



**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan (GCHP)**

Consumer Advisory Committee Meeting

Wednesday, July 18, 2018, 4:00 p.m.

Gold Coast Health Plan, 711 E. Daily Drive, Community Room, Camarillo, CA 93010

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ESTABLISH QUORUM

PUBLIC COMMENT

The public has the opportunity to address the Consumer Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three minutes. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Committee.

APPROVE MINUTES

1. Regular Meeting of April 18, 2018

REPORTS

2. Chief Executive Officer (CEO) Update

Staff: Dale Villani, Chief Executive Officer

3. Financial Update

Staff: Lyndon Turner, Senior Director of Finance

4. Legislative Update

Governor's budget update

Staff: Marlen Torres, Manager, Government and External Relations

5. CAC Responsibilities

Committee reporting to the GCHP Commission

Staff: Ruth Watson, Chief Operating Officer

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

Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)
July 18, 2017 Consumer Advisory Committee Meeting Agenda (*continued*)

LOCATION: Community Room at 711 E. Daily Drive, Camarillo, CA 93010

TIME: 4:00 p.m.

6. GCHP Urgent Care

New brochure and urgent care use

Staff: Nancy Wharfield, MD, Chief Medical Officer

7. Behavioral Health Transition (BHT) Update

Update on transition of behavioral health members to GCHP

Staff: Kathy Neal, Sr. Director of Health Services

8. Conduent – Administrative Services Organization (ASO)

Update on ASO

Staff: Chris Hodina, Director of Operations

9. Member Handbook, Evidence of Coverage (EOC)

Status of new EOC

Staff: Luis Aguilar, Member Services Manager

10. Network Operations Update

Provider contracting status

Staff: Steve Peiser, Senior Director Network Management

11. Grievance and Appeals Update

Staff: Stacy Luney, Grievance and Appeals Manager

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on October 17, 2018, 4:00 p.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, Camarillo, CA 93010.

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

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. 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.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

The agenda was posted at the Gold Coast Health Plan Notice Board and on its website.

**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee (CAC) Minutes
April 18, 2018**

(Not official until approved)

CALL TO ORDER

Committee Vice-Chair Pedro Mendoza called the meeting to order at 4:12 p.m. at the offices of Gold Coast Health Plan (GCHP), 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Community Room. The Pledge of Allegiance was recited.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Estelle Cervantes, Beneficiary Member
Norma Gomez, Mixteco / Indigena Community Organizing Project
Frisa Herrera, Casa Pacifica
Paula Johnson, ARC of Ventura County
Ruben Juarez, County Health Care Agency
Pedro Mendoza, Amigo Baby
Curtis Updike, County Human Services Agency (HSA)

ABSENT COMMITTEE MEMBERS

Rita Duarte-Weaver, Ventura County Public Health Department
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Katharine Raley, County of Ventura Area Agency on Aging

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

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVE MINUTES

1. Regular Meeting of October 18, 2017

Committee Member Curtis Updike commented that the minutes had an error in that there was a mistake in Katharine Raley's name; it will be corrected. Committee Member Updike motioned to approve the Meeting Minutes of April 19, 2017 as corrected. Committee Member Paula Johnson seconded the motion. The motion carried with the following vote:

AYES:	Cervantes, Gomez, Herrera, Johnson, Juarez, Mendoza and Updike
NOES:	None
ABSTAIN:	None
ABSENT:	Duarte-Weaver, Jordan, Raley

REPORTS

2. Chief Executive Officer (CEO) Update

Dale Villani, Chief Executive Officer introduced the new Chief Financial Officer (CFO), Kashina Bishop. Mr. Villani stated that Ms. Bishop joined GCHP from CenCal Health in Santa Barbara.

CEO Villani provided comments on the continued concerns expressed by the independent pharmacists regarding rates paid. While GCHP is very concerned about the independent pharmacists, we are also, if not more concerned, that GCHP members have access to pharmacies that they need. GCHP is confident, from our meetings with OptumRx, the pharmacy benefits manager in this case, of their assurances that OptumRx has a high concentration of pharmacies located wherever GCHP members are.

CEO Villani provided comments on benefit updates. The first benefit is regarding those persons receiving Behavioral Health services that are non-autism specific. This new benefit is directed by the state, moving those persons from the Developmental Disabilities Services program into the Department of Health Care Services (DHCS) Medi-Cal Managed Care program. There are 183 members who will be enrolled in GCHP beginning July 1, 2018. GCHP Health Services has been working closely with Beacon and the regional center to ensure a smooth transition.

CEO Villani stated that Chief Medical Officer (CMO) Dr. Wharfield has talked about Cardiac Rehabilitation services in past meetings. When these services were provided previously, it was under the GCHP Alternative Resources for Community Health (ARCH) program using additional reserve dollars. While cardiac rehabilitation was not a covered benefit by the state, GCHP used its own monies because clinical best practices indicated it made a positive difference. The state is now in agreement with this decision. DHCS now recognizes outpatient cardiac rehabilitation as a covered benefit. This transition should be smooth and seamless for GCHP and our members.

CEO Villani introduced Chief Diversity Officer (CDO) Ted Bagley to speak about some of the diversity initiatives and answer any questions from the CAC members.

CDO Bagley stated that one of the things GCHP is concentrating on in the diversity field is outreach. Mr. Bagley has been meeting with the people in the community. Mr. Bagley went on to state that GCHP has established a diversity council. The diversity council consists of individuals from across the spectrum of GCHP, from all cultures within GCHP. The diversity council will look at all of our internal and external communications; our processes from promotions to pay; to everything else from a consistency standpoint, making sure there is fairness in everything we do at GCHP. GCHP is also concentrating on training. The first training session was held on March 29, 2018 and other sessions are coming in the near future. As those sessions are committed and completed, we will communicate those to you as well as the commission.

Committee Member Paula Johnson asked how the diversity council was developed. She also asked if future trainings would be opened up to outside agencies. CDO Bagley replied that the training will be open to everyone. The array of training is being established. CDO Bagley stated that the council is diverse and was currently setup to establish the GCHP CORE values. Mr. Bagley went on to say we are going to start with that group and make sure that it meets all of the criteria, of having someone from each area of the organization, and secondly, that it has all the cultures represented.

We added those cultures that were not existent in that group. Mr. Bagley concluded by stating that at a later date, he will be presenting a pictorial chart of that group and what the functions are.

3. Legislative Update

Marlen Torres, Manager, Government and External Relations reported on the Legislative update as presented in her written report in the meeting materials. Discussion was held about the opioid epidemic. CMO Wharfield stated that GCHP had supported efforts with the county substance abuse department to fund naloxone kits, which is the narcan rescue kit. These kits are supplied to someone who has an addiction who might stop breathing and to friends and family members who are concerned about a GCHP member.

4. State Mega Regulation Update

Brandy Armenta, GCHP Compliance Officer presented provided information on what the Mega Regulation is and how it affects those beneficiaries our Consumer Advisory Committee members interface with on a day-to-day basis. Ms. Armenta presented background information stating that GCHP holds a contract with DHCS. That contract outlines all the provisions and regulations that the plan has to adhere to; turnaround times on Utilization Management, member grievance timeframes, call center statistics, claims processing, etc. The Mega Regulation issued by the U.S. Centers for Medicare and Medicaid Services (CMS) on April 21, 2016 and was issued nationally and not just for California. The intent of CMS was to align Medicaid and California Medi-Cal with all of the payer types and truly aligning with Medicare, because Medicare is very restrictive. Ms. Armenta stated that this is the largest contract amendment in the State of California in over ten years. There are approximately 156 changes in our current draft contract amendment that GCHP has received from DHCS. The Mega Regulation is not yet finalized because CMS is still reviewing multiple sections within that contract.

One important change for beneficiaries is the State Fair Hearing process. Currently, a member can choose to file a grievance or appeal, but can elect not to do so and go straight to filing a State Fair Hearing. The new regulation requires that the member file a grievance or appeal with GCHP first. CMS wants the member to grieve at the plan-level first to give the plan the opportunity to resolve the issue before going to a State Fair Hearing. In addition to the new grievance and appeals requirements, the Mega Regulation incorporates new benefits and expands many benefits. Discussion was held about the grievance and appeals process.

5. Financial Update

Kashina Bishop, Chief Financial Officer reviewed the information in the member packet on the financial status of GCHP. CEO Villani provided comments on the finances. Discussion was held about the budget.

6. Program of All-Inclusive Care for the Elderly (PACE)

Ruth Watson, Chief Operations Officer presented information on the Program for All-Inclusive Care for the Elderly (PACE). COO Watson stated that PACE is the leading mode of care for the most frail, vulnerable seniors. PACE is a program that GCHP is looking potentially to bring into the county. In order to participate in PACE, the patients are generally triple eligible, meaning they have Medicare, Medicaid/Medi-Cal and they have been deemed by the State of California to be long-term care eligible. The purpose of this program is to keep the frail seniors in their home or in the community as opposed to going into long-term care facilities. There is great value to this for the member, for the families and caregivers and for the community. The State of California has said that in order to

open a care center in a County Organized Health System (COHS) county, as the sole supplier of Medi-Cal in this county that we have to be engaged in the program if there is going to be one opened. The GCHP executive team determined this program speaks to our mission; it adds a great value to the community. A PACE center provides comprehensive services to keep patients living at home. It is direct provision of primary care, social support, physical therapy and nutrition as well as transportation, drugs, in-home health counselors, etc. As a Medicare and Medi-Cal program, payment is capitated on a monthly basis. The average age of participants is 80 but they must be at least over 55 to be eligible. GCHP did a feasibility study and have identified 1,400 potential participants in the county. Each PACE center can serve 200 to a max of about 450 members. GCHP would partner with a company called WelBE. WelBE is a physician-based group of mission-focused doctors from Silicon Valley. They will purchase and develop the site; develop the facility and hire staff. We estimate we would employ between 100-150 local employees in the county. This program requires local leadership and provides opportunities for people who reside in Ventura County. Each employee will have an equity share in the center. GCHP would like to submit our application in July and WelBE will help us with this application. Implementation of this program will happen quickly with WelBE, which means we could go live January 1, 2020. WelBE will fund this project up front and they will fund for us a non-recourse interest free loan.

CMO Wharfield stated that the positive thing is that this is whole-person care for this population and it is really 360-view for the member. This is best care for these members.

7. GCHP Annual Health and Resource Fair

Lupe Gonzalez, Director of Health Education, Outreach, Cultural & Linguistic Services reported on the upcoming GCHP Annual Health and Resource Fair stating that in the packet of materials provided, there is a list of participating agencies. The date of the event is June 23, 2018 from 10:00 – 2:00 and will be held at Oxnard Plaza Park. There are currently about 24 agencies that have RSVP'd for the event and we can accommodate another 8-10 agencies. Outreach staff is currently calling agencies to offer this opportunity. Last year's event served approximately 300 individuals and families. Provided at the event were blood pressure, blood glucose screening, BMI, Zumba demonstrations and entertainment.

8. Conduent – Administrative Services Organization (ASO)

Chris Hodina, Director of Operations provided information on the search to find a new system for our claims, our portals and our operational areas. Ms. Hodina stated that GCHP would present a proposal to the commission on Monday to extend our current contract with our current contractor, Conduent. Conduent has proposed building a new system with technology that is innovative and configurable; with portals built in with many capabilities. The new system will help GCHP members and increase our auto-adjudication rate, which will get our providers paid more quickly. GCHP will also have the ability to make system changes quickly. One of the benefits to the proposal is that Conduent is responsible for the majority of the implementation cost. Conduent wants to partner with GCHP to be the flagship for Conduent's organization on this new platform and expand Conduent's business. Conduent is also giving us a discount going forward on the current contract. Ms. Hodina stated that we expect to go live sometime in September 2019.

9. Member Services Publication

Luis Aguilar, Member Services Manager stated that some months ago, our CAC chairperson, Rita Duarte-Weaver identified a need while doing enrollment for Covered CA and Medi-Cal members. Ms. Duarte-Weaver contacted me about that need. What she identified is that members enrolled in

Medi-Cal were confused about Medi-Cal and Gold Coast Health Plan and the responsibilities of each agency. Ms. Duarte-Weaver went on to say that, many members did not know about GCHP, the benefits and what they have available to them. She recommended that GCHP have an aid that can be provided to these members so they can be familiar with GCHP and Medi-Cal and the services and benefits they have available. Because of this conversation, we developed the brochure presented. The goal for this brochure was to make it evergreen, meaning that this information will remain the same for a long period. The brochure includes some of the benefits available to GCHP members along with interpreting and translation services, urgent care, etc. We identified these as topics that GCHP members ask about when they come to the office or call the call center. Mr. Aguilar went on to say that this brochure would be going out to new members in the welcome packet soon. It is our hope that members will keep the brochure in a location where they can access it easily. Also included is a list of agencies they can contact for assistance.

Mr. Aguilar stated that the purpose of this committee is to identify member needs and communicate those to us so we can work together to help find a solution to those needs. We encourage committee members to do this. He went on to state that feedback is important to GHCP to help members improve their experience with GCHP and your agencies as well.

Comments from Committee Members

Committee Member Ruben Juarez reported that the Whole Person Care program, as of this morning had enrolled 722 persons. He stated that the program has received some referrals from staff and volunteers through Simi Valley that participate through GCHP volunteer health fair events. To be part of the Whole Person Care program the person must be a Medi-Cal/GCHP member. Committee Member Juarez stated that this new GCHP brochure would be going in the packet for everyone enrolled. Mr. Juarez stated that the program provides medical services, housing, transportation, health insurance, food deliveries, job training, behavioral health services, drug and alcohol screening. The program provides showers now, Mondays in Ventura, Fridays in Santa Paula. Also provided are clothes and donations of anything you have are appreciated. The goal is to enroll 800 persons this year.

ADJOURNMENT

Meeting adjourned at 5:45 p.m.

Submitted by Connie Harden

Approved by: _____
Connie Harden, Member Services Specialist

Date: _____



AGENDA ITEM 2

To: Gold Coast Health Plan Consumer Advisory Committee
From: Dale Villani, Chief Executive Officer
Date: July 18, 2018
Re: Chief Executive Officer (CEO) Update

Verbal Presentation

AGENDA ITEM 3

To: Gold Coast Health Plan Consumer Advisory Committee
From: Lyndon Turner, Sr. Director-Finance
Date: July 18, 2018
Re: Financial Update

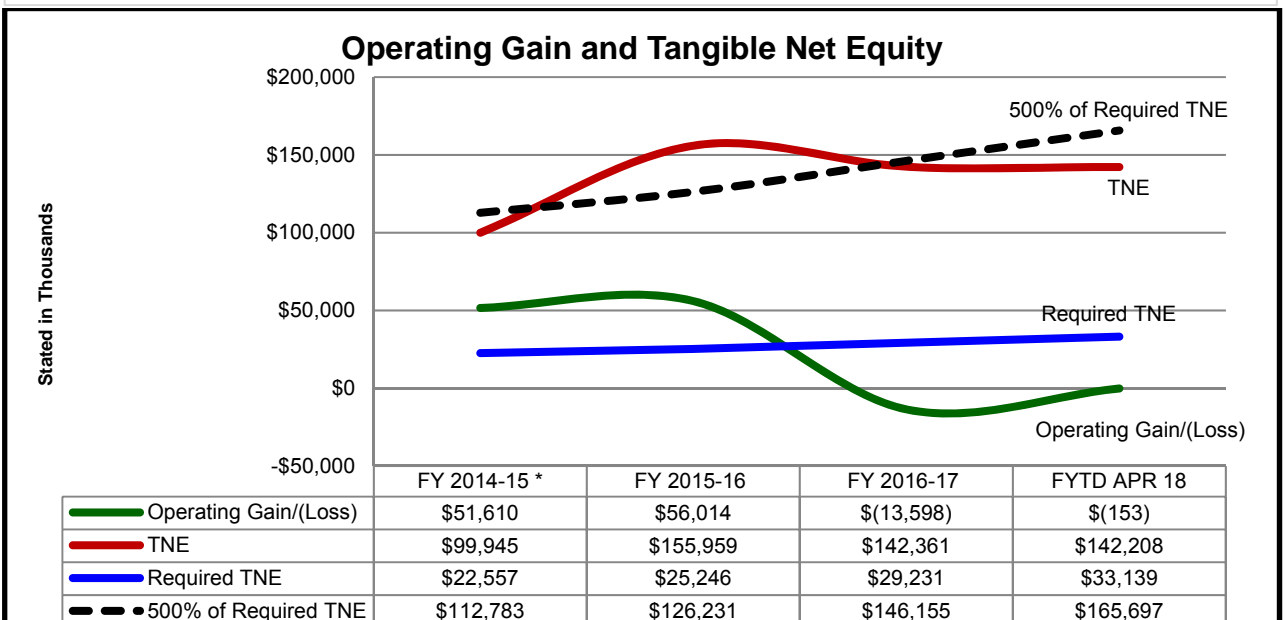
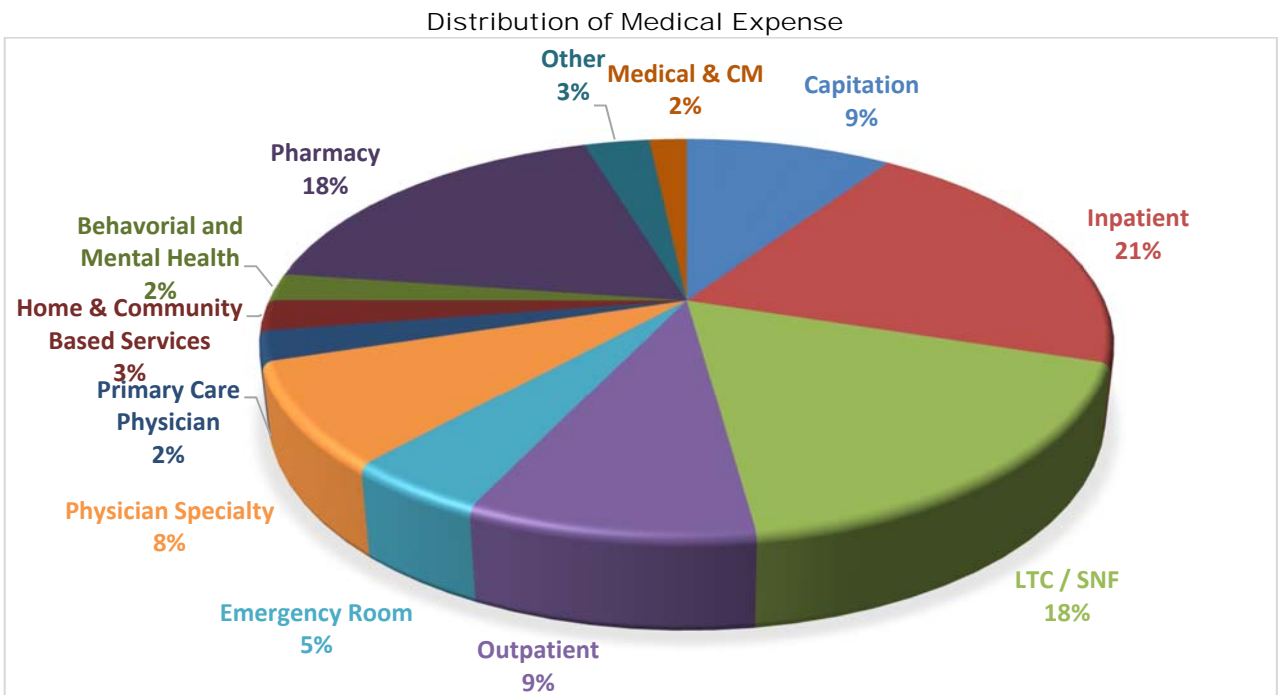
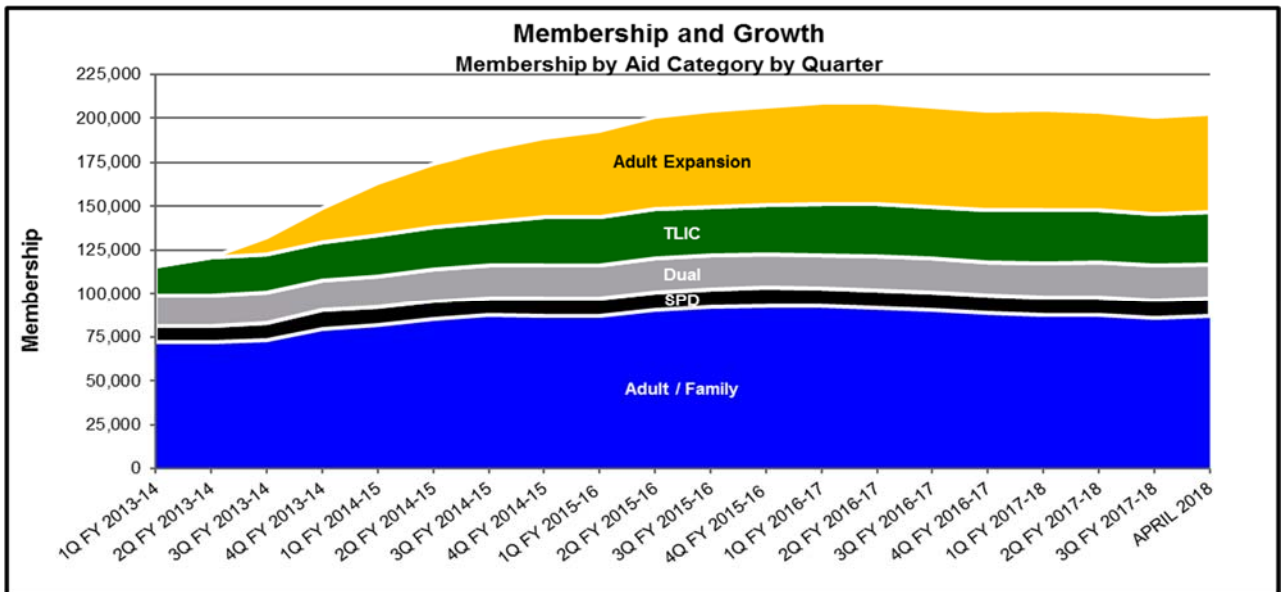
Financial Update

April 2018 membership of 202,381 was 808 members lower than budgeted membership, but 2,669 higher than January's membership of 199,712, as last reported. Three aid categories were above budget. Seniors and Persons with Disabilities ended the period at 10,313 (627 better than budget), Adult Expansion ended at 55,410 (1,598 above budget) and Family at 86,868 (962 better than budget).

For the ten months ended April 30, 2018, the Plan's performance was a decrease in net assets of \$153 thousand which was \$2.0 million lower than budget. While the Plan continued efforts to increase provider payments and reduce Tangible Net Equity (TNE) during the current fiscal year, financial results were bolstered by a one-time payment received to support the county's public hospital through Assembly Bill 85. Administrative expenses continued to be lower than budget, with \$471 thousand in year to date savings.

The Plan's fiscal year-to-date operating performance resulted in TNE of approximately \$142.2 million, which was \$2.0 million lower than budget. The Plan's TNE at April 30 was 429% of required TNE, within the range of the Plan's stated policy.

As of April 30, 2018, the value of the Plan's investment portfolio was \$196.2 million. The portfolio consists of short-term, highly liquid investments with a current average yield of approximately 1.54%. Other cash balances are slowly being reduced in order to fund the state claw-back of previous rate overpayments.





AGENDA ITEM 4

To: Gold Coast Health Plan Consumer Advisory Committee
From: Marlen Torres, Manager, Government and External Relations
Date: July 18, 2018
Re: Legislative Update

Verbal Presentation



AGENDA ITEM 5

To: Gold Coast Health Plan Consumer Advisory Committee
From: Ruth Watson, Chief Operating Officer
Date: July 18, 2018
Re: CAC Responsibilities

Verbal Presentation

Policy Attached



Title: Consumer Advisory Committee	Policy Number:
Department:	Effective Date:
CEO Approved:	Revised:

Purpose:

To define the composition and role of the Gold Coast Health Plan (GCHP) Consumer Advisory Committee (CAC) and to establish a process for recruiting, evaluating, and selecting prospective candidates for GCHP’s CAC, as well as to delineate the governance of the GCHP’s CAC.

Definitions:

Consumer Advisory Committee – A committee comprised of community advocates and Members, each of whom represents a constituency served by Gold Coast Health Plan (GCHP), which was established by GCHP to advise its Commission on issues affecting Members.

GCHP Commission - The Ventura County Medi-Cal Managed Care Commission (VCMMCC) is the governing body for Gold Coast Health Plan (GCHP). The Commission is comprised of locally elected officials, Providers, hospitals, clinics, the county healthcare agency and consumer advocates.

Threshold Language – Those languages identified based upon State requirements and/or findings of the Group Needs Assessment (GNA).

CAC Policy:

This policy shall define the composition, requirements and elections for the CAC.

- A. As directed by GCHP’s Commission, CAC shall report every six months to the GCHP Commission and shall provide advice and recommendations to the GCHP Commission relative to GCHP’s programs and initiatives.
- B. GCHP’s Commission encourages Member involvement in the GCHP program.
- C. CAC members shall recuse themselves from voting or from decisions where a conflict of interest may exist, and shall abide by GCHP’s conflict of interest code and, in accordance with GCHP Policy.
- D. The composition of CAC shall reflect the diversity of the health care consumer.
- E. All CAC members shall have direct or indirect contact with GCHP Members.
- F. In accordance with the Ventura County Medi-Cal Managed Care Commission (VCMMCC), dba Gold Coast Health Plan (GCHP), CAC shall be comprised of 11 voting members, each seat representing a constituency served by GCHP.



Title: Consumer Advisory Committee	Policy Number:
Department:	Effective Date:
CEO Approved:	Revised:

1. Two of the 11 positions are standing seats and are held by the Ventura County Health Care Agency (VCHCA) and the Ventura County Human Services Agency (HSA).
2. Nine members shall serve a two-year term with no limits on the number of terms a representative may serve.
 - a. One of the positions shall be a dedicated Member seat for a Beneficiary Member or the Parent/Guardian of a Beneficiary Member.
 - b. The two-year CAC member terms shall coincide with GCHP’s fiscal year (i.e., July 1st through June 30th).
3. CAC may include, but is not limited to, individuals representing, or that represents the interests of:
 - Beneficiaries with Chronic Medical Conditions
 - County Health Care Agency
 - County Human Services Agency
 - Foster Children
 - Medi-Cal Beneficiaries
 - Persons with Disabilities
 - Persons with Special Needs
 - Seniors

G. CAC shall conduct a nomination process to recruit potential candidates for the impending vacant seats, in accordance with this policy.

1. The CAC shall conduct an annual recruitment and nomination process.
 - a. At the end of each fiscal year, approximately half of the CAC seats’ expire, alternating between four vacancies one year and five vacancies the subsequent year. The two standing seats for VCHCA and HSA are evergreen and do not expire.
2. The CAC shall conduct a special recruitment effort if a seat is vacated mid-term.
 - a. Candidates that fill a vacated seat mid-term shall complete the term for that specific seat, which will be less than a full two-year term.
3. If a vacancy occurs 3-months prior to the start of the nomination process, there will be no need for a special election and the vacant seat shall become part of the nomination process.



Title: Consumer Advisory Committee	Policy Number:
Department:	Effective Date:
CEO Approved:	Revised:

- H. On an annual basis, CAC shall select a chairperson and vice-chair from its membership to coincide with the annual recruitment and nomination process.
 - 1. The CAC chairperson and vice chair may serve one-year terms with unlimited extensions with a vote taken by the CAC members annually.
 - 2. The CAC chairperson or vice chair may be removed by a majority vote from GCHP's Commission.
- I. CAC members shall attend all regularly scheduled meetings, unless they have an excused absence. An absence shall be considered excused if a CAC member provides notification of an absence to GCHP staff at least four hours prior to the CAC meeting. GCHP staff shall maintain an attendance log of the CAC member's attendance at CAC meetings. Upon request from the CAC chairperson, the vice chair, the Chief Executive Officer or the GCHP Commission, GCHP staff shall provide a copy of the attendance log to the requester. In addition, GCHP staff shall contact any committee member who has three consecutive unexcused absences.
 - 1. CAC member's attendance will be considered as a criterion upon reapplication.

PROCEDURE

A. CAC recruitment process

- 1. GCHP shall begin recruitment of potential candidates in March of each year. In the recruitment of potential candidates, the ethnic and cultural diversity and special needs of the GCHP population shall be considered. Nominations and input from interest groups and agencies shall be given due consideration.
- 2. GCHP shall recruit potential candidates utilizing a variety of notification methods, which may include, but are not limited to, the following:
 - a. Outreach to the respective Member community; and
 - b. Placement of vacancy notices on the GCHP website.
- 3. An application is sent to prospective candidates and shall be notified at the time of recruitment regarding the deadline to submit their application (attached) to GCHP.
- 4. The CAC chairperson or vice chair shall inquire of its membership whether there are interested candidates who wish to be considered as a chairperson or vice chair for the upcoming fiscal year.



Title: Consumer Advisory Committee	Policy Number:
Department:	Effective Date:
CEO Approved:	Revised:

B. CAC nomination process

1. To establish a nomination ad hoc subcommittee, the CAC chairperson or vice chair shall ask three to four members to serve on the ad hoc subcommittee. CAC members who are being considered for reappointment, cannot participate in the nominations ad hoc subcommittee.
2. Prior to the CAC nomination ad hoc subcommittee meeting:
 - a. Ad hoc subcommittee members shall individually review the application for each of the prospective candidates.
 - b. Ad hoc subcommittee members shall individually evaluate and select a chairperson and vice chair.
3. At the discretion of the ad hoc subcommittee, subcommittee members may contact a prospective candidate’s references for additional information and background validation
4. The CAC nomination ad hoc subcommittee shall:
 - a. Review, evaluate and select a prospective chairperson, vice chair and a candidate for each of the open seats.
 - b. The ad hoc subcommittee shall convene to discuss and select a chairperson, vice chair and a candidate for each of the expiring seats using the attendance record if relevant and the prospective candidate’s references .

C. CAC selection and approval process for prospective chairperson, vice chair and CAC candidates

1. Upon selection of a recommendation for a chairperson, vice chair and a slate of candidates, the ad hoc subcommittee shall forward its recommendation to the CAC for consideration.
2. Following consideration, the CACs recommended slate of new candidates shall be submitted to GCHP Commission for review and final approval.
3. Following GCHP’s Commission approval of CAC’s recommendation, the new CAC members’ terms shall be effective July 1 or at the first meeting after July.
 - a. In the case of a selected candidate filling a seat that was vacated mid-term, the new candidate shall attend the immediately following CAC meeting.
4. GCHP shall provide new CAC members with a new CAC member orientation including information on past meetings.



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

Title: Consumer Advisory Committee	Policy Number:
Department:	Effective Date:
CEO Approved:	Revised:

Attachments:

- Committee application
- GCHP Code of Conduct
- GCHP Conflict of Interest Code

Revision History:

Review Date	Revised Date	Approved By



AGENDA ITEM 6

To: Gold Coast Health Plan Consumer Advisory Committee
From: Dr. Nancy Wharfield, Chief Medical Officer
Date: July 18, 2018
Re: Legislative Update

Verbal Presentation



AGENDA ITEM 7

To: Gold Coast Health Plan Consumer Advisory Committee
From: Kathy Neal, Sr. Director of Health Services
Date: July 18, 2018
Re: Behavioral Health Transition (BHT) Update

Verbal Presentation



AGENDA ITEM 8

To: Gold Coast Health Plan Consumer Advisory Committee
From: Chris Hodina, Director of Operations
Date: July 18, 2018
Re: Conduent – Administrative Services Organization (ASO)

Verbal Presentation



AGENDA ITEM 9

To: Gold Coast Health Plan Consumer Advisory Committee
From: Luis Aguilar, Member Services Manager
Date: July 18, 2018
Re: Member Handbook, Evidence of Coverage (EOC)

Verbal Presentation

Materials Included



AGENDA ITEM 10

To: Gold Coast Health Plan Consumer Advisory Committee
From: Steve Peiser, Senior Director Network Management
Date: July 18, 2018
Re: Network Operations Update

Verbal Presentation



AGENDA ITEM 11

To: Gold Coast Health Plan Consumer Advisory Committee
From: Stacy Luney, Grievance and Appeals Manager
Date: July 18, 2018
Re: Grievance and Appeals Update

Verbal Presentation

Materials Included



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

Gold Coast Health Plan Grievance & Appeals Training

**Consumer Advisory Committee
July 18, 2018**

Stacy Luney,
Grievance & Appeals Manager

Integrity

Accountability

Collaboration

Trust

Respect

APPEALS

MEDICAL BENEFITS CLAIM FORM

Failure to complete this form in its entirety may result in a delay in processing this claim.

FILING CLAIM FOR (check all that apply):
 Accidental Injury Only
 Short-Term Disability
 Long-Term Disability
 Life
 Date Deceased

Accident Policy Number	Short-Term Disability Policy Number	Long-Term Disability Policy Number	Life Policy Number	Specialist Health Event Policy Number
11-11-11-1	22-22-22-22	33-33-33-33	44-44-44-44	55-55-55-55

INSTRUCTIONS:

- Complete Section A: Policyholder/Patient Information.
- Have your doctor complete Section B: Physician's Disability Statement.
- If you are filing for disability, have your employer complete and sign Section D: Employer's Disability Statement.
- Be sure to sign your claim form at the bottom of Page 1.

ADDITIONAL NOTES:

- Submit all bills related to this claim such as ambulance, follow-up visits, physical therapy, etc. All bills should be submitted and should include the diagnosis, services rendered and actual charges for the service.
- Submit a copy of the emergency room report, accident claims and other incidents involving the patient.
- Submit a copy of the police accident report for all motor vehicle accidents and other incidents involving the patient.
- Submit a copy of your hospital bill that shows charges and the number of days confined.
- Submit a copy of your hospital bill that lists the number of your hospital bill.
- If you were treated in the emergency room, please send a copy of your hospital bill.
- If you were treated in the hospital, please send a copy of your hospital bill.
- If you were treated in the hospital, please send a copy of your hospital bill.
- If you were treated in the hospital, please send a copy of your hospital bill.

REJECTED

Appeal Definition

- ✓ **Appeal** is a review by GCHP of an Adverse Benefit Determination.
- ✓ **Adverse Benefit Determination** means the denial, deferral or limited authorization of a requested Covered Service, including: determinations on the level of service; denials of Medical Necessity; reduction, suspension, or termination of a previously authorized service; the denial, in whole or part of payment for a service; failure to provide timely services as defined by the State, for a resident in a rural area; the denial of a Member's ability to exercise the right to obtain services out of GCHP's Network; and the denial of a Member's request to dispute a financial liability including cost sharing, deductibles, and other financial liabilities.

Appeal Process

- ✓ Provider or Member request an authorization for services
- ✓ Services are denied, delayed, modified or terminated
- ✓ GCHP Health Services Department (Auth Department) will send a **Notice of Action** Letter of the **Adverse Benefit Determination** with the Member's **Your Rights** statement
- ✓ If the Member or Provider disagrees with this Notice of Action the Member, An Authorized Representative or Provider acting on behalf of the Member can request an appeal within 60 calendar days from the date of the Notice of Action, **with the Member's written consent.**

Appeal Facts

Requirements:

- ✓ Member is required to complete the GCHP internal Appeal process before requesting a State Fair Hearing.
- ✓ The timeframe to file an Appeal is 60 calendar days from the Notice of Action (NOA).
- ✓ The oral request for an Appeal must be followed by a written and signed Appeal that can be either faxed or mailed directly to the GCHP G&A Department.

GRIEVANCES



Grievance Definition

- ✓ **Grievance** means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but is not limited to, the quality of care or services provided, interpersonal relationships such as rudeness of a provider or employee, and the Member's right to dispute an extension of time proposed by GCHP to make an authorization decision.

Grievance Process

- ✓ Member is expressing dissatisfaction about any matter other than an **Adverse Benefit Determination**. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships, such as rudeness of a provider or employee.
- ✓ The Member, a Provider acting on behalf of the Member, or an Authorized Representative, may file a Grievance at **any time** either in person, in writing or orally by contacting the Customer Service Call Center.
- ✓ The Call Center will assist the Member in filing their Grievance by documenting the Member's complaint on a Service Form in KWIK and route to *GCHP Member Grievance Queue 7 day TAT*
- ✓ GCHP G&A Department will received the Service Form and send an acknowledgement letter to the Member within 5 days from the date of receipt. The G&A Specialist will review, research and resolve the issue within 30 days from the date of receipt of the Grievance.

Grievance Facts

Requirements:

- ✓ A Grievance can be filed at anytime
- ✓ Member is required to complete the GCHP internal Grievance process before requesting a State Fair Hearing
- ✓ Expedited Grievance needs to be resolved within 72 hours instead of 3 calendar days.
- ✓ Exempt or 24 Hours Grievances need to be tracked and reported.

Important Information

Topic	Grievances	Appeals
Filing	Anytime	60 Calendar days from Notice of Action
Acknowledgement	5 Calendar days from the receipt of request	5 Calendar days from the receipt of request
Resolution	30 Calendar days from the receipt of request	30 Calendar days from the receipt of request
Expedited Resolution	72 hours	72 hours
Effectuation of Overturned Decisions	n/a	72 hours
Notification of Extension	Reasonable efforts to provide prompt oral notice	Reasonable efforts to provide prompt oral notice
Extension Process Time	14 additional calendar days	14 additional calendar days

Filing a Grievance and/or Appeal

WHEN	
• Grievance	File at Anytime
• Appeal	Within 60 days from the Notice of Action (NOA)
WHO	
• Member	
• Authorized Representative	
• Provider on behalf of the Member	
HOW	
By Calling	(888) 301-1228 TTY: (888) 310-7347
By Mail:	GCHP Grievances P.O. Box 9176, Oxnard, CA 93031
In Person:	Gold Coast Health Plan 711 E. Daily Dr, Suite 106 Camarillo, CA 93010 Monday – Friday 8:00 am to 5:00 pm
Sending a Fax to:	(805) 512-8599




Member Grievance & Appeals Form

This form is located on the Gold Coast Health Plan website at: www.goldcoasthealthplan.org

- ❖ Member
- ❖ Resources
- ❖ Grievance & Appeals
- ❖ Member Grievance & Appeal Form



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

MEMBER GRIEVANCE & APPEALS FORM

Please complete form and attach any related documents. Mail form and documents to:

GCHP Grievances
P.O. Box 9176
Oxnard, CA 93031

You may also file a grievance by calling Member Services phone number on your Gold Coast Health Plan ID card.

TODAY'S DATE:	
MEMBERS NAME:	
MEMBERS DATE OF BIRTH:	MEMBERS ID #:

INFORMATION ABOUT THE GRIEVANCE OR APPEAL

This information becomes part of the permanent record; please write clearly and legibly.

Date of incident or denial: _____

Describe the problem in detail (Attach additional pages as necessary):

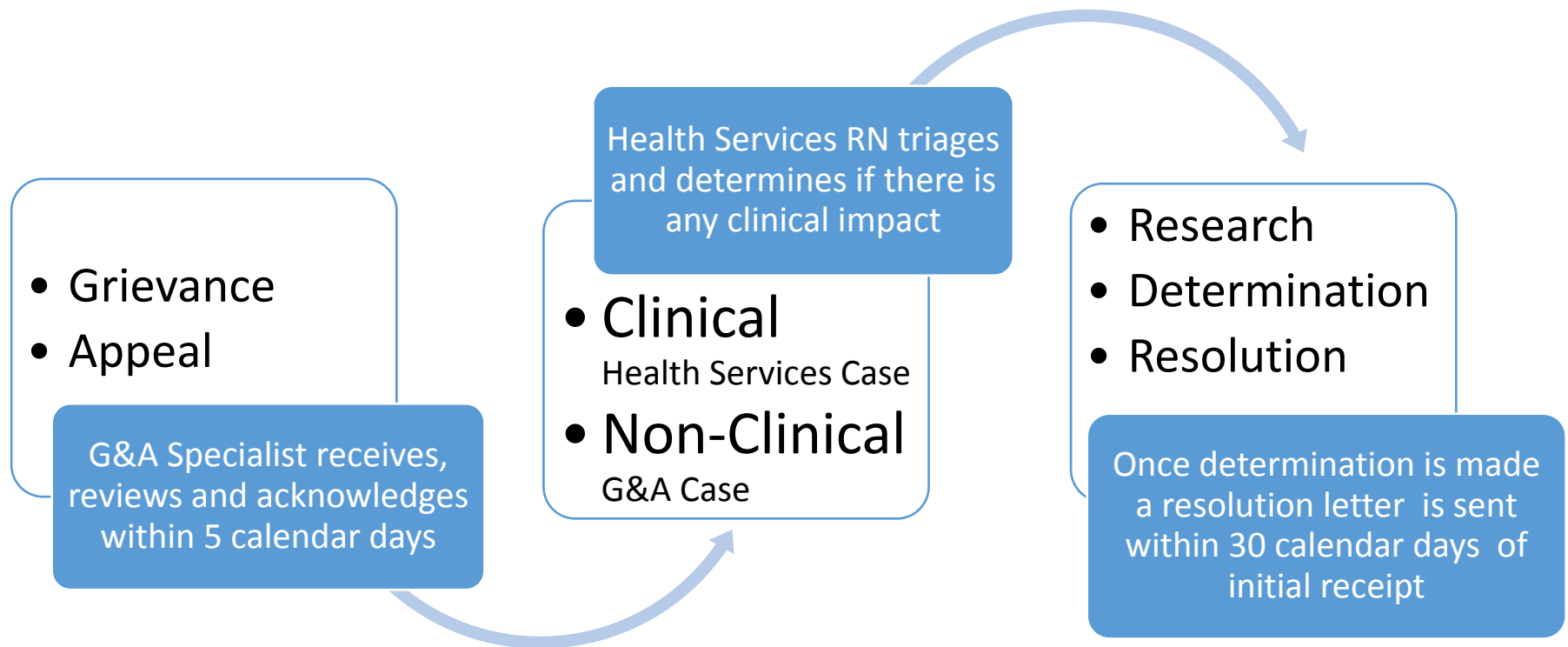
Signature of Member / Parent / Guardian (if member is a minor)

X: _____ Date: _____

If you need assistance with this form, please call the Gold Coast Health Plan Member Services phone at 888-301-1228.

711 East Daily Drive, Suite 106, Camarillo, CA 93010-6082 | Member Services: 888-301-1228 | Administration: 805-437-5500 | Fax: 805-437-5132 | www.goldcoasthealthplan.org

Grievance & Appeals Workflow



STATE HEARING



State Hearing Process

- ✓ Member receives a Notice Appeal Resolution (NAR) letter stating GCHP has reviewed the Appeal request and is denying the services
- ✓ Member can file for a State Hearing within 120 calendar days from the date of the Notice of Appeal Resolution (NAR)
- ✓ The Member, An Authorized Representative or Provider on behalf of the Member would have to submit the State Hearing request either by phone or in writing
- ✓ After requesting the State Hearing, it could take up to 90 days for the State to make a decision on the case.
- ✓ The Member can request an expedited hearing if they feel that waiting would seriously harm their life or health.

State Hearing “Your Rights”

You must ask for a State Hearing within **120 days** from the date of this “Notice of Appeal Resolution” letter. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for a State Hearing within 10 days** from the date this letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you ask for the State Hearing. You will not have to pay for a State Hearing.

You can ask for a State Hearing by phone or in writing:

By phone: Call **1-800-952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.

In writing: Fill out a State Hearing form or send a letter to:

**California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430**



State Hearing Facts

Topic	Requirement
Filing	120 calendar days from the date of the Notice of Appeal Resolution (NAR)
Standard Resolution	90 calendar days
Expedited Resolution	3 working days
Effectuation of Overturned Decisions	72 hours

Additional Requirement:

Member must exhaust the internal appeal process prior to proceeding to a State Fair Hearing

Balance Billing



When the provider is billing the member for unpaid charges.

Balance Billing

Member contacts the Call Center to complaint the provider is billing them.

- CSR request the member fax to (805) 512-8599 or send in the bill. Documents the call and submit the Service Form to the *GCHP Member Services Balance Billing Research Queue*

G&A Department receives and reviews the bill with the claim information

- If the provider is billing the member in error, a letter to cease billing is mailed.
- If the member is responsible for the bill the member is sent a letter stating they owe the provider.

When can a member file a grievance for balance billing

If the member is responsible for the bill and disagree with the decision

- CSR would document the call as a grievance and route the service form to ***GCHP Member Grievance Queue.***

If the member calls and states the provider is still billing them, 90 days after they were sent a letter to cease billing the member

- CSR would document the call with the original service form number and route the service form to ***GCHP Member Grievance Queue.***

Questions?

