Accessibility summary

Accessibility analysis specifications	
Provider group:	**Physicians** 1,038 providers at 149 locations (based on 1,038 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 99.9% with access 0.1% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	0.8	1.0	1.1	1.1	1.1

Key geographic areas				
	Total number of members	**All members**		
City		**Percent**		**Average distance to 1 provider**
		w	**wo**	
OXNARD	49,568	100.0	0.0	0.6
VENTURA	13,909	99.8	0.2	1.2
SIMI VALLEY	10,190	100.0	0.0	1.0
SANTA PAULA	7,694	100.0	0.0	0.5
CAMARILLO	4,824	100.0	0.0	0.8
THOUSAND OAKS	4,695	100.0	0.0	1.1
PORT HUENEME	4,109	100.0	0.0	0.9
FILLMORE	3,684	100.0	0.0	1.0
MOORPARK	3,001	100.0	0.0	1.1
NEWBURY PARK	2,136	100.0	0.0	0.9

GeoAccess

Physician City access standard detail information

			Member access to 1 provider			
			Members			
County/City	**Total number of members**	**Average distance**	**Pct of members with 1 provider within x miles**			
			5	**10**	**15**	**20**
LOS ANGELES						
BELL GARDENS	1	45.2	0.0	0.0	0.0	0.0
CANOGA PARK	7	6.2	0.0	100.0	100.0	100.0
CARSON	1	46.6	0.0	0.0	0.0	0.0
CASTAIC	3	17.2	0.0	0.0	33.3	100.0
CHATSWORTH	12	7.0	0.0	100.0	100.0	100.0
EL MONTE	1	46.0	0.0	0.0	0.0	0.0
GLENDALE	1	32.7	0.0	0.0	0.0	0.0
LANCASTER	1	50.7	0.0	0.0	0.0	0.0
LONG BEACH	3	51.2	0.0	0.0	0.0	0.0
LOS ANGELES	3	34.3	0.0	0.0	0.0	0.0
MALIBU	15	7.9	6.7	93.3	100.0	100.0
MISSION HILLS	2	14.8	0.0	0.0	100.0	100.0
MONTEREY PARK	1	41.5	0.0	0.0	0.0	0.0
NORTH HOLLYWOOD	1	21.8	0.0	0.0	0.0	0.0
PACOIMA	1	17.3	0.0	0.0	0.0	100.0
POMONA	1	64.2	0.0	0.0	0.0	0.0
RESEDA	1	14.5	0.0	0.0	100.0	100.0
SAN FERNANDO	1	17.0	0.0	0.0	0.0	100.0
SAN GABRIEL	1	43.1	0.0	0.0	0.0	0.0
SANTA MONICA	1	25.7	0.0	0.0	0.0	0.0
SOUTH PASADENA	1	38.6	0.0	0.0	0.0	0.0
SYLMAR	2	18.0	0.0	0.0	0.0	100.0
TUJUNGA	1	24.4	0.0	0.0	0.0	0.0
VAN NUYS	1	17.0	0.0	0.0	0.0	100.0
WEST COVINA	1	55.4	0.0	0.0	0.0	0.0
WOODLAND HILLS	1	13.0	0.0	0.0	100.0	100.0
Subtotal LOS ANGELES - CA	65	19.0	1.5	50.8	60.0	70.8
VENTURA						
BRANDEIS	7	2.5	100.0	100.0	100.0	100.0
CAMARILLO	4,824	0.8	100.0	100.0	100.0	100.0
FILLMORE	3,684	1.0	93.4	100.0	100.0	100.0
MARICOPA	12	26.5	0.0	0.0	0.0	66.7
MOORPARK	3,001	1.1	99.3	100.0	100.0	100.0
NEWBURY PARK	2,136	0.9	100.0	100.0	100.0	100.0
OAK PARK	304	5.0	46.7	100.0	100.0	100.0
OAK VIEW	649	0.7	100.0	100.0	100.0	100.0
OJAI	2,078	1.9	96.4	99.8	100.0	100.0

Provider group: Physicians

Physician City access standard detail information

County/City	Members		Member access to 1 provider			
	Total number of members	Average distance	Pct of members with 1 provider within x miles			
			5	10	15	20
VENTURA						
OXNARD	49,568	0.6	100.0	100.0	100.0	100.0
PIRU	587	0.1	100.0	100.0	100.0	100.0
POINT MUGU NAWC	1	6.1	0.0	100.0	100.0	100.0
PORT HUENEME	4,109	0.9	99.6	100.0	100.0	100.0
SANTA PAULA	7,694	0.5	99.5	100.0	100.0	100.0
SIMI VALLEY	10,190	1.0	99.9	100.0	100.0	100.0
SOMIS	342	3.5	85.1	100.0	100.0	100.0
THOUSAND OAKS	4,695	1.1	100.0	100.0	100.0	100.0
VENTURA	13,909	1.2	99.6	99.8	100.0	100.0
WEST HILLS	38	6.0	5.3	100.0	100.0	100.0
WESTLAKE VILLAGE	524	1.2	100.0	100.0	100.0	100.0
Subtotal VENTURA - CA	108,352	0.8	99.3	100.0	100.0	100.0
Subtotal CA	108,417	0.8	99.3	99.9	100.0	100.0
TOTALS	**108,417**	**0.8**	**99.3**	**99.9**	**100.0**	**100.0**

Provider group: Physicians

GeoAccess

Accessibility Matrix by ZIP Code

Summary of Overall Accessibility

Member Group	Members				
Provider Group	**Access Standard**	**Number of Providers***	**Number of Members**	**Percent with Access**	**Percent without Access**
Physicians	A	1038	108417	99.9	0.1

* Number of Providers are counted by records

Detail of Overall Accessibility

	Members						
			Physicians				
				With Access		Without Access	
					Average Distance		Average Distance
Location	Total Members	Number of Providers	Pct	1	Pct	1	
90005	1	0	0.0	---	100.0	32.1
90022	1	0	0.0	---	100.0	43.4
90064	1	0	0.0	---	100.0	27.6
90201	1	0	0.0	---	100.0	45.2
90265	15	0	93.3	7.8	6.7	10.5
90401	1	0	0.0	---	100.0	25.7
90745	1	0	0.0	---	100.0	46.6
90800	1	0	0.0	---	100.0	53.4
90802	1	0	0.0	---	100.0	53.3
90805	1	0	0.0	---	100.0	47.0
91030	1	0	0.0	---	100.0	38.6
91042	1	0	0.0	---	100.0	24.4
91204	1	0	0.0	---	100.0	32.7
91304	7	0	100.0	6.2	0.0	---
91307	38	0	100.0	6.0	0.0	---
91311	12	0	100.0	7.0	0.0	---
91319	9	0	100.0	0.3	0.0	---
91320	2127	12	100.0	0.9	0.0	---
91331	1	0	0.0	---	100.0	17.3
91335	1	0	0.0	---	100.0	14.5
91340	1	0	0.0	---	100.0	17.0
91342	2	0	0.0	---	100.0	18.0
91345	2	0	0.0	---	100.0	14.8
91359	15	0	100.0	1.6	0.0	---

Service area - Ventura & Los Angeles Counties

Access Standard:

A - One in 10

Accessibility Matrix by ZIP Code

Detail of Overall Accessibility

			Members			
			Physicians			
			With Access		Without Access	
		Number of Providers	Pct	Average Distance 1	Pct	Average Distance 1
Location	Total Members					
91360	2899	73	100.0	0.7	0.0	---
91361	508	19	100.0	1.2	0.0	---
91362	1796	0	100.0	1.8	0.0	---
91363	1	0	100.0	1.4	0.0	---
91364	1	0	0.0	---	100.0	13.0
91377	304	0	100.0	5.0	0.0	---
91384	3	0	0.0	---	100.0	17.2
91406	1	0	0.0	---	100.0	17.0
91605	1	0	0.0	---	100.0	21.8
91731	1	0	0.0	---	100.0	46.0
91754	1	0	0.0	---	100.0	41.5
91766	1	0	0.0	---	100.0	64.2
91776	1	0	0.0	---	100.0	43.1
91791	1	0	0.0	---	100.0	55.4
93001	5582	15	99.5	1.2	0.5	10.3
93002	40	0	100.0	0.8	0.0	---
93003	5157	260	100.0	0.9	0.0	---
93004	3062	11	100.0	1.5	0.0	---
93005	11	0	100.0	1.2	0.0	---
93006	29	0	100.0	1.2	0.0	---
93007	13	0	100.0	1.2	0.0	---
93009	15	0	100.0	0.7	0.0	---
93010	3410	100	100.0	0.7	0.0	---
93011	12	0	100.0	0.2	0.0	---
93012	1402	9	100.0	1.1	0.0	---
93015	3663	17	100.0	1.0	0.0	---
93016	21	0	100.0	0.1	0.0	---
93020	6	0	100.0	0.5	0.0	---
93021	2995	6	100.0	1.1	0.0	---
93022	649	1	100.0	0.7	0.0	---
93023	2059	40	99.8	1.8	0.2	13.2

Service area - Ventura & Los Angeles Counties

Access Standard:

A - One in 10

Gold Coast Health Plan

Accessibility Matrix by ZIP Code

Detail of Overall Accessibility

	Members						
		Physicians					
			With Access		Without Access		
		Number of Providers	Pct	Average Distance 1	Pct	Average Distance 1	
Location	Total Members						
93024	19	0	100.0	1.4	0.0	---	
93030	14943	174	100.0	0.4	0.0	---	
93031	84	0	100.0	0.6	0.0	---	
93032	18	0	100.0	0.6	0.0	---	
93033	23110	42	100.0	0.7	0.0	---	
93034	23	0	100.0	0.2	0.0	---	
93035	3045	0	100.0	1.2	0.0	---	
93036	8345	110	100.0	0.6	0.0	---	
93040	587	0	100.0	0.1	0.0	---	
93041	4079	3	100.0	0.9	0.0	---	
93042	1	0	100.0	6.1	0.0	---	
93044	30	0	100.0	1.3	0.0	---	
93060	7685	59	100.0	0.5	0.0	---	
93061	9	0	100.0	0.3	0.0	---	
93062	11	0	100.0	1.2	0.0	---	
93063	4223	11	100.0	1.5	0.0	---	
93064	7	0	100.0	2.5	0.0	---	
93065	5931	76	100.0	0.6	0.0	---	
93066	342	0	100.0	3.5	0.0	---	
93094	25	0	100.0	0.4	0.0	---	
93252	12	0	0.0	---	100.0	26.5	
93536	1	0	0.0	---	100.0	50.7	

GeoAccess

Service area - Ventura & Los Angeles Counties

Access Standard:

A - One in 10

Map Primary Care Provider

Primary Care Provider

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale   Pasadena

El Monte

Los Angeles   Pomona

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

182 providers at 53 locations

GeoAccess
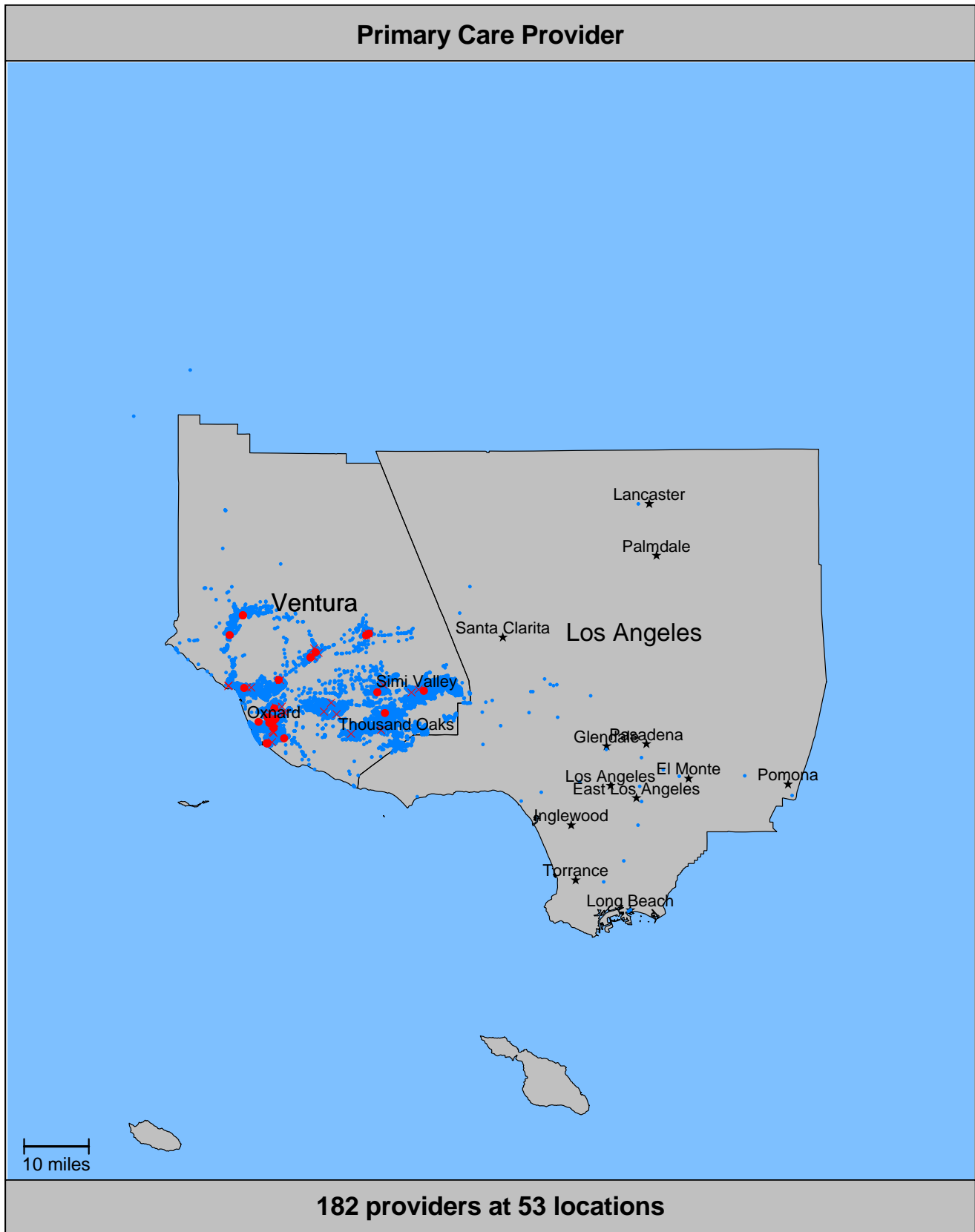
● Member locations (108,417)
● Single provider locations (23)
✕ Multiple provider locations (30)

Map Primary Care Provider

Primary Care Provider

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

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Torrance

Long Beach

10 miles

182 providers at 53 locations
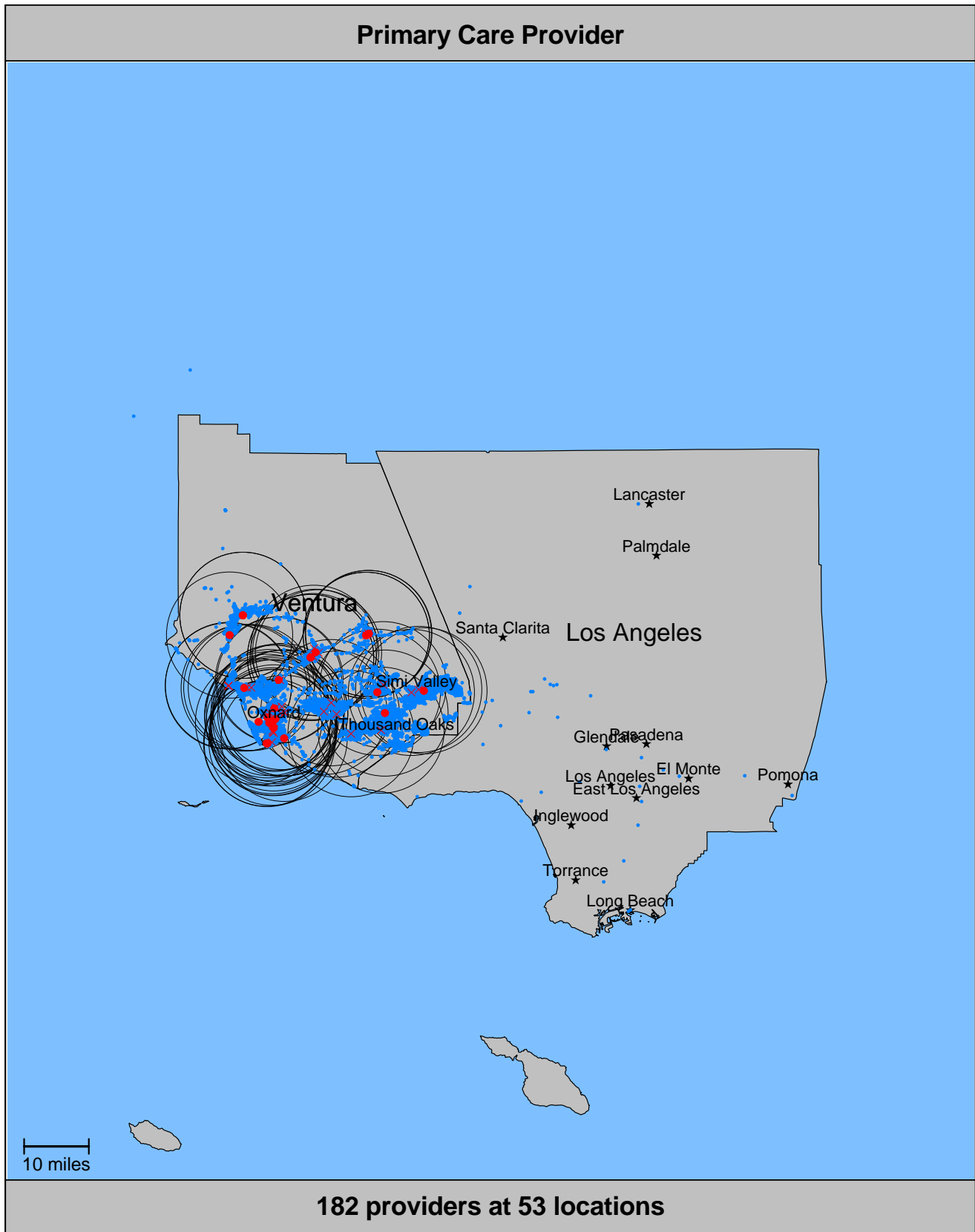
● Member locations (108,417)
● Single provider locations (23)
✕ Multiple provider locations (30)

— 10 mile radius

GeoAccess

Provider count detail information

Primary Care Provider	
City	**Total number of providers** **Grp. 1**
CAMARILLO	12
FILLMORE	6
MOORPARK	5
NEWBURY PARK	2
OAK VIEW	1
OJAI	2
OXNARD	62
PORT HUENEME	2
SANTA PAULA	21
SIMI VALLEY	10
THOUSAND OAKS	7
VENTURA	52
TOTALS	**182**

Provider group: 1 - Primary Care Providers

Primary Care Provider Accessibility summary

Accessibility analysis specifications	
Provider group:	**Primary Care Providers** 182 providers at 53 locations (based on 182 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 99.9% with access 0.1% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	1.1	1.4	1.6	1.8	2.0

Key geographic areas				
			All members	
	Total number of members	**Percent**		**Average distance to 1 provider**
City		**w**	**wo**	
OXNARD	49,568	100.0	0.0	0.6
VENTURA	13,909	99.8	0.2	1.6
SIMI VALLEY	10,190	100.0	0.0	2.3
SANTA PAULA	7,694	100.0	0.0	0.6
CAMARILLO	4,824	100.0	0.0	1.2
THOUSAND OAKS	4,695	100.0	0.0	1.6
PORT HUENEME	4,109	100.0	0.0	0.9
FILLMORE	3,684	100.0	0.0	1.0
MOORPARK	3,001	100.0	0.0	1.1
NEWBURY PARK	2,136	100.0	0.0	2.1

GeoAccess

Accessibility Matrix by ZIP Code

Summary of Overall Accessibility

Member Group	Members				
Provider Group	**Access Standard**	**Number of Providers***	**Number of Members**	**Percent with Access**	**Percent without Access**
Primary Care Providers	A	182	108417	99.9	0.1

* Number of Providers are counted by records

Detail of Overall Accessibility

		Members				
			Primary Care Providers			
				With Access	Without Access	
					Average Distance		Average Distance
Location		Total Members	Number of Providers	Pct	1	Pct	1
	90005	1	0	0.0	---	100.0	34.8
	90022	1	0	0.0	---	100.0	45.6
	90064	1	0	0.0	---	100.0	30.9
	90201	1	0	0.0	---	100.0	47.7
	90265	15	0	93.3	7.8	6.7	15.3
	90401	1	0	0.0	---	100.0	29.4
	90745	1	0	0.0	---	100.0	50.1
	90800	1	0	0.0	---	100.0	56.8
	90802	1	0	0.0	---	100.0	56.7
	90805	1	0	0.0	---	100.0	50.0
	91030	1	0	0.0	---	100.0	40.9
	91042	1	0	0.0	---	100.0	27.0
	91204	1	0	0.0	---	100.0	34.9
	91304	7	0	85.7	7.8	14.3	12.1
	91307	38	0	100.0	8.1	0.0	---
	91311	12	0	83.3	8.7	16.7	11.7
	91319	9	0	100.0	2.0	0.0	---
	91320	2127	2	100.0	2.1	0.0	---
	91331	1	0	0.0	---	100.0	20.8
	91335	1	0	0.0	---	100.0	16.6
	91340	1	0	0.0	---	100.0	20.5
	91342	2	0	0.0	---	100.0	21.5
	91345	2	0	0.0	---	100.0	17.2
	91359	15	0	100.0	3.7	0.0	---

Service area - Ventura & Los Angeles Counties

Access Standard:

A - One in 10

Accessibility Matrix by ZIP Code

Detail of Overall Accessibility

	Members						
			Primary Care Providers				
				With Access		Without Access	
Location	Total Members	Number of Providers	Pct	Average Distance 1	Pct	Average Distance 1
91360	2899	7	100.0	1.1	0.0	---
91361	508	0	100.0	3.7	0.0	---
91362	1796	0	100.0	2.4	0.0	---
91363	1	0	100.0	6.6	0.0	---
91364	1	0	0.0	---	100.0	16.6
91377	304	0	100.0	6.1	0.0	---
91384	3	0	0.0	---	100.0	20.1
91406	1	0	0.0	---	100.0	19.2
91605	1	0	0.0	---	100.0	24.1
91731	1	0	0.0	---	100.0	48.3
91754	1	0	0.0	---	100.0	43.7
91766	1	0	0.0	---	100.0	66.6
91776	1	0	0.0	---	100.0	45.3
91791	1	0	0.0	---	100.0	57.8
93001	5582	10	99.5	1.3	0.5	10.3
93002	40	0	100.0	0.8	0.0	---
93003	5157	38	100.0	1.9	0.0	---
93004	3062	4	100.0	1.5	0.0	---
93005	11	0	100.0	3.2	0.0	---
93006	29	0	100.0	1.3	0.0	---
93007	13	0	100.0	3.2	0.0	---
93009	15	0	100.0	2.3	0.0	---
93010	3410	9	100.0	1.1	0.0	---
93011	12	0	100.0	0.2	0.0	---
93012	1402	3	100.0	1.6	0.0	---
93015	3663	6	100.0	1.0	0.0	---
93016	21	0	100.0	0.1	0.0	---
93020	6	0	100.0	0.5	0.0	---
93021	2995	5	100.0	1.1	0.0	---
93022	649	1	100.0	0.7	0.0	---
93023	2059	2	99.8	1.9	0.2	13.2

Service area - Ventura & Los Angeles Counties
Access Standard:
A - One in 10

GeoAccess

Gold Coast Health Plan

Accessibility Matrix by ZIP Code

Detail of Overall Accessibility

Members							
			Primary Care Providers				
				With Access		Without Access	
Location	Total Members	Number of Providers	Pct	Average Distance 1	Pct	Average Distance 1	
93024	19	0	100.0	1.4	0.0	---	
93030	14943	13	100.0	0.5	0.0	---	
93031	84	0	100.0	0.6	0.0	---	
93032	18	0	100.0	0.6	0.0	---	
93033	23110	25	100.0	0.7	0.0	---	
93034	23	0	100.0	0.2	0.0	---	
93035	3045	0	100.0	1.2	0.0	---	
93036	8345	24	100.0	0.7	0.0	---	
93040	587	0	100.0	0.1	0.0	---	
93041	4079	2	100.0	0.9	0.0	---	
93042	1	0	100.0	6.1	0.0	---	
93044	30	0	100.0	1.3	0.0	---	
93060	7685	21	100.0	0.6	0.0	---	
93061	9	0	100.0	0.3	0.0	---	
93062	11	0	100.0	1.6	0.0	---	
93063	4223	0	100.0	4.2	0.0	---	
93064	7	0	100.0	5.3	0.0	---	
93065	5931	10	100.0	1.0	0.0	---	
93066	342	0	100.0	3.7	0.0	---	
93094	25	0	100.0	0.4	0.0	---	
93252	12	0	0.0	---	100.0	26.7	
93536	1	0	0.0	---	100.0	53.6	

Service area - Ventura & Los Angeles Counties
Access Standard:
A - One in 10

3e-21

Primary Care Provider City access standard detail information

County/City	Members		Member access to 1 provider			
	Total number of members	Average distance	Pct of members with 1 provider within x miles			
			5	10	15	20
LOS ANGELES						
BELL GARDENS	1	48.6	0.0	0.0	0.0	0.0
CANOGA PARK	7	9.4	0.0	85.7	100.0	100.0
CARSON	1	50.9	0.0	0.0	0.0	0.0
CASTAIC	3	20.1	0.0	0.0	0.0	33.3
CHATSWORTH	12	10.2	0.0	75.0	100.0	100.0
EL MONTE	1	49.2	0.0	0.0	0.0	0.0
GLENDALE	1	35.8	0.0	0.0	0.0	0.0
LANCASTER	1	54.1	0.0	0.0	0.0	0.0
LONG BEACH	3	55.3	0.0	0.0	0.0	0.0
LOS ANGELES	3	37.9	0.0	0.0	0.0	0.0
MALIBU	15	8.3	6.7	93.3	93.3	100.0
MISSION HILLS	2	18.2	0.0	0.0	0.0	100.0
MONTEREY PARK	1	44.5	0.0	0.0	0.0	0.0
NORTH HOLLYWOOD	1	25.0	0.0	0.0	0.0	0.0
PACOIMA	1	21.4	0.0	0.0	0.0	0.0
POMONA	1	67.4	0.0	0.0	0.0	0.0
RESEDA	1	17.6	0.0	0.0	0.0	100.0
SAN FERNANDO	1	21.1	0.0	0.0	0.0	0.0
SAN GABRIEL	1	46.2	0.0	0.0	0.0	0.0
SANTA MONICA	1	30.2	0.0	0.0	0.0	0.0
SOUTH PASADENA	1	41.8	0.0	0.0	0.0	0.0
SYLMAR	2	22.1	0.0	0.0	0.0	0.0
TUJUNGA	1	27.9	0.0	0.0	0.0	0.0
VAN NUYS	1	20.2	0.0	0.0	0.0	0.0
WEST COVINA	1	58.7	0.0	0.0	0.0	0.0
WOODLAND HILLS	1	17.5	0.0	0.0	0.0	100.0
Subtotal LOS ANGELES - CA	65	21.7	1.5	44.6	50.8	60.0
VENTURA						
BRANDEIS	7	6.1	42.9	100.0	100.0	100.0
CAMARILLO	4,824	1.4	100.0	100.0	100.0	100.0
FILLMORE	3,684	1.0	93.4	100.0	100.0	100.0
MARICOPA	12	26.7	0.0	0.0	0.0	66.7
MOORPARK	3,001	1.1	99.3	100.0	100.0	100.0
NEWBURY PARK	2,136	2.1	100.0	100.0	100.0	100.0
OAK PARK	304	6.5	0.0	100.0	100.0	100.0
OAK VIEW	649	0.7	100.0	100.0	100.0	100.0
OJAI	2,078	1.9	96.4	99.8	100.0	100.0

Provider group: FQHC

Primary Care Provider City access standard detail information

	Members						
				Member access to 1 provider			
	Total number of members	**Average distance**	**Pct of members with 1 provider within x miles**				
County/City			**5**	**10**	**15**	**20**	
VENTURA							
OXNARD	49,568	0.8	100.0	100.0	100.0	100.0	
PIRU	587	0.0	100.0	100.0	100.0	100.0	
POINT MUGU NAWC	1	6.1	0.0	100.0	100.0	100.0	
PORT HUENEME	4,109	1.1	99.6	100.0	100.0	100.0	
SANTA PAULA	7,694	0.6	99.5	100.0	100.0	100.0	
SIMI VALLEY	10,190	2.8	79.8	100.0	100.0	100.0	
SOMIS	342	3.7	81.6	100.0	100.0	100.0	
THOUSAND OAKS	4,695	2.5	96.0	100.0	100.0	100.0	
VENTURA	13,909	1.5	99.6	99.8	100.0	100.0	
WEST HILLS	38	9.0	0.0	97.4	100.0	100.0	
WESTLAKE VILLAGE	524	3.7	80.7	100.0	100.0	100.0	
Subtotal VENTURA - CA	108,352	1.3	97.0	100.0	100.0	100.0	
Subtotal CA	108,417	1.3	97.0	99.9	100.0	100.0	
TOTALS	**108,417**	**1.3**	**97.0**	**99.9**	**100.0**	**100.0**	

GeoAccess

Provider group: FQHC

Geo Access Map FQHC

FQHC

Lancaster

Palmdale

Ventura

Santa Clarita   Los Angeles

Simi Valley

Oxnard   Thousand Oaks

Glendale Pasadena

Los Angeles   El Monte   Pomona
East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

323 providers at 40 locations
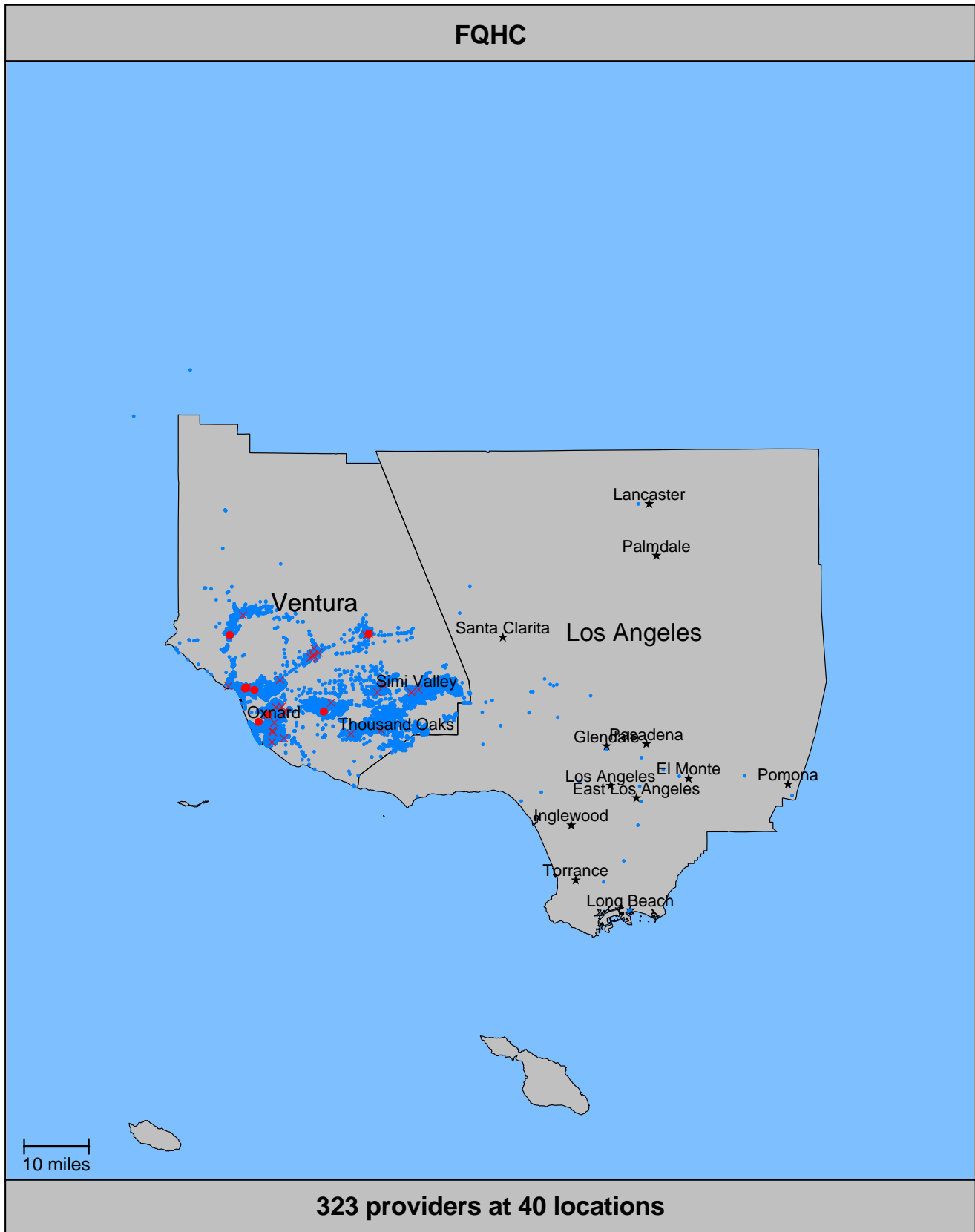
- 🔵 Member locations (108,417)
- 🔴 Single provider locations (9)
- ✕ Multiple provider locations (31)

Provider count detail information

FQHC	
City	**Total number of providers** **Grp. 1**
CAMARILLO	11
FILLMORE	17
MOORPARK	9
NEWBURY PARK	6
OAK VIEW	1
OJAI	4
OXNARD	124
PIRU	1
SANTA PAULA	42
SIMI VALLEY	26
THOUSAND OAKS	11
VENTURA	71
TOTALS	**323**

Provider group: 1 - FQHC

FQHC Accessibility summary

Accessibility analysis specifications	
Provider group:	**FQHC** 323 providers at 40 locations (based on 323 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 99.9% with access 0.1% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	1.3	1.5	1.5	1.5	1.6

Key geographic areas				
		All members		
	Total number of members	Percent		Average distance to 1 provider
City		w	wo	
OXNARD	49,568	100.0	0.0	0.8
VENTURA	13,909	99.8	0.2	1.5
SIMI VALLEY	10,190	100.0	0.0	2.8
SANTA PAULA	7,694	100.0	0.0	0.6
CAMARILLO	4,824	100.0	0.0	1.4
THOUSAND OAKS	4,695	100.0	0.0	2.5
PORT HUENEME	4,109	100.0	0.0	1.1
FILLMORE	3,684	100.0	0.0	1.0
MOORPARK	3,001	100.0	0.0	1.1
NEWBURY PARK	2,136	100.0	0.0	2.1

GeoAccess

Accessibility Matrix by ZIP Code

Summary of Overall Accessibility

Member Group	Members				
Provider Group	**Access Standard**	**Number of Providers***	**Number of Members**	**Percent with Access**	**Percent without Access**
FQHC	A	323	108417	99.9	0.1

* Number of Providers are counted by records

Detail of Overall Accessibility

		Members				
		FQHC				
			With Access		Without Access	
		Number of Providers		Average Distance		Average Distance
Location	Total Members		Pct	1	Pct	1
90005	1	0	0.0	---	100.0	35.7
90022	1	0	0.0	---	100.0	46.5
90064	1	0	0.0	---	100.0	31.7
90201	1	0	0.0	---	100.0	48.6
90265	15	0	93.3	7.8	6.7	15.3
90401	1	0	0.0	---	100.0	30.2
90745	1	0	0.0	---	100.0	50.9
90800	1	0	0.0	---	100.0	57.6
90802	1	0	0.0	---	100.0	57.5
90805	1	0	0.0	---	100.0	50.9
91030	1	0	0.0	---	100.0	41.8
91042	1	0	0.0	---	100.0	27.9
91204	1	0	0.0	---	100.0	35.8
91304	7	0	85.7	8.8	14.3	13.1
91307	38	0	97.4	9.0	2.6	10.0
91311	12	0	75.0	9.6	25.0	11.8
91319	9	0	100.0	2.0	0.0	---
91320	2127	6	100.0	2.1	0.0	---
91331	1	0	0.0	---	100.0	21.4
91335	1	0	0.0	---	100.0	17.6
91340	1	0	0.0	---	100.0	21.1
91342	2	0	0.0	---	100.0	22.1
91345	2	0	0.0	---	100.0	18.2
91359	15	0	100.0	3.7	0.0	---

Service area - Ventura & Los Angeles Counties

Access Standard:

A - One in 10

Accessibility Matrix by ZIP Code

Detail of Overall Accessibility

			Members			
			FQHC			
			With Access		Without Access	
		Number of		Average Distance		Average Distance
Location	Total Members	Providers	Pct	1	Pct	1
91360	2899	11	100.0	2.2	0.0	---
91361	508	0	100.0	3.7	0.0	---
91362	1796	0	100.0	3.0	0.0	---
91363	1	0	100.0	6.6	0.0	---
91364	1	0	0.0	---	100.0	17.5
91377	304	0	100.0	6.5	0.0	---
91384	3	0	0.0	---	100.0	20.1
91406	1	0	0.0	---	100.0	20.2
91605	1	0	0.0	---	100.0	25.0
91731	1	0	0.0	---	100.0	49.2
91754	1	0	0.0	---	100.0	44.5
91766	1	0	0.0	---	100.0	67.4
91776	1	0	0.0	---	100.0	46.2
91791	1	0	0.0	---	100.0	58.7
93001	5582	14	99.5	1.4	0.5	10.3
93002	40	0	100.0	0.8	0.0	---
93003	5157	43	100.0	1.5	0.0	---
93004	3062	14	100.0	1.6	0.0	---
93005	11	0	100.0	2.7	0.0	---
93006	29	0	100.0	1.1	0.0	---
93007	13	0	100.0	2.7	0.0	---
93009	15	0	100.0	1.5	0.0	---
93010	3410	11	100.0	1.1	0.0	---
93011	12	0	100.0	0.2	0.0	---
93012	1402	0	100.0	2.2	0.0	---
93015	3663	17	100.0	1.0	0.0	---
93016	21	0	100.0	0.0	0.0	---
93020	6	0	100.0	0.5	0.0	---
93021	2995	9	100.0	1.1	0.0	---
93022	649	1	100.0	0.7	0.0	---
93023	2059	4	99.8	1.9	0.2	13.2

Service area - Ventura & Los Angeles Counties

Access Standard:

A - One in 10

Accessibility Matrix by ZIP Code

Detail of Overall Accessibility

	Members					
			FQHC			
			With Access		Without Access	
		Number of Providers	Pct	Average Distance 1	Pct	Average Distance 1
Location	Total Members					
93024	19	0	100.0	1.4	0.0	---
93030	14943	30	100.0	0.9	0.0	---
93031	84	0	100.0	1.1	0.0	---
93032	18	0	100.0	1.1	0.0	---
93033	23110	42	100.0	0.7	0.0	---
93034	23	0	100.0	0.3	0.0	---
93035	3045	0	100.0	1.4	0.0	---
93036	8345	52	100.0	0.8	0.0	---
93040	587	1	100.0	0.0	0.0	---
93041	4079	0	100.0	1.1	0.0	---
93042	1	0	100.0	6.1	0.0	---
93044	30	0	100.0	1.7	0.0	---
93060	7685	42	100.0	0.6	0.0	---
93061	9	0	100.0	0.5	0.0	---
93062	11	0	100.0	2.2	0.0	---
93063	4223	0	100.0	4.9	0.0	---
93064	7	0	100.0	6.1	0.0	---
93065	5931	26	100.0	1.4	0.0	---
93066	342	0	100.0	3.7	0.0	---
93094	25	0	100.0	0.4	0.0	---
93252	12	0	0.0	---	100.0	26.7
93536	1	0	0.0	---	100.0	54.1

GeoAccess

Service area - Ventura & Los Angeles Counties

Access Standard:

A - One in 10

Gold Coast Health Plan

Map Specialist

Specialist

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale Pasadena

El Monte

Los Angeles Pomona

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

746 providers at 109 locations
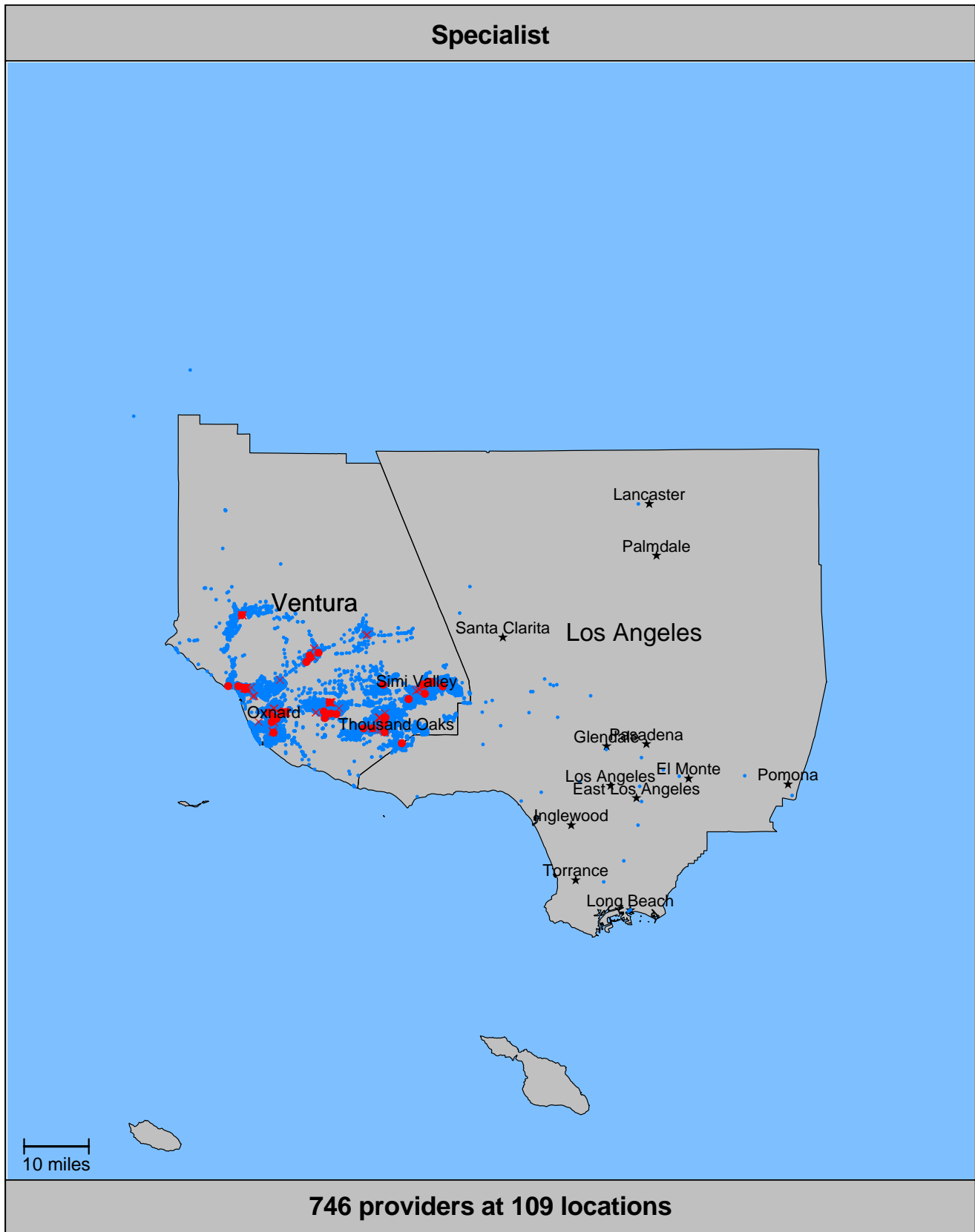
- ● Member locations (108,417)
- ● Single provider locations (39)
- ✕ Multiple provider locations (70)

Member count detail information

	Specialist
City	**Total number of providers** **Grp. 1**
CAMARILLO	87
FILLMORE	6
MOORPARK	1
NEWBURY PARK	7
OJAI	38
OXNARD	208
SANTA PAULA	35
SIMI VALLEY	71
THOUSAND OAKS	63
VENTURA	211
WESTLAKE VILLAGE	19
TOTALS	**746**

Provider group: 1 - Specialists

Specialist Accessibility summary

Accessibility analysis specifications	
Provider group:	**Specialists** 746 providers at 109 locations (based on 746 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 99.9% with access 0.1% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	1.1	1.4	1.5	1.6	1.7

Key geographic areas				
	Total number of members	**All members**		
City		**Percent**		**Average distance to 1 provider**
		w	**wo**	
OXNARD	49,568	100.0	0.0	0.9
VENTURA	13,909	99.6	0.4	1.5
SIMI VALLEY	10,190	100.0	0.0	1.0
SANTA PAULA	7,694	100.0	0.0	0.5
CAMARILLO	4,824	100.0	0.0	0.9
THOUSAND OAKS	4,695	100.0	0.0	1.1
PORT HUENEME	4,109	100.0	0.0	1.9
FILLMORE	3,684	100.0	0.0	1.1
MOORPARK	3,001	100.0	0.0	1.3
NEWBURY PARK	2,136	100.0	0.0	1.3

GeoAccess

Map Pediatrics

Pediatrics

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale Pasadena

El Monte

Los Angeles Pomona

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

47 providers at 29 locations
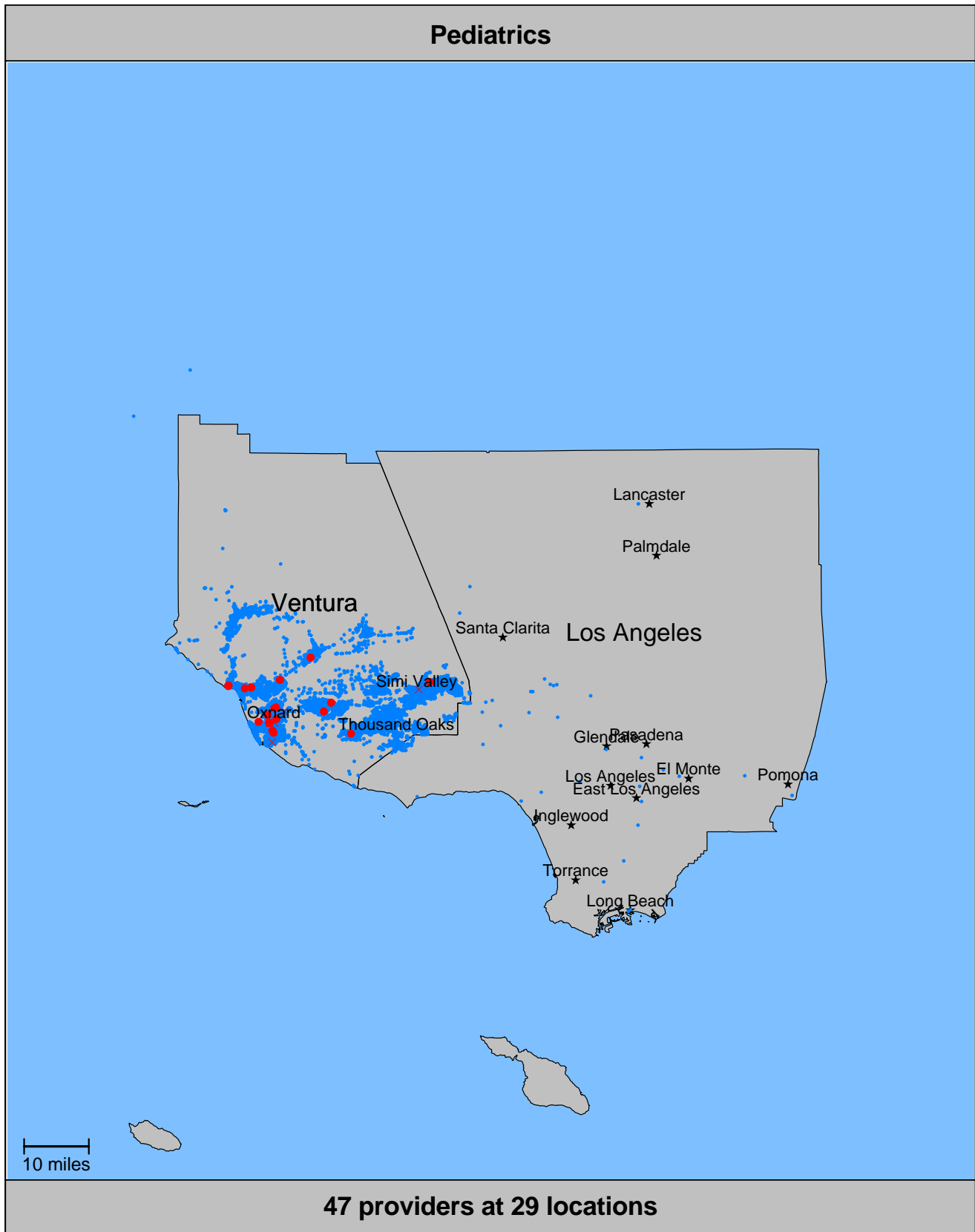
● Member locations (108,417)
● Single provider locations (22)
✕ Multiple provider locations (7)

3e-33

Provider count detail information

Pediatrics	
	Total number of providers
City	**Grp. 1**
CAMARILLO	2
NEWBURY PARK	1
OXNARD	29
SANTA PAULA	1
SIMI VALLEY	3
VENTURA	11
TOTALS	**47**

GeoAccess

Provider group: 1 - Pediatrics

Pediatrics Accessibility summary

Accessibility analysis specifications	
Provider group:	**Pediatrics** 47 providers at 29 locations (based on 47 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 94.2% with access 5.8% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	2.4	3.6	4.4	6.1	6.6

Key geographic areas				
		All members		
	Total number of members	**Percent**		**Average distance to 1 provider**
City		**w**	**wo**	
OXNARD	49,568	100.0	0.0	0.8
VENTURA	13,909	99.6	0.4	1.7
SIMI VALLEY	10,190	100.0	0.0	2.2
SANTA PAULA	7,694	100.0	0.0	1.3
CAMARILLO	4,824	100.0	0.0	1.5
THOUSAND OAKS	4,695	100.0	0.0	7.1
PORT HUENEME	4,109	100.0	0.0	1.1
FILLMORE	3,684	2.0	98.0	12.1
MOORPARK	3,001	99.7	0.3	6.5
NEWBURY PARK	2,136	100.0	0.0	2.9

GeoAccess

OBGYN

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale Pasadena

El Monte

Los Angeles

Pomona

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

63 providers at 34 locations
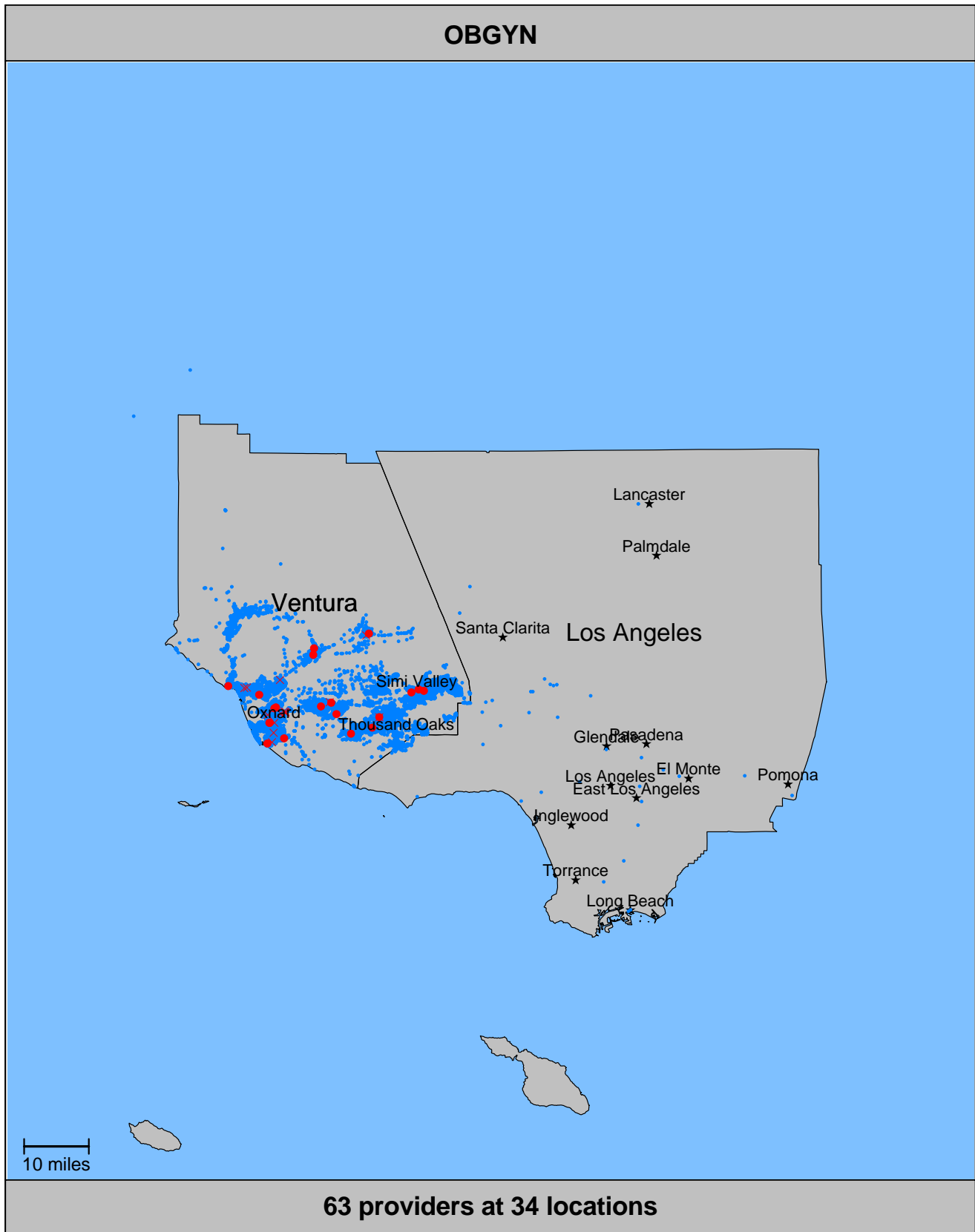
● Member locations (108,417)
● Single provider locations (20)
✕ Multiple provider locations (14)

Provider count detail information

OBGYN	
	Total number of providers
City	**Grp. 1**
CAMARILLO	8
FILLMORE	5
NEWBURY PARK	2
OXNARD	27
PORT HUENEME	1
SANTA PAULA	2
SIMI VALLEY	3
THOUSAND OAKS	3
VENTURA	12
TOTALS	**63**

Provider group: 1 - OBGYN

OBGYN Accessibility summary

Accessibility analysis specifications	
Provider group:	**OBGYN** 63 providers at 34 locations (based on 63 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 98.0% with access 2.0% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	1.6	2.1	2.9	3.9	4.2

Key geographic areas				
	Total number of members	**All members**		
City		**Percent**		**Average distance to 1 provider**
		w	**wo**	
OXNARD	49,568	100.0	0.0	0.8
VENTURA	13,909	99.6	0.4	1.4
SIMI VALLEY	10,190	100.0	0.0	2.3
SANTA PAULA	7,694	100.0	0.0	0.9
CAMARILLO	4,824	100.0	0.0	1.4
THOUSAND OAKS	4,695	100.0	0.0	2.5
PORT HUENEME	4,109	100.0	0.0	1.2
FILLMORE	3,684	100.0	0.0	1.0
MOORPARK	3,001	100.0	0.0	5.3
NEWBURY PARK	2,136	100.0	0.0	1.2

GeoAccess

Geo Access Map Hospitals

Hospital

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale Pasadena

El Monte

Los Angeles

Pomona

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

7 providers at 7 locations
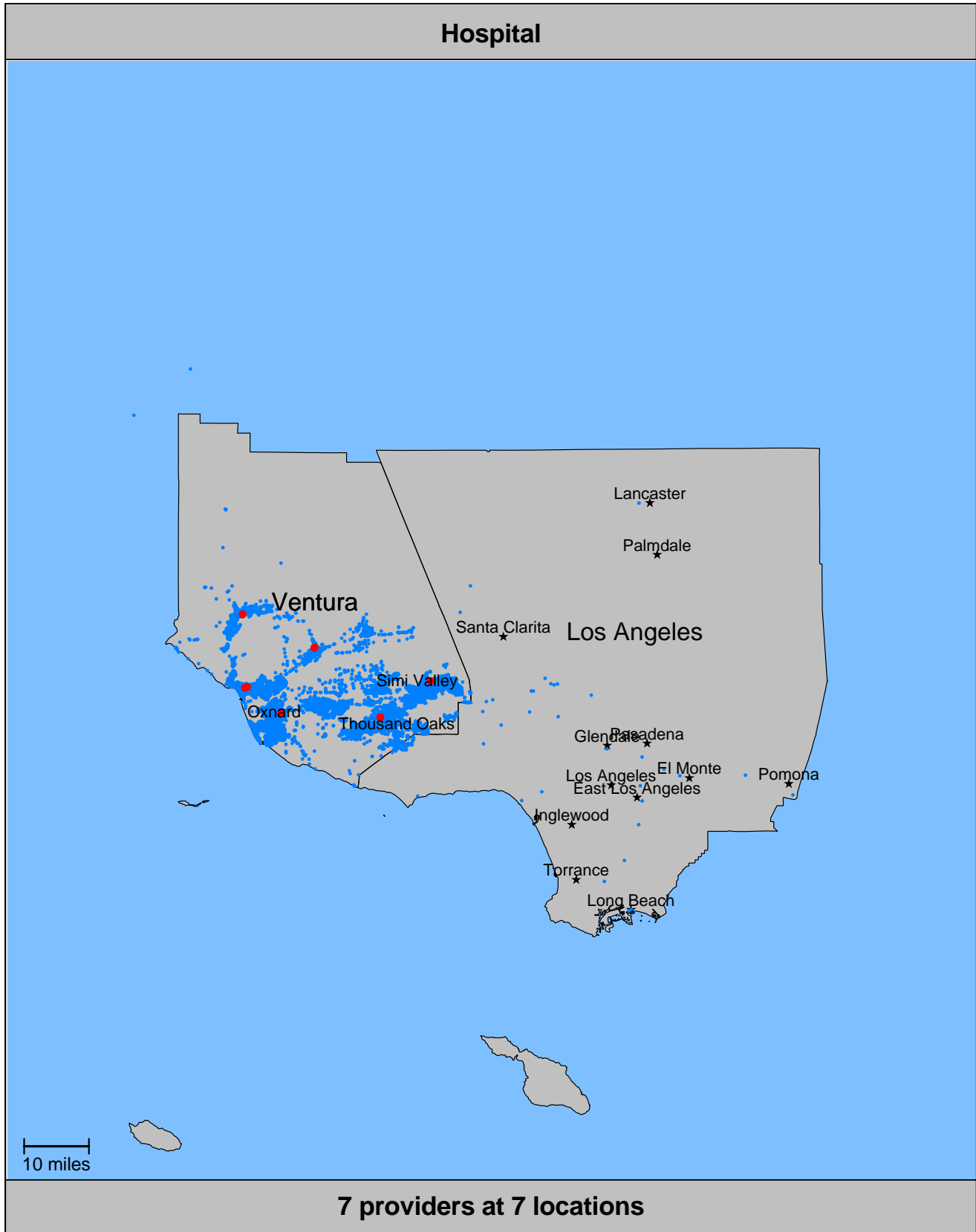
- Member locations (108,417)
- Provider locations (7)

Provider count detail information

Hospital	
City	**Total number of providers** **Grp. 1**
OJAI	1
OXNARD	1
SANTA PAULA	1
SIMI VALLEY	1
THOUSAND OAKS	1
VENTURA	2
TOTALS	**7**

Provider group: 1 - Hospitals

Hospital Accessibility summary

Accessibility analysis specifications	
Provider group:	**Hospitals** 7 providers at 7 locations (based on 7 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 96.6% with access 3.4% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	3.8	10.0	12.6	17.9	19.7

Key geographic areas				
	Total number of members	**All members**		
City		**Percent**		**Average distance to 1 provider**
		w	**wo**	
OXNARD	49,568	100.0	0.0	3.2
VENTURA	13,909	99.6	0.4	3.4
SIMI VALLEY	10,190	100.0	0.0	3.1
SANTA PAULA	7,694	100.0	0.0	1.7
CAMARILLO	4,824	99.5	0.5	7.3
THOUSAND OAKS	4,695	100.0	0.0	2.6
PORT HUENEME	4,109	99.8	0.2	5.9
FILLMORE	3,684	22.6	77.4	10.5
MOORPARK	3,001	99.6	0.4	5.7
NEWBURY PARK	2,136	100.0	0.0	4.2

GeoAccess

Map Pharmacy

Pharmacy

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale Pasadena

Los Angeles El Monte Pomona

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

114 providers at 109 locations
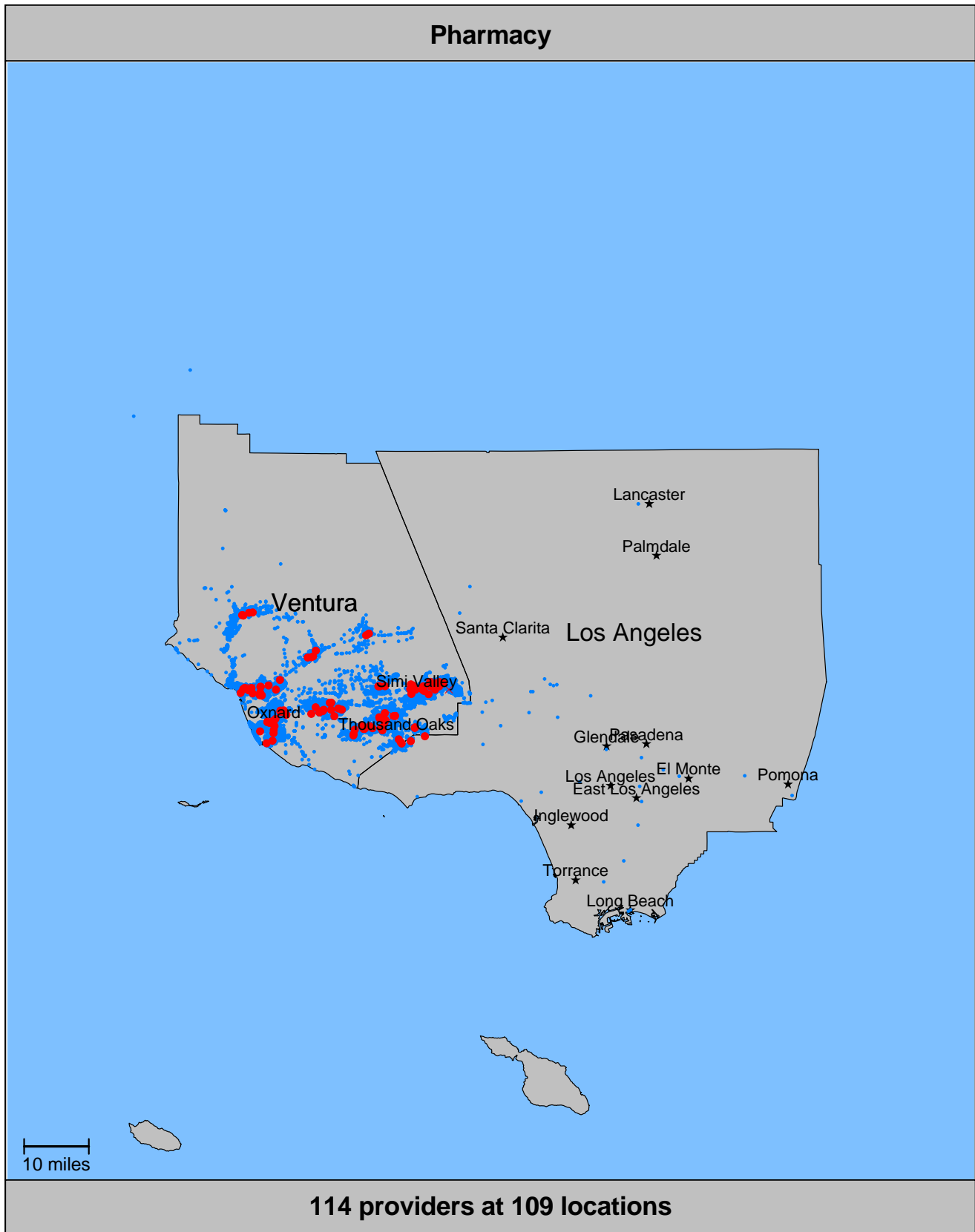
● Member locations (108,417)
● Single provider locations (104)
✕ Multiple provider locations (5)

Provider count detail information

	Pharmacy
	Total number of providers
City	**Grp. 1**
AGOURA HILLS	1
CAMARILLO	12
FILLMORE	2
MOORPARK	3
NEWBURY PARK	9
OAK PARK	1
OJAI	5
OXNARD	18
PORT HUENEME	2
SANTA PAULA	4
SIMI VALLEY	22
THOUSAND OAKS	14
VENTURA	18
WESTLAKE VILLAGE	3
TOTALS	**114**

Provider group: 1 - Pharmacies

Pharmacy Accessibility summary

Accessibility analysis specifications	
Provider group:	**Pharmacies** 114 providers at 109 locations (based on 114 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 99.9% with access 0.1% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	1.0	1.3	1.9	2.3	3.0

Key geographic areas				
		All members		
	Total number of members	Percent		Average distance to 1 provider
City		**w**	**wo**	
OXNARD	49,568	100.0	0.0	0.9
VENTURA	13,909	99.6	0.4	1.7
SIMI VALLEY	10,190	100.0	0.0	0.7
SANTA PAULA	7,694	100.0	0.0	0.6
CAMARILLO	4,824	100.0	0.0	0.8
THOUSAND OAKS	4,695	100.0	0.0	0.9
PORT HUENEME	4,109	100.0	0.0	0.7
FILLMORE	3,684	100.0	0.0	1.0
MOORPARK	3,001	100.0	0.0	1.1
NEWBURY PARK	2,136	100.0	0.0	0.6

GeoAccess

Map Ancillary

Ancillary

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale   Pasadena

El Monte

Los Angeles   Pomona

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

116 providers at 104 locations
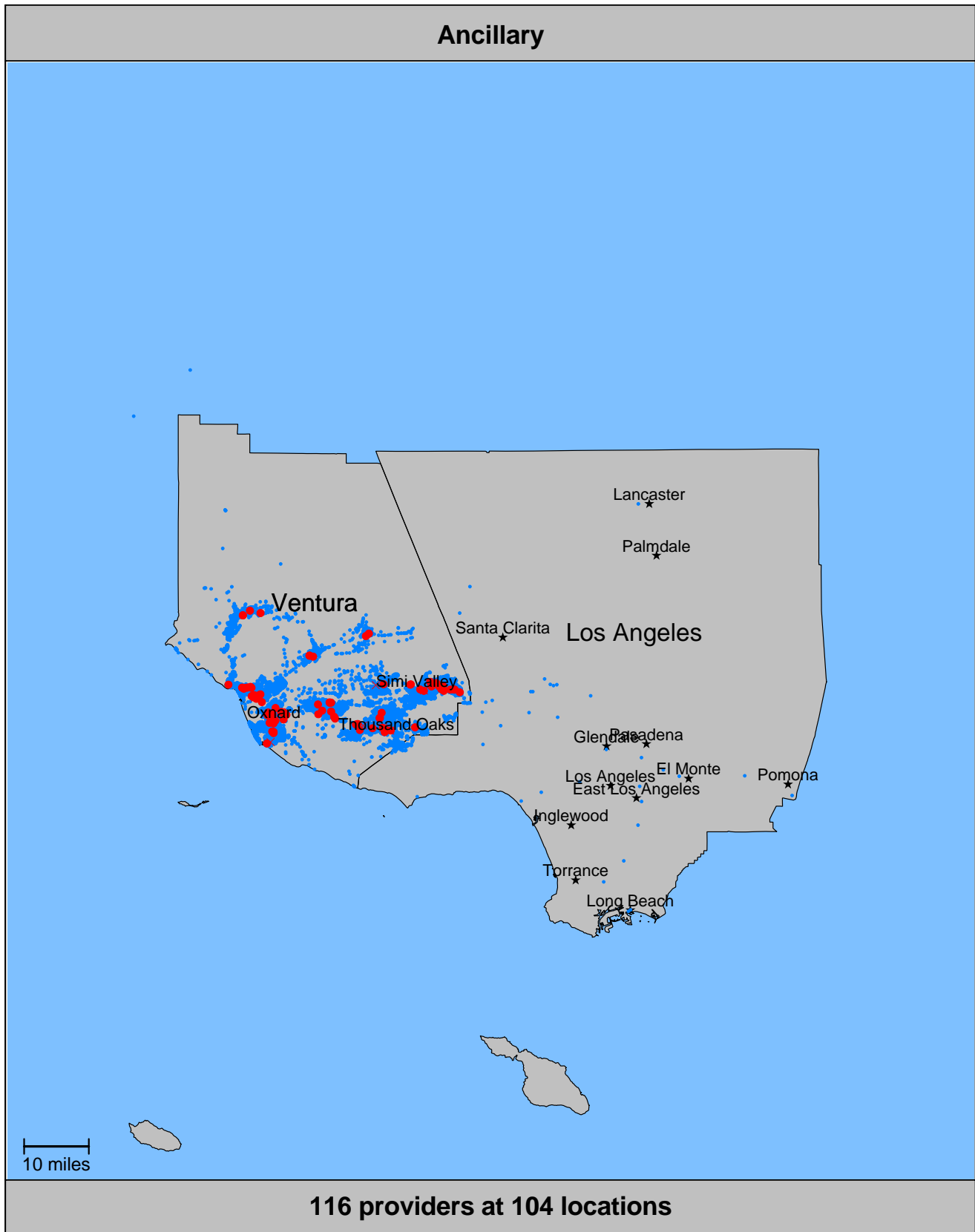
● Member locations (108,417)
● Single provider locations (93)
✕ Multiple provider locations (11)

3e-45

Provider count detail information

	Ancillary	
	Total number of providers
City	**Grp. 1**
CAMARILLO	9
FILLMORE	2
MOORPARK	3
NEWBURY PARK	6
OAK PARK	1
OJAI	4
OXNARD	27
PORT HUENEME	1
SANTA PAULA	3
SIMI VALLEY	20
THOUSAND OAKS	12
VENTURA	27
WESTLAKE VILLAGE	1
TOTALS	**116**

Provider group: 1 - Ancillary

Accessibility summary

Accessibility analysis specifications	
Provider group:	**Ancillary** 116 providers at 104 locations (based on 116 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 99.9% with access 0.1% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	1.0	1.4	1.9	2.7	3.2

Key geographic areas				
			All members	
City	**Total number of members**	**Percent**		**Average distance to 1 provider**
		w	**wo**	
OXNARD	49,568	100.0	0.0	0.8
VENTURA	13,909	99.6	0.4	1.7
SIMI VALLEY	10,190	100.0	0.0	0.8
SANTA PAULA	7,694	100.0	0.0	1.0
CAMARILLO	4,824	100.0	0.0	1.0
THOUSAND OAKS	4,695	100.0	0.0	1.0
PORT HUENEME	4,109	100.0	0.0	1.1
FILLMORE	3,684	100.0	0.0	1.0
MOORPARK	3,001	100.0	0.0	1.1
NEWBURY PARK	2,136	100.0	0.0	1.0

GeoAccess

Map Laboratories

Laboratories

Lancaster

Palmdale

Ventura

Santa Clarita

Los Angeles

Simi Valley

Oxnard

Thousand Oaks

Glendale

Pasadena

El Monte

Pomona

Los Angeles

East Los Angeles

Inglewood

Torrance

Long Beach

10 miles

35 providers at 34 locations
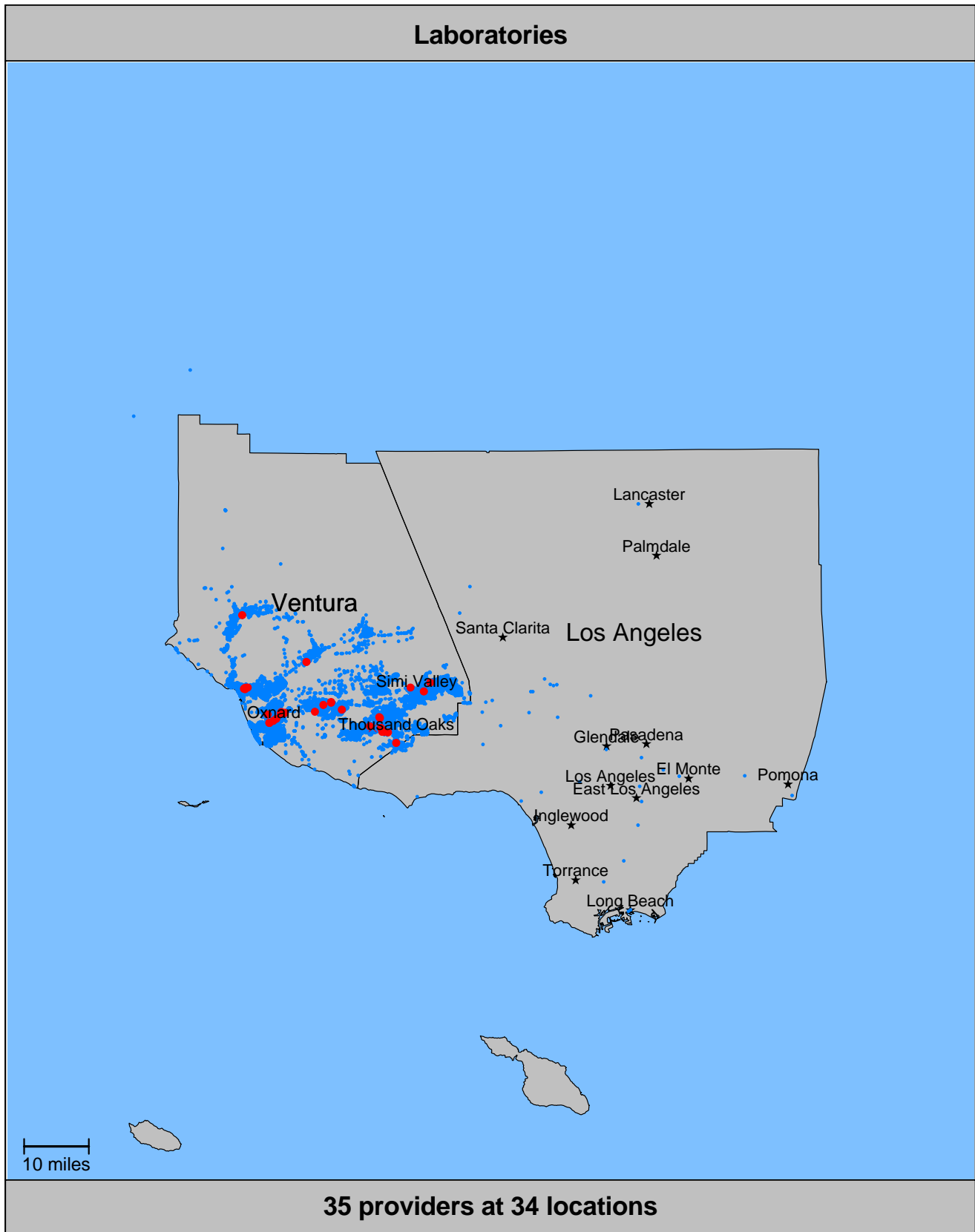
● Member locations (108,417)
● Single provider locations (33)
✕ Multiple provider locations (1)

Provider count detail information

Laboratories	
City	**Total number of providers** **Grp. 1**
CAMARILLO	5
NEWBURY PARK	3
OJAI	1
OXNARD	9
SANTA PAULA	1
SIMI VALLEY	3
THOUSAND OAKS	3
VENTURA	5
WESTLAKE VILLAGE	5
TOTALS	**35**

Provider group: 1 - Laboratories

Accessibility summary

Accessibility analysis specifications	
Provider group:	**Laboratories** 35 providers at 34 locations (based on 35 records)
Member group:	**Members** 108,417 members
Access standard:	**One in 10**
All members:	108,417 (100.0%) 96.2% with access 3.8% without access

Average distance to a choice of providers for all members					
Number of providers	**1**	**2**	**3**	**4**	**5**
Miles	2.5	3.6	4.1	5.1	5.4

Key geographic areas				
			All members	
	Total number of members	Percent		Average distance to 1 provider
City		w	wo	
OXNARD	49,568	100.0	0.0	1.7
VENTURA	13,909	99.6	0.4	3.2
SIMI VALLEY	10,190	100.0	0.0	2.0
SANTA PAULA	7,694	100.0	0.0	2.3
CAMARILLO	4,824	100.0	0.0	1.2
THOUSAND OAKS	4,695	100.0	0.0	1.4
PORT HUENEME	4,109	100.0	0.0	2.8
FILLMORE	3,684	7.2	92.8	13.1
MOORPARK	3,001	100.0	0.0	4.9
NEWBURY PARK	2,136	100.0	0.0	1.5

GeoAccess

AGENDA ITEM 4a

To: Gold Coast Health Plan Commissioners

From: Michelle Raleigh, Chief Financial Officer

Date: August 1, 2013

RE: Assembly Bill 97

SUMMARY:

The State is proceeding with implementing provider reductions for specific provider types under Assembly Bill 97 (AB97). These reductions will result in lower capitation rates being paid to Gold Coast Health Plan (Plan) beginning September 1, 2013. The Plan will need to work with the Commission to determine which of the AB97 provider reductions should result in reduced rates being paid to Plan providers.

BACKGROUND / DISCUSSION:

On June 14, 2013, the United States Court of Appeals for the Ninth Circuit denied a plaintiffs' motion for a stay of its mandate in this case, clearing the way for California to implement the 10 percent payment reductions for specific Medi-Cal providers according to AB97. According to the Department of Human Services (DHCS) website, AB97 reductions would be applied to the following provider types that are part of the Plan's coverage to members:

- Emergency and Non-Emergency Medical Transportation
- Pharmacy
- Durable Medical Equipment
- Medical Supplies
- Physician and Clinic Services for Adults
- Distinct-Part Nursing Facilities Level B (DP/NF-B)

The Fiscal Year 2013-14 State budget clarified that these provider reductions would be made retroactively for the State's fee-for-service program. However, the reduction to managed care plans' capitation rates would be made prospectively. During a July 12, 2013 meeting, DHCS clarified that capitation rates would be reduced beginning September 1, 2013 to reflect AB97 provider reductions. The Plan is expecting to receive additional details from DHCS regarding the capitation rate reductions in the near future.

The Plan estimates the impact of the AB97 rate reduction will reduce the Plan's revenue by approximately $1.4 million annually. Additional fiscal impact is in process and pending further analysis once additional information is received from the State.

The Plan remains under a Corrective Action Plan (CAP) from the State of California, as originally outlined in October 2012. A primary aspect of that CAP concerns the Plan's deficit related to the State's Tangible Net Equity (TNE) requirement. In order to meet the TNE requirement (according to the State's phased-in TNE schedule), the Plan must consider passing the rate reductions to the appropriate provider class in FY2013-14.

The Plan will present additional analysis to the Commission to quantify the impact on each provider class and to seek the Commission's recommendation on implementing the AB97 rate reductions.

Implementation of AB 97 Reductions

The Department of Health Care Services (DHCS) is announcing today the implementation plan for the provider payment reductions required pursuant to Assembly Bill 97 (Chapter 3, Statutes of 2011). AB 97 requires DHCS to implement 10% provider payment reductions to most categories of services in Medi-Cal fee-for-service (FFS) as well as actuarially equivalent reductions in Medi-Cal managed care.

DHCS received federal approval for the reductions, effective June 1, 2011, but has been prevented from implementing many of these reductions due to a court injunction in the *Managed Pharmacy Care, et al v. Kathleen Sebelius, et al* case. On June 14, 2013, the United States Court of Appeals for the Ninth Circuit denied the plaintiffs' motion for a stay of mandate in this case, allowing the implementation of all of the AB 97 Medi-Cal provider 10% payment reductions.

Providers affected by the earlier court injunction that blocked the payment reductions will soon have a 10% prospective payment reduction applied to all claims they submit for services. The chart below shows the date on which providers will begin to see the reductions.

Provider Categories	Date
Medical Transportation	9/5/2013
Dental	9/5/2013
Durable Medical Equipment/Medical Supplies	10/24/2013
Pharmacy	1/9/2014
Physician/Clinic	1/9/2014
Distinct Part Nursing Facility Level B (PT 17 & AC 1,2,3)	1/9/2014

Additionally, since the 10% payment reduction is effective for services provided on or after June 1, 2011, DHCS will also begin recouping a percentage of provider payments to recover overpaid funds during this retroactive period. These retroactive payment recoveries will not occur until after the prospective 10% payment reductions are implemented. DHCS will provide at least sixty (60) day advanced notification of scheduled recoveries.

FFS Payments
In order to preserve and protect access to care for Medi-Cal members, DHCS is also announcing the following provider payment reduction exemptions, subject to federal approval of State Plan Amendments (SPA):

- Nonprofit dental pediatric surgery centers that provide at least 99% of their services under general anesthesia to children with severe dental disease under age 21 will be exempted prospectively from the 10% payment reduction. After required public notice, the effective date of this prospective exemption will be in the near future.

- Distinct part nursing facilities, Level B, classified as rural or frontier, based upon the California Medical Service Study Area's definitions, will be exempted prospectively from the 10% payment reductions and will not be subject to the rate freeze at the 2008-09 levels on a prospective basis. After required public notice, the effective date of this prospective exemption will also be in the near future.

- Certain prescription drugs (or categories of drugs) that are generally high-cost drugs used to treat extremely serious conditions, such as hemophilia, multiple sclerosis, hepatitis and others will be exempt from the 10% payment reduction. DHCS has submitted a SPA (SPA 12-014) to exempt these categories of drugs, with an effective date for the exemption of March 31, 2012.

Managed Care

As noted above, DHCS is required to make actuarially equivalent reductions to Medi-Cal managed care. Such reductions will be effective on October 1, 2013, on a prospective basis only. DHCS previously announced that given the differences between managed care and FFS, reductions to pharmacy would not be applied in managed care. DHCS is now announcing that specialty physician services in Medi-Cal managed care will not be subject to a reduction. Guidance on the Medi-Cal managed care implementation will be issued soon in an All Plan Letter.

Future information may be found at www.medi-cal.ca.gov.

Gold Coast Health Plan
Provider Operations Bulletin

July 17, 2013
Edition : POB-011

Table of Contents

SECTION 1: Healthy Families Program Transition to Medi-Cal

Gold Coast Health Plan (GCHP) would like to remind our providers that Healthy Families Program (HFP) subscribers will transition to Medi-Cal on August 1, 2013.

As of January 1, 2013 all newly eligible enrollees in Ventura County have been enrolled into Medi-Cal and subsequently have become GCHP members. The remaining enrollees (approximately 16,000 members) will be transitioned to GCHP on August 1, 2013. The newly enrolled members will appear as any other GCHP member.

GCHP would like to make providers aware of some changes that will occur in the benefits for these members. Below is a summary of changes, as well as some resources for member assistance:

- Benefits will mirror Medi-Cal – GCHP
- There will no longer be co-payments
- Eligibility will be determined through the Ventura County Human Services Agency (previously through MRMIB)
    ‣ HSA Enrollment Assistance: 1-805-385-9363
- Members will have access to CHDP and Vaccine for Children (VFC)
- Dental Services will be covered through Denti-Cal program
    ‣ Denti-Cal: 1-800-322-6384
    ‣ Denti-Cal TTY Line: 1-888-310-7347
- Behavioral health services will be covered through any Medi-Cal behavioral health/mental health provider
    ‣ Ventura County Behavioral Health: 1-866-998-2243
- Payment to providers will be at Medi-Cal rates
- Pharmacy Formulary Changes to the GCHP Formulary
    ‣ For a smooth transition and continuity of care there will be a 60-day (or 2 months) grace period in which the same medications that the members are on will be allowed. GCHP suggests that providers refill these medications for one month (30 or 31 days) with another refill. You must convert all medications to conform to GCHP formulary policy during the time frame mentioned above.

Many of these families may have a difficult time as they transition from a commercial insurance plan to a Medi-Cal Managed Care program. GCHP asks that our providers be sensitive to the concerns voiced by these members and that they assist members to reach out to GCHP Member Services with any questions or if they need guidance in choosing a PCP or in accessing care: GCHP Customer Services 1-888-301-1228, TTY 1-888-310-7347, Monday-Friday 8:00 am – 6:00 pm PST.

GCHP is committed to a smooth transition of these members to ensure continuity of care. As such, GCHP is making every effort to assist members in maintaining their current Primary Care Provider (PCP) wherever possible and in continuing ongoing established treatment plans. If provider transition is needed, GCHP wants to minimize the risk to our members and is committed to ensure, to the best of our ability, that there is no disruption in care.

Steps GCHP is taking:

- GCHP has created a method to identify and assign the member to their current PCP wherever possible.
- All Members will receive a welcome packet from GCHP by August that will provide the following information:
    ‣ Current PCP (if available)
    ‣ How to choose or change a PCP (please also see the following Section 2 for additional information on how Providers can assist their patients)
    ‣ A GCHP Provider Directory
- GCHP will perform Outreach phone calls to members where a PCP is not identified and offer guidance in assisting the member to choose a PCP.

For more information on the HFP transition please review the following FAQs:

- **Click here to read FAQs** targeted for families in preparation for their transition to Medi-Cal and Gold Coast Health Plan from the Department of Health Care Services (DHCS).
- **Healthy Families Program FAQs for Providers**

SECTION 2: Member Eligibility

GCHP would like to remind our Primary Care Providers (PCPs) and Primary Care Clinics of the following: Prior to scheduling a new patient appointment, please verify that the member is eligible for services and that the member is currently assigned to your practice as their PCP. Eligibility can be verified via the **GCHP Provider Portal** or by contacting GCHP Customer Services. If your practice is not assigned as the member's PCP, please direct or assist the member to select your practice in the following ways:

- Please assist or direct the member to complete a PCP selection form and fax the form to GCHP at the number listed on the form. **Click here** to access the form.
- Direct the member to contact Gold Coast Health Plan Member Services to select your practice as their PCP. GCHP Customer Services 1-888-301-1228, TTY 1-888-310-7347, Monday-Friday 8:00 am – 6:00 pm.

All PCP/Clinic changes will be effective the first day of the following month after the change is requested. If the member is not assigned to your PCP/Clinic, please refer the member to their current PCP/Clinic for services.

If you need assistance in accessing the Provider Portal, please contact GCHP Provider Relations at **providerrelations@goldchp.org**

SECTION 3: Affordable Care Act – PCP Rate Increase Updates

Medi-Cal released a new Affordable Care Act article on the Medi-Cal Website. The article, titled "**New Affordable Care Act Pages on the Medi-Cal Website**", was posted to the *NewsFlash* area of the Medi-Cal website on June 17, 2013. There is now a Draft Attestation, as well as instructions on how to complete the attestation form now posted. GCHP has also received information from the State that suggested the automated self-attestation process is scheduled to be available on July 22, 2013.

It is very important that providers complete and submit the State self-attestation as soon as it is available. GCHP will not make the increased payments to providers until they have completed the self-attestation and provided GCHP with a W9.

GCHP is participating in calls with the State and CMS regarding this provision and will continue to provide updates and instructions in the Provider Bulletin as information becomes available.

SECTION 4: e-Newsletters

Providers, please let your patients know that Gold Coast Health Plan offers its members a variety of e-newsletters that helps them manage their health. Expectant mothers (and fathers) can choose our weekly Pregnancy e-newsletter. This newsletter leads you through the various stages of pregnancy, offering timely tips, articles and practical interactive tools that can help take some of the worry out of this time in your life. Or, select our New Parent e-newsletter. This newsletter provides monthly information to parents from your child's birth through the first three years. It's easy to subscribe. Choose the e-newsletter that's right for you and fill-out the required information. **Click here to read more**.

SECTION 5: ICD-10 Readiness and Implementation

GCHP has officially launched a project to ensure readiness and compliance with the Centers for Medicare & Medicaid Services (CMS) mandate to transmit and accept the new ICD-10-CM and ICD-10-PCS code sets by October 1, 2014.

GCHP is committed to supporting our provider community through the assessment and testing process to ensure a smooth ICD-10 transition. We ask that, as a provider, your practice consider your readiness to make this change.

In the following months, GCHP will be polling our provider network's readiness through provider readiness surveys. In addition, GCHP will be providing education and supplying information to our provider network through various venues such as provider site visits and town hall meetings. **Click Here to Read the FAQs** for more information on ICD-10.

SECTION 6: Upcoming Events

GCHP will be hosting two Provider Town Hall events in July. The topics that will be presented are Managed Care 101 and Healthy Families Program transition to Medi-Cal.

Please come join us at one of the following times:

July 23, 2013
8 am – 10 am
Click to Register

or

July 30, 2013
3 pm – 5 pm
Click to Register

Town Hall Meeting
July/August 2013

Agenda

➢ Managed Care 101

➢ Healthy Families Transition

➢ Affordable Care Act (ACA) Increased Medicaid Payment for Primary Care Physicians

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Medi-Cal Managed Care Definition

Health Maintenance Organization (HMO)

AKA

Managed Care Plan, Health Plan, Plan

➢ Medi-Cal contracts with plans to provide defined set of covered benefits for a set per-member per-month amount.

➢ The plans then contract with medical groups, hospitals, and other providers to provide a full range of health services for their enrollees.

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➤ County Organized Health System (COHS) model

➤ Oversight by Ventura County Medi-Cal Managed Care Commission

➤ Ventura County

➤ Core Population is Medi-Cal

COHS Model

➤ Model was first established 30 years ago.

➤ Proven high quality, innovative, culturally competent, locally responsive and cost effective model.

➤ Provides care to California's most vulnerable residents

➤ Six plans – only in California (Gold Coast Health Plan, CalOPtima, CenCal Health, Central California Alliance for Health, Health Plan of San Mateo, and Partnership Health Plan of California)

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Medi-Cal Eligibility Categories

➢ Families with Children

➢ Seniors & Persons of Disabilities (SPDs) – Medi-Cal only

➢ Dual Eligible (Medi-Cal & Medicare)

➢ Medi-Cal Share of Cost

FFS Medi-Cal-vs-GCHP Managed Care

GCHP – Managed Care

- Capitated Payments to PCP/FFS to Specialists
- Members choose a contracted Primary Care Provider (PCP) who coordinates care (Medical Home)
- Plan provides assistance to members by coordinating care, care management, and customer call centers
- Streamline claims systems using industry standards

FFS Medi-Cal

- Payment is FFS for each service delivered to a beneficiary
- Beneficiaries obtain services from any provider who has agreed to accept Medi-Cal payments
- Does not provide for the coordination of care
- Claim submission requirements are often not consistent with industry standards

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Capitation Definition

Capitation

or

"Per-Member Per-Month"

(PM PM)

The fixed amount of money paid on a monthly basis to the PCP or medical group for a defined set of medical services.

Primary Care Provider – Medical Home

➤ **Primary Care Provider (PCP).** A clinic, physician(s) or mid-level licensed professional practicing under physician supervision who

  ➤ Provides primary care services - basic level of healthcare usually rendered in ambulatory settings with focus on general health needs

  ➤ Supervises, coordinates, and provides primary care services

  ➤ Initiates referrals to specialists

  ➤ Maintains the continuity of care

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Primary Care Services

➢ Office Visits

➢ Preventative Medicine Services

➢ CHDP Services

➢ Vaccines

➢ Basic Laboratory Testing

➢ Minor Surgeries and Other Misc. Procedures

CHDP Overview

➤ Effective October 1, 2012: Encounters and claims should be submitted using the American Medical Association (AMA) Current Procedural Terminology (CPT) codes.

➤ Form to use HCFA/CMS-1500 form

➤ As mandated by DHCS, GCHP also requires the PM-160 Informational Only form.

➤ All claims should be submitted no later than 180 days from dates of service.

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CHDP Billing Instructions

New Patient	Must include EP Modifier
99381	Initial Evaluation and Management of Healthy Individual < 1yr. Of age
99382	Early Childhood age 1 to 4yrs.
99383	Late Childhood age 5 to 11yrs.
99384	Adolescent age 12 to 17yrs.
Established Patient	Must include EP Modifier
99391	Periodic Reevaluation and management of Healthy Individual < 1yr. of age
99392	Early Childhood age 1 to 4yrs.
99393	Late Childhood age 5 to 11yrs.
99394	Adolescent age 12 to 17yrs.
Vaccines (VFC)	Must include SL Modifier

Care Management

➢ The Gold Coast Health Plan Care Management Program is a collaborative process that includes the member, health care provider, family, and care manager.

  ➢ **Medical Director of Health Services** who provides guidance for and is responsible for all clinical aspects of the Care Management program.

  ➢ **Care Manager** GCHP Care Managers are licensed registered nurse professionals and licensed clinical social workers with specialty certifications specific to their role.

Types Care Management

- **Non-complex Care Management** is for members who require short term coordination of services and support. .
  - Discharge planning
  - New diagnosis/es that effect physical, emotional and mental health adjustment
  - Significant health change that requires support.
  - Coordination of primary and specialty care to improve adherence and/or access to necessary services
  - Cultural or language barriers that prevent understanding and access to needed services

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Types Care Management

➤ **Complex Care Management** can include members with multiple chronic illnesses, high utilization, medical conditions and complex social situations which can affect medical management, or those that may require extensive use of resources.

➤ Medically fragile

➤ One or more severe conditions with co-morbidities .

➤ Significant likelihood of exacerbations and ER visits/re-hospitalizations

➤ Pre and post-transplant

➤ Seniors and Persons with Disabilities (SPD)

➤ High Risk OB under 35 weeks

➤ Palliative care needs

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Member Services Call Center

➢ Handles all Member inquiries including:

  ➢ PCP selection and changes
  ➢ Assistance with locating services
  ➢ Questions on how the Plan works
  ➢ Billing issues
  ➢ Requests for new ID Cards, Handbooks, etc.
  ➢ File a Grievance or Appeal
  ➢ GCHP Eligibility questions
  ➢ Benefits coverage

Member Services Department

- ⮞ Assists walk-in Members with any questions about the Plan and how it works

- ⮞ Assists walk-in Members with PCP changes and material requests

- ⮞ Responds to escalated Member issues from the GCHP Call Center

- ⮞ Refers Members to Community Resources

- ⮞ Assists Members with Grievances or Appeals

- ⮞ Consumer Advisory Committee

- ⮞ New Member Orientation meetings (upcoming)

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Health Education

- GCHP works with local public health department, clinics, hospitals, and community organizations to promote health education activities

- The GCHP Health Education Referral Form can be found on GCHP website (sample included in packets).

- GCHP Member Newsletter is used to promote health education topics – (sample included packets, previous copies on website)

- GCHP Health Library can be found on the website – variety of health topics

- GCHP E-Newsletter on parenting and pregnancy development can be found on the GCHP Website.

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Linguistic Services

➤ GCHP offers telephonic and sign language interpreters at no cost to Members

➤ Pacific Interpreters – Telephonic interpretation available 24/7

➤ Call 1-866-421-3463

➤ Access Code: 84XXXX (See ID Badge for code)

➤ Information Question - Call's name, Agency, Zip Code, CIN#, and Language Needed)

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Sign Language

➢ Sign Language Interpreting Services - GCHP contracts with LifeSigns

➢ Providers can call the GCHP Call Center or Health Education, Cultural and Linguistic Services Department for assistance 1-888-301-1228.

➢ Request for Sign Language Interpreter - Instructions sheet and Request form can be found in the packet. Billing information is already completed.

➢ LifeSigns direct phone number 1-888-930-7776
  ➢ 5-7 days advance notice
  ➢ Cancellation at least 25 hours notice
  ➢ LifeSigns – Emergency/last minute request 1-323-550-4210

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Community Outreach

➢ Network with community organizations that serve our members
  ➢ First Five Neighborhood for learning.
  ➢ Mexican Consulate
  ➢ Health Care for Kids
  ➢ Public Health
  ➢ School Districts through Ventura County.

➢ Give information about GCHP to general public

Provider Network Department

➤ Provider Relations, Provider Contracting and Credentialing

  ➤ Fostering a seamless and efficient service network

  ➤ Building strong working relationships

  ➤ Provider communications and education

     ➤ Town Hall Meetings

     ➤ Orientations and Site Visits

     ➤ Provider Operations Bulletins

  ➤ Resolve operational issues

  ➤ Share best practices

  ➤ Improve healthcare delivery

Provider Relations Department

- **Sherri Tarpchinoff Bennett,** Provider Network Manager:
  805-889-4869 sbennett@goldchp.org

- **Maureen Ndu,** Contract Coordinator:
  805-889-4654 mndu@goldchp.org

- **Rosario Melgoza,** Contract Coordinator:
  805-889-4936 rmelgoza@goldchp.org

- **Velma Washington,** External Provider Relations Rep:
  805-889-3962 vwashington@goldchp.org

- **Erika Reyes,** External Provider Relations Rep:
  805-889-6129 ereyes@goldchp.org

- **Monica Hernandez,** Internal Provider Relations Rep:
  805-889-4671 mhernandez@goldchp.org

- **Vicky Connaughton,** Internal Provider Relations Rep:
  805-889-4768 vconnaughton@goldchp.org

Provider Web Portal

- Access monthly rosters (PCPs)

- Check eligibility of Members

- View claims status and print Explanation of Payments (EOPs)

- Enter and view status authorizations

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- Provider Manual
- Provider Directories – PCP and Non-PCP
- Forms
- Benefits
- Prior Authorization Requirements
- Formulary - ScriptCare is Pharmacy Benefits Manager
- Link to Provider Web Portal
- Electronic Claims Submission ("EDI") information

Healthy Families Program Transition

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HFP Transition to Medi-Cal

HFP Enrollment in Ventura County

Health Plan	Number of Members
Anthem Blue Cross	4,562
Kaiser Permanente	2,462
Ventura County Health Plan	8,814
Total	15,838

Source: MRMIB – Healthy Families Program Current Enrollment 7/2/2013

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Methodology for Determining PCP Assignment

➤ Health Resources and Services Administration (HRSA) Method

➤ Last Visit in Past 12 Months

➤ Family Linkage

➤ Anthem – By assigned PCP

➤ Unassigned

  ➤ Member Choice

  ➤ Auto-assignment

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Outreach to Members

➢ GCHP staff will conduct communication and outreach efforts to Members:

  ➢ Welcome Letters
  ➢ Member Outreach Calls
  ➢ Member Orientations

➢ Provide resources to assist members in choosing a PCP

![Gold Coast Health Plan - A Public Entity logo]

New Member Orientation Meetings

Members will learn:

➢ How to select a Primary Care Physician (PCP)

➢ How to get medical services

➢ How to get necessary medications

➢ How to use resources available in the community

There will also be time for Q&A from members

New Member Orientation Meeting Schedule

English Orientation Meetings:

➢ Tuesday - August 6, 13, 20 & 27
  ➢ 6:00 PM to 7:00 PM

Spanish Orientation Meetings:

➢ Thursday August 8, 15, 22 & 29
  ➢ 6:00 PM to 7:00 PM

Registration requested – Call (805) 981-6690

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Member Transition

➢ Families may have a difficult time as they transition from a commercial insurance plan to a Medi-Cal Managed Care program.

➢ Providers should be sensitive to the concerns and assist members to reach out to GCHP Member Services with any questions or if they need guidance in choosing a PCP or in accessing care:

GCHP Customer Services

1-888-301-1228, TTY 1-888-310-7347

Monday-Friday 8:00 am

6:00 pm PST

Benefit Changes

➤ Benefits will mirror Medi-Cal - GCHP

➤ Access to services through CHDP and Vaccines for Children (VFC) - GCHP

➤ Dental Services will be covered through Denti-Cal program
  ➤ *Denti-Cal: 1-800-322-6384*
  ➤ *Denti-Cal TTY Line: 1-888-310-7347*

➤ Behavioral health services will be covered through any Medi-Cal behavioral health/mental health provider
  ➤ *Ventura County Behavioral Health: 1-866-998-2243*

➤ Payments to Providers will be at Medi-Cal Rates

➤ No Co-payments

Benefit Changes

➢ Eligibility will be determined through the Ventura County Human Services Agency (previously through MRMIB)

   ➢ *HSA Enrollment Assistance: 1-805-385-9363*

➢ Pharmacy Formulary Changes to the GCHP Formulary

   ➢ 60-day (or 2 months) grace period in which the same medications that the members are on will be allowed.

   ➢ GCHP suggests that providers refill these medications for one month (30 or 31 days) with another refill.

   ➢ Convert all medications to conform to GCHP formulary policy during the time frame mentioned above.

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GCHP Commitment

➢ GCHP is committed to working with providers to facilitate a smooth transition.

➢ GCHP is taking steps to ensure, to the best of our ability, that members are assigned appropriately.

➢ GCHP is committed to ensuring that children have minimal or no disruptions in coverage

➢ GCHP is committed to minimizing the number of members that will fall into auto-assignment pools.

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Primary Care Payment Increase

ACA Section 1202 Implementation

Eligible Providers

➢ Board certification in family medicine, internal medicine and/or pediatric medicine. (OB/GYN and Emergency physicians are not categorically eligible), or

➢ Board certified in subspecialty related to one of the listed specialties, or

➢ At least 60 percent of billed services to Medi-Cal must fall within the E&M or vaccine administrative codes covered by the regulation

➢ Nurse Practitioners and other physician extenders are eligible if they work under the direct supervision of a qualified physician.

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Eligible Providers

➢ Providers must be enrolled in Medi-Cal

➢ The increase must be passed on to the rendering provider and cannot be retained by the clinic.

➢ FQHCs, RHCs, and CBRCs receive wrap-around payments through fee-for-service, so they are not eligible.

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Eligible Providers

➤ Physician's must "self-attest" their eligibility: http://files.medi-cal.ca.gov/pubsdoco/aca/aca_form_landing.asp

➤ Qualified providers who self-attest during the established timeframe will receive payments retro-active to January 1, 2013.

➤ Physicians cannot receive additional payments until they self-attest and provide GCHP with W9 and complete the GCHP Information Form *(form will be sent out via email communication and will be located on the GCHP website once available)*

Services and Fee Schedule

- ➤ E&M Codes 99201 – 99499 and their successor codes.

- ➤ Vaccine administrative codes 90460, 90461, and 90471 - 90474 and their successor codes.

- ➤ Codes that are not covered by Medi-Cal are not eligible for the increase.

- ➤ The increase does not apply to services provided to beneficiaries dually eligible for Medicare and Medi-Cal.

Q & A

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ICD-10 Frequently Asked Questions

What is "ICD-10"?
"ICD-10" is the abbreviated way to refer to the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS).

How do the numbers of diagnosis codes compare from ICD-9-CM to ICD-10-CM?
ICD-9-CM contains 13,000 3–5 character alphanumeric diagnosis codes with 855 code categories. ICD-10-CM contains 68,000 3–7 character alphanumeric diagnosis codes with 2,033 code categories.

How do the numbers of procedure codes compare from ICD-9-CM to ICD-10-PCS?
ICD-9-CM contains 4,000 3–4 character numeric procedure codes. ICD-10-PCS contains 87,000 7-character alphanumeric procedure codes.

Explain the difference between ICD-9-CM Volume 1, 2, and 3 and ICD-10-CM and ICD-10-PCS.
ICD-10-CM is the diagnosis code set that will replace ICD-9-CM Volume 1 and 2. ICD-10-CM will be used to report diagnoses in all clinical settings. ICD-10-PCS is the procedure code set that will replace ICD-9-CM Volume 3. ICD-10-PCS will be used to report hospital inpatient procedures only.

Will ICD-10-PCS replace CPT®?
No. ICD-10-PCS will be used to report hospital inpatient procedures only. The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) will continue to be used to report services and procedures in outpatient and office settings.

Do I have to upgrade to ICD-10?
Yes. The conversion to ICD-10 is a HIPAA code set requirement. Providers, including physicians, are HIPAA "covered entities," which means that you must comply with the HIPAA requirements.

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Who else has to upgrade to ICD-10?
Health care payers and clearinghouses are also HIPAA covered entities, so they are required to convert to ICD-10 as well.

I thought HIPAA code set standards only applied to the HIPAA electronic transactions. What if I don't use the HIPAA electronic transactions?
It is correct that HIPAA code set requirements apply only to the HIPAA electronic transactions. But it would be too burdensome on the industry to use ICD-10 in electronic transactions and ICD-9 in manual transactions. Payers are expected to require that ICD-10 codes be used in other transactions, such as on paper, through a dedicated fax machine or via the phone.

What impact will switching to ICD-10 have on the revenue cycle?
Nearly all operational systems in health care and their administration processes will be affected by the implementation of ICD-10.

Why is ICD-9 being replaced?
The ICD-9 code set is more than 30 years old and has become outdated. It is no longer considered usable for today's treatment, reporting and payment processes. It does not reflect advances in medical technology and knowledge. In addition, the format limits the ability to expand the code set and add new codes.

The ICD-10 code set reflects advances in medicine and uses current medical terminology. The code format is expanded, which means that it has the ability to include greater detail within the code. The greater detail means that the code can provide more specific information about the diagnosis. The ICD-10 code set is also more flexible for expansion to include new technologies and diagnoses.

The change, however, is expected to be disruptive for physicians during the transition, and you are urged to begin preparing now.

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When do I have to convert to ICD-10?
All services and discharges on or after October 1, 2014, must be coded using the ICD-10 code set. The necessary system and workflow changes need to be in place by the compliance date in order for you to send and receive the ICD-10 codes.

What if I'm not ready by the compliance deadline?
Any ICD-9 codes used in transactions for services or discharges on or after October 1, 2014, will be rejected as non-compliant and will not be processed. You will face disruptions in transaction processing and receipt of payments.

Deadlines for other HIPAA requirements have been delayed. Will the compliance date for ICD-10 be delayed? Do not expect there to be a delay in the ICD-10 compliance deadline. The Centers for Medicare & Medicaid Services (CMS) is responsible for oversight of compliance with the HIPAA code set requirements. CMS has made it clear that there will be no extension of the deadline for ICD-10. Work within Medicare to upgrade to the ICD-10 transactions is on target and expected to be ready on time.

What do I need to do now to prepare for the conversion to ICD-10?
There are several steps you need to take to prepare for the conversion to ICD-10.

- Begin by talking to your practice management or software vendor. Ask if the necessary software updates will be installed with your upgrades for the Version 005010 (5010) HIPAA transactions. If you do not use the HIPAA transactions, determine when they will have your software updates available and when they will be installed in your system. Your conversion to ICD-10 will be heavily dependent on when your vendor has the upgrades completed and when they can be installed in your system.
- Talk to your clearinghouses, billing service and payers. Determine when they will have their ICD-10 upgrades completed and when you can begin testing with them.
- Identify the changes that you need to make in your practice to convert to the ICD-10 code set. For example, changes may include diagnosis coding tools, "super bills," additional documentation requirements, etc.
- Identify staff training needs and complete the necessary training.
- Conduct internal testing to make sure you can generate transactions you send with the ICD-10 codes.
- Conduct external testing with your clearinghouses and payers to make sure you can send and receive transactions with the ICD-10 codes.