



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

2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036
Wednesday, June 18, 2014
5:00 p.m.

AGENDA

CALL TO ORDER / ROLL CALL

WELCOME AND INTRODUCTIONS

PUBLIC COMMENT A Speaker Card must be completed and submitted to the Secretary of the Committee by anyone wishing to comment:

- **Public Comment** – Comments regarding items not on the agenda but within the subject matter jurisdiction of the Committee.
- **Agenda Item Comment** – Comments on the subject matter jurisdiction of the Committee pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Committee Chair during the Committee's consideration of the item.

APPROVE MINUTES

1. [Regular Meeting of March 19, 2014](#)

DISCUSSION ITEMS

2. [CEO Report, Michael Engelhard, CEO](#)
3. [CFO Report, Michelle Raleigh, CFO](#)
4. [COO Report, Ruth Watson, COO](#)
5. [CMO Report – CAHPS Survey, Dr. Albert Reeves, CMO](#)
6. Behavioral Health Update, Dr. Nancy Wharfield, Medical Director
7. [Resource Fair Update, Dr. Lupe Gonzalez, Director of Health Education](#)
8. Human Services Agency Update, Curtis Updike, Deputy Director H.S.A.
9. HICAP Update, Katharine Raley, HICAP Program Manager

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

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT 805/437-5562. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan
June 18, 2014 Consumer Advisory Committee Meeting Agenda (continued)**

PLACE: 2240 E. Gonzalez, Room 200, Oxnard, CA

TIME: 5:00 p.m.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on September 17, 2014 at 5:00 p.m. at 2240 E. Gonzalez Road, Room 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 COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT 805/437-5562. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.

**Ventura County Medi-Cal Managed Care Commission
(VCMACC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Minutes
March 19, 2014
(Not official until approved)**

CALL TO ORDER

Chief Operations Officer (COO) Ruth Watson called the meeting to order at 5:08 p.m. in Suite 200 of the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

SWEARING IN OF COMMITTEE MEMBERS

Clerk of the Board Traci McGinley swore-in Committee Member Norma Gomez and Committee Member Michelle Gerardi.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Curtis Updike, County Human Services Agency (HSA)
Ruben Juarez, County Health Care Agency
Katharine Raley, County of Ventura Area Agency on Aging
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Pedro Mendoza, Tri-Counties Regional Center
Frisa Herrera, Casa Pacifica
Rita Duarte-Weaver, Ventura County Public Health Department
Norma Gomez, Mixteco / Indigena Community Organizing Project
Michelle Gerardi, Beneficiary

EXCUSED / ABSENT COMMITTEE MEMBERS

Lilliana Coria, ARC of Ventura County
Alicia Flores, La Hermandad

COMMITTEE STAFF IN ATTENDANCE

Ruth Watson, Chief Operations Officer
Michelle Raleigh, Chief Financial Officer
Dr. Al Reeves, Chief Medical Officer
Dr. Nancy Wharfield, Medical Director, Health Services
Tami Lewis, Director of Operations
Luis Aguilar, Member Services Manager
Sherri Tarpchinoff Bennett, Director Network Operations
Steve Lalich, Director of Communications
Lupe Gonzalez, Health Education Manager
Connie Harden, Member Services, Project Specialist

OTHER STAFF IN ATTENDANCE

Traci R. McGinley, Clerk of the Board
Julie Booth, Director of Quality Improvement
Sonji Lopez, Member Services, Grievance & Appeals
Elena Aguayo, Member Services
Blanca Robles, Member Services
Stacy Cortez, Member Services
Brandy Armenta, Compliance Officer / Director
John Camarena, Quality Improvement Nurse

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

The Pledge of Allegiance was recited.

WELCOME AND INTRODUCTIONS

Chief Operations Officer (COO) Watson welcomed the Committee.

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of December 4, 2013

A correction to the minutes was noted to include the attendance of Tami Lewis, Director of Operations. Committee Member Curtis Updike moved to approve the Regular Meeting Minutes of December 4, 2013. Committee Member Katharine Raley seconded. The motion carried with the following vote:

AYE: Duarte-Weaver, Gerardi, Gomez, Herrera, Jordan, Juarez, Mendoza, Raley and Updike.
NAY: None.
ABSTAIN: None.
ABSENT: Coria and Flores.
RECUSED: None.

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. CEO / CFO Report

Chief Financial Officer (CFO) Michelle Raleigh reviewed the CFO and CEO Reports. CFO Raleigh stated that we have been responding to the State as part of our corrective action plan (CAP) with additional information as requested by the state. She also stated that GCHP is responding to the Medical Loss Ratio Evaluation (MLRE) audit which is a comparison of medical costs vs administrative costs. CFO Raleigh stated this is an ongoing process and an update will be provided when finalized.

CFO Raleigh discussed the relocation plan for GCHP. She stated that GCHP will be operating at its new facility in Camarillo beginning on April 7, 2014.

CFO Raleigh reported that GCHP has submitted an application to participate in the Certified Application Counselor (CAC) program. This would allow GCHP to assist prospective members with the enrollment process into Medi-Cal. CFO Raleigh commented that the Covered CA Board had delayed adoption of the regulations because advocates had requested the regulations be amended. Committee Member Updike questioned if these were State advocates, not local advocates who requested the regulations be amended. CFO Raleigh confirmed it was the State advocates.

3. ACA / LIHP / CalFresh Update

COO Watson reported a large increase in membership because of the termination of the ACE program and the LIHP members who became Medi-Cal members. She went on to state that there are still 8,154 members who have yet to be enrolled in GCHP; that we are working closely with the County to get these members to the State. COO Watson reports that the beneficiaries are getting care through the State, but not with GCHP. Committee Member Updike stated that the members are in the Meds system, and they now have Aid Codes and just need to be transferred over to GHCP but that transition has yet to take place. Committee Member Updike commented that this is a State issue.

COO Watson commented on the newly eligible population. She stated that since January 1, 2014, our membership has increased by over 12,000 people. She added that our total membership is now up to almost 135,000 members.

COO Watson reported that there are two populations of people who came in through Covered CA and additionally the CalFresh (food stamp) program. The members coming in through CalFresh have "express lane" eligibility so that by virtue of the fact that rules changed from Medi-Cal to the ACA, their income alone qualifies them for Medi-Cal. That is an additional 1,741 members received into GCHP. Committee Member Updike stated that if anyone knows of a person who is receiving CalFresh benefits, to tell them to tell the County they want healthcare benefits and they will be enrolled in Medi-Cal. Committee Member Updike said that the State sent letters to adults, and then to all children who were receiving CalFresh telling them of the program. He also stated there is no deadline for enrollment. Further discussion was held regarding the CalFresh program and enrollment in the program.

COO Watson states that through the ACA, there are ten (10) essential benefits. Medi-Cal offered nine (9), until January, 2014 when Medi-Cal added the tenth (10th) essential benefit which was mental health and substance use disorder for medically indicated services. COO Watson said this benefit has been outsourced to Beacon Health Strategies where members can call for referrals to services.

COO Watson reported on the Member Orientation meetings now being presented by GCHP. She stated that we have made some changes to our program and are now conducting meetings throughout the County. COO Watson said that meetings will be held in Oxnard, Camarillo, Santa Paula, Simi Valley, Ventura, Ojai and Fillmore. She stated the purpose is to let members know how to navigate the system. COO Watson stated we are open to suggestions from CAC members on how to promote the meetings.

4. Behavioral Health Update

Medical Director, Health Services Dr. Nancy Wharfield reviewed the Behavioral Health presentation with the Committee. Dr. Wharfield stated that Beacon Health Strategies is the administrator of our new mental health benefit which is for mild to moderate behavioral health problems. Dr. Wharfield stated that members with serious emotional disturbance are referred to the County. Director Wharfield also stated that a member or provider can make a referral for mental health services.

Dr. Wharfield reported that last week Beacon received over 750 calls, and that over 200 referrals were made for services. She stated she received an update today and that over 1,000 calls had been received and over 300 referrals made.

Dr. Wharfield discussed the new enhanced benefits for substance abuse. She stated that a PCP will perform a screening, brief intervention and referral to treatment (SBIRT) for adult members for alcohol abuse only when it is indicated for the member.

Discussion was held about different types of services and treatment and where they might be obtained. Committee Member Ruben Juarez questioned the availability of in-patient detox facilities in Ventura County. Dr. Wharfield stated that we currently don't know of any detox facilities that accept Fee-For-Service (FFS) in the Ventura County. She stated that if a member can find a facility, they can self-refer themselves.

Dr. Wharfield stated that one exclusion of this new mental health benefit is Autism and Applied Behavior Analysis (ABA) therapy.

Further discussion was held on unsatisfactory member experiences. COO Watson stated that we need to encourage members to file grievances or appeals when they feel that they are not getting proper services. She went on to say that if members don't tell us when something is wrong, we can't correct the problem. Information was provided on how to file a grievance or appeal and the process followed by GCHP. Director Network Operations Sherri Bennett commented that when problems persist with a provider, it is addressed with the provider by GCHP staff.

RECESS

A break was provided at 5:50 p.m. The meeting reconvened at 6:05 p.m.

5. CMO Update

Chief Medical Officer (CMO) Dr. Al Reeves reviewed the HEDIS Report. Dr. Reeves stated that HEDIS stands for Healthcare Effectiveness Data and Information Set. HEDIS is the measure of insurance company quality. Dr. Reeves reports that GCHP is in the middle of HEDIS season right now, January through June. He stated that HEDIS looks at the performance of our Plan and providers for 2013 which is data collected for the year 2012.

Dr. Reeves presented the HEDIS scores and survey as presented for our first full year of operations. Committee Member Updike questioned the scores asking if there were sanctions or a CAP if scores are low. Dr. Reeves stated that the scores in red on the graph are where we scored below the minimum performance level (MPL). The State required one CAP and GCHP chose retinal screening. Dr. Reeves went on to say we are focusing on improving scores of all that were below the MPL. Dr. Reeves reported that the State said we did quite well for a plan in its first year of operation.

Dr. Reeves reports that we are meeting with every clinic and provider and going over these values to see if they can improve their scores. Director Bennett stated that GCHP is working with providers to identify members who haven't had necessary screenings to make sure they get the members in for these screenings.

6. Access to Care Survey

Director of Network Operations Sherri Bennett presented the Access to Care Survey. Director Bennett stated that last year, GCHP employed a vendor to survey our providers for access to care. She stated there were 111 offices surveyed; both primary care providers and specialists. Director Bennett reviewed the report as presented.

Director Bennett states that the Quality Improvement Director received the report along with other committees throughout the organization. She said that those providers who were not meeting standards or were non-compliant, were met with and those that remain out of compliance will receive a CAP.

Committee Member Katharine Raley questioned the number of members who self-referred to Urgent Care centers because they didn't want to wait for appointments. Director Bennett stated that information is unknown. Committee Member Frisa Herrera stated that foster children were waiting fifteen (15) or more days for appointments. Dr. Wharfield stated that we do have the ability to get children into see specialists out of the County.

COO Watson commented that access and availability is something we are held accountable for to the State. COO Watson stated that the more we know, the more we can do to improve things. She went on to say that we need details so our team can make a difference. Further discussion was held regarding member access to appointments.

7. Annual Report to the Community

Director of Communications Steve Lalach presented the *Annual Report to the Community*. Director Lalach commented that this publication is being added to the schedule of publications for GCHP. He stated that this Report went out via email to 730 people and approximately 100 more were mailed. He went on to say that another report will be produced at the end of the year 2013 – 2014 and he hoped it would be a larger publication. Director Lalach also noted that the names of the CAC members were listed on the back page of the publication.

8. ACAP Scholarship Essay Contest

Director Lalach reported on an essay-writing scholarship sponsored by the Association for Community Affiliated Plans (ACAP). ACAP is a trade association representing fifty-seven (57) non-profit safety net organizations in twenty-four (24) states. GCHP is a part of this organization. He went on to say that this is the third annual essay contest and we would like to participate. He explained that this scholarship is intended for Medi-Cal enrollees and their families who are going on to a college, university, trade school or vocational schools and are pursuing degrees or career paths in either health care or social services. He stated there is one (1) \$2,000 scholarship that will be awarded and it won't affect Medi-Cal eligibility as it is a direct pass-through to the institution. He went on to say that there is an application process and information will be forwarded to CAC members.

9. Public Health Grant – CDC Heart Disease Prevention

Health Education Manager Lupe Gonzalez will report on the Health Education Grant at the next meeting due to a lack of time at this meeting.

Manager Gonzalez reported on the joint health fair which was presented with Committee Member Katharine Raley of HICAP. Manager Gonzalez reported the effort to be a success and one they hope to repeat.

10. Foster Children

Member Services Manager Luis Aguilar commented on feedback received from Committee Member Laurie Jordan of the Rainbow Connection. Manager Aguilar stated that we have included information in the Member Orientation presentation on how foster children can more easily get services. Manager Aguilar went on to explain the new processes being followed to assist with foster children being seen within thirty (30) days of placement. Committee Member Jordan expressed appreciation for assistance received from GCHP in educating foster parents and making it easier for foster children to get services.

Comments from Committee Members

Committee Member Herrera asked about foster children over age eighteen (18). She questioned if without a foster aid code, under AB12, do they still fall into a foster category. Committee Member Updike stated the cut-off age is now twenty-six (26) and that the aid code stays with them no matter which county they live in.

Committee Member Juarez stated that the Ventura County Health Plan has been approved to offer health care coverage to small privately owned companies of fewer than fifty (50) employees.

Committee Member Norma Gomez reported various member issues. Committee Member Gomez also questioned the agreement between GCHP and Monterey County allowing members to get services there. Manager Aguilar will discuss these issues with her offline.

Committee Member Raley stated that HICAP hopes to have their new office open in April, 2014. She went on to say that HICAP was very proud to receive a grant allowing them to begin taking applications for Supplemental Security Income benefits, medical health savings plans, etc.

ADJOURNMENT

Meeting was adjourned at 7:06 p.m.

This page intentionally left blank.

AGENDA ITEM 2

To: Gold Coast Health Plan Consumer Advisory Committee

From: Michael Engelhard, Chief Executive Officer

Date: June 18, 2014

Re: CEO Update

DHCS Update

The Plan received the official closure letter from the Department of Health Care Services (DHCS) on May 8, 2014 for Addendum B -- the Medical Review portion of the Consolidated Corrective Action Plan (CAP). Addendum B of the CAP identified more than 100 deficiencies during November 2011 to October 2012 review period. The department recognized the Plan for our cooperation and support in closing out Addendum B deficiencies. The close out of Addendum B reflects the hard work of GCHP staff in all areas of the organization. The Plan is actively working with DHCS on Addendum A – the financial portion of the consolidated CAP.

State Programs and Budget Update

The Department of Health Care Services will be removing hemophilia blood factor from Medi-Cal managed care beginning July 1, 2014. Plans were notified of this change via Operating Instruction Language (OIL) letters that these services will be carved out of the Plan contracts. This will still be covered by the Medi-Cal program but will now be the financial responsibility of the state fee-for-service program.

The California state budget has not yet been finalized and signed into law. An update will be provided once this occurs.

Adult Dental Benefit

The following benefits have been restored to the Denti-Cal Program as of May 1, 2014:

1. Exams and x-rays
2. Cleanings
3. Fluoride treatments
4. Fillings
5. Anterior root canals (front teeth)
6. Prefabricated crowns
7. Full dentures
8. Other medically necessary dental services

This benefit is administered through Denti-Cal, not Gold Coast Health Plan.

Pending Medi-Cal Applications

Due to the large number of Medi-Cal applications received through Covered California and county human services agencies, DHCS has provided a link to their webpage to assist members in finding and receiving care. This link can be accessed on the Gold Coast Health Plan webpage under “Members” on the home page and then by clicking on “Welcome Members”.

GCHP – New Location

Gold Coast Health Plan moved into a new location effective Monday, April 7th. The Plan is leasing space at 711 E. Daily Drive in Camarillo. This will allow for greater operating efficiencies by having Plan staff all located in a single location and will provide much-needed space for internal meetings, IT equipment and staffing growth as needed.

AGENDA ITEM 3

To: Gold Coast Health Plan Consumer Advisory Committee
 From: Michelle Raleigh, CFO
 Date: June 18, 2014
 Re: CFO Update

Financial Update

Gold Coast Health Plan (GCHP or Plan) posted the following results for the first 10 months of this fiscal year, with a summary comparison below to the budget:

Financial Item	7/1/13-4/30/14 Actual Results	7/1/13-4/30/14 Budget Estimate	Comments
Member Months	1,248,103 124,810 average members	1,239,779 123,978 average members	Membership is very close to what was expected (variance of 0.7%) for the 10 months ended 4/30/14.
Revenue	\$313.8 million	\$313.3 million	Revenue is larger than expected due to the membership growth, with more members than expected in higher capitation rate cells.
Health Care Costs	\$275.5 million 87.8% of revenue	\$277.6 million 88.6% of revenue	Health care costs were better than budget due to lower than expected Specialty, Pharmacy, and Net Reinsurance costs. These savings were partially offset by increases in LTC/SNF costs.
Administrative Costs	\$21.4 million 6.8% of revenue	\$21.9 million 7.0% of revenue	Administrative costs were very close to budget with savings primarily due to delays in hiring and less reliance on consultants. Partially offsetting the above mentioned positive variances are higher costs for services that are paid based on a per member basis.
Net Income	\$16.9 million	\$13.8 million	Net Income is larger than budgeted primarily driven by factors outlined above.

<i>Tangible Net Equity (TNE) with Lines of Credit</i>	\$28.7 million	\$25.7 million	TNE inclusive of the two lines of credit of \$7.2 million exceeded the minimum TNE required by the State at this point in time.
<i>TNE without Lines of Credit</i>	\$21.5 million	\$18.5 million	TNE excluding the two lines of credit also exceeded the minimum TNE required by the State at this point in time. The Plan is having discussions with the State regarding paying back the lines of credit to the County of Ventura.
Financial Item	7/1/13-4/30/14 Actual Results	7/1/13-4/30/14 Budget Estimate	Comments
<i>Minimum Required TNE</i>	\$15.8 million	\$15.3 million	The minimum required TNE will grow as the membership grows. Also, the State continues to formally monitor managed care plans if they are under 150% of the minimum requirement and informally monitor plans under 200% of the minimum requirement.

FY2014-15 Budget

GCHP staff will be presenting the final FY2014-15 budget to the Plan's Commission for approval on June 23, 2014. Once approved, staff can share budget highlights at a Consumer Advisory Committee Meeting.



Gold Coast
Health PlanSM
A Public Entity



ACA Expansion Program Update

Consumer Advisory Committee

June 18, 2014

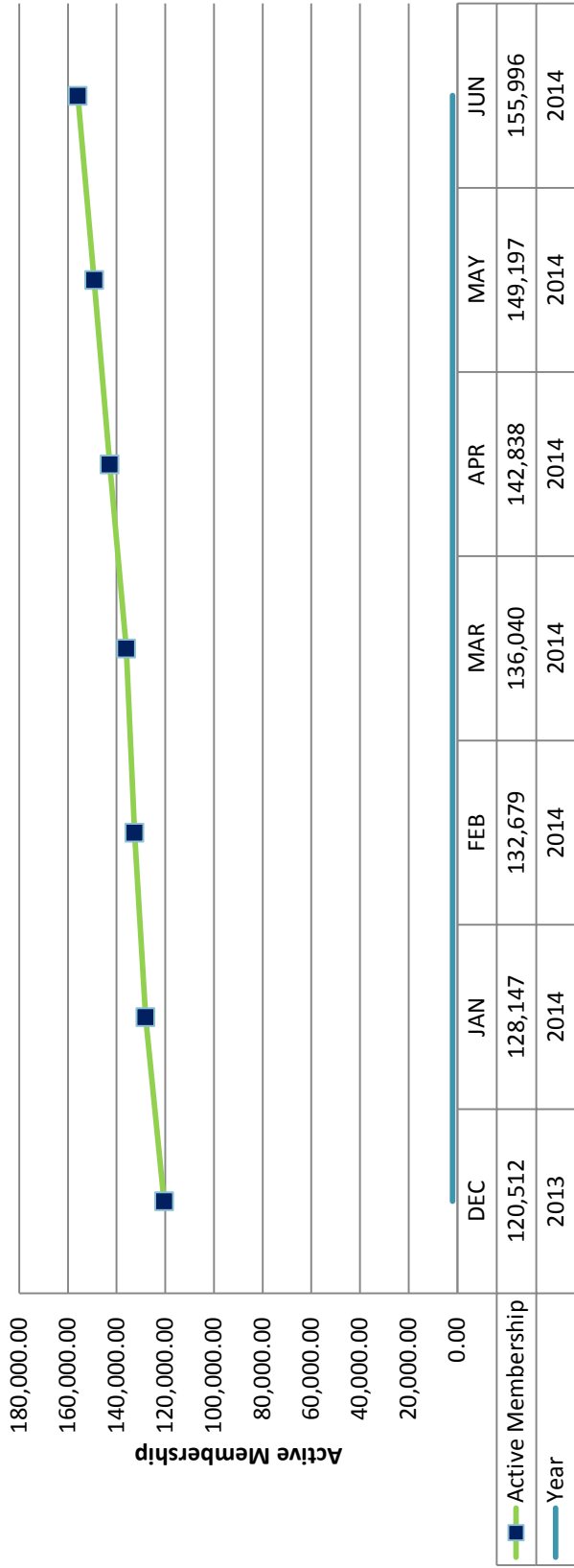
Ruth Watson, COO

GCHP Membership

June 2014 Total Membership 155,996

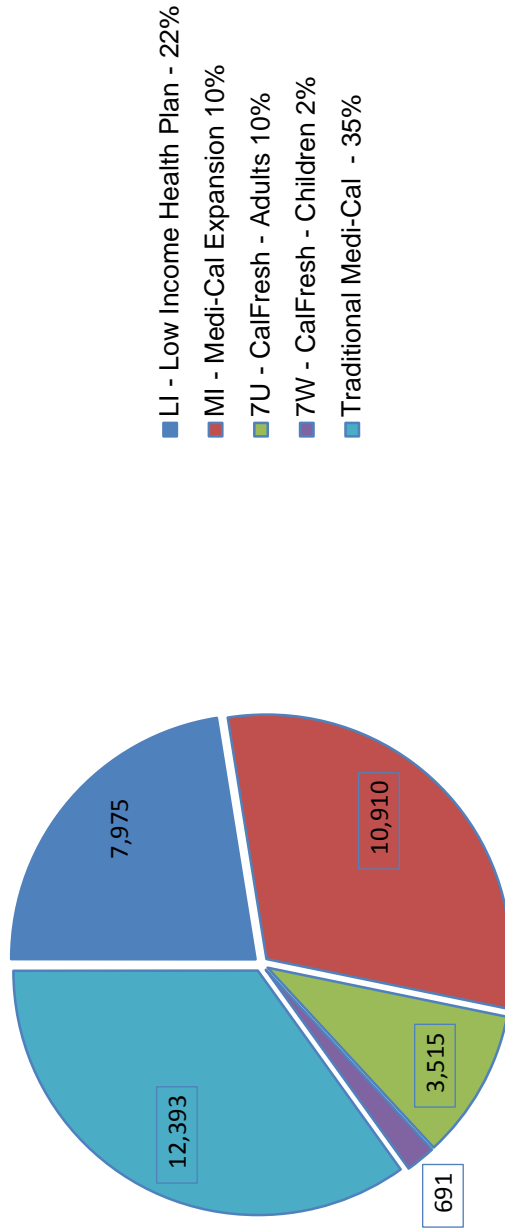
January through June membership growth - 35,484

GCHP Membership Increase January - June 2014



New Membership

GCHP New Membership Breakdown



Note: GCHP Pended eligibility (not shown) – 1,719

- **Members with aid code 8E – accelerated enrollment which provides immediate temporary, fee-for service, full scope Medi-Cal benefits for ages 65 and under.**

This page intentionally left blank.



Gold Coast
Health PlanSM
A Public Entity



2013 Gold Coast Health Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) MCP-Specific Report

March 2014

C. Albert Reeves, MD CMO

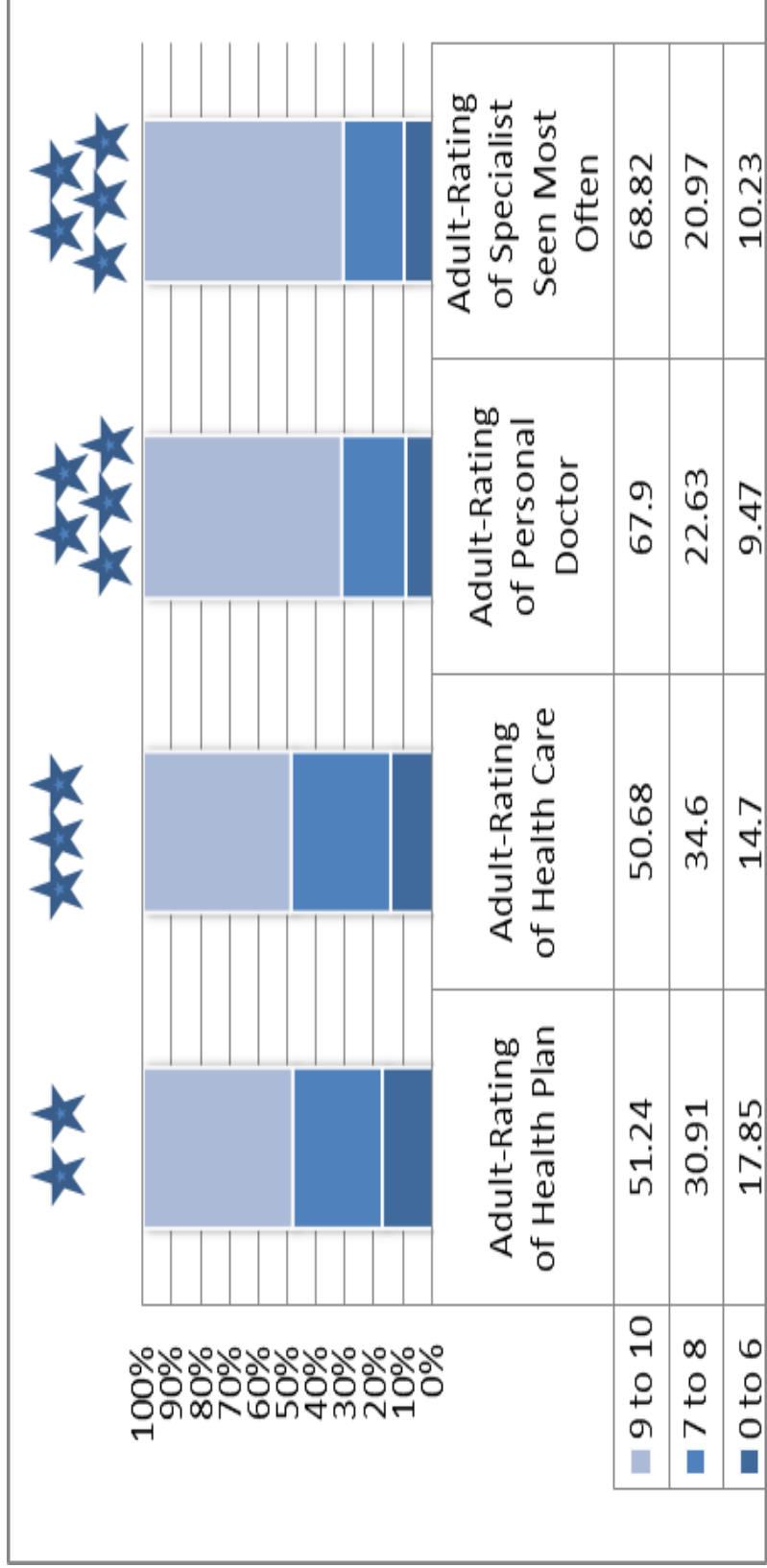
CAHPS Survey Sample

- DHCS provided HSAG with a CAHPS sample
- HSAG surveyed a sample size of 1,350 adult members and 1,650 child members
- Members samples were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2012
- Adult members had to be 18 years of age or older and child members had to be 17 years of age or younger as of December 31, 2012 to be included in the survey

2012 CAHPS

GCHP Adult Global Rating Responses

Scale 0 to 10; 0 = Worst; 10 = Best



Note: Percentages may not total to 100% due to rounding.



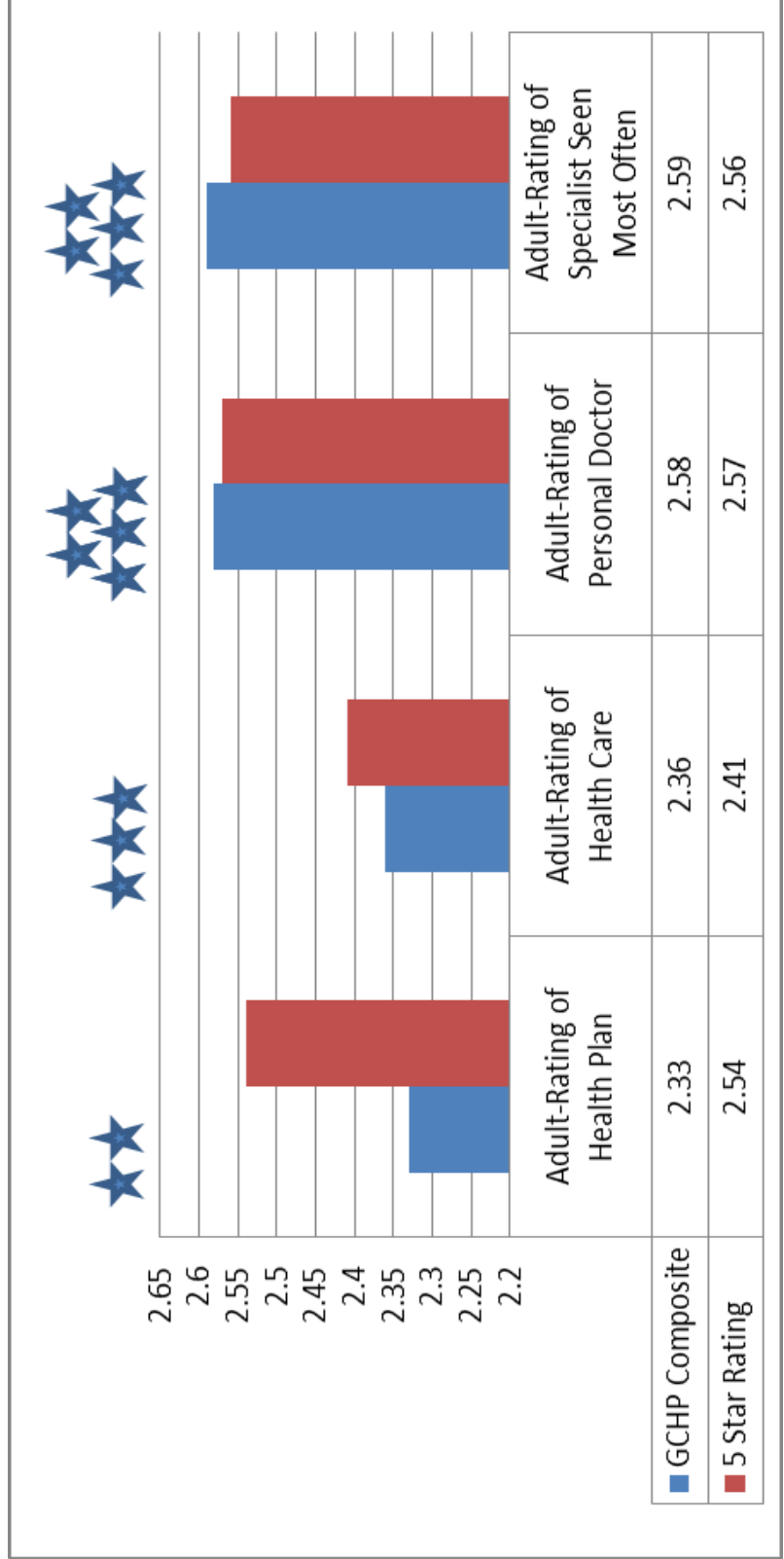
Adult Medicaid – Global Ratings

Table 3-4: Adult Medicaid Global Ratings for Gold Coast Health Plan				
Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often	
<p>2.54 2.46 2.40 2.32</p> <p>★★</p>	<p>2.41 2.37 2.31 2.25</p> <p>★★★</p>	<p>2.57 2.51 2.46 2.42</p> <p>★★★★★</p>	<p>2.56 2.52 2.47 2.43</p> <p>★★★★★</p>	
<p>The green section represents five stars, the blue section represents four stars, the yellow section represents three stars, the orange section represents two stars, and the red section represents one star. + If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.</p>				



2012 CAHPS

GCHP Adult Global Rating Compared to 5 Star Score Measured on a 3 Point Scale





Adult Medicaid – Composite Measures

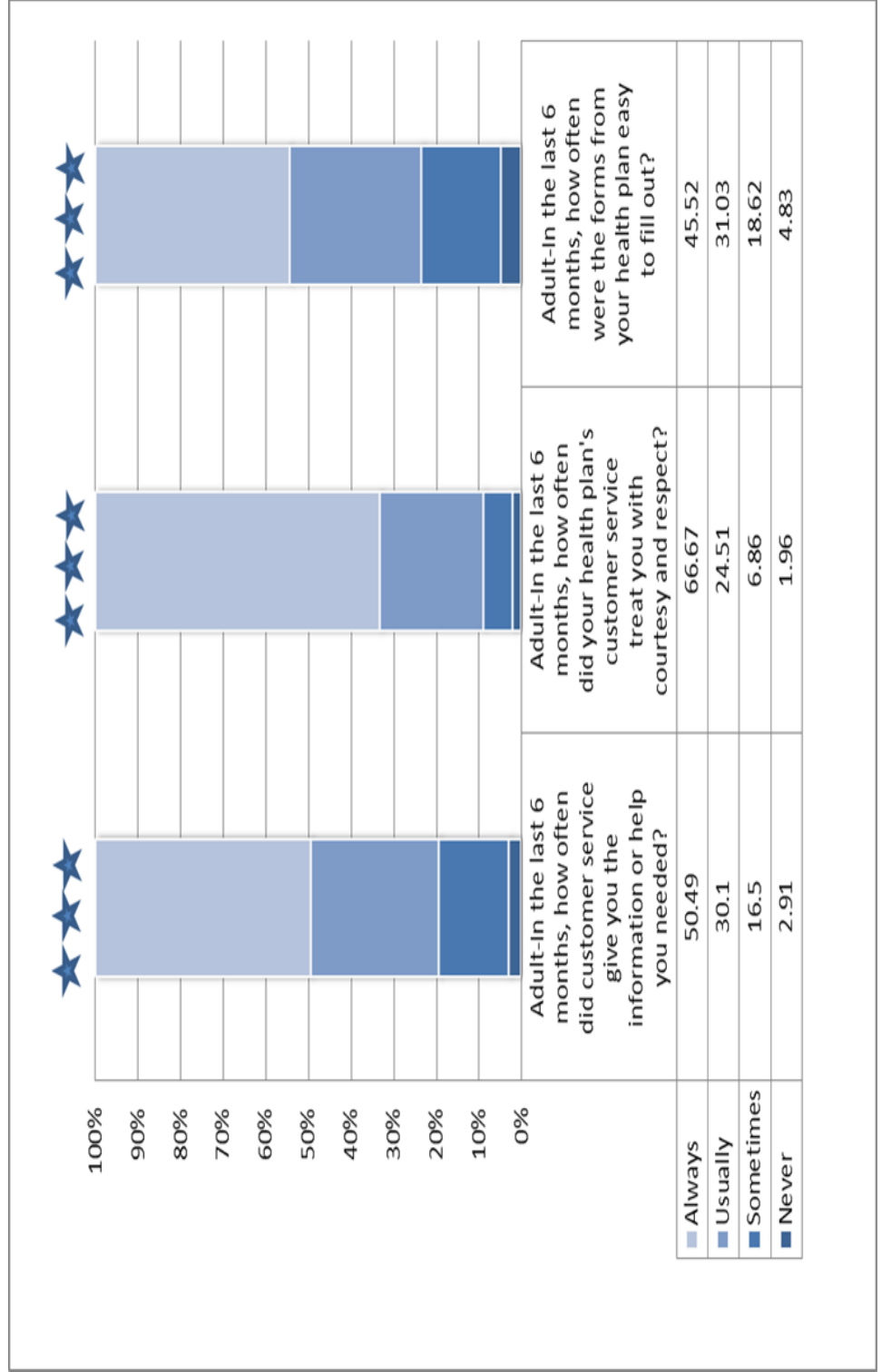
Table 3-5: Adult Medicaid Composite Measures for Gold Coast Health Plan				
Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	
<p>2.43 2.35 2.28 2.18</p> <p>2.10</p> <p>★★★</p>	<p>2.48 2.44 2.40 2.33</p> <p>2.29</p> <p>★</p>	<p>2.64 2.58 2.54 2.48</p> <p>2.56</p> <p>★★★</p>	<p>2.55 2.47 2.42 2.34</p> <p>2.44</p> <p>★★★</p>	
<p>The green section represents five stars, the blue section represents four stars, the yellow section represents three stars, the orange section represents two stars, and the red section represents one star. + if the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.</p>				

CAHPS 2012

GCHP – Adult Access to Care Composite Measures

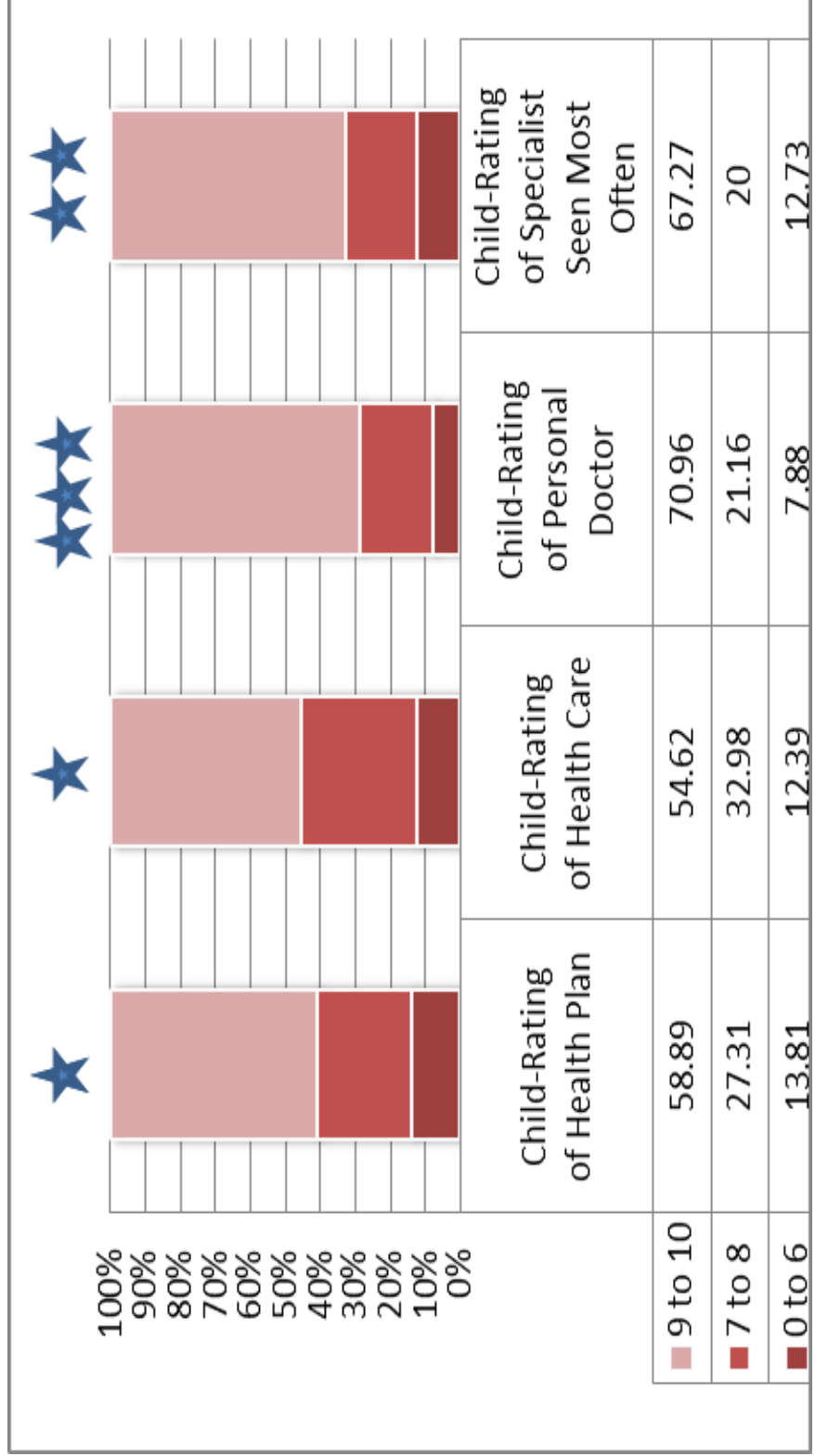


2012 CAHPS GCHP Adult Customer Service Composite Measure





2012 CAHPS GCHP Child Global Rating Responses Scale 0 to 10; 0 = Worst; 10 = Best



Note: Percentages may not total to 100% due to rounding.

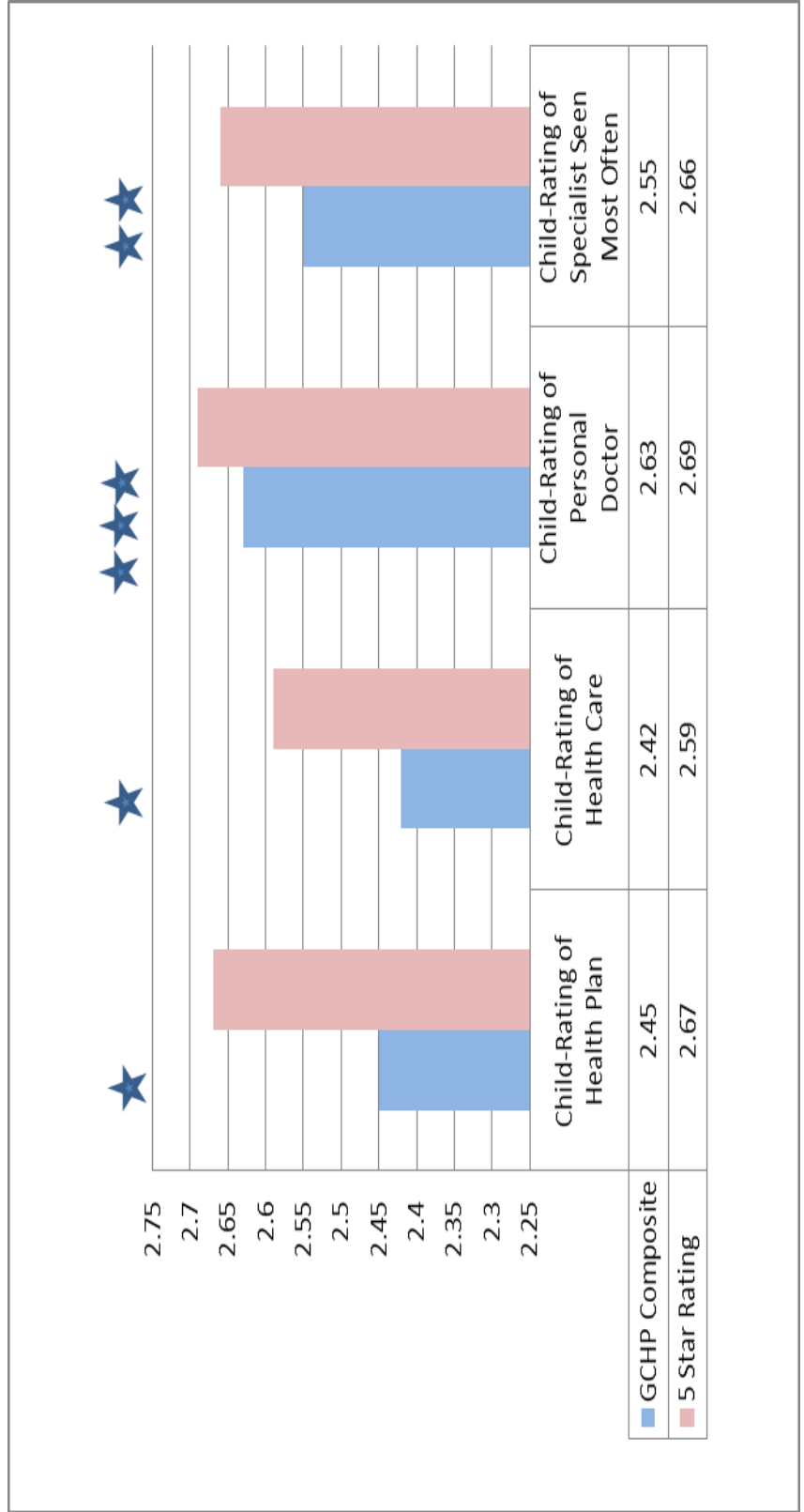


Child Medicaid – Global Ratings

Table 3-6: Child Medicaid Global Ratings for Gold Coast Health Plan				
Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often	
<p>2.67 2.62 2.57 2.51 2.45</p>	<p>2.59 2.57 2.52 2.49 2.42</p>	<p>2.69 2.65 2.62 2.58 2.63</p>	<p>2.65 2.62 2.59 2.53 2.55</p>	
<p>The green section represents five stars, the blue section represents four stars, the yellow section represents three stars, the orange section represents two stars, and the red section represents one star. + If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.</p>				

2012 CAHPS

GCHP Child Global Rating Compared to 5 Star Score Measured on a 3 Point Scale



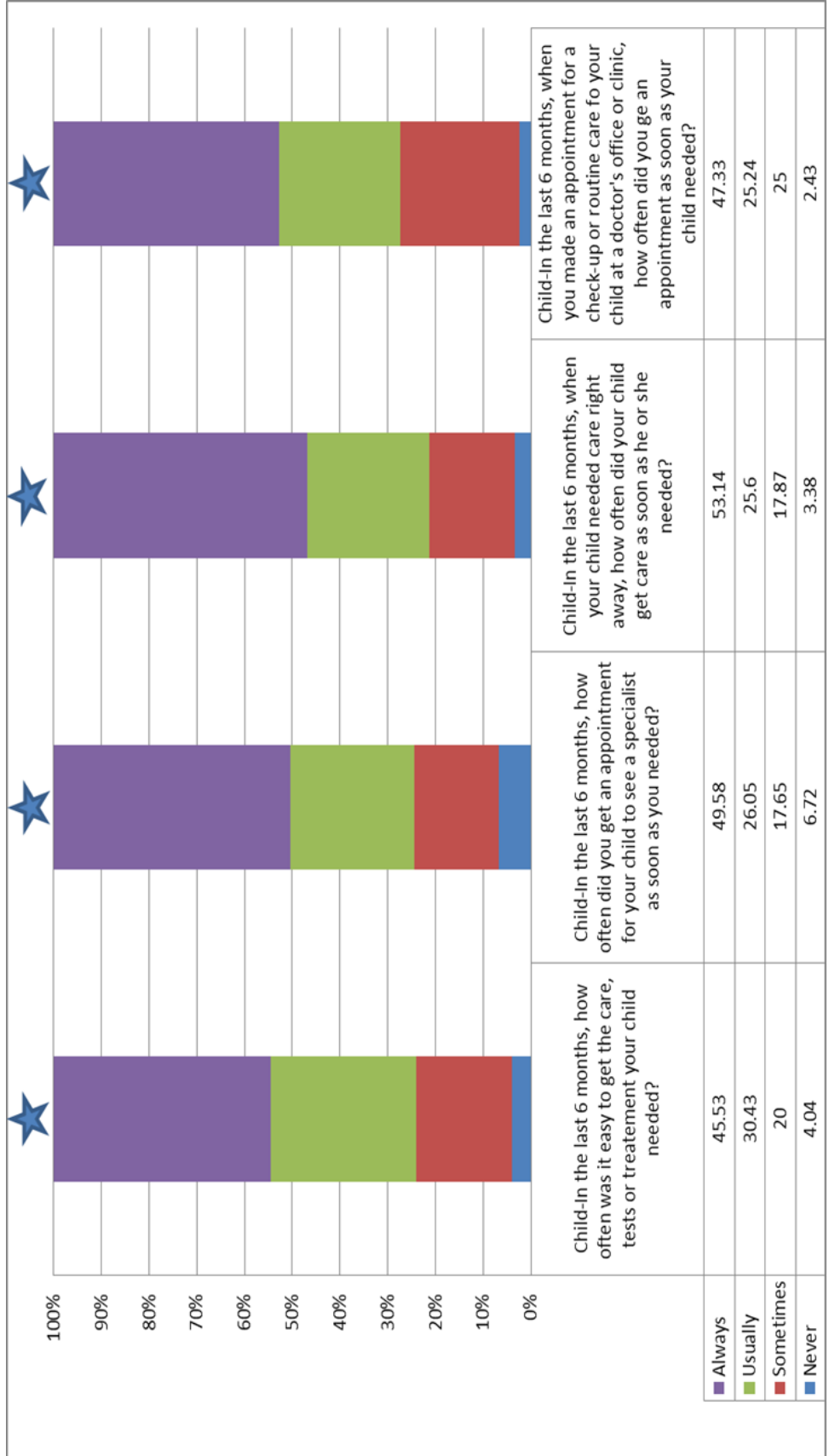


Child Medicaid – Composite Measures

Table 3-7: Child Medicaid Composite Measures for Gold Coast Health Plan				
Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	
<p>2.50 2.45 2.36 2.29 2.23</p>	<p>2.69 2.66 2.61 2.54 2.26</p>	<p>2.75 2.72 2.68 2.63 2.51</p>	<p>2.58 2.51 2.46 2.40 2.35</p>	
<p>The green section represents five stars, the blue section represents four stars, the yellow section represents three stars, the orange section represents two stars, and the red section represents one star. + If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.</p>				

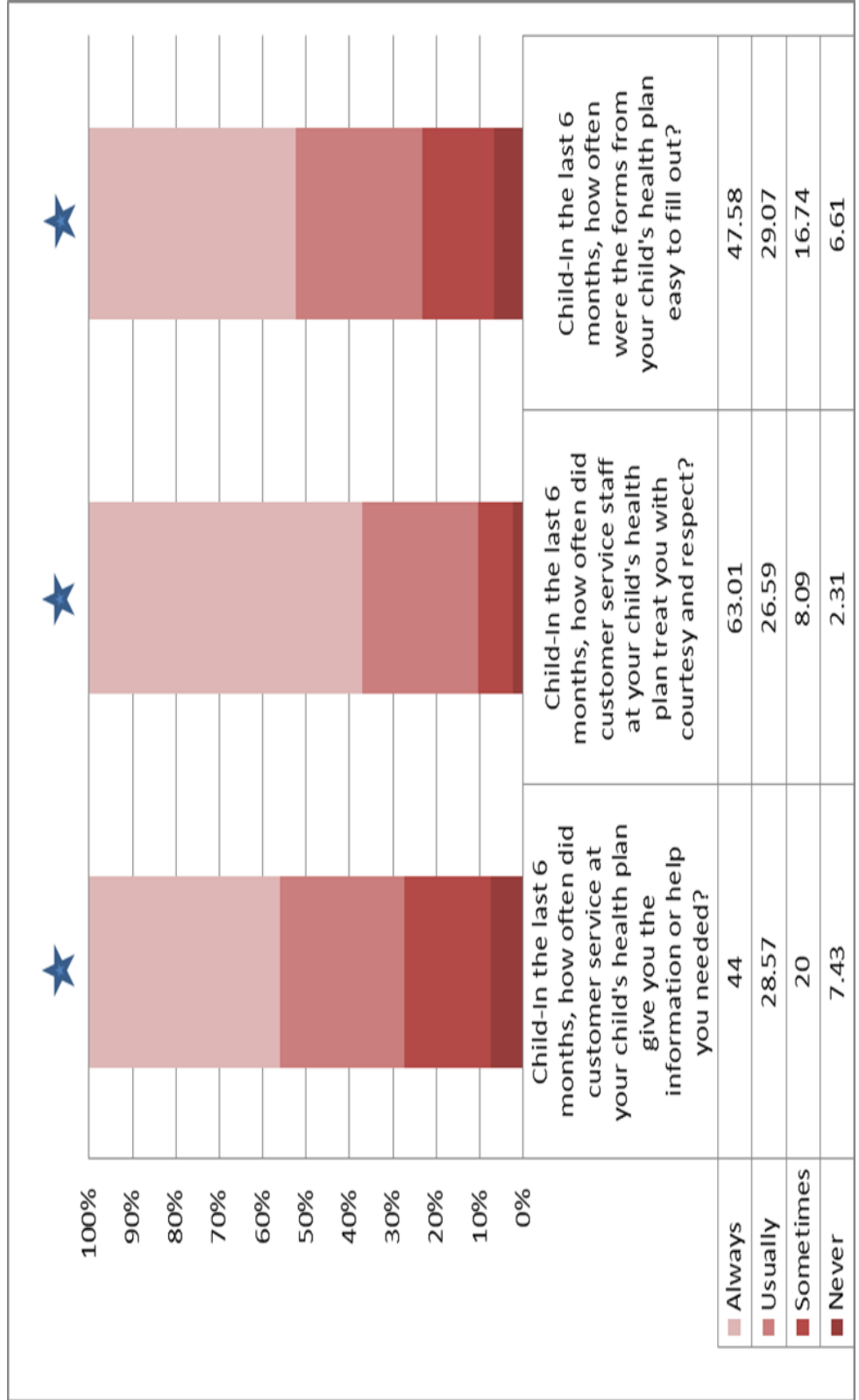
Due to the changes to the Getting Needed Care composite measure, caution should be exercised when interpreting the results of the NCOA comparisons and overall member satisfaction ratings for this measure. For detailed information on the changes to the composite measure, please refer to the Executive Summary section of this report.

CAHPS 2012 GCHP Child – Access to Care Composite Measures



2012 CAHPS

GCHP Child Customer Service Composite Measure





Recommendations

- Look into doing focus groups stressing access to care in an attempt to identify differences in provider groups by inviting members/stakeholders stratified by clinic or provider group
- Since we have control over customer service, look into ways to improve.



Medi-Cal Managed Care Performance Dashboard Summary Level Dashboard: 2013 Q4

QUALITY AND SATISFACTION

2010 CAHPS Satisfaction with Health Plan (9 or 10 Rating): Statewide			
Statewide	Adult	Child	
Plan	Rate	Plan	Rate
KP North	65.4%	KP South	73.4%
KP South	64.9%	KP North	72.3%
HPSM	54.4%	CCAH	70.7%
CCAH	51.2%	HPSM	70.0%
Partnership	50.9%	SCFHP	68.0%
CenCal	48.7%	CalOptima	66.1%
HPSJ	48.1%	CenCal	64.9%
CalOptima	48.1%	LA Care	63.1%
IEHP	46.7%	HPSJ	62.8%
KFHS	46.1%	IEHP	61.9%
LA Care	45.9%	CCHP	61.3%
CHG	45.6%	Health Net	61.2%
Health Net	44.7%	Partnership	61.1%
CCHP	44.6%	KFHS	61.1%
Alameda Alliance	44.4%	CHG	61.0%
SCFHP	43.0%	Care First	60.9%
Molina	42.6%	ABC	59.8%
ABC	40.5%	Molina	59.4%
Care First	39.0%	Alameda Alliance	58.4%
SFHP	38.0%	SFHP	58.0%
Average	47.6%	Average	63.8%

Note: The CAHPS Statewide Average represents a straight average

of all health plans (not the weighted average). Medi-Cal Managed Care members were surveyed to rate their MCP on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible."

2013 CAHPS Satisfaction with Health Plan (9 or 10 Rating):

Adult			Child		
Plan	Rate	Plan	Rate	Plan	Rate
KP South	70.0%	KP South	78.9%		
KP North	68.8%	KP North	76.2%		
IEHP	57.3%	HPSM	70.3%		
CalOptima	56.5%	SCFHP	68.7%		
HPSM	56.5%	CalOptima	68.5%		
CCAH	54.7%	HPSJ	68.4%		
HPSJ	54.2%	LA Care	68.2%		
GCHP	51.2%	IEHP	67.8%		
Partnership	51.1%	CHG	67.3%		
SCFHP	50.7%	Health Net	66.5%		
KFHS	50.2%	KFHS	65.9%		
CCHP	49.9%	CalViva	65.9%		
Care First	49.6%	Alameda Alliance	65.8%		
CalViva	48.8%	Care First	64.4%		
Health Net	47.7%	CenCal	64.3%		
SFHP	47.5%	ABC	64.3%		
CHG	47.5%	CCAH	64.2%		
CenCal	47.0%	Partnership	61.0%		
LA Care	46.6%	SFHP	60.9%		
ABC	46.3%	CCHP	60.8%		
Alameda Alliance	45.2%	Molina	59.4%		
Molina	44.7%	GCHP	58.9%		
Average	51.9%	Average	66.2%		

May 2, 2014

Dear Community Partner,

Gold Coast Health Plan (GCHP) cordially invites your agency to participate in our *Community Resource Fair* to be held on **Saturday, June 28, 2014** at Del Sol Park in Oxnard, CA. The event hours will be from 9:00 a.m. to 4:00 p.m.

GCHP is the County Organized Health System (COHS) for Ventura County's Medi-Cal beneficiaries and our goal is to provide access to information and services regarding health education, local resources and important health care benefits. The GCHP *Community Resource Fair* will be open to local Ventura County communities and is expected to attract approximately 300 individuals.

If you would like to be part of this event, please complete and send the attached registration form by **Friday June 6, 2014**, so that we may accommodate for your agency accordingly.

Please feel free to contact the Health Education Department at Outreach@goldchp.org or Sarah Palomino, Outreach Representative at (805) 437-5605 for any additional questions. Thank you for consideration!

Sincerely,

Lupe Gonzalez, Ph.D, M.P.H
Manager of Health Education

Page Intentionally Left Blank



Free Health Screenings

Community Resource Fair



Saturday, June 28, 2014

9:00 am to 4:00 pm

Del Sol Park, 1800 Camino Del Sol, Oxnard, CA 93030

For more information please call us at:

805.437.5605

or email Outreach@goldchp.org



Gold Coast Health PlanSM

A Public Entity





Exámenes de Salud Gratuitos

Feria de Recursos Comunitarios



sábado, 28 de junio de 2014

9:00 am a 4:00 pm

Parque Del Sol, 1800 Camino Del Sol, Oxnard, CA 93030

Para más información favor de llamarnos al:

805.437.5605

o por email Outreach@goldchp.org



Gold Coast Health PlanSM
A Public Entity

