AGENDA

SWEARING IN OF COMMITTEE MEMBERS

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 December 4, 2013

DISCUSSION ITEMS

2. CEO / CFO Report, Michelle Raleigh, CFO
3. ACA / LIHP / CalFresh Update, Ruth Watson, COO
4. Behavioral Health Update, Dr. Nancy Wharfield, Medical Director
5. CMO Update, Dr. Albert Reeves, CMO
6. Access to Care Survey, Sherri Bennett, Network Operations Director

Meeting Agenda available at [http://www.goldcoasthealthplan.org](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, 2220 E. GONZALES ROAD, SUITE 200, OXNARD, CA.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT 805/981-5285. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (VCMMCC) DBA GOLD COAST HEALTH PLAN
MARCH 19, 2014 CONSUMER ADVISORY COMMITTEE MEETING AGENDA (CONTINUED)

PLACE: 2240 E. Gonzalez, Room 200, Oxnard, CA
TIME: 5:00 p.m.

7. Annual Report to the Community, Steve Lalich, Director of Communications
8. ACAP Scholarship Essay Contest, Steve Lalich, Director of Communications
9. Public Health Grant - CDC Heart Disease Prevention, Lupe Gonzalez, Health Education Manager
10. Foster Children, Luis Aguilar, Manager Member Services

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on June 18, 2014 at 5:00 p.m. at 711 E. Daily Drive, Suite 106, Camarillo, CA 93010.
CALL TO ORDER

Chief Operations Officer Watson called the meeting to order at 5:11 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 McGinley swore in Committee Member Curtis Updike.

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 Jean Jordan, Rainbow Connection / Tri-Counties Regional Center
Alicia Flores, La Hermandad
Pedro Mendoza, Tri-Counties Regional Center

EXCUSED / ABSENT COMMITTEE MEMBERS
Frisa Herrera, Casa Pacifica
Rita Duarte-Weaver, Ventura County Public Health Department
Norma Gomez, Mixteco / Indigena Community Organizing Project
Lilliana Coria, ARC of Ventura County

COMMITTEE STAFF IN ATTENDANCE
Ruth Watson, Chief Operations Officer
Michael Engelhard, Chief Executive Officer
Michelle Raleigh, Chief Financial Officer
Dr. Nancy Wharfield, Medical Director Health Services
Lupe Gonzalez, Health Education Manager
Sherri Tarpinchonoff Bennett, Network Operations Director
Guillermo Gonzalez, Government Relations Director
Connie Harden, Member Services, Project Specialist
Rebekah Eccles, Administrative Assistant
OTHER STAFF IN ATTENDANCE
Traci R. McGinley, Clerk of the Board
Julie Booth, Quality Improvement Director
Steve Lalich, Communications Manager
Sonji Lopez, Member Services, Grievance & Appeals
Elena Aguayo, Member Services
Blanca Robles, Member Services
Stacy Diaz, Human Resources Manager
Brandy Armenta, Compliance Officer / Manager
David Becerra, Compliance Specialist
Chris Martinez, Compliance Specialist

Language Interpreting and Translating services were provided by GCHP from Lourdes González Campbell and Associates.

WELCOME AND INTRODUCTIONS

Chief Operations Officer (COO) Watson welcomed the Committee.

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of September 11, 2013
Committee Member Updike moved to approve the Regular Meeting Minutes of September 11, 2013. Committee Member Raley seconded. The motion carried. Approved 6-0.

APPROVAL ITEMS

2. Recruiting of Beneficiary Member for CAC
COO Watson reviewed the Consumer Advisory Committee (CAC) Beneficiary Member presentation to the Commission. COO Watson described the measures taken to recruit the new Beneficiary Member to the CAC.

The one year term appointment of the CAC Beneficiary Member seat will go forward to the Commission for approval at the January 27, 2014 Commission Meeting.

COO Watson stated that Michelle Gerardi currently is employed by HSA Ventura, Veterans Services as an intern in the Client Intake Office. She also worked for HELP of Ojai in the Community Assistance Program as a Case Management Aid.

Committee Member Updike moved to approve the appointment of Michelle Gerardi to the Beneficiary Member Seat of CAC. Committee Member Raley seconded. The motion carried. Approved 6-0.
DISCUSSION ITEMS

3. **CEO Report**
Chief Executive Officer (CEO) Engelhard reviewed his report and highlighted several topics, including 1) the progress of GCHP’s Corrective Action Plan; 2) the upcoming Medical Loss Ratio Evaluation performed by the State for FY 2012-13; and 3) the implementation of the new Medical Management System (MMS).

CEO Engelhard also presented a Government Affairs update including a brief discussion on the Medi-Cal Expansion and Low-Income Health Plan (LIHP) transition; the new mental health benefits; Covered California and the Affordable Care Act (ACA) physician payment increase.

CEO Engelhard added that two new Commission members were sworn in at the October 28, 2013 Commission Meeting.

4. **CFO Report – FY 2012-2013 Audit Results**
Chief Financial Officer (CFO) Raleigh reviewed the final audit report from McGladrey LLP, GCHP’s external financial auditor. It was noted by CFO Raleigh that McGladrey agreed with GCHP management’s judgment and accounting estimates for the financial statements presented for the period ending June 30, 2013.

5. **Medi-Cal Expansion / LIHP**
COO Watson reviewed the Medi-Cal Expansion Program presentation with the Committee. Committee Member Updike commented on the steps taken and accomplishments by HSA.

Discussion was held regarding the anticipated increase in membership due to the changes in the Low Income Health Plan (LIHP) program transition to Medi-Cal. It is estimated that the GCHP membership will increase by approximately 7,000 Members.

COO Watson noted that as of January 1, 2014, all health plans must provide behavioral health benefits. COO Watson stated this provides benefits for mild to moderate behavioral health conditions and expanded substance use treatment benefit.

COO Watson reported that GCHP could have more than 130,000 Members within a few months as additional enrollees are expected upon the January 1, 2014 implementation of the federal Affordable Care Act.

**RECESS**
A break was provided at 6:10 p.m. The meeting reconvened at 6:20 p.m.

6. **Behavioral Health**
Medical Director Wharfield reviewed the Behavioral Health presentation with the Committee. Medical Director Wharfield stated that the new behavioral health benefit provides coverage for mild to moderate behavioral health services. The new benefit includes individual and group therapy, psychological and outpatient medication management. Committee Member Jordan commented on the new benefit and how this will affect those Members she serves.
Medical Director Wharfield went on to say that the Department of Health Care Services (DHCS) has already notified the enrollees of the benefit change, but is still working to develop many of the details necessary for GCHP to administer this new benefit.

7. **Covered California Update**
Government Relations Director Gonzalez reviewed the Health Care Reform update, also known as the ACA. He reviewed several topics including 1) Medi-Cal Expansion and Benefits; 2) Covered California (Health Benefit Exchange); and 3) outreach to the eligible. Director Gonzalez discussed 2014 new benefits and the fact that Medicaid eligibility will be expanded up to 138% of the Federal Poverty Level (FPL). Director Gonzalez also commented on the 10 essential health benefits that must be provided all Medi-Cal members. He stated that of the 10 benefits, with the new behavioral health benefits, GCHP provides all of these benefits to GCHP Members.

Director Gonzalez presented information on the CA Health Exchange, also known as Covered CA. Committee Member Updike stated that for January 1, 2014 coverage, the sign-up date of December 15, 2013 has been changed to December 23, 2013 to allow members more time to sign-up.

Director Gonzalez also reviewed GCHP outreach activities that are taking place for the benefit of Members and potential Members.

8. **Managed Care Basics**
COO Watson stated that the information is provided in the packet for Committee Member’s review and suggested that due to the lack of time, this item not be presented. There were no objections from the Committee Members; therefore this informational item was not presented orally.

9. **Health Education – Outreach Update**
Health Education Manager Gonzalez reviewed the outreach activities and the Health Education Outreach materials provided, which include materials provided to Members in both English and Spanish including the “Winter 2014” GCHP Member Newsletter and information on the Tobacco Prevention and Quitting Smoking program.

Manager Gonzalez also presented the Staying Healthy Assessment (SHA) which will be required of all Members. She stated this is a very comprehensive assessment and will benefit Members and Providers.

**ADJOURNMENT**

Meeting was adjourned at 7:06 p.m.
AGENDA ITEM 2

To: Gold Coast Health Plan Consumer Advisory Committee
From: Michelle Raleigh, CFO
Date: March 19, 2014
Re: CEO & CFO Update

CAP Update
Gold Coast Health Plan (Plan) submitted responses to the Department of Health Care Services (DHCS) in reference to the following corrective action plans (CAP):

- Corrective Action Plan Addendum B (Medical): Submitted January 16, 2014
- Facility Site Review Corrective Action: Submitted February 13, 2014

The Medical Loss Ratio Evaluation (MLRE) data request was provided to the Plan on January 23, 2014, with data requests due back no later than March 3, 2014. An entrance call was held on January 29, 2014 between DHCS, the Department of Managed Health Care (DMHC) and the Plan. In response to the request, the Plan submitted the test files on February 13, 2014. Final submission of data and documents were sent on or before the March 3, 2014 deadline. DMHC confirmed the audit will be a remote audit and they will not be onsite.

Medi-Cal Managed Care Plans as Medicaid Certified Application Counselors
The Plan submitted its application to participate in the Certified Application Counselor Program (CAC). The objective of the CAC Program is to provide information and assistance to consumers regarding Covered California and to help facilitate enrollment in Medi-Cal.

Draft regulations were expected to be approved at the February 20, 2014 Covered California Board meeting. The Covered CA Board delayed adoption of regulations at their February 20, 2014 meeting because advocates requested that the regulations be amended. This was primarily due to concerns that particular entities, organizations or groups might steer members to particular plans. The Covered CA Board is expected to take up this issue and possibly adopt revised regulations at their March 20, 2014 meeting.
Move
The Plan will begin moving to our new building on Friday, April 4, 2014, with a business start date of Monday, April 7, 2014. The address of the new building which will house all Plan employees is as follows:

Gold Coast Health Plan
711 E. Daily Drive, Suite 106
Camarillo, CA 93010-6082

Financial Update
The Plan continues to generate positive net income from operations. On a fiscal year-to-date basis through January, the Plan’s net income is approximately $11.5 million, which is higher than the $9.8 million assumed in the budget. These operating results have contributed to Tangible Net Equity (TNE) reserve level of approximately $23.4 million, which exceeds both the budget of $21.7 million by $1.7 million and the State required TNE amount of $14.5 million (84% of $17.3 million) by $8.9 million.

Legislative Update
The State Legislature is in the second year of a two-year session which ends on August 31, 2014. The deadline to introduce bills in both Assembly and Senate was February 21, 2014. The Assembly has elected a new Speaker, Toni Atkins who represents the San Diego area. The Senate is also expected to elect a new Pro-Tem. A possible front runner for this post is Senator Kevin de Leon who represents the downtown Los Angeles area. However a vote by Senators will likely not occur until after the May Revise budget deliberations. Lastly, in this session health care bills will be focusing on “clean-up” legislation to complete implementation of the federal Affordable Care Act as well as legislation associated with mental health parity.
## Orientation Meetings

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE</th>
<th>TIME - SPANISH</th>
<th>TIME - ENGLISH</th>
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<tbody>
<tr>
<td>Oxnard 2240 E. Gonzales #200</td>
<td>Tuesday, March 18, 2014</td>
<td></td>
<td>6:00 - 7:00 p.m.</td>
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<td>Oxnard 2240 E. Gonzales #200</td>
<td>Thursday, March 20, 2014</td>
<td>6:00 - 7:00 p.m.</td>
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<td>Oxnard 2240 E. Gonzales #200</td>
<td>Wednesday, April 23, 2014</td>
<td>1:30 - 2:30 p.m.</td>
<td>3:00 - 4:00 p.m.</td>
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<td>Oxnard 2240 E. Gonzales #280</td>
<td>Tuesday, May 13, 2014</td>
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<td>3:00 - 4:00 p.m.</td>
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<td>Oxnard 2240 E. Gonzales #200</td>
<td>Thursday, June 19, 2014</td>
<td>1:30 - 2:30 p.m.</td>
<td>3:00 - 4:00 p.m.</td>
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<td>Camarillo 711 E. Daily Drive, # 106</td>
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<td>Camarillo 711 E. Daily Drive, # 106</td>
<td>Wednesday, June 25, 2014</td>
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<td>Santa Paula 725 Main Street</td>
<td>Wednesday, April 09, 2014</td>
<td>1:30 - 2:30 p.m.</td>
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<td>Ventura 855 Partridge Dr., Oak Rm</td>
<td>Wednesday, June 11, 2014</td>
<td>1:30 - 2:30 p.m.</td>
<td>3:00 - 4:00 p.m.</td>
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<tr>
<td>Ojai (HELP) 111 W. Santa Ana Street</td>
<td>Tuesday, May 20, 2014</td>
<td>1:30 - 2:30 p.m.</td>
<td>3:00 - 4:00 p.m.</td>
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BEHAVIORAL HEALTH UPDATE

Consumer Advisory Committee

March 19, 2014

Dr. Nancy Wharfield
Medical Director, Health Services
On January 1, 2014, under the Affordable Care Act, Gold Coast Health Plan (GCHP) members became eligible for care of mild to moderate behavioral health disorders. GCHP engaged the services of Beacon Health Strategies, a managed behavioral health organization (MBHO) to help administer this new benefit. The benefit includes individual and group therapy, psychological testing, and outpatient medication management. Tri-Counties Regional Center (TCRC) covers autism for members meeting their severity criteria. Treatment for mild autism is NOT a covered benefit for GCHP Medi-Cal members.
• Referrals to behavioral health care can be made by a member or a physician. Beacon Health Strategies worked with Gold Coast Health Plan and County Mental Health to develop appropriate screening tools to determine whether a member would be best served by a Beacon practitioner or would qualify for higher acuity County Mental Health services.
• Currently, Beacon has received over 750 calls from members and providers. Over 200 referrals have been made (about 95% with Beacon practitioners).

• Members and providers can link to the Beacon website through the GCHP website under the Members and Providers Tabs. Members may contact Beacon Health Strategies at: 1-855-765-9702, Monday through Friday 8:30 a.m. – 5:00 p.m.

• The Frequently Asked Questions (FAQ) page from the Beacon website is attached.
• The Affordable Care Act also provides for expanded substance abuse treatment. Practitioners will be trained to perform Screening, Brief Intervention, and Referral for Treatment (SBIRT) for adult members at risk for alcohol abuse. Under Fee for Service (FFS) Medi-Cal, members can self-refer for inpatient detoxification treatment. (This benefit is NOT administered through GCHP).
BEACON FAQs

Questions about:
Transition of Mental Health Services to Medi-Cal Health Plans

1. Does GCHP offer Mental Health services?
**Answer:** Yes. As of January 1, 2014, GCHP offers mental health services to Medi-Cal members. Please contact Beacon Health Strategies at 1-855-765-9702, Monday through Friday 8:30 a.m. – 5:00 p.m.

2. Do I need a referral from my doctor for mental health services?
**Answer:** No. Please contact Beacon Health Strategies at 1-855-765-9702, Monday through Friday 8:30 a.m. – 5:00 p.m.

3. How many visits are covered under mental health?
**Answer:** It depends on your plan of treatment. Please contact Beacon Health Strategies at 1-855-765-9702, Monday through Friday 8:30 a.m. – 5:00 p.m.
4. Are psychiatric inpatient services covered?  
**Answer:** Yes. It is covered through the county. Please contact Ventura County Behavioral Health Department at 1-866-998-2243.

5. Is alcohol and drug abuse covered?  
**Answer:** Yes. Please contact Ventura Alcohol and Drug Programs at 805-981-9200.

6. Who do I contact if I have a mental health crisis problem?  
**Answer:** If it is a life-threatening crisis, call 911. If it is not life-threatening, please contact Beacon Health Strategies at 1-855-765-9702, Monday through Friday, 8:30 a.m. – 5:00 p.m.

7. Is there a copayment for my mental health services?  
**Answer:** No. There is no copayment for mental health services.

8. Who do I contact for autism services?  
**Answer:** Please call Tri-Counties Regional Center at 805-485-3177.
9. If I have questions regarding my mental health services that Beacon Health Strategies has not answered, who should I contact?
Answer: You can always contact GCHP Member Services at 1-888-301-1228, TTY 1-888-310-7347 for additional information.

10. Who do I call if I have questions for benefits other than Mental Health services after January 1, 2014?
Answer: Call GCHP Member Services at 1-888-301-1228, TTY 1-888-310-7347. GCHP offers new member orientation meetings once a month. For the next meeting, call GCHP Member Services or visit our website at www.goldcoasthealthplan.org.
HEDIS

- HEDIS is Healthcare Effectiveness Data and Information Set
- A widely used set of performance measures developed and maintained by the National Committee for Quality Assurance. These metrics measure compliance with recommended care and some outcomes. Performance rates are dependent on provider and member compliance with recommended care and on the Plan’s ability to capture the data.
HEDIS

• HEDIS consists of 80 measures over 5 domains of care. NCQA evaluates the measures on a yearly basis and may add or remove measures.

• HEDIS results for any year measures performance in the year preceding the measurement year. e.g. – 2013 HEDIS Year measured performance in 2012.

• The Department of Health Care Services chooses the measures to be used to evaluate Medi-Cal Health Plans.
Interventions to improve performance:

1. Provider education – provider newsletters, direct physician communication and Gold Coast QI Staff meeting with individual clinics.
2. Identification of members not having recommended care and sending communications encouraging compliance.
3. Identification of members not having recommended care and notifying the PCP in order for the PCP to arrange an appointment or the recommended care.
4. Identifying providers with a high rate of non-compliance and educating them.
5. Improving data collection.
6. Considering member incentives such as gift cards for compliance.
7. Considering provider incentives such as P4P (pay for performance).
DHCS, Medi-Cal Managed Care Division
2103 External Accountability Set
MPLs and HPLs for Full-Scope Plans

Gold Coast Health Plan
HEDIS Report for 2013 Date
<table>
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<tr>
<th>#</th>
<th>HEDIS Acronym</th>
<th>HEDIS® Measure</th>
<th>Measure Type (Methodology)</th>
<th>MPLs*</th>
<th>HPLs**</th>
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<tr>
<td>1</td>
<td>AMB-OP</td>
<td>Ambulatory Care&lt;sup&gt;1&lt;/sup&gt; Outpatient visits</td>
<td>Admin measure (Medicaid) addresses members &lt;1 yr through 85+ yrs</td>
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<td>NA</td>
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<td>AMB-ED</td>
<td>Emergency Department visits</td>
<td>Admin measure (Medicaid) addresses members 18 yrs &amp; older</td>
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<td>MPM-ACE</td>
<td>Annual Monitoring for Patients on Persistent Medications (without anticonvulsant, 3 indicators)</td>
<td>Admin measure (Medicaid) addresses members 18 yrs &amp; older</td>
<td>83.72</td>
<td>91.33</td>
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<td>MPM-Dig</td>
<td>ACE inhibitors or ARBs</td>
<td>Admin measure (Medicaid) addresses members 18 yrs &amp; older</td>
<td>87.93</td>
<td>95.56</td>
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<td>MPM-Diu</td>
<td>Digoxin</td>
<td>Admin measure (Medicaid) addresses members 18 yrs &amp; older</td>
<td>83.19</td>
<td>91.30</td>
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<td>AAB</td>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>Admin measure (Medicaid)</td>
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<td>33.33</td>
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<td>CCS</td>
<td>Cervical Cancer Screening</td>
<td>Hybrid measure (Medicaid)</td>
<td>61.81</td>
<td>78.51</td>
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<td>CIS-3</td>
<td>Childhood Immunization Status – Combo 3</td>
<td>Hybrid measure (Medicaid)</td>
<td>64.72</td>
<td>82.48</td>
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<td>CAP-1224</td>
<td>Children &amp; Adolescents’ Access to Primary Care Practitioners</td>
<td>Admin measure (Medicaid)</td>
<td>95.56</td>
<td>98.39</td>
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<td>CAP-256</td>
<td>12-24 Months</td>
<td>Admin measure (Medicaid)</td>
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<td>92.63</td>
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<td>CAP-711</td>
<td>25 Months – 6 Years</td>
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<td>7-11 Years</td>
<td>Admin measure (Medicaid)</td>
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<td>93.01</td>
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<td>12-19 Years</td>
<td>Admin measure (Medicaid)</td>
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<td>CDC-E</td>
<td>Comprehensive Diabetes Care (8 indicators)</td>
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<td>45.03</td>
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<td>CDC-LS</td>
<td>Eye Exam (Retinal) Performed</td>
<td>Hybrid measure (Medicaid)</td>
<td>70.34</td>
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<td>CDC-LC</td>
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<td>CDC-HT</td>
<td>LDL-C Control (&lt;100 mg/Dl)</td>
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<td>IMA-1</td>
<td>Immunizations for Adolescents</td>
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<td>PPC-Pre</td>
<td>Prenatal &amp; Postpartum Care (2 Indicators):</td>
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<td>PPC-Pst</td>
<td>Timeliness of Prenatal Care</td>
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<td>LBP</td>
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<td>WCC-BMI</td>
<td>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children &amp; Adolescents</td>
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<td>WCC-N</td>
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<td>WCC-PA</td>
<td>Counseling for Physical Activity</td>
<td>Hybrid measure (Medicaid)</td>
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<td>64.87</td>
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<td>12</td>
<td>W-34</td>
<td>Well-Child Visits in the 3&lt;sup&gt;rd&lt;/sup&gt;, 4&lt;sup&gt;th&lt;/sup&gt;, 5&lt;sup&gt;th&lt;/sup&gt;, &amp; 6&lt;sup&gt;th&lt;/sup&gt; Years of Life</td>
<td>Hybrid measure (Medicaid)</td>
<td>65.51</td>
<td>83.04</td>
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<td>HEDIS Acronym</td>
<td>HEDIS Measure</td>
<td>Measure Type (Methodology)</td>
<td>MPLs*</td>
<td>HPLs**</td>
</tr>
<tr>
<td>----</td>
<td>---------------</td>
<td>---------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>--------</td>
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<tr>
<td>13</td>
<td>ACR</td>
<td>All-Cause Readmissions — Statewide Collaborative QIP measure</td>
<td>Admin measure Non-NCQA measure: Statewide Collaborative QIP to define specific measure</td>
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<td>14</td>
<td>CBP</td>
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<td>Hybrid measure</td>
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<td>15</td>
<td>MMA</td>
<td>Medication Management for People with Asthma</td>
<td>Admin measure</td>
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<td>Medication Compliance 50% Total</td>
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<td>47.31</td>
<td>62.39</td>
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<td>Medication Compliance 75% Total</td>
<td></td>
<td>24.62</td>
<td>40.17</td>
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*DHCS based the minimum performance level (MPL) on NCQA’s national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.

**DHCS based the high performance level (HPL) on NCQA’s national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.

1DHCS does not apply MPLs or HPLs to utilization measures.
<table>
<thead>
<tr>
<th>HEDIS Measure/Data Element</th>
<th>GCHP 2012 Rate</th>
<th>DHCS MPL</th>
<th>GCHP National Percentile Rank</th>
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<tr>
<td><strong>Effectiveness of Care: Prevention and Screening</strong></td>
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<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</td>
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<td>BMI Percentile</td>
<td>42.09</td>
<td>29.20</td>
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<td>Counseling for Nutrition</td>
<td>42.09</td>
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<td>Counseling for Physical Activity</td>
<td>30.41</td>
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<td><strong>Childhood Immunization Status</strong></td>
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<tr>
<td>DTaP</td>
<td>85.64</td>
<td>75.74</td>
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<tr>
<td>IPV</td>
<td>98.11</td>
<td>88.19</td>
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<td>MMR</td>
<td>95.86</td>
<td>88.81</td>
<td>90th</td>
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<tr>
<td>Hib</td>
<td>94.89</td>
<td>88.86</td>
<td>75th</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>94.89</td>
<td>88.86</td>
<td>75th</td>
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<td>ZVZ</td>
<td>96.35</td>
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<td>90th</td>
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<td>Pneumococcal Conjugate</td>
<td>87.10</td>
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<td>Combination #3</td>
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<td><strong>Immunizations for Adolescents</strong></td>
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<td>Meningococcal</td>
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<td>Tdap/Td</td>
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<td>70.60</td>
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<td>Combination #1</td>
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<td><strong>Cervical Cancer Screening</strong></td>
<td>57.06</td>
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<td><strong>Effectiveness of Care: Respiratory Conditions</strong></td>
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<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>13.87</td>
<td>18.98</td>
<td>&lt; 10th</td>
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<td>Medication Management for People With Asthma (Not Reported - Requires 2 years continuous enrollment)</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
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<td><strong>Effectiveness of Care: Cardiovascular</strong></td>
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<tr>
<td>Controlling High Blood Pressure</td>
<td>61.56</td>
<td>50.00</td>
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<tr>
<td><strong>Effectiveness of Care: Diabetes</strong></td>
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<tr>
<td>Comprehensive Diabetes Care</td>
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<td></td>
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<tr>
<td>HgbA1c Poor Control (&gt;9.0%)</td>
<td>56.20</td>
<td>34.33</td>
<td>75th</td>
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<tr>
<td>HgbA1c Control (&lt;8.0%)</td>
<td>37.96</td>
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<td>10th</td>
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<tr>
<td>Eye Exam (Retinal) Performed</td>
<td>42.58</td>
<td>45.03</td>
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<tr>
<td>LDL-C Screening Performed</td>
<td>78.85</td>
<td>70.34</td>
<td>50th</td>
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<tr>
<td>LDL-C Control (&lt;100 mg/dl)</td>
<td>33.56</td>
<td>28.47</td>
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<tr>
<td>Medical Attention for Nephropathy</td>
<td>79.81</td>
<td>73.48</td>
<td>50th</td>
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<tr>
<td>Blood Pressure Control (&lt;140/90 mm Hg)</td>
<td>62.29</td>
<td>54.48</td>
<td>25th</td>
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<tr>
<td><strong>Effectiveness of Care: Musculoskeletal</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>76.95</td>
<td>72.04</td>
<td>50th</td>
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<tr>
<td><strong>Effectiveness of Care: Medication Management</strong></td>
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</tr>
<tr>
<td>Annual Monitoring for Patients on Persistent Medications</td>
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<tr>
<td>ACE Inhibitors or ARBs</td>
<td>86.73</td>
<td>83.72</td>
<td>25th</td>
</tr>
<tr>
<td>Digoxin</td>
<td>88.46</td>
<td>87.93</td>
<td>25th</td>
</tr>
<tr>
<td>Diuretics</td>
<td>86.28</td>
<td>83.19</td>
<td>25th</td>
</tr>
<tr>
<td>Total</td>
<td>82.47</td>
<td>81.15</td>
<td>25th</td>
</tr>
<tr>
<td><strong>Access/Availability of Care</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children and Adolescents’ Access to Primary Care Practitioners</td>
<td></td>
<td></td>
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<tr>
<td>12-24 Months</td>
<td>82.51</td>
<td>65.56</td>
<td>&lt; 10th</td>
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<td>25 Months - 6 Years</td>
<td>63.09</td>
<td>86.62</td>
<td>&lt; 10th</td>
</tr>
<tr>
<td>7-11 Years (Not Reported - Requires 2 years continuous enrollment)</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
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<td>12-19 Years (Not Reported - Requires 2 years continuous enrollment)</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td><strong>Prenatal and Postpartum Care</strong></td>
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<td></td>
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<tr>
<td>Timeliness of Prenatal Care</td>
<td>80.78</td>
<td>80.54</td>
<td>25th</td>
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<tr>
<td>Postpartum Care</td>
<td>63.99</td>
<td>58.70</td>
<td>25th</td>
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<tr>
<td><strong>Utilization</strong></td>
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<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>61.80</td>
<td>65.51</td>
<td>10th</td>
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</tbody>
</table>
HEDIS Aggregated Quality Factor Score 2013

Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL).

Note: Data in this dashboard is preliminary and subject to change
Gold Coast Health Plan Access and Availability Survey Results

Consumer Advisory Committee
March 19, 2014

Sherri Tarpchinoff Bennett
Director, Network Operations

www.goldcoasthealthplan.org
Background

- Gold Coast Health Plan (GCHP) conducted an RFP and selected “The Myers Group” (TMG) to conduct its 2013 Provider Access Appointment Availability Audit
- TMG conducted daytime telephone interviews with the scheduling staff of GCHP contracted providers
- Questions were based on Medi-Cal regulations
- 111 providers (specialists and PCP) were surveyed
  - PCP – 31%
  - Specialist – 69%
Overall Appointment Availability

80% of all provider offices (PCP and Specialists) surveyed reported appointment availability within 48 hours of request for an appointment
Urgent Appointments (w/in 48 hours)

- 70% of Primary Care Providers (PCP) surveyed were able to provide an urgent appointment within 48 hours
  - If the primary PCP was not available, 88.9% were able to provide an urgent appointment with a back-up provider within 48 hours
  - Nine (9) PCP providers did not meet the standard and will be educated and monitored for future compliance

- 84.6% of Specialists surveyed were able to provide an urgent appointment within 48 hours
  - If the primary Specialist was not available, 60% were able to provide an urgent appointment within 48 hours
  - Eleven (11) Specialist providers did not meet the standard and will be educated and monitored for future compliance
Non-Urgent Appointments

- 87.5% of PCP providers surveyed were able to offer a non-urgent appointment within ten (10) business days
  - If the primary PCP was not available, 100% were able to provide a non-urgent appointment with a back-up provider within ten (10) business days
  - Three (3) PCP providers did not meet the standard and will be educated and monitored for future compliance

- 94.6% of Specialist providers surveyed were able to offer a non-urgent appointment within fifteen (15) business days
  - If the primary Specialist was not available, 25% were able to provide a non-urgent appointment with a back-up provider within fifteen (15) business days
  - Three (3) Specialist providers did not meet the standard and will be educated and monitored for future compliance
Additional Questions

If the office cannot see the patient within the standardized timeframe, is a process in place for the physician to:

1. Assess the patient’s condition to determine whether a longer waiting time will not be detrimental to the patient
   - 84.8% of PCP’s met this standard
   - 92.6% of Specialists met this standard

2. Note this decision in the patient’s record
   - 100% of PCP’s met this standard
   - 96.8% of Specialists met this standard

3. Is there a mechanism in place for the office to see the patient within the standardized timeframe if a longer wait time might be detrimental to the patient’s condition
   - 100% of PCP’s met this standard
   - 96.8% of Specialists met this standard
ACTIONS

- Results of the survey were reported to the GCHP Quality Improvement (QI) Director

- Results will be reported in Q12014/Q22014 to: Quality Improvement Committee, Ventura County Medi-Cal Managed Care Commission, GCHP Medical Advisory Committee, GCHP Provider Advisory Committee, and GCHP Network Planning Committee

- Provider Relations has identified providers that are not meeting requirements for Appointment and will reach out to providers to further educate on this requirement

- Provider Relations will monitor noncompliant providers for further non-compliance. Continued non-compliance will result in issuance of a formal Correct Action Plan (CAP) to the provider/group

- Survey results and protocols will be published in the February 18, 2014 Provider Operations Bulletin
Our Vision: To expand coverage and increase access to health care for Medi-Cal beneficiaries.

CEO Message

Thank you for your interest in Gold Coast Health Plan. In this “Annual Report to the Community” we highlight results of our second year of operation in serving the low income and medically indigent residents of Ventura County through the Medi-Cal program. Our mission, “To Improve the Health of Our Members Through the Provision of the Best Possible Quality Care and Services,” is the driving force that helps sustain our member-first focus.

I can report to you that over the past year the Plan has taken tremendous strides in creating an organization and atmosphere that facilitates our mission. Gold Coast Health Plan hired experienced leadership and managed care expertise at all levels of the organization resulting in operational improvements across all phases of our business. These improvements have positioned the Plan to implement the wide range of changes to the Medi-Cal program arising from federal health care reform legislation (the Affordable Care Act or ACA).

As a result of this historic time in health care reform, enrollment has surged at Gold Coast Health Plan. In December 2012, the Plan had approximately 101,000 members; as of February 2014, it has more than 131,000. We expect this growth to continue as more people become eligible for Medi-Cal due to eligibility changes contained in the ACA. Even with the growth in the size of the Plan, the commitment to ensuring access to quality health care remains the same.

It’s a privilege presenting this initial Annual Report to the Community as a way of better understanding Gold Coast Health Plan. This snapshot of where we’ve been has created solid footing for where we’re headed. Thanks to all of you for your support.

“A newly integrated cloud-based medical management system (MMS) rises to the top of Gold Coast Health Plan’s technical and operational achievements for the fiscal year. Featuring a single platform of care for quality and compliance, this integrated system enables Gold Coast Health Plan to view member information in real time and make it immediately available across the care continuum. By creating a mechanism that is meaningful for all departments, our state-of-the-art platform creates actionable information that can be leveraged to proactively close care gaps, comply with federal and state regulations, enhance care management and improve HEDIS® and other quality scores.

“Providing quality care in the medical management of our members is what Gold Coast Health Plan is all about.”

– Dr. Charlie Cho, CMO
At a Glance

Our Goal: To improve access to primary, specialty and ancillary services.

“I am pleased to say that Gold Coast Health Plan is on much firmer financial ground today than it was a year ago and I expect that trend to continue.”

– Michelle Raleigh, CFO

Financial Information Actual FY2012-13

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<th>Description</th>
<th>Amount</th>
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<td>Revenue</td>
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<tr>
<td>Health Care Costs</td>
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<td>Required Reserves</td>
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<td>Current Reserves</td>
<td>$12,000,000</td>
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Projected Health Care Costs FY2013-14

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<tr>
<td>Revenue</td>
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<td>Health Care Costs</td>
<td>Based on an average monthly enrollment of 126,000 members</td>
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Ventura County Supervisorial Map

Supervisory Districts

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<th>District</th>
<th>Supervisor</th>
<th>Members</th>
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<tbody>
<tr>
<td>1</td>
<td>Supervisor Steve Bennett</td>
<td>15,278</td>
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<tr>
<td>2</td>
<td>Supervisor Linda Parks</td>
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<td>3</td>
<td>Supervisor Kathy Long</td>
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<tr>
<td>4</td>
<td>Supervisor Peter C. Foy</td>
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<tr>
<td>5</td>
<td>Supervisor John C. Zaragoza</td>
<td>49,250</td>
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<tr>
<td>Other</td>
<td>Other (out of area)</td>
<td>3,539</td>
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<td>TOTAL</td>
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<td>109,921</td>
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“We made significant progress in all phases of our operations this past fiscal year and are dedicated to improving that performance in the years to come.”

– Ruth A. Watson, COO
**Governance**

**Executive Leadership**
- Michael P. Engelhard, Chief Executive Officer
- Ruth A. Watson, Chief Operating Officer
- Michelle Raleigh, Chief Financial Officer
- Melissa Scrymgeour, Chief Information Officer
- C. Albert Reeves, MD, Chief Medical Officer
- S.N. Charles Cho, MD, Chief Medical Officer (Retired)

**Ventura County Board of Supervisors**
- Supervisor Steve Bennett
- Supervisor Linda Parks
- Supervisor Kathy Long
- Supervisor Peter C. Foy
- Supervisor John C. Zaragoza

**Commissioners**
- Dr. Robert Gonzalez, Chair, Agency Director–Ventura County Health Care
- Roberto S. Juarez, Vice-chair, CEO–Clinicas del Camino Real, Inc.
- Dr. David Araujo, Residency Program Director–VCMC Family Medicine
- Maylee Berry, Medi-Cal Beneficiary/Representative of Advocacy Organization
- Dr. Lanyard Dial, Physician–Ventura County Medical Association
- Peter Foy, Ventura County Board of Supervisors
- David Gleyer, Private Hospital/Healthcare System
- Laurie Harting, Private Hospital/Healthcare System
- Dr. Michelle Laba, Physician–Ventura County Medical Center Executive Committee
- Dr. Gagan Pawar, Physician–Clinicas del Camino Real, Inc.

**Consumer Advisory Committee**
- Lilliana Coria, The Arc Program
- Rita Duarte-Weaver, Ventura County Public Health
- Alicia Flores, La Hermandad
- Norma Gomez, Mixteco/Indigena Community Organization Project
- Frisa Herrera, Casa Pacifica
- Laurie Jean Jordan, Tri-Counties/Rainbow Connection
- Ruben Juarez, Ventura County Health Care Agency

**Provider Advisory Committee**
- Antonio Alatorre, Clinicas del Camino Real, Inc.
- Kimberly Bridges, Community Memorial Health System
- Alger L. Brion, Maywood Acres Skilled Nursing Facility
- Joan R. Araujo, Ventura County Health Care Agency
- Mark Minnis, Livingston Memorial Visiting Nurse Association
- Brett Zaer, Super Mobility Durable Medical Equipment

**Provider Network**
- 228 Primary Care Physicians
- 357 Specialty Providers
- 152 Other Services Providers
- 5 CBAS Centers
- 106 Pharmacy Providers
- 37 Vision Providers
- 8 Traditional Hospital Providers

**Quality Services**
- GCHP scored in the 75-90th NCQA National Percentile for the Childhood Immunization Measure.
- GCHP successfully passed the 2013 NCQA HEDIS® Compliance Audit™ and received the 2013 NCQA HEDIS® Compliance Audit Seal.
- GCHP is actively engaged in the Substance Abuse Collaborative sponsored by ACAP.

“By using the right sized technology at the right time our business needs are being met.”  
  – Melissa Scrymgeour, CIO

**Community Focus**

Gold Coast Health Plan’s Member-first focus is geared to maintaining the health of you and your family. We take our role in the community seriously and make every effort to provide the highest quality care and choice for our Members. GCHP covers:

- 1 in 6 Ventura County residents
- 1 in 3 Ventura County children (age 0-5)
- 1 in 9 Ventura County seniors
Foster Members

Consumer Advisory Committee
March 19, 2014

Luis Aguilar
Manager Member Services
• GCHP has received feedback from Casa Pacifica, County of Ventura Children & Family Services and the Rainbow Connection/Tri-Counties FRC stating Foster Parents are having issues selecting a Primary Care Provider (PCP) for their Foster Children.

• Another concern is that PCP assignments are effective the first day of the following month after assignment and some Foster Members are at risk of not being compliant with having a medical evaluation within 30 days from when they are moved to another Foster Home.
PCP Selection

How do I select a PCP?

• By Phone - Call GCHP Member Services at 1-888-301-1228, Monday – Friday from 8am – 6pm (effective April 7, 2014 the hours will change to 8am – 5pm) and speak directly with a GCHP Member Services agent.
  
  o In order for the agent to process the Foster Member’s PCP selection, we must have a copy of the “placement agreement” on file to verify legal guardianship. This can be faxed to 1-888-310-3660, or mailed to:

  Gold Coast Health Plan
  Attn: Correspondence
  P.O. Box 9153
  Oxnard, CA 93031-9153

• By Mail – send the signed PCP selection form to the address above.

• By Fax – fax the signed PCP selection form to 1-888-310-3660.
Foster Parent Responsibilities

If the Foster Child is a GCHP member:

- Mail or fax the Placement Agreement to GCHP ASAP. This allows the Foster Parent to speak to a GCHP Member Services agent to inquire and make changes on behalf of the Foster Child.
- Schedule a physician evaluation for the Foster Child within 30 days.
- Update address and phone number with GCHP and the Human Services Agency.
- Notify GCHP if Foster Members are having issues obtaining medical services.
# Grievance and Appeals

Foster Members/Parents have the right to file grievances and appeals.

| Call Gold Coast Health Plan Member Services | 1-888-301-1228, TTY 1-888-310-7347  
| Monday – Friday 8am – 6pm (effective April 7, 2014 the hours will change to 8am – 5pm) |
| By Mail  
In Person (Monday – Friday 8 am – 5pm) | Until April 4, 2014:  
Gold Coast Health Plan  
Grievance & Appeals  
2220 E. Gonzales Rd, Suite 200  
Oxnard, CA  93036  
As of April 7, 2014:  
Gold Coast Health Plan  
Grievance & Appeals  
711 E. Daily Drive, Suite 106  
Camarillo, CA  93010-6082  
Website | Download a form at: www.goldcoasthealthplan.org |
Urgent Care Services

• Foster Members that have not selected or been assigned to a PCP and are in need of Urgent Services can obtain Urgent Care Services through any GCHP contracted Urgent Care Center.

• A list of contracted Urgent Care Centers can be found in the Provider Directory mailed to you or online at http://goldcoasthealthplan.org.
Actions Taken to Date

• Extended the PCP selection period by 10 days to allow members to be retro-assigned to the first of the month if a request is received within the first 10 days of the month.

• Implemented a manual process for Foster Members who recently were moved to a different Foster Home and need to see a PCP urgently.
  • Assign the Foster Member to GCHP Managed Member status.
  • Allows the Foster Member to see any GCHP PCP.

• Most of the request have come from County of Ventura Children and Family Services.
Next Steps

• Updating our Member Orientation packet to include information for Foster Members/Parents.

• Working with Tri-Counties and the County of Ventura Children and Family Services to promote the attendance of Foster Members/Parents at GCHP Member Orientation meetings.
Questions