

**Public Meeting of the
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION**

DATE: Monday AUGUST 23, 2010
TIME: 3:00-5:00 PM
PLACE: Ventura County Public Health- 2240 E Gonzales Road Suite 200-Oxnard CA 93036

AGENDA

Item	Documents for Review	SUBJECT	Presenter	Time
1		Call to Order and Pledge of Allegiance	Michael Powers	3:00-3:01
2		Welcome and Roll Call	Michael Powers	3:01-3:05
3		Introduction-Tin Kin Lee Gold Coast Health Plan Legal Counsel	Michael Powers	3:05-3:15
4 ACTION	Attachment A Meeting Minutes 7-26-2010	Review and Approval- Minutes July 26, 2010	Michael Powers	3:15-3:20
5		Public Comment/Correspondence	Open	3:20-3:30
6 INFORM	Attachment B INTERIM CEO REPORT	August 23, 2010 Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission	Terrie Stanley	3:30-3:40
OLD BUSINESS				
7 ACTION	Attachment C Board Letter Executive/Finance Committee Recommendation for Interim CEO to Finalize a Lease Agreement	Selection of Office Location for Gold Coast Health Plan	Terrie Stanley	3:40-3:55
NEW BUSINESS				
8 ACCEPT AND FILE	Attachment D Finance Committee Meeting Minutes of July 26, 2010 and NOTE: August 11, 2010 distributed at meeting	Accept and File Minutes of the Executive/Finance Committee Meetings of July 26 and August 11, 2010	Terrie Stanley	3:55-4:05
9 ACTION	Attachment E Board Letter Role of the VCMMCC in Gold Coast Health Plan's Quality Program Attachment E1 Quality Improvement Program Policy Attachment E2 Credentials Committee Policy	The Role of the Governing Board in the Quality Improvement Activities for Gold Coast Health Plan and Policy Approval on Quality Program and Credentials Committee	Terrie Stanley	4:05-4:30
10 ACCEPT AND FILE	To Be Distributed at Meeting	Presentation by Affiliated Computer Services	ACS Staff	4:30-4:45
CLOSING/REMARKS				
11		Final Comments from Commissioners	All	4:45-4:50
12		Adjourn	Michael Powers	5:00

Meeting agenda and documents available at meeting location and at our website www.vchca.org/cohs

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT LAURA AT 805/981-5023. 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

VCMMCC

Commission Meeting Minutes

Ventura County Public Health
2240 E. Gonzales Road, Suite 200
Oxnard, CA 93036

July 26, 2010

√	Commission Members in Attendance	
√	Michael Powers , Director, Ventura County Health Care Agency	√ Roberto S. Juarez , CEO, Clinicas del Camino Real, Inc.
√	Lanyard Dial, MD , Physician, Ventura County Medical Association	√ Kathy Long , Ventura County Board of Supervisors
	David Araujo, MD , Director, Ventura County Medical Center Family Medicine Residency Program	√ Tim Maurice , Private Hospitals/Healthcare System
√	Maylee Berry , Medi-Cal Beneficiary Advocate	√ Catherine Rodriguez , Ventura County Medical Health System
√	John Fankhauser, MD , Physician, Ventura County Medical Center Executive Committee.	√ Anil Chawla, MD , Physician, Clinicas del Camino Real, Inc.
	Rick Jarvis , Private Hospitals/Healthcare System	

Staff in Attendance	Consultants/Guests in Attendance
Terrie Stanley , Interim CEO, Ventura COHS	Javier Portela, California Department of Health Care Services (DHCS)
Jon Polich , Assistant County Counsel	Cris DeMoraes, COHS Unit, DHCS
Dee Pupa , Interim Assistant Clerk of the Board	
Alison Sawyer , Interim Clerk of the Board	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1. Call to Order and Pledge of Allegiance Michael Powers	<ul style="list-style-type: none"> The meeting was called to order at 3:10 p.m. Pledge of Allegiance 	
2. Roll Call	<ul style="list-style-type: none"> All Commissioners present, except for Dr. Araujo and Mr. Jarvis, both excused. A quorum was present 	
3. Minutes of the Prior Meeting Michael Powers	<p>The Minutes of the June 28, 2010 VCMMCC meeting were presented for review and approval.</p> <p>Mr. Maurice had the following two corrections to the Minutes:</p> <ul style="list-style-type: none"> - Item 11, Action Taken: "Mr. Maurice made the motion to approve the recommendation with the amendment that the Policy cover 	Mr. Maurice made the motion to approve the minutes as corrected, Ms. Berry seconded. Noting he was not in attendance at the meeting, Dr. Dial did not vote.

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>County clinics, community clinics, and Federally Qualified Health Centers (FQHCs).”</p> <p>- Item 12, Action Taken: “Mr. Maurice made the motion to approve the recommendation.”</p>	<p>Approved: 8-0</p>
<p>4. Interim CEO Report</p> <p>Terrie Stanley</p>	<p>- State Contract and Rates: Ms. Stanley informed the Commission that the formal letter from the DHCS was received but that the state rates were still pending. They are anticipated by tomorrow. As soon as the state rates are received they will be provided to the actuary to begin working on the rate development for the plan.</p> <p>Administrative Services Contracts:</p> <p>- ACS: Ms. Stanley introduced the new ACS Project manager, Cory Freshour. She noted they have made great progress on work plan development, especially where State deliverables are concerned. Mr. Juarez asked if ACS could present on their services and work plan. Mr. Freshour stated that he would be happy to present. Mr. Powers thanked Mr. Freshour for being in attendance.</p> <p>Ms. Stanley informed the Commission that they had a provider contracting session on July 22 and the feedback from the State was very helpful. A two-day provider network planning session is planned for the week of the 26th to map out when they go out to talk to providers which will be after the actuaries have developed the rates. The first installment of the \$200,000 was received July 7, 2010 and deposited into the newly established Treasury account. This will be an interim account until a back account can be set up – for which a Tax ID is required. Mr. Juarez asked whose name the account was it. Ms. Stanley responded that it was in the name of “Ventura County Managed Medi-Cal Commission” with the County Treasurer.</p> <p>RGS: Ms. Stanley noted that she has been working with Jennifer Bower, Human Resource Director for RGS-LGS. Ms. Bower met earlier with the Executive/Finance Committee and informed them that, as of last Thursday, they had have received eleven applications for the CEO, twenty-six for the CFO, and six for the CMO. Ms. Stanley noted that Ms. Bower had also mentioned that many more applications have come in since Thursday. After reviewing the benefits information, Mr. Juarez noted that the retirement plan</p>	<p>Informational Only</p>

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	<p>seemed generous and wondered if the 401(a) defined contribution could be “up to 10% plus an additional 2% match.”</p> <ul style="list-style-type: none"> - ScriptCare (PBM): Ms. Stanley noted that contractual changes have been requested and finalization is anticipated mid-August. In reference to ScriptCare, Mr. Juarez reminded the Commission that he likes to see three bids. Ms. Stanley noted that the ScriptCare proposal, although a separate contract, was part of the approved ACS proposal—when the vendors for administrative services were considered, each of the proposals included a pharmacy benefits management piece. Mr. Maurice inquired if ACS only contracts with ScriptCare. - Executive/Finance Committee Meeting: Ms. Stanley informed the Commission that, in order to be better prepared to discuss and approved recommendations from the Executive/Finance Committee, the Committee has determined it will meet 15 minutes prior to the commission meetings so that the Committee meeting minutes can be reviewed and approved. 	
	OLD BUSINESS	
<p>5. Selection of a Name for the Ventura County Organized Health Plan.</p> <p>Terrie Stanley</p>	<p>Recommendations from the Executive/Finance Committee:</p> <ol style="list-style-type: none"> 1. Full Commission shall select the name for the Ventura COHS. 2. The Commission shall not expend additional funds to hire an external entity to assist with the process of name selection. <p>Ms. Stanley reminded the Commission of the important issues surrounded name selections: obtaining community input, aligning it with the mission and with health/wellness, low potential for confusion, and good translatability. She handed out a list of suggested names and their Spanish translations. She informed the Commission that Sheila Murphy, Public Information Officer for the Ventura County Health Care Agency, provided the following advisory input from a professional group of county public information officers:</p> <ul style="list-style-type: none"> - Previous suggestion of “CHOICE” was not meaningful enough and too long. 	<p>Dr. Dial made the motion to select Gold Coast Health Plan as the Name, Ms. Berry seconded.</p> <p>Approved: 8-1</p>

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	<p>- Relate name selection to health care</p> <p>Ms. Stanley also noted that marketing professional Linette Coverly provided pro bono advice about using domain name searches and making sure the name translates well.</p> <p>Ms. Stanley stressed that picking a name at this time would assist in moving forward as, now that rates have been received from the State, we have to get printed materials out that will include the name and logo.</p> <p>Dr. Dial suggested going with “Gold Coast Health Plan”. Mr. Juarez noted that it was a missed opportunity to not hire a professional firm to develop the brand. He emphasized that the name and logo persevere, and a professional group should be hired to do it right. He also noted that there were incorrect translations on the distributed list. Mr. Powers agreed that the name is important but felt like there had been good outreach, and responses from local providers and beneficiaries.</p> <p>Supervisor Long noted that the Commission had discussed spending money for the development but that there was not support for this. Her additional concern was that spending money did not guarantee a consensus decision and time was of the essence.</p> <p>Public Comment: Dr. De La Garza asked about the input sources and stated that he felt bringing in a professional group was important and could be accomplished in 7-14 days. Ms. Stanley responded that input had come from community providers, the Commission, attendees at stakeholder meetings, and provider and community organizations. She stated that there were a lot of opinions but Gold Coast seemed to be agreeable to many—people from all over the County could identify with it.</p> <p>Dr. Dial recommended making the decision and not extending the time frame. Supervisor Long expressed her appreciation for the discussion, noting that a change could be made in the future. Ms. Rodriguez commented that there were a good amount of Commissioners in agreement.</p>	
	NEW BUSINESS	
6. Minutes of the	Recommendation: Receive and File Minutes of the	Dr. Chawla made the motion to

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Executive/Finance Committee Meetings.</p> <p>Terrie Stanley</p>	<p>Executive/Finance Committee Meetings on June 16 and July 14, 2010.</p> <p>During the review of the Executive/Finance Committee minutes, Ms. Stanley emphasized the value in the Executive/Finance Committee in reviewing and preparing information for the full Commission.</p> <p>Public Comment: Mr. Bob Rossi expressed concern about the carve-out of dental services from the Medi-Cal Managed Care plan. He noted that Commission Juarez had already looked into it. Mr. Juarez stated that dental and optometric care used to be part of the coverage but were then carved out. Ms. Stanley commented that dental services for enrollees of all the CHOS plans goes through a dental plan that the State is contracted with. The State has made adjustments to coverage in the past year resulting in coverage limited to children, and adults in long-term care. Historically, the rates the State offered were sufficiently low that other plans have not offered coverage. Ms. Stanley stated that if the Commission would like to pursue dental coverage, we would need to see the rates and, after careful and comprehensive study, if providers would accept plan rates. Dr. Dial noted that CCS is also carved out and wondered if bring back dental would be as difficult. Ms. Stanley responded that CCS is carved out by legislation, but this is not the case for dental services. Javier Portela from the Department of Health Care Services, COHS Unit, informed the Commission that the State has no way to develop rates for dental services. It would require waiver authority and historically has not been worth plans' or State's time. Mr. Juarez sought confirmation that when a rate is given by the State to a COHS it is inclusive of all medical services. Mr. Portela responded in the affirmative noting the exception of the carve-outs.</p>	<p>approve the recommendation, Ms. Berry seconded. Approved: 9-0</p>
<p>7. Selection of Fiscal Year for the Ventura County Organized Health Plan.</p> <p>Terrie Stanley</p>	<p>Recommendation from Executive/Finance Committee: Set-up the fiscal year for the Ventura County Organized Health Plan to correspond to the State of California's fiscal year – currently July 1, June 30.</p> <p>Ms. Stanley noted that aligning with the State's fiscal year will allow</p>	<p>Mr. Juarez made the motion to approve the recommendation, Supervisor Long seconded. Approved: 9-0</p>

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	<p>the COHS to budget and make revenue assumptions in correlation with the effective dates of capitation rates (revenue) which are currently adjusted every July 1.</p>	
<p>8. Selection of Legal Counsel for Ventura County Organized Health Plan.</p> <p>Terrie Stanley</p>	<p>Recommendation from Executive/Finance Committee: Direct Interim CEO to sign the Attorney-client Engagement Agreement for Health Care Counsel with Tin Kin Lee, Esq.</p> <p>Ms. Stanley noted that the COHS needs health care counsel, both during the development process and going forward, notably with the CHS contract and the provider contracts. She informed the Commission that she solicited three bids. One of the respondents withdrew their proposal due to potential conflicts.</p> <p>Mr. Lee has over 23 years of experience in the health care field and comes highly recommended. The agreement specifies an as-used basis, and he has given the COHS a good rate as it is a non-profit. She noted that he will charge some items separately (imaging, postage, travel, duplicating, etc). She stated that he is an excellent choice and has been good to work with. Supervisor Long asked if any local counsel had responded, Ms. Stanley stated that none had. Mr. Juarez asked if he had people in his office that would be available to us. Ms. Stanley responded in the affirmative. Dr. Dial asked if he would be coming to meetings and Mr. Powers asked if he would be coming to the next meeting. Supervisor Long suggested that during the start-up period he may be needed at every meeting. Ms. Stanley said she would check about his intended attendances. Commissioner Rodriguez requested clarification as to whether his travel expenses include time.</p>	<p>Mr. Juarez made the motion to approve the recommendation, Dr. Dial seconded.</p> <p>Approved: 9-0</p>
<p>9. Selection of Office Location for the Ventura County Organized Health Plan.</p> <p>Terrie Stanley</p>	<p>Recommendation from Executive/Finance Committee: Direct the Interim CEO to finalize and sign the lease agreement to locate the COHS office at 2220 E. Gonzales Road, Suite 200.</p> <p>Given that one of the locations under consideration is owned by the County, Supervisor Long informed the Commission that she would remove herself from discussion and voting. Mr. Powers and Ms. Rodriguez also excused themselves. When asked, Counsel Polich</p>	<p>(1) Dr. Dial made the motion to approve the recommendation, Ms. Berry seconded.</p> <p>Vote: 4 In Favor, 1 Against, 1 Abstain, 3 Recused.</p> <p>Motion not approved.</p> <p>(2) Mr. Maurice made the motion</p>

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	<p>informed the Commission that such action was not required, but was the prerogative of the Commissioners, and that only disclosure of the relationship was required.</p> <p>Ms. Stanley noted that when looking for an appropriate office space, she considered the following:</p> <ul style="list-style-type: none"> - Central location with proximity to public transportation - Adequate size and facilities - Minimal build-out - Building security and adequate parking <p>Ms. Stanley provided an information grid that compared various parameters for the sites found during her search of locations that met the above parameters. She stated that the optimal location, factoring in lease terms, sq foot cost, and other expenses, is at 2220 E. Gonzales, Suite 200, a County-owned facility.</p> <p>Mr. Juarez spoke against the motion (1), stating that he would like to see complete separation from the County. He also expressed concern that the space would still be adequate five years. He suggested that there were many other locations that would fit the requirements.</p> <p>Ms. Stanley noted that the Plan may grow, especially with Health Care Reform, but that it is not in the best interests to commit to that much square footage in advance of the need.</p> <p>There was discussion with Counsel as to what, given the recused Commissioners, constituted a majority. Counsel's opinion was that, as nine Commissioners were in attendance when the meeting started, five members constituted a majority.</p> <p>Motion (1) not approved</p> <p>Ms. Stanley responded to a question from Mr. Maurice noting that she limited her search to Oxnard, given its central location and largest beneficiary population. She mentioned that she does anticipate some beneficiaries coming into the office to meet with Member Services agents. Providers are also expected to visit.</p> <p>Mr. Juarez iterated the importance of looking for options. Dr. Dial commented on the importance of being close to the beneficiaries.</p> <p>Mr. Maurice made the motion (2) that staff look at competitive sites</p>	<p>to direct staff to research competitive sites in Ventura and Camarillo, reporting back to the Commission, Mr. Juarez seconded.</p> <p>Vote: 3 In Favor, 3 Against, 3 Recused.</p> <p>Motion not approved.</p> <p>(3) Mr. Maurice made the motion to return the issue to the Executive/Finance Committee, have it evaluate and make a recommendation to this Commission, Dr. Dial seconded.</p> <p>Vote: 5 In Favor, 1 Against, 3 Recused.</p> <p>Motion approved.</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>in Ventura and Camarillo, and report back with all options. Motion (2) not approved.</p> <p>There was further discussion concerning the additional lives that Health Care Reform may add. Ms. Stanley said the increase could be between 30-50%.</p> <p>Mr. Maurice made the motion (3) to return the issue to the Executive/Finance Committee for evaluation and recommendation. Motion (3) approved.</p>	
<p>10. Presentation on Health Care Reform</p> <p>Terrie Stanley</p>	<p>As requested at an earlier meeting, Ms. Stanley presented, as a Power Point presentation, a summary introduction to Health Care Reform (the Patient Protection and Affordable Care Act). She reviewed for the Commission the following items:</p> <ul style="list-style-type: none"> - Number of insured will dramatically increase in both private and public coverage products. - Establishment of an insurance exchange will make insurance coverages easier to compare and purchase. - Improvements will take time and things may get worse before they get better as cost pressure intensify in advance of full implementation. - State will require new resources as it is assigned many of the implementation and compliance tasks. 	Informational Only
<p>11. Final Comments from Commissioners</p>	<p>Chairman Powers thanked everyone for their time and effort, noting that progress was being made.</p>	
<p>12. Public Comment/Correspondence</p>	<p>There were no final Public comments.</p>	
<p>13. Adjourn</p> <p>Michael Powers, Chair</p>	<p>Mr. Powers adjourned the meeting at 4:50 p.m.</p>	

Submitted by:



Recorder

August 23, 2010-Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission

State Contract and Rates

The formal rate letter was sent by the department and received July 27th. The detail on how the rates were developed (Rate Development Template Detail Sheet by Aid Code) was requested on August 6th and received August 9th. Participated in a number of calls with Milliman actuaries to discuss the data and what additional information is needed before proceeding with the development of Primary Care Capitation Rates for our provider network. We want to be assured we understand how the state arrived at the number provided and perform some reasonable tests. Executive/Finance committee has reviewed the data and Ventura requested a call with the state actuaries so that additional clarification can be given on some outstanding questions.

Administrative Services Contracts

ACS

- Finalized detailed development of work plan to assure state deliverables are met
- Two day planning for provider network occurred July 26th and 27th

RGS

Staffing and Recruitment Update

Position Title	Opening Date	Closing Date	Announced* Where	Apps To Date
Chief Executive Officer	7/5/2010	8/2/2010	Payersandproviders.com; California Healthfax; Jobs Available; County Associations	80
Chief Financial Officer	7/5/2010	8/4/2010	Payersandproviders.com; California Healthfax; Health Care Financial Management Association; Jobs Available; County Associations	50
Chief Medical Officer	7/5/2010	8/18/2010	Payersandproviders.com, California Healthfax; CA Medical Association	16

*Announcements/ads or other placements will be occurring for the next few days while new sites/places are determined to be beneficial for the particular classification.

Interviews for CEO candidates will be completed by Exec/Finance on August 26&27. Top candidates will then be scheduled to interview with the full board. CFO candidates will be

reviewed by Exec/Finance on August 27. Top candidates will then be scheduled to begin the interview process with group the week of August 30th.

Other Positions:

Posted openings for the week of August 16th are Director(s) of:
Government Relations/ Health Services/Claims Operations/IT Systems/Member
Services/Provider Relations and Contracting

Logo Development

Worked with 4 vendors to get bids for development of Gold Coast Health Plan's Logo.

Gold Coast Outreach to Human Services Agency

Meetings set up with Division Heads to begin education and planning for beneficiary transition to Managed Care. This area will continue to do the eligibility determinations as that function remains unchanged.

**Attended August 18 and 19th California Association of Health Insuring
Organizations Board of Directors Meetings**

**VENTURA COUNTY
MEDI-CAL
MANAGED CARE
COMMISSION**

www.vchca.org/cohs

Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Leo Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
Physician
VCMC Executive Committee

Rick Jarvis
Private Hospital/
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

Tim Maurice
Private Hospital /
Health Care System
St. Johns Reg. Med. Center

Catherine Rodriguez
VCMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

Phone: (805) 677-5238
Fax: (805) 677-5203

DATE: August 23, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Gold Coast Health Plan Executive/Finance Committee, Terrie Stanley,
Interim CEO
SUBJECT: Location of Office and Lease Agreement

Recommendations: Bring Forward the Recommendation on Location and Lease Agreement
Terms for the Administrative Office of Gold Coast Health Plan

Discussion:

Gold Coast Health Plan needs to be able to enter into an office space lease for operations. The current plan calls for 39 staff to be hired over the coming months. The first 20 to be hired will consist mostly of management, executive support, provider relations and contracting staff. The final 19 to be hired will be operational and brought in during the last 30-45 days before "go-live". With an anticipated timeline of February 2011, member letters will be sent out by the state 90 days prior to that date. This means the plan will need operating phone number(s) and a permanent address for correspondence. There will need to be a primary care network in place as well as ACS staff to answer questions and concerns members may have. In order for ACS to set up their systems to interface with GCHP systems, a space needs to be secured and ready for IT and phone installations no later than mid-September. Since lease negotiations can take 30 days, mid- August is the timeframe for this to occur. As staff will be hired, there needs to be physical space to place people beginning the middle of September. Contracts and provider information will need to be entered into the ACS systems during the month of October.

Considerations include:

- Location-central to the County (The city of OXNARD has almost 50% of all enrollees-consideration should be given to locating the office here)
- Size of space-it is estimated to accommodate offices for directors and cubicles for staff as well as meeting room and common space-a minimum of 6,000 square feet of usable space is required-(150 per employee).
- Proximity to public transportation
- Minimal "build-out"-to keep costs down and be able to be operational in a compressed timeframe
- Term of lease and length of fixed pricing
- Full vs. limited service lease
- "Load Factor" of building
- Availability of having a lease ready to sign and not needing to negotiate terms
- Safety of building
- Adequacy of parking
- Due to the current financial situation, many landlords have the expectation that a business be operational with documented income source

At the July 26th meeting, the commission requested the recommendation for the location of the office and lease agreement come from the Executive/Finance Committee.

VCMCC

Ventura COHS Executive/Finance
Committee Meeting MinutesVentura County Public Health
2240 E. Gonzales Road, Suite 200
Oxnard, CA 93036

July 26, 2010

√	Committee Members in Attendance	Staff in Attendance
√	Terrie Stanley, Co-Chair Interim CEO	Dee Pupa, Interim Assistant Clerk of the Board
√	Narcisa Egan, Co-Chair Assistant Health Care Agency CFO	Alison Sawyer, Interim Clerk of the Board
√	Anil Chawla, MD, Director, Physician, Clinicas del Camino Real, Inc.	Guest:
√	Lanyard Dial, MD, Physician, Ventura County Medical Association	Jennifer Bower, Human Resources Director, Regional Government Services-Local Government Services.
	Rick Jarvis, Private Hospitals/Healthcare System	
√	Michael Powers, Director, Ventura County Health Care Agency	
√	Catherine Rodriguez, Ventura County Medical Health System	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1. Call to Order Welcome and Roll Call Terrie Stanley	<ul style="list-style-type: none"> The meeting was called to order at 2:33 p.m. All Members present, except for Mr. Jarvis (Excused). A quorum was present. 	
2. Minutes of Prior Meeting Terrie Stanley	The Minutes of the July 14, 2010 Executive/finance committee meeting were presented for review and approval.	Mr. Powers moved to approve the minutes, Ms. Rodriguez seconded. Approved: 4-0
3. Update on Survey for naming the Ventura COHS Terrie Stanley	Ms. Stanley informed the Committee that she had solicited feedback from various members of the community: practicing physicians, hospitals, and other providers and stakeholders. Marketing professional Lynette Coverly provided pro bono advice about using domain name searches and making sure the translated name is attractive. Ms. Stanley noted that "Gold Coast" received positive	Informational Only

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>input. Dr. Chawla commented that this item should be taken to the full Commission. Ms. Stanley responded that the item will go to the Commission but the Committee needs discuss it. Dr. Dial stated that picking a name is not the most pressing issue before the Committee, and that the name itself should suggest "local" and "health". Mr. Powers commented that he liked "Gold Coast" and wondered if the East County respondents felt it represented them as well. Ms. Stanley noted that the respondents had felt it to be equally representative.</p>	
<p>4. Staffing Update Terrie Stanley</p>	<p>Ms. Stanley introduced Jennifer Bower, Human Resources Director for Regional Government Services-Local Government Services. Ms. Bower informed the Committee that since they started recruiting about ten days ago, they have received eleven applications for the CEO, twenty-six for the CFO, and six for the CMO. She feels it is a good response although no screening has been done yet. She asked the Committee what the next steps should be: should a smaller group pre-screen and select a set for interviews. She suggested a smaller group could meet next week reviewing applications pre-screened for minimum qualifications, and then interviews could start the week after that. Dr. Dial commented that the CEO is such a key position that he recommends that (1) each application should be reviewed and ranked by all Cmte members, eliminating any ranked below a defined level; and (2) then the Cmte should meet to finalize the ranking, eliminating any ranked below a defined level and to conduct preliminary interviews. Ms. Stanley reminded the Cmte that personnel issues involving evaluation of applicants are done in closed sessions. Ms. Bower suggested that she could distribute the applications by Friday, 7/30, for Cmte members to review and rank, and the Cmte could meet the following Tuesday, 8/3. This closed session meeting was tentatively scheduled for Tuesday at 3:30, conditional upon calendar checks. Mr. Powers confirmed with Ms. Bower that the CFO and CMO evaluation and selection processes would begin after the CEO is in place. Dr. Chawla confirmed that the Cmte would narrow the choice</p>	<p>Informational Only</p>

AGENDA ITEM / PRESENTER	MOTIONS/ MAJOR DISCUSSIONS	ACTION TAKEN
	down to 3 candidates for the full Commission's action.	
5. Final Comments from Commissioners All	No Final Comments	
6. Public Comment/Correspondence Open	No Public Comment or Correspondence	
7. Adjourn Chair	Ms. Stanley adjourned the meeting at 2:50 p.m.	

Submitted by:



Recorder

**VENTURA COUNTY
MEDI-CAL
MANAGED CARE
COMMISSION**

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Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
Physician
VCMC Executive Committee

Rick Jarvis
Private Hospital/
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

Tim Maurice
Private Hospital /
Health Care System
St. Johns Reg. Med. Center

Catherine Rodríguez
VCMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

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Ventura, Ca. 93003

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DATE: August 23, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley, Interim CEO
SUBJECT: Role of the VCMCC in Gold Coast Health Plan's Quality Program

Recommendations:

Recommendation #1: Receive and File Presentation VCMCC's Role in Quality Programs and Activities

Recommendation #2: Approve Quality Improvement Program Policy

Recommendation #3: Approve Credentials Committee Policy

Discussion:

The VCMCC plays a key role in the Quality Program and Activities of Gold Coast Health Plan and has already approved the creation of both the Quality and Credentials committees.

The template contract provided to Ventura by the Department of Health Care Services has specific requirements placed on the board. The board must be involved in the development of the Quality Improvement Program Policy. The policy presented to you will provide goals of the program, delineate the program scope and authority and clarify the responsibilities of the Board. Approval of this policy will provide the basis for which further development of the program and the final QIP can be submitted to DHCS.

The Credentials Committee Policy will allow the VCMCC to delegate credential activities to the committee and receive regular feedback from that committee in the form of minutes and summary reports.

GOLD COAST HEALTH PLAN POLICY QUALITY IMPROVEMENT PROGRAM

Purpose:

The purpose of the Quality Improvement Program (QI Program) will be to identify and pursue opportunities for improvement in the quality of care and services delivered to Gold Coast Health Plan (GCHP) members, and to ensure that health care services provided conform to professionally recognized standards of care.

Policy:

The QI Program will provide the comprehensive structure for quality assurance and quality improvement activities of GCHP. The program's goal will be to promote consistency in the application of quality assessment and improvement functions throughout the full scope of health care services while providing a mechanism to:

- ensure integration with current community health priorities, standards, and public health goals,
- identify and act on opportunities to improve care and service,
- identify and act on opportunities to improve process to ensure patient safety,
- address potential or tangible quality issues, and
- review trends that suggest variations in the process or outcomes of care.

The QI Program will provide a reliable mechanism to review, monitor, evaluate, recommend and implement actions on identified opportunities to improve care and service. The Quality Improvement Program (QIP) will outline activities for the year and provide key elements in implementation to assure and improve quality. Activities are intended to assure and improve the quality of care for all GCHP members within the limits of the resources available to the plan and participating providers. Additionally, the plan will meet the requirements of state and federal agencies and standards.

SCOPE OF QUALITY IMPROVEMENT PROGRAM

The scope of the Quality Improvement Program (QI Program) will include the quality of clinical care and service for all members. The monitoring and evaluation of clinical issues reflects the population served without regard to age group, disease category, and risk status. The QI Program encompasses all aspects of medical care including:

- Continuous Quality Monitors (trends included)
- High-risk/High volume/problem prone care
- Diagnoses and procedures with a wide variation in cost or utilization patterns
- Identifying and addressing racial/ethnic and other disparities in health care delivery or outcomes
- Member Satisfaction (Analysis of member satisfaction surveys, complaint/grievance data)
- Facility Site Review survey to assess compliance with patient safety standards
- Ambulatory Medical Records Review
- Preventative Care Guideline (PCG) compliance, chronic and acute care
- Over and under-utilization
- Provider credentialing
- Promotion of Best Practice

The QI Program will encompass monitoring and evaluation of care and service in the following settings:

- Acute hospital services
- Ambulatory care, including preventive health care, perinatal care and family planning
- Emergency and urgent care services
- Ancillary care services, including but not limited to home health care, skilled nursing care, subacute care, pharmacy, medical supplies, Durable Medical Equipment (DME), therapy services, laboratory, vision and radiology services
- Long-term care including Skilled Nursing Facility Care, Rehabilitation Facility Care, and Home Health Care

AUTHORITY AND RESPONSIBILITY

Board of Commissioners

The Ventura County Medi-Cal Managed Care Commissioner (VCMMCC) will promote, support, and have ultimate accountability, authority, and responsibility for a comprehensive and integrated QI Program. The VCMMCC is ultimately accountable for the quality of care and services provided to members but will delegated direct supervision, coordination, and oversight of the program to the Chief Executive Officer and Quality Improvement Department under the supervision of the Chief Medical Officer. The board will approve the overall QI program and QI annual report; the CMO will be responsible for the day-to-day oversight of the QI Program. The board will receive operational information through reports from the CMO and/or the Health Services Departmental Report.

ATTACHMENT E2

**GOLD COAST HEALTH PLAN POLICY
CREDENTIALS COMMITTEE AUTHORITY AND RESPONSIBILITY**

Purpose: To outline the process by which the Gold Coast Health Plan's Board of Commissioners delegates credentialing activities to the Credentials Committee.

Policy: Gold Coast Health Plan's Board of Commissioners is accountable for all credentialing activities. The Board delegates the authority to approve credentialing policies and procedures, to act as a peer review committee for the review of provider credentials, and to make recommendations and final approval regarding credentialing decisions for providers to the Credentialing Committee.

The proceedings of each Credentials Committee meeting and actions taken shall be summarized in minutes which shall be reported to the Provider Advisory Committee and subsequently, to Gold Coast Health Plan's Board of Commissioners.



Ventura County Medi-Cal Managed Care Commission's Role in Quality Program and Activities

August 23, 2010



General Requirement

Implement an effective Quality Improvement System (QIS) in accordance with the standards in Title 28 CCR section 1300.70.

- Monitor
- Evaluate
- Take effective action to address needed improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting
- Accountable for quality of all Covered Services regardless of the number of contracting and subcontracting layers between Contractor and provider

This provision does not create a cause of action against the Contractor on behalf of a Medi-Cal beneficiary for malpractice committed by a subcontractor.



Accountability

ATTACHMENT E3

- A system of accountability which includes participation of the governing body of the organization
- Designation of a quality improvement committee with oversight and performance responsibility
- Supervision of activities by the medical director
- Inclusion of contracting Physicians and providers in the process of QIS development and performance review



Governing Body

ATTACHMENT E3

Implement and maintain policies that specify the responsibilities of the governing body including at a minimum:

- Approve the overall QIS program and the annual report of the QIS
- Appoint an accountable entity or entities within the organization to provide oversight of the QIS
- Routinely receive written progress reports from the quality improvement committee describing actions taken, progress in meeting QIS objectives, and improvements made
- Direct the QIS to be modified on an ongoing basis, and track review findings for follow-up

Quality Improvement Committee

Implement and maintain a Quality Improvement Committee designated by, and accountable to, the governing body.

- Committee facilitated by the Chief Medical Officer
- Ensure that subcontractors, representative of the composition of the contracted provider network, including but not limited to those providing health care services to Seniors and Persons with Disabilities or chronic conditions actively participate on the committee.
- Committee shall meet at least quarterly but as frequently as necessary to demonstrate follow-up on all findings and required actions.

Quality Improvement Committee (Continued)

- The activities, findings, recommendations, and actions of the committee shall be reported to the governing body in writing on a scheduled basis.
- Integrate Utilization Management activities into the QIS, including a process to report number and types of appeals, denials, deferrals, and modifications to appropriate QIS staff.
- Procedures for continuously reviewing the performance of health care personnel, utilization of services and facilities, and cost.



Delegation

ATTACHMENT E3

Accountable for all quality improvement functions and responsibilities (e.g. Utilization Management, Credentialing and Site Review) when and **IF** delegated, all subcontract will include, at a minimum:

- Responsibilities, and specific delegated functions and activities of the contractor and subcontractor.
- Oversight, monitoring, and evaluation processes and subcontractor's agreement to such processes.
- Reporting requirements and approval processes. The agreement shall include subcontractor's responsibility to report findings and actions taken as a result of activities at least quarterly.
- Actions/remedies if subcontractor's obligations are not met.



Delegation (Continued)

ATTACHMENT E3

Maintain a system to ensure accountability for delegated activities, that at a minimum:

- Evaluates subcontractor's ability to perform the delegated activities including an initial review to assure that the subcontractor has the administrative capacity, task experience, and budgetary resources to fulfill its responsibilities.
- Ensures subcontractor meets standards set forth by the Contractor and DHCS.
- Includes the continuous monitoring, evaluation and approval of the delegated functions.



Credentialing and Recredentialing

- Develop, and maintain written policies and procedures that include initial credentialing, recredentialing, recertification, and reappointment of Physicians including Primary Care Physicians and specialists in accordance with the MMCD, Credentialing and Recredentialing Policy Letter.
- Policies and procedures must be reviewed and approved by the governing body, or designee.
- Responsibility for recommendations regarding credentialing decisions will rest with a credentialing committee or other peer review body.



Standards for Provider Participation

- Must be qualified in accordance with current applicable legal, professional, and technical standards and appropriately licensed, certified or registered. Must have good standing in the Medicare and Medicaid/Medi-Cal programs.
- Providers that have been terminated from either Medicare or Medicaid/Medi-Cal cannot participate in Contractor's provider network.



Disciplinary Actions

- Implement and maintain a system for the reporting of serious quality deficiencies that result in suspension or termination of a practitioner to the appropriate authorities.

- Implement and maintain policies and procedures for disciplinary actions including, reducing, suspending, or terminating a practitioner's privileges.

- Implement and maintain an appeals process.



Media-Cal and Medicare Provider Status

- Verify that subcontracted providers have not been placed on the Suspended and Ineligible Provider list.

- Verify that subcontracted providers have not been terminated as Medi-Cal or Medicare providers.

Providers terminated by either Medicare or Medi-Cal/Medicaid or on the Suspended and Ineligible Provider list, cannot participate in the provider network.