



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

**Carnegie Conference Room at Gold Coast Health Plan
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Wednesday, December 16, 2015
5:00 p.m.**

AMENDED AGENDA

SWEARING-IN OF MEMBERS

CALL TO ORDER / ROLL CALL

WELCOME AND INTRODUCTIONS

PUBLIC COMMENT A Speaker Card must be completed and submitted to the Secretary of the Committee by anyone wishing to comment:

- **Public Comment** – Comments regarding items not on the agenda but within the subject matter jurisdiction of the Committee.
- **Agenda Item Comment** – Comments on the subject matter jurisdiction of the Committee pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Committee Chair during the Committee's consideration of the item.

APPROVE MINUTES

1. Regular Meeting of March 18, 2015

DISCUSSION ITEMS

2. COO Update – Ruth Watson, Chief Operations Officer
3. Financial Update – Patricia Mowlavi, Chief Financial Officer

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

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE HARDEN AT (805) 437-5562. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)
December 16, 2015 Consumer Advisory Committee Meeting Agenda (continued)
LOCATION: Carnegie Conference Room, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010
TIME: 5:00 p.m.**

4. Operations Update – Tami Lewis, Director of Operations
5. Fraud, Waste and Abuse – David Becerra, Compliance Manager
6. HEDIS Report – Dr. Al Reeves, Chief Medical Officer
7. Diabetes Disease Management Program – Helene Smith, MPH, Clinical Program Manager – Disease Management

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on April 20, 2016, 5:00 p.m. at the Carnegie Conference Room, Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010.

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

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**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Minutes
March 18, 2015**

(Not official until approved)

CALL TO ORDER

COO/Interim CEO Ruth Watson called the meeting to order at 5:07 p.m. at the offices of Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Carnegie Conference Room.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Alicia Flores, La Hermandad (arrived at 5:20 p.m.)

Norma Gomez, Mixteco / Indigena Community Organizing Project (arrived at 5:23 p.m.)

Frisa Herrera, Casa Pacifica

Paula Johnson, ARC of Ventura County

Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center

Ruben Juarez, County Health Care Agency

Pedro Mendoza, Tri-Counties Regional Center

Katharine Raley, County of Ventura Area Agency on Aging

Curtis Updike, County Human Services Agency (HSA)

EXCUSED / ABSENT COMMITTEE MEMBERS

Rita Duarte-Weaver, Ventura County Public Health Department

Michelle Gerardi, Beneficiary

STAFF IN ATTENDANCE

Ruth Watson, Chief Operating Officer / Interim Chief Executive Officer

Tami Lewis, Director of Operations

John Meazzo, Interim Chief Financial Officer

Connie Harden, Member Services Specialist

Luis Aguilar, Member Services Manager

Vickie Connaughton, Health Education Specialist

Stacy Cortez, Member Services Representative

William Freeman, Director of Network Operations

Anne Freese, Pharmacy Director

Guillermo Gonzalez, Director of Government Affairs

Lupe Gonzalez, Director Health Education

Steve Lalich, Director of Communications

Al Reeves, MD, Chief Medical Officer

Nancy Wharfield, MD, Associate Chief Medical Officer

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

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of December 10, 2014

Committee Member Curtis Updike moved to approve the Meeting Minutes of December 10, 2014. Committee Member Pedro Mendoza seconded. The motion carried with the following vote:

AYE: Flores, Gomez, Herrera, Johnson, Jordan, Juarez, Mendoza, Raley and Updike.
NAY: None.
ABSTAIN: None.
ABSENT: Duarte-Weaver and Gerardi.
RECUSED: None.

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. CEO / COO Update

Chief Operating Officer (COO) / Interim Chief Executive Officer (CEO) Ruth Watson presented information from the recent Strategic Planning Session. Interim CEO Watson stated that Gold Coast Health Plan (GCHP) had hired a third party, Health Management Associates (HMA), who provided very interesting information which she shared with CAC members. Interim CEO Watson stated that she asked permission from HMA to share the slides with the CAC members. She went on to say that all of the information furnished is public information. Highlighted information from the presentation was:

- One out of every two children in Ventura County is covered by GCHP.
- GCHP has grown from 100,000 members in August 2013 to over 180,000 today.
- GCHP has added 59,000 members since January 1, 2014.
- There are approximately 20,000 people in Ventura County who are eligible for Medi-Cal but not yet enrolled.
- Medi-Cal covers one in five Ventura County residents.
- GCHP enrollment grew by 44% in 2014 following expansion, outpacing statewide enrollment which increased 20%.

Committee Member Laurie Jordan asked how GCHP was compensated. CEO Watson replied that GCHP is paid by the State monthly, and that the capitation rate per-member is based on the member's aid code.

Interim CEO Watson reported that Vision 2020 planning is in process. Vision 2020 is the next state Waiver. She added that the Waiver is how money comes in for the Medi-Cal program. The 1115 Waiver ends October 31, 2015 and is a five year waiver.

Interim CEO Watson stated there is good news with regards to GCHP's financial position. She went on to say that improved ongoing operations, along with Department of Health Care Services (DHCS) capitation reimbursement for the Medi-Cal Expansion members, combined with lower than expected utilization of services, has helped to produce \$70 million in Tangible Net Equity (TNE). She added that this allowed for the first across-the-board physician provider rate bump beginning in March 2015. GCHP is now reinvesting in projects to improve care for new members and building financial reserves.

Interim CEO Watson presented further information on Medicaid statistics in all states, California and Ventura County. She added that what is interesting is that we have members drop off every month so the increase shown is a net increase. Committee Member Jordan asked if we are following the members who drop off and do we know why they dropped off. Interim CEO Watson replied that GCHP is not provided with a termination reason on the eligibility file we receive from DHCS. She went on to say that one thing we can do to get a better handle on this issue is to send a letter to a member reminding them to re-enroll with Medi-Cal so there is no gap in coverage. Interim CEO Watson stated that we plan to take on this project in the next fiscal year. Committee Member Curtis Updike stated that prior to the Affordable Care Act (ACA) about 40% of Medi-Cal members did not re-enroll, adding that they are looking into reasons why members did not re-enroll. Committee Member Updike went on to say that these were mostly people who did not provide requested information, mostly the transient population. He added that HSA reached out to people and were able to bring back about 60% of those and plans to continue this process independently or with GCHP.

Committee Member Updike stated that for the next CAC meeting, we should report on the 1115 Waiver. Interim CEO Watson agreed and stated that as it was just passed, she wanted to have more information before reporting to the Committee. She went on to say that it is very important to understand the Waiver as it is what funds Medi-Cal. Discussion was held about the Waiver.

Discussion was held about access to care standards for appointments. Interim CEO Watson stated that if members are having problems getting timely appointments, they should call GCHP and we can assist them.

RECESS

A break was provided at 6:15 p.m. The meeting reconvened at 6:30 p.m.

3. CFO Update

Interim Chief Financial Officer (CFO) John Meazzo reviewed the written update as presented to the Committee.

4. Action Item Update

Member Services Manager, Luis Aguilar, presented the Action Items from the December 10, 2014 meeting. Manager Aguilar stated that of the seven action items from the meeting, all had been completed with the exception of two items which will be presented separately at this meeting by Dr. Nancy Wharfield and Director of Government Affairs, Guillermo Gonzalez.

5. Rainbow Connection Update

Committee Member Laurie Jordan of the Rainbow Connection reported on Attention Deficit Disorder (ADD) and how Rainbow Connection works to help the affected clients. She stated that the Rainbow Connection is about families helping families. She went on to state that Rainbow Connection is a part of Tri-Counties Regional Center serving Ventura County with offices in Oxnard and satellite offices in Simi Valley and other locations. Funding comes from various programs, including grants from different agencies, and that Tri-Counties Regional Center funds those clients age three (3) years and older. The Rainbow Connection provides families with information, training and support. They also help parents with resources and teach them advocacy skills for their children. They provide health care notebooks to help parents with their appointments. The agency is helping families at the level they understand. Committee Member Jordan stated that some of the functions they hold are social functions, dances, support groups and conferences in different locations.

6. Operations Update

Director of Operations, Tami Lewis, reported on the Operations Update as presented. Director Lewis stated that we have exceeded enrollment expectations and currently are at approximately 183,000 members.

Director Lewis stated that the 2015-2016 Member Handbook has been reviewed and sent to the state for their approval and that we hope to have it for use with new members in July.

Director Lewis stated that with regards to membership and claims, we are receiving over 6,500 claims a day as members are utilizing services more. She added that a year ago we were receiving around 5,000 claims a day.

10. Pharmacy Benefits Overview

Pharmacy Director, Anne Freese, reviewed the Pharmacy Benefits Overview as presented to the Committee. Director Freese commented that the state has a prescription limit of six (6) prescriptions per month, but that GCHP had increased that limit to ten (10) for GCHP members. She went on to state that going forward, GCHP was going to eliminate the limit on prescriptions as it was more cost effective to lift the limit than to monitor it for the very few members who have need for more than ten (10) prescriptions per month.

Committee Member Updike asked how we fund the additional prescriptions for these members. Director Freese replied that we are able to set our formulary and restrictions as we see necessary. Committee Member Updike asked if GCHP gets reimbursed from Medi-Cal for the additional prescriptions. Interim CEO Watson explained that yes, as a managed care plan we are expected to manage prescription needs within the capitation they give us. Committee Member Updike asked how this impacts the bottom line. Interim CEO Watson explained that Director Freese has been able to save us significant dollars with our pharmacy benefits manager (PBM), Script Care. Interim CEO Watson said that when looking at the duals population, they take about seventeen (17) drugs a day and we are looking at those members to see if they really require all seventeen (17) drugs and to make sure they have been evaluated properly.

7. Government Affairs Update

Director of Government Affairs, Guillermo Gonzalez, reviewed his report as presented. Director Gonzalez provided a description of the 1115 Waiver. He stated that a Medicaid program has to have certain, set services provided through the program and that when a state wants to change services offered that are not in the statute, the state has to request a waiver. He went on to say that the current waiver expires at the end of October 2015 which is the end of the five-year period. Director Gonzalez said that the state is preparing for the new waiver and is planning to do some innovative things in the next waiver. He went on to say that the new waiver is called *Medi-Cal 2020* and that some of the programs they are recommending are the whole person care pilot program, housing and supportive services, a work force development program, etc.

8. Behavioral Health Utilization Demographics

Associate Chief Medical Officer (Associate CMO), Dr. Nancy Wharfield, presented her report on behavioral health utilization demographics. Associate CMO Wharfield began her presentation by stating that this is a picture of mild to moderate health care, not those who are being seen at the county level. Dr. Wharfield stated that when we first began taking care of the behavioral health issues, the number of people seeking services were in the single digits and teens. Now we are getting about 200 – 300 people a month through the system.

9. Newsletter and Annual Report Update

Director of Communications, Steve Lalach, stated that the Winter 2015 edition of the Winning Health newsletter has been mailed and was in homes the end of February or beginning of March. He added that it goes out to unique households, not individual members; we sent out about 78,000 copies of the newsletter. Director Lalach also commented on the Provider Operations Bulletin and the Pharmacy newsletter that both are distributed quarterly to providers. He added that he just completed the *Annual Report to the Community*, and will be distributing it digitally next week. Director Lalach thanked Committee Member Updike for providing information needed for that publication. Committee Member Updike commented on the Daily Health News Report being sent out by Director Lalach.

10. Pharmacy Benefits Overview (presented after Item 6 above)

11. Health Education Update

Director of Health Education, Lupe Gonzalez, announced that the invitation has been sent out to our community partners for GCHP's 4th Annual Community Resource Fair. She went on to state that Health Education had received about fifteen (15) registrations to date. She stated that the fair would be held in downtown Oxnard at Plaza Park on Saturday, June 6, 2015, from 10:00 a.m. until 2:00 p.m. She added that the venue was moved to allow more vendors and more community participation.

Comments from Committee Members

None

ADJOURNMENT

Meeting was adjourned at 7:28 p.m.



AGENDA ITEM 2

No printed materials for this item

AGENDA ITEM 3

To: Gold Coast Health Plan Consumer Advisory Committee
From: Patricia Mowlavi, Chief Financial Officer
Date: December 16, 2015
Re: Financial Update

Financial Update

Gold Coast Health Plan continued to increase its net assets from operations. For the three months ended September 30, 2015, total revenues were \$162.9 million, and total operational expenses were \$147.0 million resulting in an increase in net assets of approximately \$16.3 million.

The strong growth in membership the Plan experienced the past two fiscal years is currently leveling off, and the plan anticipates moderate growth in the current fiscal year. Approximately 200 members have been added since the beginning of the fiscal year and exceeded budget projections by 2,000 members.

During the three month period, expenditures for providing medical care to our members totaled \$137.8 million, below budget expectations of \$142 million. The variance was largely the result of the Adult Expansion population which had no historical experience and had significantly lower utilization than had been estimated.

Gold Coast Health Plan's Tangible Net Equity (TNE), or statutory capital, stood at \$123.4 million. This level is 566% of the required TNE, and exceeded both the budget of \$40 million and the State minimum required TNE amount of \$21.8 million. The Plan was at approximately 533% of the minimum TNE requirement when the county lines of credit are excluded from the calculation.

As of September 30, 2015, the current value of the Plan's investment portfolio was \$284.8 million. The portfolio includes both short term and long term investment with current yields of approximately 0.42%. All investments are within the policy limit guidelines per the Plan's investment policy.

AGENDA ITEM (

To: Gold Coast Health Plan Consumer Advisory Committee
 From: Tami Lewis, Director of Operations
 Date: December 16, 2015
 Re: Operations Update

Membership Update – December 2015

Gold Coast Health Plan (GCHP) celebrates a milestone this month following a net membership increase of 3,499 in December. As of December 1, 2015, GCHP surpassed the 200,000 member mark and now has a membership of 202,362. GCHP’s membership has increased by 83,850 or 70.75% since January 2014. The cumulative new membership since January 1, 2014 is summarized as follows:

Aid Code	# of New Members
L1 – Low Income Health Plan (LIHP)	2,129
M1 – Adult Expansion	49,456
7U – CalFresh Adults	2,285
7W – CalFresh Children	573
7S – Parents of 7Ws	287
Traditional Medi-Cal	29,120
Total New Membership 1/1/14 – 12/1/15	83,850

Members assigned to a M1 aid code continues to increase. All other Medi-Cal Expansion aid codes decreased either due to re-determination into other aid codes or loss of coverage. GCHP had 86 potential new members transitioning from Covered CA as of December 1, 2015.

Behavioral Health Treatment (BHT) Transition – the transition of members receiving BHT for Autism Spectrum Disorder (ASD) services at the Tri-Counties Regional Center (TCRC) is still scheduled to begin on February 1, 2016. The transition for Ventura County will occur over a 6-month period based on the member’s month of birth. The latest figures provided by the Department of Health Care Services (DHCS) indicate Ventura County has 378 members receiving treatment at TCRC. GCHP is required to provide both a 60-day and 30-day notice to the members regarding this transition. The 60-day notices for those members transitioning on February 1st (members with January and February birth months) were mailed out on December 1st. GCHP’s BHT services are being provided through Beacon Health Strategies.

Full Scope Medi-Cal for All Children – DHCS has indicated this transition will occur no sooner than May 2016. DHCS is estimating there are ~121,000 children currently enrolled statewide in Restricted Scope Medi-Cal that would transition to Managed Care Plans. Based on August 2015 enrollment data, there are 2,900 children in Ventura County that would be eligible for Full Scope Medi-Cal as part of the transition. DHCS has indicated aid codes would not be changing. DHCS also estimates an additional 50,000 children are eligible statewide but are not currently enrolled in any type of Medi-Cal program. The State would like to encourage these children to enroll in Restricted Scope Medi-Cal now so they can be part of the transition next year.

Member Orientation Meetings – GCHP Member Services continues to offer three (3) Member Orientation meetings, in both English and Spanish, each month in various locations throughout the county. A total of 167 members (130 English, 37 Spanish) have attended meetings through November 2015 compared with a total of 134 during the same time period in 2014. GCHP continues to include an informational flyer in each new member packet to make members aware of this opportunity to learn more about GCHP and their Medi-Cal benefits.

Call Center Statistics – GCHP's call center received 13,722 member calls during 3Q2015. The Average Speed to Answer (ASA) was 114 seconds compared to a goal of 30 seconds or less and the Abandonment Rate was 5.98% compared to a goal of 5% or less. Xerox experienced significant staffing issues during the summer which impacted our service levels at the Call Center in July and August. Metrics returned to normal in September following the implementation of a Corrective Action Plan.

Grievance and Appeals (G&A) – GCHP received 29 member grievances during 3Q2015; 5 were administrative and 24 were clinical. GCHP also received 9 appeals during the quarter; 5 were upheld, 3 were overturned and 1 was withdrawn.



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GCHP Membership Update

Consumer Advisory Committee

December 16, 2015

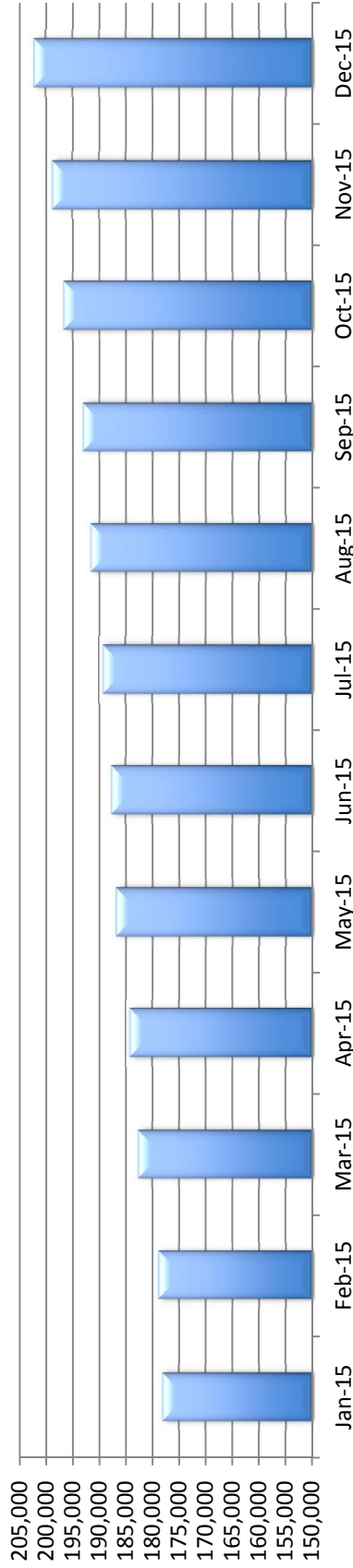
Tami Lewis, Director of Operations

www.goldcoasthealthplan.org

GCHP Membership

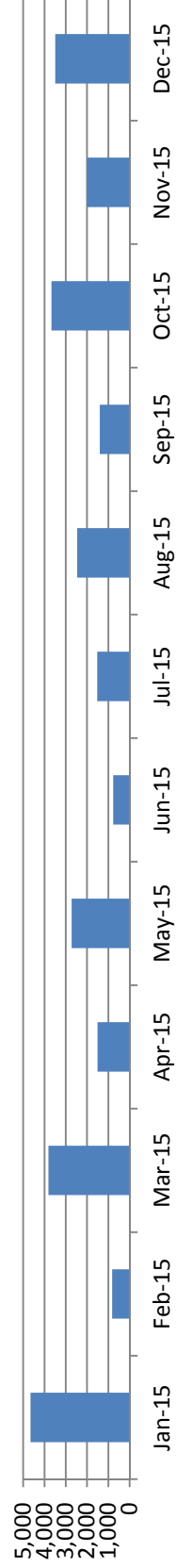
Total Membership as of December 1, 2015 – 202,362
New Members Added Since January 2014 – 83,850

GCHP Membership Increase January 2015 - December 2015



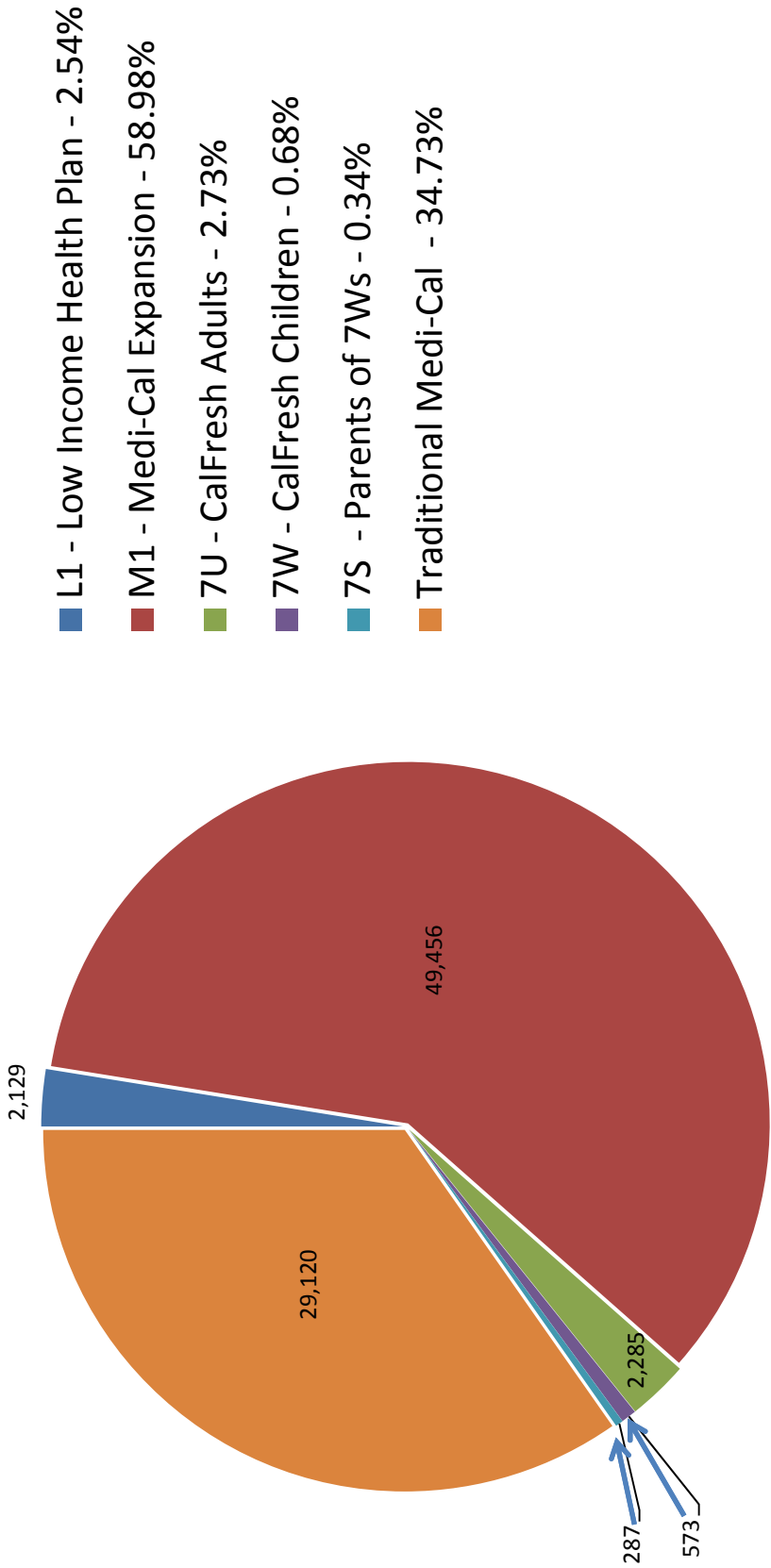
Active Membership	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
	178,163	178,984	182,795	184,306	187,029	187,801	189,321	191,783	193,195	196,857	198,863	202,362

Change from Prior Month



Membership Growth

GCHP New Membership Breakdown





Fraud, Waste, and Abuse (FWA)

Consumer Advisory Committee

December 16, 2015

David Becerra, Compliance Manager

Purpose

- To Educate Gold Coast Health Plan (GCHP) Members, Providers, and Stakeholders at Large about the importance of reporting Fraud, Waste and Abuse (FWA).

Objectives

- Provide information on what FWA is
- Avoid being victims of FWA
- Provide information on how to report FWA
- GCHP Regulatory requirements

What is FWA

Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law (Title 42 CFR 455.2; Welfare and Institutions Code 14043.1(i).)

Example:

- *A member allowing another person to use their medical identification card.*
- *Providers billing for services and items not provided.*

What is FWA

Waste

Overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

Example:

- *Providing services that are not medically necessary.*
- *Practices that result in unnecessary costs.*

What is FWA

Abuse

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not Medically Necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program (Title 42 CFR 455.2 and as further defined in Welfare and Institutions Code 14043.1(a).)

Example:

- Acts inconsistent with generally accepted medical practices.

What is FWA?

- Medical identity theft;
- Billing for unnecessary services and items;
- Billing for services or items not rendered;
- Upcoding;
- Unbundling;
- Billing for non-covered services or items;
- Kickbacks; and
- Beneficiary fraud
 - *Example: Prescription Forging*

FWA Consequences

- Civil Money Penalties
- Criminal Conviction/Fines
- Civil Prosecution
- Imprisonment
- Loss of Provider License
- Exclusion from participation in Federal Health Care programs (Providers)
- Loss of Medi-Cal Benefit (Members)

FWA Facts

Every year Billions of dollars are improperly spent in Healthcare.

- 2014 Fiscal Year (FY), federal authorities recovered \$ 3.3 billion from companies and individuals that tried to defraud Medicare and Medicaid programs. (www.hhs.gov)
- A total of 734 defendants were convicted of health care fraud-related crimes 2014 FY. (www.hhs.gov)
- FWA takes resources away from necessary care.

Avoid FWA

- Protect your health insurance card like a credit card.
- Beware of free services—often they are too good to be true.
- Prevent, detect, and report.
- Contact GCHP for any question and / or concerns.

FWA Reporting

- Report the incident to:
 - Toll-free hotline 24/7: 866.672.2615
 - Via internet: www.gchp.alertline.com
- Written report:
 - Gold Coast Health Plan
 - Attention: Compliance Officer–Fraud Investigation
 - 711 East Daily Drive, Suite 106
 - Camarillo, CA 93010-6082

Regulatory Requirement

- Collaborate With Law Enforcement & Regulatory Agencies
 - Centers for Medicare & Medicaid Services (CMS)
 - Department of Justice (DOJ)
 - Department of Health Care Services (DHCS)
- GCHP must report an incident within 10 days from the date the Plan becomes aware of such activity.



Q&A



**Gold Coast
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CMO Report H.E.D.I.S. Consumer Advisory Committee December 16, 2015 Dr. Al Reeves Chief Medical Officer

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HEDIS

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

HEDIS

- HEDIS consists of 80 measures over 5 domains of care. NCQA evaluates the measures on a yearly basis and may add or remove measures.
- HEDIS results for any year measures performance in the year preceding the measurement year. e.g. – 2015 HEDIS Year measured performance in 2014.
- The Department of Health Care Services chooses the measures to be used to evaluate Medi-Cal Health Plans.

**Gold Coast Health Plan Full Scope Medicaid
 HEDIS 2012 - 2013 - 2014 Rates Comparison with DHCS MPL**

Type of Measure	2012 Measurement Year				2013 Measurement Year				2014 Measurement Year				Rate Changes 2013 - 2014	
	HEDIS Measures and Sub-Measures	2012 GCHP Rate	2012 Percentile	2012 DHCS MPL	2013 GCHP Rate	2013 Percentile	2013 DHCS MPL	2014 GCHP Rate	2014 Percentile	2014 DHCS MPL	Rate Changes 2012 - 2013	Rate Changes 2013 - 2014		
Hybrid	Effectiveness of Care: Prevention and Screening Measures													
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	42.09	25th	29.20	43.80	25th	37.96	80.05	75th	41.85	1.71	36.25		
	BMI Percentile	42.09	10th	42.82	43.31	10th	45.45	54.26	25th	50.00	1.22	10.95		
	Counseling for Nutrition	30.41	10th	31.63	28.71	10th	34.55	41.85	25th	41.67	-1.70	13.14		
	Counseling for Physical Activity													
Hybrid	Childhood Immunization Status													
	DTaP	85.64	75th	75.74	81.27	25th	77.08	78.59	25th	76.16	-4.37	-2.68		
	IPV	96.11	90th	88.19	95.13	75th	89.29	92.65	50th	89.06	-0.98	-2.48		
	MMR	95.86	90th	88.81	94.89	75th	89.81	92.65	50th	88.89	-0.97	-2.24		
	HIB	94.89	75th	88.86	94.89	75th	90.27	92.97	50th	89.05	0.00	-1.92		
	Hepatitis B	94.89	75th	86.86	93.43	50th	87.22	90.73	50th	86.34	-1.46	-2.70		
	VZV	96.35	90th	88.56	94.65	75th	89.54	92.97	50th	88.43	-1.70	-1.68		
	Pneumococcal Conjugate	87.10	75th	74.94	85.16	75th	76.16	81.15	50th	75.97	-1.94	-4.01		
	Combination #3	80.05	75th	64.72	75.43	50th	66.08	69.97	25th	66.67	-4.62	-5.46		
Hybrid	Immunizations for Adolescents													
	Meningococcal	65.94	50th	53.04	63.26	25th	60.34	68.86	25th	63.58	-2.68	5.60		
	Tdap/Td	84.67	50th	70.60	78.35	25th	76.66	80.00	25th	79.86	-6.32	1.65		
	Combination #1	65.21	50th	50.36	60.34	25th	58.06	63.80	25th	61.70	-4.87	3.46		
Hybrid	Cervical Cancer Screening	57.66	10th	61.81	60.58	25th	58.99	61.77	25th	54.50	2.92	1.19		
	Effectiveness of Care: Respiratory Conditions Measures													
Admin	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	13.87	<10th	18.98	18.24	25th	17.92	21.15	25th	20.20	4.37	2.91		
Admin	Medication Management for People With Asthma (NR= Not Reported - Requires 2 years continuous enrollment)													
	Medication Compliance 50% Total	NR	NA	NA	48.92	25th	44.83	54.16	50th	47.88	NA	5.24		
	Medication Compliance 75% Total	NR	NA	NA	28.03	50th	22.17	31.79	50th	24.55	NA	3.76		
Hybrid	Effectiveness of Care: Cardiovascular Measures													
Hybrid	Controlling High Blood Pressure	61.56	50th	50.00	54.01	50th	50.00	55.01	25th	48.53	-7.55	1.00		
	Effectiveness of Care: Diabetes Measures													
Hybrid	Comprehensive Diabetes Care													
	Hemoglobin A1c (HbA1c) Testing	81.75	25th	78.54	85.16	50th	79.23	90.51	75th	80.18	3.41	5.35		
	*HbA1c Poor Control (>9.0%)	56.20	10th	50.31	45.50	50th	52.58	32.85	75th	53.76	-10.70	-12.65		
	HbA1c Control (<8.0%)	37.96	10th	42.09	45.50	25th	39.80	57.91	75th	38.20	7.54	12.41		
	Eye Exam (Retinal) Performed	42.58	10th	45.03	45.74	25th	44.37	60.10	50th	46.25	3.16	14.36		
	LDL-C Screening Performed	78.83	50th	70.34	79.56	50th	71.03	LDL NR*	NA	NA	0.73	N/A		
	LDL-C Control (<100 mg/dL)	33.58	25th	28.47	28.47	25th	27.90	LDL NR*	NA	NA	-5.11	N/A		
	Medical Attention for Nephropathy	79.81	50th	73.48	78.10	25th	75.00	83.70	75th	75.67	-1.71	5.60		
	Blood Pressure Control (<140/90 mm Hg)	62.29	25th	54.48	61.31	50th	53.74	63.75	50th	53.28	-0.98	2.44		

**Gold Coast Health Plan Full Scope Medicaid
 HEDIS 2012 - 2013 - 2014 Rates Comparison with DHCS MPL**

Type of Measure	2012 Measurement Year				2013 Measurement Year			2014 Measurement Year			Rate Changes 2013 - 2014	
	2012 GCHP Rate	2012 Percentile	2012 DHCS MPL		2013 GCHP Rate	2013 Percentile	2013 DHCS MPL	2014 GCHP Rate	2014 Percentile	2014 DHCS MPL		
Admin	Effectiveness of Care: Musculoskeletal Measures											
	Use of Imaging Studies for Low Back Pain											
	76.95	50th	72.04		77.07	50th	71.52	75.71	50th	72.15	0.12	-1.36
Admin	Effectiveness of Care: Medication Management Measures											
	Annual Monitoring for Patients on Persistent Medications											
	86.73	25th	83.72	88.47	50th	84.58	82.14	<10th	85.76	1.74	-6.33	
	88.46	25th	87.93	93.33	75th	87.50	56.25	<10th	88.89	4.87	-37.08	
	86.28	25th	83.19	89.51	75th	83.76	83.27	10th	85.69	3.23	-6.24	
	82.47	25th	81.16	88.94	50th	82.41	82.30	10th	84.38	6.47	-6.64	
Admin	Access/Availability of Care Measures											
	Children and Adolescents' Access to Primary Care Practitioners											
	82.51	<10th	95.56	97.37	50th	95.51	95.42	10th	95.92	14.86	-1.95	
	63.09	<10th	86.62	86.27	10th	86.37	83.12	10th	86.07	23.18	-3.15	
	CAP NR*	NA	NA	82.26	<10th	87.77	83.31	<10th	87.78	NA	1.05	
	CAP NR*	NA	NA	79.18	<10th	86.09	82.01	10th	85.83	NA	2.83	
Hybrid	Prenatal and Postpartum Care											
	80.78	25th	80.54	83.94	25th	79.85	85.68	50th	77.80	3.16	1.74	
	63.99	25th	58.70	59.37	25th	57.91	62.81	25th	56.18	-4.62	3.44	
Hybrid	Utilization Measures											
Admin	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life											
	61.80	10th	65.51	64.23	10th	67.40	67.11	25th	65.97	2.43	2.88	
	317.16	AMB NA*	AMB NA*	205.78	AMB NA*	AMB NA*	209.28	AMB NA*	AMB NA*	-11.38	3.50	
	49.21	AMB NA*	AMB NA*	38.12	AMB NA*	AMB NA*	39.21	AMB NA*	AMB NA*	-11.09	1.09	
Admin	State Mandated Performance Improvement Project											
	19.17	NA	NA	13.08	NA	NA	17.87	NA	NA	-6.09	4.79	

Hybrid measures are based on a 411 sample size, of the entire eligible population for the measure, and require reviewing administrative data (claims/encounter & supplemental data) and medical records to measure performance.

Administrative measures are based on the entire eligible population for the measure and require reviewing only administrative data (claims/encounter and supplemental data) to measure performance. LDL NR = the Low Density Lipoprotein sub-measures within the Comprehensive Diabetes Care measure were not reported in 2015, for the 2014 measurement year, because NCQA retired these LDL measures in 2014.

CAP NR = The age groups 7-11 years and 12-19 years for the CAP measure were not reported in 2013, for the 2012 measurement year, because these sub-measures require two-years continuous. For the 2012 measurement year, the health plan's retrospective clinical data dated back only 18 months to July 2011.

AMB NA = DHCS does not apply MPLs to Ambulatory Care measures.

*HbA1c Poor Control (>9.0%) rate - a lower rate indicates better performance.

HEDIS 2014 Results

The 2014 HEDIS Survey has again shown significant improvement over the results of 2012 and 2013.

- This was particularly seen in the care of our diabetic members where we moved from the 10th percentile to the 75th percentile compared to other Medicaid Plans
- There was improvement in counseling for Nutrition and Physical Activity and Well-Child Visits in the 3rd, 4th, 5th and 6th years of life to avoid a formal corrective action plan with DHCS

HEDIS

Measures that remained below the 25th percentile included access to care of children 12 months to 19 years.

Improvement Plans:

- Member incentive to give \$25 gift cards in a raffle to members and families who have a doctor visit in 2015
- Identify members not seen in the first 6 mo. and notify the providers that the member needs a visit
- Meet with provider groups to educate them

HEDIS

Measures that declined to below the 25th percentile –
annual monitoring for patients on Persistent Medications
Improvement Plan:

- Evaluate the non-compliant cases – members not seen, lab tests ordered and member not compliant, tests ordered at rate over 1 yr., large number of adult expansion members not compliant
- Educate providers and members
- Identify non-compliant members in the last half of the year and notify providers and members to get the tests

HEDIS

Other ongoing HEDIS Improvement Projects:

- Diabetic Eye Exam Member Incentive
- Cervical Cancer Screening
 - non-compliant patients identified
 - notification to members and providers
- New Post Partum Member Incentive Program
- Mid-year data run of all HEDIS measures to identify non-compliant members



Disease Management Program for Diabetics

Consumer Advisory Committee December 16, 2015

Helene Smith, MPH
Clinical Program Manager – Disease Management

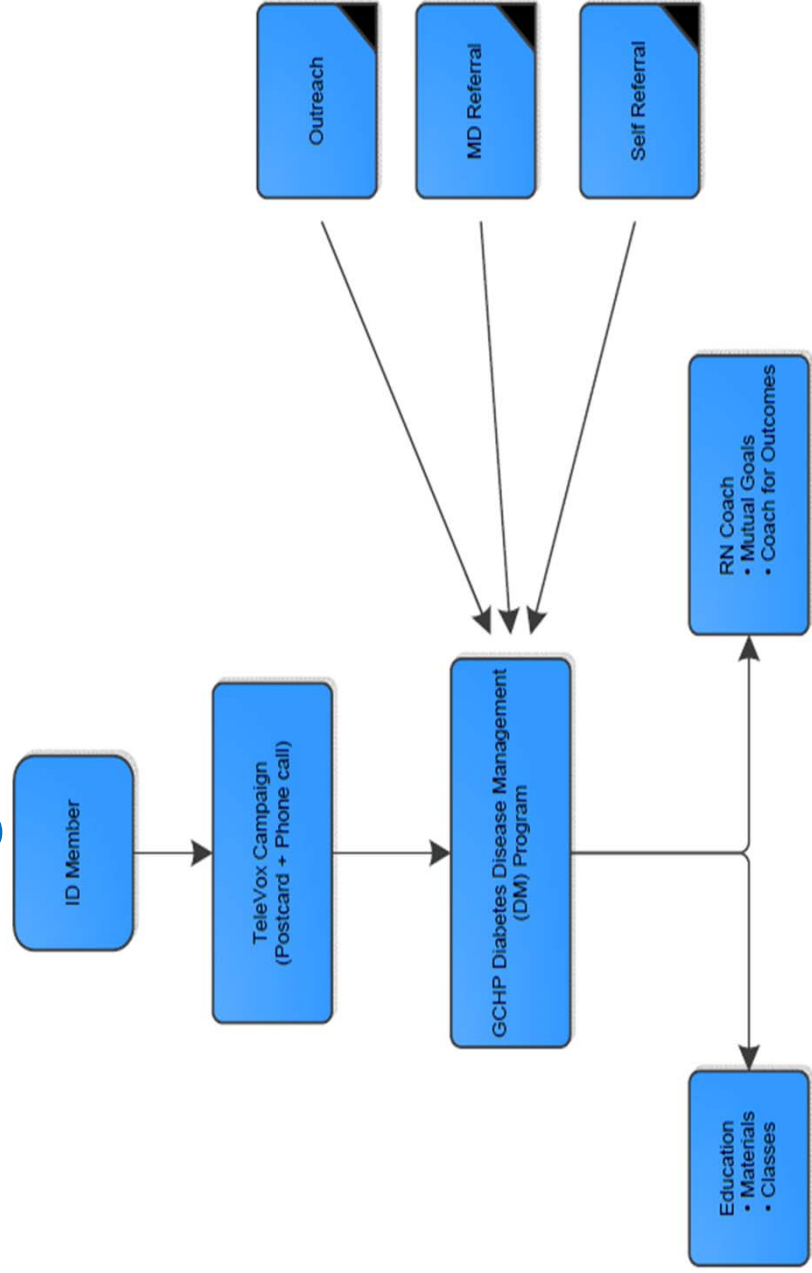
www.goldcoasthealthplan.org

Disease Management Program for Diabetes

- Overview of Program
- Program Elements
- How Members Can Participate
- What Members Can Expect

Disease Management Program for Diabetes

- Overview of Program



Disease Management Program for Diabetes

- Program Elements
 - ▶ Data Identifies Member
 - ▶ TeleVox – Postcard & Phone Outreach
 - ▶ Member Activates in Program
 - ▶ Welcome Packet
 - ▶ Educational Resources in English/Spanish
 - ▶ English/Spanish Classes near Home or Work
 - ▶ Nurse Coach – if ready for setting goals
 - ▶ Reporting

Disease Management Program for Diabetes

- How Members Can Participate
 - ▶ Self Referral
 - ▶ Provider Referral
- Call DM Phone Line 1-805-437-5588

Disease Management Program for Diabetes

- What Member Can Expect
 - ▶ Welcome Packet
 - Welcome Letter/Links to Resources
 - Frequently Asked Questions
 - English or Spanish Educational Resources
 - ▶ English/Spanish Classes in Ventura County
 - ▶ Work with Nurse Coach
 - ▶ Improve Health Literacy

- Call DM Phone Line 1-805-437-5588

Disease Management Program for Diabetes



Enroll in Gold Coast Health Plan's FREE diabetes program today!



Do you or someone in your family have diabetes? Are you or someone in your family at risk of developing diabetes?

GCHP has created a Disease Management Program for Diabetes to improve the health of our members. The program works with members to take an active role in adopting a healthier lifestyle by teaching them to make friendly food choices and become more active.

The program can:

- **Provide you with educational materials in English or Spanish.**
- **Sign you up for classes in English or Spanish near your home or work.**
- **Connect you with a nurse coach for one-on-one attention.**

The program is already included in your GCHP benefit and is easy to join.

**For more information and to join the program, call GCHP at
1.805.437.5588 / TTY 1.888.310.7347**



**Gold Coast
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¡Inscríbese hoy en el programa GRATUITO de diabetes de Gold Coast Health Plan!



¿Tiene diabetes usted o alguien de su familia? ¿Está usted o alguien de su familia en riesgo de desarrollar diabetes?

GCHP ha creado un Programa de Control de Enfermedades para Diabetes para así mejorar la salud de sus miembros. El programa trabaja con los miembros para que participen activamente en adoptar un estilo de vida más saludable al enseñarles a elegir alimentos apropiados y ser más activos.

El programa puede:

- Proveerle materiales educativos en inglés o en español.
- Inscribirlo en clases en inglés o en español cerca de su casa o de su trabajo.
- Conectarlo con una enfermera para recibir atención individual.

El programa ya está incluido como un beneficio de GCHP y es fácil participar.

Para más información y para participar en el programa, llame a GCHP al
1.805.437.5588 / TTY 1.888.310.7347



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**Ventura County Medi-Cal Managed Care Commission
(VCMACC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Notes
Unofficial – No Quorum
July 22, 2015
(Not official)**

CALL TO ORDER

COO Ruth Watson called the meeting to order at 5:07 p.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Carnegie Conference Room.

COO Watson declared the absence of a quorum noting that no motions or voting will occur until / unless a quorum is recognized.

Meeting convened with informational updates only.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Rita Duarte-Weaver, Ventura County Public Health Department
Norma Gomez, Mixteco / Indigena Community Organizing Project
Frisa Herrera, Casa Pacifica
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Curtis Updike, County Human Services Agency (HSA)

EXCUSED / ABSENT COMMITTEE MEMBERS

Alicia Flores, La Hermandad
Michelle Gerardi, Beneficiary
Paula Johnson, ARC of Ventura County
Ruben Juarez, County Health Care Agency
Pedro Mendoza, Tri-Counties Regional Center
Katharine Raley, County of Ventura Area Agency on Aging

STAFF IN ATTENDANCE

Ruth Watson, Chief Operating Officer
Dale Villani, Chief Executive Officer
Tami Lewis, Director of Operations
Lyndon Turner, Director of Financial Analysis
Connie Harden, Member Services Specialist
Luis Aguilar, Member Services Manager
Stacy Cortez, Member Services Representative
Susana Enriquez, Public Relations Manager
Andre Galvan, Vendor Contracts Manager
Jeffrey Gauthier, Facilities Manager
Lupe Gonzalez, Director Health Education, Outreach, Cultural and Linguistics Services
Steve Lalich, Director of Communications

Sonji Lopez, Grievance and Appeals Specialist
Stacy Luney, Grievance and Appeals Manager
Harry Mapanda, Manager of Network Operations
Brittany Nunes, Clinical Operations Assistant
Kim Osajda, Quality Improvement Director
Sarah Palomino, Legal Assistant
Adriana Sandoval-Jimenez, Member Services Representative
Edgar Santos, Care Management Social Worker
Nancy Wharfield, MD, Associate Chief Medical Officer
Polly Wohland, Care Management Lead

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

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of March 18, 2015

The minutes of the March 18, 2015 meeting could not be approved as there was no quorum of Committee Members. Approval of the minutes will carry forward to the September 16, 2015 Consumer Advisory Committee (CAC) meeting.

INFORMATIONAL ITEMS

2. CEO Perspective

Newly hired Chief Executive Officer (CEO) Dale Villani stated that while he looks forward to the various GCHP committee meetings, he feels the CAC meeting is the most informative and, he hopes, the most interactive. CEO Villani said that what is most important to him is what's going on out in the field. He continued by saying that he wanted to hear from the CAC members and knows that the CAC members are willing to share information about what is going on at the beneficiary and provider level. He asked what their concerns were, adding that in his position, he finds that he and other staff members get separated from members and providers and don't really know what the issues are. CEO Villani asked:

- Is GCHP easy to do business with?
- Are the tools and information we provide useful; is there something we can put out that is better?
- Do we need more town hall meetings?
- Do we need to have ambassador programs?
- Steve Lalich spends a lot of time on our website, how is it?
- How are we doing with our customer service phone lines?

CEO Villani stated that the items detailed above are of interest to him. He added that he hoped the meeting is one of bi-directional dialogue and that he looks forward to working with all of the CAC members and getting out to their offices to meet with them.

3. COO Update

Chief Operating Officer (COO) Ruth Watson began by stating that at the last CAC meeting, she spoke about the 1115 Waiver and wanted to provide an update. She said that the 1115 Waiver has been submitted to the Centers for Medicare & Medicaid Services (CMS). CMS is reviewing the Waiver and at the same time there are a number of new programs they want to add or change.

COO Watson then reviewed her Behavioral Health Treatment (BHT) Transition presentation. Associate Chief Medical Officer Dr. Nancy Wharfield presented her handout regarding the Autism Spectrum Disorder (ASD) Treatment plan. Dr. Wharfield stated that the referral for an evaluation for ASD can come from anyone who has a concern of autism. She went on to say that if a member is with Tri-Counties Regional Center (TCRC) and is with an Applied Behavioral Analysis (ABA) provider, services will continue for six (6) months and will then be re-evaluated by GCHP to determine if adjustments are needed. If at all possible, if contracting is ongoing, GCHP will try to keep the member with the same provider. Dr. Wharfield said that any new diagnosis that comes in from someone who alerts to the possibility of autism will come to Beacon Health Strategies (Beacon) for evaluation and then to an ABA provider for treatment. Committee Member Laurie Jordan asked if the member would have to go to their Primary Care Provider (PCP) first or can they go directly to Beacon. Dr. Wharfield stated that the PCP could refer members, and PCPs should be doing their screening tests. The PCP will likely be the referring doctor, but the referrals can come from anyone. COO Watson stated that the real need is to get the child into treatment as early as possible. Committee Member Jordan expressed her thanks to GCHP, adding that she still hears of parents being told "they will grow out of it" so having the ability to self-refer for treatment is good. She went on to question the six (6) month timeframe; is the plan to stop treatment at six (6) months and regroup, or at six (6) months have a plan in place? Dr. Wharfield replied that the intent is for continuity of care and since the benefit is transitioning from TCRC and managed by a different entity, GCHP and Beacon, it doesn't mean that the therapy stops at six (6) months. Plans are required to honor the existing regional center treatment plan for six (6) months at which time there will be a review of progress to determine if member needs more or less therapy. Dr. Wharfield indicated that most therapy lasts two (2) to three (3) years; there is no absolute. COO Watson stated that parents must be their children's advocate and work closely with the provider as the last thing we want is a gap in services. Committee Member Jordan stated that she wanted parents to know what was going to happen when they come to that six (6) month period. COO Watson replied we may have to work with Beacon to come up with some sort of notification to parents so they know what the next steps are. Further discussion was held regarding the BHT transition.

COO Watson then presented the California Children's Services (CCS) Carve-Out Redesign included in the meeting materials. She explained that the current contract has expired and the Department of Health Care Services (DHCS) is now looking at a Whole-Child Model meaning an organized delivery system that will assure comprehensive, coordinated services through enhanced partnerships among Medi-Cal managed care plans, children's hospitals, specialty care providers and counties. This is being considered to make it easier for parents to know how their child's entire health is being looked at. COO Watson went on to say that DHCS wants to move towards a more integrated approach for CCS. Implementation will begin no earlier than July 2017. She added that Ventura County is not included in the CCS

transition at this time. DHCS does not know what the financial impact will be to the plans if CCS is transitioned to them. Since GCHP has recently come out from under a Financial Corrective Action Plan, DHCS is looking for a few years of sustained financial stability from GCHP before taking on this program. COO Watson went on to say that it doesn't mean we aren't going to be added to the program at a later date. It is important to mention as there are many stakeholders in Ventura County who are engaged in how to deliver this Whole-Child Model. She added that it is important to keep our eye on this and be aware of it as eventually Ventura County will be included in this program. Committee Member Jordan stated that the parents are talking about it. COO Watson stated that when talking to DHCS, continuity of care is something they are insistent upon. Discussion was held about other counties who are participating in the program. COO Watson stated that as we learn more about this program, we will bring the information back to the Committee.

COO Watson reported that legislation introduced through Senate Bill 260 will require all Managed Medi-Cal Plans to obtain Knox Keene licensure through the Department of Managed Health Care (DMHC). If the legislation passes and is signed into law, GCHP will have to be licensed by DMHC no later than July 1, 2017.

4. Financial Update

Director of Financial Analysis, Lyndon Turner, reviewed his written update on the financial status of GCHP.

5. Action Item Update

Member Services Manager, Luis Aguilar, presented the Action Items from the March 18, 2015 meeting. Manager Aguilar stated that the one Action Item was an update on the 1115 Waiver and was presented earlier by COO Watson. COO Watson stated that she would bring back more information on the Waiver as it becomes available.

6. Operations Update

Director of Operations, Tami Lewis, reported on the Operations Update as presented in the packet. Director Lewis stated that membership is currently over 189,000. Since the last meeting in March, over 6,500 new members were added to the Plan. She stated that we have added over 70,000 members since Medi-Cal Expansion in January 2014.

Director Lewis stated that the 2015-2016 Member Handbook has been approved and being sent to members in their new member packets as of July. She went on to say that GCHP does an annual review of the handbook to update any changes made to the benefits since the previous year as well as other required changes.

Director Lewis stated we continue conducting our member benefits information meetings. We offer three meetings a month in various locations throughout the county, in both English and Spanish. She added that 127 members had attended meetings during the first six (6) months of 2015 compared to the same time period in 2014 when only 28 members attended meetings. Flyers are included in the new member packets so members know this is a benefit we offer to Medi-Cal members. She asked the Committee Members to continue to promote these meetings and added that members do not have to be a new member to attend.

Director Lewis reviewed the Call Center statistics that were provided in the packet. She stated that the Call Center receives a little over 10,000 calls per month and those are split pretty evenly between members and providers.

Director Lewis reviewed the Grievance and Appeals report. She stated that 226 of the grievances filed were issues of balance billing of members by the providers. She stated that beginning in July we would no longer include balance billing issues as grievances in order to be consistent with the other County Organized Health Systems and that our goal is to educate our providers so that they are not balance billing our members.

Director Lewis reviewed the membership growth as presented in the packet. Committee Member Updike provided an update on Medi-Cal growth and status of member eligibility. CEO Villani commented on the undocumented children who will become eligible for Medi-Cal in May of 2016.

Director Lewis asked the Committee if there was any other Operations information they would like her to present at these meetings. COO Watson stated that there are many projects ongoing at GCHP and we could present an update on the status of these projects. Committee Member Updike stated that any project that has to do with the members would be of interest.

RECESS

A break was provided at 5:55 p.m. The meeting reconvened at 6:20 p.m.

7. Care Management Department

Care Management (CM) Lead, Polly Wohland, and Clinical Operations Assistant (COA), Brittany Nunes, presented the GCHP Care Management PowerPoint presentation as published in the packet.

Committee Member Updike asked how members actually get into the care management program or what the criteria was to participate. He went on to ask that with a membership of 190,000 and only 325 members in Care Management, what does it take to get into the program? CM Lead Wohland responded that a PCP can make a referral. She added that persons with needs other than health care are good candidates, e.g., their psychosocial situation is not good. Another example would be members who need specialist coordination and the PCP needs help talking to the other facilities. CM Lead Wohland continued by saying that a hospital review nurse may pick up on a trigger and make a referral. GCHP gets referrals from Public Health along with referrals from Dr. Wharfield. Members also call the Plan asking for help. She continued by saying there is information on the GCHP website and members can call the Care Management department directly. COO Watson stated that 300 to 325 members per month doesn't represent the entire population who are managed. As members come into the program, their needs are assessed; GCHP might work with a member for one month, three months, or even six months and longer if needed.

Committee Member Updike asked if, as far as collaboration goes, is there any joint case planning with community partners? CM Lead Wohland replied that we do this with Behavioral Health. She went on to say that GCHP team members are assigned to different community members. When we collaborate with CCS, it is not about a specific case; that is done on a day-by-day basis as needed. The meetings are to discuss how we can share information to do things better.

CM Wohland stated we have had an increase in the direct referrals from members. COA Nunes added that over the past few months we have had a big increase of referrals from primary care physicians who fax over our referral form.

Dr. Wharfield stated that we have a lot of members who have a treatment plan in place with their provider, but for whatever reason, the member is having trouble executing the treatment plan. GCHP care managers will set member-centric goals by determining where the member is at this point in time and identifying what the barriers are to getting care. Committee Member Updike stated that they have a similar program that helps members get past the barriers they encounter.

Committee Member Updike thanked them for the presentation saying it was very informative. COO Watson stated that we get some of our best stories of members who are thankful to the Plan for the work that is done by this team. She added her kudos to the team and their great work.

8. Communications Update

Director of Communications, Steve Lalich, stated that the Plan and Communications department is very hard at work creating our publications plan. He went on to present the latest edition of the Winning Health member newsletter. Director Lalich commented on the article on the front page introducing our new CEO, Dale Villani. Director Lalich stated that although it wasn't included in the newsletter, it was important to note that the Plan has hired a new Chief Financial Officer, Patricia Mowlavi, who will start July 28, 2015. Director Lalich stated that the newsletter goes out to unique households, which is currently about 80,000, and will be in homes between August 5 and 7, 2015. He went on to describe the method used to create the newsletters. The next issue will be in homes sometime in January 2016. Director Lalich added that the theme being considered for the next newsletter will be hospice and palliative care as that is a benefit we are going to be dealing with moving forward. Director Lalich asked Committee members for their feedback regarding the newsletter, including getting information into the newsletter. The vendor GCHP uses has a library of health-related articles to choose from. GCHP has the ability to localize the articles and would like to start doing that more often. Director Lalich stated that GCHP had hired a new Public Relations Manager, Susana Enriquez, adding that she is a journalist who has written for the LA Times.

9. Health Education Update

Director of Health Education, Lupe Gonzalez, stated that the Health Education department is putting together diabetes self-management classes in collaboration with our Disease Management program and Health Services department. She went on to say that GCHP is piloting the classes at several clinics and has received good feedback from Moorpark Family Medical Clinic and the Conejo Family Medical Group. Director Gonzalez stated that at the first Diabetes Self-Management class at Conejo Family Medical Group there were seventeen (17) participants. The upcoming Spanish class already has twenty-five (25) people enrolled. The calendar included in the packet provides the dates and locations of upcoming classes.

Director Gonzalez reviewed the community outreach calendar as included in this information stating that we are averaging about fifteen (15) events per month throughout the county.

Director Gonzalez presented the upcoming Group Needs Assessment which will begin in 2016. She stated that the assessment looks at the cultural needs and health beliefs of our members, adding that this is how we design our Health Education programs. A sample of the 2013 survey and a comparison of the 2016 questionnaire was included in the packet. Director Gonzalez asked that the Committee Members look at the assessments and provide her with any additional questions they feel should be asked to meet our needs as a health plan.

Comments from Committee Members

None

ADJOURNMENT

At 6:52 p.m. COO Watson stated that as there was no quorum present, this was an unofficial sharing of information.

No adjournment was declared as this was not an official meeting.