



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

2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036
Wednesday, March 19, 2014
5:00 p.m.

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>

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 (VCMCC) 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 Lulich, Director of Communications](#)
8. ACAP Scholarship Essay Contest, Steve Lulich, 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.

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

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**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Minutes
December 4, 2013
(Not official until approved)**

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 Tarpchinoff 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 6:100 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 A (Financial): Update submitted January 30, 2014
- 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

LOCATION	DATE	TIME - SPANISH	TIME - ENGLISH
Oxnard 2240 E. Gonzales #200	Tuesday, March 18, 2014		6:00 - 7:00 p.m.
Oxnard 2240 E. Gonzales #200	Thursday, March 20, 2014	6:00 - 7:00 p.m.	
Oxnard 2240 E. Gonzales #200	Wednesday, April 23, 2014	1:30 - 2:30 p.m.	3:00 - 4:00 p.m.
Oxnard 2240 E. Gonzales #280	Tuesday, May 13, 2014	1:30 - 2:30 p.m.	3:00 - 4:00 p.m.
Oxnard 2240 E. Gonzales #200	Thursday, June 19, 2014	1:30 - 2:30 p.m.	3:00 - 4:00 p.m.
Camarillo 711 E. Daily Drive, # 106	Thursday, May 15, 2014	1:30 - 2:30 p.m.	3:00 - 4:00 p.m.
Camarillo 711 E. Daily Drive, # 106	Wednesday, June 25, 2014	1:30 - 2:30 p.m.	3:00 - 4:00 p.m.
Santa Paula 725 Main Street	Wednesday, April 09, 2014	1:30 - 2:30 p.m.	3:00 - 4:00 p.m.
Ventura 855 Partridge Dr., Oak Rm	Wednesday, June 11, 2014	1:30 - 2:30 p.m.	3:00 - 4:00 p.m.
Ojai (HELP) 111 W. Santa Ana Street	Tuesday, May 20, 2014	1:30 - 2:30 p.m.	3:00 - 4:00 p.m.



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.



**Gold Coast
Health Plan**SM
A Public Entity



CMO Report H.E.D.I.S.

**Consumer Advisory Committee
March 19, 2014**

**Dr. Al Reeves
Chief Medical Officer**

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

**Department of Health Care Services, Medi-Cal Managed Care Division
2013 External Accountability Set MPLs and HPLs
for Full-Scope Plans**

#	HEDIS Acronym	HEDIS® Measure	Measure Type (Methodology)	MPLs*	HPLs**
1		Ambulatory Care ¹	Admin measure (Medicaid) addresses members <1 yr through 85+ yrs		
	AMB-OP	Outpatient visits		NA	NA
	AMB-ED	Emergency Department visits		NA	NA
2		Annual Monitoring for Patients on Persistent Medications (without anticonvulsant, 3 indicators)	Admin measure (Medicaid) addresses members 18 yrs & older		
	MPM-ACE	ACE inhibitors or ARBs		83.72	91.33
	MPM-Dig	Digoxin		87.93	95.56
	MPM-Diu	Diuretics		83.19	91.30
3	AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Admin measure (Medicaid)	18.98	33.33
4	CCS	Cervical Cancer Screening	Hybrid measure (Medicaid)	61.81	78.51
5	CIS-3	Childhood Immunization Status – Combo 3	Hybrid measure (Medicaid)	64.72	82.48
6		Children & Adolescents' Access to Primary Care Practitioners	Admin measure (Medicaid)		
	CAP-1224	12-24 Months		95.56	98.39
	CAP-256	25 Months – 6 Years		86.62	92.63
	CAP-711	7-11 Years		87.56	94.51
	CAP-1219	12-19 Years		86.04	93.01
7		Comprehensive Diabetes Care (8 indicators)	Hybrid measure (Medicaid)		
	CDC-E	Eye Exam (Retinal) Performed		45.03	69.72
	CDC-LS	LDL-C Screening Performed		70.34	83.45
	CDC-LC	LDL-C Control (<100 mg/Dl)		28.47	46.44
	CDC-HT	HbA1c Testing		78.54	91.13
	CDC-H9	HbA1c Poor Control (>9.0%)		50.31	28.95
	CDC-H8	HbA1c Control (<8.0%)		42.09	59.37
	CDC-N	Medical Attn. for Nephropathy		73.48	86.93
	CDC-BP	Blood Pressure Control (<140/90 mm Hg)		54.48	75.44
8	IMA-1	Immunizations for Adolescents	Hybrid measure (Medicaid)	50.36	80.91
9		Prenatal & Postpartum Care (2 indicators):	Hybrid measure (Medicaid)		
	PPC-Pre	Timeliness of Prenatal Care		80.54	93.33
	PPC-Pst	Postpartum Care		58.70	74.73
10	LBP	Use of Imaging Studies for Low Back Pain	Admin measure (Medicaid)	72.04	82.04
11		Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	Hybrid measure (Medicaid)		
	WCC-BMI	BMI percentile		29.20	77.13
	WCC-N	Counseling for Nutrition		42.82	77.61
	WCC-PA	Counseling for Physical Activity		31.63	64.87
12	W-34	Well-Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	Hybrid measure (Medicaid)	65.51	83.04

#	HEDIS Acronym	HEDIS® Measure	Measure Type (Methodology)	MPLs*	HPLs**
NEW FOR 2013					
13	ACR	All-Cause Readmissions – Statewide Collaborative QIP measure	Admin measure Non-NCQA measure: Statewide Collaborative QIP to define specific measure	NA	NA
14	CBP	Controlling High Blood Pressure	Hybrid measure	50.00	69.11
15	MMA	Medication Management for People with Asthma	Admin measure		
		Medication Compliance 50% Total		47.31	62.39
		Medication Compliance 75% Total		24.62	40.17

*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.

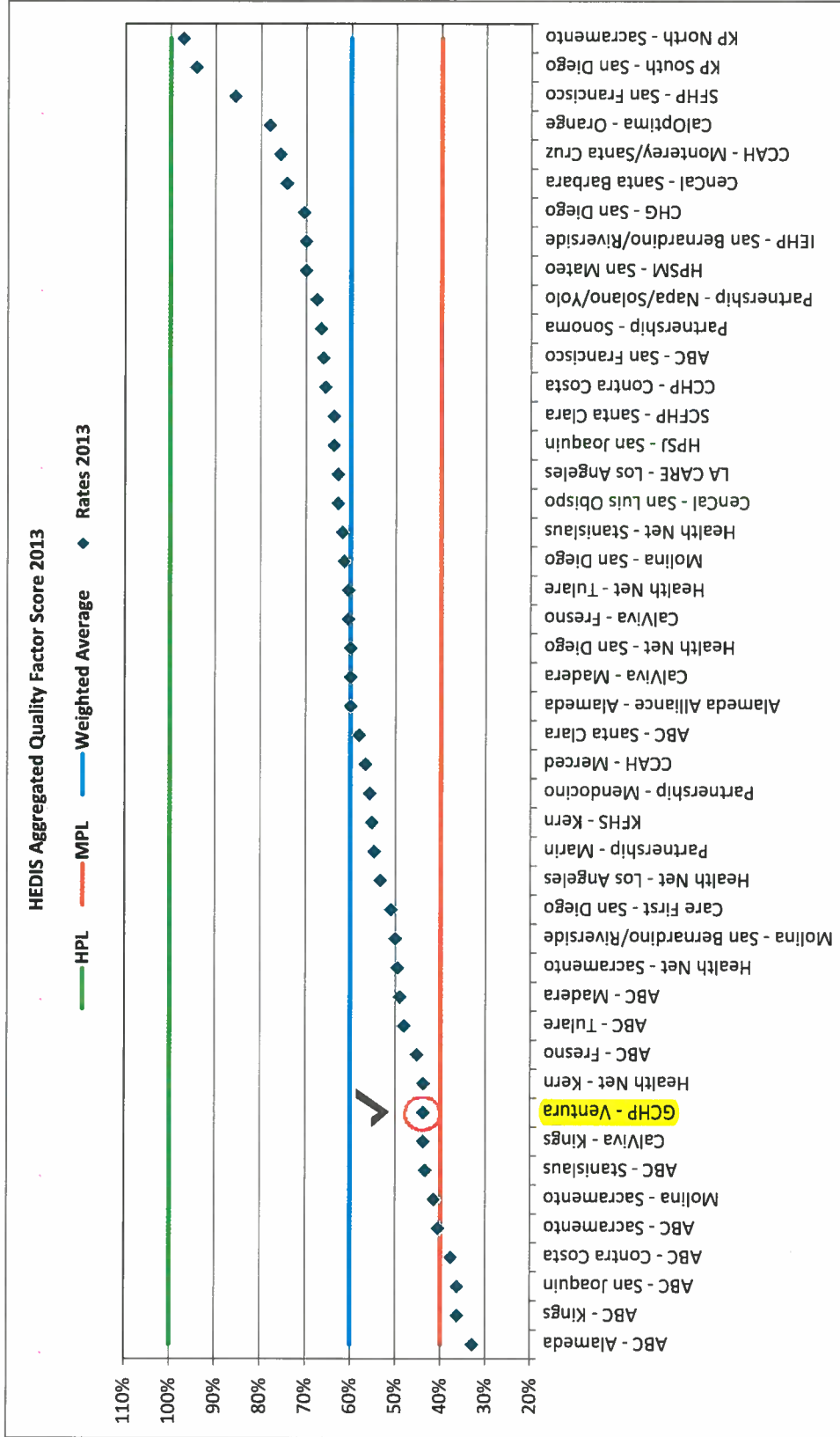
Gold Coast Health Plan
HEDIS 2013 Report for 2012 Data

HEDIS Measure/Data Element	GCHP 2012 Rate	DHCS MPL	GCHP National Percentile Rank
Effectiveness of Care: Prevention and Screening			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile</i>	42.09	29.20	25th
<i>Counseling for Nutrition</i>	42.09	42.82	10th
<i>Counseling for Physical Activity</i>	30.41	31.63	10th
Childhood Immunization Status			
<i>DTaP</i>	85.64	75.74	75th
<i>IPV</i>	96.11	88.19	90th
<i>MMR</i>	95.86	88.81	90th
<i>HiB</i>	94.89	88.86	75th
<i>Hepatitis B</i>	94.89	86.86	75th
<i>VZV</i>	96.35	88.56	90th
<i>Pneumococcal Conjugate</i>	87.10	74.94	75th
<i>Combination #3</i>	80.05	64.72	75th
Immunizations for Adolescents			
<i>Meningococcal</i>	65.94	53.04	50th
<i>Tdap/Td</i>	84.67	70.60	50th
<i>Combination #1</i>	65.21	50.36	50th
Cervical Cancer Screening	57.66	61.81	10th
Effectiveness of Care: Respiratory Conditions			
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	13.87	18.98	< 10th
Medication Management for People With Asthma <i>(Not Reported - Requires 2 years continuous enrollment)</i>	NR	NR	NR
Effectiveness of Care: Cardiovascular			
Controlling High Blood Pressure	61.56	50.00	50th
Effectiveness of Care: Diabetes			
Comprehensive Diabetes Care			
<i>Hemoglobin A1c (HbA1c) Testing</i>	81.75	78.54	25th
<i>HbA1c Poor Control (>9.0%)</i>	56.20	34.33	75th
<i>HbA1c Control (<8.0%)</i>	37.96	42.09	10th
<i>Eye Exam (Retinal) Performed</i>	42.58	45.03	10th
<i>LDL-C Screening Performed</i>	78.83	70.34	50th
<i>LDL-C Control (<100 mg/dL)</i>	33.58	28.47	25th
<i>Medical Attention for Nephropathy</i>	79.81	73.48	50th
<i>Blood Pressure Control (<140/90 mm Hg)</i>	62.29	54.48	25th
Effectiveness of Care: Musculoskeletal			
Use of Imaging Studies for Low Back Pain	76.95	72.04	50th
Effectiveness of Care: Medication Management			
Annual Monitoring for Patients on Persistent Medications			
<i>ACE Inhibitors or ARBs</i>	86.73	83.72	25th
<i>Digoxin</i>	88.46	87.93	25th
<i>Diuretics</i>	86.28	83.19	25th
<i>Total</i>	82.47	81.16	25th
Access/Availability of Care			
Children and Adolescents' Access to Primary Care Practitioners			
<i>12-24 Months</i>	82.51	95.56	< 10th
<i>25 Months - 6 Years</i>	63.09	86.62	< 10th
<i>7-11 Years</i> <i>(Not Reported - Requires 2 years continuous enrollment)</i>	NR	NR	NR
<i>12-19 Years</i> <i>(Not Reported - Requires 2 years continuous enrollment)</i>	NR	NR	NR
Prenatal and Postpartum Care			
<i>Timeliness of Prenatal Care</i>	80.78	80.54	25th
<i>Postpartum Care</i>	63.99	58.70	25th
Utilization			
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	61.80	65.51	10th



Medi-Cal Managed Care Performance Dashboard Summary Level Dashboard: 2013 Q3

QUALITY AND SATISFACTION (Cont.)



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 PlanSM
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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



ANNUAL
REPORT to the
COMMUNITY

MARCH 2014



Gold Coast
Health PlanSM
A Public Entity

Our Mission: To improve the health of our Members through the provision of the best possible quality healthcare and services.

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.



“We are making great progress in confronting the demands of an evolving and dynamic health care industry.”

– Michael P. Engelhard, CEO

Our Vision: To expand coverage and increase access to health care for Medi-Cal beneficiaries.

Medical Management System

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.

Financial Information Actual FY2012-13

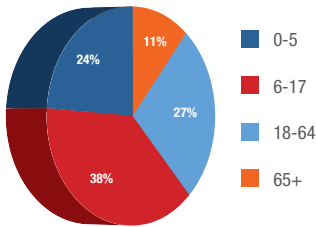
Revenue	\$315,000,000
Health Care Costs	\$280,000,000
Required Reserves	\$11,000,000
Current Reserves	\$12,000,000

Projected Health Care Costs FY2013-14

\$347 million

Based on an average monthly enrollment of 126,000 members

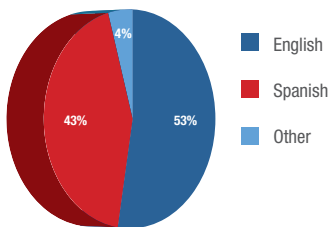
Member Age



“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

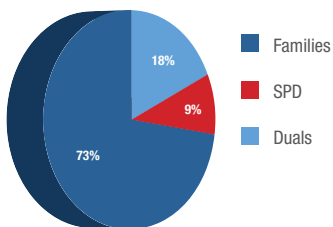
Languages Spoken



Ventura County Supervisorial Map

Supervisorial Districts	Members
District 1 - Supervisor Steve Bennett	15,278
District 2 - Supervisor Linda Parks	7,975
District 3 - Supervisor Kathy Long	20,937
District 4 - Supervisor Peter C. Foy	12,942
District 5 - Supervisor John C. Zaragoza	49,250
Other (out of area)	3,539
TOTAL Gold Coast Health Plan Membership	109,921

Medi-Cal Aid Codes



SPD: Seniors and Persons with Disabilities
Duals: Dually Eligible for Medicare and Medi-Cal

“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



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



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

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 Glycer
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

Pedro Mendoza
Tri-Counties Regional Center

Katharine Raley
County of Ventura Area Agency on Aging

Curtis S. Updike
Ventura County Human Services 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



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Foster Members

**Consumer Advisory Committee
March 19, 2014**

**Luis Aguilar
Manager Member Services**

Background

- 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.
 - 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.

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

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



Consumer Advisory Committee 2014 Meeting Schedule

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4							1								1							
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28	23	24	25	26	27	28	29	27	28	29	30				