

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

DATE: Monday OCTOBER 25, 2010
TIME: 3:00-5:00 PM
PLACE: Ventura County Public Health- 2240 E Gonzales Road Suite 200-Oxnard CA 93036

AGENDA

Item	Documents for Review	SUBJECT	Presenter	Time
1		Call to Order and Pledge of Allegiance	Michael Powers	3:00-3:01
2		Welcome and Roll Call	Michael Powers	3:01-3:05
3 ACTION	Attachment A Meeting Minutes 9-27-2010	Review and Approval of Minutes	Michael Powers	3:05-3:10
4		Public Comment/Correspondence	Open	3:10-3:15
5	Attachment B Board Letter Request for Television Coverage of Scheduled Meetings -Options for Consideration ATTACHMENT B1 Correspondence ATTACHMENT B2 GCHP Consumer Awareness Campaign Strategy	Correspondence from Health Education League of America	Terrie Stanley	3:15-3:20
6 ACCEPT AND FILE	Attachment C INTERIM CEO REPORT	CEO Transition Plan	Terrie Stanley	3:20-3:30
OLD BUSINESS				
7 ACTION	Attachment D Logo Selection for Gold Coast Health Plan – Executive Finance Committee Recommendation for Logo Result of Community Input Final Selection ATTACHMENT D 1 Final Logos	Coverly Professional Services and City Creative Group-Select Gold Coast Health Plan Logo	Terrie Stanley Jeff Mahoney	3:30-4:00
NEW BUSINESS				
8 ACCEPT AND FILE	Attachment E Finance Committee Meeting Minutes of September 27, 2010 (attached) and October 13, 2010 (to be distributed at meeting)	Accept and File Minutes of the Executive/Finance Committee Meeting	Terrie Stanley	4:00-4:10
9 ACTION	Attachment F Board Letter- Recommendation from Ad Hoc Physician Committee- Services under Primary Care Capitation	Approve list of services	Terrie Stanley	4:10-4:15
10 ACTION	Attachment G Board Letter-VCMMCC and Executive Finance Committee 2011 Meeting Dates	2011 Schedule of Meetings	Terrie Stanley	4:15-4:20

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AGENDA

11 ACTION	Attachment H Board Letter- Accept Chief Executive Officer Compensation and Benefit Information	CEO Compensation	Mike Powers Jennifer Bower	4:20-4:30
12 ACTION	Attachment I Board Letter- Recommended Interim Staffing ATTACHMENT I A Project Implementation, and Timeline, Deliverables and Immediate Staffing Requirements	Revisions to Implementation	Terrie Stanley Ken Dixon Jennifer Bower	4:30-4:45
CLOSING/REMARKS				
		Final Comments from Commissioners	All	4:45-5:00
		Adjourn	Michael Powers	5:00

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

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT LAURA AT 805/981-5023. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

September 27, 2010

Commissioners in Attendance	
√ Michael Powers, Director, Ventura County Health Care Agency	√ Rick Jarvis, Private Hospitals / Healthcare System
√ Lanyard Dial, MD, Physician, Ventura County Medical Association	√ Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.
√ David Araujo, MD, Director, Ventura County Medical Center Family Medicine Residency Program	√ Kathy Long, Ventura County Board of Supervisors
√ Maylee Berry, Medi-Cal Beneficiary Advocate	√ Tim Maurice, Private Hospitals/Healthcare System
√ John Fankhauser, MD, Physician, Ventura County Medical Center Executive Committee (Dr. Fankhauser arrived at 3:07 p.m.)	√ Catherine Rodriguez, Ventura County Medical Health System
	Anil Chawla, MD, Physician, Clinicas del Camino Real, Inc. (Excused)

Staff in Attendance	Guests
Terrie Stanley, Interim CEO, Ventura COHS	Jennifer Bower, Human Resource Director, RGS-LGS
Tin Kin Lee, Legal Counsel	Traci R. McGinley, GCHP Consultant
Dee Pupa, Interim Assistant Clerk of the Board	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1 Call to Order and Pledge of Allegiance Michael Powers	<ul style="list-style-type: none"> The meeting was called to order at 3:01 p.m. Pledge of Allegiance 	
2 Roll Call	<ul style="list-style-type: none"> All Commissioners present, except Dr. Chawla. A quorum was present. 	
3 Review and Approval - Minutes August 23, 2010 and September 8, 2010 Michael Powers	<p>The Minutes of August 23, 2010 Commission meeting were presented for review and approval.</p> <p>The Minutes of September 8, 2010 Commission meeting were presented for review and approval.</p>	<p>Commissioner Long moved to approve the August 23, 2010 minutes, Commission Chair Powers seconded.</p> <p>Commissioner Juarez moved to approve the September 8, 2010 minutes, Commissioner Berry seconded</p> <p>Approved 10-0.</p>
4 Public Comment / Correspondence	Member of the public, Elenor Torres indicated that she was a	

		<p>community member, business owner in the area and candidate for the School Board. She explained that she was present in support of friends that are concerned with their health care. She was concerned that commission members would lose their compassion and cause. She wanted to remind the Commissioners that one day they will be held accountable for the decisions made on this commission.</p> <p>Member of the public, David Cruz stated that he is a business owner in the community and resident of Ventura. At the last meeting he requested that the Commission take more time researching and appointing a CEO and thanked the Commission for rescheduling the appointment and giving the community an opportunity to be here. We want someone with the right skills for this job. He announced that there are people that are going to the County for services and people need to know that they can go to other facilities. Mr. Cruz requested that information needs to be out in Spanish as well as English.</p> <p>Member of the public Jim Hensley expressed his appreciation that there is openness on the topic of CEO. He understood that the meetings were closed when there were 30 plus applicants, but when it's down to 3-4 it should be open. We need for it to be open to the public and even in Spanish as this is a \$300,000,000 enterprise. It is extremely important who is selected, but also that the process is open.</p> <p>Commission Chair Powers thanked the individuals for coming forward and addressing the Commission. He reminded those present that this committee is comprised of individuals that have passion.</p> <p>Interim CEO Stanley added that there was a letter included in the packet from Mr. Cruz (Attachment 4).</p> <p>Commissioner Long expressed her appreciation for the comments. The people on this commission are folks that serve this population. Our goal is to have first choice quality care.</p>	
5	Defer Closed Session Today, Select Alternative Date and Time Within Next Two	Recommendation from Commission Chair. Powers to Reschedule Planned Close Session and Select Alternative Date and Time as Soon	Commissioner Maurice moved to adjourn to

	<p>Weeks</p> <p>Michael Powers</p>	<p>As Possible as Dr. Chawla is out of the Country.</p> <p>Commissioner Long expressed her appreciation for the Commission allowing her to interview the candidates by telephone.</p> <p>Commissioner Juarez moved Commission Chair Powers recommendation. The motion died due to a lack of a second.</p> <p>Commissioner Long moved to adjourn to Closed Session for further discussion. And expressed that the longer we take to make a the longer the community has to wait to have a choice</p> <p>Commissioner Berry seconded the motion to adjourn into Closed Session</p> <p>Further discussion was held regarding the need for a motion as the Closed Session was on the Agenda.</p> <p>Commissioner Long withdrew her motion.</p> <p>Discussion was held regarding postponing decisions just because one Commission Commissioner is or is not in attendance at a meeting. Alternatives were discussed, and Legal Counsel Lee reminded the Commissioners regarding the rules and by-laws of the Commission.</p> <p>Commissioner Maurice moved to adjourn to Closed Session. Commissioner Long seconded, motion carried with Commissioner Juarez voting no explaining that he did not believe a motion was necessary to go into Closed Session since it was on the Agenda.</p> <p>Commissioner Long moved to amend the order of the Agenda. Commissioner Berry seconded. Motion carried</p> <p>Adjourn for Closed Session at 3:30 p.m.</p>	<p>Closed Session.</p> <p>Commissioner Long seconded. Approved 9-1 with Commissioner Juarez voting no.</p> <p>Commissioner Long moved to amend the order of the Agenda and meet in Closed Session for Agenda Item #11,</p> <p>Commissioner Berry seconded. Approved 10-0.</p>
11	CLOSED SESSION	<p>Public Employee Appointment or Employment (Gov. Code §54957.) Title: Chief Executive Officer-Final Selection and Job Offer</p>	Adjourned at 3:30 p.m.

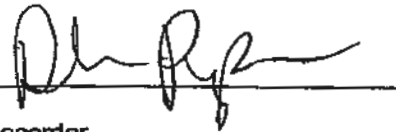
	Call to Order	The Regular Meeting was called to order.	4:50 p.m.
11	Public Employee Appointment or Employment (Gov. Code §54957.) Title: Chief Executive Officer-Final Selection and Job Offer	The Commission announced that it unanimously selected a candidate but it will not be announced until all candidates have been contacted.	
6	Interim CEO Report Terrie Stanley	<p>State Contract and Rates: Additional information requested from DHCS fiscal division in review and evaluation by Milliman.</p> <p>Logo Development: Worked with 4 vendors to get bids for development of Gold Coast Health Plan's Logo. Executive-Finance committee met with the finalist and discussed the development process during the Sept 27 meeting.</p> <p>Space Design and Planning: Request letter issued for contractor to work with GCHP on space design and system furniture for office location.</p> <p>Gold Coast Outreach to Commissioners and Community Organizations: This is an area that needs attention and staff dedicated to development and implementation of a plan. Once permanent staff assigned will prioritize task and present action plan.</p> <p>Recruitment Update for CEO, CFO, CMO, and director-level positions: Recruitment activities and status update for the Ventura County Organized Health System. Please note that national searches were done on all positions listed below. We used a variety of national publications, and job boards to find qualified candidates. The positions were open to any qualified candidate, and no recruitment was limited to only to candidates who had public-sector work experience.</p> <p>CEO: Screened to top candidates; invited 8 to interview; 7 participated; 4 were brought back for an interview by the full Commission.</p>	<p>Commissioner Rodriguez moved to accept and file the September 27, 2010 Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission including LGS Staffing Report, DHCS Contract Deliverables, GCHP Contracting Process.</p> <p>Commissioner Dial seconded. Approved 10-0.</p>

September 27, 2010

		<p>Reference checks and background searches have been done. Tentative date for interview by absent Commission Commissioner is scheduled for late September, and decision is tentatively scheduled for 9/27/2010 at full Commission Meeting.</p> <p>CFO and CMO: Tentative date for Executive Finance Committee to review candidate applications is 9/27/2010.</p> <p>DGR, DHS, DCS, DIT, DMS, DPR: Preliminary interviews with the candidates will occur the week of 9/13/2010.</p> <p>Added by Terrie Stanley, Interim CEO. Interviews for CEO candidates completed with final selection scheduled by board today.</p> <p>CFO candidates reviewed by Executive / Finance at meeting earlier today. Top candidates will then be scheduled to begin the interview process with group the week of October 4. Director candidates screened by LGS and Interim CEO.</p> <p>Phone screening process developed and finalized. Interested candidates to have initial interviews week of October 4.</p> <p>CONTRACTING AND NETWORK DEVELOPMENT Primary Care Contracting: Milliman in possession of data needed on claims history and Commissionership categories to develop capitation rates for primary care physician services. GCHP needs to provide the list of services included in PCP capitation which is in review by Physician Committee. Hospital Contracting: All hospitals in Ventura County have been visited in person by Interim CEO and Contracting Consultant.</p>	
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		<p>Contracts as well as a non-disclosure agreement (NDA) were presented to hospital fiscal and/or managed care divisions. NDA will serve purpose of assuring hospitals their confidential C-MAC rates will not be disclosed by GCHP staff.</p> <p>Specialty Physician Contracting: Letters to specialist in the county being sent to determine interest in contracting with GCHP. Plan will contract with groups but process must be transparent and allow for access for all Commissioners. Hospitals have provided (or in the process of) list(s) of hospital based specialty groups for services such as Anesthesia, ER, hospitalist services, pathology, and radiology.</p> <p>Ancillary Contracting: Letters to ancillary providers being sent to determine interest in contracting with GCHP. Have had interested providers in the following areas contact plan directly: Long term care, Medical Transportation,</p> <p>The Gold Coast Work Plan Action Steps were reviewed.</p> <p>Accept September 27, 2010 Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission including LGS Staffing Report, DHCS Contract Deliverables, GCHP Contracting Process</p>	
7	<p>Finance Committee Meeting Minutes of August 11, 2010, August 23 and September 9, 2010</p> <p>Terrie Stanley</p>	<p>Accept and File Minutes of the Executive / Finance Committee Meetings of August 11, August 23 and September 9, 2010.</p>	<p>Commissioner Dial moved and Commissioner Juarez seconded.</p> <p>Approved 10-0.</p>
8	<p>Board Letter Executive Finance Committee Recommendation for Logo Development for Gold Coast Health Plan</p> <p>Terrie Stanley</p>	<p>Accept Executive-Finance Committee Recommendation for GCHP LOGO Development Process</p> <p>TS stated that the goal is to provide two logos to the Commission for review.</p> <p>Upon the Commissions request, Interim CEO Stanley advised that on the website, public can provide input regarding the logo.</p>	<p>Commissioner Rodriguez moved to accept the Executive-Finance Committee Recommendation. Commissioner Araujo second.</p> <p>Approved 10-0.</p>
9	<p>Board Letter-Conflict of Interest Code Conflict of Interest Code for VCMCC dba GCHP</p>	<p>Accept Conflict of Interest Code and Authorize Filing with Ventura County Clerk of the Board</p>	<p>Commissioner Berry moved to approve the</p>

	Tin Kin Lee	Legal Counsel Lee explained that the Code follows that State guidelines and will allow transparency to the public.	Conflict of Interest Code. Commissioner Dial seconded Approved 10-0.
10	<u>Legal Counsel Memorandum re: Telephonic Participation at Commission Meetings</u> Tin Kin Lee	Legal Counsel Lee reviewed the Attorney General's Opinion regarding participation by Teleconference and the fact that alternate locations must still comply with the Brown Act, and the ADA.	Commissioner Dial moved to accept Tin Kin Lee, GCHP, Legal Counsel recommendation. Commissioner Maurice seconded. Approved 10-0.
12	Final Comments from Commissioners	Commission Chair Powers expressed his appreciation for the progress report, it is extremely important that things are done right so there are no problems later. He then thanked the Commissioners for their time dedicated to the Commission. Commissioner Long expressed her appreciation in, and the fact that there will be a lot of opportunities for public input.	
13	Adjourn Michael Powers, Chair		The Meeting adjourned at 5:25 p.m.

Submitted by: 
Recorder

VENTURA COUNTY
MEDI-CAL
MANAGED CARE
COMMISSION

DBA Gold Coast Health Plan
-a public entity
www.vchca.org/cohs

Michael Powers
VC Health Care Agency
Chair

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

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
Physician
VCMC Executive Committee

Rick Jarvis
Private Hospital/
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

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

Catherine Rodriguez
VCMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

Phone: (805) 677-5238
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ATTACHMENT B

DATE: October 25, 2010
TO: Ventura County Medi-Cal Managed Care Commission
FROM: Gold Coast Health Plan Executive/Finance Committee
Terrie Stanley, Interim CEO Co-Chair
SUBJECT: Health Education League of America- Response to Request for Television Coverage of Scheduled Meetings

Recommendations:

Recommendation #1- Direct staff response to the request to cover meetings cover the following points:

- The committee determined broadcasting could be accomplished without disruption. The direction given was for the Interim CEO to request information from HELA as to how the programming will be funded as there should not be an expectation for GCHP to pay for any such "informational broadcasting". The same would be offered to any other interested entity wishing to provide coverage to the public.
- If Commissioner participation is being requested, that will be subject to the individual's availability, willingness, as well as the need to comply with Brown Act requirements as per Gov. Code § 54952.

Recommendation #2- Accept GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY

Discussion:

On October 3, 2010, the attached correspondence was received in the cohquestions mailbox. This was also sent to the following individuals-Jim Hensley of League of United Latin American Citizens, Michael Powers Chair of the VCMCC; Terrie Stanley Interim CEO; and Tom Kiskan of the Ventura County Star. In anticipation of the need for a response to this request, the following information regarding the requirements under the Brown Act concerning the items HELA is requesting was discussed at the Executive Finance Committee meeting of October 13, 2010.

Gov. Code § 54953.6 pertaining to broadcasts of public meetings:

"No legislative body of a local agency shall prohibit or otherwise restrict the broadcast of its open and public meetings in the absence of a reasonable finding that the broadcast cannot be accomplished without noise, illumination, or obstruction of view that would constitute a persistent disruption of the proceedings."

Regarding the live broadcasts, the Commission is under no obligation to make any arrangements – it only needs to make a reasonable determination as to whether to allow the broadcast based on whether they are disruptive.

Regarding participating in informational broadcasts, the letter does not say who they are requesting to participate. If it is Commissioner participation that is being requested, that will be subject to their availability, willingness, and compliance with Brown Act requirements as per Gov. Code § 54952.2(b) and (c) as follows:

(b) (1) A majority of the members of a legislative body shall not, outside a meeting authorized by this chapter, use a series of communications of any kind, directly or through intermediaries, to discuss,

deliberate, or take action on any item of business that is within the subject matter jurisdiction of the legislative body.

(2) Paragraph (1) shall not be construed as preventing an employee or official of a local agency, from engaging in separate conversations or communications outside of a meeting authorized by this chapter with members of a legislative body in order to answer questions or provide information regarding a matter that is within the subject matter jurisdiction of the local agency, if that person does not communicate to members of the legislative body the comments or position of any other member or members of the legislative body.

(c) Nothing in this section shall impose the requirements of this chapter upon any of the following:

(1) Individual contacts or conversations between a member of a legislative body and any other person that do not violate subdivision (b).

(2) The attendance of a majority of the members of a legislative body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the legislative body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the local agency. Nothing in this paragraph is intended to allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance.

(3) The attendance of a majority of the members of a legislative body at an open and publicized meeting organized to address a topic of local community concern by a person or organization other than the local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(4) The attendance of a majority of the members of a legislative body at an open and noticed meeting of another body of the local agency, or at an open and noticed meeting of a legislative body of another local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(5) The attendance of a majority of the members of a legislative body at a purely social or ceremonial occasion, provided that a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(6) The attendance of a majority of the members of a legislative body at an open and noticed meeting of a standing committee of that body, provided that the members of the legislative body who are not members of the standing committee attend only as observers.

Gold Coast Health Plan staff has been working to create a Consumer Awareness Campaign Strategy that was presented and additional recommendations added as per the committee's suggestions.

Communication was sent to David Cruz on October 14, 2010 requesting clarification of the request. To date, a response has not been received.

October 4, 2010

Commission Members
Ventura County COHS
2323 Knoll Drive
Ventura, CA 93003

Transmitted Via Electronic Mail – cohquestions@ventura.org

Dear Commission Members,

On behalf of the Health Education League of America (HELA), a community based organization comprised of local residents, we urge your immediate compliance with critical requirements delineated in Ordinance #4409 adopted unanimously by the Ventura County Board of Supervisors on December 29, 2009 enabling the formation of the County Organized Health System (COHS). Article 6 entitled "General Provisions", Section 1380, sub-section 1380-2, paragraph "a" states that the Managed Care Commission was created, in part, for "...the provision of (Medicare and Medicaid) health care services to persons who are eligible to receive medical benefits..." under title 18 and 19 of the Social Security Act. Also, sub-section 1380-4, paragraph "e" states the Commission is charged with, "Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients".

Our concern about COHS compliance is in the following context:

- The majority (57-percent) of existing COHS stakeholders are Latino.
- According to the 2010 U.S. Census, 38.5% of our residents are persons of Hispanic or Latino origin.
- Ventura County has the 28th largest Latino population of the nation's 3,141 counties.
- Thirty-three percent of our population speaks a language other than English at home.

On the latter point, Arbitron reports that for the 11th consecutive period, Spanish-language radio is #1 in Ventura County and five of Ventura County's 15 commercial radio stations broadcast in Spanish.

Moreover, 39% of California's 13.4-million Latinos are non-native born (first generation immigrants) and the median age of Latinos statewide is 27 compared to 43 among non-Hispanic whites, a predictor that the above-cited percentages are certain to increase.

It is incumbent upon you to ensure that timely, accurate information about COHS' actions reaches all of the constituents you were created to serve which numerous Latino residents and organizations inform us is not happening at present. We therefore urge you to undertake with HELA providing live Television and Radio bilingual (English/Spanish) broadcasts of your public meetings and proceedings and participate in regular bilingual informational broadcasts about COHS program services. This will help fulfill the stated requirement to "educate" the majority of the 110,000 individuals presently covered under Medi-Cal in Ventura County and further ensure COHS meets "the provision of (Medicaid and Medicare) health care services to persons who are eligible to receive medical benefits" but who are not being reached with information on health care to which they are lawfully entitled.

We look forward to your reply.

Sincerely,
David Cruz
David Cruz
President

cc: League of United Latin American Citizens (LULAC)

GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY
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Purpose:

The successful development and implementation of Gold Coast Health Plan will require coordination with and responsiveness to both the local provider and consumer communities. In order to maximize the effectiveness of this task, Gold Coast Health Plan will implement an outreach and communications strategy aimed at both of these critical elements within the Ventura County marketplace. Outreach efforts to the provider community are already under way. The following narrative describes the proactive approach that will be taken to be inclusive of all interested Ventura County Medi-Cal consumers and establish a meaningful dialogue. This will be done in order to solicit input, active cooperation, and support for changes that will be taking place in moving from the current fee-for-service environment to managed care.

Strategy:

Gold Coast Health Plan will implement a campaign whose goal is to reach the consuming members of the public in order to effectively open channels of communication, spread the facts of what will change, and secure support for the forthcoming comprehensive program.

Population Segments and Targets:

The consumer awareness campaign will be directed towards the end-users--Medi-Cal Beneficiaries, who will be assigned to the Gold Coast Health Plan, as well as advocacy groups or agencies that focus on working with the needs of the population. The following Ventura County groups will be targeted for outreach efforts and exposure to Gold Coast Health Plan's programs and principles:

- Lower income groups and those on cash assistance or CalWORKS
- Persons on Social Security Income
- Seniors and Persons with Disabilities
- Young mothers and their children (or soon-to-be young mothers)
- Ventura County Foster Parent Association, Ventura County Foster Care (Human Services Agency), Multidimensional Treatment Foster Care (MTFC), Casa Pacifica, & Supportive and Therapeutic Options Program (STOP)
- Limited English proficient individuals
- Patients residing in Long Term Care facilities
- Other critical groups to be identified as the campaign rolls out

In trying to reach these constituencies, Gold Coast Health Plan will make reasonable efforts to establish connections with all Ventura County advocacy groups that are dedicated to serving this population. Such advocacy group targets may include but not be limited to:

- Public housing and tax exempt charitable organizations such as Rescue Mission Area Agency on Aging, Braille Institute of America, Health Insurance Counseling and Advocacy Program (HICAP), Society for the Blind, Tri-County GLAD, Independent Living Resource Center, and similarly focused organizations
- Interface Children Family Services, First 5, La Leche League, Head Start, WIC or similar child-oriented programs
- Spanish language print and other media communication outlets
- Senior Centers, Adult Day Health Care Centers, Meals on Wheels, Senior Concerns, and similar organizations or groups in the community that may benefit seniors, caregiv-

GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY
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ers, and the families and friends of those who are chronically ill, impaired, or home-bound

- Groups that have appeared before the Gold Coast Health Plan Governing Board
- Local offices of Employment Development Department, Veterans' Affairs, etc.
- Camarillo Health Care District, free clinics and other organizations providing services to the population
- ARC - Ventura County, Tri-County Regional Center, and other organizations providing educational, vocational, and residential services to people with developmental disabilities
- CAUSE (Coastal Alliance United for a Sustainable Economy)
- LULAC (League of Latin American Citizens)
- School Districts within Ventura County
- Faith-based organizations
- Consumer Action Groups
- Other advocacy groups that are identified as the campaign unfolds

Methods of Engagement:

Gold Coast Health Plan has already contacted many of these groups in an effort to initiate dialogue and solicit support. It is Gold Coast's continued goal to solicit their intellect, harness their initiative and engage their energy and enthusiasm needed to design, develop and implement highly effective communication channels and employ up-to-date and state-of-the-art methods to secure the interest and support of their consumer community constituencies.

Communication Distribution Channels:

Gold Coast Health Plan will work with community groups and advocates to design and distribute simple, clear and concise messaging that can be easily disseminated throughout the Ventura County community. Products might include but not be limited to:

- Simple flyers in both English and Spanish distributed in high foot traffic locations
- Print and mass media that is of no cost to the organization and provides Public Service Announcements
- Community meetings, hosted town hall gatherings and health fairs to promote and explain GCHP
- Presentations to local community groups
- Announcements and presentations at local churches and faith-based events
- Other "ad hoc" opportunities that may arise

Action Steps:

In order to implement this plan and achieve the desired outcomes of community awareness and outreach, the following steps will be taken:

1. Assign GCHP staff responsible for the implementation of the plan and provide a regular report of activities to the appropriate Governing Body.
2. Research the local Ventura County community and identify as many advocacy groups as possible willing to assist and gain access to the population that will be served.

GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY

3. Contact community/organizational leaders or assigned agency staff to obtain their commitment to assist with the awareness and participation of their constituents.
4. Conduct face-to-face meetings with GCHP staff to clarify the organizational goals and objectives and seek input and support to maximize success.
5. Conduct regular meetings with advocacy groups to design communication pieces and most effective channels and methods of distribution.
6. Continuously gauge effectiveness and measure participation from targeted community groups.
7. Discard methods and practices proven to be suboptimal; expand avenues that elicit the best response, highest participation levels or other measures of satisfactory outcomes that will help GCHP achieve targeted goals.
8. Invite supportive agency representatives to be seated on the ongoing Member/Consumer Advisory Committee. Continued participation will assist the Commission as it formulates ongoing policy and gain beneficial insights from their unique perspectives in serving their constituencies.

Timing:

At present, Gold Coast Health Plan is in a transitional state of readiness. The current Interim CEO (Terrie Stanley) and one Management Consultant from Regional Government Services (Paul Roberts) are fully engaged with the development of policies and procedures, producing contract deliverables for the Department of Health Care Services, and soliciting providers for the emerging contracted network. Gold Coast Health Plan's IT vendor, ACS, is fully engaged with system configuration and operations preparations in addition to assisting with the demands and details of provider network start-up. In short, there are current staff resources in place at present are limited to commence the important consumer awareness campaign. This is only a temporary situation.

A permanent CEO is scheduled to start the first week of November. Shortly thereafter the final interviews of C-level (CFO, CMO, etc.) and several key Director-level positions will be completed, staff selected and appointed. Other important work activities including but not limited to this consumer awareness campaign may then be properly staffed and initiated.

Once implemented, the program can begin producing positive, demonstrable movement within 4 to 6 weeks. After the main course has been established, mid-course corrections will be effected and ongoing consumer outreach efforts will be pursued on a continuous basis.

Per the Department of Health Care Services requirements, formal individual beneficiary notification will be initiated by the Department itself in the form of a "90 day letter." By that point in time, it is anticipated there will be broad understanding of and acceptance for the newly formed plan. Outreach and educational efforts will not stop there. On the contrary, Gold Coast Health Plan will continue to connect with beneficiaries and focus on the reduction of barriers to a smooth start-up, transition, and program implementation.

OCTOBER 25, 2010-Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission

Mr. Earl Greenia will be starting employment as the permanent CEO for Gold Coast Health Plan on November 2, 2010. I have been asked by Mike Powers, Commission Chair to prepare a transition plan and present for your review. It is anticipated that the plan can be carried out over a two week period of time. I would look to the Commission to be involved with Mr. Greenia's introduction to the provider community as that process will occur over a much longer timeframe. I will be returning full time to my position within the County of Ventura's Health Care Agency. I thank you for the opportunity to have served this important process over the past year and a half as I was also involved in the preliminary stakeholder process and formation of the ordinance with the Ventura County Board of Supervisors.

Over the course of the last six months, much work has been accomplished. Following is a list of key deliverables that have been put in place for the incoming administration:

- Creation of the ByLaws for the Operation of the Ventura County Medi-Cal Managed Care Commission
- Creation of Structure and Purpose for Committees of the Commission-Provider, Member, Quality, and Credentials
- Administrative Service Provider Contract Negotiation and Implementation
- Secure start-up funds of \$2.3 million from ASP, with additional up to \$1 million from staffing contractor
- Selection of and implementation of contract with Regional Government Services to Provide Recruitment, Staffing and Employee Benefit Administration
- Retained Beecher Carlson as Insurance Broker to Develop Insurance Strategy which included Directors and Officers Liability and General Liability for Occupancy of Office
- Creation of the Executive-Finance Committee
- Policy for CEO signing authority
- Provider Reimbursement Policy
- Contracting templates for PCP, Hospitals, Specialist, LTC and Ancillary Service Providers
- Administrative Member Policy
- Auto Assignment Policy
- Budget approval
- Pharmacy Benefits Manager Contract Negotiations
- Selection of Legal Counsel to the Commission
- Selection of a name (DBA) for the new health plan
- Selection of office location and lease negotiation
- Quality Improvement Activities for Gold Coast Health Plan
- Establishment of the Conflict of Interest Code
- Process for creation and final selection of plan logo
- Retained Milliman to provide analysis of proposed rates from the State

The contracting process is moving along. To date, Gold Coast has a commitment from over 100 providers expressing a desire to contract with Gold Coast Health Plan so they may provide services to Medi-Cal beneficiaries in Ventura County.

The following documents and items will be reviewed and covered in detail:

Summary Report of the Ventura County Stakeholder Group process that formed the Medi-Cal Managed Care Commission

Organization Reference Binder that contains the following:

- Meeting Schedules for Board and Exec-Finance
- Listing of all Commission and Committee members
- Current timeline for Project Implementation
- Current Milestones and Status
- Bylaws for the Operation of the Commission
- Ordinance No 4409
- Ventura County Board of Supervisor Letters for establishment and commissioner selection process
- Brown Act
- Organization Charts for all committees and staff
- Advisory Committees of the board makeup and function
- Statement of Facts-Roster of Public Agencies Filing documents
- IRS/Department of Treasury –Employer Identification Number
- Conflict of Interest on file with the Clerk of the Ventura County Board of Supervisors

All financial projections and current financial information

Documentation from all board meetings and committee meetings to date:

- Agendas
- Minutes
- Board Letters and Attachments
- Policies Created

State Contract Template Document

State Documentation on Proposed Rates

All Contracts GCHP has entered into with Vendors for Administrative Services:

- ACS-Administrative Service Provider
- ScriptCARE- PBM
- RGS-LGS-Staffing and Benefit Package
- Milliman-Actuarial Services

- PHCG-Consultative Services for Financial Analysis
- Tin Kin Lee-Legal Counsel
- Lynette Coverly-Logo design and creation
- Anacapa –Space planning and office
- Elena Trevino-Newsletter formatting

Lease Agreement for office located @ 2220 Gonzales Road Oxnard CA

GCHP Provider Contract Templates:

- PCP-Include listing of services under PCP capitation
- Specialist Physicians
- Hospitals
- SNF
- Ancillary Providers

Current Status of Provider Contracting Efforts

All binders with current staff to be hired job descriptions, candidate resumes, completed applications, ranking and preliminary screening status

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ATTACHMENT D

DATE: October 25, 2010
TO: Ventura County Medi-Cal Managed Care Commission
FROM: Terrie Stanley, Interim CEO
SUBJECT: Results of Gold Coast Health Plan, Coverly Professional Services and City Creative Group Logo Design and Stakeholder Input Process.

Michael Powers
VC Health Care Agency
Chair

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

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**Terrie Stanley, RN CPHQ,
MPA**

2323 Knoll Dr.
Ventura, Ca. 93003

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

Recommendation:

Accept the results of the community input process for Gold Coast Health Plan logo and select a final version.

Discussion:

On October 13, the Executive-Finance Committee approved and made final recommendations on the GCHP Logo design from the above named vendor and authorized the Interim CEO to execute the process of posting the two final selection options on the Gold Coast Health Care Plan website for the purpose of soliciting input from stakeholders. That was carried out on October 14 and sent to over 100 individuals and representatives of over 30 professional groups and organizations who represent beneficiaries or services provided to beneficiaries. These entities and individuals were asked to also solicit input from their respective organizations. Media outlets including both the Ventura County Star and Health Education League of America were also invited to participate.

All information was also posted to the web-site and the email address for the Interim CEO and the COHS organization were provided.

The process ended at 5 PM on Thursday October 21 to allow staff time to tally results and review any final information as well as comments received.

A tally of the results is presented today for your consideration to approve the preferred and final option for Gold Coast Health Plan.

ATTACHMENT B1: Final Logos for Consideration



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



**Costa de Oro
Plan de Salud**SM
una entidad pública



**Gold Coast
Health PlanSM**
A Public Entity



**Costa de Oro
Plan de SaludSM**
una entidad pública

Logo Option B

September 27, 2010

Committee Members in Attendance		Staff in Attendance	
√	Terrie Stanley, Co-Chair, Interim CEO	√	Dee Pupa, Interim Assistant Clerk of the Board
	Narcisa Egan, Co Chair, Assistant Health Care Agency CFO		
√	Lanyard Dial, MD, Physician, Ventura County Medical Association (Commissioner Dial arrived at 1:14 p.m.)	Guests in Attendance	
√	Rick Jarvis, Private Hospitals / Healthcare System	√	Jennifer Bower, Human Resource Director, RGS-LGS
√	Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.	√	Lynette Coverly, Coverly Professional Services
√	Michael Powers, Director, Ventura County Health Care Agency	√	Candice Limousin, Human Resources, RGS-LGS
√	Catherine Rodriguez, Ventura County Medical Health System	√	Traci R. McGinley, GCHP Consultant
		√	Paul Roberts, GCHP Consultant


AGENDA ITEM / PRESENTER		MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1	Call to Order Welcome and Roll Call Terrie Stanley	<ul style="list-style-type: none"> The meeting was called to order at 1:10 p.m. All Members present, except for Co-Chair Egan. A quorum was present. <p>Co-Chair Stanley welcomed everyone and introduced a new contract employee, Paul Roberts, consultant and provided an overview of his extensive background in HMO's.</p>	
2	Public Comment / Correspondence Terrie Stanley	<p>Member of the public, Mr. Rossi expressed his concern that approximately two months previously he had requested to review the vendor contracts. Co-Chair Stanley advised that the final contract was just completed and would now be available.</p> <p>Mr. Rossi requested a list of providers.</p>	
3	Review and Approval - Minutes August 23, 2010 and September 9, 2010	<p>The Minutes of August 23, 2010 Committee meeting were presented for review and approval.</p> <p>The Minutes of September 9, 2010 Committee meeting were presented for review and approval.</p>	<p>Commissioner Dial moved to approve the minutes of August 23, 2010; Commissioner Powers seconded. Approved 6-0.</p> <p>Commissioner Powers</p>

September 27, 2010

			<p>moved to approve the minutes of September 9, 2010; Commissioner Dial seconded. Approved 6-0.</p>
<p>4</p>	<p>Approval of Coverly Professional Services and City Creative Group Proposal and Process for Logo Selection for Gold Coast Health Plan</p> <p>Terrie Stanley</p>	<p>Co-Chair Stanley gave a brief background of the RFP process, which included 4 vendors for the Logo development and explained that Coverly with City have over 35 years combined experience. Co-Chair Stanley also noted that the project cost was reasonable at \$2,000 and that Coverly could meet the aggressive timelines.</p> <p>Lynette Coverly gave a brief overview of her background. Copies of logos of other similar public health plans in California were reviewed as well as the time-line for the logo development process. Ms. Coverly expressed her desire to have one or two logos that the Committee would strongly endorse. The goal is to have the logos back to the Committee by the next meeting. The cost of black and white, as well as multiple color logos was discussed. The Committee requested that several choices be provided, even some with more than two colors.</p> <p>Commissioner Rodriguez asked how to ensure that the mark is unique. Co-Chair Stanley explained the process that will be used.</p> <p>Co-Chair Stanley stated that Legal Counsel recommends that "Public Entity" be a part of the brand as it would announce to the public that any claims to be filed against the Plan would need to follow the California Government Code processes.</p> <p>Commissioner Powers suggested more than just a name be used, so that it is warmer for the public. Further discussion was held were it was expressed to bring out the word "gold" in the name because it invokes quality.</p> <p>Member of the public, Mr. Rossi inquired if there would be public input</p>	<p>Commissioner Powers moved to approve the process; Commissioner Dial seconded. Approved 6-0.</p> <p>Commissioner Juarez moved to approve the Services Contract; Commissioner Dial seconded. Approved 6-0.</p>

September 27, 2010

		during the selection process. Co-Chair Stanley stated that the information would be made available to the public. The Spanish translation and the possibility of showing agriculture to pull in the demographics was recommended by Commissioner Juarez.	
5	Update – Gold Coast Health Plan Staffing Terrie Stanley	Co-Chair Stanley stated that she, Jennifer Bower and Candice Limousin did some initial scoring of applicants and developed screening questions that could be used for an initial phone interview. Ms. Limousin stated that there has been excellent response to job postings with over 200 applications received. There are many well qualified applicants. The majority of applicants are local or at least within California. Commissioner Juarez asked if the top candidates would be requested to travel for in-person interviewing and would the travel expenses be reimbursed. Ms. Bower responded that it was up to the Commission.	
		Adjourned to Closed Session.	Adjourned at 1:42 p.m.
6	CLOSED SESSION	Public Employee Appointment or Employment (Gov. Code §54957.) Title: Chief Financial Officer, Chief Medical Officer – Review of applicants and selection of candidates to be interviewed.	

Submitted by: 
Recorder

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Commission Staff

Terrie Stanley, RN CPHQ,
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Fax: (805) 677-5203

DATE: October 25, 2010
TO: Ventura County Medi-Cal Managed Care Commission
FROM: Terrie Stanley, Interim CEO Co-Chair
SUBJECT: Services to be Included in Primary Care Capitation

Recommendation:

Accept the ad-hoc physician group's list of services to be included under Gold Coast Health Plan PCP capitation.

Discussion:

At the June 28th meeting of the VCMCC, the interim CEO was directed to bring together a group of practicing physicians to review the proposed list of services to be considered for inclusion under the capitation rate paid to primary care. In the absence of a Chief Medical Officer, Commissioner Dr. David Araujo graciously agreed to chair a meeting bringing together a group of Primary Care Physicians. Members of the group included representation from Clinicas del Camino Real, Community Memorial Hospital's Centers for Family Health and the Ventura County Clinic System. At the Executive Finance Committee meeting of September 27, further input was requested from community physicians in private practice. The group met on September 17th and again on October 1. A special thank you to the following Physicians who participated with GCHP and Dr. Araujo in the process:

Dr.'s Nasr Anees, Enrique DeLaGarza, Theresa Enriquez, John Ford, Steven Jones, John Keats, Michelle Laba, Linda Lundeen, David Lyons, Stanley Patterson, Victor Pulidouri, Guillermo Rios-rios, Josephine Soliz, and Ramsey Ulrich.

OFFICE VISITS

CPT Code -New Patient

99201	Problem focused history and exam; straight forward; 10 minutes
99202	Expanded problem focused history and exam; straight forward; 20 minutes
99203	Detailed history and exam; low complexity; 30 min
99204	Comprehensive history and exam; moderate complexity; 45 minutes
99205	Comprehensive history and exam; high complexity; 60 minutes

Established Patient

99211	Minimal Problem; physician supervised services; 5 minutes
99212	Problem focused history and exam; straight forward; 10 minutes
99213	Expanded problem focused history and exam; straight forward; 15 minutes
99214	Detailed history and exam; moderate complexity; 25 minutes
99215	Comprehensive history and exam; high complexity; 40 minutes

PREVENTIVE MEDICINE SERVICES (if not covered by CHDP)

99381	Initial Evaluation and Management of Healthy Individual
99382	Early Childhood - age 1 to 4 years
99383	Late Childhood - age 5 to 11 years
99384	Adolescent - age 12 to 17 years
99385	18 - 39 years
99386	40 - 64 years
99387	65 years and older

Established Patient

99391	Periodic Reevaluation and Management of Healthy Individual
99392	Early Childhood - age 1 to 4 years
99393	Late Childhood - age 5 to 11 years
99394	Adolescent - age 12 to 17 years
99395	18 - 39 years
99396	40 - 64 years
99397	65 years and older

MINOR SURGICAL AND OTHER MISCELLANEOUS PROCEDURES**Surgical Procedures**

10060	Drainage of Boil
10080	Drainage of Pilonidal Cyst
10120	Remove Foreign Body
10140	Drainage of Hematoma
10160	Puncture Drainage of Lesion
11100	Biopsy of Lesion
11101	Biopsy, Each Added Lesion
11200	Removal of Skin Tags
11300-11302	Shaving of epidermal or dermal lesion(s), single lesion,- trunk, arms or legs, diameter 0.5 (or less)-2.0
11305-11307	scalp, neck, hands, feet genitalia, diameter 0.5 (or less)-2.0
11310-11312	face, ears, eyelids, nose, lips, mucous membrane, diameter 0.5 (or less)-2.0
11400-11402	Excision of benign lesions including margins- trunk, arms or legs, diameter 0.5 (or less)-2.0
11420-11422	scalp, neck, hands, feet genitalia, diameter 0.5 (or less)-2.0
11440-11441	face, ears, eyelids, nose, lips, mucous membrane, diameter 0.5 (or less)-1.0
11740	Drain Blood from under Nail
11900	Injection into Skin Lesions
16000	Initial Treatment of Burn(s)
17000	Destruction (laser, electro, cryo, chemo (surgery), surgical curettement), premalignant lesions; first lesion
20600	Arthrocentesis, Aspiration and/or Injection; Small Joint, Burns or Ganglion Cyst
26600	Treat Metacarpal Fracture
26720	Treat Finger Fracture, Each
28470	Treat Metatarsal Fracture
28490	Treat Big Toe Fracture
28510	Treatment of Toe Fracture
Splints	
29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29126	dynamic
29130	Application of finger splint; static
29131	dynamic
29505	Application of long leg splint (thigh to ankle or toes)
29515	Application of short leg splint (calf to foot)

Strapping – Any Age

- 29280 Strapping; hand or finger
- 29550 Strapping; toes

Laboratory

- 81000 Urinalysis with Microscopy
- 81002 Routine Urine Analysis
- 81025 Urine Pregnancy test, by visual color comparison methods
- 82270 Blood; Occult, Feces
- 82271 Blood; Occult - Other Sources
- 82948 Stick Assay Blood Glucose
- 82962 Blood glucose by glucose monitoring devices cleared by the FDA for home use
- 85014 Hematocrit
- 85018 Hemoglobin, Colorimetric
- 85025 Automated Hemogram
- 86580 TB Intradermal Test
- 87081 Bacteria Culture Screen-Rapid Strep
- 87205 Smear, Stain & Interpretation - Routine Stain
- 87210 Smear, Stain & Interpretation - Wet Mount
- 87220 Tissue Examination for Fungi (KOH Slide)
- 87880 Rapid Strep Test

VISION SCREEN, TEST

- 99173 Screening test of visual acuity, qualitative, bilateral

ECG, HEARING TEST, SUPPLIES

- 93000 Electrocardiogram, Complete
- 93005 Electrocardiogram, Tracing
- 93010 Electrocardiogram Report
- 93041 Rhythm ECG, Tracing
- 92551 Pure Tone Hearing Test, Air
- 92552 Pure Tone Audiometry, Air
- 92553 Audiometry, Air & Bone
- 92567 Tympanometry (impedance testing)
- 99070 Special Supplies

MEDICINE

- 94160 Vital capacity screening tests: total capacity, with timed forced expiratory volume and peak flow rate
- 94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination

OTHER

- 46600 Diagnostic Anoscopy
- 51701 Insertion of non-indwelling bladder catheter
- 51702 Insertion of temporary indwelling bladder catheter
- 65205 Removal of Foreign Body, Eye
- 69200 Clear Outer Ear Canal
- 69210 Remove Impacted Ear Wax

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Commission Staff

Terrie Stanley, RN CPHQ,
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Phone: (805) 677-5238
Fax: (805) 677-5203

DATE: October 25, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley, Interim CEO
SUBJECT: VCMC and Executive Finance Committee 2011 Meeting Schedule

Recommendations:

Recommendation #1 Accept Commission 2011 meeting dates.

Recommendation #2 Accept Executive Finance Committee 2011 meeting dates.

Discussion:

As a public entity, all GCHP meetings are subject to the Brown Act and must be appropriately noticed. The Commission has also posted the annual schedule on the website. In order to accommodate the public and secure a location large enough to accommodate interested parties, staff has secured the current meeting locations for calendar year 2011. Also, in recognition of the time commitment made by all commissioners and committee members, GCHP staff is providing those dates to you so that you can make note of them for both your and your staff's scheduling purposes. The dates of all meetings are presented for approval.

VCMC Commission 2011 Meeting Dates
4th Monday of the Month Time 3:00-5:00 pm

January 24th
February 28th
March 28th
April 25th
May 23rd
June 27th
July 25th
August 22nd
September 26th
October 24th
November 28th
December 19th

Gold Coast Health Plan Executive Finance Committee 2011 Meeting Dates
2nd Wednesday of the Month Time- 3:30-5:30 pm

January 12th
February 9th
March 9th
April 13th
May 11th
June 8th
July 13th
August 10th
September 14th
October 12th
November 9th
December 14th

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DATE: October 25, 2010
TO: Ventura County Medi-Cal Managed Care Commission
FROM: Michael Powers, Chair, Ventura County Organized Health System
Jennifer Bower, Regional Government Services Human Resources Consultant
SUBJECT: Recommendations from October 13, 2010 Executive Finance Committee: Chief Executive Officer Compensation and Benefit Information

Michael Powers
VC Health Care Agency
Chair

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

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Recommendation:

Recommendation #1

Approve standard salary, benefits, and contract provisions as indicated below for Chief Executive Officer position.

Recommendation #2

Approve other salary, benefits, and contract provisions as indicated below for Chief Executive Officer position.

Discussion:

Gold Coast Health Plan selected Regional Government Services Authority (RGS) to provide employee services. It anticipated approximately forty employees, with other positions being contracted through various other service providers. Through RGS, a national recruitment was undertaken for the Chief Executive Officer position with significant efforts made to attract qualified candidates. Over eighty applicants responded. Of those candidates, the Finance Executive Committee selected eight to interview, and subsequently forwarded four of those candidates to the full Commission to determine who RGS should offer to employ as the Chief Executive Officer, assigned to Gold Coast Health. The new CEO will then make the selection on all other positions assigned to Gold Coast Health with participation by the Commission for the Chief Financial Officer and the Chief Medical Officer.

After deliberation, on September 27, 2010, the Commission unanimously selected Earl Greenia to be its first Chief Executive Officer for Gold Coast Health. Mr. Greenia comes to this assignment with considerable experience. He initially selected November 16, 2011 as his start date as Mr. Greenia currently works in Hawaii, and needed to leave his current employer with adequate notice as well as set up temporary housing arrangements in Ventura County until more permanent housing could be found.

At the Commission chair's request, Mr. Greenia moved his start date up first to November 1, 2010 and later to November 2, 2010. Because he will be leaving Hawaii on October 30, 2010, Mr. Greenia is unable to arrange temporary lodging or get his car to California by his November 2, 2010 start date. The Commission initially approved total available funding for compensation and benefits for its various classifications. However, with the CEO, CFO, and CMO classifications, it was expected that some requests may be outside of the funding allocations and would need to be approved by the Commission.

Compensation and Benefits: The following is Mr. Greenia's compensation and benefits requests. Those items listed as standard are already provided. Those items listed as different need to be reviewed and approved so that the formal employment agreement can be finalized.

Chief Executive Officer Compensation and Benefit Information

Page 2

Item	Standard	Different	Issue/Comments
Compensation	\$200,000 annually.		As advertised and a reduction in salary for Mr. Greenia.
Compensation Review		At the end of 6 months with satisfactory or above performance with a not to exceed adjustment of 5% or less. A 5% adjustment would equal \$10,000	
Leaves	15 days vacation to start; 10 holidays; 5 administrative leave days; 12 sick leave days for years 1 and 2.	Time off of 2 weeks over holidays. No additional costs.	Mr. Greenia needed time between positions to find housing and to have time with his family before taking on this assignment. Because he will be unable to take that time off between jobs, RGS suggested that Mr. Greenia take the time later, such as over the 2010 holidays. Mr. Greenia will take a vacation advance or take the time off without pay.
Health and Welfare	Fully paid family dental and vision insurance premiums; partially paid to \$1,000 a month family medical insurance premiums; life insurance to \$200,000, short-term and long-term disability insurance; liability insurance, workers' compensation, unemployment, and other legally required benefits; employee assistance program.		
Car Allowance	\$575 per month.	Requesting additional car allowance to pay for rental car until own car arrives from Hawaii. Up to \$1000; standard monthly allotment will commence when special reimbursement ends.	Mr. Greenia's own car may take up to 21 days to arrive from Hawaii, depending on transportation-related issues.
Retirement Plan	10% in addition to compensation to a 401(a) plan with an additional 2% matching contribution.		
Relocation Costs	\$6,000	Requesting an additional \$4,000 more to move himself and his family.	Costs for moving from Hawaii are considerably higher.
Housing Costs		Requesting short-term temporary housing costs for hotel until able to find other appropriate housing. An additional \$1000.	Because Mr. Greenia is leaving his current position and immediately beginning this position, he will be unable to find temporary housing for himself until later in the month.
Signing Bonus	\$20,000		

Chief Executive Officer Compensation and Benefit Information

Page 3

Severance Package		Requesting severance package should he be dismissed without cause. A tiered approach is recommended of 2 months the first year, 4 months the second year, and 6 months at the third year.	
Total Estimated Costs of Different		Possible approximate additional costs first year. Possible approximate additional costs after 3 years if dismissed without cause.	\$16,000 \$135,000

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DATE: October 25, 2010
TO: Ventura County Medi-Cal Managed Care Commission
FROM: Michael Powers, Chair, Ventura County Organized Health System
Jennifer Bower, Regional Government Services Human Resources Consultant
SUBJECT: Recommendation from October 13, 2010 Executive Finance Committee, Interim Staffing Assignments – Status Update

Michael Powers
VC Health Care Agency
Chair

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

Dr. David Araujo
VCMC Family Medicine
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Recommendation:

Approve making interim assignment offers for the select positions of Chief Financial Officer, Chief Medical Officer, Director of Claims Services, and Director of Information Technology.

Discussion:

Gold Coast Health selected Regional Government Services Authority (RGS) to provide employee services to its new entity. It anticipated approximately forty employees, with other positions being contracted by various service providers. Through RGS, a national recruitment was undertaken for 9 positions, including Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), as well as the 6 Director positions in member services, claims services, information technology, health services, government relations, and provider relations with significant efforts made to attract qualified candidates. RGS received applications for all positions.

On September 27, 2010, the Commission selected a new CEO, Earl Greenia, who will be starting work on November 2, 2010. Since that selection was made, all other position selections have been put on hold, pending the arrival of Mr. Greenia. Gold Coast Health will not be ready to start operations as soon as it is expected to, and given feedback from State agencies on this, the Executive Finance Committee thought it would be appropriate to make some interim staffing assignments in the areas of Chief Medical Officer, Chief Financial Officer, information technology, and claims. The Commission already has several interim staff assigned: Interim CEO, Terrie Stanley, Interim Project Consultant, Paul Roberts, Interim Clerk of the Board, Traci McGinley, and Interim Human Resources Manager, Candice Limousin.

Staff checked with Mr. Greenia and he is amenable to having interim assignments as long as he is able to review the applications for those who are interested (selected only from the best qualified candidates) and that no person offered an interim assignment is guaranteed a full-time regular appointment without his approval first.

RGS has made contact with about 20 candidates, and has received reports of several who are receptive to interim assignments. With the Commission's approval, RGS will begin offering interim assignments, effective 10/26/2010, with bringing the interim positions on board as soon as possible. The Interim Chief Executive Officer will oversee assignments given to staff until Mr. Greenia is in place to take on his new role.

Compensation for these positions will be at no higher than the salary originally determined and will include only the legally required benefits. Only if these candidates are later offered regular employment, will full benefits be provided.

Gold Coast Health Plan

Project Timeline (Critical Milestones)

Required Milestones

120 Days	
GCP Activities	ACS Activities
PCP Cap Rates; Hospital Rates; Finalized by Gold Coast; On-Going Discussion with State on Rates	Management On-boarding Complete (Ops manager, Project Manager, Claims Supervisor)
Submit Proposed Provider Network to the State	Procure Hardware
CEO Onboard	Order Network Connections (Mailroom)
CFO, CMO and Directors in place (Access to Interim Employees to make decisions)	System Requirements Finalized
70% of P&P to State	Print Vendor agreement
Credentialing Verification Organization Workflow Set	
Credentialing Committee in place	
Develop community outreach plan	
Space ready to occupy for directors	
Full eligibility test file (Must have an agreement in place with the State to obtain access to the file. State will determine if that is a BAA or a contract with Gold Coast)	
80% of Provider Network in place (Day 105 - Request 75 Day Letter to be sent by State)	
GEO Access Report	
ScriptCare Contract Signature	***Items in bold and highlighted in green require state involvement
Authorization and Referral Guidelines in place	

Required Milestones

90 Days	
GGP Activities	ACS Activities
Submit Contracted Provider Network to the State	Limited Call Center Hiring to take PCP selection calls from Clinics and Hospitals
CFO, CMO Directors onboard	Mailroom & Data Entry - Process Mapping / Definition (Finalized)
Final 30% of P&P to State	Call Center Process - Mapping / Definition (Finalized)
5% of facility site reviews completed-(PCP)	Claim Processing - Process Mapping / Definition (Finalized)
Community Outreach Activity Starts	Finalize Configuration Input
Credentialing Starts	Fulfillment Guidelines Finalized and Sent to Print Vendor
Member Services, IT Director, Provider Relations Hired	
75 Day letter sent out by the State	
Gold Coast Health Plan Formulary Set	

***Items in bold and highlighted in green require state involvement

Required Milestones

60 Days	
GGP Activities	ACS Activities
50% of PCP Credentialing Completed	Call Center Hiring
Health Services Lead Hired	Facility build out complete (Mailroom)
Facility ready for occupancy (furniture, phones, network connections, etc.)	Development complete on Ika interfaces
PCP Selection @ Hospital ER and Clinics (with provider directory)	
Request to State for 45 Day letter (Day75)	

***Items in bold and highlighted in green require state involvement

Required Milestones

30 Days	
GCP Activities	ACS Activities
PCP Credentialing Complete	Claim Processing Hiring
Health Services Staff Hired	Data Entry / Mailroom Hiring
PCP Selection Letter & Provider Directory to all Eligibles	System Integration Testing
State Contract Finalized	
45 Day letter from the State	
GCHP new member handbook sent to State for approval (45 Days)	

***Items in bold and highlighted in green require stata involvement

Immediate Staffing Requirements

CMO

- Physician committee formation for:
 - State required medical policy and procedure
 - Medical Management Plan-determination of criteria to acquire
 - Authorization / referral guidelines
 - Services requiring auth/workflow
 - Rules for auth @ go-live
- P&T Committee structure and formation:
 - Formulary
 - Pharmacy Management and Workflows
- Credentialing committee structure and information

Immediate Staffing Requirements

CFO

- State required fiscal policies and procedures
- Plan for meeting IBNR requirements
- Analysis of feasibility to implement risk pool
- Review proposals and select Stop-Loss/Reinsurance carrier
- Financial software system decision and implementation plan

Claims Lead

- Claims configuration/adjudication rules for payment set-up

IT Lead

- Infrastructure
 - Network
 - Connectivity
 - Phone
 - Hardware
 - Software installations as needed